



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

Response to Applicant - Partial Disclosure

October 29, 2024

Dear Applicant:

Re: Your request for access to information under Part II of the *Access to Information and Protection of Privacy Act* [Our File #: HCS-192-2024]

On July 04, 2024, the Department of Health and Community Services received your request for access to the following records:

All briefing material, including drafts, prepared for the Minister, Deputy Ministers, Assistant Deputy Ministers in June 2024.

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.*

Section 34(1)(b): *The head of a public body may refuse to disclose information to an applicant if the disclosure could reasonably be expected reveal information received in confidence from a government, council or organization listed in paragraph (a) 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 would reasonably be expected to disclose information, the disclosure of which could reasonably be expected to result in the premature disclosure of a proposal or project or in significant loss or gain to a third party.*

Section 35(1)(f): *The head of a public body may refuse to disclose to an applicant information which could reasonably be expected to disclose positions, plans, procedures, criteria or instructions developed for the purpose of contractual or other negotiations by or on behalf of the government of the province or a public body, or considerations which relate to those negotiations.*

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

Section 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.*

Be informed the following pages are redacted in their entirety under the following exemptions:

Pages Redacted	Sections ATIPPA, 2015
28, 61	29(1)(a), 35(1)(d), 35(1)(g)
29-34, 47-58, 90-114, 127-128	29(1)(a), 35(1)(d)
39-46	34(1)(a)(i), 34(1)(b)
151-153, 162-164	29(1)(a), 35(1)(d), 35(1)(f)

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.



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

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 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 e-mail at ATIPP-Health@gov.nl.ca.

Sincerely,

Ana de Almeida
ATIPP Coordinator

Access or correction complaint

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Direct appeal to Trial Division by an applicant

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

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

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

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

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

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

Decision/Direction Note
Department of Health and Community Services

Title: IWK Child Safety Link (CSL) Funding

Decision/Direction Required:

- Whether to approve \$17,870 in funding for CSL in 2024-2025.
- It is recommended that funding of \$17,870 be provided to CSL for the provision and expansion of child and youth injury prevention support and resources to Newfoundland and Labrador (NL) in fiscal year 2024-2025.

Background and Current Status:

- CSL is an injury prevention program of the IWK Health Centre in Halifax and is a leading voice in the field of injury prevention for children and youth in Atlantic Canada.
- CSL's mission is to reduce the incidence and severity of unintentional injury to children and youth through partnership and capacity building; communications and public relations; advocacy and healthy public policy; and research and evaluation. They focus on preventing injuries at home, at play, on the road and at school.
- CSL is guided by an Advisory Council, made up of volunteers from Atlantic injury prevention, government and community services sectors. Stephanie O'Brien, Health Promotion Consultant, is the government representative on the Advisory Council for NL.
- CSL provides the following resources and supports to NL:
 - Educational resources for families, covering different injury prevention topics and available in multiple formats (e.g., fact sheets, videos, posters, infographics, etc.). Most resources are available in English and French, and some in other languages. Resources can be ordered for free online.
 - Access to CSL's toll-free line which connects their Child Passenger Safety (CPS) Assistant with caregivers and service providers who have inquiries or require consultation.
 - Public relations support including media releases when appropriate (e.g., Safe Kids Week, CPS Week); inclusion of NL-specific information on CSL's website; promotion of the Atlantic Canada Poison Centre number; and invitation to participate in CSL's webinar series.
- CSL is requesting funding to support the continued distribution of CSL educational resources to interested parties (e.g., CPS Technicians, Family Resource Centres, Health Promoters, etc.) and families across the province. Funding would also support CSL staff to continue: promoting CSL in NL; including NL in promotional campaigns; allowing their CPS Assistant to answer inquiries and providing consultations via their toll-free line; and including NL in CSL injury prevention initiatives.

Analysis:

- HCS has provided funding to CSL previously including \$3,500 in 2021-2022; \$13,620 in 2022-2023; and \$15,570 in 2023-2024.
- In their 2024-2025 funding proposal CSL is requesting \$17,870, an increase of \$2,300 from 2023-2024. This additional funding is required to:

- increase the CSL PR Coordinator's designated time to NL by 0.1 FTE for 12 months (7.5 hours every 2 weeks) to support NL work.
- Print and ship CSL educational resources throughout NL. While resources can be printed from the CSL website, there is a great demand for printed resources as many centres/organizations are ill-equipped to print resources in large quantities.
- Support the time of the CPS Assistant to answer inquiries.
- Partially support the evaluation of CSL's CPS work in Atlantic Canada.
- In the first half of 2023-2024, CSL reported:
 - 3,581 resources were sent to Newfoundland and Labrador (15.5 per cent of all resources distributed);
 - CSL supported two CPS instructors who trained eight people.
 - Ten car seat grants were awarded in Newfoundland and Labrador.
 - A series of fall prevention posters, "Preventing Serious Childhood Falls in the Home" were sent to the following:
 - Labrador West Health Centre
 - Burin Peninsula Health Care Centre
 - Janeway Children's Health and Rehabilitation Centre
 - NL Health Services, Central Zone
 - Western Regional Memorial Hospital
- CSL is primarily funded through Government of Nova Scotia. To continue supporting other provinces, CSL needs to recover a portion of the operational costs incurred as a result of providing support to other provinces.
- CSL continues to expand their resources including a recently launched online Community of Practice (CoP) called The Link for professionals, colleagues, and like-minded individuals linking the child safety community and the work they do in children's injury prevention.
- 35(1)(d) 
- Funding is available through the Public Health Division small grants program budget.

Alternatives:

Option 1: Provide funding in the amount of \$17,870 to Child Safety Link for the provision of child and youth injury prevention support and resources to Newfoundland and Labrador
(Recommended)

Advantages:

- Supports and builds on HCS partnership with CSL and injury prevention partners in Atlantic Canada and the province.
- Increases the capacity of CSL to support families, communities, and partners in NL on injury prevention at home, on the road, at play and at school.
- Provides an important injury prevention resource that the province does not have.

Disadvantages:

- Expenditure of \$17,870.

Option 2: Do not provide funding in the amount of \$17,870 to Child Safety Link for the provision of child and youth injury prevention support and resources to Newfoundland and Labrador. **(Not Recommended)**

Advantages:

- No expenditure to HCS.

Disadvantages:

- Newfoundland and Labrador would not have the same access to child and youth injury prevention supports, resources and expertise that CSL provides.
- Decreases Government's support of injury prevention partners in the province and Atlantic Canada.
- Diminishes the opportunity to directly impact and reduce the incidence, and severity, of unintentional injuries to children and youth in Newfoundland and Labrador.

Prepared/Approved by: S. O'Brien/A. Tucker/G. Sweeney/J. McGrath
Ministerial Approval: Received from Hon. Tom Osborne

June 25, 2024

A handwritten signature in black ink, appearing to read "Tom Osborne", is written over a faint, circular official stamp.

Decision/Direction Note
Department of Health and Community Services

Title: One-time Funding for Roots of Empathy Program

Decision/Direction Required:

- It is recommended the Minister of Health and Community Services (HCS) approve one-time funding of \$89,000 in 2024-25 to support the Roots of Empathy Program.
- Funding is available under the Mental Health and Addictions Towards Recovery Budget.

Background and Current Status:

- The Roots of Empathy Program was created in 1996 by social entrepreneur and educator, Mary Gordon. From Newfoundland and Labrador, Ms. Gordon is a leading expert on empathy and parenting.
- Currently delivered in 12 countries, Roots of Empathy is an evidence-based program that addresses the root causes of challenging behaviours in children by fostering the development of social and emotional competence and self-regulation. These are fundamental skills that foster healthy, life-long development.
- The Roots of Empathy Program is delivered to elementary school children who are coached to recognize and connect with the vulnerability and humanity of a baby who visits their classroom throughout the school year with their parent(s), along with a trained Roots of Empathy instructor, using a specialized curriculum.
- During the 2023-2024 school year, Roots of Empathy offered programs in 63 schools throughout Newfoundland and Labrador.
- To date, more than 33,400 students in 1,335 classrooms in 161 schools in Newfoundland and Labrador have benefited from Roots of Empathy since it launched in this province in 2001, and 1,335 families with infants have participated in the program.
- Roots of Empathy is seeking \$89,000 to sustain existing program levels in 2024-25 (COR-2024-198581 refers). These costs include instructional materials and curricula, travel costs for training and program delivery, and mentoring and administrative support.

Analysis:

- Roots of Empathy is an evidence-based program that aligns with the actions and goals in the **Newfoundland and Labrador Education Action Plan Update**, commitments to invest in early childhood and youth in **NL Health Accord**, and supports fostering protective factors, such as strong social connectedness, identified in **Our Path of Resilience**.
- Roots of Empathy is well recognized globally, and in 2023 was inducted as a permanent member of the HundrED's Hall of Fame. HundrED is a Finland-based global organization that discovers, researches and shares inspiring innovations in K-12 education. Its goal is to help improve education and foster a movement through encouraging impactful and scalable innovations to spread across the world.
- The program is also well recognized by the Mental Health Commission of Canada as a evidence-based preventative intervention.

- HCS has provided \$89,000 in one-time funding to sustain Roots of Empathy each year since 2017-18; therefore, not providing funding may negatively affect program operations.

Alternatives:

Option 1: Provide one-time funding of \$89,000 to Roots of Empathy (**Recommended**).

Advantages:

- Addresses specific recommendations/commitments in **NL Health Accord** and **Our Path of Resilience**.
- Supports the well-being of specific populations in our communities, such as children, youth, and their families living with challenging behaviours.
- Strengthens resources and provides support to individuals close to home and school.
- A preventative approach that fosters healthy, life-long development.
- Supports the program's mission to build caring, peaceful and civil societies through the development of empathy in children and adults.

Disadvantages:

- Requires one-time funding.

29(1)(a)

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

Advantages:

- No funding required.

Disadvantages:

- May impede the program's ability to function at its current capacity.

29(1)(a)

- Limits opportunities for learning given the program is offered to English and French speaking populations and is available in Indigenous communities.

Prepared/Approved by:

P. Penney/G. Hussey/N. Legge/G. Sweeney/J. McGrath

Ministerial Approval:

Received from Hon. Tom Osborne

June 28, 2024



Decision Note
Department of Health and Community Services

Title: 2024-25 Annual Operational Funding Support to Community Agencies

Decision/Direction Required:

- Whether to approve a total of \$2,289,900 in annual operating to 20 Community Agencies who receive historical funding under the Support to Community Agencies program. These agencies have submitted funding applications for the year 2024-25.
- It is recommended that the Minister approve funding.

Background and Current Status:

- SCA provides annual operating funding to 29 community organizations to assist with operating and staffing expenses and the delivery of programs and services for persons with disabilities; mental health and addictions; chronic disease; communicable disease; healthy living; seniors and/or social development.
- This grant program is not an open program and only those organizations that currently receive funding under the SCA program are asked to reapply for funding.
- Each organization is required to submit an annual application for funding and sign a funding agreement. The funding agreement outlines the reporting requirements associated with the funding including the submission of a final report and financial statements. If funding is \$100,000 or greater, organizations are required to submit audited statements. If less than \$100,000 a review engagement is accepted.
- Organizations approved for funding of \$20,000 or less receive their funding as a lump sum payment in the first quarter. If approved funding is greater than \$20,000, they receive quarterly payments.
- Funding agreements are provided under the Deputy Minister's signature. The signed funding agreement outlines the reporting requirements of the funding and is sent to the community organization with their funding letter.
- The 20 agencies identified in Annex A have submitted their funding application so far for the year 2024-25. Out of them, 18 agencies have provided all the documentation required for funding. Two agencies, [REDACTED] will submit the final report for the year 2023-24 later this year.
- There are 9 agencies that have not submitted required documents as of June 2024 (Annex B). Approval for funding will be sent once documents are received and reviewed.

35(1)(d)

Analysis:

- Funding levels for the organizations supported by SCA are historical. Without funding support from Government, many of the services provided by these organizations would not exist or would have to be covered within the health care or social services systems at higher costs.

- Many organizations have sought more funding to sustain or enhance their operations, while others have pointed to challenges such as scarcity of volunteers, mounting debt, inflation, rising living expenses, expanding service needs, the effects of the COVID-19 pandemic, and fundraising hurdles. A significant portion of these organizations cite insufficient funding, struggles with volunteer recruitment and retention, and escalating living costs as their main obstacles. Moreover, many face difficulties in meeting current service demands, alongside mounting pressure to broaden their offerings, compounded by staff shortages (Annex A).

Alternatives:

Alternative 1: Approve funding in the amount of \$2,289,900 for the 20 agencies (as allocated in Annex A) from the Support to Community Agencies program. **(Recommended)**

Pros:

- The key supports and services provided by these organizations will continue and will not have to be covered within the health care or social services systems at higher cost.

Cons:

- None identified.

Alternative 2: Do not provide annual operating funding through SCA in 2024-25 for 20 community organizations. **(Not Recommended)**

Pros:

- Immediate savings to Government.

Cons:

- The services provided by the organizations may no longer be able to be provided and may have to be covered by the health care or social services systems at a much higher cost.

29(1)(a)

Prepared/Approved by: OP Yadav/A. Tucker/ T. Wright-Brown/G. Sweeney/J. McGrath
Ministerial Approval: Received from Hon. Tom Osborne

June 25, 2024



Annex A

**Funding Recommendations for Community Agencies with Completed Applications as of
June 2024**

Program	Requested amount from agencies	Amount recommended for approval based on 2024/25 budget
Autism Society of NL		
Canadian Hard of Hearing		
Spinal Cord Injury NL (Canadian Paraplegic Association)		
Community Mental Health Initiative		
Empower (The Disability Resource Centre)		
Parkinson's Society of NL		
Planned Parenthood (NL Sexual Health Centre)		
The HUB / The Physically Disabled Service Centre		
Canadian Red Cross		
Eating Disorders Foundation of NL		
Turnings (Metro Community Chaplaincy)		
Canadian Cancer Society-NL		
NL Prostate Cancer Support Group		
NL Alliance for the Control of Tobacco		
Food Security Network /Food First NL		
Heart and Stroke Foundation of Canada		
NL Injury Prevention Coalition		
Young Adult Cancer		
Inclusion Canada NL		
NL Lung Association/Smoker's Helpline		
Total		\$2,289,900

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

*Request higher than budgeted amount

Annex B

Status of Support to community Agencies 2024-25 – June 2024

Agency	Budget 2024-25	Applications Completed	Have Not Completed Applications	Received
Alliance for the Control of Tobacco (ACT)				
Lung Association				
NL Injury Prevention Coalition				
Canadian Red Cross				
Community Food Sharing Association				
Food First NL				
Hope Air				
The HUB				
Single Parents Association of NL (SPAN)				
Planned Parenthood (NL Sexual Health Centre)				
Autism Society				
Brain Injury Association				
Canadian Hard of Hearing (CHHA-NL)				
Spinal Cord Injury of NL				
Empower, The Disability Resource Centre				
NL Association for Community Living (Inclusion)				
NL Association of the Deaf				
Community Mental Health Initiative				
Eating Disorders Foundation of NL				
Schizophrenia Society of NL				
Metro Community Chaplancy				
U-Turn Drop in Centre				
Canadian Cancer Society				
NL Prostate Support Group				
Canadian Diabetes Association				
Heart and Stroke Foundation				
Parkinson Society				
The Arthritis Society				
Young Adult Cancer				
Total				

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

Decision Note
Department of Health and Community Services

Title: Regulatory Database Solution for Paramedicine Regulation and Licensure

Decision/Direction Required:

- Approval is requested to allocate budgeted financial resources for the Newfoundland and Labrador Paramedic Regulation (NLPR) Office to purchase a regulatory database system to enhance daily paramedicine regulation functions.

Background and Current Status:

- Efforts to proclaim the Emergency Health and Paramedicine Services (EHPS) Act are ongoing. The Act assigns responsibility for the licensure of paramedicine providers to the Minister of Health and Community Services.
- Previously, paramedicine regulation was managed by the Provincial Medical Oversight (PMO) office within Eastern Health. To align with the forthcoming EHPS Act, some PMO staff and associated funding were transferred to the Department of Health and Community Services.
- NLPR was established within the Department to perform these functions on behalf of the Minister.

Analysis:

- NLPR processes initial applications and renewals for approximately 1,100 practitioners annually. This includes validating training certificates, jurisprudence declarations, professional practice hours, continuing medical education (CME) credits, passport photos, and conduct records. All CME is reviewed for medical relevance within paramedicine, with no percentage audit used.
- The registrar of NLPR also oversees investigations of complaints and manages the inventory of registered ambulance vehicles. These processes are currently manual, using Excel spreadsheets and paper or digital files.
- The NLPR Office is proposing to purchase a regulatory database system to enhance daily paramedicine regulation functions. A regulatory database would streamline, digitize, track, and automate many regulatory tasks, including licence applications, annual renewals, case management for complaints and investigations, board or committee management, payment processing, public registers, education and practice hours submission, communication management, reporting for workforce planning, and ambulance inspections.

35(1)(c),
35(1)(d)

Options Evaluated:

29(1)(a), 31(1)(l), 35(1)(c), 35(1)(d)

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

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

29(1)(a),
31(1)(l),
35(1)(c),
35(1)(d)

- Financial Services has confirmed that funding was transferred by Newfoundland and Labrador Health Services (NLHS) to the Department and that a limited request for quotations is consistent with PPA as the anticipated \$30,000 budget is below the threshold of \$105,700.

Alternatives:

Option #1 – Approve the use of allocated funding to purchase and implement a regulatory database solution to improve paramedicine regulatory activities. **(Recommended)**

Pros:

- Centralizes all relevant information regarding paramedicine regulation, ensuring accurate and up-to-date information.
- Enables real-time monitoring of compliance with licensure requirements.
- Promotes accountability and transparency within the profession.
- Streamlines application and renewal processes, reducing paperwork and processing times.
- Offers data analysis capabilities to identify trends and improve regulatory practices.

Cons:

- Annual cost of up to \$30,000

Option #2 – Do not approve the use of existing funding to purchase and implement a regulatory database solution to improve paramedicine regulatory activities. **(Not Recommended)**

Pros:

- Avoids the annual cost for the database solution.

Cons:

- Lack of centralized database for paramedicine regulation information.

- Does not enable efficient and real-time monitoring of compliance with licensure requirements.
- Does not support enhancements in accountability and transparency within the profession.

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



- Missed opportunity to improve data analysis capabilities to identify trends and improve regulatory practices.

Prepared/Approved by:

R. Kelly/J. Letto/F. Langor/J. McGrath

Ministerial Approval:

Received from Hon. Tom Osborne

June 21, 2024

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

Decision Direction Note Health and Community Services

Title: One-at-a-Time Counselling Training Funding for Doorways Clinicians

Decision Required:

- It is recommended the Minister of Health and Community Services (HCS) provide \$61,088 in 2024-25 in one-time funding to NL Health Services – Eastern Zone for Doorways clinicians to receive One-at-a-Time Counselling Training from Stepped Care Solutions provincially.
- Funds are available in the Our Path of Resilience budget within the Mental Health and Addictions Division.

Background and Current Status:

- Doorways provides rapid access to mental health and addictions counselling services 'one session at a time' at 87 locations province-wide to children, youth, and adults, with services varying by region. It is also available in all correctional facilities and 30 schools. Most Doorways locations offer walk-in services; others provide same-day or next-day service. Appointments can also occur by phone, telehealth, and other virtual options.
- Doorways is one of three access points within the Provincial Stepped Care Model where individuals can complete triage/intake for other mental health and addictions services within the system as needed.
- Stepped Care Solutions is a global team of consultants that uses leading clinical and practical health care expertise to support the co-design of a range of innovative support and care models, including one-at-a-time counselling.
- One-at-a-time (OAAT) counselling is a form of brief, structured therapy that promotes growth and improves access and health outcomes for clients. It offers quick access to single, one-hour counselling sessions, allowing clients access to services when needed. OAAT counselling is flexible and offered in various settings, including in-person or virtual.
- Stepped Care Solutions offers two, advanced and evidence-based virtual training workshops for OAAT counselling as follows:
 - **Moving Toward More Effective, Critically Reflective Supervision: Making the Most of Each One-at-a-time (OAAT) Conversation:** A six-hour workshop, for up to 30 clinicians, that provides advanced skills to supervisory staff for effective, focused, and critically reflective supervisory conversations with OAAT counsellors; and
 - **Effective One-at-a-Time Counselling Claiming Each Moment for Hope, Change, and Growth:** A 12-hour workshop, for up to 60 clinicians, that teaches skills for effective counselling conversations and maximizing the value of each contact between service providers and clients in a variety of settings.
- Given the expansion and increased demand for Doorways services, the length of time and staff turnover since the last training, and the need for advanced training, it is recommended HCS provide \$61,088 in one-time funding for OAAT training (See Appendix). Workshops are available in spring and fall 2024.

Analysis:

- Since the last provincial training Doorways staff received in 2018, Doorways has expanded from 35 to 87 locations and into correctional facilities and schools. NL Health Services' mental health and addictions directors, managers, and staff have identified a need for updated training.
- The number of Doorways calls/visits has grown exponentially from 3,463 in 2018, to over 27,000 calls/visits in 2023. Ensuring staff are equipped with the latest training approaches will help them to effectively meet the increasing demands.
- Doorways is one of three access points and is being widely promoted as part of the Provincial Stepped Care Model. The three access points are currently the focus of a communications plan that aims to increase public knowledge of existing programs and services. Increased promotion of this service will continue to increase the demand, thus reinforcing the need for updated training.

29(1)(a)

- [REDACTED]
- Stepped Care Solutions provides training from experts in the field who are highly equipped with the necessary skills and courses to meet the needs of Doorways clinicians. The Department of Health and Community Services has also successfully worked with Stepped Care Solutions in the past on the Provincial Stepped Care Model.
- OAAT counselling is designed to be accessible and flexible, increasing access and health outcomes for clients. The virtual and telephone options further extend its reach and accessibility, which is crucial in reaching rural and underserved communities within the province.
- OAAT counselling focuses on a client's strengths in a way that promotes growth and change. This approach gives clients a sense of control over their health journey and provides the necessary resources to make the changes they want when they want. This client-focused approach is proven to increase access and health outcomes for clients.
- Action items in **Our Path of Resilience** include improving and increasing mental health and addictions education and literacy.

Alternatives:

Option 1: Provide \$61,088 in one-time funding for OAAT counselling training (**Recommended**).

Advantages:

- Enhances Doorways clinicians' expertise and skills.

29(1)(a)

- Enhances the Doorways access point of the Provincial Stepped Care model.
- Increases access to mental health and addictions care and leads to improved health outcomes for clients.
- Supports actions under **Our Path of Resilience**.

Disadvantages:

- One-time funding required.

Option 2: Do not approve funding (Not Recommended).

Advantages:

- No additional funding required.

Disadvantages:

- Missed opportunity to support Doorways clinicians in delivering enhanced services within the Provincial Stepped Care Model.

29(1)(a)

- Lowers quality of care for individuals within the Provincial Stepped Care Model.

Prepared/ Reviewed by: B. Howell/G. Hussey/N. Legge/G. Sweeney/J. McGrath
Ministerial Approval: Received from Hon. Tom Osborne

June 6, 2024



Appendix

Holding custom training workshops for staff comes to \$53,120 + tax. This includes access for all 61 people to our asynchronous *OAAT Counselling* course, two *One-at-a-Time (OAAT) Counselling* virtual, live training workshops (12 hours) for up to 30 people each, and one *Supervision for One-at-a-Time (OAAT) Counselling* virtual, live training (6 hours) for up to 30 people.

Decision/Direction Note
Department of Health and Community Services

Title: One-Time Funding for the NL Alliance for the Control of Tobacco

Decision/Direction Required:

- It is recommended the Minister of Health and Community Services (HCS) approve \$70,000 in one-time funding for the NL Alliance for the Control of Tobacco (ACTNL) to maintain its educational media campaign entitled **The New Look of Nicotine Addiction**.
- Funding is available under the mental health and addictions **Tobacco Control** budget.

Background and Current Status:

- ACTNL is a partnership of both government and non-government organizations, dedicated to reducing the negative health, economic, and environmental effects of tobacco use in Newfoundland and Labrador. Together with its partners, ACTNL is responsible for developing, implementing and monitoring a **Tobacco Reduction Strategy** which sets out a coordinated plan for tobacco control activities in the province.
- ACTNL's mission is to reduce, and eventually eliminate, tobacco use in Newfoundland and Labrador through advocacy, education, partnerships and public outreach. Its partners include the Canadian Cancer Society, the Lung Association of Newfoundland and Labrador, health, education and labour organizations, municipalities, parks and recreation, social services, youth, government departments, school councils, and Indigenous groups.
- ACTNL currently receives annual operational funding of \$210,000 from HCS, and since 2018, government has invested nearly \$500,000 to support to the development and implementation of ACTNL's public education and awareness campaign to inform youth, parents and trusted adults about the harms and risks of vaping.
- This campaign, entitled **The New Look of Nicotine Addiction**, was designed to educate and build awareness of the vaping issue among parents and adults. ACTNL engaged members of the Premier's Youth Council and the Community Youth Networks in each region to determine the core campaign messages, and used the feedback to develop and execute the media campaign in February 2020.

Analysis:

- The results of the 2021-22 Canadian Student Tobacco, Alcohol and Drugs Survey (CSTADS) indicate that across Canada, approximately 17 per cent of youth between Grades 7–12 reported vaping in the past 30 days. This rate was higher for youth in Newfoundland and Labrador with 26.6 per cent of students reporting vaping in the past 30 days.
- The long-term health effects of vaping are still largely unknown; however, vaping nicotine can lead to dependence and addiction. Youth are especially susceptible to the harmful effects of nicotine because brain development continues throughout adolescence and into early adulthood. Vapour products also contain other harmful substances that can lead to negative health outcomes.
- While social media statistics related to ACTNL's current vaping campaign has shown some success in reaching young people, a formal campaign evaluation has not been conducted to

date by ACTNL to determine the full effectiveness of this campaign, including behavioural change among youth. Any request of ACTNL for a formal campaign evaluation may also require additional government funds.

35(1)(d)

- ACTNL has submitted a proposal to HCS seeking an additional [REDACTED] to further expand the target audiences and social media reach of this campaign (Appendix A refers). However, given the absence of a formal evaluation determining success of this campaign, the recommendation is to partially fund this request and request ACTNL to provide more specifics related to evaluation.

Alternatives:

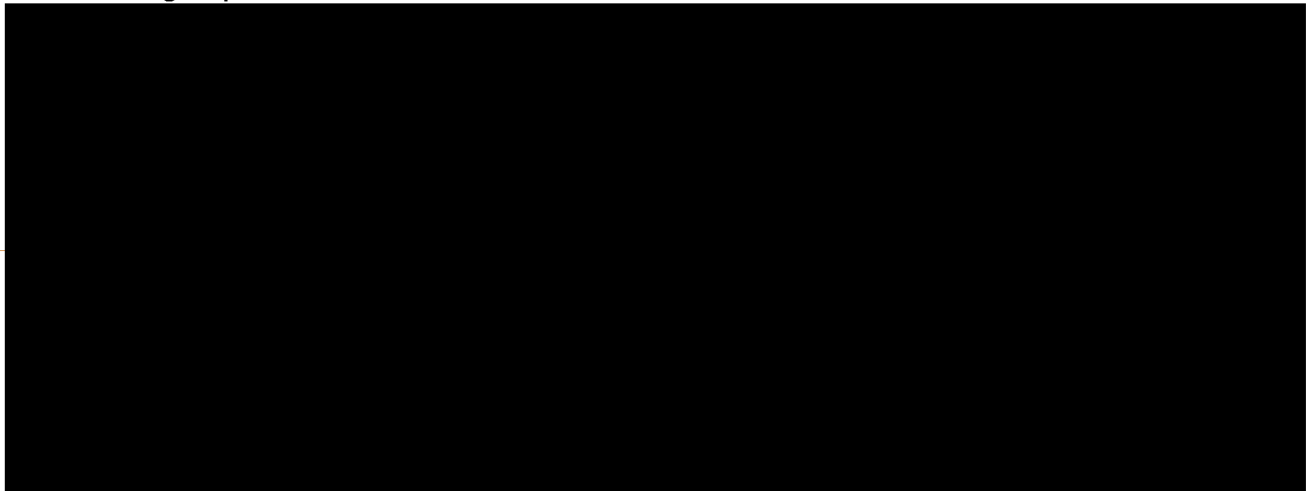
Alternative 1: Provide \$70,000 in one-time funding to help support ACTNL continue to build awareness of youth vaping and expand school-based program to include Grades 10-12 and require additional evaluation information (**Recommended**).

Advantages:

- Will help expand the reach of ACTNL's current social media campaign using existing, relevant content across multiple social platforms.
- School-based resources will continue to reach youth via presentations, infographics and worksheets with program expansion to Grades 10-12.
- Will support the continuation of efforts to reduce youth vaping in the province while allowing ACTNL time to plan for a more formal evaluation.

Disadvantages:

- Funding required.



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

Alternative 3: Do not provide funding (**Not Recommended**).

Advantages:

- No funding required.

Disadvantages:

29(1)(a)



- Missed opportunity to provide further education and awareness to youth about the harms of vaping and nicotine, and to build on the success and reach of the current campaign.

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

June 18, 2024

A handwritten signature in dark ink, appearing to read "Tom Osborne", is written over a faint, circular official stamp.

Appendix A: ACTNL Proposal

March 22, 2024

Niki Legge
Director of Mental Health and Addictions
Department of Health
Government of Newfoundland and Labrador

Dear Ms. Legge,

Over the past number of years, the Department of Health and Community Services has provided ACT with additional funding beyond its operational grant to develop and execute a broad-based tobacco prevention strategy with a focus on youth vaping. ACT has worked diligently to utilize this funding to increase awareness among students, parents, educators, and those who work with youth about the harms and risks associated with vaping.

As you are aware, current data is indicating increasing rates of experimentation and regular use of vaping products among our youth and young people. Data from the 2021-22 CSTADS indicates that NL has the highest prevalence of past 30-day use of e-cigarettes by grade 7- 12 students among Canadian provinces. Research is validating that vaping leads to nicotine addiction and increased risk for tobacco use (combustible cigarette use) later in life (young adults). Youth are obviously experimenting with vaping early, so our approach has been to provide a standardized set of resources that align with grade- specific outcomes for use in Grades 4-10 as the vaping phenomenon pre-dates current school curriculum.

The funding you have provided to date has enabled us to reach the youth of our Province and their caregivers/educators. It has enabled us to engage the



Act is an alliance of government and non-government partners committed to the significant reduction of tobacco use in Newfoundland and Labrador

29 Rowan Street
St. John's, NL
A1B 2X2

(p) 709-753-0079

(f) 709-753-0109

actnl.com

truthaboutvaping.ca
HCS-192-2024

Department of Education, the NLTA, Public Health nurses, teachers and educators throughout the province. ACT is currently busier than ever, receiving acknowledgements for what it has started and requests to provide more and more resources and supports. Since their January 2024 release, resources that ACT has developed for Grades 4, 5 and 6 (Vaping - The EX-Files) have been accessed and downloaded over 1000 times. Clearly, what has been done to date is making a difference but it is not enough. We have to do more and keep this momentum going.

35(1)(d)

With this in mind, ACT is asking that you once again lend your support to our efforts by providing additional funding [REDACTED] to enable us to expand on the work we have done to date. This expansion would include:

- Building on the cessation focused social media Pilot Project which your Department has previously funded. Feedback from educators, community groups and school nurses indicate that this campaign needs to continue and be expanded in order to be even more effective. This expansion will include two additional social media videos (strongly recommended by youth through consultations), a more robust media buy and an expansion into other platforms that are important to youth. [REDACTED] 35(1)(d)
- The development and dissemination of "The Nicotine Expose Kit Part 3" will build on current resources designed for Grades 4-10 (Vaping – The EX-Files and the Nicotine Expose Kit Part 1 and Part 2) and focus primarily on students in Grades 11-12. Resources such as lesson plans, presentations, infographics, worksheets and school posters/assets will be integral to reinforcing cessation messaging for this age group. Our current campaign encourages youth to **TRY to quit**. Expanding this messaging with school based resources will give them options and ideas on **HOW to quit** and where to find help. [REDACTED] 35(1)(d)
- Maintaining the successful social media campaign that has been previously developed. Our intention is to re-run the creative components of our successful 2022 social media campaign targeting youth aged 13-18. Evaluations of previous runs of these ads have demonstrated significant interest, engagement and interaction (Please see attachment). The requested budget is needed to continue a run of this campaign in 2024



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A1B 2X2

(p) 709-753-0079

(f) 709-753-0109

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with robust digital placement (media buy) across multiple platforms used by youth including YT Programmatic, Instagram, TikTok, Snapchat and APEX Gaming (a combination of social media, entertainment, communication and gaming platforms). Our 2022 creative content is still very relevant and it is important that we re-run the campaign across these platforms to saturate reach. [REDACTED] 35(1)(d)



35(1)(d)

ACT has clear evidence and feedback that we are reaching our targets through the campaign work that we have been doing. ACT feels strongly that previous funding has been well spent and is making a difference. With this in mind we would like you to consider providing additional funding in the amount of [REDACTED] (breakdown of budget attached) to allow us to continue what we know to be successful and necessary work that will help our youth avoid the nicotine addiction threat that they face daily.

ACT is very interested in partnering with your Department to continue this important initiative. If you have any questions or require any further information, please do not hesitate to contact us at 709-753-0079 or email kevincoady@actnf.com.

Thank you for considering this request and I look forward to hearing from you.

Sincerely,

[REDACTED]

40(1)

Kevin Coady

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29 Rowan Street
St. John's, NL
A1B 2X2

(p) 709-753-0079
(f) 709-753-0109

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Appendix B
ACT youth media expansion proposal 2024

Budget Expenses		
Item	Cost	Total
Phase 2 of Cessation social media campaign for youth aged 15-18	creative component, media company costs, development of two additional ads and messages [REDACTED]	[REDACTED]
	Expanded media buy (platforms to be determined by media consultants) [REDACTED]	
Expansion of vaping prevention/education messaging and resources with linkages to curriculum Grades 10-12 (Nicotine Expose Kit Part 3)	Development of resources grades 10-12 [REDACTED]	
	Webinar series, 2 units [REDACTED]	
	Printing, Promotion and Dissemination of resources [REDACTED]	
	Resource support [REDACTED]	
Maintain the ACT youth vaping social media campaign	Media buy for YT Programmatic, Instagram, TikTok, Snapchat, APEX Gaming [REDACTED]	
	Media company administrative costs [REDACTED]	
	TOTAL REQUESTED FUNDING	

35(1)(d)

Decision/Direction Note
Department of Health and Community Services

Title: Relocation of “Out-of-Scope” Services from the Waterford Hospital

Decision/Direction Required:

- To provide approval for NL Health Services to proceed with the relocation of a number of services from the Waterford Hospital that will not be moving to the Mental Health and Addictions Centre (MHAC) upon opening.
- It is recommended that approval be provided for NL Health Services to proceed with the relocation of a number of services from the Waterford Hospital that will not be moving to the Mental Health and Addictions Centre (MHAC), as follows:

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

Background and Current Status:

- Construction of the new adult Mental Health and Addictions Centre (MHAC) is expected to be completed in October 2024 with an anticipated opening of Spring 2025.
- As with the planning for the new Western Memorial Regional Hospital, one of the underlying premises in designing the MHAC was that since acute care inpatient space is expensive to construct, project elements that are not critical to be inside an acute care space should be provided from / serviced through an alternate service location / arrangement.
- To ensure that the Waterford Hospital is vacated of all services when acute inpatient services are relocated to the MHAC (or as close to that timeframe as possible), NL Health Services are proposing the following with respect to the establishment of alternate service locations for these “out-of-scope” services:

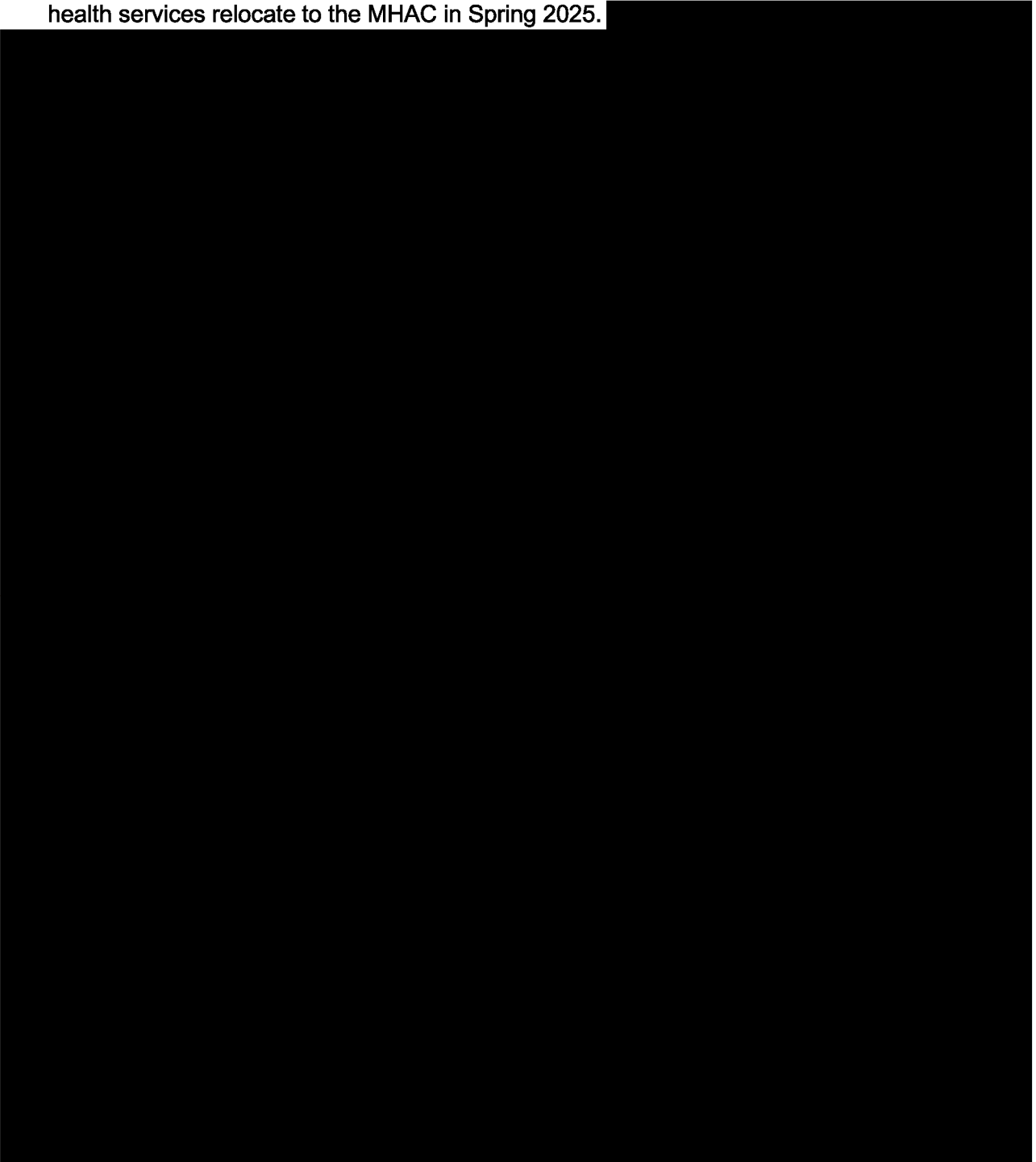
29(1)(a),
35(1)(d),
35(1)(f),
35(1)(g)

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



Analysis:

- Alternate service locations are required to be identified and established as soon as possible to ensure that all services are decanted from the Waterford Hospital when inpatient mental health services relocate to the MHAC in Spring 2025.



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

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

Alternatives:

Alternative 1: Provide approval for NL Health Services to proceed with the relocation of a number of services from the Waterford Hospital that will not be moving to the Mental Health and Addictions Centre (MHAC) as detailed herein. **(Recommended)**

Pros:

- Will ensure that the Waterford Hospital is vacated as quickly as possible, in line with the Towards Recovery Action Plan.
- Will ensure that services have appropriate spaces from which to operate.

Cons:

- Increased 35(1)(d) costs.

Alternative 2: Do not provide approval for NLHS to proceed with the relocation of a number of services from the Waterford Hospital that will not be moving to the Mental Health and Addictions Centre (MHAC) as detailed herein. **(Not Recommended)**

Pros:

- No additional 35(1)(d) costs.

35(1)(d)

Cons:

- Certain services will remain at the Waterford Hospital beyond Spring 2025 which does not align with the Towards Recovery Action Plan.
- Operational costs to maintain the Waterford Hospital.

29(1)(a)

○

Prepared/approved by:

P. Greene/P. Morrissey/J. McGrath

Ministerial Approval:

Received from Hon. Tom Osborne

June 4, 2024

Decision/Direction Note
Department of Health and Community Services

Title: Health-Related Climate Change Actions

Decision/Direction Required:

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

- Whether to provide the Department of Environment and Climate Change (ECC) with a list of proposed health-related actions, [REDACTED] to support the development of provincial Action Plans for Climate Change Mitigation and Adaptation.

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

- It is recommended that the Department of Health and Community Services provide ECC with [REDACTED] list of proposed health-related actions to support the development of provincial Action Plans for Climate Change Mitigation and Adaptation.

Background and Current Status:

- Research shows that climate change has affected population health in recent years, both directly and indirectly. Recent health effects related to rising temperatures and extreme heat, wildfire events, and the expansion of zoonotic diseases into Canada, like Lyme disease, are linked to a warming climate. Everyone is impacted by climate change but health inequities exacerbate climate-related impacts and health risks.
- On March 1, 2019, the Provincial Government launched “The Way Forward on Climate Change” outlining the provincial approach to climate action for 2019 to 2024. The plan included the following health-related actions:
 - Consideration of extreme weather events, extreme heat and air quality in health emergency planning;
 - Ongoing surveillance of new/emerging zoonotic diseases in humans;
 - Energy performance contracts in the health authorities, purchasing Energy Star appliances, increased videoconferencing;
 - Implement a surveillance program for the province to monitor the incidence and spread of ticks and Lyme disease, resulting from changing climatic conditions;
 - Incorporate climate change considerations into health-related planning, health system emergency planning, and the health alert system; and,
 - Apply a climate change lens to implementing Indigenous commitments in the Mental Health and Addictions Action Plan in developing programming in Indigenous communities.
- Action 6.4 in the final report of Health Accord NL focused on the climate change emergency as follows: “Take an aggressive and proactive approach to addressing the climate emergency through increased awareness, focused planning, aligned resources, and effective accountability mechanisms.” The report outlined the following related objectives:
 - Develop and implement an awareness campaign on the local climate emergency impacts on the health of residents of the province with a focus on proactive actions that need to be taken at the regional, community and individual levels to mitigate future negative health impacts.
 - Implement action to reduce the environmental footprint of the health system.
 - Aggressively implement and build on the actions set out in the government’s plan for climate change.
 - Ensure implementation of a “Just Transition”—a framework to encompass a range of social interventions needed to secure workers’ rights and livelihoods when economies are shifting from a fossil fuel-based economy to sustainable production.

- Support the integration of climate emergency actions across sectors.
 - Ensure that there is ongoing education on climate change, evolving in response to knowledge gaps, new information, and demographic changes so that individuals, businesses, communities, and regions have impetus and support for engaging in positive climate action.
 - Maximize opportunities to leverage federal funding to proactively support the achievement of provincial climate change outcomes.
 - Prioritize the provincial and regional supports required to ensure safe drinking water for all residents of the province.
 - Engage with agricultural and fishery sectors to build connections between human and planetary health to address, adapt, and mitigate against the health effects of climate change with greater environmental stewardship.
 - Recognize environmental sustainability, including sustainable food systems, as a dimension of health care quality.
- On October 30, 2023, ECC engaged with Provincial Government departments to outline the expected timelines and next steps for developing two new Climate Change plans: one for mitigation actions (i.e. reduce greenhouse gas emissions) and one for adaptation actions (i.e. build resilience to climate change impacts.) ECC completed public consultations on January 7, 2024, [REDACTED] — 29(1)(a)
 - The public consultations provided the following health-related information:
 - The top three most concerning hazards were: storm events, sea level rise and coastal erosion, and ecosystem change;
 - Four areas of perceived vulnerability were: the natural environment, food security, communities, and the built environment;
 - A lack of money/resources and skills were seen to be the main barriers to adaptation;
 - The top priorities for government action included: infrastructure planning, agriculture and food security, green space/ecosystem protection, and coastal protection;
 - The top three helpful tools or resources were: risk assessments, public awareness campaigns, and education;
 - Less than half of respondents had components of a personal emergency management plan;
 - Over 60 per cent of respondents felt that climate change posed a risk to health;
 - Common themes from written submissions focused on:
 - Ensuring infrastructure is climate resilient;
 - Identifying at-risk populations or places and ensuring supports are available (e.g. disaster relief, mental health support);
 - Improving the public's understanding of climate impacts on health.
 - On February 19, 2024, ECC met with representatives from the Public Health division to discuss progress on health-related commitments in the 2019 Climate Change plan as well as potential actions for the upcoming plans.
 - On March 21, 2024, the Public Health division led a discussion with HCS Directors regarding the development of potential health-related actions for the new Climate Change action plans.

29(1)(a),
34(1)(a)(i),
34(1)(b)

- On April 18, 2024, HCS officials met with the Deputy Minister of Health Transformation and the Vice President of Quality and Learning Health Systems for NL Health Services (NLHS) to discuss opportunities for collaboration in health-related climate change action planning.
- On May 16, 2024, HCS engaged with health officials of Indigenous Governments and Organizations (IGOs) to ask what health-related actions they would like to see in the new plans.
- On May 23, 2024, HCS asked NLHS to provide feedback on the proposed actions that may require their involvement and/or leadership.

Analysis:

- In her 2022 report, Mobilizing Public Health Action on Climate Change in Canada, the Chief Public Health Officer stated that “climate change is the single biggest health threat facing humanity and the livability of the planet.” Taking aggressive action on climate change supports positive population health outcomes and reduces health system costs in the long-term by reducing climate-related morbidity, mortality, and infrastructure loss.

•

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

•

- To date, there has been no response from IGOs regarding potential health-related climate change actions.

- NLHS was generally supportive of the proposed actions requiring their involvement

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

•

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

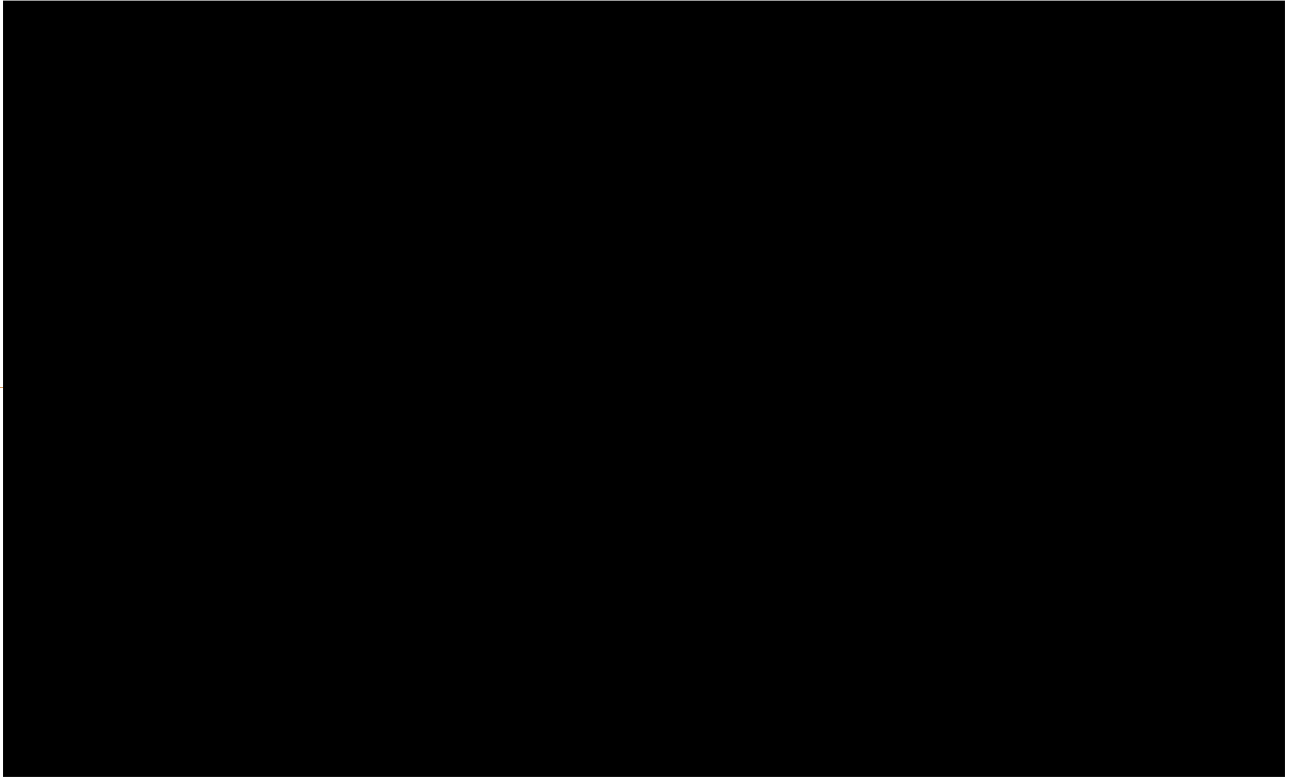
Alternatives:

Option 1: Provide ECC with [REDACTED] list of proposed health related actions to support the development of provincial Action Plans for Climate Change Mitigation and Adaptation. **(Recommended)**

Advantages:

- Demonstrates a strong commitment to dealing with impacts of climate change on the health care system as well as population health.
- Demonstrates a strong commitment to Health Accord NL calls to action.
- Shows commitment of the health sector to collaborate across departments to address the complex challenges climate change presents.

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



Prepared/Approved by:
Ministerial Approval:

D. Howse/ A. Tucker/ G. Sweeney/J. McGrath
Received from the Hon. Tom Osborne

June 18, 2024

A handwritten signature in black ink, which appears to read 'Tom Osborne'. The signature is written in a cursive, flowing style.

Meeting Note
Department of Health and Community Services
Thinkwell Research Inc.
4:30 pm - 5:00 pm Tuesday, June 4, 2024

Attendees: Hon. Tom Osborne, Minister, HCS
 Susan Elliott, Executive Assistant, HCS
 John McGrath, Associate Deputy Minister, HCS
 Jeannine Herritt, ADM, HCS
 Joanne Rose, Health Consultant, HCS
 Lianne Sarson, VP Research/Project Manager, Thinkwell Research Inc.

Purpose of Meeting:

- Thinkwell Research Inc. will provide an overview of the findings and recommendations of their review of fertility services.

Background:

- The Minister of Health and Community Services' mandate letter provides direction to increase access to fertility treatments in the province, while providing funding for eligible persons who must travel to out-of-province fertility clinics while that work is ongoing. This follows a 2021 Liberal election commitment to increase access to fertility treatments.
- In March 2022, government introduced an in-vitro fertilization (IVF) Subsidy Program of \$5,000 per IVF cycle up to a maximum of three IVF cycles per individual for those clinically eligible throughout their lifetime. As of April 1, 2024, there was \$1.3 million provided to 191 clients to support a portion of the cost of IVF treatment.
- On December 1, 2022, an RFP was issued to hire an external consultant to complete a review of fertility services to identify how to improve and enhance access to fertility services for residents of the province. There was no award at the time as the RFP minimum requirements were not met. The RFP was reissued and on October 11, 2023, Thinkwell Research Inc. was awarded the contract to complete the fertility services review.
- The RFP outlined the deliverables for the fertility services review including the following:
 - a current state analysis,
 - a comprehensive gap analysis and projected demand for fertility services for the next 10 years;
 - key stakeholder consultations;
 - literature review on best practice;
 - jurisdictional scan;
 - analysis of financial and human resources;
 - analysis of factors that may impact equitable access to fertility services;
 - recommendations to improve/expand the services provided by Newfoundland and Labrador Fertility Services (NLFS), including public and private models;
 - an analysis of anticipated barriers and challenges to expanding the scope of fertility services with proposed mitigation strategies; and
 - a prioritization of recommendations, with advice on staged implementation.
- A steering committee was established to support the Consultant during the review process and will oversee implementation of any improvement opportunities identified and accepted.

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

- In May 2024 Thinkwell Research Inc. completed their review of fertility services and have prepared a final report for submission to the department.

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

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

Proposed Actions:

- After HCS Executive briefing is completed by the Consultant, the final report will be advanced for decision on the recommendations.

29(1)(a)

- A decision will be required on whether to accept the recommendations in the report. This will advance upon receiving the final report. The Steering Committee will oversee the implementation of approved recommendations.

Prepared/Approved by: J. Rose/K. Nolan/J. Herritt/J. McGrath
Ministerial Approval: Received from Hon. Tom Osborne

June 2, 2024

Decision/Direction Note
Department of Health and Community Services

Title: Food Premises Inspection and Licensing Program Policy and Guideline Revisions

Decision/Direction Required:

- Whether to approve revisions to the Food Premises Inspection Documentation policy and the Mobile Food Preparation Premises policy and guidelines.
- It is recommended that the Department of Health and Community Services approve revisions to the Food Premises Inspection Documentation policy and the Mobile Food Preparation Premises policy and guidelines.

Background and Current Status:

- Under the **Executive Council Act**, the Minister of Health and Community Services (HCS) has primary responsibility for the administration of the **Food Premises Act**, while the Minister of Digital Government and Service NL (DGSNL) has secondary responsibility.
- The 2023 Interdepartmental Memorandum of Understanding between HCS and DGSNL (DOC-59691) states that HCS shall “develop and provide overall direction to DGSNL in the development of policy related to its mandate.”
- On May 24, 2023, the Office of the Auditor General (OAG) released its performance audit of the Food Premises Inspection and Licensing Program (the “Program”). Two recommendations pertained to HCS, as follows:
 - The Department of Health and Community Services should establish processes to ensure the effective oversight of the Food Premises Inspection and Licensing Program.
 - The Department of Health and Community Services and Digital Government and Service NL should evaluate the Memorandum of Understanding annually as required.
- On June 19, 2023, the OAG provided further guidance to the Minister regarding the recommendations for HCS (COR-2023-191802). Specifically, the OAG advised HCS to provide evidence that “relevant policies and guidelines are updated, and processes to periodically review and assess the policies and guidelines are established.”
- In January 2019, the Manager of Environmental Public Health began revisions to the 2004 Mobile Food Preparation Premises Policy, in consultation with DGSNL (Appendix I). The proposed revisions were submitted for HCS internal review and approval on April 17, 2023 (DOC-61742), however, on June 19, 2023, DGSNL requested additional time to consider revisions in the context of other permitting requirements. On April 18, 2024, DGSNL informed HCS that no further draft revisions were required.
- In December 2023, the Manager of Environmental Public Health began revisions to the 2003 Food Premises Inspection Documentation Policy, in consultation with DGSNL and the Department of Justice and Public Safety (Appendix II). The proposed revisions were submitted for HCS internal review and approval on January 25, 2024 (DOC-67307).
- On June 20, 2024, the Deputy Minister of HCS will report to the Public Accounts Committee on progress made towards meeting the OAG recommendations.

Analysis:

- During the audit information gathering process, the OAG informed HCS that it considered any policy that has gone five or more years without any official review or updates to be outdated.
- The Food Premises Inspection Documentation Policy and the Mobile Food Preparation Premises policy and guidelines are two 35(1)(d) outdated policies and/or guideline documents related to the Program (DOC-36142) that will need to be updated.
- Proposed revisions to the Food Premises Inspection Documentation Policy include:
 - Updated references to legislation, guidelines and the Memorandum of Understanding;
 - Strengthened language for reporting missed inspections to DGSNL management; and,
 - Added wording regarding the use of electronic reporting tools.
- Proposed revisions to the Mobile Food Preparation Premises policy and guidelines include:
 - The scope of the policy and guidelines was broadened to include other itinerant food premises, including catering vehicles and food stands (e.g. fish trucks);
 - Food safety training requirements are described; and,
 - Guidance is provided for home bases used for cleaning and/or restocking supplies.

Alternatives:

Option 1: Approve revisions to the Food Premises Inspection Documentation policy and the Mobile Food Preparation Premises policy and guidelines. **(Recommended)**

Advantages:

- The Food Premises Inspection Documentation Policy and the newly named Itinerant Food Premises policy and guidelines will reflect current legislation, guidelines, agreements, methods of reporting and current practice.
- Demonstrates HCS commitment to addressing OAG recommendations.

Disadvantages:

- Additional resources required to inform DGSNL of policy updates and ensure appropriate implementation.

Option 2: Maintain existing policies and guidelines. **(Not Recommended)**

Advantages:

- No additional resources required.

Disadvantages:

- The outdated policies and guidelines does not reflect current legislation, guidelines, agreements, methods of reporting, or current practice.
- Does not demonstrate HCS commitment to addressing OAG recommendations.

Prepared/Approved by:

D. Howse/ A. Tucker/G. Sweeney/J. McGrath

Ministerial Approval:

Received from Hon. Tom Osborne

June 12, 2024



Appendix I
Revised Mobile Food Preparation Premises Policy and Guidelines

FOOD PREMISES INSPECTION PROGRAM

Department of Health and Community Services

FOOD PREMISES INSPECTION POLICY

Policy Title: **Itinerant Food Premises**

Date: March 2004; Revised April 2023

Policy Id Number: **FOOD2023-1**

Authorization:

The following policy and standard health guidelines have been developed by the Public Health Division of the Department of Health and Community Services. The legislative authority for the food premises inspection program is the Newfoundland and Labrador **Food Premises Act**, SNL2013 CHAPTER F-21.1. The regulatory authority falls under the **Food Premises Regulations**, 1022/96.

POLICY:

Itinerant food premises are food premises that can move from place to place, and include food stands and fish trucks, catering vehicles, hot dog carts, and mobile food preparation premises. All itinerant food premises shall be included in the Food Premises Inspection Program. These types of food premises shall be inspected prior to licensing and once during the operating season, for seasonal operations, or at a frequency based on the document Risk Based Approach to Inspection Frequency, for year round operations.

Inspections shall be carried out under the authority of the **Food Premises Act**, the **Food Premises Regulations**, this policy and the attached Guidelines.

OVERVIEW OF REGULATORY REQUIREMENTS:

Definitions from Section 2 of the *Food Premises Regulations*:

(b) "catering vehicle" means an itinerant food service premises in which food other than hot beverages is not prepared;

(j) "mobile preparation premises" means a vehicle or other itinerant food premises from which food is prepared and is offered for sale to the public;

Section 3 of the *Food Premises Regulations*:

The Act and these regulations apply to all food premises except

(b) farms selling only their own farm products in the form of honey, unprocessed fruits, vegetables and grains;

(d) temporary facilities or not for profit organizations provided they meet standard health guidelines of the department;

(g) establishments as defined in the *Fish Inspection Act* when used by a fish harvester to fillet, sell or offer to sell fish in accordance with paragraphs 4(1)(a.1) and (a.2) of the *Fish Inspection Administrative Regulations*.

Section 31 of the *Food Premises Regulations*:

- (1) All food offered for sale from a catering vehicle shall be pre-packaged except for hot beverages.
- (2) A catering vehicle which serves hazardous foods shall be equipped with refrigerated storage and display facilities that shall be used for holding hazardous foods.
- (3) Subsection (2) does not apply to vehicles from which only frozen confections in the original package or wrapper are sold.

Section 32 of the *Food Premises Regulations*:

- (1) Mobile preparation premises are exempt from subsection **6(1)(a)(iii)** and sections **29 and 30** (see page 4), but where mobile preparation premises provide sanitary facilities for employees the sanitary facilities shall be in compliance with sections 29 and 30.

- (2) Where mobile preparation premises have a separate food storage area it shall meet the other provisions of these regulations applicable to a separate food storage area.
- (3) In mobile preparation premises:
- (a) food shall be prepared within the premises and served to the public by persons working within the premises;
 - (b) only single-service articles shall be used;
 - (c) service doors and windows to the preparation area shall be screened and, when the premises are in motion, tightly closed with a solid material to prevent the entrance of dust, fumes or other contaminants into the food preparation area;
 - (d) the driver's compartment shall be completely partitioned from the food preparation area and, where the partition has an access door, the door shall be solid and self-closing;
 - (e) separate holding tanks shall be provided for toilet and sink wastes; and
 - (f) every waste tank and water supply tank shall be equipped with an easily readable gauge for determining the waste or water level in the tank.
- (4) Mobile preparation premises where food preparation is limited to the reheating of precooked meat products in the form of wieners or similar sausage products to be served on a bun are exempt from paragraph (3)(a) with respect to the preparation and serving of food to the public by persons positioned within the premises.

EXEMPTIONS

Some itinerant food premises (listed below) are exempt from certain subsections of the **Food Premises Regulations**, provided that they use only single-service articles (i.e. containers and eating utensils), provide a supply of single-use commercially packaged moist hand towellettes for the personal hygiene of its employees, and do not provide public seating.

Applicable premises:

- Catering vehicles;
- Premises where only cold drinks are sold in or from the original container; and,
- Premises where only frozen confections are sold in the original package or

wrapper.

Exempted subsections:

- A. Section 6:** Requirements for: separate food preparation areas, convenient and equipped washroom facilities, separate food storage areas, and preventing the entrance of pests and dust.
- B. Section 6.1:** At least one employee who has successfully completed a food safety course and whose training is current is present at the food premises.
- C. Section 9 (1):** All food premises shall be provided with
 - (a) a supply of potable water adequate for the operation of the premises;
 - (b) hot and cold running water under pressure in areas where food is processed, prepared or manufactured or utensils are washed
 - (c) a hand washing basin, for employee use only, in a location convenient for employees in each processing, preparation and manufacturing area, together with supplies of hot and cold water and soap or detergent in a dispenser, and
 - (i) clean single-service towels, or
 - (ii) a mechanical air dryer.
- D. Section 20:** Garbage and wastes shall be removed from food premises as often as is necessary to maintain the premises in a sanitary condition.
- E. Section 21:** Premises kept clean, free of live birds and animals, materials/equipment that does not contaminate food.
- F. Section 24:** Toxic and poisonous substances kept in labelled containers, separated from food, and used in a manner that prevents food contamination.

Mobile preparation premises are exempt from the following sections of the **Food Premises Regulations**:

- A. Section 6. (1)(a)(iii):** Food premises shall have a separate food storage area.
- B.** Where mobile preparation premises do not provide sanitary facilities for employees, the mobile preparation premises are also exempt from:

Section 29:

- (1) A sanitary facility shall be conveniently located on or accessible to the premises' employees and patrons.
- (2) A sanitary facility shall be equipped with
 - (a) a supply of toilet paper;
 - (b) a constant supply of hot and cold running water;
 - (c) a supply of soap or detergent in a dispenser;
 - (d) a receptacle of durable construction that is easily cleaned for used towels and other waste material; and
 - (e) a supply of paper towels or a hot air dryer.
- (3) This section does not apply to a vehicle that is used for the transporting of food or a catering vehicle.

C. Section 30:

- (1) Food premises shall have available, sanitary facilities for patrons and employees as per the standards established in the National Building Code.
- (2) Where a parking lot is operated as part of the premises and patrons are served in their vehicles, each parking space shall be considered for the purpose of standards established in the National Building Code to be equivalent to 2 seats.
- (3) Public portable sanitary facilities may be used as an alternative to facilities that are part of the food service premises provided that those public facilities are
 - (a) conveniently located with respect to the food premises;
 - (b) equipped with sufficient fixtures to assure availability under normal conditions or use; and
 - (c) located in the same building or on the same grounds where the food service premises are operated in connection with an exhibition, fair, carnival, sporting event or amusement park.

Standard Health Guidelines For Itinerant Food Premises

April 2023

LICENSING

1. No person shall operate an Itinerant Food Premises (IFP) unless it conforms to the standard health guidelines contained in this document and has a valid Food Premises Licence.
2. Prior to the issuance of a licence, plans of the IFP must be submitted to the Government Service Centre along with:
 - [a] An application form complete with an itinerary of travel locations which is to be updated pending any deviation from original schedule.
 - [b] In the case of a motorized vehicle, confirmation that the vehicle is licensed for the activity under the **Highway Traffic Act**, or similar legislation as applicable.
3. The Food Premises Licence shall be renewed annually for seasonal operations and in accordance with the document "Risk Based Food Premises Inspections" for year round operations. The licence is not transferable. This licence must be displayed in a prominent location within or upon the IFP.
4. At any time, the licence may be revoked where the operator fails to comply with the **Food Premises Regulations**, these guidelines or any other recommendations or order as deemed necessary by the Inspector.

CATEGORIES

Itinerant Food Premises shall be categorized as follows (see Table 1 for a summary of IFPs):

Category 1 – Mobile food stands and fish vans/trucks

This category includes Itinerant Food Premises involved in the sale of fish, meat, poultry, eggs, vegetables, fruit, and other foods that typically require preparation prior to consumption. This may include potentially hazardous foods, provided that they are kept frozen or at refrigeration temperatures.

Note: Any cleaning, cutting or packaging would require piped hot and cold potable water in the IFP, as well as a separate handwashing sink. For this reason all cleaning, cutting and packaging should be carried out in separate premises licensed by the appropriate agency.

In this type of premises, food handling is minimal (e.g., weighing and bagging). In the case of fish vans/trucks, the operation must also be approved by the provincial Department of Fisheries, Forestry and Agriculture.

Operations in this category are to be licensed as Class 1 Food Stands.

Category 2 – Catering vehicles

This category includes Itinerant Food Premises involved in the sale of pre-packaged snacks, donuts, confections, sandwiches, popcorn, cotton candy etc., where products are considered ready-to-eat. These IFPs include traditional snack or coffee trucks, and ice cream push carts serving only frozen confections in their original packaging.

Note: This category does not refer to vehicles used for the delivery of food from licenced food premises directly to individual consumers (i.e. delivery vehicles associated with a food premises, or third party food delivery services.)

All food products served from these IFPs, with the exception of hot beverages, are to be pre-packaged in a separately licensed food premises, or low risk products made ready on site with minimal preparation (e.g. popcorn, cotton candy).

Potentially hazardous foods may be served, provided that they are kept frozen or at refrigeration temperatures (i.e. no cooking, re-heating or hot holding), with mechanical refrigeration (except for ice cream push carts). Coffee and other hot beverages may be prepared in the catering vehicle.

Separate handwashing facilities are not required, however a supply of single-use commercially packaged moist hand towellettes must be provided for the personal hygiene of employees.

Public seating must not be provided for this category of IFP.

Operations under this category are to be licensed as Class 1 Catering Vehicles.

Category 3 – Hot dog carts

Hot dog carts shall be limited to the sale of commercially prepared and pre-cooked meat products and veggie dogs/burgers that may be served on a bun. **With the exception of wieners, the pre-cooked meat product and veggie dogs/burgers are to be stored frozen and remain frozen until cooking.**

Hot dog carts must be self-contained with respect to storage, cooking and refrigeration. Gas barbeques without a self-contained structure are not acceptable.

Operations under this category shall be licensed as Class 2 Hot Dog Carts.

Category 4 – Mobile preparation premises

Mobile Preparation Premises may include operations preparing and/or serving: ice cream (scooped hard ice cream or soft serve machines), fountain drinks, hot dogs, hamburgers, french fries, fish and chips, soup or other grilled, cooked or deep fried foods, that are prepared within the unit.

Separate hand washing facilities and potable hot and cold water under pressure are required. If potentially hazardous foods are stored, prepared and/or served, mechanical refrigeration of adequate size must be provided and be capable of maintaining foods at 4°C or less and in the case of frozen food at 0°C or less.

Operations under this category shall be licensed as Class 2 Mobile Preparation Premises.

Table 1: Summary of Itinerant Food Premises (IFP)

	Category 1	Category 2	Category 3	Category 4
Licence Class	1 – Food Stand	1 – Catering Vehicle	2 – Hot Dog Cart	2 – Mobile Preparation Premises
Examples	Fruit/Vegetable cart; fish truck; mobile egg stand; grocery wagon	Coffee and snack truck; sandwich truck; ice cream push cart	Hot dog cart; pre-cooked burger cart	Fish and chip wagon; taco stand; hard/soft ice cream truck
Types of foods	Raw food items (e.g. fish, meat, poultry, eggs, fruit, vegetables)	Only: pre-packaged ready-to-eat foods, except hot beverages	Only: hot dogs; pre-cooked meat and veggie dogs/burgers	Various foods prepared and/or handled on-site
Potentially hazardous foods permitted?	Fish/meat/poultry must be kept frozen or at 4°C or less; eggs must be kept at 4°C or less	Must have refrigerated storage and display (except ice cream push carts)	Pre-cooked meat and veggie dogs/burgers kept frozen until cooking	Yes, with appropriate hot/cold holding
Minimum hand hygiene requirements	Hand sanitizer and paper towels, or single-use commercially packaged moist hand towellettes	Hand sanitizer and paper towels, or single-use commercially packaged moist hand towellettes	Hand sanitizer and paper towels, or single-use commercially packaged moist hand towellettes	Separate hand washing facilities with hot and cold potable water
Food safety training required?	No	No	Yes	Yes
Public seating permitted?	No	No	No	Yes
Piped hot/cold water required?	No	No	No	Yes
Home base required?	Yes	Yes*	Yes	No
Washrooms required?	No	No	No	No**

*A home base may not be required if appropriate cleaning/sanitizing, food storage, and waste disposal can be achieved within the Catering Vehicle itself (see “Maintenance”).

** If provided, washrooms must meet certain requirements (see “Washrooms”)

CONSTRUCTION/EQUIPMENT

1. Itinerant Food Premises must not be “hardwired” to a metered electrical service. Rather, if electricity is needed, it must be provided via a plug-in service or a mobile generator, where permitted.
2. The areas of IFPs where food is stored, prepared and/or served, must be of durable construction and consist of a smooth, non-porous material which is easily cleaned and sanitized.
3. Service and preparation areas shall be totally separated from the vehicle cab, where applicable.
4. All openings to the outside shall be screened and so fitted to repel or prevent the entrance of dust, flies, insects and vermin; and all such equipment shall be maintained in proper working order.
5. All food contact surfaces must be constructed in a manner that all joints are tightly sealed.
6. Refrigeration units, where provided, must be sufficient in size to store all potentially hazardous foods, and must be capable of maintaining food temperatures at 4°C or less and in the case of frozen food at 0°C or less.
7. Any ovens or other cooking or hot holding equipment shall be capable of maintaining food temperatures at 60°C or higher.
8. Where electric refrigeration units and ovens or other cooking equipment is used, and it is necessary to maintain hot or cold food temperatures during transportation, such units must have an additional mode of operation consisting of direct current (DC), gas or propane.
9. Where mobile self-contained water supplies are used:
 - i) the potable water tanks must only be used for storing potable water;
 - ii) the potable water tanks must be sufficiently sized to ensure an adequate supply of water for hand washing, cleaning of equipment, and similar operations;
 - iii) the potable water tanks must have an easily readable gauge to monitor liquid levels;
 - iv) the potable water tank must be designed to facilitate cleaning and sanitizing as well as sanitary filling and emptying. Generally, design criteria should include the following:
 - the tank is sloped to an outlet that allows for complete drainage;

- the tank is enclosed from the filling inlet to the discharge outlet;
- if the tank has an access port, the port cover should be provided with a gasket and device for securing the cover in place. The cover should be flanged to overlap the opening and sloped to drain;
- if the tank has a vent, it should terminate in a downward direction and be covered with a screen or filter;
- the tank inlet should be positioned so that it is protected from outside contaminants.

v) if a hose is used on the tank outlet, the hose should be food grade, cleanable and should not be used for any other purpose.

10. Wastewater holding tanks, where provided, should be sized sufficiently larger than the volume of the potable water supply, incorporated into the design of the IFP, and have an easily readable gauge to monitor liquid levels. An approved site for disposal of the waste water should also be specified.
11. Private accommodations are discouraged within an IFP, but if present, they must be separated from food storage, preparation and service areas with a solid wall or full self-closing door.

OPERATION AND MAINTENANCE

1. The areas of IFPs where food is stored, prepared and/or served shall be kept in a clean and sanitary manner and should be used for no other purpose.
2. All foods used in an IFP shall be obtained from an approved source, and/or in accordance with any relevant legislation, including but not limited to the **Fish Inspection Act**, the **Meat Inspection Act**, and the **Natural Products Marketing Act**.
3. If ice is used for cold storage or display, it shall be obtained from an approved source and handled and stored in a sanitary manner.
4. All foods, shall be kept covered at all times, or otherwise protected from dust, flies and vermin.
5. Pre-packaged, ready-to-eat food sold from an IFP shall be packaged in food grade materials that is clearly labelled as follows:
 - [a] The name and address of manufacturer
 - [b] The date of manufacture
 - [c] The contents of the packaged food

- [d] Non-frozen food must have a best before or expiry date not later than five (5) days after the date of preparation. This five day requirement does not apply to modified atmosphere packaged foods
- 6. Only single-service containers and eating utensils shall be used in the service of food. Such utensils shall be protected from dust and contamination during storage and display for customers (e.g. pre-packaged). If unwrapped utensils are offered for use, they must be handed out individually to customers.
- 7. Drinking straws shall be dispensed by means of an approved dispenser or packaged in single service wrapping.
- 8. Condiments shall be made available in single service packages or dispensed from approved containers.
- 9. In Category 1, 2 and 3 IFPs, hand sanitizer and paper towels or single-use commercially packaged moist hand towellettes will be accepted for hand hygiene.

HOME BASES FOR CLEANING AND RESTOCKING

- 1. An approved location shall be provided as a home base for IFP which do not have hot and cold water under pressure on or within the unit. IFPs are to return to the home base at the end of each day for cleaning of equipment and maintenance, disposal of wastes and replenishment of non-food products. In the case of push carts without running water, replenishment should take place as close as possible to the time the push cart begins service for the day. At least daily return is needed.

If hot and cold water under pressure is provided on or within the IFP, and suitable arrangements can be made for utensil and equipment sanitization, food preparation and waste disposal, a home base may not be required.
- 2. A home base as described in No. 1 above, is only required to be operated and licensed in accordance with the **Food Premises Regulations** if food is stored and/or prepared in the home base. An unlicensed home base may be used for cleaning IFPs and sanitizing utensils, and/or storing non-food products.
- 3. The home base locations identified in No. 1 above shall have:
 - [a] A separate room of sufficient size to handle storage and cleaning of all utensils and equipment.
 - [b] Smooth easily cleanable floors, walls and ceilings.
 - [c] Adequate lighting.
 - [d] Potable hot and cold water under pressure.

- [e] Sufficient sinks to carry out sanitization of utensils and equipment, with each compartment large enough to immerse the largest piece of equipment or utensil, as approved by an Inspector.
- [f] Access to washroom facilities.

PERSONNEL

Every operator or employee who works within the home base or operates an Itinerant Food Premises shall:

1. Be clean.
2. Wear clean washable or disposable outer garments.
3. Be free from and not a carrier of any disease which may be spread through food.
4. Engage with an inspector to ensure appropriate Public Health follow-up following enteric illness or during an outbreak investigation.
5. Refrain from smoking while on duty.
6. Wear approved hair covering.

ADDITIONAL REQUIREMENTS FOR CATEGORY 4 MOBILE PREPARATION PREMISES (MPP)

1. Category 4 MPPs should have convenient access to a washroom for staff use within 150 metres. Park and campground pit privies and/or portable toilets are acceptable.
2. Separate hand washing facilities shall be provided within the MPP.
3. An adequate amount of potable water must be provided in MPP. Any hoses used for filling water tanks must be food-grade.
4. An approved storage tank capable of providing a constant pressure of water to the fixtures. Only potable water shall be stored on the premises. A tank installed at a higher elevation (flowing under atmospheric pressure) may be satisfactory.

Potable Water Tank Capacity

No on-site cooking/grilling/deep frying:	45 litre capacity
On-site cooking/grilling/deep frying:	135 litre capacity

5. An approved heating unit capable of maintaining a temperature of not less than 49°C for washing and chemical sanitizing purposes. A tank installed at a higher elevation (flowing under atmospheric pressure) may be satisfactory.
6. An approved waste storage tank, with the following minimum capacities:
 - MPP with no on-site cooking/grilling/deep frying - capacity at least 23 litres greater than vehicle tank storage.
 - MPP with on-site cooking/grilling/deep frying - capacity at least 46 litres greater than vehicle tank storage.

Greywater and wastewater held in holding tanks must be disposed of by a septic hauler or at an approved sewage dumping station.

7. An approved two (2) compartment sink or larger shall be provided for washing and sanitizing utensils used in food preparation. Each compartment should be large enough to immerse the largest piece of equipment or utensil.
8. Disposable wiping cloths for sanitizing tables and counters are required.
9. Walls, ceilings and equipment must be protected from grease or food particles by:
 - [i] Placing any cooking equipment in suitable locations.
 - [ii] Using an approved powered exhaust canopy, filters and appropriate duct work to carry off cooking odours, gases, fumes and grease-laden air given off by any grills, deep fryers and other types of cooking apparatus, where applicable.
10. All foods must be prepared within the MPP or at a Food Premises which holds a license from an appropriate agency.
11. Receptacles for waste disposal shall be provided on site.

Appendix II
Revised Food Premises Inspection Documentation Policy

FOOD PREMISES INSPECTION PROGRAM

Department of Health and Community Services

FOOD PREMISES INSPECTION POLICY

Policy Title:INSPECTION / DOCUMENTATION

Original: January 2003

Revised: January 2024

Policy Id Number:FOOD 2024-01

Authorization: DH

The following policy and standard have been revised by the Public Health Division of the Department of Health and Community Services. The legislative authority for the food premises inspection program is the Newfoundland and Labrador **Food Premises Act**, SNL2013 Chapter F-21.1. The regulatory authority falls under the **Food Premises Regulations**, 1022/96.

POLICY:

Food premises in Newfoundland and Labrador are to be inspected to determine compliance with the **Food Premises Act**, **Food Premises Regulations** and applicable standards and guidelines.

The frequency of inspection is to be in accordance with the frequency of inspections for low, moderate and high risk food premises as identified in Memorandum of Understanding, as revised.

Inspections of food premises are to be documented as per the attached documentation standards.

INSPECTION /
DOCUMENTATION
OF
FOOD PREMISES

FOOD2024-01

1. Each Environmental Health Officer is responsible for identifying the list of food premises requiring licensing in the area they are responsible for.
 2. Each Environmental Health Officer shall carry out inspections in accordance with the frequencies identified in the Memorandum of Understanding, as revised.
 3. If the required frequency of inspections cannot be met, the Environmental Health Officer shall notify regional management in writing outlining what facilities cannot be inspected in accordance with the required inspection frequency and why. The frequency of inspections which is expected to be achieved shall be included. Notes on rationale for not completing an inspection shall be documented in the Information Management System.
 4. When conducting inspections of food premises, the Environmental Health Officer shall:
 - (a) Upon entering the food premises, make contact with the owner/operator or person in charge.
 - (b) Advise them of their intent to carry out an inspection.
 - (c) Carry out the inspection in accordance with the requirements of the appropriate Acts, Regulations, Policies, Procedures and Standards, and with reference to the Federal/Provincial/Territorial Food Retail and Food Services Code, as amended.
-

- (d) If approval to carry out inspections is not obtained, contact regional management to discuss whether or not the inspection is to be carried out while accompanied by RCMP/RNC or if charges are to be laid.
 - (e) Document inspection on the Food Premises Inspection Report, either in paper or electronic format, ensuring all parts of the form are completed in detail.
 - (f) Discuss the finding with the owner/operator or person in charge ensuring the requirements of the report are completely understood.
 - (g) Have owner/operator or person in charge sign report acknowledging receipt.
 - (h) Distribute report as follows:
 - ▲ Original - owner/operator/person in charge
 - ▲ Second copy - GSC file

Electronic formats of reports can be attached in the Information Management system in addition to the meta data, and may be emailed to the owner/operator following inspections.
 - (i) If follow-up inspection is required, keep in view (KIV) second copy of report and carry out follow-up inspection on the date indicated.
 - (j) If no follow-up is required, ensure that the report is filed in the appropriate food premises file in a timely fashion.
-

Decision/Direction Note
Department of Health and Community Services

Title: Request to Create Two New Call Back Fee Codes for Cardiac Echographers and Electrophysiologists

Decision/Direction Required:

- Whether to create separate call back fee codes for the Cardiac Echographers and Cardiac Electrophysiologists.

Background and Current Status:

- Currently there are three electrophysiologists and four echographers in St. John's providing on-call services.
- On-call is a designated period where a healthcare professional (usually a doctor) is available outside of their regular hours to handle urgent or emergent patient cases. 40(1)
- As per the email communication from [REDACTED] these specialists are not expected to provide coverage 24/7 and are called upon less frequently compared to other specialties.

Analysis:

- Creating separate fee codes for these specialty groups would acknowledge the specialized nature of their services and ensure appropriate compensation for their expertise during off-hours callbacks.
- The proposed call-back frequency is estimated at three times per month for echocardiologists and eight times per month for electrophysiologists.
- This designation would improve fairness and transparency in the on-call compensation structure.
- This would cost the HS Health Services \$49,896 (11 times x \$378 x 12 Months) per year.
- HCS Financial Services has reviewed and noted that based on 2023-24 spending from the Medical Services on-call budget there should be sufficient savings for this proposal.

Alternatives:

Option 1: Create separate call back fee codes for cardiac echographers and cardiac electrophysiologists. **(Recommended)**

Pros:

29(1)(a)

[REDACTED]

Cons:

- Will cost \$49,896 per year.

Option 2: Status Quo. (Not Recommended)**Pros:**

- Maintains the current administrative structure.
- Avoids the cost of implementing new fee codes.

Cons:

29(1)(a)

**Prepared/Approved by:**

R. Rasif/M. Pinsent/C. Antle/F. Langor/J. McGrath

Ministerial Approval:

Received from Hon. Tom Osborne

June 4, 2024

A handwritten signature in grey ink, appearing to read 'Tom Osborne'.

Decision/Direction Note
Department of Health and Community Services

Title: An Integrated Framework to Support Health and Well-Being of Seniors

Decision/Direction Required:

- Whether to approve the Integrated Framework to Support Health and Well-Being of Seniors (operational framework and public facing documents).
- It is recommended this framework is approved.

Background and Current Status:

- In Newfoundland and Labrador, 23.6 per cent of the population are aged 65 and older. Older adults experience unique care needs, requiring quality care to allow them to live well and maintain their health into the future.
- Government has implemented a number of initiatives to support the health and well-being of seniors and Budget 2024 introduced additional measures. Investments include (additional details provided in Annex A).
 - Provincial Home Support Program Review Implementation (\$2.5 million).
 - Dementia Friendly Communities Initiative (one-time \$765,000, Public Health Agency of Canada 2022-24)
 - Provincial Dementia Care Action Plan with an annual budget of \$3.5 million.
 - Centres of Excellence in Aging (including MUN geriatric training) with an annual budget of \$11.3 million.
 - Aging with Dignity Plan with an annual budget of \$17 million.
 - Seniors Well Being Plan with an annual budget of \$10 million.
 - Seniors' Social Inclusion Initiative with an annual budget of \$200,000, (CSSD).
 - Age-Friendly Newfoundland and Labrador Communities Program with an annual budget of \$95,000 (CSSD).
- The Department of Health and Community Services (HCS), in partnership with Newfoundland and Labrador Health Services (NLHS) has developed the Integrated Framework to Support Health and Well-Being of Seniors [REDACTED] to guide the changes needed to transform health care delivery and improve social supports for all seniors, regardless of age, income, or ability level. 29(1)(a), 35(1)(d)

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

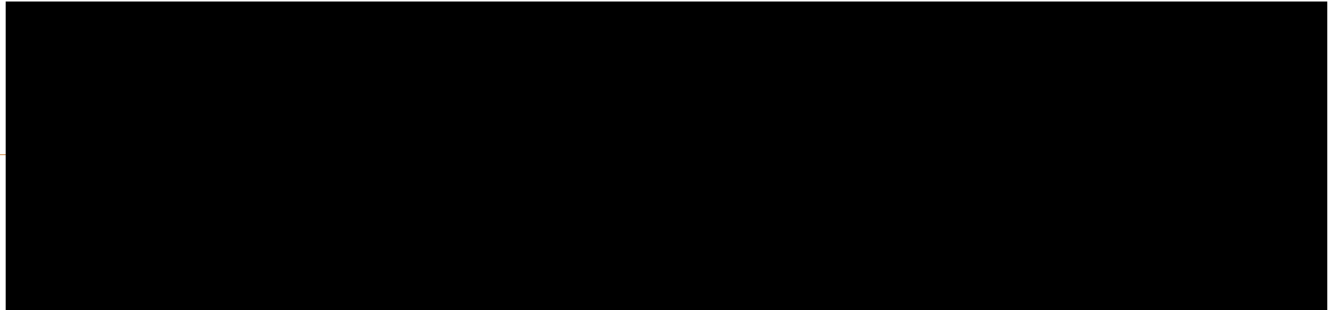
- [REDACTED]

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

- Health Accord NL identified several calls to action to support seniors. [REDACTED]

Analysis:

- The framework outlines a vision of an improved health and social care system that delivers integrated, responsive, and comprehensive supports and services necessary for seniors to maintain health, well-being, dignity, and maximal independence to age well.



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

- Government is active in implementing initiatives to support healthy aging. In recent months, several announcements have been made to the public to introduce new plans and initiatives to support the health and well-being of seniors. In addition to the operational framework described above, a communication document [REDACTED] has been created for the public that summarizes all health and well-being initiatives supported by Government in one comprehensive plan based on the framework. [REDACTED]

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

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

Alternatives:

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

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

Alternative 1: Approve the Integrated Framework to Support Health and Well-Being of Seniors (operational framework [REDACTED] and public facing [REDACTED] documents). **(Recommended)**

Pros:

- Provides a roadmap for an improved health and social system necessary for seniors to maintain health, well-being, dignity, and independence to age well.
- [REDACTED]
- [REDACTED]
- Aligns with Budget 2024 announcement.
- Supports Health Accord NL, the Seniors' Well-Being Plan, the Dementia Care Action Plan, and the Aging with Dignity Plan.
- [REDACTED]

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

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

Cons:

- None identified.

Alternative 2: Do not approve the Integrated Framework to Support Health and Well-Being of Seniors (operational framework and public facing document). **(Not Recommended)**

Pros:

- None identified.

Cons:

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

- [REDACTED]

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

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Will be challenging to action recommendations identified in Health Accord NL.

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

Prepared/Approved by:
Ministerial Approval:

P. Orbasli / D.Waddleton / J. McGrath
Received from Hon. Tom Osborne

June 5, 2024



Decision/Direction Note
Department of Health and Community Services

Title: Pertussis outbreak in Eastern Zone

Decision/Direction Required:

- Whether to purchase 10,000 additional doses of pertussis (Tdap) vaccine to provide vaccination to cohorts in the province currently impacted by the pertussis outbreak at a cost of approximately [REDACTED] as recommended by the Department of Health and Community Services (DHCS).

29(1)(a), 34(1)(a)(i), 34(1)(b)

Background and Current Status:

- Bordetella pertussis*, also known as “whooping cough,” is a vaccine preventable bacterial infection that starts as a runny nose, mild fever, red watery eyes, and a mild cough. Infections can progress to severe coughing episodes that last eight weeks. The name “whooping cough” comes from the sound a person makes when making a deep inhalation after severe coughing.
- In infants less than one year old, pertussis can cause temporary episodes when their breathing stops, called apnea. Severe coughing episodes can also lead to choking, poor feeding, and difficulty breathing. Complications of pertussis include pneumonia, seizures, and brain damage.
- Pertussis is transmitted by droplets made when a person who is infected coughs or sneezes. Individuals are infectious from the time they develop symptoms until after 3 weeks of the severe coughing phase of pertussis. If a person is treated with appropriate antibiotics within the first 2 weeks of illness, they are not contagious after 5 days of antibiotics.
- Vaccination is the most effective means of controlling the spread of pertussis. Pertussis vaccines are part of the province’s childhood immunization schedule and is given at two, four, six, and 18 months, before school starts at four to six years old, and in grade nine. After this series of vaccines, the vaccine is 90 per cent effective.
- Adults should receive a booster 10 years after their vaccination in grade nine (after 24 years old).
- Pregnant women are vaccinated between 27 and 32 weeks of pregnancy regardless of their vaccine history at every pregnancy because the antibodies produced as an immune response to the vaccine are transferred to the fetus during pregnancy and protects newborns up to two to three months of age.
- Contacts of individuals with pertussis are eligible for antibiotics as post-exposure prophylaxis if they are at high-risk for severe pertussis infection. High risk contacts are infants less than 1 year of age regardless of vaccine history and pregnant woman in the third trimester.
- In April of 2014, DHCS implemented a change to the adult immunization program replacing the tetanus and diphtheria toxoid vaccine (Td) with the tetanus, diphtheria, and acellular pertussis (Tdap) vaccine when offering immunization for tetanus. Therefore, adults who received a tetanus vaccine since 2014 have been immunized against pertussis.

- Similar to respiratory viruses, pertussis follows a seasonal trend with more cases seen in the fall and winter. On average, three to four cases are expected each year.
- From January 1, 2024, to May 30, 2024, 118 laboratory-confirmed cases of pertussis have been reported to the DHCS.
- Most pertussis cases in Eastern are children between the ages of 10-14 years old. The age of cases ranges from 2 months to 89 years of age.
- NL Health services (NLHS) declared a pertussis outbreak in Eastern Zone on May 9, 2024
- Quebec has reported more than 900 cases of pertussis since the beginning of 2024.
- The DHCS released a memo to healthcare providers on April 11, 2024, to encourage their patients in contact with infants and pregnant people to ensure their pertussis vaccination status is up to date.
- A public advisory was released on April 12, 2024, encouraging the public to be up to date with vaccinations.
- The DHCS released a memo to healthcare providers on May 10, 2024, to encourage appropriate use of nasopharyngeal swabs for pertussis PCR to confirm the diagnosis of pertussis.
- Communication through social media recommending to the public to ensure their pertussis vaccination is up to date is currently being prepared by NLHS Public Health Division and DHCS Population Health Division.

Analysis:

- The decline of immunity from pertussis vaccination is a possible reason for the increased number of pertussis cases seen globally. Other possible reasons for an increase of pertussis cases reported is because of the improved ability to detect pertussis, increased vaccine hesitancy, and/or decreased pertussis vaccination during the COVID-19 pandemic.
- The ability to provide pertussis boosters provincially is dependent on the number of pertussis-containing vaccines available and the number of healthcare providers available to administer vaccines.
- The supply of Tdap vaccine is being monitored closely from both a federal and provincial level. Provincially, there are approximately 5,500 doses of Tdap vaccine distributed throughout the province for use in routine immunization programs and management of at-risk populations.
- Currently, NLHS has advised the public health division of the DHCS that 10,000 doses of Tdap vaccine are needed to meet their current demand. [REDACTED]

29(1)(a)

- The Public Health Division of the DHCS is engaged with Public Services and Procurement Canada (PSPC) to discuss options for obtaining additional vaccine quantities outside of the existing federal contract. PSPC does not currently anticipate an issue with NL accessing an

additional 10,000 doses of Tdap vaccine to support preventative measures in response to the ongoing pertussis outbreak.

29(1)(a), 34(1)(a)(i), 34(1)(b)

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

- The 10,000 doses of Tdap vaccine will cost approximately [REDACTED]
- Since the highest proportion of pertussis cases is occurring in school-aged children, NLHS Public Health program have decided to provide pertussis vaccines to all children in grades six, seven, and eight in the most affected schools in Eastern Zone and ensure pregnant people in their third trimester and infants in households of individuals who have been exposed to a pertussis case are fully vaccinated against pertussis.
- NLHS Public Health program have also decided to provide pertussis vaccines to individuals who require Tdap boosters as part of the routine immunization schedule, and to students in grade six to eight in remote Labrador communities due to their reduced access to acute healthcare services. The high number of cases and close proximity to Quebec poses a risk of pertussis spreading into Labrador from Quebec.

29(1)(a), 34(1)(a)(i), 34(1)(b)

Alternatives:

Alternative 1: Approve purchase of 10,000 doses of Tdap at a cost of approximately [REDACTED] to provide vaccination to grades six to eight students in schools in Eastern Zone experiencing an outbreak of pertussis and their household members who are pregnant in the third trimester or infant, ensure individuals are up to date on their Tdap boosters as per the routine immunization schedule and enhance protection of students in grade six to eight living in Labrador.

(Recommended)

Advantages:

- Eligible individuals will have improved protection against pertussis including pregnant people and their infants who are most at risk of severe outcomes.
- Enhanced protection of individuals in Eastern Zone will help control the spread of pertussis to other health zones in the province.

29(1)(a)

Disadvantage:

- Increased cost

29(1)(a)

Alternative 2: Do not approve purchase of 10,000 doses of Tdap as a response to the pertussis outbreak in Eastern Zone.

Advantages:

- Increased spending on Tdap vaccines will be avoided

Disadvantages:

- Eligible students and their household members who are pregnant individuals or infants will not have enhanced protection against pertussis.
- Supply of Tdap vaccines may not meet demand from the public to ensure their Tdap vaccinations are up to date as recommended by NLHS Public Health public advisory and the DHCS' memos to healthcare providers.

- If there is an inadequate supply of Tdap to implement outbreak response, then pertussis may spread to other health zones and impact more individuals leading to increased difficulty controlling the spread.

29(1)(a)

Prepared/Approved by:
Ministerial Approval:

C. Foo/M, O'Driscoll/ H. Percy/A. Tucker/G. Sweeney/J. McGrath
Received from Hon. Tom Osborne

June 3, 2024

A handwritten signature in black ink, appearing to read "Tom Osborne", is written over a light blue rectangular background.

BRIEFING NOTE - Meeting Note
Department of Health and Community Services
Canadian Hemophilia Society, Newfoundland Chapter
June 10, 2024, from 2:30pm-3:15pm
Teams

Attendees: Hon. Tom Osborne, Minister, HCS
 Susan Elliott, Executive Assistant, HCS
 John McGrath, Deputy Minister, HCS
 Daphne Osborne, Provincial Chief Nurse and Director Nursing Policy, Quality and Adverse Health Events, HCS
 Marcel McDonald, Director of Rare Bleeding Disorders, Canadian Hemophilia Society, Newfoundland and Labrador Chapter

Purpose of Meeting:

Marcel McDonald, Director of Rare Bleeding Disorders, Canadian Hemophilia Society, Newfoundland and Labrador (NL) Chapter requested a meeting to discuss upcoming events, the organization as a whole and some topics of concern. No formal agenda submitted.

Background:

- The Canadian Hemophilia Society (CHS) is a national voluntary health charity with a mission to advocate for improved health and quality of life for all people in Canada living with an inherited bleeding disorder. The CHS is affiliated with the World Federation of Hemophilia, which is officially recognized by the World Health Organization.
- The CHS works in collaboration with health care providers in Canada's 26 inherited bleeding disorder comprehensive care treatment centres, the blood system operators (Canadian Blood Services (CBS) and Héma-Québec), the Network of Rare Blood Disorder Organizations, the hepatitis C community, the AIDS community, and others who share their common interests.
- The hemophilia and hereditary bleeding disorders program within Newfoundland and Labrador Health Services (NLHS) is based at the Health Sciences Centre in St. John's, and pediatric patients are followed through the Janeway Children's Health and Rehabilitation Centre.
- This program is supported by the following healthcare professionals:
 - Hematologists (from both adult and pediatric streams)
 - Nurse practitioners
 - Nurse coordinators
 - Physiotherapists
 - Social workers
 - Administrative assistants
 - Blood bank staff
 - Coagulation laboratories

Agenda item #1: NL Chapter, CHS Description

- The NL Chapter of the CHS is a grass roots, not for profit organization that is committed to improving the health and quality of life of all people with inherited bleeding disorders, particularly for those who reside in NL.

- The NL Chapter Board of Directors plays an important role in supporting the bleeding disorders community and engages in many activities to carry out the mandate of the group. Such activities include:
 - monitoring treatment programs;
 - organizing camp and other activities;
 - fundraising and managing the budget;
 - providing scholarships;
 - arranging participation in local and global initiatives;
 - maintaining social media and website presence; and,
 - sitting on a variety of subcommittees and attending board meetings.

Analysis

- The CHS, including the NL Chapter, have advocated to Government on the need for increased blood disorder resources, as well as patient access to treatment options.

Potential Speaking Points

- I recognize the challenges that individuals with inherited bleeding disorders and their families experience. I appreciate the work you do to support and inform the community and for your advocacy work on behalf of individuals within the bleeding disorders community.

Agenda item #2: Upcoming Events

- The NL Chapter engages in several outreach activities throughout the year for those who are part of the bleeding disorders community as well as the public to help increase awareness of bleeding disorders in NL. This chapter also communicates to its community members when blood disorder clinics are available via its social media platforms.
- April 17th was World Hemophilia Day. In honor of this day, the Confederation Building was lit up in red on April 10th.
- The NL Chapter recently held an afternoon gala on May 25th in Twillingate for an afternoon of fun activities and music for all ages.

Analysis

- The Hemophilia Family Weekend will be taking place from July 4th -July 7th at the Max Simms Memorial Camp. In addition to providing fun activities for the whole family, this weekend provides the opportunity for medical personnel to discuss the latest information with attendees.
- The Annual General Meeting for the NL Chapter is scheduled for July 7, 2024, at which time there will be an election for several board member positions (President; Secretary; Director of Fundraising; Director of Communication (newsletter); Director of Rare Bleeding Disorders; Director of Scholarships).

Potential Speaking Points

- Government appreciates the time you and your team have invested in collaborating with your community partners on programs and initiatives to support those with hemophilia and other rare bleeding disorders.

Agenda item #3: Recent Announcements and Issues of Concern

- It was recently announced that PTs have agreed to expand access to Emicizumab (Hemlibra); exceptional access requests will now be considered for acquired hemophilia A patients as well as hemophilia A patients with a FVIII level of 1% or greater with a severe bleeding phenotype. The CHS engaged in two and a half years of advocacy efforts on the need for this expanded access criteria.
- Emicizumab has a strong clinical efficacy, decreasing breakout bleeds while providing a less frequent infusion schedule. Anecdotal evidence from patients have demonstrated that the availability of this treatment has been lifechanging.
- Recently, Government received a letter from the NL Chapter advocating for increased resources for those living with hemophilia in NL. There has also been advocacy work ongoing by the CHS with respect to patient access to gene therapies.
- Gene therapies work by altering the genetic material of the recipient through gene addition, gene deletion, gene correction, or suppression of gene expression. For hemophilia patients, these drugs provide a one-time treatment which is intended to result in long-term endogenous production of coagulation factor, reduction in bleed frequency and decreased use of on-demand factor.

Analysis

Increased resources

- On October 9, 2023, a letter was sent to the Minister on behalf of the NL Chapter advocating for increased resources for those living with hemophilia in NL. Specifically, additional funding and resources was requested to address staffing shortages in areas such as physiotherapy, psychosocial support, and data entry/management was requested. A traveling clinic to Twillingate, which has the highest proportion of hemophiliacs per capita on earth, was also requested.
- The Ministerial response indicated that a copy of the letter would be sent to David Diamond so NLHS can be made aware of the recommendations. Although NL Chapter initially had difficulty getting in contact with Dave Diamond's office as noted in a correspondence dated March 24, 2024, the Minister did receive confirmation on March 30, 2024, that a meeting with NLHS officials and members from the NL Chapter was being arranged.

Gene Therapy

- In 2023, the Canadian Agency for Drugs and Technologies in Health (CADTH) asked for a decision to be made on whether gene therapies for hemophilia should be reviewed through the common drug review (CDR) process or the CBS interim plasma protein and related products (PPRP) review process.
 - The CADTH-CBS Interim PPRP review process leads to a decision on whether to list a product on the CBS formulary. Products listed on the formulary are accessible to clinicians in Canada for use in patients and are funded by the PT health ministries at no cost to patients.
 - The CDR is the standard process used for listing on PT drug plans.

- CBS recommended that gene therapies for hemophilia be reviewed through the CADTH-CBS PPRP Review process.

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29(1)(a),
34(1)(a)(i),
34(1)(b)

-

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- The CHS has strongly advocated for gene therapies for hemophilia to be reviewed through the CADTH-CBS PPRP process for a decision to be placed on the CBS formulary. The CHS has stated that this review pathway will enable equity of access for patients and well as the optimization of the therapies' benefits and minimization of their risks.

Potential Speaking Points

- I would like to thank you for sharing your knowledge with us and continuing to advocate for people across the province and across Canada with hemophilia.
- The PTs continue to follow the development and approval of gene therapies for hemophilia. The decision for CADTH to review hemophilia gene therapies through their CDR process is based on the current evidence available. I assure you that there will be many discussions between the PTs on this topic as evidence for their use continues to grow and evolve.

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

June 4, 2024

MEETING NOTE
Department of Health and Community Services
Mental Health Research Canada (MHRC)
June 10, 2024, 9:30-10:15am
Microsoft Teams

Attendees:

Hon. Tom Osborne, Minister, HCS
John McGrath, Deputy Minister, HCS
Susan Elliott, Executive Assistant to Minister of HCS
Gillian Sweeney, Assistant Deputy Minister, Population Health, HCS
Niki Legge, Provincial Director, Mental Health and Addictions, HCS
Akela Peoples, CEO, MHRC
Michael Cooper, VP, Development and Strategic Initiatives, MHRC
Barani Ganapathi, Manager, Grants and Studentships, MHRC

Purpose of Meeting:

Michael Cooper requested a meeting with Minister Osborne to provide information on MHRC's priorities and ongoing data collection related to indicators from Newfoundland and Labrador, as well as poll results from fall 2023.

Background:

- MHRC is a charitable research organization dedicated to improving the lives of Canadians by advancing mental health knowledge through engagement of lived-experience stakeholders in the research process and brokering relationships to facilitate collaboration and capacity building.
- In March 2020, MHRC launched a national polling initiative to produce data on the impact of COVID-19 on the mental health of Canadians. Since then, MHRC has conducted quarterly polls to collect information on several mental health and addictions indicators. As of fall 2023, MHRC received over 60,000 responses, 8,000 or more of which were from people with lived and living experience.
- The latest poll conducted by MHRC took place in April 2024, and MHRC has indicated to the department it expects to have data related to Newfoundland and Labrador ready to share at some point next week. This poll included an up-sample of an additional 500 participants from this province and an additional 20 questions targeting Newfoundland and Labrador respondents to measure gambling prevalence in the province.
- Since 2020, HCS has provided \$39,800 in total funding to MHRC to expand the provincial sample size for each poll and add additional questions relevant to Newfoundland and Labrador on a variety of mental health, substance use and addictions issues.

Agenda item #1: Review of MHRC priority areas, funding grants and studentships, and ongoing data collection and poll results from fall 2023.

- MHRC is expected to provide information on grants and studentships it actively supports.

- MHRC will also review data findings related to Newfoundland and Labrador from the fall 2023 poll and provide an update on overall trends in mental health nationally, with specific attention to provincial data, highlighting intersectionality of issues impacting Canadians.

Analysis

- The most recent data from the November 2023 poll, indicates self-rated anxiety and depression rates across Canada are declining from the peak of 23 per cent during the pandemic; however, rates remain slightly higher than pre-pandemic. Rates of high anxiety and depression are noted to be similar throughout the province of Newfoundland and Labrador and slightly higher than the national average.
- Data indicates 12 per cent (1/10) of respondents reported accessing mental health services in the last year, while 4 per cent thought about accessing services but did not.
- Poll results also report 52 per cent of people who identified needing care indicated their needs are not being met due to issues around affordability, long wait lists and lack of awareness of service offerings and alternatives.

Potential Speaking Points

- Our government values the important work of MHRC in gaining a greater understanding of the mental health needs of Canadians, and we appreciate your ability to accommodate our data collection needs through your polling initiatives.
- We are very committed to continuing to learn more about the needs of our residents and how best to meet those needs through the provision of evidence-based mental health and addictions programs and services.

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

June 7, 2024

Decision/Direction Note
Department of Health and Community Services

Title: Food Premises Inspection and Licensing Program Performance Monitoring

Decision/Direction Required:

- Whether to approve and implement a proposed performance monitoring framework for the Food Premises Inspection and Licensing Program, developed by Health and Community Services (HCS) in collaboration with the Department of Digital Government and Services NL (DGSNL).
- It is recommended that HCS, in partnership with DGSNL, implement the proposed performance monitoring framework.

Background and Current Status:

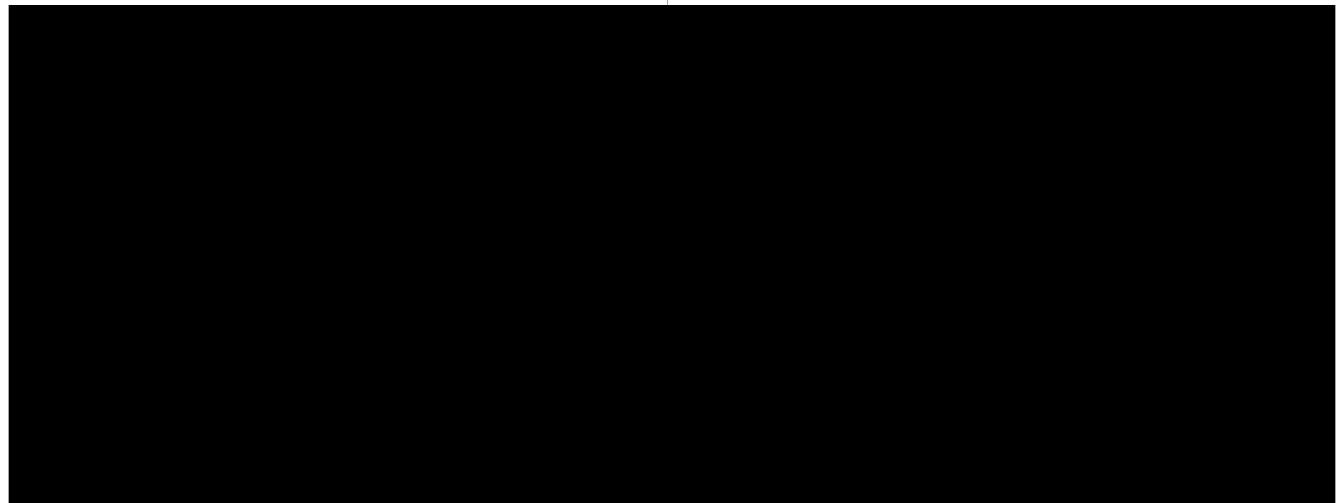
- Each year one in eight Canadians is affected by a foodborne illness which can result in hospitalization or death.
- Under the **Executive Council Act**, HCS has responsibility for the legislation, policies and standards related to food premises, while DGSNL has responsibility for carrying out licensing, inspections and enforcement activities under the **Food Premises Act**.
- A Memorandum of Understanding (MOU) between HCS and DGSNL, updated in September 2023 (DOC-64725), establishes the expectations for food premises inspection frequencies and departmental reporting.
- It is essential that the province's Food Premises Inspection and Licensing Program is effectively managed in order to reduce instances of foodborne illness and protect population health and wellness.
- On May 24, 2023, the Office of the Auditor General (OAG) released a report regarding the Food Premises Inspection and Licensing Program ("the Program") that found evidence of food premises operating without a license for some time, food premises not being inspected at the required frequency, inaccurately reported inspection statistics, and data inaccuracies. The report included the following recommendations for HCS:
 - HCS should establish processes to ensure the effective oversight of the Program; and,
 - HCS and DGSNL should evaluate the MOU annually as required.
- On June 18, 2023 (COR-2023-191802), the OAG outlined actions necessary to fulfill recommendations. In this correspondence, the OAG advised HCS that to satisfy the OAG's recommendation related to effective oversight, HCS should provide evidence that key performance indicators and reporting requirements for various areas of the Program, that will enable timely insights into effectiveness of the Program, are established.
- In February 2024, HCS engaged DGSNL to review and finalize a proposed performance monitoring framework [REDACTED]

Analysis

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

- In collaboration with DGSNL, HCS has finalized a performance monitoring framework that considers key program areas as well as data extraction and reporting feasibility.

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

**Alternatives:**

Option 1: Approve and implement the proposed Performance Monitoring Framework.
(Recommended)

Advantages:

- Satisfies the OAG report recommendation for HCS to develop performance indicators and reporting requirements for various areas of the Program.
- Allows HCS and DGSNL to monitor the performance of the Program, detect changes over time, and identify areas for improvement to protect public health.

Disadvantages:

29(1)(a)



Option 2: Do not approve/do not implement the proposed Performance Monitoring Framework.
(Not Recommended)

Advantages:

29(1)(a)

Disadvantages

- OAG recommendation for HCS to develop performance indicators and reporting requirements for various areas of the Program will not be satisfied.

29(1)(a)



Prepared/Approved by:
Ministerial Approval:

J. O'Dea/J. Hippe/D. Howse/A. Tucker/G. Sweeney/J. McGrath
 Received from Hon. Tom Osborne

June 12, 2024

Decision/Direction Note
Department of Health and Community Services

Title: Family Care Team (Metro #4)

Decision/Direction Required:

- To provide approval (or otherwise) for NL Health Services to pursue a temporary lease for approximately 6,000 square feet to support the operations of the Family Care Team (Metro #4).
- It is recommended that NL Health Services pursue a temporary lease for approximately 6,000 square feet to support the operations of the Family Care Team (Metro #4).

Background and Current Status:

- NL Health Services advises that the Family Care Team (Metro #4) began operations in early March 2024 in the former Refugee Health Clinic space in Churchill Square when that clinic relocated to 50 Mundy Pond Road.
- The existing Churchill Square location is 1,779 sq ft while the other established Family Care Teams (FCT) in the metro area are in the area of 10,000 sq ft.
- While NL Health Services continue to develop the space program for the permanent metro FCT #4, they have recently requested “approval to pursue an emergency lease for a new FCT #4 Metro site” of approximately 6,000 sq ft on a temporary basis (1 – 2 years) until its permanent location can be established. 35(1)(d), 35(1)(g)
- Estimated lease costs: \$270,000+HST (6,000 sq ft @ [REDACTED]/sq ft)
- NL Health Services advise that the existing lease for the Churchill Square location expires on July 3, 2024 with an option to extend for an additional year.

Analysis:

- The current Churchill Square location is undersized to support the operations of a FCT which is negatively impacting NL Health Services’ ability to effectively deliver the appropriate level of service.
- While NL Health Services have requested approval to pursue an “emergency lease”, 29(1)(a) [REDACTED] Rather, to meet requirement under section 21(2)(a) of the **Provincial Health Authority Act**, approval should simply be provided for NL Health Services to lease space with NL Health Services to work with Supply Chain and/or the Public Procurement Agency to determine such and meet any/all reporting obligations.
- Section 21(2)(a) of the **Provincial Health Authority Act** states that “subject to the approval of the minister, an authority may purchase, lease or otherwise acquire real property, or an interest in real property, that it considers necessary for its purpose.”
- Budget 2024 allocated \$30M to support the establishment of Family Care Teams in the province. This amount will be adjusted in future budget cycles to reflect the updated funding

requirements to operate these teams. Cost of this lease will be funded through those future budget allocations.

Alternatives:

Alternative 1: Provide approval for NL Health Services to pursue a temporary lease for approximately 6,000 square feet to support the operations of the Family Care Team (Metro #4).
(Recommended)

Pros:

- Will ensure that service providers have adequate space from which to deliver services; and
- Will improve the efficiency and capacity of service delivery at metro FCT#4.

Cons:

- Increased leasing costs.

Alternative 2: Do not provide approval for NL Health Services to pursue a temporary lease for approximately 6,000 square feet to support the operations of the Family Care Team (Metro #4).
(Not Recommended)

Pros:

- No increase in leasing costs.

Cons:

- Staff will continue to work out of inadequate space which will limit the capacity and effectiveness of service delivery at metro FCT#4.

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

June 19, 2024



Decision/Direction Note
Department of Health and Community Services

Title: Second Change Order for the Ambulance Integration Advisors

Decision/Direction Required:

- Approval is requested to issue a further change order for \$60,000 in 2024-25, to reflect changes in the scope of sub-contracting arrangements for the Ambulance Integration advisors.

Background and Current Status:

- Approval was provided in September 2022 for the integration of ambulance services, and Budget 2023 allocated \$9.0 million to commence the consolidation of 59 hospital, private and community ambulance services into a single integrated ambulance program with centralized dispatch, as part of health care modernization.
- The \$9.0 million Budget commitment included an allocation for advisors to support ambulance integration. In June 2023, approval was granted for three contracts, for Technical, Helicopter Infrastructure and Fairness Advisors for the procurement of ambulance services, valued at \$581,091 (BN-2023-00442 relates).
- With the advisors' support, we are approaching completion of the third of four phases of the Ambulance Integration Project. [REDACTED]

35(1)(d)

35(1)(d),
35(1)(f),
35(1)(g)

- It was originally anticipated that the work of the advisors would be complete by February 2024, [REDACTED] Approval was provided in late April for an initial change order of \$813,441 in 2024-25, \$203,700 of which represented new expenditure to reflect the necessary changes in scope, timeframes and sub-contracting arrangements (BN-2024-00023 relates).

Analysis:

- As a result of the approval of the first change order, Healthcare Strategists invoiced HCS in May for the full value of that amendment; \$463,700. The remainder of the original contract, \$90,150 is due at milestones #4 and #5, associated with reaching provisional award, and final contract award in the ongoing procurement process. These milestones are expected to be reached in June and October respectively.
- HCS and the Healthcare Strategists have agreed to the following scope expectations for the next phase of work associated with these timeframes.
 - Ongoing operational planning to support the stabilization of newly-integrated NLHS operations. This ongoing support is primarily being performed by their currently assigned project manager.
 - Support for NLHS contract negotiations with NEWCO, mid-July to October.
- These activities required to complete the project fall within the original scope as set out in their contract. No variation is expected from the remaining \$90,150 allocated for compensation.

- However, additional funding of \$60,000 is requested to compensate Healthcare Strategists and their sub-contractor, Ernst & Young, as EY's ongoing role has far exceeded the original scope and timeframes expected for their component of the work. [REDACTED]

35(1)(d),
35(1)(f),
35(1)(g)

- Given the variation from the original scope and timeframes, the advisors' request for additional compensation of \$60,000 [REDACTED] See Annex A for EY's letter to Healthcare Strategists and further correspondence with Healthcare Strategists confirming their agreement with the proposed variation.

29(1)(a)

- Financial Services advises [REDACTED]

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

Alternatives:

Option #1 – Provide approval to issue a second change order for \$60,000 in 2024-25 to reflect changes in the scope of sub-contracting arrangements for the Ambulance Integration advisors **(Recommended)**.

Pros:

29(1)(a)

- Maintains the continued availability of advisors with valuable subject matter expertise needed to ensure quality standards and safety are maintained during the transition to a new service delivery model.

Cons:

- New expenditure of \$60,000.

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

Option #2 – Do not approve issuing the proposed change order and new expenditure **(Not Recommended)**.

Pros:

- Avoids new expenditure of \$60,000.

Cons:

29(1)(a)

Prepared/Approved by:
Ministerial Approval:

J. Kennedy/ F. Langor/ J. McGrath
Received from Hon. Tom Osborne

A handwritten signature in black ink, appearing to read "Tom Osborne", is centered on the page. The signature is fluid and cursive, with the first name "Tom" being more prominent than the last name "Osborne".

June 21, 2024

Annex A:



Ernst & Young Orenda
Corporate Finance Inc.
Atlantic Canada
ey.com

Dieppe
Place Benjamin Place
11 Englehart Street
Suite 200
Dieppe, NB E1A 7Y7
Tel: +1 506 853 3097
Fax: +1 506 859 7190

Halifax
RBC Waterside Centre
1871 Hollis Street
Suite 500
Halifax, NS B3J 0C3
Tel: +1 902 420 1080
Fax: +1 902 420 0503

Saint John
Red Rose Tea Building
5th floor
12 Smythe Street
Saint John, NB E2L 5G5
Tel: +1 506 634 7000
Fax: +1 506 634 2129

St. John's
Fortis Place
5 Springdale Street
Suite 800
St. John's, NL A1E 0E4
Tel: +1 709 726 2840
Fax: +1 709 726 0345

Healthcare Strategists, Inc.
Attention: Bill Bullard

02 May 2024

Government of Newfoundland and Labrador Appraisal and Negotiation of EMS Assets Engagement Additional Budget Request

Dear Bill:

Ernst & Young Orenda Corporate Finance Inc. ("EY" or "We") signed an engagement agreement dated January 16, 2024 (the "Agreement") with Healthcare Strategists, Inc. ("Healthcare Strategists") to provide transaction advisory services regarding the acquisition and/or leasing of existing Emergency Medical Services ("EMS") assets, including ground ambulances, support vehicles, supplies, equipment, and property/buildings used as ambulance bases on behalf of Healthcare Strategists, the Provincial Government of Newfoundland and Labrador ("GNL") and NL Health Services ("NLHS").

The fixed fee of CAD \$260,000 at the time of the Agreement was expected to cover the anticipated scope and timing of work. However, since then, several engagement factors have broadened the scope and timelines that have led to additional time and cost of the work.

35(1)(d),
35(1)(f),
35(1)(g)

35(1)(d),
35(1)(f),
35(1)(g)

After a comprehensive review of work completed to date and expected future obligations and timing, We propose an increase of CAD \$50,000 to the existing budget. This increment will enable us to fulfill the remaining scope of the Agreement required to bring the Project to a close.

If you have any questions regarding our request, or you require clarification or additional information, please do not hesitate to contact either myself or Paul McCarthy.



Healthcare Strategists, Inc.
GNL Appraisal and Negotiation of EMS Assets Budget Request
Page 2

Yours sincerely,



40(1)

Tim Philpotts
Senior Vice President
+1 604 891 8255
tim.j.philpotts@ca.ey.com

From: Bill Bullard - Healthcare Strategists <bbullard@healthcarestrategists.com>

Sent: Friday, June 14, 2024 1:53 PM

To: Kennedy, Julian <JulianKennedy@gov.nl.ca>

Subject: RE: Amendment 2 revised

Hi Julian,

Thank you for the update. We can work within the original scope of work starting July 1st unless there is a specific request for additional services or timing. I will let Tim know.

Take care,

Bill Bullard, MBA, EFO, CFO
 President
 Healthcare Strategists
bbullard@healthcarestrategists.com
 (707) 823-0350 Office
 40(1) [REDACTED]
 (707) 922-0211 Fax

From: Kennedy, Julian <JulianKennedy@gov.nl.ca>
Sent: Friday, June 14, 2024 9:05 AM
To: Bill Bullard - Healthcare Strategists <bbullard@healthcarestrategists.com>
Subject: RE: Amendment 2 revised

Hi Bill

Thanks again for ending the June 7 2024 Amendment #2. It looks like government will approve the \$60,000 to finalize asset valuation and purchasing support. Can you please confirm my understanding that this includes the EY component, and that we would not expect to be receive a separate invoice from EY?

35(1)(d),
 35(1)(f),
 35(1)(g) [REDACTED] Our position is that those activities should be considered within scope of the original agreement, and the remaining \$90,000 for milestones #4 and #5 may be utilized to cover those costs with an expectation of concluding the work in October. I am expecting we will have the Provisional Award decision within the next 2-3 weeks, so you will be able to invoice us then for milestone #4.

35(1)(d),
 35(1)(f),
 35(1)(g) [REDACTED]

As mentioned, the department is very pleased with the invaluable support you and your team have provided, and are continuing to provide to ensure the ongoing success of this implementation. Let me know if this works for you and I will try to expedite the approvals required. [REDACTED]

40(1) [REDACTED] but would be available to chat if need be,

40(1)

Many thanks

Julian Kennedy
 Health and Community Services
 40(1) [REDACTED] | juliankennedy@gov.nl.ca

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

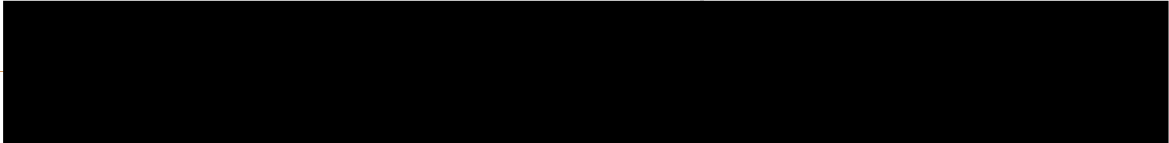
Title: NL Health Services Request to Approve Twelve New Clinical Assistance Positions Across the Province

Decision/Direction Required:

- Whether to approve a request from NL Health Services for 12 Full Time Equivalent Clinical Assistants in the specialties of Internal Medicine and Hospitalist across the province at a cost of \$2,340,796.

Background and Current Status:

- The Government of Newfoundland and Labrador amended the Medical Act (2011) to include the creation of two new registration categories with the College of Physicians and Surgeons of Newfoundland and Labrador (CPSNL) in 2023. The creation of Clinical Associates and Clinical Assistants categories are intended to enhance the pool of applicants eligible for licensure in the province, and will act as an extension of the supervising physician to help improve patient access to health care.
- These positions are required to hold membership with the Newfoundland and Labrador Medical Association (NLMA) and will receive a provisional license from CPSNL.
- Clinical Assistants can only provide medical services under the supervision of a licensed physician and although they hold an approved medical degree, they will be restricted in scope only to the areas in which they are educated, qualified and have experience. They will never be the Most Responsible Physician (MRP) and there is no pathway to full licensure for Clinical Assistants.
- Clinical Assistants are expected to participate in on-call, but they have no billing privileges. They are remunerated on the same scale as that of Category B Family Medicine (FM) Physicians.
- The licensing application, resultant position description and scope of work required by the college is extensive for these positions. Supervision by the sponsoring physician is clearly articulated and the oversight by the MRP must be documented and signed by the supervising physician.
- Eastern Zone is requesting four (4.0) FTEs for Internal Medicine (IM) at St. Claire's Mercy Hospital and two (2.0) FTEs for each hospital in Carbonear and Clarenville.
 - There are vacancies in positions at St. Claire's that support IM, one Clinical Associate and two nurse practitioners. Historically, there had been an inability to recruit FM physicians and nurse practitioners, and immediate support is required. Patients are organized based on Clinical Teaching Units (CTUs), of which there are currently three CTUs and one non-CTU. A lack of post-graduate learners coming to the CTU has placed further strain on IM as there may be only one medical student and one physician for 20+ patients. [REDACTED] — 29(1)(a)
 - Since 2022, there has been a consistent request for sessional approvals for this group at St. Claire's. Most recently there was an approval, from May 6, 2024 to March 31, 2025, for 160 hours per week @\$188.85 per hour for FM physicians to support IM.

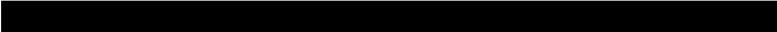
- Two positions are requested for Dr. G.B Cross Memorial in Clarenville where there is currently one difficult to fill vacancy.
- Two positions are requested for Carbonear General Hospital that has two vacant positions and although actively recruiting, they are having trouble filling these positions.
- NL Health Services is also requesting four (4.0) FTEs for hospitalist positions in Central Zone and Labrador Grenfell (LGH).
 - Two (2.0) FTEs are requested for James Paton Memorial Regional Health Centre where there currently are two IM vacancies.
 - One (1.0) FTE is requested for Charles S. Curtis Hospital in St. Anthony and (1.0) one FTE for Labrador West Health Centre in Labrador City.
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29(1)(a)

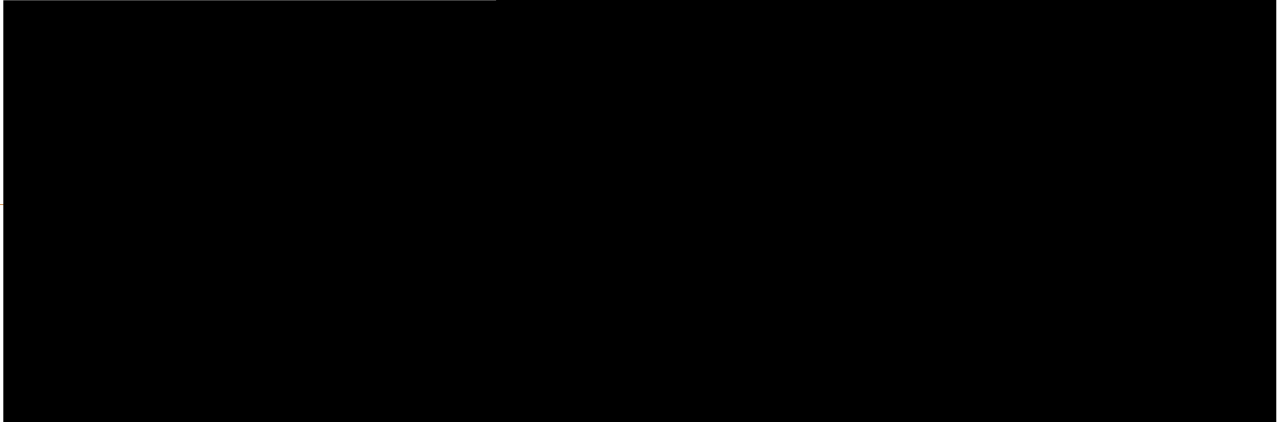
Analysis:

- Clinical Assistants and Associates are intended to help with a multidisciplinary health care approach and help relieve strain on areas that are burdened by workload due to vacancies.
- Both IM and Hospitalists Clinical Assistants can assist in their respective specialties, which historically have issues with retention and recruitment. They can help reduce workload as these specialties are crucial to inpatient care, bed management and patient flow which is required for proper functioning of hospitals. This allows for hospital-based health care providers to practice at full scope and build a team-based care model.
- Improvements in rural hospital care can help reduce burdens on tertiary hospitals, as well as help improve communications with families and patients.
- Ensuring timely discharge of patients reduces the strain on hospital services. Clinical Assistants can aid this process which hopefully can lead to better health outcomes, reducing the rates of readmission and visits to emergency rooms.
- These positions are expected to allow for an improvement in response/consult times and the ability to better manage patients.
- The expected growth in inpatient service due to an aging population, combined with historical difficulties in recruiting and retaining both hospitalists and internal medicine positions requires the utilization of all possible medical service resources, including Clinical Assistants.

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

- Sessionals currently approved for IM at St. Claire's will eventually end once the Clinical Assistants and vacant nurse practitioner positions are filled.
- Financial Services has reviewed 

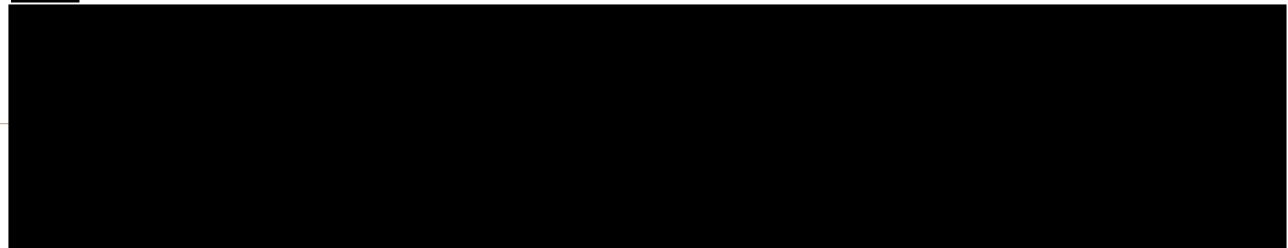
29(1)(a),
35(1)(d),
35(1)(g)



Alternatives:

Option 1: Approve the request from NL Health Services for twelve (12) FTEs for Clinical Assistants (eight for Internal Medicine and four for Hospitalists), at a cost of \$2,340,796 per year. **(Recommended)**

Pros:



29(1)(a)

Cons:

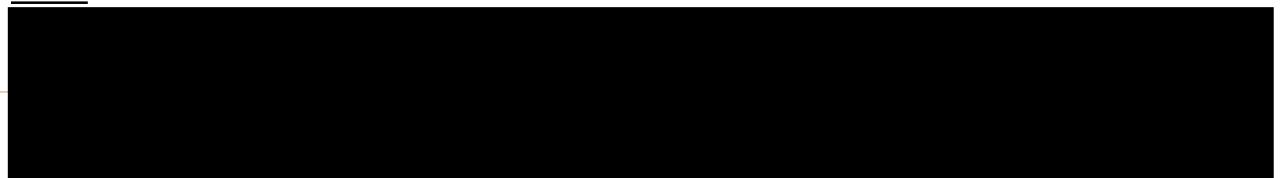
- Cost to the Department of \$2,340,796.

Option 2: Do not approve the request from NL Health Services for twelve (12) FTEs for Clinical Assistants. **(Not Recommended)**

Pros:

- No additional cost.

Cons:



29(1)(a)

29(1)(a)

Prepared/Approved by:
Ministerial Approval:

A. Pike/C. Antle/M. Pinsent/F. Langor/J. McGrath
Received from Hon. Tom Osborne

June 21, 2024

A handwritten signature in black ink, appearing to read "Tom Osborne", is written over a faint, circular watermark or stamp.

Meeting Note
Department of Health and Community Services
Town of Bonavista
Monday, June 17th, 2024, 3:00 – 3:45 PM
Microsoft Teams

Attendees:

HCS

Hon. Tom Osborne, Minister
John McGrath, Associate Deputy Minister
Susan Elliot, Executive Assistant to Minister
Jeannine Herritt, Assistant Deputy Minister, Regional Services

Town Council of Bonavista

John Norman, Mayor
Stephanie Lodge, Chief Administrative Officer

Newfoundland and Labrador Health Services (NLHS)

Debbie Walsh, Vice President and Chief Operating Officer, Eastern Rural Zone, NLHS
Dr. Gregory Manning, Senior Medical Director, Eastern Rural and Labrador-Grenfell Zone, NLHS
Catherine McCarthy, Executive Assistant, NLHS

Purpose of Meeting:

- To discuss the delivery of health services at the Bonavista Peninsula Health Centre.
- To discuss physician recruitment, the progress of the Family Care Team for this area, and status of the Virtual Emergency Room (VER).

Agenda:

1. Resignation of Dr. Penney
2. Update on chemotherapy services
3. Update on booking bloodwork appointments

Background:

- The Bonavista Peninsula Health Centre has 10 inpatient beds and provides 24-hour emergency services; laboratory and diagnostic services; chemotherapy services (on hold); incentre hemodialysis services; and allied health services (such as dietetics, occupational therapy, and physiotherapy).
- Long-term care is offered through Golden Heights Manor (70 beds and several cottages) and the Bonavista Bungalows Protective Community Residence (12 beds), which provides specialized care and accommodations for individuals with moderate to advanced dementia.
- Some primary care clinics are offered from the Bonavista Health Care Centre by staff physicians and nurse practitioners (two) who have other responsibilities including the emergency department and inpatient care. The Bonavista Community Supports Building (a.k.a. Wellness Center) which houses the new Family Care Team also has nurse practitioners (NPs), a diabetes collaborative, as well as community supports, mental health, and population and public health.

- The emergency department in the Bonavista Peninsula Health Centre utilizes VER when needed.
- During periods of temporary closure, patients are diverted to Dr. G.B. Cross Memorial Hospital in Clarenville, which is 1 hour and 28 minutes driving distance (112 kilometers).

Agenda Item 1: Resignation of Dr. Penney – Impact on Services and Physician Recruitment Efforts

Current Status:

- Dr. Penney provided medical oversight for chemotherapy services in the Bonavista Peninsula Health Centre. Her resignation created a negative impact in multiple areas, including chemotherapy.
- The Bonavista Peninsula Health Centre currently has two full-time physicians and one locum.
- Recruitment and retention of family physicians continues to be a challenge across the province and across all of Canada. The physician shortage is the most significant issue resulting in a lack of primary health care as well as an impact on emergency services, leading to temporary closures and utilization of a VER.

Analysis:

Physicians:

- Recruitment for physician vacancies at Bonavista is ongoing; locums are used when available.
- The current physician shortage has demonstrated the challenges in recruiting family doctors to rural and remote areas in the province. Government announced several initiatives recently to support recruitment and retention of family physicians, such as:
 - A new Physician Signing Bonus for physicians who agree to practice with NLHS; Bonavista would be eligible for the highest tier of funding under this program (\$175,000).
 - The Physician Recruitment Incentive Pilot Project provides funding to physicians in select rural facilities, such as Bonavista. The program provides \$100,000 for one year of full-time service plus another \$100,000 for a second year of service (total of \$200,000 for two years of service), The return in service agreement will commence after the Physician Signing Bonus RIS agreement is finished.
 - Additional funding for physicians in select rural facilities, such as Bonavista; \$100,000 for one year of full-time service plus another \$100,000 for a second year of service (total of \$200,000 for two years of service), which is stackable with the signing bonus.
 - The Family Practice Program which provides \$150,000 and an income guarantee for family physicians setting up or joining a fee-for-service family practice.
 - A new Salaried Family Physician Remoteness Bonus to address recruitment challenges for salaried family physicians at rural and remote sites in the province. Bonus amounts for salaried family physicians' range between \$11,000 and \$17,000, depending on the remoteness of the location, to be paid annually.

- General Practitioner Rural Premium Program: A 20 per cent premium is added to payments for services rendered by fee-for-service General Practitioners in select rural and remote facilities within health zones.
- Provincial Locum Recruitment Program (in development, MOA section 14.01): HCS will establish and resource (fund) a provincial physician locum recruitment program.
- Blended Capitation Payment Model launched as an alternative to full fee for service billing for family physicians providing primary care.
- Part-Time Annual Commitment Program for family physicians at primary care and category B sites.
- Come Home Incentive: Physicians are eligible for \$100,000 (with ties to NL) or \$50,000 (no ties to NL) with a 5-year return in service.
- A new Government website that provides updates on a regular basis: [Healthcareaction.ca](https://healthcareaction.ca).

Family Care Team Progress:

- Based on Calls to Action of Health Accord NL in 2022, , HCS is supporting the implementation of approximately 35 Family Care Teams to cover the entire province.

A new Family Care Teams Health Policy Framework for NL was released in late 2023 to guide the implementation of Family Care Teams; very soon new governance/leadership committees (i.e., a provincial steering committee, a strategic health network and local leadership committees) will be established to continue to support this work for the next three years.

- A Family Care Team for Bonavista is one of 23 Teams already announced and this team is considered to be operational with partial capacity at this time. The team has attached 1308 patients to date. A further 785 patients remain on the Patient Connect NL waitlist, waiting to be connected to a primary care provider. In the interim, these patients have access to Teledoc virtual primary health services with pathways for in-person assessment when required. Note: Family Care Team attachment numbers do not include continuous or episodic primary care provided by staff located at the BHCC.
- As of latest reporting period (end June 2024), the Bonavista Family Care Team consists of:
 - 1.6 FTE NP
 - Other providers:
 - 1.5 FTE clerical
 - 1.0 FTE Licensed Practical Nurse
 - 0.5 FTE physiotherapist
 - 1.0 FTE patient care facilitator
 - 1.0 FTE chronic disease nurse
- With ongoing recruitment efforts, the future state of the Family Care Team will additionally consist of:
 - 2.0 FTE physicians
 - 1.0 FTE Registered Nurse
- The two NPs currently located at the Wellness Center were integrated as part of the Bonavista Family Care team. Transitioning to this model of care did not impact client attachment. The NPs offer clinics in the Wellness Centre and also travel to facilitate clinics in Trinity.

- The focus of the Family Care Team model is to provide inter-professional team based, continuous and comprehensive care with enhanced access in the right place at the right time. To support that goal, NLHS continues to explore options for offering clinics in other areas however the Wellness Center is a clinical hub offering numerous services for clients in the Bonavista area and clinics will continue there. Teams will be enhanced with digital and virtual capabilities and characterized by continuous quality improvement based on the needs of the areas in which they serve.

Virtual Emergency Room:

- Health Accord NL recommends that the services provided at the 23 health centers utilize an urgent care model approach based on distance from a hospital emergency department, size of the catchment population, and availability of providers.
- The Bonavista Peninsula Health Centre utilizes VER when needed. NLHS reports a significant decrease in the number of hours that emergency services had to be diverted to G. B. Cross Memorial Hospital in Clarenville.
- The following is a summary of the number of hours that emergency services have been on diversion or offered virtually from May 2023 to April 2024:

Month	ED Diversion (Closure) Hours	Virtual ED Hours	Total
May 2023	120	0	120
June 2023	8	0	8
July 2023	48	0	48
Aug. 2023	64	26	90
Sept. 2023	72	8	80
Oct. 2023	0	0	0
Nov. 2023	0	24	24
Dec. 2023	48	24	72
Jan. 2024	0	24	24
Feb. 2024	0	48	48
March 2024	0	72	72
April 2024	6	53	59

Note: The temporary closure at Bonavista Peninsula Health Centre in April 2024 was due to [REDACTED]

40(1), Section 6

- Any disruption to the delivery of emergency services at this site is communicated to the public in the form of news releases. During periods of temporary closure, residents requiring emergency services are advised to call 911 or proceed to the nearest emergency room at G. B. Cross Memorial Hospital.
- When emergency room services are not available, NLHS works to provide VER services.

- Residents are also reminded of the 811 HealthLine, which is a confidential, and free telephone line staffed by experienced registered nurses 24 hours a day, seven days a week. The HealthLine also has a NP that can provide virtual care service.

Potential Speaking Points:

- Our department is committed to working with NL Health Services to address gaps in physician coverage.
- The Department's Office of Recruitment and Retention is working directly with Eastern Rural Zone of Newfoundland and Labrador Health Services to increase the number of family physicians in NL. We have already:
 - Launched a campaign to attract more health care professionals to the region.
 - Invested in additional seats in health education programs.
 - Established pilot projects to attract more medical graduates to the province.
- I recognize the challenges people face with accessing primary health care. Our focus remains on the continuous improvement of the health system to support better health outcomes for the people of NL including the residents of Bonavista.

Proposed Actions:

- The department will continue to work with NLHS to prioritize recruitment and retention efforts for family physicians in NL.

Agenda item #2: Update on Chemotherapy Services

Current Status:

- Dr. Penney provided medical oversight to chemotherapy services at the Bonavista Peninsula Health Centre and since her resignation in February 2023, chemotherapy services have ceased.
- Chemotherapy patients now travel to G. B. Cross Memorial Hospital in Clarenville for their treatment.

Analysis:

- An additional physician has been trained in the provision of chemotherapy at the Bonavista Peninsula Health Centre but due to challenges in sustaining service delivery in the ER and other program areas, capacity is limited for this physician to provide oversight in the delivery of chemotherapy.

35(1)(d)

- In advance of receiving chemotherapy in Clarenville, patients must attend an in-person pre-chemotherapy assessment with the physician and get associated bloodwork drawn within 48 hours at that site. NLHS has highlighted a concern previously raised regarding travel to Clarenville for bloodwork during the pre-chemotherapy assessment.
- While these patients could get bloodwork drawn in Bonavista, NLHS has reported that chemotherapy clients prefer to get their bloodwork completed during the pre-chemotherapy assessment with the physician since it is more convenient and comprehensive.
- NLHS is dedicated to reinstating chemotherapy services in the Bonavista Peninsula Health Centre. Their goal is to reestablish a safe and consistent service with proper resources available.
- When chemotherapy services are reinstated, there is a chemotherapy trained registered nurse already on-site. The nurse would require a two-week refresher for competency purposes at the G. B. Cross Memorial Hospital.

Potential Speaking Points:

- I can assure you that we are committed to addressing the health care human resource challenges that Eastern Rural Zone is experiencing.
- I understand your concerns and I assure you that we will continue to work with Newfoundland and Labrador Health Services to ensure chemotherapy services are reinstated.

Proposed Actions:

- HCS will continue to work with NLHS in its recruitment and retention efforts and will provide support in reestablishing chemotherapy services in the Bonavista Peninsula Health Centre.

Agenda item #3: Update on Booking Bloodwork Appointments

Current Status:

- The blood collection schedule at the Bonavista Peninsula Health Centre accommodates 37 routine appointments per day, Monday to Friday from 8:10am-12:00pm. Wait times for routine

appointments are normally 4-5 business days and urgent appointments are accommodated the same or next day.

- This schedule has caused concerns for some individuals who live in communities outside of Bonavista and who must travel to Bonavista for both physician appointments and blood collection appointments on different days.

Analysis:

- In May 2024, correspondence was received from Craig Pardy, M.H.A District of Bonavista, requesting that walk-in lab service be restored at the hospital in Bonavista or, at a minimum, a person assigned to that duty at the hospital.
- Mr. Pardy cites travel-related concerns noting there are residents who travel more than 30 km to see their doctor/nurse practitioner in Bonavista. If bloodwork is ordered with that visit, the patient is required to return home and book a separate bloodwork appointment, which requires return travel back to Bonavista. Travel may also be required if bloodwork results warrant a return visit with their practitioner.
- Officials from HCS have consulted with NLHS regarding these travel-related concerns. NLHS responded that there is a possibility for the return of a blended walk-in and appointment service for both Medical Imaging and Laboratory Medicine/Specimen Collection if that is the community's preference.
- To initiate this change, NLHS has advised that while it is possible to return to a blended walk-in and appointment service for blood collection at the Bonavista Peninsula Health Centre, the local Community Advisory Council (CAC) would be the appropriate pathway for consultation regarding this requested service change. NLHS advises that Debbie Walsh, Vice President and Chief Operating Officer for Eastern Rural Zone, would be the appropriate contact as Ms. Walsh also participates on the CAC.
- Correspondence regarding these recommendations was sent to Mr. Pardy (COR-2024-200234/01).

Potential Speaking Points:

- Newfoundland and Labrador Health Services is focused on providing safe and quality care for the residents of the Bonavista Peninsula.
- I recognize the importance of accessing health services in a timely manner. We will continue to make improvements to the health system and will continue to support Newfoundland and Labrador Health Services in their operations, ensuring timely access to health services.

Proposed Actions:

- The department will continue to work with NLHS to prioritize strategies to ensure timely access to health services.

Prepared/Approved by: M. Peddle/M. Pinsent/C. CrockerM/Bull/
Ministerial Approval:

June 12, 2024

Decision/Direction Note
Department of Health and Community Services

Title: Luncheon Sponsorship for Incoming Memorial University Faculty of Medicine Residents

Decision/Direction Required:

- Approval for the Department of Health and Community Services (HCS) to co-sponsor a meet and greet luncheon for new incoming residents to the Faculty of Medicine at a cost of \$500.

Background and Current Status:

- The Provincial Health Professional Recruitment and Retention Office, HCS has been established to assist with the development and promotion of a comprehensive provincial approach to address recruitment and retention challenges in the province.
- All new Faculty of Medicine first year residents start their programs on July 1, 2024. In advance of starting residency, incoming residents will be attending Memorial University's (MUN) annual welcome session on Wednesday, June 26, 2024 and a meet and greet luncheon will be provided.
- In 2023 the luncheon was co-sponsored by Newfoundland and Labrador Health Services (NLHS), HCS, the Newfoundland and Labrador Medical Association (NLMA), MD Financial Management, and Postgraduate Medical Education (PGME). The same is being proposed for 2024.
- Many incoming residents, who are not from Newfoundland and Labrador, have been matched to MUN for their residency through the Canadian Resident Matching System (CaRMS) match. This presents a great opportunity to promote Newfoundland and Labrador as a desirable practice destination from the very beginning.
- As background, physician recruiters attend the incoming resident and medical school orientation events to start forming relationships with learners and residents.

Analysis:

- The meet and greet is scheduled for Wednesday, June 26, 2024, at the Atrium, Memorial University Medical School. The Office of Health Professional Recruitment and Retention has been invited to cost share the event at a cost of \$500.
- The meet and greet will facilitate more opportunity for one-on-one engagement with incoming residents in a relaxed setting. This networking opportunity is a great avenue to build on resident recruitment work that has been undertaken since the Office of Health Professional Recruitment and Retention was established in 2022 and market with NLHS and the WorkinHealthNL brand.
- HCS's participation and support of this event will help demonstrate the province's commitment in recruitment of MUN's medicine residents.
- The Health Professional Recruitment and Retention Office currently has funds available in the allocated divisional budget to cover this expense. Dr. Megan Hayes, ADM of Health Professional Recruitment and Retention will be speaking briefly with other key stakeholders to welcome all incoming first year residents hosted by MUN Faculty of Medicine on this date.

Alternatives:

Alternative 1: Approve \$500 cost to co-host meet and greet luncheon for incoming residents at Faculty of Medicine (**Recommended**)

Pros

- Demonstrates Province's commitment and support of residents.
- Help promote Newfoundland and Labrador as a practice destination.
- This will help recruitment efforts for resident physicians.

Cons

- HCS would incur costs related to the event.

Alternative 2: Do not co-host the incoming resident meet and greet luncheon. (**Not Recommended**)

Pros

- There would be no cost incurred.

Cons

- Missed opportunity to support incoming residents to promote Newfoundland and Labrador as a practice destination.
- Will not support recruitment efforts for resident physicians.

Prepared/Approved by: W. Snow/C. Whittle /M. Hayes/J. McGrath

Ministerial Approval: Received from Hon. Tom Osborne

June 12, 2024



Decision/Direction Note
Department of Health and Community Services

Title: Approval of CAR T-cell Treatment at The Ottawa Hospital (TOH)

Decision/Direction Required:

- Whether to approve a request for out-of-province funding for CAR T-cell therapy at TOH.

Section 6,
40(1)

Background and Current Status: Section 6, 40(1)

- Since 2020, [REDACTED] patients have received CAR T-cell therapy in Ottawa.
- The Medical Services Division was informally notified of this request to fund out-of-province CAR T-cell therapy at TOH [REDACTED]

Section 6,
40(1)

- In lieu of a Canadian interprovincial agreement for the reciprocal processing of out-of-province medical and hospital claims related to CAR T-cell treatment, the following fee structure has been approved by HCS and TOH. This fee structure is based on existing interprovincial billing rates for high cost bone marrow/stem cell transplants.
 - A full block rate of \$110,990 for therapy planning, diagnostics and the first sixteen days that the patient is admitted for lymphodeletion, cell infusion and acute recovery. This rate includes a high-risk acute care premium. If required, the following add-on high cost inpatient components are also payable:
 - a standard high-cost inpatient per diem of \$3,309 for an admission extending beyond 16 days;
 - an ICU per diem premium of \$4,333 for every ICU day in excess of five if occurring within the initial 16 days of admission, or \$5,930 if occurring beyond sixteen days;
 - Tocilizumab at \$2.41 per mg administered.
 - In the event that the cells are collected but the patient does **not** receive the infusion, a block rate for planning/collection only is payable at \$20,000.
 - The Hospital Insurance Plan will cover the negotiated costs of the CAR T-cell product. The Hospital Insurance Plan will pay Ontario Health directly for the negotiated cost of the product. The list price of Tecartus is \$533,523.10. [REDACTED]

35(1)(g)

35(1)(g)

34(1)(a)(i),
35(1)(c),
35(1)(g)

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29(1)(a)

Analysis:

- Preliminary data shared with Medical Services on CAR T-cell outcomes for NL patients who received treatment in Ottawa was updated in March 2024. [REDACTED]

Section 6,
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- [REDACTED]

29(1)(a)

National outcomes data does

not appear to be available.

- [REDACTED]

35(1)(f),
35(1)(g)

Alternatives:

Section 6,
29(1)(a),
40(1)

Prepared/Approved by:
Ministerial Approval:

C. Crowther/F. Langor/J. McGrath
Received from Hon. Tom Osborne

June 17, 2024



Decision/Direction Note
Department of Health and Community Services

Title: 2024-25 Recommended Capital Equipment Allocations

Decision Required:

- Whether or not to provide approval of the proposed 2024-25 capital equipment allocations as outlined below, and in the attached schedules.

Background and Current Status:

- Funding is provided to facilitate the purchase of various health care and support services equipment.
- Annually, the Department receives a prioritized listing of capital equipment requests for the upcoming year from NL Health Services (formerly the Regional Health Authorities), as well as from the Faculty of Medicine.
- For 2024-25, NL Health Services submitted a listing of its top 125 priorities, while the Faculty of Medicine submitted eight (8) requests for funding.
- 2024-25 total requests: \$68,658,700
- 2024-25 approved budget: \$35,000,000
- Recommended 2024-25 Allocations:

	Total Requested Funding*	Recommended Approvals*
Eastern Urban Zone	\$40,739,400	\$17,040,900
Eastern Rural Zone	\$7,236,800	\$4,221,700
Central Zone	\$7,846,500	\$5,030,000
Western Zone	\$4,731,600	\$1,637,500
Labrador-Grenfell Zone	\$4,336,000	\$2,822,000
Digital Health	\$1,133,400	\$902,900
Provincial Block**	\$2,180,000	\$1,350,000
Faculty of Medicine	\$455,000	\$345,000
TOTAL REQUESTS / RECOMMENDED APPROVALS	\$68,658,700	\$33,350,000
Contingency / Unallocated	N/A	\$1,000,000
Foundations	N/A	\$650,000
TOTAL	\$68,658,700	\$35,000,000

**See details in attached spreadsheets.*

***To be allocated provincially by NLHS to facilities based on needs assessment.*

- The proposed allocations for capital equipment funding for 2024-25 have been:
 - compiled in consultation with the Senior Director of Provincial Capital Planning, Infrastructure and Engineering with NL Health Services; and
 - for the most part, are being cash flowed in line with anticipated expenditures for 2024-25.
- In many instances, equipment purchases are managed within the individual health zones, however, the Department has directed the zones (formerly RHAs) to collaborate to the greatest extent possible so as to maximize the purchasing potential through Provincial tendering, and as well, where practical, to strive to achieve a level of consistency in equipment purchases across the Province.
- Over the past few years, the Department has worked with the Regional Health Authorities (now NL Health Services) to identify and reprofile any unallocated deferred savings on completed purchases to fund newly identified capital equipment priorities. As a result of these efforts, there is minimal (or nil) unallocated deferred revenue available within NL Health Services to fund any of their current priority requests.

Recommendation:

- Provide approval of the proposed 2024-25 capital equipment allocations as outlined in the attached schedules.

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

June 17, 2024



Decision Note
Department of Health and Community Services

Title: Development of a MedFlight NL Training Program

Decision/Direction Required:

- Approval is requested to engage with the College of the North Atlantic (CNA) to create a medical training program for MedFlight NL's Medical Flight Specialists (MFS), NL's critical care aeromedical transport program.

Background and Current Status:

- The Newfoundland and Labrador Health Accord highlighted the importance of a robust and integrated EMS system in NL to support healthcare transformation. It is anticipated that there will be growth in the reliance of expertise in aeromedical critical care transport in NL.
- MedFlight NL is the critical care aeromedical transport program in NL and is staffed by MFS who work as a team of one Advanced Care Paramedic (ACP) and one Registered Nurse (RN).
- MedFlight NL is responsible for the aeromedical transport of critically unwell patients as well as lower acuity patients. They routinely care for the sickest patients in our healthcare system.
- Medical training for MFS staff is currently embedded in the MFS orientation offered by NLHS and is 8 weeks in duration. It is provided on an ad hoc basis when new MFS staff are hired.
- ACPs working with MedFlight NL currently work to a Critical Care Paramedic (CCP) scope of care but there is no pathway to earn a CCP credential within NL.
- The College of the North Atlantic is the only educational facility in NL currently capable of developing and delivering a comprehensive MedFlight NL Critical Care Training Program and the Office of the Provincial Medical Director (OPMD) has had exploratory talks with CNA officials confirming viability and enthusiasm for this proposal.

Analysis:

- MedFlight NL brings critical care to patients, reducing time to life-saving expertise and interventions usually only available at large hospitals. MFS experience and training combined with the expertise of the consulting flight physicians brings a higher level of care than what is expected from many referral centers and this mandates a robust critical care training program.
- A jurisdictional scan of Canadian critical care aeromedical transport programs reveals that most critical care flight training programs are between 12 – 16 weeks in duration. The current MedFlight NL orientation contains only 8 weeks of dedicated medical training and it is hoped to extend it to 15 weeks, corresponding to one semester at the CNA.
- The current MedFlight training course does not have a standardized curriculum aligning with other similar programs and is not affiliated with any accredited educational institution.

29(1)(a)

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

- [REDACTED]

- The CNA is the only institution in NL equipped to develop and deliver a MedFlight NL Critical Care Training Program. They have experienced MedFlight NL MFS staff as instructors, the province's only CCP as their lead instructor and the required simulation and medical equipment to facilitate this program. [REDACTED]

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

- The CNA uses the [REDACTED] online learning platform which is ideal for delivering a portion of the MedFlight NL Critical Care Training Program. This is particularly useful for upgrading current MFS staff training by distance while allowing them to continue to work and for facilitating education delivery for MFS teams stationed in Happy Valley-Goose Bay.

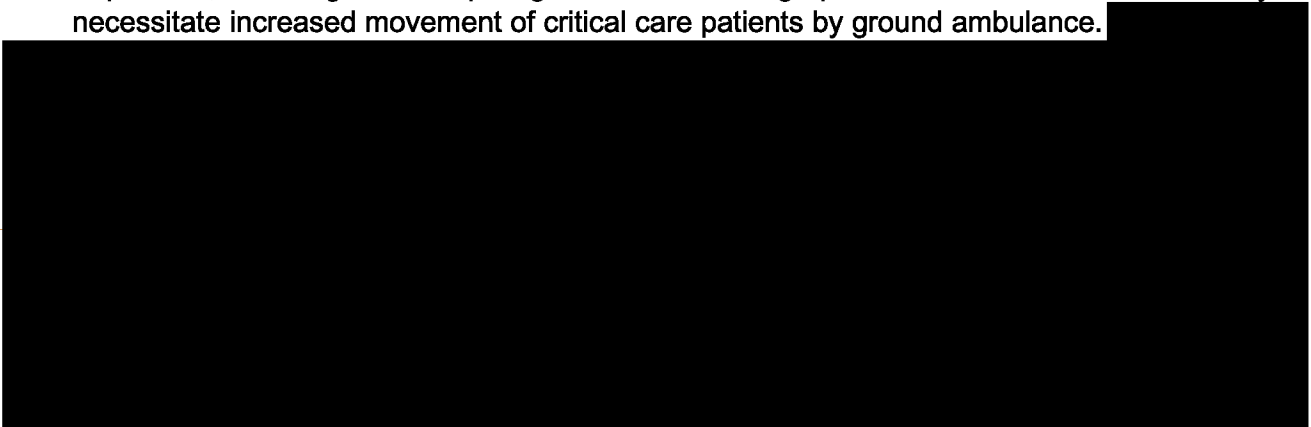
31(1)(l)

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

- The CNA has the capability to achieve accreditation of their training programs, ensuring external validation of educational excellence.

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

- The goals of the Newfoundland and Labrador Health Accord rely on the efficient movement of patients, including those requiring critical care. Geographical and weather limitations may necessitate increased movement of critical care patients by ground ambulance.



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

Alternatives:

Option # 1 – Approve the OPMD to engage with the CNA for the purposes of developing a MedFlight NL Critical Care Training Program.

Pros:

- Would bring MedFlight NL training standards in line with other Canadian jurisdictions.
- Would create a sustainable workforce of well-trained MFS with expertise in critical care aeromedical transport.
- [Redacted]
- Would improve healthcare delivery by providing better critical care to the province's most critically unwell patients, especially in rural NL.

29(1)(a)

29(1)(a)

Cons:

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

Option #2 – Do not approve the OPMD to engage with the CNA for the purposes of developing a MedFlight NL Critical Care Training Program.

Pros:

- Cost savings associated with not engaging with the CNA on this initiative.

Cons:

- MedFlight NL would remain below the Canadian standard for aeromedical flight program training.

- 29(1)(a) ○ [REDACTED]
- No improvement to patient care through enhanced critical care training.
- 29(1)(a) ○ [REDACTED]

Prepared/Approved by:
Ministerial Approval:

B. Metcalfe / J. Letto / F. Langor/J. McGrath
Received from Hon. Tom Osborne

June 27, 2024

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

Information Note
Department of Health and Community Services

Title: Canadian Institute for Health Information (CIHI) Health Workforce in Canada, 2022 – Quick Stats

Issue: To provide the Department of Health and Community Services (HCS) with a summary of information included in CIHI's Health Workforce in Canada, 2022 – Quick Stats.

Background:

- CIHI's Health Workforce in Canada, 2022 – Quick Stats was released on December 14th, 2023. This report includes data on provincial/territorial trends of Canada's health workforce.
- An updated report containing recently available 2022-2023 financial data will be released on June 27th, 2024.
- Notable trends include the following:
 - Purchased hours have increased steadily in most hospital areas from 2018-2019 to 2022-2023. From 2021-2022 to 2022-2023 in NL, overall purchased hours increased from 75,836 to 223,206 (+194.3%), while purchased hours in Nursing Inpatient Services increased from 24,710 to 145,465 (+488.7%). While this increase is consistent with the overall national trend, from 2021-2022 to 2022-2023, NL experienced the largest increase of purchased hours overall and in Nursing Inpatient Services of all jurisdictions with available data.
 - From 2018-2019 to 2022-2023 in NL, overtime hours as a percentage of worked hours increased in all hospital service areas for which data was available, with the largest increases in Inpatient Nursing Services (4.3% to 6.8%) and Ambulatory Care Services (4.2% to 6.6%). This is consistent with the overall national trend.
 - Since 2018-2019, sick leave has increased in all hospital service areas except Nursing Inpatient Services, where it has decreased by 3.7%. From 2021-2022 to 2022-2023 in NL, sick leave in Nursing Inpatient Services decreased by 7.4%. Nationally, sick leave has increased in all areas since 2018-2019, including Nursing Inpatient Services.
 - Since 2018, NL has seen a drop in percentage of family physicians in rural/remote areas; however, in 2022 Newfoundland and Labrador still had the largest proportion of family medicine physicians in rural/remote areas outside of Nunavut. From 2018 to 2022, the proportion of physicians in rural/remote areas of the NL decreased from 35.8% to 30.8%.
 - Among provinces and territories with available data, only Newfoundland and Labrador and Alberta saw increases in the percentage of Registered Nurses working in Long-term Care or Nursing Homes from 2018 to 2022, though these increases were small (7.3% to 7.7% for NL and 6.6% to 6.8% for AB).
 - Among all provinces and territories with available data, NL had the largest proportion of LPNs working in Long-term Care or Nursing Homes in 2018 (56.8%) and 2022 (53.4%)

- Supply (number of practicing licenses) data from NL shows a downward trend in the growth of the family physician supply since 2019 and upward trends in the growth in the supply of NPs, RNs, and LPNs. The downward trend in family physician supply and upward trends in the growth of RN and NP supply are consistent with national trends. Growth in the supply of LPNs is in contrast to national trends, which show an overall national slowing in the growth of LPN supply.
- Among all provinces with one or more medical schools, Newfoundland and Labrador had the second-lowest family medicine physician retention after Nova Scotia (41.7%) and the second-lowest specialist retention after Nova Scotia (38.0%).

Analysis:

- Like other PTs across the country, NL has seen increases in purchased hours and overtime hours. Increases in purchased hours in NL and elsewhere reflect increased utilization of agency nurses in hospital settings. These health-care workers are used as a short-term measure to fill vacancies, help relieve some pressure on existing staff within the healthcare system and ensure that the health authority is able to continue to deliver quality, safe care for patients and residents. Agency nurses are used throughout Canada and have been for many years.
- Work is ongoing to reduce the dependency on agency nurses in the province. NL Health Service recently released a plan which aims to reduce use of agency nurses to 30 per cent by December 2024. NL Health Services' approach to reduce the number of agency nurses includes:
 - Hiring the maximum number of nursing graduates in the province;
 - Encouraging casual nurses to take full-time employment;
 - Reducing barriers to nurses to work more full-time hours including providing accessible childcare;

29(1)(a)

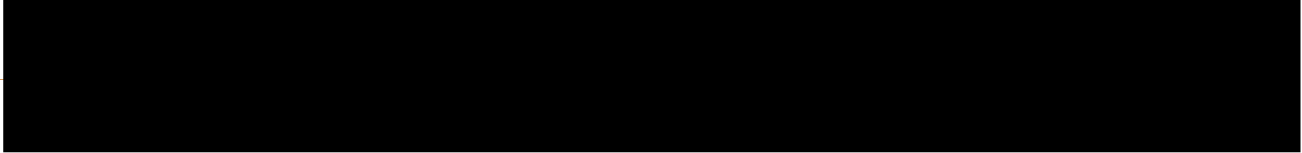
- Retaining current employees through promotion of workplace safety and employee wellness initiatives;
- Establishing the "Come Home" and other incentives for return in service agreements;
- Working with union partners to provide opportunities for current nurses to assist in challenging areas such as locums for parts of Labrador;
- Continuing international recruitment efforts;
- Reviewing more cost-effective contractual options; and,
- Developing guidelines that ensure consistent use of private health-care staff.

29(1)(a)

- NL continues efforts to recruit nurses including maximizing local recruitment of new graduates, international recruitment, and targeted incentives. Some incentives and programs aimed at recruitment and retention of nurses in the province include:
 - Come Home Incentive of up to \$50,000 for RNs and LPNs living outside the province with a connection to Newfoundland and Labrador or those looking to call it home.
 - Signing Bonuses of up to \$20,000 targeting difficult-to-fill positions and tiered to address geographic considerations.

- Incentive of \$8,000 for RNs and \$5,200 for LPNs to work in long-term care settings. It is notable in this regard that NL has seen an increase in RNs working in Long-Term Care and leads the country in the proportion of LPNs working in Long-Term Care.
- An incentive ranging from \$20,000 to \$40,000 is available to NPs who commit to work within a Family Care Team in the province, with the option of an additional incentive to provide coverage for select rural emergency departments, also known as Category B emergency departments for an additional \$10,000.
- Bursaries and tuition relief of up to \$8,000 for Bachelor of Science in Nursing and Practical Nursing Students in select locations within the province.
- While NL has seen a drop in the percentage of family physicians in rural areas, the percentage of family physicians in rural areas remains the largest in the country outside of Nunavut.
- Incentive programs aim to address both overall physician supply and rural supply, inclusive of:
 - Family Practice Programs inclusive of the New Family Physician Income Guarantee and the Family Practice Start-up Program of up to \$150,000.
 - A physician recruitment incentive pilot for primary care or emergency department coverage in select geographic locations for \$100,000 per one year return-in-service and all locations in the Labrador Grenfell Zone can receive \$150,000 per one year return-in-service, renewable for a second-year return-in-service. This may be either a NLHS site or in a fee-for-service private practice.
 - A physician signing bonus is available to Family Physicians and Specialist Physicians who have agreed to provide services to the NL Health Services in the practice of medicine.
 - \$100,000 for physicians practicing on the Northeast Avalon • \$150,000 for physicians practicing in rural Newfoundland or Labrador. Candidates that sign on to work in “difficult-to-fill” positions within the province are eligible to top-up an additional \$25,000 under this program.
 - Come Home Incentive of up to \$1000,000 for physicians living outside the province with a connection to Newfoundland and Labrador or those looking to call it home.
 - Bursaries for both undergraduate medical students and medical residents
 - Five seats dedicated to international medical graduates at Memorial University’s Family Medicine Residency Program;
- Additional strategies to ensure access to primary health care for all Newfoundlanders and Labradorians include provision of virtual options as well as Family Care Teams, which aim to provide primary health care to currently unattached patients across the province.

35(1)(d)



Prepared/Approved by:
Ministerial Approval:

J. Hippe/J O'Malley/C. Whittle/A. Wells/J. Herritt/J. McGrath
Received from Hon. Tom Osborne

June 27, 2024

Meeting Note
Department of Health and Community Services
Coalition of Seniors, Retirees, and Pensioners Associations/Groups
Wednesday, June 26, 2024, 10:00 a.m.
Executive Boardroom, Department of Health and Community Services

Attendees:

Hon. Tom Osbourne, Minister, Health and Community Services
 Susan Elliott, Executive Assistant to Minister of Health and Community Services
 Sharon Callahan, Chair, Seniors Coalition
 Sheila Singleton, MUN Pensioners' Association
 Robert St. Croix, RNC Veterans' Association
 Mike Siscoe, Canadian Association of Retired Persons NL
 Mary Cleary, NL Public Sector Pensioners' Association
 Joanne Morrissey, National Association Federal Retirees
 Marilyn Best, National Association Federal Retirees
 Jon Soper, CBC Pensioners
 Joyce Reardon, NAPE Retirees
 Albert Legge, 50+ Federation
 Sharon Penney, RTANL

Purpose of Meeting:

- Ms. Callahan has requested a meeting on behalf of the Coalition of Seniors, Retirees and Pensioners Associations/Groups to discuss issues related to seniors, including personal care home and long-term care home programs review, emergency health care and visits to emergency departments and aging at home services & eligibility levels for government services.

Background:

- The Coalition is comprised of fourteen organizations (Annex A), who work together on issues impacting seniors. Sharron Callahan is the Chair of the Coalition.

Agenda item #1

- Discussion regarding the official position of government on National Pharmacare Act and Provincial Implementation.

Analysis

- The 2019 Federal Budget included funding for three foundational elements of national pharmacare: 1) Creation of a Canadian Drug Agency; 2) Development of a national formulary; and, 3) Creation of a national strategy for high-cost drugs for rare diseases.
- In June 2019, the Advisory Council on the Implementation of National Pharmacare (ACINP), released its final report. The report recommended the establishment of a universal, single payer, public system of prescription drug coverage in Canada.

- Provinces and territories (PTs) have voiced their support for improved drug coverage for Canadians but have also emphasized the need for adequate and sustainable federal funding and the ability to opt out of national pharmacare with full financial compensation. PTs agree that discussions on national pharmacare should be governed by the following principles:
 - Improved access by removing cost barriers;
 - Evidence based;
 - PTs retain responsibility for the design/delivery of public drug coverage; and
 - Long-term, adequate, secure, and flexible federal funding.
- PTs have been engaged with the Federal Government in initial, high-level discussion following the Federal announcement of the first phase of National Universal Pharmacare on February 29, 2024. Health Canada has identified specific contraceptive drugs and devices, as well as diabetes medications (insulin, metformin and select medications used in combination with insulin and metformin) for inclusion under universal pharmacare.
- Additional information regarding possible coverage for residents, including eligibility to access national pharmacare will be released as discussions progress with Health Canada.
- Department of Health and Community Services (HCS) officials, including staff of the Pharmaceutical Services Division, will take part in discussions with officials from the Government of Canada and the provinces and territories, in developing next steps related to national pharmacare.

Potential Speaking Points

- Canadians deserve affordable and equitable access to medication.
- I am pleased to see the Federal Government's commitment to a national program for pharmacare to ensure there is no financial barrier to Canadians in accessing needed medications.
- We will continue to work with the Federal Government to ensure a sustainable funding model is in place to support the objectives of a National Pharmacare Program.

Proposed Actions

- Continue to be actively engaged in the ongoing conversation on national pharmacare.

Agenda item #2

- High dose flu vaccine, other vaccinations, and staying healthy at home/community.

Analysis

- Adults aged 65 years and older, as well as residents of nursing homes and other congregate facilities are at greater risk of flu related complications than the general population.
- Immunization offers the best defense against the flu. The flu shot is recommended for almost everyone who is 6 months of age and older.
- Since 2020, as part of the publicly funded vaccine program, Newfoundland and Labrador has offered Fluzone HD to residents 65 and older in congregate living settings and standard dose influenza vaccine to those 65 and older in general public.
- In the 2024-25 budget, \$500,000 was included as part of the Seniors Well Being Plan to cover enhanced immune response influenza vaccines to everyone 65 and older.
- Pneumococcal polysaccharide 23 vaccine (PPV-23) is currently offered as part of the publicly funded vaccine program in NL to seniors 65 years of age and older. In 2023, Health Canada approved a new pneumococcal conjugate.
- Respiratory syncytial virus (RSV) and shingles vaccine are not currently offered as part of the publicly funded vaccination program.

Potential Speaking Points

- For the coming 2024-25 influenza season, HCS will be offering enhanced immune response influenza vaccine to all residents 65 years of age and older.
- High dose influenza vaccine (Fluzone HD) will continue to be offered to all individuals 65 and older living in congregate living facilities and now adjuvant vaccine (Fluad) will now be offered to the general population 65 years of age and older.
- Offering these vaccines aligns with the latest National Advisory Committee on Immunization (NACI) recommendations that a high dose or adjuvant vaccine, such as Fluzone HD or Fluad, should be offered, when available, over other influenza vaccines for adults 65 and older. There is no definitive evidence that one of these vaccines is superior to the other.

- In 2023, Health Canada approved a new pneumococcal vaccine, Prevnar 20, for use in adult populations. This vaccine provides greater protection against pneumococcal disease than the vaccine currently in use. NL is currently reviewing the latest NACI recommendations on the use of Prevnar 20 and will update the immunization program as needed to accommodate this new vaccine.
- RSV and Shingles vaccine are not currently part of the publicly funded program in NL. We will continue to monitor and evaluate the use of both vaccines. We anticipate updated guidance from NACI for RSV in early 2025 which will help in the evaluation.

Proposed actions

- HCS continues to monitor the NACI recommendations for vaccines for seniors and the coverage of the vaccine across Canada as it considers offering vaccines as part of the publicly funded immunization schedule for adults, including seniors.

Agenda item #3

- Aging at Home Services and Eligibility Levels for Government Services.

Analysis

- The Seniors' Health and Well-Being Plan will provide direction on how best to support the health and wellness needs of seniors by supporting communities and providing services in the community that offer independence, choice, and safety to enable aging at home.
- The Newfoundland and Labrador Aging with Dignity Plan was created to implement changes in our health care system to improve quality of life and quality of care for seniors.
- Actions to improve care at home (Home First), palliative and end of life care, care for people living with dementia, quality of care provided in long-term care homes, personal care homes and through community support services are all included in the Aging with Dignity Plan.
- New funding programs will be available through NL Health Services that are aimed at decreasing financial barriers for low-income seniors to age at home through the Aging Well at Home Grant and Caregiver Benefit.
- Through the Dementia Friendly Communities Initiative, with investment from the Public Health Agency of Canada, the provincial Government, in partnership with NL Health Services and Alzheimer Society, is supporting communities across the province to become more inclusive for anyone living with dementia enabling them to live and age at home and in their community as long as possible.

Potential Speaking Points

- These are some of the many ongoing initiatives Government is implementing to support communities in becoming more age and dementia friendly to allow seniors to remain active at home within their community for as long as possible.
- The Seniors' Health and Well-Being Plan will guide the changes needed to transform health care and improve social supports for all seniors, regardless of age, income or ability level.

Proposed actions

- Continue to work with the NL Health Services and other partners to implement the Seniors' Social Health and Well-Being Plan and other initiatives in support of seniors aging in place.

Agenda item #4

- What is the status of the Long-Term Care and Personal Care Home Programs Review?

Analysis

- In October 2022, the Minister of Health and Community Services announced that HCS would complete a comprehensive review of long term care and personal care homes (the Review).
- The goal of the review is to identify opportunities to improve quality of care and quality of life for residents, and the work-life balance and working conditions of staff.
- The recommendations will improve and build upon standards already in place and will be based on stakeholder engagement, and leading best practices that support resident-centered care.

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Potential Speaking Points

- Officials from HCS have worked very closely with the consultant, Expert Advisory Panel and the community stakeholder committee to complete this review,
- I am confident the final report will be a true reflection of what we heard and will be in alignment with suggestions for improvement from residents, families and staff.

35(1)(d)

- We look forward to working with our partners and stakeholders in actioning these recommendations.

Proposed actions

- HCS will work with partners and stakeholders to implement the recommendations of the Review.

Agenda item #5

- Emergency Health Care and Visits to Emergency Departments

Analysis

- Increased access to Primary Health Care and Family Care Teams helps to reduce the volume of patients presenting to emergency departments (EDs) with non-urgent issues. 811 virtual care fast track is available in some EDs with a nurse practitioner model to assess and treat lower acuity patients.
- Access to virtual physicians in EDs started in November 2023 and has been implemented across three sites (Brookfield Health Centre in New-Wes-Valley; Baie Verte Peninsula Health Centre; and Sir Thomas Roddick Hospital in Stephenville) and two Urgent Care sites (W.H. Newhook Community Health Centre in Whitbourne and U.S. Memorial Health Centre in St. Lawrence).
- The new urgent care centres will create more timely access to urgent care and reduce strain on emergency departments. The centres will treat patients presenting with urgent, non-life-threatening medical injuries and illnesses, such as:
 - Sprains and strains;
 - New and worsening non-emergent pain;
 - Fever and infections; and,
 - Less serious childhood illness and injury, cuts, wound or skin conditions.
- As of May 2024, there has been 3,076 assessments completed by virtual physicians and 32 per cent of patients are aged 65 and older. An additional five sites have been identified to implement virtual emergency rooms (vER) and plans are underway to establish the model at the sites during summer 2024. Since the introduction of virtual physicians, the number of days of EDs diversion has decreased over time.

Potential Speaking Points

- Work is ongoing to improve patient flow across the continuum of care and expand capacity to treat patients who require service through EDs.

- Enhanced access to primary care through the expansion of virtual care, family care teams and mobile primary health care, is helping to reduce the demands on EDs.
- NL Health Services is collecting data on EDs across the province and are continuously monitoring this data to explore improvement opportunities and address wait time issues.

Proposed actions

- HCS will continue to work with NL Health Services as well as our other partners and stakeholders to stabilize health care services within the province, in particular within emergency departments.

Agenda item #6

- Cultural shift from acute care to community care.

Analysis

- HCS, in collaboration with NL Health Services has been leading implementation of Home First since 2018. Home First is a health care management philosophy. It represents a shift from acute and institutional care to the enhancement of home and community based integrated care, supporting individuals to live at home and in their communities.
- The Seniors' Health and Well-Being Plan will provide direction on how best to support the health and wellness needs of seniors by supporting communities and providing services in the community that offer independence, choice, and safety to enable aging at home.

Potential Speaking Points

- More than 7,000 individuals have accessed services through Home First. HCS continues to work with the NL Health Services to implement the Home First philosophy.
- We are continuously exploring other community-based opportunities that support seniors within the community and outside of acute care. For example, it has been recognized that there is significant potential within other sectors of the health care system, such as personal care homes (PCHs) that can more appropriately provide care to seniors as opposed to acute care.

- PCHs are an important part of the health care system. As such, HCS has implemented several demonstration projects within some PCHs across the province e.g., community based dementia care, community based rehabilitation and restorative care as well as an adult day program.

Proposed actions

- HCS will continue to work with our partners and stakeholders to explore more innovative opportunities that support the care of seniors within the community as opposed to acute care.

Agenda item #7

- Ageism in Health Care.

Analysis

- Centres of Excellence in Aging will use a geriatric-informed approach to care for older adults. Care is based on shared decision making, with patients and their families working with a health care team to develop care plans specific to their goals, needs, and preferences.
- An initiative included as part of the Centres of Excellence will be the establishment of senior friendly emergency departments that improve older patients' experience in emergency rooms and are committed to support seniors return home as soon and as safely as possible.
- In March 2023, the Provincial Government launched the three-year Dementia Care Action Plan for Newfoundland and Labrador. The plan aims to increase awareness, improve supports and services for those living with dementia and their care partners and improve the capacity of the workforce to better support individuals living with the disease.
- HCS has a collaborative working relationship with the Newfoundland and Labrador Alzheimer's Society and provides funding to support the ongoing work of the organization, including the Dementia Passport.
- Government is supporting communities to incorporate age-friendly approaches into design, policy, and services to encourage seniors to age actively, enjoy good health, and remain independent and involved in their communities. Communities can access funding from the Newfoundland and Labrador Age Friendly Communities Fund to implement healthy aging, mental health, and well-being activities.

Potential Speaking Points

- Intwined within all of our senior centered plans and strategies will be initiatives to reduce stigma and ageism within all programs and services across the province, including Health Care.

- Government is committed to continue to support communities to implement actions to become more age and dementia friendly and decrease stigma.

Proposed actions

- HCS will continue to work with our stakeholders to support communities to incorporate age-friendly approaches into design, policy and services to encourage seniors to age actively, enjoy good health, remain independent and involved in their communities and reduce stigma.

Prepared/Approved by: A. Kearley/D. Waddleton/J. Rose/P. Barnes/A. Tucker//J. Herritt/J. McGrath

Ministerial Approval: Received from Hon. Tom Osborne

June 25, 2024

Annex A- Member or Affiliated Organizations

1. Newfoundland and Labrador Public Sector Pensioners Association
2. St. John's Fire Fighters Retirees Association
3. NAPE Retirees Local 7002
4. Retired Teachers Association of Newfoundland and Labrador
5. Retired Correctional Officers (Represented by NAPE)
6. Royal Newfoundland Constabulary Veterans' Association
7. Memorial University of Newfoundland Pensioners Association
8. National Association of Federal Retirees
9. Seniors Resource Centre of Newfoundland and Labrador (Community Outreach)
10. CARP (Canadian Association of Retired Persons), Avalon Chapter 1
11. CN Pensioners' Association
12. Marine Atlantic Pensioners Association
13. Silver Lights Retirees (NL Power & NALCOR)
14. Pius X Church (Community Outreach)

Decision/Direction Note
Department of Health and Community Services

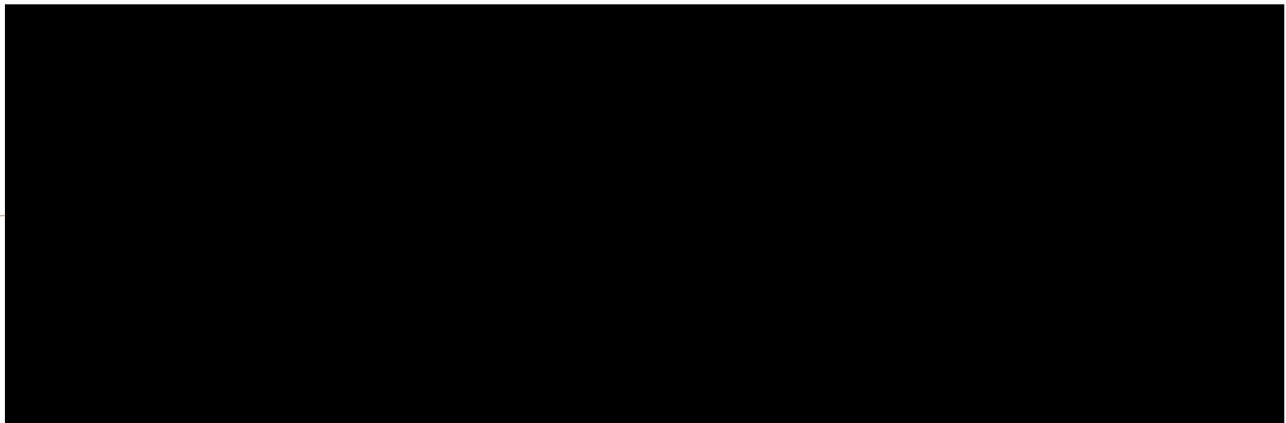
Title: Request for a Temporary Specialist Sessional to Stabilize the Provision of General Internal Medicine Services at St. Clare's Mercy Hospital

Decision/Direction Required:

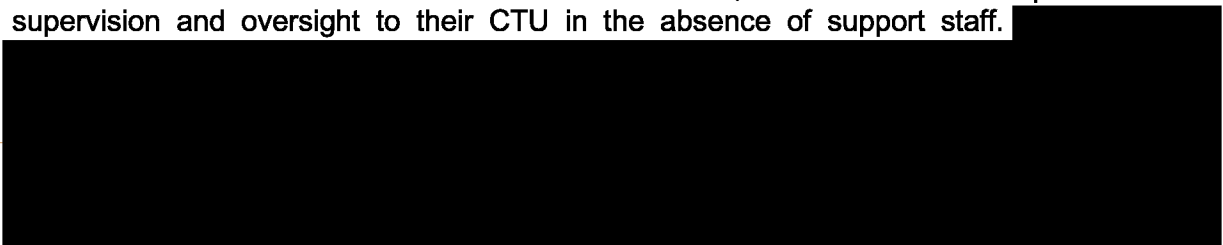
- It is recommended that sessional hours be approved to address staffing shortages and workload pressures faced by the General Internal Medicine service at St. Clare's Mercy Hospital.

Background and Current Status:

- The General Internal Medicine (GIM) service at St. Clare's Mercy Hospital (SCMH) plays a vital role, providing general medicine support, pre/post-operative assessments, consultations, and Code Blue coverage.



- The GIM service is divided into four clinical teaching units (CTUs), each led by an internist. The internists presence is required to manage day-to-day CTU patient load and Emergency Department-related consultations. The situation has become further strained due to a current lack of support staff (e.g. NPs and CAs) who would assist with inpatient care. SCMH notably does not have functioning/stable hospitalist service and as such the internists admit all medical diagnoses, including patients designated as "Alternate Level of Care" who are awaiting discharge.
 - NLHS notes that it has submitted a request to support the recruitment of three clinical pharmacists who would alleviate some of the above noted pressures.
- SCMH is the second largest teaching site in the province and, while site staff are heavily involved in the education of students and residents, the internists must provide more supervision and oversight to their CTU in the absence of support staff.



- A temporary sessional for Family Physicians (FPs) to provide support to the GIM Service at SCMH was approved on May 6, 2024, and is expected to last until March 31, 2025, or until a permanent support team is recruited (refer to BN-2024-00248).

Analysis:

- NLHS is proposing, for the SCMH GIM service only, a temporary financial incentive program that will compensate internists for their increased required on-site presence while supporting their CTU teams and ensuring inpatient services are covered. NLHS expects that this will ensure ongoing adequate patient care is provided, that learners within the CTUs will receive proper supervision, and accreditation standards will continue to be upheld.
 - This proposal was developed in consultation with both HCS and NLMA officials.
- NLHS' proposed financial incentive program is as follows:
 - Internist on-call: provide nine hours daily, seven days of the week, specialist sessional rate (\$219.75 hourly).
 - For the three internists providing CTU related inpatient coverage: provide a five-hour specialist sessional rate (\$219.75 hourly).
 - Total request is for 24 specialist sessional hours at a cost of \$5,274 per day.
 - Costing to March 31, 2025 (if implemented on July 1, 2024): 274 days x \$5,274 = \$1,445,076.
 - Annualized costing is \$1,925,010.

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- As well, a salaried top-up is required to recognize the mixed physician remuneration models occurring amongst SCMH internists. NLHS has requested that salaried internists receive a daily incentive equivalent to the difference in the incentive amount and the average daily salaried rate of \$1,190 to avoid pay differentials amongst physician performing similar work. If approved this daily incentive would equal \$71 per hour only when the salaried internist provides CTU related inpatient coverage. This factor would be absorbed within the above sessional derived costing.

- NLHS notes that GIM is known to be a demanding service and one for which the recruitment and retention of internists across the province is challenging. Multiple sites are reporting higher consultation and inpatient rates than in previous years at a time when internists are opting to move toward out-patient medicine which is considered both more lucrative and less demanding than inpatient work.
- NLHS notes that it is important that messaging to the boarder St. John's GIM group note that the intent of this initiative is to stabilize the situation at SCMH, in recognition of the lack of usual support staff available to effectively run the CTUs which has resulted in increased pressures on internist staff.

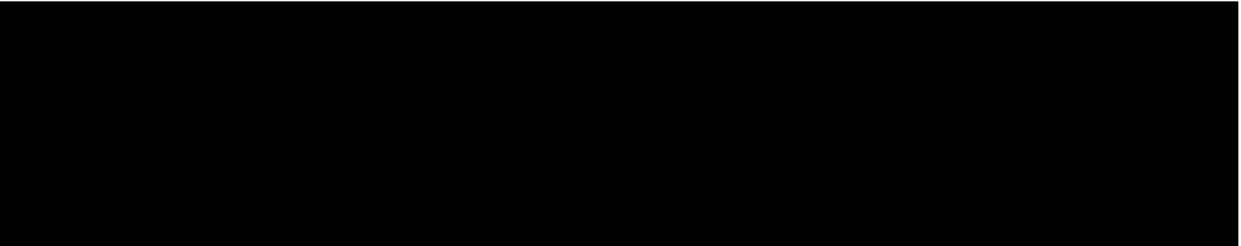
29(1)(a),
35(1)(d),
35(1)(f)

Alternatives:

- **Option 1:** Approve the above proposed sessional hours intended to address staffing shortages and workload pressures faced by the General Internal Medicine service at St. Clare's Mercy Hospital. **(RECOMMENDED)**

Pros:

29(1)(a)

**Cons:**29(1)(a),
35(1)(d)

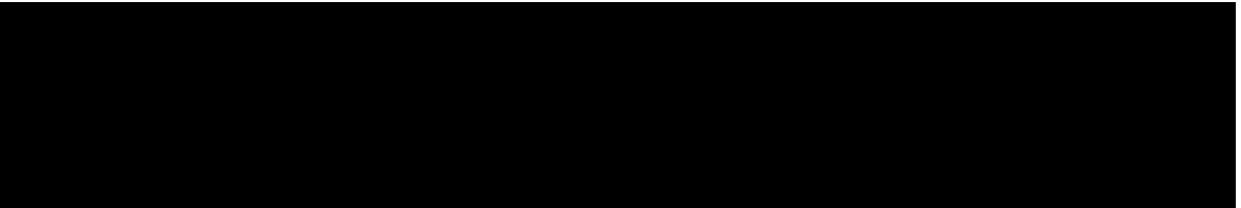
- **Option 2:** Do not approve. **(NOT RECOMMENDED)**

Pros:

- No additional spending.

Cons:

29(1)(a)



Prepared/Approved by:
Ministerial Approval:

R. Rasif/M. Pinsent/C. Antle/D. Moore/F. Langor
Received from Hon. Tom Osborne

June 27, 2024

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