



Response to Applicant - Partial Disclosure

November 26, 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-204-2024]

On August 02, 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 July 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 30(1)(a): *The head of a public body may refuse to disclose to an applicant information that is subject to solicitor and client privilege or litigation privilege of a public body.*

Section 30(1)(b): *The head of a public body may refuse to disclose to an applicant information that would disclose legal opinions provided to a public body by a law officer of the Crown.*

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 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 <i>ATIPPA</i> , 2015
48-52	29(1)(a), 35(1)(d), 35(1)(f), 35(1)(g)
93	35(1)(d)
94	29(1)(a), 30(1)(a), 30(1)(b), 35(1)(d), 35(1)(f)
95	29(1)(a), 30(1)(a), 30(1)(b), 35(1)(d), 35(1)(f), 35(1)(g)

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: Child and Youth Educator Position Funding for Canadian Mental Health Association

Decision/Direction Required:

- It is recommended the Minister of Health and Community Services (HCS) approve \$95,000 in one-time funding for the Canadian Mental Health Association-NL Division (CMHA-NL) to support the continuation of its child and youth educator position.
- Funding is available in the Mental Health and Addictions Towards Recovery Budget.

Background and Current Status:

- CMHA-NL's mission is to facilitate access to the resources people require to maintain and improve mental health and community integration, build resilience, and support recovery from mental illness. CMHA-NL's provincial head office is located in St. John's with regional offices located in Grand Falls-Windsor and Stephenville. [REDACTED]

35(1)(d) [REDACTED]

35(1)(d)

- CMHA-NL's Workplace Mental Health and Education Programs offer customized mental health training and education sessions for individuals, workplaces, schools, and other groups. Staff also meet requests for information booths at conferences, schools, and other events.
- On April 3, 2024, Dr. Chandra Kavanagh, Executive Director, CMHA-NL, wrote HCS requesting \$95,000 to continue funding its child and youth educator position (see COR-2024-199701). This position has been funded by HCS for several years, was vacant for a period in 2023, and has been filled since June 19, 2023. Despite the short vacancy, the incumbent delivered training to 571 youth and 15 adults in 2023-24.
- The child and youth educator is responsible for developing and delivering comprehensive mental health awareness training and education programs to children and youth, as well as adults who interact with them. The role involves providing nationally-credentialed, evidence-based training, creating effective training materials, conducting engaging presentations and fostering a deep understanding of mental health topics, as well as evaluating the effectiveness of these programs to ensure alignment with organizational goals.
- CMHA-NL receives \$438,700 in core funding from HCS annually. In addition, in 2023, HCS provided \$453,174 for CMHA-NL to coordinate a collaborative training pilot project with Lifewise NL and Richard's Legacy Foundation for Survivors of Suicide Loss to provide training in Mental Health First Aid, Applied Suicide Intervention Skills Training and Safe Talk. In 2024, HCS approved \$550,000 to continue and expand this initiative (BN-2024-00091 refers).

Analysis:

- **Our Path of Resilience: An Action Plan to Promote Life and Prevent Suicide in Newfoundland and Labrador** calls for educational opportunities for communities to recognize risk of suicide, build comfort in talking about suicide, and create awareness of services. Funding this position will help fulfill this commitment by facilitating the provision of evidence-based mental health awareness training and education programs to children, youth and individuals who work with them across the province.

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

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the suicide rate in Labrador is four times higher than on the island of Newfoundland, and the average age of people who die by suicide is significantly younger in Labrador than in any other region of the province.

- People who work with children and youth often request education on suicide awareness and intervention.

29(1)(a)

Alternatives:

Alternative 1: Approve \$95,000 to CMHA-NL for its child and youth educator position **(Recommended)**.

Advantages:

- Maintains access to evidence-based mental health training to children, youth and adults across the province.
- Contributes to the fulfillment of a key action item under **Our Path of Resilience**.
- Allows for the continuation of this position that has been in place since for several years.

29(1)(a)

Disadvantages:

- Government funding required.

29(1)(a)

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

Advantages:

- No government funding required.

Disadvantages:

- Will result in a discontinuation of services currently provided by this position.

29(1)(a)

Prepared/Approved by:

Ministerial Approval:

D. Barrett/G. Hussey/N. Legge/G. Sweeney/J. McGrath

Received from Hon. Tom Osborne

July 2, 2024



Information Note
Department of Health and Community Services

Title: Community Addictions Prevention Mental Health Promotion (CAPMHP) Grant Program

Issue: To provide information on issuance and administration of the 2024-25 CAPMHP Grant Program.

Background and Current Status:

- The CAPMHP Grant Program was first initiated from the 2005 policy framework, **Working Together for Mental Health**, with the purpose of preventing addictions and promoting mental health and well-being. The provincial guidelines for this program were developed in 2007.
- Historically, the annual budget for this program was \$140,000, with a maximum grant amount of \$10,000 per application. However, Budget 2022 included an additional \$60,000 from the **Our Path of Resilience** budget, bringing the total annual amount available to \$200,000.
- In 2022-23, there were 45 grants awarded as follows:

Region	Number of Applicants in Receipt of Funding	Total Funding
Eastern	18	\$76,019
Central	7	\$37,800
Western	14	\$39,875
Labrador-Grenfell	6	\$32,400
Total	45	\$186,094

- The 2024-2025 call for applications will focus on projects aligned with the provincial **Alcohol Action Plan** and **Our Path of Resilience**.
- Applications from individuals, not-for-profit groups and organizations must demonstrate how proposed initiatives will address the following priority areas:
 - Suicide prevention/life promotion:
 - Stigma reduction, public education and awareness;
 - Support for individuals experiencing suicide risk; and
 - Initiatives that build a sense of purpose, belonging and hope among individuals, families and communities.
 - Prevention of alcohol and other substance use-related harms:
 - Initiatives that reduce avoidable injuries, illnesses and deaths associated with alcohol use; and
 - Initiatives that increase awareness of moderate alcohol use and low-risk drinking guidelines.
 - Community Partnerships to promote positive mental health and resilience
- As in past years, the process for administration of the 2024-25 program will be as follows:
 - Department to announce grants program and issue call for applications;

- Newfoundland and Labrador Health Services (NLHS) to respond to applicant questions and inquiries;
 - Applications to be submitted to NLHS to be collated and analyzed;
 - Department to review all submissions with Minister selecting grant recipients;
 - Department Communications Division to coordinate announcement of successful applicants; and
 - Payment to successful applicants to be made by the Department, with applicants required to submit tracking and evaluation forms to NLHS once the projects have been completed.
- The timeline suggested for 2024-25 CAPMHP Grant Program is as follows:
 - Ministerial announcement of program – [REDACTED] 29(1)(a)
 - Deadline for submission of applications [REDACTED]
 - Submission analysis from NLHS to HCS – [REDACTED] 29(1)(a), 35(1)(d)
 - HCS review - [REDACTED]
 - Ministerial announcement of successful grants – [REDACTED]

Analysis:

- This program provides much-needed funding to community stakeholders with limited operational funding to implement initiatives important to residents' mental health and well-being.
- Stakeholders have proven year over year, they can make these relatively small funding amounts go a long way in supporting residents, particularly more vulnerable populations.

[REDACTED]

Action Being Taken:

- CAPMHP application form has been updated and ready to place on the HCS website (see Annex A).
- NLHS is prepared for this year's call for applications.
- HCS, in consultation with NLHS, has developed an Application Guidance Document to make the process more user friendly (see Annex B).
- Discussion taking place with Communications about preparing a news release for CAPMHP applications.

Prepared/Approved by:
Ministerial Approval:

N. Dalton/G. Hussey/N. Legge/G. Sweeney/J. McGrath
Received from Hon. John Hogan

July 5, 2024



Annex A

Community Addictions Prevention and Mental Health Promotion Fund

Application Form

2024-2025 Community Addictions Prevention and Mental Health Promotion Fund Application Form

**PLEASE REFER TO THE GUIDANCE DOCUMENT BEFORE
COMPLETING APPLICATION**

CHECKLIST FOR COMPLETING APPLICATION

- ☐ **Application is for \$10,000 maximum or less.**
- ☐ **Project will take place in Newfoundland and Labrador.**
- ☐ **Project meets all other eligibility criteria set out in Guidance Document.**
- ☐ **All required supporting documentation has been included/attached. Incomplete applications will NOT be accepted.**

DEADLINE TO SUBMIT APPLICATIONS IS CLOSE OF DAY ON [REDACTED]
Email application to CAPMHPgrants@gov.nl.ca

29(1)(a)

SECTION 1: APPLICANT INFORMATION – PLEASE FILL IN ALL FIELDS

Applicant:	Date:
Contact Information	Co-Applicant Information
Name:	Name:
Address:	Address:
Telephone #:	Telephone #:
Email:	Email:

SECTION 2: PROJECT DESCRIPTION

Project/Program name: _____

Priority Areas Covered: (please mark 'X' to all that apply)

Priority Area	Covered by project?
• Suicide prevention/life promotion, including: ○ Stigma reduction, public education and awareness; ○ Support for individuals experiencing suicide risk; and/or: ○ Initiatives that build a sense of purpose, belonging and hope among individuals, families and communities.	
• Prevention of alcohol-related harms, including:	

○ Initiatives that reduce avoidable injuries, illnesses and deaths associated with alcohol use; and/or ○ Initiatives that provide public education and awareness related to safe consumption of alcohol.	
• Community partnerships to promote positive mental health and resilience.	

Project Details:

Who? (Projects should be accessible and inclusive of a diverse population).

Who is the project/program for (target population)? (Please see "Target Groups," Page 2 of the Application Guidance Document)

What?

What is the project about? Is it regional or provincial in scope? Please give a brief overview. (See "Key Priority Areas," Page 1 of the Application Guidance Document)

Why?

Why do you want to do this project (what is your main goal)?

Partnerships?

Working collaboratively with partners can strengthen your project. Please identify partners you have confirmed for your project, and how you will work with them.

Consent?

Do you give consent to share details and success of your project with other community partners?

Yes ___ No ___

Project Start Date:

Project Completion Date:

Project Work Plan:

Please indicate all steps you will take to complete this project, including who will be responsible for each step, and expected timeline for each activity.

Activity	Applicant or Partner Responsible	Timeline

Number of People: Total number of participants expected to take part for the duration of the project, program, or event:

Sustainability: How will this project continue to benefit individuals and communities beyond the life of the project?

Evaluation: How will you determine if the project has been a success? (e.g., Participant feedback forms, number of participants, geographic area reached, etc.)

SECTION 3: COSTS

Amount of money being requested: (Please see “Eligibility and Non-Eligibility Criteria” Page 2 of the Application Guidance Document)

How funds will be used: Please list all expected costs as well as other sources of funding (partner assistance, other grants or in-kind contributions) you may be able to use if this fund cannot cover all items.

Please attach cost estimates/quotes, if applicable. Maximum grant is \$10,000.

Item	Estimated Cost	Amount requested from CAPMHP	Other Sources of Funding (ex. In Kind)
TOTAL AMOUNT REQUESTED			

For Office Use Only:

Application Received By:

Date:

Application Reviewed By:

Date:

Application Approved By:

Date:

Amount Awarded:

Date:

Annex B

Community Addictions Prevention and Mental Health Promotion Fund Application Guidance Document

Background

Established by the Department of Health and Community Services in 2005, the annual Community Addictions Prevention and Mental Health Promotion (CAPMHP) Grant Funding Program provides financial support to individuals, community groups, Indigenous schools and non-profit organizations interested in increasing awareness and understanding of mental health, substance use and addictions in Newfoundland and Labrador.

This funding initiative is administered in partnership with NL Health Services with the goal of achieving actions outlined in the five-year [Provincial Alcohol Action Plan](#) and [Our Path to Resilience - An Action Plan to Promote Life and Prevent Suicide](#), specifically related to reducing harms and costs associated with alcohol, promoting life and preventing suicide.

Key Priority Areas

To be eligible to receive **up to a maximum of \$10,000** in grant funding in the 2024-2025 fiscal year, applications must address **at least one** of the following **priority areas**:

Reducing harms and costs related to alcohol

- Reduction of avoidable injuries, illnesses and deaths associated with alcohol use;
- Provision of public education and awareness about safe consumption of alcohol; and
- Training related to brief screening, assessment, treatment and referral.

Promoting life and preventing suicide

- Stigma reduction, public education and awareness;
- Support for individuals experiencing suicide risk; and
- Initiatives that build a sense of purpose, belonging and hope among individuals, families and communities.

Collaborating to promote positive mental health and resilience

- Partnerships between community organizations, individuals and health professionals that benefit the community at large.

In addition to addressing priority areas above, initiatives most likely to be considered for funding are those that are sustainable beyond this year, fill a gap in community, include collaboration and partnerships with agencies, schools and or municipalities, are accessible and inclusive of diverse populations and benefit as many people as possible.

Target Groups

Applications must focus on one or more of the following target groups:

- People with lived or living experience;
- Families and friends with experience of suicide attempt or loss;
- Families and friends impacted by alcohol and other substances or addictions;
- Indigenous communities;
- First responders;
- 2SLGBTQIA+;
- Post-secondary students;
- Youth;
- People planning for pregnancy or are pregnant; or
- Seniors.

Eligibility and Non-Eligibility Criteria

Eligible expenses include but are not limited to:

- Resource material (e.g., educational/instructional materials);
- Advertising, publicity, and printing; and
- Speaking fees and travel expenses for resource people, including speakers with skills and knowledge or content expertise. Speaking fees and/or travel costs (including meals and accommodation) are capped at half of the total project request, to a maximum of \$5,000, and should not be the main expense for the initiative.

Ineligible expenses include:

- Projects that are a clear duplication of existing activities in the community;
- Activities that can be completed by NL Health Services' staff or within the provincial health authority;
- Contributions to annual fundraising drives;
- Staff salaries;
- Core operating expenses (e.g., heat, light, payroll, etc.);
- Capital expenditures (e.g., building renovations, office furniture, etc.);
- Individual services, scholarships or bursaries;
- Curriculum/business development;
- Membership fees; or
- Private sector initiatives.

Letters of support are not required and will not be considered for proposal evaluation.

If offering meals or snacks for participants as part of the initiative, please provide healthy options. For more information on foods and beverages to offer, please visit:

- [Community Healthy Eating Guide](#)
- [Canada's Food Guide](#)

- [Affordable Healthy Eating](#)
- [School Food Guidelines](#)

Submission Requirements

- A detailed and thorough application that fully meets the eligibility criteria and answers all questions in the Application Form must be submitted by the deadline date to: CAPMHPgrants@gov.nl.ca.
- Additional pages or documentation may be added to the application, if necessary. Incomplete applications will **NOT** be accepted.
- Only projects taking place within Newfoundland and Labrador will be considered and priority will be given to activities that continue to benefit individuals and communities beyond the life of the project.
- If projects were funded in previous years by CAPMHP, indicate how past funds were used and the successes and outcomes achieved.

Final Report

All projects should be completed within 12 months of receiving funds, and successful funding recipients will receive a final report template from the Department of Health and Community Services that must be completed immediately upon conclusion of the project.

Project funding recipients that do not submit a final report may not be considered for future funding.

Health Zone Contacts

Please contact the applicable NL Health Services' staff listed below if assistance with application completion is required.

Labrador-Grenfell Zone

29(1)(a)

Regional Addictions Prevention/Mental Health Promotion Consultant
Tel: (709) 285-8236
Email:

Western Zone

Tara Welsh, Regional Mental Health Promotion Consultant
Tel: (709) 634-4171 / (709) 634-4927
Email: tarawelsh@westernhealth.nl.ca

Susan Madore, Regional Addictions Prevention Consultant
Tel: (709) 634-4921 / (709) 634-4171
Email: susanmadore@westernhealth.nl.ca

Central Zone

Laura Vardy, Regional Mental Health Promotion Consultant

Tel: (709) 489-4181

E-mail: Laura.Vardy@centralhealth.nl.ca



29(1)(a)

Eastern Zone

Bailey Reid, Mental Health Promotion Consultant

Tel: (709) 752-4030

E-mail: bailey.reid@easternhealth.ca

William Lummis, Regional Addictions Prevention Consultant

Tel: (709) 752-4359

Email: William.Lummis@easternhealth.ca

Updated: June 11, 2024

Decision/Direction Note
Department of Health and Community Services

Title: Recognition of the Janeway Dental Clinic as a Hospital Clinic

Decision Required:

- Approval is requested to allow coverage of specific and emergent dental services insured under the Surgical Dental Program to be performed in the dental office associated with the Janeway Hospital.

Background:

- Surgical Dental services are medically or dentally required insured procedures, as listed in the Surgical Dental Payment Schedule, performed by a dentist in a hospital, where a hospital environment is required for the proper performance of the procedures.
- As listed in Section 3 of the *Canada Health Act*, the primary objective of the Canadian health care policy is to “protect, promote and restore the physical and mental well-being of residents of Canada and to facilitate reasonable access to health services without financial or other barriers.”
- Hospital regulations, where tertiary care surgeries are being provided, require a dental assessment and oral health clearance prior to major cardiac surgeries and cancer therapy. The presence of severely decayed and/or infected teeth can pose significant risk and potential complications during post-surgery recovery, and ongoing cancer treatment. Therefore, after the assessment, the most routine procedure performed is extractions.
- Historically, oral health assessments and clearances have been performed by general dentists in private dental clinics but if any dental surgery is required, it is only covered by the Surgical Dental Program when completed in the office of an Oral Surgeon, or under General Anesthetic in a Hospital.
- Currently, NL has a large Oral Surgery clinic in Metro St. John's, an Oral Surgeon practicing out of a clinic in Gander, and numerous general dentists utilizing ORs across the province for services insured under the Surgical Dental Program as well as the other Provincially funded dental plans.
- For purposes of efficiently delivering insured dental surgeries in NL, the offices of the Oral Surgeons have historically been deemed a hospital environment and procedures not requiring a hospital operating room can be performed and compensated at Surgical Dental rates.
- Dr. Geoff Smith and associates, up until 2013, operated the Janeway Hospital Dental Clinic within the Janeway Children's Hospital. Dr. Smith regularly saw pre-operative patients and, if needed, provided extractions in the OR or in the Janeway Dental Clinic.
- The dental specialists who have since assumed the Janeway clinic have continued to provide services to patients over 18 years of age with significant chronic health issues and disabilities.

- The current Chief of Dentistry at the Health Sciences Centre, Dr. Tricia O'Brien, who works out of the Janeway clinic, still receives calls from hospital based physicians prior to surgeries to do in-patient and some outpatient consults. For expediency, pre-operative extractions can be seen at the Janeway Clinic due to its location within the walls of the Health Sciences Centre.
- The fee schedule for Surgical Dental services is significantly lower than the same services covered by the provincially funded Children's and Adult Dental Health Plans, and the fee schedule of the Newfoundland and Labrador Dental Association.

29(1)(a)

- The Janeway Dental Clinic, and the Chief of Dentistry, has indicated a willingness to use Surgical Dental rates for insured work done in their clinic related to oral health assessments of pre-surgical cardiac and cancer patients. They also have access to some OR time.

29(1)(a)

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- The Vice President of Medical Services, Dr. Gena Budgen, has reviewed this request and is in support of the recommendation.

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

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Alternatives:

Alternative #1 – Allow coverage of specific and emergent dental services under the Surgical Dental Program to be performed in the Janeway Dental Clinic (**recommended**).

Pros:

29(1)(a)

Cons:

29(1)(a)

Alternative #2 – Maintain status quo (**not recommended**).

Pros:

29(1)(a)

Cons:

29(1)(a)

Prepared/Approved by:
Ministerial Approval:

M. Zwicker/D. Moore/J. McGrath
Received from the Hon. John Hogan, KC

July 19, 2024



Decision/Direction Note
Department of Health and Community Services

Title: Funding for Regional Wellness Coalitions 2024-2025

Decision/Direction Required:

- Whether to approve annual funding for 2024-2025 to support six Regional Wellness Coalitions across the Province.
- It is recommended that HCS approves this funding.

Background and Current Status:

- As part of its mandate, the Department of Health and Community Services (HCS) supports health promotion and wellness with focus on healthy eating, physical activity, living smoke and vape free, the healthy built environment, supporting new parents/child and youth development, sexual health, injury prevention and mental health promotion. Regional Wellness Coalitions (RWCs) within Newfoundland and Labrador Health Services (NLHS) support this work.
- There are six RWCs, integrated within NLHS throughout the Province:
 - Wellness Coalition-Avalon East
 - Eastern Regional Wellness Coalition
 - Central Wellness Coalition
 - Western Regional Wellness Coalition
 - Northern Regional Wellness Coalition
 - Labrador Regional Wellness Coalition
- A total of \$180,000 (\$30,000 for each RWC) is allocated in the 2024-2025 HCS Healthy Living Grants and Subsidies budget to support the work of the RWCs.
- HCS provides support, coordination, and annual funding to the RWCs. Staff and infrastructure support is provided by NLHS. As part of the funding application process, NLHS provides HCS with a funding request letter, a work plan, and proposed budget. They also provide reporting requirements for the previous year's funding that includes a status update on the previous year's work plan, an expenditure report, and a year-end snapshot document.
- RWCs facilitate, support and bridge health promotion work between NLHS and the communities they serve. The RWCs bring together individuals, groups, organizations, and schools interested in working on common health and wellness issues in their respective regions through networking and capacity building opportunities, community workshops, and events, community grant programs, communication platforms (e.g., newsletters, websites, promotional material) and education and training sessions.
- Examples of initiatives the RWCs support in communities throughout the province include, community gardens, cooking classes, physical activity programs for older adults, healthy eating in schools, sessions on mindfulness, meditation, food and fun camps and strengthening community partnership workshops, to name a few.

Analysis:

- Following a review of applications from each of the RWCs, funding amounts totaling \$157,363.88 are being recommended for 2024-2025:

- Avalon East RWC-\$28,524.00
 - Eastern RWC-\$19,470.00
 - Central WC- \$30,000.00
 - Western RWC-\$29,788.40
 - Northern RWC-\$29,508.19
 - Labrador RWC-\$20,073.29
- Some coalitions have deferred monies from RWC initiatives in 2023-2024 that will support 2024-2025 initiatives as well.
 - Avalon East RWC-\$1,476.00
 - Eastern RWC-\$10,530.00
 - Central WC-\$0.00
 - Western RWC-\$211.60
 - Northern RWC-\$491.81
 - Labrador RWC-\$9,927.00
 - Strengthening community action is a key health promotion strategy. Coalitions achieve better results than any single group could achieve alone. The benefits include exchange of knowledge, ideas, and strategies, the sharing of risks and responsibilities, building community concern and consensus, engaging in collective action, improving trust and community and the mobilization of diverse talents, resources, and strategies.
 - RWCs represent regional and community perspectives and provide a point of contact to promote and support action by providing leadership and coordination. RWCs have been a sustained well-known presence in all regions throughout the province for over 30 years.
 - Six RWC annual work plans and budgets for 2024-2025 have been reviewed by NLHS and HCS and funding recommended (Annex A).
 - Assessment forms (Annex B) and funding letters are provided for the Minister's Consideration.

Alternatives:

Alternative 1: Approve \$157,363.88 annual funding for 2024-2025 to support six RWCs across the province **(Recommended)**

Advantages

- Supports the Ministers mandate letter to commit to wellness through increased public health promotion, awareness, education, and prevention measures.
- Supports the recommendation to support the social determinants of health.
- Supports Health Accord-NL report objective to optimize community participation in wellness coalitions.
- Supports community capacity building to enhance population health outcomes.

Disadvantages:

- Costs associated.

Alternative 2: Do not approve funding for 2024-2025 to support six RWCs across the province. **(Not Recommended)**

Advantages:

- Cost savings to Government

Disadvantages:

- Diminished support for the HCS Minister's mandate to increase public health promotion, awareness, education, and prevention measures.
- Diminished support to enhance the social determinants of health at the community level.
- Does not support Health Accord-NL report objective to optimize community participation in wellness coalitions.
- Diminished ability to build community capacity to enhance population health outcomes.

Prepared/Approved by:

J. Pritchett/A. Tucker/G. Sweeney/J. McGrath

Ministerial Approval:

Received from Hon. John Hogan

July 9, 2024

Annex A

**Regional Wellness Coalition
2024-2025 Funding Recommendations**

Coalition	Amount Requested	Amount Deferred 2023-2024	Amount Available	Amount Approved 2024-2025
Avalon East	\$28,524.00	\$1,476.00	\$30,000	\$28,524.00
Eastern	\$19,470.00	\$10,530.00	\$30,000	\$19,470.00
Central	\$30,000.00	\$0.00	\$30,000	\$30,000.00
Western	\$29,788.40	\$211.60	\$30,000	\$29,788.40
Northern	\$29,508.19	\$491.81	\$30,000	\$29,508.19
Labrador	\$20,073.29	\$9,927.00	\$30,000	\$20,073.29
Total	\$157,363.88	\$22,636.41		\$157,363.88

Total Funds Available: \$180,000.00
Total Funds Requested: \$157,363.88
Total Funds Approved: \$157,363.88
Remaining: \$22,636.12

Annex B

Regional Wellness Coalition 2024-2025 Annual Funding Assessment Form

Name of Organization: Eastern Regional Wellness Coalition

Mission Statement: To promote wellness and improve the health and well-being of individuals and communities in the Eastern Region through collaboration and awareness.

Application Process: Submission of funding request letter, work plan and budget for the upcoming year.

Reporting Requirements: Report on previous year's work plan, actual expenditures, and snapshot document.

Assessment Criteria	Yes	No
Funding request letter submitted	X	
Work plan submitted, is eligible and description is clear	X	
Budget sheet that includes proposed budget for next year and actual expenditures of previous year is submitted, eligible and reasonable	X	
Updated work plan from previous year submitted	X	
Snapshot document from previous year submitted	X	
Applicant meets funding criteria	X	

Funding Request: \$19,470.00

Rationale: Regional Wellness Coalitions facilitate, support, and bridge the health promotion work between the Regional Health Authorities and the communities they serve. They bring together individuals, families, groups, organizations, municipalities, and schools to work on common health and wellness issues through sharing of resources, networking and capacity building, community workshops and events, community grant programs, and education and training sessions.

Recommended for funding: Yes.

Amount Eligible: \$30,000

Amount Approved: \$19,470.00

Note: There is \$10,530.00 in funding carried over from 2023-2024 which will be used for initiatives and/or events outlined in the 2024-2025 work plan that has a budget of \$30,000.

Reviewed by: Julia Pritchett

Date Reviewed: June 3, 2024

**Annex B
Regional Wellness Coalition
2024-2025 Annual Funding Assessment Form**

Name of Organization: Wellness Coalition Avalon East

Mission Statement: Promoting wellness through community collaboration, awareness, and action. Strengthening capacity for community health and well-being.

Application Process: Submission of funding request letter, work plan and budget for the upcoming year.

Reporting Requirements: Report on previous year's work plan, actual expenditures, and snapshot document.

Assessment Criteria	Yes	No
Funding request letter submitted	X	
Work plan submitted, is eligible and description is clear	X	
Budget sheet that includes proposed budget for next year and actual expenditures of previous year is submitted, eligible and reasonable	X	
Updated work plan from previous year submitted	X	
Snapshot document from previous year submitted	X	
Applicant meets funding criteria	X	

Funding Request: \$28,524.00

Rationale: Regional Wellness Coalitions facilitate, support, and bridge the health promotion work between the Regional Health Authorities and the communities they serve. They bring together individuals, families, groups, organizations, municipalities, and schools to work on common health and wellness issues through sharing of resources, networking and capacity building, community workshops and events, community grant programs, and education and training sessions.

Recommended for funding: Yes.

Amount Eligible: \$30,000

Amount Approved: \$28,524.00

Note: There is \$1,476.00 in funding carried over from 2023-2024 which will be used for initiatives and/or events outlined in the 2024-2025 work plan that has a budget of \$30,000.

Reviewed by: Julia Pritchett

Date Reviewed: June 3, 2024

**Annex B
Regional Wellness Coalition
2024-2025 Annual Funding Assessment Form**

Name of Organization: Central Wellness Coalition

Mission Statement: Working together to improve health outcomes through an innovative, integrated, and sustainable health system.

Application Process: Submission of funding request letter, work plan and budget for the upcoming year.

Reporting Requirements: Report on previous year's work plan, actual expenditures, and snapshot document.

Assessment Criteria	Yes	No
Funding request letter submitted	X	
Work plan submitted, is eligible and description is clear	X	
Budget sheet that includes proposed budget for next year and actual expenditures of previous year is submitted, eligible and reasonable	X	
Updated work plan from previous year submitted	X	
Snapshot document from previous year submitted	X	
Applicant meets funding criteria	X	

Funding Request: \$30,000.00

Rationale: Regional Wellness Coalitions facilitate, support, and bridge the health promotion work between the Regional Health Authorities and the communities they serve. They bring together individuals, families, groups, organizations, municipalities, and schools to work on common health and wellness issues through sharing of resources, networking and capacity building, community workshops and events, community grant programs, and education and training sessions.

Recommended for funding: Yes.

Amount Eligible: \$30,000

Amount Approved: \$30,000

Note: There is \$0.00 in funding carried over from 2023-2024 to be used for initiatives and/or events outlined in the 2024-2025 work plan that has a budget of \$30,000.

Reviewed by: Julia Pritchett

Date Reviewed: June 3, 2024

Annex B
Regional Wellness Coalition
2024-2025 Annual Funding Assessment Form

Name of Organization: Western Wellness Coalition

Mission Statement: We are committed to promoting wellness and improving the health and well-being of all individuals and communities in Western Newfoundland and Labrador.

Application Process: Submission of funding request letter, work plan and budget for the upcoming year.

Reporting Requirements: Report on previous year's work plan, actual expenditures, and snapshot document.

Assessment Criteria	Yes	No
Funding request letter submitted	X	
Work plan submitted, is eligible and description is clear	X	
Budget sheet that includes proposed budget for next year and actual expenditures of previous year is submitted, eligible and reasonable	X	
Updated work plan from previous year submitted	X	
Snapshot document from previous year submitted	X	
Applicant meets funding criteria	X	

Funding Request: \$29,788.40

Rationale: Regional Wellness Coalitions facilitate, support, and bridge the health promotion work between the Regional Health Authorities and the communities they serve. They bring together individuals, families, groups, organizations, municipalities, and schools to work on common health and wellness issues through sharing of resources, networking and capacity building, community workshops and events, community grant programs, and education and training sessions.

Recommended for funding: Yes.

Amount Eligible: \$30,000

Amount Approved: \$29,788.40

Note: There is \$491.81 in funding carried over from 2023-2024 which will be used for initiatives and/or events outlined in the 2024-2025 work plan that has a budget of \$30,000

Reviewed by: Julia Pritchett

Date Reviewed: June 3, 2024

**Annex B
Regional Wellness Coalition
2024-2025 Annual Funding Assessment Form**

Name of Organization: Northern Regional Wellness Coalition

Mission Statement: The Northern Regional Wellness Coalition actively encourages residents of this region to participate in healthy lifestyles that result in the best possible health and well-being.

Application Process: Submission of funding request letter, work plan and budget for the upcoming year.

Reporting Requirements: Report on previous year's work plan, actual expenditures, and snapshot document.

Assessment Criteria	Yes	No
Funding request letter submitted	X	
Work plan submitted, is eligible and description is clear	X	
Budget sheet that includes proposed budget for next year and actual expenditures of previous year is submitted, eligible and reasonable	X	
Updated work plan from previous year submitted	X	
Snapshot document from previous year submitted	X	
Applicant meets funding criteria	X	

Funding Request: \$29,508.19

Rationale: Regional Wellness Coalitions facilitate, support, and bridge the health promotion work between the Regional Health Authorities and the communities they serve. They bring together individuals, families, groups, organizations, municipalities, and schools to work on common health and wellness issues through sharing of resources, networking and capacity building, community workshops and events, community grant programs, and education and training sessions.

Recommended for funding: Yes.

Amount Eligible: \$30,000

Amount Approved: \$29,508.19

Note: There is \$211.60 in funding carried over from 2023-2024 which will be used for initiatives and/or events outlined in the 2024-2025 work plan that has a budget of \$30,000

Reviewed by: Julia Pritchett

Date Reviewed: June 3, 2024

**Annex B
Regional Wellness Coalition
2024-2025 Annual Funding Assessment Form**

Name of Organization: Labrador Regional Wellness Coalition

Mission Statement: To empower and support community members so that they can create opportunities to foster healthier lifestyles in their communities.

Application Process: Submission of funding request letter, work plan and budget for the upcoming year.

Reporting Requirements: Report on previous year's work plan, actual expenditures, and snapshot document.

Assessment Criteria	Yes	No
Funding request letter submitted	X	
Work plan submitted, is eligible and description is clear	X	
Budget sheet that includes proposed budget for next year and actual expenditures of previous year is submitted, eligible and reasonable	X	
Updated work plan from previous year submitted	X	
Snapshot document from previous year submitted	X	
Applicant meets funding criteria	X	

Funding Request: \$20,073.29

Rationale: Regional Wellness Coalitions facilitate, support, and bridge the health promotion work between the Regional Health Authorities and the communities they serve. They bring together individuals, families, groups, organizations, municipalities, and schools to work on common health and wellness issues through sharing of resources, networking and capacity building, community workshops and events, community grant programs, and education and training sessions.

Recommended for funding: \$20,073.29.

Amount Eligible: \$30,000

Amount Approved: \$20,073.29

Note: There is \$9,927.00 in funding carried over from 2023-2024 which will be used for initiatives and/or events outlined in the 2024-2025 work plan that has a budget of \$30,000

Reviewed by: Julia Pritchett

Date Reviewed: June 3, 2024

Decision/Direction Note
Department of Health and Community Services

Title: Health Emergency and Continuity Management Committee

Decision/Direction Required:

- Whether to establish a Health Emergency and Continuity Management Committee within the Department of Health and Community Services (HCS), substantially along the lines of the Terms of Reference in **Annex A**.

Background and Current Status:

- The purpose of the Health Emergency Management (HEM) program is to achieve optimal individual, community and public health system resiliency and capacity to mitigate, prevent, plan, and prepare for, respond to, and recover from emergencies impacting the health of the population. This requires a coordinated approach within HCS and in partnership with government departments and agencies.
- Continual organizational commitment is required across all components of emergency management (prevention/mitigation, preparedness, response, and recovery) to achieve the purpose of the HEM program. One way to demonstrate this commitment is by striking a standing committee focused on HEM.
- HCS had committees focused on HEM and business continuity planning (BCP) in the past, but currently there is no structure within the department to focus on these functions from an all-hazards HEM perspective.
- HEM is vital for protecting public health, minimizing the impact of emergencies, and ensuring a swift, coordinated response. It allows for effective resource management, minimized service disruptions, and risk mitigation. Additionally, by learning from past emergencies such as the COVID-19 pandemic, planning improves response strategies, ensuring a more resilient and responsive health system.

Analysis:

[Redacted]

[Redacted]

- The Provincial Health Authority (PHA) has developed a Provincial Integrated Protection Services (PIPS) program which has responsibility for security operations, security systems, and emergency planning and continuity management. The program is guided by a Senior Director, [Redacted]

[Redacted]

35(1)(d)

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29(1)(a)

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- A draft Terms of Reference for the Committee is attached for consideration (**Annex A**).

Alternatives:

- Approve the establishment of a Health Emergency and Continuity Management Committee within HCS, substantially along the lines of the Terms of Reference in **Annex A**.

Pros:

- Demonstrates organizational commitment to HEM.
- Supports a coordinated approach to all-hazards HEM.
- Supports preparedness and response efforts for future emergencies.

Cons:

- Requires time and resource commitment from HCS executive and staff.

- Do not approve the establishment of a Health Emergency and Continuity Management Committee within HCS.

Pros:

- Does not place additional time and resource commitments on HCS executive and staff.

Cons:

- Does not demonstrate an organizational commitment to HEM.

29(1)(a)

- Does not support preparedness for and response to future emergencies.

Prepared/Approved by:

Ministerial Approval:

M. Power/ A. Tucker/J. Fitzgerald/G. Sweeney/J. McGrath

Received from Hon. John Hogan, KC

July 24, 2024

Annex A

Terms of Reference

The Health Emergency and Continuity Management Committee is a standing committee of the Department of Health and Community Services and reports to the Deputy Minister.

The Assistant Deputy Minister, Population Health and Wellness and the Assistant Deputy Minister, Corporate Services will Co-Chair this committee and alternate as Chair.

Mandate

The focus of this Committee is to enhance the capabilities of the Newfoundland and Labrador health system to effectively prevent, mitigate, prepare for, respond to, and recover from emergencies and/or service delivery disruptions. The Committee will focus on the main responsibilities of the Department of Health and Community Services with consideration for the support and oversight mechanisms that will be provided to the Provincial Health Authority and other key stakeholders. The Committee will achieve this mandate by providing provincial leadership through the coordination and integration of the four pillars of emergency management:

- **Prevention and Mitigation:** to enhance the health sector's capability to reduce the risk from hazards that may impact the health of citizens and/or health system service delivery;
- **Preparedness:** to enhance the health sectors capability to meet the health needs of citizens during emergencies and disasters;
- **Response:** to enhance the health sectors capability to provide a coordinated provincial response for consistent levels of care and equal access to health resources; and
- **Recovery:** to enhance the health sectors capability to efficiently return to 'normal' operations after the occurrence of an emergency or disaster.

This Committee has been established to develop, implement and promote a consistent approach to health emergency management for the provincial health sector through the following activities and objectives:

- Identify the Department of Health and Community Services' roles and responsibilities in response to an internal service disruption and/or an external emergency in support of the Provincial Health Authority and other stakeholders;
- Employ a comprehensive all-hazards emergency planning approach to include, but not limited to, pandemics and other public health emergencies, natural disasters, infrastructure failures and intentional/malicious incidents;
- Establish specific emergency response procedures/protocols including Incident Management Systems and Emergency Operations Centre activation and management protocols that will be implemented in the event of an internal service delivery disruption and/or in response to an external emergency impacting the health system;
- Provide oversight and a forum for discussion/review of provincial health emergency management plans and business continuity plans;
- Provide advice to the provincial health and community services sector on mitigation, preparedness, response and recovery initiatives related to health emergency management planning and business continuity planning;
- Enhance Departmental situational awareness of ongoing local, regional, provincial and federal emergency management initiatives;
- Establish a process for regular health system hazard identification and risk analysis and vulnerability estimation and identify priority areas as necessary;

- Enhance interoperability with external partners and stakeholders (e.g., Provincial Health Authority, Emergency Services Division, Public Health Agency of Canada, municipalities, provincial and federal government departments and the respective emergency management committees and plans);
- Coordinate and participate in training and awareness sessions including simulation exercises, presentations and seminars/webinars; and
- Serve as a forum for the identification and consideration of issues related to health emergency management planning for the Newfoundland and Labrador health and community services system or significant issues brought forward by other internal and/or external stakeholders through established linkages.

Membership

Standing members of the Committee will include the following and/or designates:

- Assistant Deputy Minister, Population Health and Wellness
- Assistant Deputy Minister, Corporate Services
- Director, Regional Services
- Director, Seniors Health Care
- Manager, Health Emergency Management
- Director, Emergency Health and Paramedicine Services
- Director, Public Health
- Manager, Environmental Public Health
- Chief Medical Officer of Health
- Senior Manager, Health Workforce Planning
- Director, Medical Services
- Director, Communications
- Director, eHealth and Information Management
- Departmental Comptroller

Other Department of Health and Community Services representatives and external department/agency representatives will be invited on an ad hoc basis as required (e.g., for meetings specifically focused on business continuity planning, the Directors of Audit and Claims Integrity and Pharmaceutical Services would be invited). The work of this committee will require participants to have in depth knowledge of operational roles and responsibilities.

Meetings/Agendas

This committee will meet quarterly and on an ad hoc basis at the request of the Co-Chairs. Meeting dates and times will be scheduled on an annual basis to allow members as much lead time as possible to incorporate the schedule into their calendars. The Manager, Health Emergency Management will provide Secretariat support for this committee including coordinating the agenda.

Quorum/Attendance/Decisions

For a meeting to proceed, a quorum of 50 per cent will be required.

Attendance is essential and members are expected to make every effort to attend. If a member is unable to attend, they shall advise the Co-Chairs and send an alternate if possible.

Decisions will be recorded by consensus of the majority of membership in attendance and, if required, will be brought to the Deputy Minister for approval.

Minutes

Minutes of each meeting will be recorded and circulated to the committee membership. Once approved by the committee, the minutes will be circulated to all designated departmental representatives and executive.

Review of Membership and Terms of Reference

A review of the committee membership, terms of reference and other facets of the committee will take place on an annual basis.

Decision/Direction Note
Department of Health and Community Services

Title: Bishop's Falls Family Care Team – Award of Request for Proposals

Decision/Direction Required:

- To provide approval (or otherwise) for NL Health Services to award the Request for Proposals for the Bishop's Falls site of the Grand Falls-Windsor Family Care Team to the highest ranked proponent, W. Reid Construction Ltd.
- It is recommended that:
 - approval be provided for NL Health Services to award the Request for Proposals for the Bishop's Falls site of the Grand Falls-Windsor Family Care Team to the highest ranked bidder, W. Reid Construction Ltd., and
 - NL Health Services work with the Department with respect to the timing around required cash flow / budget appropriations.

Background and Current Status:

- Government has previously announced its intentions to establish 35 Family Care Teams, including one in Grand Falls-Windsor area in which Bishop's Falls will be established as a spoke site.
- NL Health Services issued a Request for Proposals (RFP) for approximately 4,000 sq ft of lease space in Bishop's Falls on February 29, 2024 which closed on April 18, 2024 with two (2) submissions being received, and the highest ranked bidder being W. Reid Construction Ltd. at an **initial annual leasing cost of \$288,0000, (equating to [REDACTED] / sq ft), plus HST.** Proposed location of the facility will be off Dominic Street. 35(1)(d), 35(1)(g)
- A complete list of bidders, and the evaluation results can be found in Annex A. An overview of the bidders / sites can be found in Annex B.

Analysis:

- Evaluation of the submissions was completed in two separate, independent stages:
 - Technical evaluation (60%)
 - Completed by a panel of three evaluators with representation from Primary Health, Capital Planning Infrastructure and Engineering, and Facility Planning, to allow for differing viewpoints and to add impartiality to the process.
 - Financial evaluation (40%)
 - Completed independently by Sourcing and Contracts.
- The RFP stated that "Proponents who do not meet a minimum threshold score for a category will not proceed further in the evaluation process." [REDACTED]

• [REDACTED]

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

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

- The initial annual lease cost of \$288,000 (plus HST) per annum equating to [REDACTED] / sq ft may be on the high side when compared to historical tender results, however it is comparable to other recent Family Care Team procurements in the area (e.g. Gander [REDACTED] / sq ft).
- Since construction of the facility will take 12 months to complete after award, no funding will be required for the leasing costs in the 2024/25 fiscal year. NL Health Services will need to work with the Department with respect to the timing around cash flow requirements.

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

- Budget 2024 allocated \$30M to support the establishment of Family Care Teams. 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.

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35(1)(d)

- Section 21(2)(a) of the **Provincial Health Authority** states that "subject to the approval of the minister, an authority may purchase, lease or otherwise acquire real property, or an interest in real property, that it considers necessary for its purpose."

Alternatives:

Alternative 1: Provide approval for NL Health Services to award the Request for Proposals for the Bishop's Falls Family Care Team to the highest ranked bidder, W. Reid Construction Ltd. **(Recommended)**

Pros:

- Will advance the establishment of the long-term Family Care Team location in Bishop's Falls; and
- Will ensure that Family Care Team staff in Bishop's Falls have the appropriate spaces from which to provide services.

Cons:

- Increase in leasing costs.

Alternative 2: Do not provide approval for NL Health Services to award the Request for Proposals for the Bishop's Falls Family Care Team to the highest ranked bidder, W. Reid Construction Ltd. **(Not Recommended)**

Pros:

- No increase in leasing costs.

Cons:

- The Family Care Team staff in Bishop's Falls will not have the appropriate spaces from which to provide services, and
- Not awarding the Request for Proposals, which was completed through an open and fair procurement process, may discourage bidders from bidding on future procurements as they have invested heavily in the development of their proposals.

Prepared/approved by:
Ministerial Approval:

P. Greene/G. Sweeney/J. McGrath
Received from Hon. John Hogan

July 2, 2024



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

Annex A - RFP Scoring & Costing							
Bishop's Falls Family Care Team							
Bidder	Technical (60 %)	Financial (40%)	Total Score	Annual lease cost* (plus HST)	Square Footage	Lease Rate (per sq ft)	20 year lease cost* (plus HST)
58169 Newfoundland & Labrador Inc.							
W. Reid Construction Ltd.							
				\$ 288,000.00			

*Does not reflect increases/decreases in heat, electricity and municipal taxes beyond year 3 as per the Escalation Clause in the lease agreement.

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

Annex B
Overview of Bidders / Sites
(in alphabetical order)

58169 Newfoundland & Labrador Inc.

Adams Group of Companies. 50 years in civil and building construction. Owners/ operators of a number of existing leased properties including Mary Brown's, and Marathon Gold.

35(1)(d)

Site Location:

35(1)(d)

W. Reid Construction Ltd.

W. Reid Construction Ltd. was incorporated in 1996 and has been supplying heavy equipment needs to Central NL for 30 years and employs 20 to 30 persons during the construction season. The company operates a rental building for the MHA for the Exploit's district as well as temporary lease for the Bishop's Falls Family Care Team.

Site will be a new build construction.

Site Location:

Off Dominic Street

Decision/Direction Note
Department of Health and Community Services

Title: One-Time Funding for the Wellness Collective

Decision/Direction Required:

- It is recommended the Minister of Health and Community Services (HCS) approve \$4,000 in one-time funding for the Wellness Collective to maintain its community garden and holistic wellness activities.
- Funds are available under the Community Addictions Prevention and Mental Health Promotion funds within the Mental Health and Addictions Division budget.

Background and Current Status:

- The Wellness Collective is a holistic group offered to people living in recovery from addiction and or other mental health challenges. The Collective was developed in 2018 through a partnership between Eastern Health (now Newfoundland and Labrador Health Services, Eastern Zone Urban) and the Anglican Cathedral of St. John the Baptist.
- The collective is diverse, representing people from various socio-economic backgrounds, ages and ethnicities. Each member brings value to the group experience, and the group process helps break down stigma, social and inter-generational barriers.
- The collective aims to fill the gaps for people on their healing journey seeking to increase wellness in their lives on a daily and sustainable basis. The group offers activities that foster healing through holistic approaches, connection and community engagement.
- The collective offers a variety of programs for clients that include:
 - Holistic Healing through the Garden;
 - Mindfulness/Grounding Work;
 - Snow Shoeing and Hiking;
 - Garden to Table; and
 - A variety of guest speakers and workshops based on group member's interests.
- As the original partner of the Wellness Collective, the Anglican Cathedral of St. John the Baptist has consistently provided indoor and outdoor space for group gatherings. However, while it can still provide meeting and outdoor space, the Cathedral no longer has the funds available to provide financial support. Therefore, the Collective has requested one-time funding of \$4,000 (Annex A refers) to sustain the continuation of its programming for this year.

Analysis:

- The Wellness Collective provides an opportunity to practice skills and ideas for healthy living in a therapeutic community environment through hands-on learning opportunities. The main objective is to help build skills and knowledge for individuals to maintain wellness and increase connections with others.
- On the grounds of the Anglican Cathedral, the Collective has 16 raised garden beds and a 10x20 greenhouse built by members. There is also a mindfulness garden used for guided activities, such as walking meditations. This location offers lots of green space where

expansion is possible in the downtown core.

- Healing in nature through land-based activities, such as planting, nurturing, and growing have profound positive impacts on our wellness. The Collective offers an outdoor community space where people can come and learn what it is to be well and engage in healthy connections and activities.
- Since inception, Wellness Collective members have successfully reached various personal goals, including self-reported increased mental wellness, a decrease in substance use, decreased visits to the PAU and other emergency facilities, new support networks, and returning to work or school. Over 100 people have participated in the Wellness Collective since 2018 and many continue to connect and support one another outside of designated group meeting times.
- If approved, funding will be used for gardening supplies and to help provide healthy snacks for clients partaking in activities, helping to build a supportive, community environment.

Alternatives:

Alternative 1: Provide \$4,000 in one-time funding to help support the Wellness Collective maintain their community garden (**Recommended**).

Advantages:

- Allows individuals to foster healing, increase wellness, build relationships and re-integrate back in their own community.
- Helps support the province's commitment to increasing access to mental health and addictions programs and services in the community.

Disadvantages:

- Funding required.

29(1)(a)

Alternative 2: Do not provide funding (**Not Recommended**).

Advantages:

- No additional funding required.

Disadvantages:

- Program will likely cease, thereby negatively impacting individuals involved.
- Missed opportunity to provides a low-cost, low-barrier support network for marginalized populations while teaching valuable life skills.

Prepared/Approved by:

N. Dalton/G. Hussey/N. Legge/ G. Sweeney/J. McGrath

Ministerial Approval:

Received from Hon. John Hogan, KC

July 31, 2024

Annex A

Wellness Collective Proposal

June 12, 2024

Background

When you think about community gardens, you probably think of a garden's ability to grow flowers, vegetables or fruits. What you may not think of, however, is a community garden's ability to foster personal growth within those who tend to its crops.

That growth was evident in downtown St. John's in the summer of 2018, thanks to a budding partnership between Eastern Health and The Anglican Cathedral of St. John the Baptist, and a grant from Eastern Health's Healthy Communities Partnership Fund. These groups offered health, hope, and the opportunity for growth, among members and within their beloved community garden.

The Wellness Collective is a holistic group offered to people living in recovery from addiction and or other mental health challenges. It aims to fill the gaps for this population for those on their healing journey who have the goal of increasing wellness in their lives on a daily and sustainable basis. The group offers activities that foster healing through holistic approaches, connection and community engagement.

Many people do not have a safe place to form connection or engage in holistic wellness activities. Due to various societal and financial barriers, many have never had the opportunity to engage in gardening, yoga, meditation, hiking and other similar types of activities. This group is a space where people can come and learn what it is to be well and engage in healthy connection and activities. The Wellness Collective is diverse, representing people from various socio-economic backgrounds, ages and ethnicities. They all bring something valuable to the group experience, and the group process breaks down social and inter-generational barriers.

The Wellness Collective provides an opportunity to practice skills and ideas for healthy living in a therapeutic community environment through hands on learning opportunities. The main objective is to help build skills and knowledge for individuals to maintain wellness and increase connections with others.

Group Content

HEALING THROUGH HORTICULTURE: Gardening Project(s). Healing in nature through land-based activities, such as planting, nurturing, and growing have profound positive impacts on our wellness. A bacteria found in the soil, mycobacterium vacate, triggers the release of serotonin, acting as a natural anti-depressant while also strengthening our immune system.

CREATIVITY + SUSTAINABILITY – Projects providing opportunity for members to explore various artistic mediums using instruction from artists in the community. These activities allow self-expression and healing through creativity and art-based channels. The projects also focus on sustainability, with the most recent opportunity being a partnership with Again and Again Furniture Bank.

COMMUNITY ENGAGEMENT AND GIVING BACK: Partnership with Home Again Furniture Bank to upcycle furniture that will be sold to provide beds for those in need. Space and education provided by Again and Again staff, including a trained peer support worker, on site. People often share they feel these projects come with the feeling of purpose, as the program uses the funds from the sale of these pieces to purchase beds for those in need.

Main Topics Have Included:

- Holistic Healing through the Garden.
- Mindfulness/Grounding work (example: Yoga)
- Creativity and Sustainability (partnership with again and again furniture bank- giving back to the community)
- Snow showing, hiking.
- Garden to Table (meals from what we grow)
- Guest speakers and workshops offered (guided by group interest)

Since inception, Wellness Collective members have successfully reached various goals, such as increased mental wellness, less or no substance use, less visits to the PAU and other emergency facilities, new support networks, and returning to work or school. Over 100 people have participated in the Wellness Collective since 2018 and many continue to connect and support one another outside of designated group meeting times.

Partnerships

As the original partner of the Wellness Collective, the Anglican Cathedral of St. John the Baptist has consistently provided indoor and outdoor space for group gatherings. They paid for internet access and for several years, funded the additional 20% required to hire a peer gardener in the summer months through an annual subsidy. Unfortunately, while they are still able to provide meeting space, the Cathedral no longer has the funds available to provide financial support.

A new budding partnership with the Autism Society (ASNL) last year, has allowed the Wellness Collective to access a Winter Greenhouse, increasing the ability to offer horticultural experiences year-round. This location is ideal as we have shared ideals surrounding inclusion of those who are neuro-divergent and/or living with mental health and addictions. For future

expansion, the group would aim to work towards creating sensory spaces that can support individuals with a wide range of sensory needs. For example, a communication board and dimmable lighting.

As the season turns to summer months, the Wellness Collective will transition to the original greenhouse located on the grounds of the Anglican Cathedral. We have 16 raised garden beds, a 10x20 greenhouse that was built by members of the wellness collective. There is also a mindfulness garden used for guided actives, such as walking meditations. This location offers lots of green space where expansion is possible in the downtown core. Based on client goals, the downtown is the prime location and allows clients to re-integrate back in their own community.

A partnership was formed last year with Home Again Furniture Bank. This partnership allows participants to engage in hands-on work with furniture pieces, through furniture upcycling - using creativity to give items new life and a new home. The funds from the sale of these projects goes directly back to purchasing beds for those in need. And the partnership provides a warm, supportive space in which to meet during the Winter months when horticultural activities are paused.

Resources Required for 2024-25 Wellness Collective Programs:

Supplies:	Budget Request:
Soil, Seeds and Plants	\$2000
Healthy Snacks, Tea and Coffee for meetings	\$1500
Watering Cans, gloves. Knee pads, sunscreen, spades	\$500
TOTAL	\$4000

Decision/Direction Note
Department of Health and Community Services

Title: Request to implement an interim payment model for On-Call Family Medicine Obstetrics physicians in St. John's.

Decision/Direction Required:

- Whether to implement an interim sessional based payment model for on-call FM Obstetrics physicians in St. John's metro.

Background and Current Status:

- The Family Centered Maternity Care team in St. John's, provides comprehensive prenatal, intrapartum, and postpartum care for patients, newborns, and families. This team includes family physicians (FPs) who deliver specialized Family Medicine (FM) Obstetrics services.
- FM Obstetrics requires a specialized skill set that goes beyond standard family medicine practice. Physicians need expertise in managing low-risk pregnancies, deliveries, and postpartum care. Investing in FM Obstetrics helps to retain these valuable skills within the healthcare system.
- Physicians actively contribute to the education and mentorship of future healthcare providers. Through clinical rotations, skills development workshops, and career counseling, they play a crucial role in training medical students, nurse practitioners, and family medicine residents in prenatal care and low-risk obstetrics.

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29(1)(a)

Analysis:

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29(1)(a)

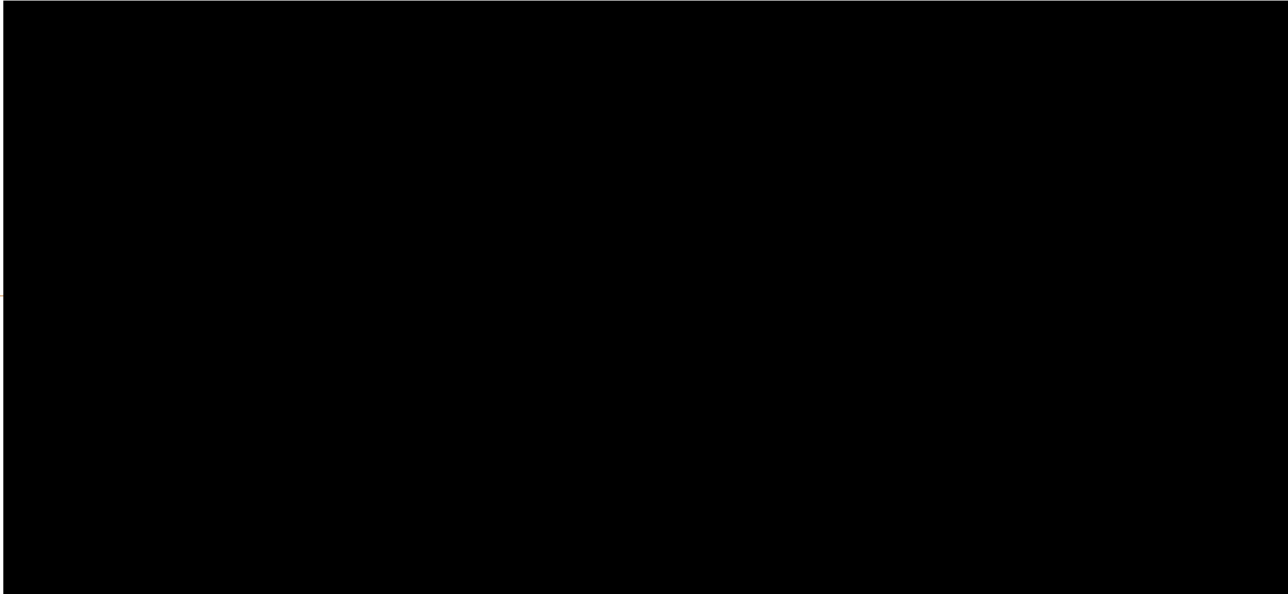
- FM Obstetrics offers a valuable service option for maternity care, providing a familiar and personalized experience for patients. This can lead to improved patient satisfaction

29(1)(a)

- FPs within the FM Obstetrics program often establish long-term relationships with their patients, providing ongoing care throughout pregnancy and potentially beyond. This continuity of care can contribute to better patient outcomes and improved overall patient experience.

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29(1)(a)

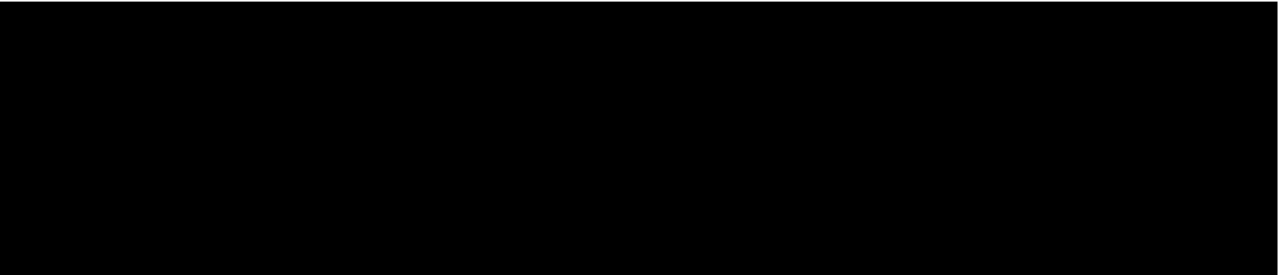


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35(1)(d),
35(1)(f)

Alternatives:

Option 1: Approve the proposed interim sessional based payment model for on-call FM Obstetrics physicians in St. John’s metro. **(RECOMMENDED)**

Pros:



29(1)(a)

Cons:



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

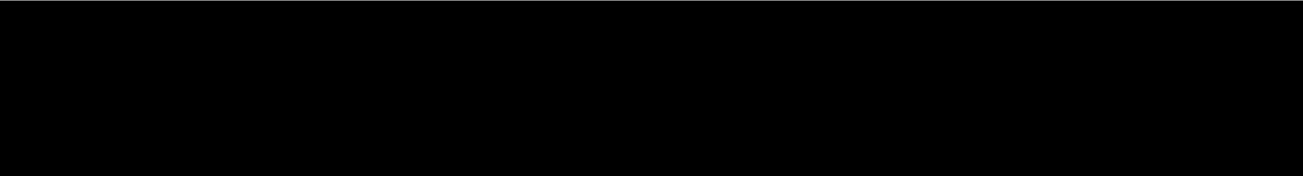
Option 2: Do not approve. **(NOT RECOMMENDED)**

Pros:



29(1)(a)

Cons:



29(1)(a)

29(1)(a)

Prepared/Approved by:
Ministerial Approval:

R. Rasif/ M. Pinsent/A. Dunn/D. Moore/J. McGrath
Received from Hon. Tom Osborne

July 3, 2024

A handwritten signature in blue ink, appearing to be 'R. Rasif' with a stylized flourish at the end.

Decision/Direction Note
Department of Health and Community Services

Title: Happy Valley – Goose Bay Family Care Team (Temporary Space)

Decision/Direction Required:

- To provide approval (or otherwise) for NL Health Services to issue an open call for bids for the leasing of approximately 8,000 square feet of space in Happy Valley – Goose Bay, on a temporary basis, to support the operation of a new Family Care Team clinic.
- It is recommended that:
 - approval be provided for NL Health Services to issue an open call for bids for the leasing of space in Happy Valley – Goose Bay, on a temporary basis, to support the operation of a new Family Care Team clinic.

Background and Current Status:

- Government has previously announced its intentions to establish 35 family care teams across the Province, including one in Happy Valley – Goose Bay.
- NL Health Services are currently in the process of redeveloping the Paddon Home (i.e. former long term care home) into a community health building which will include space for the Family Care Team. While design work is advancing, NL Health Services estimate a completion and occupancy time frame of between 2 – 3 years.
- In an effort to secure dedicated space for the Family Care Team as soon as possible, NL Health Services are seeking approval to issue an open call for bids for temporary space (i.e. for 24 months, with options to extend).
- NL Health Services have estimated a space requirement of approximately 8,000 sq ft, which at an estimated lease rate of [REDACTED] / sq ft equates to [REDACTED] annually.

Analysis:

- Establishment of a location to support the long-term Family Care Team site as soon as possible will benefit of residents of the Happy Valley – Goose Bay area by providing an additional point of access for residents to access care, and which will help to decrease demand on the local emergency department. [REDACTED] [REDACTED]
- NL Health Services have estimated a lease rate of [REDACTED] / sq ft which may appear to be high however it is not markedly outside the range of other recent procurements of leased FCT space (e.g. Gander - [REDACTED] / sq ft, Bishop's Falls – [REDACTED] / sq ft, etc.). As well, where this is a temporary lease (i.e. 2 – 3 years) and in the Labrador region where costs to acquire construction materials is generally more expensive, the actual lease rate may even be higher. [REDACTED] [REDACTED]
- Budget 2024 allocated \$30M to support the establishment of Family Care Teams in the province which 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 budget allocations.

- Section 21(2)(a) of the **Provincial Health Authority** states that “subject to the approval of the minister, an authority may purchase, lease or otherwise acquire real property, or an interest in real property, that it considers necessary for its purpose.”

Alternatives:

- **Alternative 1:** Provide approval for NL Health Services to issue an open call for bids for the leasing of approximately 8,000 square feet of space in Happy Valley – Goose Bay, on a temporary basis, to support the operation of a new Family Care Team clinic. **(Recommended)**

Pros:

- Will advance the establishment of the Family Care Team in Happy Valley – Goose Bay as expeditiously as possible; and
- Will provide an additional point of access for area residents to access care.

Cons:

- None identified.
- **Alternative 2:** Do not provide approval for NL Health Services to issue an open call for bids for the leasing of approximately 8,000 square feet of space in Happy Valley – Goose Bay, on a temporary basis, to support the operation of a new Family Care Team clinic. **(Not Recommended)**

Pros:

- None identified.

Cons:

- Delay in establishing the Family Care Team; and
- Area residents will not see any improvement in access to health services.

Prepared/approved by:
Ministerial Approval:

P. Greene/P. Morrissey/G. Sweeney/J. McGrath
Received from Hon John Hogan, KC

July 24, 2024

Information Note
Department of Health and Community Services

Title: Nationally linked case of locally acquired Cyclosporiasis

Issue: National outbreak of locally acquired Cyclosporiasis and actions being taken.

Background and Current Status:

- Cyclosporiasis is an intestinal illness caused by the parasite *Cyclospora cayetanensis* and is characterized by watery diarrhea (which can lead to dehydration), abdominal bloating, gas, cramping, mild fever, nausea and sometimes vomiting. For most people, symptoms last for six to seven weeks.
- Cyclosporiasis may be treated with antibiotics. Symptoms typically improve within two to three days of antibiotic initiation. Risk factors for becoming infected with *Cyclospora cayetanensis* include travel to areas where the parasite is commonly identified (<https://www.canada.ca/en/public-health/services/diseases/cyclosporiasis-cyclospora/causes-cyclosporiasis-cyclospora.html#a2-1>) and consumption of imported contaminated foods (<https://www.canada.ca/en/public-health/services/diseases/cyclosporiasis-cyclospora/risks-cyclosporiasis-cyclospora.html>)
- In the spring and summer months, locally-acquired Cyclosporiasis cases increase. As a result, the Public Health Agency of Canada (PHAC) has initiated an Outbreak Investigation Coordinating Committee (OICC) during the spring and summer months.

Analysis:

- From May 1 to September 30, 2023, two cases of locally-acquired Cyclosporiasis were reported in NL, and 398 cases were reported nationally.
- On June 18, 2024, PHAC initiated an OICC to investigate the increase in locally acquired Cyclosporiasis cases in Canada. A case meeting OICC definition would have a symptom onset date on or after May 1, 2024, and would not report any travel prior to symptom onset.
- On [REDACTED] the NL Public Health and Microbiology Laboratory reported a case of Cyclosporiasis within the [REDACTED] Zone of Newfoundland and Labrador Health Services (NLHS). NLHS referred the report to an Environmental Health Officer (EHO) with the Department of Digital Government and Service NL for investigation into the potential source.
- On June 28, 2024, NLHS informed the Department of Health and Community Services that the case was not travel-related and local sources of infection were being considered. The Department of Health and Community Services informed PHAC that the case meets the OICC definition.

Actions Being Taken:

- EHO's will continue to interview any new cases.
- PHAC will gather information from other affected provinces.

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Section 6

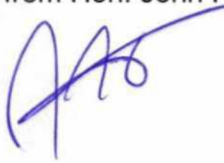
40(1),
Section 6

- The OICC will reconvene to assess the investigation status and determine next steps.

Prepared/Approved by: R. Cooper/K. Baker/A. Tucker/J. Fitzgerald/G. Sweeney/J. McGrath

Ministerial Approval: Received from Hon. John Hogan

July 5, 2024

A handwritten signature in blue ink, appearing to be 'JH', is written over the text 'Received from Hon. John Hogan'.

Decision/Direction Note
Department of Health and Community Services

Title: Family Care Team Recruitment Incentive

Decision/Direction Required:

- It is recommended that the Department of Health and Community Services:
 - approve a Family Care Team Recruitment Incentive that will provide a \$75,000 financial incentive for family physicians to join a Family Care Team;
 - this incentive will be available to physicians who join a Family Care Team until December 31, 2024 (including retroactively for all current Family Care Team physicians who wish to participate);
 - this incentive can be stacked with the Physician Signing Bonus for the five-year return-in-service; and
 - physicians not eligible for the Physician Signing Bonus or not wishing to sign a five-year return-in-service can obtain this incentive for a one-year return-in-service.
- This incentive is only available to salaried physicians working for Newfoundland and Labrador Health Services. It is not available to fee-for-service or Blended Capitation physicians affiliating with a Family Care Team.

Background and Current Status:

- Family Care Teams are an innovative approach to re-imagine and re-design the health system in our province. They are a key recommendation from Health Accord and allow health care professionals to work in a collaborative environment and are intended to provide all Newfoundland and Labrador (NL) residents with a central touchpoint for Primary Health Care (PHC) with a team of health care providers.
- Family Care Teams are multi-disciplinary teams that may include family physicians, nurse practitioners, registered nurses, social workers, pharmacists and other allied health professionals.
- It was envisioned that approximately 35 Family Care Teams were needed in Newfoundland and Labrador. There is a significant amount of work taking place to implement Family Care Teams and it is a process that will take time. As of June 2024, 23 of 35 Family Care Teams are in various stages of implementation with 17 fully operational or partially operational sites and six non-operational sites.
- Fee-for-service and Blended Capitation Model physicians wishing to join a Family Care Team, as a salaried physician, must take their patients with them.
- Per Family Care Teams: A Health Policy Framework for Newfoundland and Labrador, 1,250 to 1,500 patients are expected to be attached per family physicians that are employed in a Family Care Team. As such, an additional 48 physicians in Family Care teams can attach an additional 60,000 to 72,000 patients.

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29(1)(a)

29(1)(a)

- As of May 31, 2024, there were 90,386 total Patient Connect (PCNL) registrations. Of these registrants, 48,416 were waiting to be attached to a primary care provider, (representing 9 percent of the population).

Analysis:

- As noted above, 23 of 35 Family Care Teams are in various stages of implementation.

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35(1)(d)

- In an effort to ensure all Family Care Teams become fully operational and all patients who wish to be attached can be, a specific incentive is recommended to encourage physicians to become a salaried physician who can attach additional patients from Patient Connect NL.

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35(1)(f)

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30(1)(b)

- At present there are 22 physicians working various levels of full-time-equivalency in Family Care Teams.

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

Alternatives:

Alternative 1: The Department of Health and Community Services approve the implementation of a Family Care Team Recruitment Incentive as described above for current and new physicians who indicate interest and commence until December 31, 2024. **(RECOMMENDED)**

Pros:

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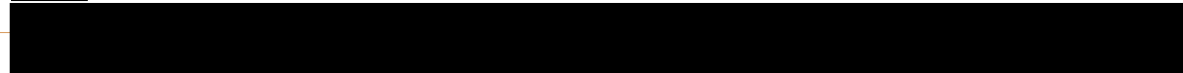
Cons:

- Additional cost associated with this incentive.

Alternative 2: Do not approve the implementation of a Family Care Team Recruitment Incentive as described above. **(NOT RECOMMENDED)**

Pros:

- No additional costs.

Cons:

29(1)(a)

Prepared/Approved by:
Ministerial Approval:

D. Moore/M. Slade/G. Sweeney/M. Pinsent/C. Antle/J. McGrath
 Received from the Hon. John Hogan, KC

July 31, 2024

A handwritten signature in blue ink, appearing to be 'J. Hogan', located below the Ministerial Approval text.

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

Title: Eastern Zone Request for 3.0 FTE for Neurology Physicians for the Health Sciences Centre

Decision/Direction Required:

- Whether to approve a request from NL Health Services, Eastern Urban Zone for an additional 3.0 FTE positions for Neurology for the Health Sciences Centre (HSC) at a cost of \$942,467.

Background and Current Status:

- There are currently eight salaried and two fee for service (FFS) positions for adult neurology in the Eastern Zone. One salaried position is vacant, [REDACTED]

29(1)(a),
35(1)(d),
40(1)

- [REDACTED] there is currently 1:6 on-call services.

29(1)(a),
35(1)(d),
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- This request will increase the complement to 11.0 FTEs, [REDACTED]
[REDACTED] There is demonstrated evidence that this group requires 11.0 FTEs and overlapping for a short period allows for succession planning.
- The service is already tertiary and aligns with one Provincial Health Authority. The goal is to provide better access and better care to patients but also to ensure a reasonable workload for neurologists.

Analysis:

- Neurology has historically been difficult in recruiting physicians, and salaried positions are expected to be the only realistic option for new hires.

[REDACTED]

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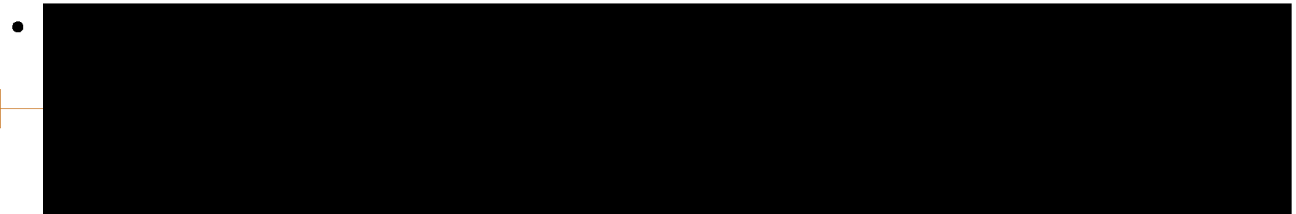
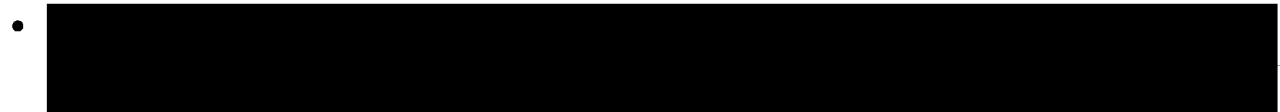
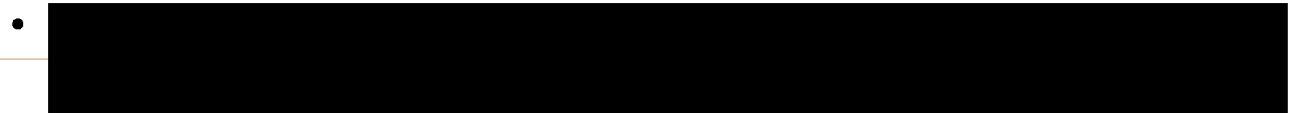
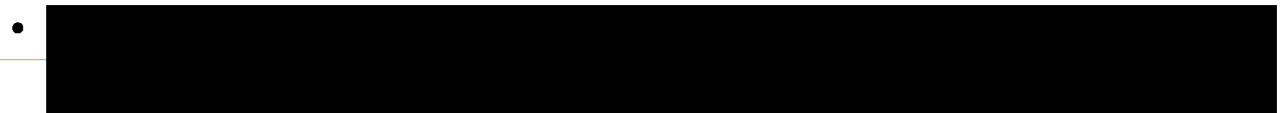
29(1)(a)



- In 2023-2024 there were 800 new patients seen but there are still 3,000 patients on the waitlist. [redacted] and has 10,000 patients on the waitlist for an EMG.

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

29(1)(a)

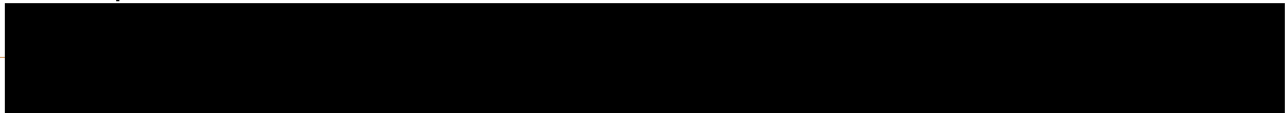
Alternatives:

Option 1: Approve the NL Health Services, Eastern Urban Zone request for 3.0 additional FTE Neurology Physicians at a cost of \$942,467. **(Recommended)**

Pros:

- Helps ensure a better work/life balance for current physicians that will assist in retention.
- Extra physicians will help reduce waitlist and contribute to overall better care for residents of the province.

29(1)(a)



Cons:

- Increase in expenditures.

Option 2: Do not approve the NL Health Services, Eastern Urban Zone request for 3.0 additional FTE Neurology Physicians. **(Not Recommended)**

Pros:

- No additional costs.

Cons:



Prepared/Approved by:
Ministerial Approval:

A. Pike/D. Moore/C. Antle/J. McGrath
Received from Hon. John Hogan

July 5, 2024

Decision/Direction Note
Department of Health and Community Services

Title: Request for Approval of Temporary Additional Sessional Hours for the Mundy Pond Community Walk-in Clinic

Decision/Direction Required:

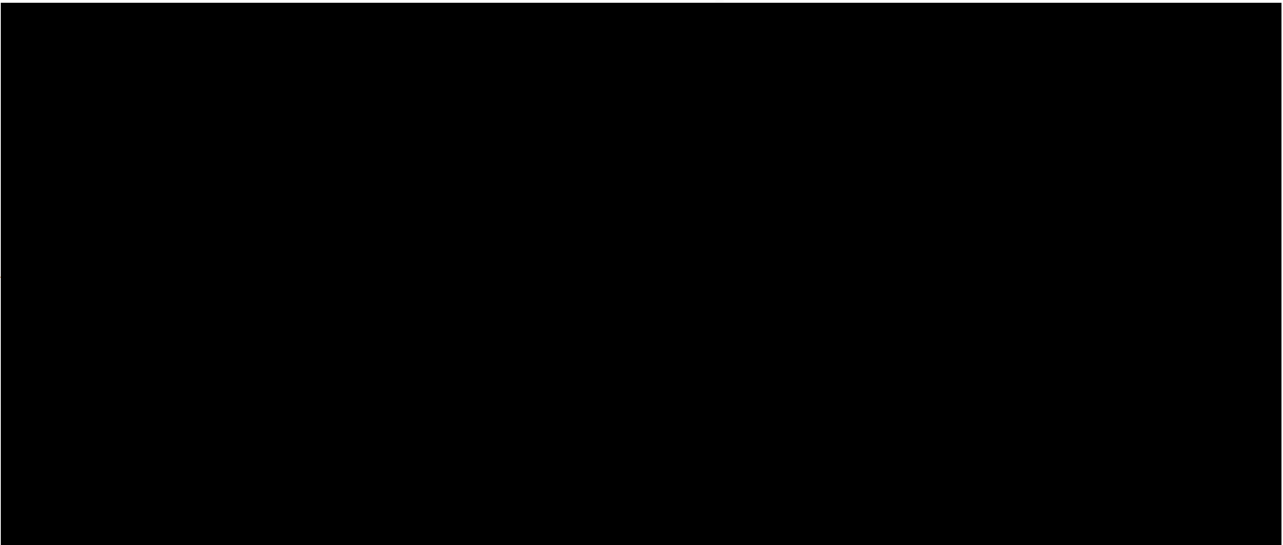
- Whether to approve a request for an additional 96 temporary sessional hours per week for the Mundy Pond Community Walk-in Clinic effective June 2024.

Background and Current Status:

- The Mundy Pond Community Walk-In Clinic (CWC), as Newfoundland and Labrador Health Services (NLHS) notes, has been an integral access point for those either without a primary care provider, or unable to receive timely access.
 - The CWC was initially allocated 60 sessional hours per week however a temporary approval for an additional 60 hours occurred between January 2022 and March 2023.
 - In response to unmet patient demand NLHS is now requesting that the previously approved temporary hours continue in addition to the granting of another 36 hours per week to bring the total to 156 hours per week (refer to COR-2024-200452).
- The CWC also utilizes the services of nurses and nurse practitioners.
- Patient volumes have increased significantly, from 90 to 130 daily visits with another 80 to 100 patients denied care weekly due to limited capacity (i.e. no available appointment times).

Analysis:

- Despite scheduling improvements, demand at the Mundy Pond CWC has significantly outpaced the current allocation of 60 sessional hours. This demand exceeds even the previously approved 120 hours per week. NLHS' Primary Health Care and Community Support program has identified a need for 156 hours per week to meet current demand.



- Costing:
 - The CWC sessional base weekly cost (60 hours) is \$11,331 or \$589,212 annually.
 - Approval of the requested temporary 96 hours per week will be an additional \$18,129 weekly or \$942,708 annually.

29(1)(a)

- For the remainder of the 2024-25 this proposal will cost (96 temporary hours only) \$779,547.
- These funds will be partially offset by FFS billings that would have been otherwise incurred from the FFS physicians if not otherwise engaged in CWC work.

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35(1)(d)

Alternatives:

Option 1: Approve the 96 additional temporary sessional hours effective June 1, 2024, with review for March 31, 2025. **(RECOMMENDED)**

Pros:

- Addresses the urgent need for increased primary care access.
- Improves patient experience.

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Cons:

- Additional spending of \$779,547 in 2024-25.

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

Pros:

- No additional cost.

Cons:

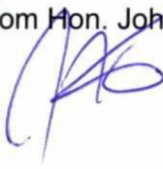
- Continued limited access to primary care.

29(1)(a)

Prepared/Approved by:
Ministerial Approval:

R. Rasif/ M. Pinsent/ A. Dunn/D. Moore/J. McGrath
Received from Hon. John Hogan

July 9, 2024



Information Note
Department of Health and Community Services

Title: Update on Pertussis outbreak

Issue: To provide a summary of the outbreak of *Bordetella pertussis* to the Minister and Executive Branch of the Department of Health and Community Services and actions being taken by the Division of Public Health and NL Health Services.

Background:

- *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 can 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 because the antibodies produced as an immune response to the vaccine are transferred to the fetus during pregnancy and protects most 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.
- 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.

Analysis:

- NL Health services declared a pertussis outbreak in Eastern Zone on May 9, 2024.

- From January 1, 2024, to July 5, 2024 164 laboratory-confirmed cases of pertussis have been reported to the DHCS. Of these cases, 146 are in Eastern, 14 are in Western, and 4 are in Central zones. No cases have been reported in Labrador-Grenfell zone.
- Most pertussis cases in Eastern are children between the ages of 10 to 14 years old. The age of cases ranges from one month to 89 years of age.
- In Europe, the number of reported pertussis cases increased 10 times from 2023 to April 2024 compared to 2020 to 2021.
- From a national perspective, other jurisdictions have declared an increase in cases of pertussis, including New Brunswick, Prince Edward Island, Ontario, Manitoba, and Alberta.
- 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.
- In April of 2014, HCS 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 protection against tetanus. Therefore, adults who received a tetanus vaccine since 2014 have been immunized against pertussis as well.
- Supply of Tdap vaccine continues to be closely monitored from both a federal and provincial level. Provincially, there are approximately 16,000 doses of Tdap vaccine distributed throughout the province for use in routine immunization programs, at-risk populations as well as outbreak response.

Action Being Taken:

- 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.
- Public advisory released on April 12, 2024, encouraging 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.
- The Population Health Division engaged with Public Services and Procurement Canada (PSPC) to procure an additional 10,000 doses of Tdap vaccine in June, 2024 to accommodate a proposed demand created by the outbreak response. The public health division continues to closely monitor vaccine usage and engage with PSPC to discuss options for obtaining additional vaccine quantities if needed.

- Since the highest proportion of pertussis cases is occurring in school-aged children, NLHS Public Health program provided pertussis vaccines to all children in grades six, seven, and eight in Eastern Zone beginning with five schools identified with the highest percentage of cases within the school population.
- Eastern urban zone of NLHS has implemented a swabbing clinic for symptomatic contacts of pertussis cases and those with infants under one year of age living within their residence. Appointments are provided by appointment. Individuals requiring follow-up (including swabbing) with pertussis in other zones of NLHS are encouraged to contact their local public health office or the primary care provider.
- From a provincial perspective, NLHS are promoting a wrap-around campaign in an effort to increase rates of Tdap vaccine for those that are eligible to receive it. Priority groups include children with incomplete immunization status, pregnant people in their third trimester, and adults residing with children less than one year of age of pregnant people in the third trimester.
- DHCS will continue to monitor the number of pertussis cases in the province and support NLHS Public Health investigations.
- Communication through social media recommending to the public to ensure their pertussis vaccination is up to date is being prepared.

Prepared/Approved by: M. O'Driscoll/K. Baker/A. Tucker/J. Fitzgerald/G. Sweeney/J. McGrath

Ministerial Approval: Received from Hon. John Hogan



Decision/Direction Note
Department of Health and Community Services

Title: Family Care Team Space (Metro #4)

Decision/Direction Required:

- To provide approval (or otherwise) for NL Health Services to issue an open call for bids for the leasing of space in St. John's (Centre City) to support the operation of a new Family Care Team clinic (i.e. Metro #4).
- It is recommended that:
 - approval be provided for NL Health Services to issue an open call for bids for the leasing of space in St. John's (Centre City) to support the operation of a new Family Care Team clinic (i.e. Metro #4); and
 - as per previous Departmental direction from June 2021, upon identification of the top ranked proponent, NL Health Services seek ministerial approval to award the open call for bids.

Background and Current Status:

- 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.
- With the existing Churchill Square location being only 1,779 sq ft (with other FCT's in the metro area being in the 10,000 sq ft range), approval was recently provided for NL Health Services to pursue new lease space of approximately 6,000 sq ft on a temporary basis (1 – 2 years) for Metro FCT #4 operations until its permanent location can be established.
- NL Health Services have recently completed its space program for the permanent Metro FCT#4 approximating 15,500 sq ft. 35(1)(d), 35(1)(g)
- NL Health Services have estimated a lease rate of [REDACTED] sq ft which equates to an annual leasing cost of approximately [REDACTED] (plus HST).

Analysis:

- Establishment of the FCT Metro #4 is in line with the Department's vision for planned and approved FCT locations. 35(1)(d), 35(1)(g)
- FCT Metro #4 is approximately 50% larger than other Metro FCT's which NL Health Services indicates is due to the increased number of service providers that has been approved for Metro FCT #4. (Metro FCT East has 7 service providers requiring 14 clinic rooms and 6 counselling rooms while Metro FCT #4 will have [REDACTED] service providers equating to [REDACTED] clinic rooms and [REDACTED] counselling rooms.) 35(1)(d) 35(1)(d) 35(1)(g)
- NL Health Services' estimated lease rate of [REDACTED] sq ft aligns with the results of their most recent procurement for FCT space in Metro (i.e. FCT East - [REDACTED] sq ft). 35(1)(d), 35(1)(g)
- Since the procurement process will take several months to finalize, after which time the successful proponent would require a number of months to get the site ready for occupancy, 35(1)(d), 35(1)(g)

it is not expected that any funding will be required for the leasing costs until the 2025/26 fiscal year.

- Budget 2024 allocated \$30M to support the establishment of Family Care Teams in the province which 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 budget allocations.
- Section 21(2)(a) of the **Provincial Health Authority** states that “subject to the approval of the minister, an authority may purchase, lease or otherwise acquire real property, or an interest in real property, that it considers necessary for its purpose.”

Alternatives:

- **Alternative 1:** Provide approval for NL Health Services to issue an open call for bids for the leasing of space in St. John’s (Centre City) to support the operation of a new Family Care Team clinic (i.e. Metro #4). **(Recommended)**

Pros:

- Will advance the establishment of Family Care Teams in line with previous announcements;
- Will ensure that Family Care Team staff in St. John’s (Centre City) have the appropriate spaces from which to provide services, and
- Will provide an additional point of access for area residents to access care.

Cons:

- None identified.

- **Alternative 2:** Do not provide approval for NL Health Services to issue an open call for bids for the leasing of space in St. John’s (Centre City) to support the operation of a new Family Care Team clinic (i.e. Metro #4). **(Not Recommended)**

Pros:

- None identified.

Cons:

- Does not align with previous announcements around the establishment of Family Care Teams; and
- Area residents will not see any improvement in access to health services.

Prepared/approved by: P. Greene/P. Morrissey/G. Sweeney
Ministerial Approval: Received from Hon. John Hogan, KC

July 24, 2024

Decision/Direction Note
Department of Health and Community Services

Title: Port-aux Basques Family Care Team Space / MP Place Lease Replacement

Decision/Direction Required:

- To provide approval (or otherwise) for NL Health Services to issue an open call for bids for the leasing of space in Port aux Basques to support the operation of a new Family Care Team clinic.
- It is recommended that:
 - approval be provided for NL Health Services to issue an open call for bids for the leasing of space in Port aux Basques to support the operation of a new Family Care Team clinic;

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

- as per previous Departmental direction from June 2021, upon identification of the top ranked proponent, NL Health Services seek ministerial approval to award the open call for bids.

Background and Current Status:

- Government has previously announced its intentions to establish 35 family care teams across the Province, including one in Port-aux-Basques.
- To expedite the operation of this family care team, approval was provided in February 2024 for NL Health Services to issue an open call for 6,300 sq ft of leased space on a temporary basis until a more permanent location could be established. Ministerial approval was provided on June 13, 2024 to award the open call to the sole compliant bidder, Walter Holdings Ltd. at a rate of [REDACTED] sq ft.
- NL Health Services currently leases space in Port-aux-Basques (at MP Place) for a number of community-based services including public health, community supports, and mental health and addictions. The existing lease has expired and is being leased on a month-to-month basis. The new Family Care team site (estimated at 22,000 sq ft) will include space for those services that currently reside at MP Place. 35(1)(d), 35(1)(g)
- NL Health Services have estimated a lease rate of [REDACTED] sq ft which equates to an annual leasing cost of [REDACTED] (plus HST).

Analysis:

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

- Co-location of all community services into a single space will allow for greater collaboration across various service providers. Consolidation also means there is one less door (i.e. fewer locations) for patients to search out when accessing health services.
- Since the current lease for MP Place has expired, NL Health Services will be required to issue a new open call for bids for these services regardless. Combining them into the Family Care Team space meets this requirement.

- NL Health Services have estimated a lease rate of [REDACTED] sq ft which aligns with the results of their recent procurement for temporary space in Port-aux-Basques (i.e. [REDACTED]/sq ft), and is in line with what has been experienced in other recent lease procurements (e.g. Stephenville [REDACTED] sq ft, etc.) in the area. While NL Health Services have estimated an annual lease cost [REDACTED] (plus HST), their existing lease at MP Place approximates [REDACTED] (plus HST) resulting in a net new annual funding requirement of [REDACTED] (plus HST).
- Since the procurement process will take several months to finalize, after which time the successful proponent would require a number of months to get the site ready for occupancy, it is not expected that any funding will be required for the leasing costs until sometime in the 2025/26 fiscal year.
- Budget 2024 allocated \$30M to support the establishment of Family Care Teams in the province which 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 budget allocations.
- Section 21(2)(a) of the **Provincial Health Authority** states that “subject to the approval of the minister, an authority may purchase, lease or otherwise acquire real property, or an interest in real property, that it considers necessary for its purpose.”
- The Department has recently received multiple simultaneous requests for leased Family Care Team space from different NL Health Services Zones [REDACTED]

Alternatives:

- Alternative 1:** Provide approval for NL Health Services to issue an open call for bids for the leasing of space in Port aux Basques to support the operation of a new Family Care Team clinic. **(Recommended)**

Pros:

- Will advance the establishment of Family Care Teams across the Province in line with previous announcements;
- Will ensure that Family Care Team staff in Port aux Basques have the appropriate spaces from which to provide services, and

- Will provide an additional point of access for area residents to access care.

Cons:

- None identified.
- **Alternative 2:** Do not provide approval for NL Health Services to issue an open call for bids for the leasing of space in Port aux Basques to support the operation of a new Family Care Team clinic. **(Not Recommended)**

Pros:

- None identified.

Cons:

- Does not align with Government's direction of establishing Family Care Teams across the Province; and
- Area residents will not see any improvement in access to health services.

Prepared/approved by: P. Greene/P. Morrissey/G. Sweeney/J. McGrath
Ministerial Approval: Received from Hon. John Hogan, KC

July 31, 2024

Decision/Direction Note
Department of Health and Community Services

Title: St. Clare's Mercy Hospital – Lease Parking Space

Decision/Direction Required:

- To provide approval (or otherwise) for NL Health Services to lease 61 parking spaces from Emerald Atlantic for staff at St. Clare's Mercy Hospital.
- It is recommended that approval be provided for NL Health Services to lease 61 parking spaces from Emerald Atlantic for staff at St. Clare's Mercy Hospital.

Background and Current Status:

- NL Health Services (Eastern Urban) currently leases a number of parking spaces in the area of St. Clare's Mercy Hospital behind for staff parking including from:
 - Columbus Hall Company Ltd. (i.e. Knights of Columbus parking lot); and
 - Emerald Atlantic Group (50 parking spaces adjacent to the Knights of Columbus parking lot).
- NL Health Services advises that Emerald Atlantic recently undertook excavation work and has cleared space for an additional 61 parking spaces which they have offered to lease to NL Health Services on a pro-rated basis the rates being paid for the other portion of the lot.
- Cost of the lease is \$8,296 / month, or \$99,552 annually.

Analysis:

- NL Health Services advises that staff parking is limited at the St. Clare's site with staff finding it challenging most days to find a parking space. Staff oftentimes use adjacent NL Housing Complex parking lots, displacing people who live in these units.
- The current parking situation at the site will only exacerbate once redevelopment of the former Grace property commences since a portion of this property is currently used as overflow parking by St. Clare's staff. As such, these 61 additional parking spaces are needed.
- NL Health Services advises that the lease cost for the current year will be funded from within their existing budgetary appropriation, however, they will seek a budget adjustment through Budget 2025.
- Section 21(2)(a) of the **Provincial Health Authority** states that "subject to the approval of the minister, an authority may purchase, lease or otherwise acquire real property, or an interest in real property, that it considers necessary for its purpose."
- Section 6(a)(v) of the **Public Procurement Regulations** states that an open call for bids is not required where there is only one source reasonably available for the commodity. Given the urban landscape of the location, there are no alternate options available.

Alternatives:

- **Alternative 1:** Provide approval for NL Health Services to lease 61 parking spaces from Emerald Atlantic for staff at St. Clare's Mercy Hospital. **(Recommended)**

Pros:

- Increased availability of staff parking to help meet demand; and
- Less disruption to area residents as staff will be less likely to impede on their properties.

Cons:

- None identified.
- **Alternative 2:** Do not provide approval for NL Health Services to lease 61 parking spaces from Emerald Atlantic for staff at St. Clare's Mercy Hospital. **(Not Recommended)**

Pros:

- None identified.

Cons:

- Staff will continue to experience parking challenges, and
- Staff will continue to park in nearby areas (e.g. NL Housing Complex) thereby causing disruptions to area residents.

Prepared/approved by:

P. Greene/P. Morrissey/J. McGrath

Ministerial Approval:

Received from the Hon. John Hogan, KC

July 19, 2024

Decision/Direction Note
Department of Health and Community Services

Title: Humidifiers Upgrade, Fogo Island Health Centre

Decision/Direction Required:

- Whether or not to provide approval for NL Health Services (Central Zone) to reprofile \$225,000 in deferred funding to facilitate the upgrading of the humidifiers at the Fogo Island Health Centre.
- It is recommended that approval be provided for NL Health Services (Central Zone) to reprofile \$225,000 in deferred funding to facilitate the upgrading of the humidifiers at the Fogo Island Health Centre.

Background and Current Status:

- NL Health Services advises that the Fogo Island Health Centre is experiencing low humidity. A review of the existing humidifiers, which are original to the building (i.e. 20 years old), have determined that the units are inoperable and not repairable.
- Testing of the humidity levels at the health centre have at times measured the relative humidity at between 20 – 25 per cent. Industry standards recommends a relative humidity level of between 40 – 60 per cent.
- NL Health Services are requesting approval to utilize \$225,000 in deferred funding from the Fogo Island Health Centre emergency generator upgrade project in order to replace the humidifiers at this site.

Analysis:

- Replacement of the humidifiers is required to ensure that the relative humidity of the facility can be maintained to within industry standards.
- In Budget 2023 the Department provided NL Health Services (Central Zone) \$850,000 to replace the emergency generator at the Fogo Island Health Centre, however the tender was ultimately cancelled as the lowest bid received to the tender call was approximately \$2.5M.

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

As such, should approval be provided for NL Health Services to utilize a portion of the emergency generator funding then no new funding would be required.

- NL Health Services request is in accordance with previous Departmental direction that “any preference to redirect approved funding to another project, or to utilize in another capacity any savings resulting from actual project costs being less than the budgeted amount, in excess of \$50,000, has to be requested in writing to the department in advance”.

Alternatives:

Alternative 1: Provide approval for NL Health Services (Central Zone) to reprofile \$225,000 in deferred funding to facilitate the upgrading of the humidifiers at the Fogo Island Health Centre.
(Recommended)

Pros:

- Will ensure that the humidity levels at the facility can be maintained within industry standards.

Cons:

- Expenditure of \$225,000.

Alternative 2: Do not provide approval for NL Health Services (Central Zone) to reprofile \$225,000 in deferred funding to facilitate the upgrading of the humidifiers at the Fogo Island Health Centre. **(Not Recommended)**

Pros:

- Does not require an expenditure of funds.

Cons:

- Humidity levels at the facility will at times continue to fall outside acceptable industry standards.

Prepared/Approved by: P. Greene/P. Morrissey/J. McGrath

Ministerial Approval: Received from Hon. John Hogan

July 16, 2024

Information Note
Department of Health and Community Services

Title: Annual Communicable Disease Control Report

Issue: Publication of 2023 Annual Communicable Disease Report

Background and Current Status:

- Health surveillance is an essential function of public health. The collection and analysis of surveillance data allows for the assessment of trends in communicable disease epidemiology and for appropriate resource allocation.
- In accordance with paragraph 9(3)(j) of the **Public Health Protection and Promotion Act (PHPPA)**, the Chief Medical Officer of Health (CMOH) must prepare and publish an annual report within six months of the end of the year with respect to reportable events, outbreaks, public health emergencies, and number and results of inspections conducted under the PHPPA during the year (paragraph 9(3)(j)).
- The Department of Health and Community Services (DHCS) Public Health (PH) division is prepared to publish the 2023 annual communicable disease surveillance report (See related records).

Analysis:

- The 2023 annual communicable disease surveillance report presents the number of cases, rates, and outbreaks of notifiable communicable diseases reported to PH throughout 2023.
- The report begins with a message from the CMOH on the purpose of the report. Additionally, health surveillance is described in the context of Newfoundland and Labrador, including ways to improve our current health surveillance system.
- Incidence rates of invasive group A streptococcal disease (iGAS), invasive pneumococcal disease (IPD), campylobacteriosis, *Escherichia coli* (*E. coli*), giardiasis, chlamydia, and gonorrhea were higher in 2023 compared to the five-year average rate.
- Incidence rates of tuberculosis and hepatitis C virus were slightly lower in 2023 compared to the five-year average rate.
- In 2023, NL reported 371 respiratory outbreaks and 34 enteric outbreaks among long-term care, assisted living, personal care homes, and acute care facilities.
- In 2023, the Office of the Chief Veterinary Officer (CVO) reported one zoonotic disease outbreak, Influenza H5 and H7 (Avian influenza), in which 33 detections were reported.
- No public health emergencies were declared or active in 2023.

Actions Being Taken:

- PH will continue to conduct communicable disease surveillance and monitor the epidemiology of cases.

- PH is exploring options for improving our communicable disease surveillance system.
- PH will host two half-day virtual meetings with provincial sexual health partners to discuss the current sexual health landscape in NL including priorities, challenges, resources, and supports (BN-2024-00128).

Prepared/Approved by: R. Cooper/K. Baker/A. Tucker/J. Fitzgerald/J. McGrath
Ministerial Approval: Received from Hon. John Hogan

July 11, 2024

A handwritten signature in blue ink, appearing to be 'JH', is centered on the page.

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:

- Since 2020, [REDACTED] patients have received CAR T-cell therapy in Ottawa. [REDACTED]

Section 6,
40(1)

- The Medical Services Division was formally 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 cost of Yescarta per patient is \$450-480K. [REDACTED]

35(1)(g)

35(1)(g)

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

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 July 2024. [REDACTED]

Section 6,
40(1)

- [REDACTED] National outcomes data does not appear to be available.

29(1)(a)

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

Alternatives:

[REDACTED]

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

Prepared/Approved by:
Ministerial Approval:

C. Crowther/D. Moore/J. McGrath
Received from Hon. John Hogan, KC

July 11, 2024



Decision/Direction Note
Department of Health and Community Services

Title: Cardiac Stress Tests at Proactive Wellness Centre

Decision/Direction Required:

- Medical Services is seeking Ministerial approval under the *Diagnostic and Public Health Laboratories Regulations* for Dr. Veergathy Vasanthan, an internist, to provide diagnostic services (cardiac stress tests) at Proactive Wellness Centre at 23 Beaumont Hamel Way in St. John's effective June 19, 2024.

Background and Current Status:

- Dr. Vasanthan began inquiring about payment for services associated with cardiac stress tests in private offices in 2021. In early 2022, he submitted an application to the Transitioning of Hospital Based Services Committee to transition fee codes associated with this service to a non-hospital clinic setting.
 - The Transitioning of Hospital-Based Services Committee was established pursuant to the 2013-17 Memorandum of Agreement with the Newfoundland and Labrador Medical Association to evaluate physician requests for payment of services which were traditionally provided and paid when delivered in hospitals only.
- Dr. Vasanthan's request was declined by the Committee in February 2023 (see Annex A) as there were fee codes already available for use for this service outside of the hospital setting (fee codes 54394 and 54396). However, the correspondence also cited the requirement to meet "all statutory and regulatory requirements ... in the provision of medical services."
- Under the *Diagnostic and Public Health Laboratories Regulations* (the Regulations), Dr. Vasanthan must have the written permission of the minister to "establish or operate within the province a facility or laboratory for the purpose of providing diagnostic or public health services". Cardiac stress tests are diagnostic services, thereby falling within the scope of the Regulations.

35(1)(d)

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Dr. Vasanthan's office states that the current MCP rates are not enough to cover the costs of providing the service.

- Current rates payable for non-hospital cardiac stress tests in the MCP Medical Payment Schedule are \$19.08 (technical component) and \$30.52 (professional component) for a total amount of \$49.60. The comparable published rate for in-hospital stress tests is \$62.95. (Internists and cardiologists are currently receiving \$68.16 for this service until a new Payment Schedule is published.)

Analysis:

- The Department of Health and Community Services does not have a policy for approving diagnostic services in non-hospital facilities under the Regulations.
- The College of Physicians and Surgeons of Newfoundland and Labrador (CPSNL) has a Standard of Practice (SoP) for “Medical/Surgical Procedures in Private Medical Facilities”, which was updated in 2023 and sets out the College’s expectations when performing medical/surgical procedures outside of a facility operated by Newfoundland and Labrador Health Services. This Standard of Practice addresses the need for quality assurance measures including the proper care of equipment, policy for managing emergent complications, and the availability of resuscitation equipment and medications, among other requirements.
- The identified fee codes for this service are not hospital-based fee codes and therefore do not require approval to transition the service from a hospital to office setting.

29(1)(a)

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Alternatives:

- **Alternative 1:** Provide approval under the Regulations to allow Dr. Vasanthan to provide limited diagnostic services (cardiac stress tests) at Proactive Wellness at 23 Beaumont Hamel Way in St. John’s effective June 19, 2024 (**Recommended**)

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

- **Alternative 2:** Do not provide approval to allow Dr. Vasanthan to provide limited diagnostic services (cardiac stress tests) at the identified facility (**Not Recommended**)

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

Prepared/Approved by:
Ministerial Approval:

C. Crowther/J. Caines/C. Antle/D. Moore/J. McGrath
Received from the Hon. John Hogan, KC

July 17, 2024



Annex A

February 14, 2023

COR-2023-185922

Dr. Veeragathy Vasanthan, MBBS, MRCP, LRCP, MRCS
 Internal Medicine
 ProActive Wellness Centre
 300 Kenmount Road, Unit 107
 St. John's, NL A1B 3R2

40(1)

RE: APPLICATION TO THE TRANSITIONING OF HOSPITAL-BASED SERVICES COMMITTEE

Dear Dr. Vasanthan:

Thank you for your submission to the Transitioning Hospital-Based Services Committee (the Committee) to transition two fee codes (56020 and 56010) outside the hospital setting. The Committee has reviewed your submission and I regret to inform you that your proposal has not been selected to advance to the second review stage.

Upon review of waitlist data provided by Eastern Health it was found that patient access is not a concern for this area. Furthermore where urgent/emergent situations arise there is sufficient capacity within the system to absorb those patients on an as needed basis.

However, I also want to bring to your attention two existing fee codes currently in the MCP Payment Schedule that provide for the remuneration of stress testing services outside of the hospital-setting.

Maximal stress ECG or submaximal stress ECG

54394 - technical component 19.08

54396 - professional component 30.52

Please note that, all statutory and regulatory requirements must be followed in the provision of medical services.

On behalf of the committee I would like to thank you for your expression of interest.

Please let me know if you have any questions or concerns.

Sincerely,



Matthew Pinsent
 (On behalf of the Transitioning Hospital-Based Services Committee)

CC. Robert Thompson (rthompson@nlma.nl.ca)

Dave Moore (DaveMoore@gov.nl.ca)

Evan Parsons (evan.parsons@proactivewp.ca)



NEWFOUNDLAND AND LABRADOR
 MEDICAL ASSOCIATION



Newfoundland
 Labrador

Meeting Note
Department of Health and Community Services
Town of Roddickton-Bide Arm
Thursday July 25th, 2024, 9:30am
Virtual, Microsoft Teams

Attendees: Hon. John Hogan, Minister of Health and Community Services
 Hon. Krista Lynn Howell, Minister of Education
 Jeannine Herritt, Assistant Deputy Minister, HCS
 Gillian Sweeney, Assistant Deputy Minister, HCS
 Sandy Penney, COO, NLHS, Labrador-Grenfell Zone
 Della DeMoss, Mayor Town of Roddickton-Bide Arm

Purpose of Meeting:

- To discuss the challenges at the White Bay Central Health Centre in Roddickton-Bide Arm. These challenges include the resignation of the town's physician and a request for a physician recruitment package for this area.

Background:

- White Bay Central Health Centre, located in Roddickton-Bide Arm, provides primary health care to residents of the area with holding beds, clinical exam rooms, a patient waiting area, an emergency room, basic equipment, and essential medications. Virtual care is used to consult with specialists for emergent care and follow-ups.
- The White Bay Central Health Centre serves the four communities of Roddickton- Bide Arm. These include Englee, Conche, Main Brook, and the local service districts of Croque/St. Juliens.
- The facility employs physicians, regional registered nurses, nurse practitioners, registered nurses, licensed practical nurses, clerks, domestic, laboratory and diagnostic staff, mental health and addictions staff, public health/community health nurses, social workers, paramedicine staff, and maintenance staff.

Agenda item #1: Physician Staffing Challenges

- The White Bay Central Health Centre is open for pre-booked clinic appointments Monday to Friday during regular business hours. During a clinic appointment, patients are assessed by a nurse. Physicians are consulted virtually when a higher level or more urgent level of care is required with a dedicated physician assigned to virtual care.
- The Town of Roddickton-Bide Arm cited that the virtual care physician, is no longer offering their services. They report that locums will be brought in to serve the community. Mayor DeMoss expressed that while they appreciate locums, there is a need for dedicated physicians in their community.
- The Town of Roddickton-Bide Arm reports that they have met with the management of the Labrador-Grenfell Family Care Teams (FCT) and do not feel their concerns are being heard.

Analysis:

- In 2023, HCS released the **Family Care Team Health Policy Framework**. This framework is meant to guide the implementation of 35 FCTs across the province. New governance and leadership committees are underway.
- Currently, the Labrador-Grenfell Zone has three Family Care Teams (FCT) operating at partial capacity (Northern Peninsula, Happy Valley-Goose Bay, and Labrador West).
- The Northern Peninsula FCT uses a hub and spoke model and provides support to this community (St. Anthony is the hub, and the two rural health centers are the spokes). As of June 30, 2024, the Northern Peninsula FCT reported the following:
 - 2,242 patients rostered,
 - 2,076 patients attached, and
 - 256 patients on the patient connect waitlist.
- Currently, the Northern Peninsula FCT operates with two nurse practitioners (one full-time and 0.8 part-time). Ideally, the Northern Peninsula FCT would have one full-time physician, three full-time nurse practitioners, and one part-time nurse practitioner (0.8).
 - The remaining nurse practitioner positions are posted and will remain open until filled.
 - NLHS continues to work with physician services to recruit a physician in primary care.

Potential Speaking Points:

- The Department of Health and Community Services is working collaboratively with Newfoundland and Labrador Health Services and the Labrador-Grenfell Zone, our labour partners, and our educational institutions to develop solutions to address recruitment and retention challenges in health care.
- We are continuing to implement Family Care Teams across the province and build the teams already in place.

Proposed Actions:

- The Department will continue to work with NLHS to monitor services in White Bay Central Health Centre.

Agenda Item #2: Recruitment Initiatives

- The town is requesting support from HCS in the form of a physician recruitment package. Moreover, they are requesting emergency measures be put in place to recruit a dedicated physician for the Town of Roddickton-Bide Arm.

Analysis:

- The Labrador Grenfell Zone continues to be challenged by the recruitment and retention of health professionals. This is due to increasing retirements and an inadequate supply of experienced and qualified health professionals wanting to work in this region. Additionally, there is competition with other northern and isolated geographical areas (i.e., Nunavut, Northwest Territories) who offer higher compensation, benefits, allowances, and incentives.

- HCS incentive programs provide financial assistance for the purposes of recruiting and retaining health professionals in NL, with often higher incentives available for positions in Labrador Grenfell Zone.
- Other recruitment initiatives include international recruitment missions, job fairs, presentations to post-secondary students in various Canadian jurisdictions, presentations to high school students, and working with legislative and regulatory officials to alleviate barriers faced by healthcare professionals in the process of obtaining employment in the province.
- The Health Care Action [website](#) lists all available incentives for physicians, nurses and other health professionals.

Potential Speaking Notes:

- Health care providers are critical to the operations the provinces Family Care Teams. We are focused on transforming the delivery of health care in our province. The Department of Health and Community Services remains committed to our recruitment and retention efforts as well, as we strive to ensure we have the workforce needed to ensure the delivery of these services.
- Budget 2023 included our largest ever investment in health care. Over the two-years, we have implemented various strategies and incentives to recruit physicians, nurses, and other health professionals, which are yielding positive results. Labrador-Grenfell Zone is using those strategies and incentives to fill vacant positions in their facilities.

Proposed Actions:

- The recruitment and retention team at HCS will continue to work with NLHS and other stakeholders to improve recruitment of health care providers in rural parts of the province.

Prepared/Approved by: D.Ryan/M.Slade/G. Sweeney/J. McGrath
Ministerial Approval: Received from Hon. John Hogan

July 22, 2024

Meeting Note
Department of Health and Community Services
Meeting with Craig Pardy, MHA - District of Bonavista
Wednesday, July 24, 2024, 9:30 – 10:15 PM
Boardroom 3, Confederation Building

Attendees:

Hon. John Hogan, Minister, HCS
 John McGrath, Deputy Minister, HCS
 Susan Elliott, Executive Assistant to Minister
 Jeannine Herritt, Assistant Deputy Minister, Regional Services
 Karen Stone, CEO, NLHS
 Debbie Walsh, Vice President and Chief Operating Officer, Eastern Rural Zone, NLHS
 Craig Pardy – MHA for District of Bonavista
 Reg Durdle, Area Resident
 Gail Brown, Area Resident
 Eliza Swyers, Area Resident

Purpose of Meeting:

- To discuss the delivery of health services at the Bonavista Peninsula Health Centre, specifically:
 - Bloodwork collection services
 - Chemotherapy services
 - Recruitment and retention of physicians
- A previous meeting occurred on June 17, 2024, with members of the Town of Bonavista whereby the same concerns were discussed (excluded area MHA and the area residents listed above).

Background:

- The Bonavista Peninsula Health Centre has 10 inpatient beds and provides 24-hour emergency services; laboratory and diagnostic services; chemotherapy services (**currently on hold**); in-centre 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.
- The Bonavista Community Supports Building (Wellness Center) has nurse practitioners (NPs), a diabetes collaborative, as well as community supports, mental health, and population and public health.

Agenda item #1: Bloodwork collection services**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:

- I recognize the importance of accessing health services in a timely manner.
- Concerns related to blood collection services at Bonavista Peninsula Health Centre would be best directed to the local Community Advisory Council which includes officials from Newfoundland and Labrador Health Services.
- Newfoundland and Labrador Health Services is directly responsible for the administration and delivery of health services in this province and this matter would be best directed to them for review and follow up.
- Newfoundland and Labrador Health Services is focused on providing safe and quality care for the residents of the Bonavista Peninsula.

- 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:

- It is recommended that any concerns related to blood collection services at Bonavista Peninsula Health Centre be directed to the local Community Advisory Council (CAC). The CAC includes representatives from NLHS who is directly responsible for the administration and delivery of health services in this province.

Agenda item #2: 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.
- 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. Concerns have been raised regarding travel to Clarenville for bloodwork during the pre-chemotherapy assessment.

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 emergency department and other program areas, capacity is limited for this physician to provide oversight in the delivery of chemotherapy.

35(1)(d)

- 
- 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 committed 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 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.

- Newfoundland and Labrador Health Services is committed to providing a safe and consistent service with proper resources available.
- Work is ongoing to address the health care human resource challenges across the province, including Eastern Rural Zone of Newfoundland and Labrador Health Services.

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: Recruitment and retention of physicians

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 the team. In the interim, these patients have access to Teledoc virtual primary health services with pathways for in-person assessment when required.
- 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 (recruitment efforts are ongoing)
 - 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:

- The Bonavista Peninsula Health Centre utilizes VER when there are staffing challenging, including physician coverage. 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 May 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
May 2024	0	24	24

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.
- During periods of temporary closure, patients may be diverted to Dr. G.B. Cross Memorial Hospital in Clarenville, which is 1 hour and 28 minutes driving distance (112 kilometers).
- 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 Newfoundland and Labrador 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.

Prepared/Approved by: M. Peddle/K. Nolan/G. Sweeney/J. McGrath
 Ministerial Approval: Received from the Hon. John Hogan, KC

July 22, 2024

Decision/Direction Note
Department of Health and Community Services

Title: Transition Three Category B Tier 1 sites to Tier 3 Status

Decision/Direction Required:

- Approval to transition the following Category B sites to Tier 3 site status with Tier 3 compensation retroactive to April 1, 2024:
 - Dr. Hugh Twomey Health Center, Botwood;
 - North Haven Emergency Centre, Lewisporte; and
 - Grand Bank Community Centre, Grand Bank.

Background and Current Status:

- In December 2022, the Department of Health and Community Services (HCS) revised its Category B Emergency Department Interim Rate Structure. The changes were announced in MCP Newsletter #22-22.
- Per the MCP Newsletter, Category B sites that have their interim rate set at Tier 2 (\$1,100 per day) are over 100 km from the nearest Category A site and their patient volumes exceed 3,500 annually. Category B sites with a patient volume of over 7,000 patients, or are over 200km from the nearest Category A, were designated at the Tier 3 rate of \$1,600 per day. Any Category B site not meeting the criteria for Tier 2 or 3 status qualify as a Tier 1 site.
- The above referenced sites are currently classified as Category B, Tier 1 sites. The total number of ER visits for these sites in 2022 and 2023 exceeded the Tier 3 threshold of 7,000 patients.

Analysis:

- The following sites meet the criteria for Tier 3 classification (i.e. patient volumes have exceeded 7,000 annually) as per data provided by NLHS (COR-2024-201540).

Category B Facility	Patient Volumes: Fiscal Year 2023-24
Dr. Hugh Twomey Health Care Centre, Botwood	9,576
North Haven Emergency Centre, Lewisporte	8,236
Grand Bank Community Health Centre, Grand Bank	8,152

- Tier 3 status provides increased resources that can be used to attract and retain physicians.
- Costing: The cost of transitioning these three sites to Tier 3 status will be \$876,000 annually (\$800 per day marginal increase per site X 3 sites X 365 days).

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

- [REDACTED]

Alternatives:

- Approve the transition of three Category B Tier 1 sites to Tier 3. **(RECOMMENDED):**

Pros:

29(1)(a)

- Supports physician recruitment and retention.

Cons:

- Increased costs.

- Do not approve. **(NOT RECOMMENDED)**

Pros:

- No additional costs.

Cons:

29(1)(a)

Prepared/Approved by:
Ministerial Approval:

R. Rasif/M. Pinsent/C. Antle/D. Moore/J. McGrath
 Received from the Hon. John Hogan, KC

July 23, 2024



Information Note
Department of Health & Community Services

Title: Newfoundland and Labrador Nutritious Food Basket

Issue: To provide background information on the Newfoundland and Labrador (NL) Nutritious Food Basket prior to the release of the most current food costing information for the province.

Background and Current Status:

- The Newfoundland and Labrador Nutritious Food Basket (NLNFB), a tool for monitoring the cost of a nutritious diet, is a partnership project between the Department of Health and Community Services (HCS), Newfoundland and Labrador Health Services (NLHS) and the Newfoundland and Labrador Statistics Agency (NLSA) in the Department of Finance.
- The NLNFB is based on a national standard set by Health Canada. This standard, the National Nutritious Food Basket, has changed over time and data collection tools have been adapted as standards change.
- After the release of a new Canada's Food Guide in 2019, Health Canada updated the National Nutritious Food Basket standard. Project partners in NL updated the NLNFB to align with the new 2020 National Nutritious Food Basket. This basket has been in use for food costing in NL since 2021.
- The NLSA pre-selects communities for costing based on population, remoteness, and availability of stores. Regional Nutritionists in NLHS collect pricing information. Regional Nutritionists engage other NLHS staff, as well as staff in Indigenous Governments and Organizations to collect the data in their local communities. Pricing information is collected at the same time in all regions, which is late October to early November each year.
- Costing forms for each community are shared with HCS and with the NLSA for analysis.
- The pricing data is analyzed, and an average cost is reported for each zone of the province. The total cost of the basket is determined by using a weighted average of the urban and rural costs, with the weights determined by the portion of the population in each area.
- There is also some regional breakdown reported, including an average cost in the urban and rural communities in a zone, as well as a breakdown of Labrador into four areas. The NLNFB results are available on the [NLSA website](#).

Analysis:

- Compared to the standard basket of foods used for the NLNFB from 2012-2018, the new 2021 basket is developed based on Canada's Food Guide and is representative of a healthy eating pattern. As Government of NL moves toward improved health outcomes for residents of the province, it will be important to have a better understanding of the cost to access a nutritious diet in NL.
- As outlined in the data table prepared for the NLSA website (Annex A), the average weekly food cost for a family of four in NL in 2023 was \$333. The regional breakdown ranges from \$301 (Eastern urban) to \$509 per week (North Coast Labrador):
 - Eastern \$317 (urban \$301; rural \$359)
 - Central \$344 (urban \$307; rural \$361)
 - Western \$363 (urban \$352; rural \$374)
 - Labrador Grenfell \$386 (north coast \$509; south coast \$427; central west \$359; northern peninsula \$388)

- According to the Consumer Price Index from Statistics Canada, the price of food increased by approximately 8 per cent in Canada from 2022 to 2023. Similarly, the NLNFB data suggests that the change in the cost over that period was 7.8 per cent. The basket of foods costed for the CPI is different than that of the NLNFB, which is also costed in more communities than the CPI methodology, but both processes are measuring a high level change in cost of food.
- The average increase in the province from 2022 to 2023 (7.8 per cent) is lower than the previous year where costs went up by 12.4 per cent on average in the province. This increase varies by region with the increase ranging from 0.8 – 10.8 per cent. Central Labrador saw the largest increase in cost; however, it did not go up as much as the previous year, where the increase was 12.1 per cent.
- Although we are also seeing increases that are higher than the national average in parts of the island and on the North Coast of Labrador, they are not as high as previous costing periods. There was a rise of 9.9 per cent in Eastern Urban (compared to an increase in that region of 12.3 per cent the previous year), an increase of 9 per cent on the North Coast of Labrador (compared to an increase of 18.5 per cent the previous year), a rise of 9.4 per cent in the Western Rural (compared to an increase of 10 per cent the previous year) and an increase of 8.9 per cent in Central Urban (compared to 14.6 per cent the previous year).
- Improving food security in NL is a priority for Government. The NLNFB will continue to be used overtime to monitor the cost of eating well in all regions of the province. This information, along with annual data on food insecurity rates from the Canadian Income Survey, will help provide a clearer picture of the status of food insecurity in NL, the impact of food cost on overall household finances, and the effect of rising prices on access to nutritious food.
- Given Government's commitment to poverty reduction and well-being, this data will have a key role in informing future social and economic policy, as well as strategies aimed at poverty reduction.
- NLSA is working with HCS to develop additional internal resources to illustrate scenarios for varying populations in the province and the portion of income that is required to purchase nutritious foods.

Action being taken:

- The NLSA plans to report the 2023 NLNFB data on their website on July 31, 2024. The data table on the website will be updated to include the 2023 data (Annex A). An infographic to help illustrate the regional differences will also be posted (Annex B).
- HCS will communicate the data release to other Government of NL departments, partners and community groups including NLHS, the NL Public Health Association, Food First NL and the members of the provincial food security working group.

- HCS will continue to partner with the NLSA and NLHS to collect and analyze food pricing data in the fall of 2024.

Prepared/Approved by:
Ministerial Approval:

H. Boyd/A. Tucker/J. Fitzgerald/G. Sweeney/J. McGrath
Received from Hon. John Hogan, KC

July 31, 2024

A handwritten signature in blue ink, appearing to be 'JH' with a stylized flourish.

Annex A

Newfoundland and Labrador Nutritious Food Basket¹
Weekly Food Cost for a Family of Four²
Health Zone with Urban³ and Rural Estimates
2021 to 2023⁴

Health Zone	2021	2022	2023
Eastern	\$261	\$292	\$317
Eastern Urban	\$244	\$274	\$301
Eastern Rural	\$302	\$340	\$359
Central	\$288	\$324	\$344
Central Urban	\$246	\$282	\$307
Central Rural	\$306	\$342	\$361
Western	\$305	\$335	\$363
Western Urban	\$298	\$327	\$352
Western Rural	\$311	\$342	\$374
Labrador-Grenfell	\$314	\$361	\$386
Labrador (North Coast)	\$394	\$467	\$509
Labrador (South Coast)	\$363	\$413	\$427
Labrador (Central West)	\$289	\$324	\$359
Northern Peninsula Portion of LGH	\$325	\$385	\$388
PROVINCE	\$275	\$309	\$333

Notes:

1. The 2021, 2022 and 2023 Newfoundland & Labrador Nutritious Food Basket (NLNFB) consists of 61 foods from the 2019 Canada's Food Guide. The prices of specific amounts of these foods, combined with the nutrient needs of individuals and families determines the cost of the basket. The NLNFB has undergone revisions since 2018 to include different food items based on the updated Canada's food guide; therefore, calculating the change from 2018 to 2021 is not advised.

2. For nutritional purposes, a family of four consists of a man and a woman (31-50 years), a boy (14-18 years) and a girl (4-8 years).

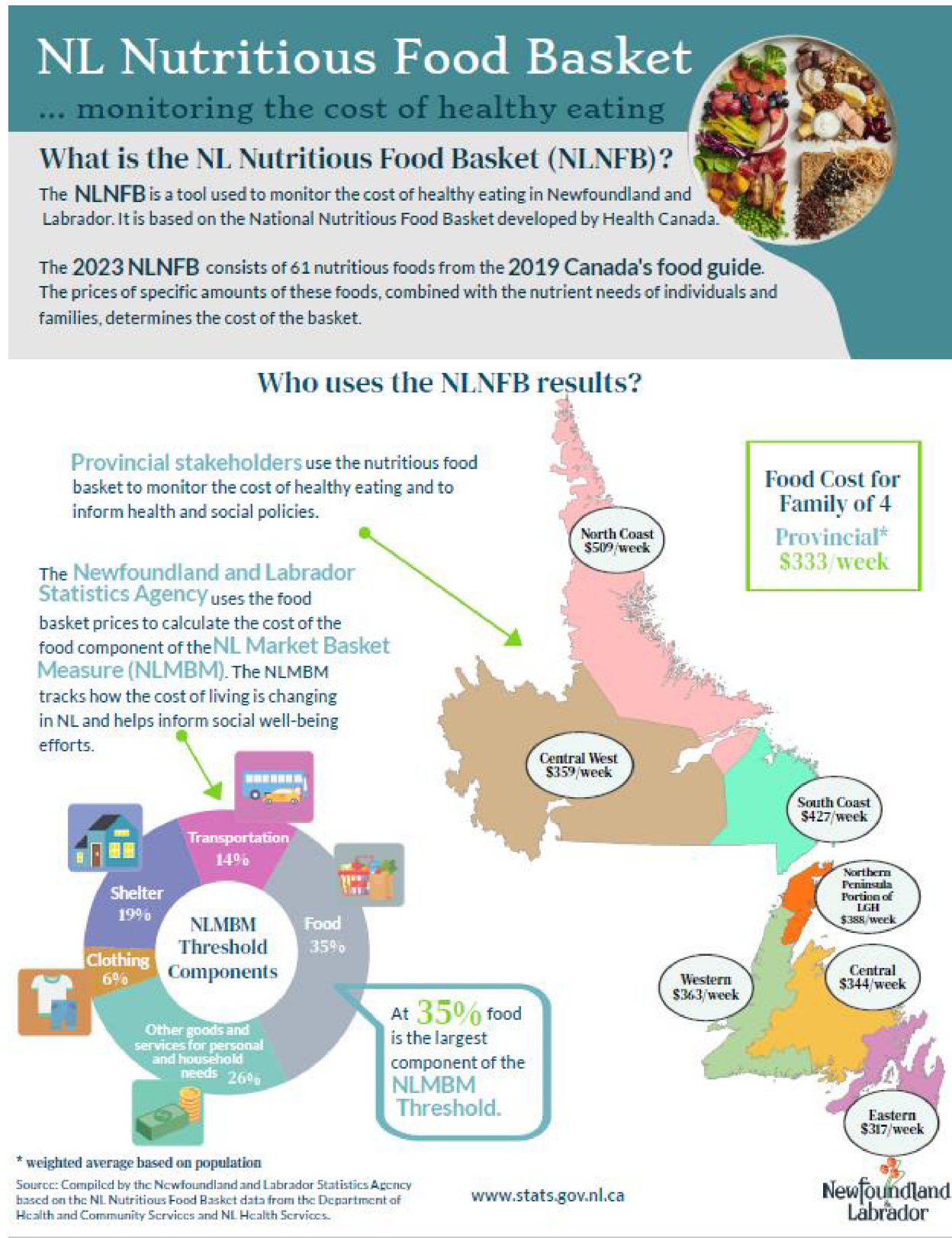
3. The urban population refers to Statistics Canada defined census metropolitan and census agglomeration areas and communities with a population of 5,000 and over. All other areas are defined as rural.

4. A change to one item in the basket, store selection and regional definition of North Coast and South Coast Labrador has resulted in adjustments to the 2021 estimates. These changes ensure consistency when comparing 2021, 2022 and 2023.

Source: Compiled by the Newfoundland & Labrador Statistics Agency (NLSA) based on survey data from the Newfoundland & Labrador Nutritious Food Basket (NLNFB) collected October/November of 2021, 2022 and 2023.

Annex B

Infographic of 2023 NLNFB data



Decision/Direction Note
Department of Health and Community Services

Title: Arnold's Cove / Come-By-Chance / Sunnyside Clinic Request for Proposals

Decision/Direction Required:

- To provide approval (or otherwise) for NL Health Services to award the Request for Proposals for the Arnold's Cove / Come-By-Chance / Sunnyside clinic space [REDACTED]

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

- It is recommended that approval be provided for NL Health Services to award the Request for Proposals for the Arnold's Cove / Come-By-Chance / Sunnyside clinic space [REDACTED]

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

Background and Current Status:

- In October 2020, the former Eastern Regional Health Authority (now NL Health Services) requested approval to issue a number of open call for bids to replace existing clinic leases in several sites, one of which was the Come-By-Chance catchment area. Ministerial approval was provided in December 2020.
- To date, three separate open call for bids have been issued as follows:

- Open Call for Bids #1:

- Shortly after receiving Ministerial approval, Eastern Health issued an open call for bids for a 5-year lease term. 35(1)(d), 35(1)(g)
- Only one bid was received - [REDACTED] /sq ft from the Town of Sunnyside.
- Since only one bid was received, and given the proposed rate was [REDACTED] higher than any of Eastern Health's other leases at the time [REDACTED] / sq ft), Eastern Health decided to cancel the tender. [REDACTED]

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

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

- Open Call for Bids #2

- Subsequently, Eastern Health issued a limited call to each of the surrounding municipalities of Come-By-Chance, Arnold's Cove and Sunnyside.
- The new limited call requested bids for both a 5-year option and a 10-year option, and resulted in bids as follows:
 - Arnold's Cove (5-year): [REDACTED] / sq ft
 - Arnold's Cove (10-year): [REDACTED] / sq ft
 - Sunnyside (5-year): [REDACTED] / sq ft
 - Sunnyside (10-year): [REDACTED] / sq ft
- As a result, in May 2022 Eastern Health awarded a contract to the Town of Arnold's Cove.
- A final design of the new space was approved in February 2023 on which the Town of Arnold's Cove issued a tender for construction. However, due to higher

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

construction costs than anticipated, **the Town subsequently advised NL Health Services on April 6, 2023 that they were withdrawing their bid.**

○ Open Call for Bids #3

- In July 2023, NL Health Services requested Ministerial approval to re-issue the open call for bids but with a larger footprint than the previous design (3,068 sq ft vs 2,365 sq ft).
- The increase in square footage related to the addition of a hoteling office to be used by Primary Health managers or others visiting the site, a shared clinic room / counselling room, as well as the sizing of one clinic room and one washroom to meet bariatric design standards.
- Ministerial approval was provided in August 2023.
- The open call was issued on January 25, 2024 and closed on March 28, 2024

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

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

- NL Health Services are currently leasing 1,616 sq ft of space from the Town of Come-By-Chance

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

Analysis:

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

- While the open call requested pricing for both a 10-year and a 20-year period, all other recent leases for Family Care Team (FCT) space have been for 20-year terms, therefore to ensure a fair comparison only the 20-year rate of / sq ft will be used hereon.

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

- Results of recent NL Health Services open calls for leased family care / ambulatory space:
 - Bishop's Falls Family Care Team - / sq ft
 - Gander Family Care Team - / sq ft
 - Stephenville Family Care Team - / sq ft
 - Ambulatory Health Hub - sq ft

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

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

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

[REDACTED]

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

• [REDACTED] three (3) open calls have already been issued for this facility to date and it is uncertain [REDACTED] would achieve any different (or more favourable) result, particularly with ever increasing inflation.

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

• [REDACTED]

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

- The proposed rate of [REDACTED] / sq ft equates to an annual leasing cost of [REDACTED] (plus HST). However, NL Health Services annual lease cost for their current space is [REDACTED] (plus HST), thereby resulting [REDACTED] (plus HST) annually.

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

• [REDACTED]

- Section 21(2)(a) of the **Provincial Health Authority** states that “subject to the approval of the minister, an authority may purchase, lease or otherwise acquire real property, or an interest in real property, that it considers necessary for its purpose.”

Alternatives:

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

- **Alternative 1:** Provide approval for NL Health Services to award the Request for Proposals for the Arnold's Cove / Come-By-Chance / Sunnyside clinic space [REDACTED] (Recommended)

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

Pros:

- Will allow for expanded services / operations for the benefit of area residents; and
- Will ensure that service providers have the appropriate spaces from which to provide services.

Cons:

- Will require new funding / budget appropriation.

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

- **Alternative 2:** Do not provide approval for NL Health Services to award the Request for Proposals for the Arnold's Cove / Come-By-Chance / Sunnyside clinic space [REDACTED] (Not Recommended)

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

Pros:

- No new funding / budget appropriation required.

Cons:

- No improvement in service delivery / operations for area residents; and

29(1)(a)

Prepared/approved by:
Ministerial Approval:

P. Greene/P. Morrissey/J. McGrath
Received from the Hon. John Hogan, KC

July 31, 2024

