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

Response to Applicant – Partial Disclosure

May 16, 2025

Dear Applicant:

Re: Your request for access to information under Part II of the **Access to Information and Protection of Privacy Act, 2015** *[Our File #: HCS-228-2024]*

On September 3, 2024, the Department of Health and Community Services received your request for access to the following records:

All briefing material, including drafts, prepared for Minister, Deputy Minister and Assistant Deputy Ministers during August 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 27(1)(i): *In this section, "cabinet record" means that portion of a record which contains information about the contents of a record within a class of information referred to in paragraphs (a) to (h);*

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

Section 27(2)(b): *The head of a public body shall refuse to disclose to an applicant information in a record other than a cabinet record that would reveal the substance of deliberations of Cabinet;*

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

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

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

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

Section 34(1)(b): *The head of a public body may refuse to disclose information to an applicant if the disclosure could reasonably be expected to reveal information received in confidence from a government, council or organization listed in paragraph (a) or their agencies;*

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

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

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

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

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

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

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exemptions:

Pages Redacted	**Sections *ATIPPA, 2015***
75-77	29(1)(a), 35(1)(c), 35(1)(d)
146, 149-176	29(1)(a), 34(1)(a)(i), 34(1)(b), 35(1)(d), 35(1)(g)
147	29(1)(a), 34(1)(a)(i), 34(1)(b), 35(1)(c), 35(1)(d), 35(1)(g)
148	29(1)(a), 34(1)(a)(i), 34(1)(b), 35(1)(d)
180-183	29(1)(a), 35(1)(c), 35(1)(d), 35(1)(f), 35(1)(g)
184	29(1)(a), 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.

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

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

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

Telephone: (709) 729-6309
Toll-Free: 1-877-729-6309
commissioner@oipc.nl.ca

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

Please be advised that this request may be published on the Completed Access to Information Requests website. Requests will be posted when possible, but no sooner than three business days after a response is sent electronically, or five business days where a response is sent by mail. Please

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note that requests for personal information will not be posted online. Additional details regarding the process for publishing requests online can be found here.

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

Sincerely,

A. George

Andie George
ATIPP Coordinator

Enclosures

P.O. Box 8700, St. John's, NL, Canada A1B 4J6

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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: Adjustment of the fees for services listed in Schedule B of the Dental Health Plan

Decision/Direction Required:

- It is recommended that the Department of Health and Community Services increase the fees paid for services listed in Schedule B of the Dental Health Plans.

Background and Current Status:

- The Dental Health Plans (DHP) are provincially funded dental programs providing basic dental services to eligible beneficiaries in Newfoundland and Labrador. These plans consist of the following programs:
  - Children's Dental Health Program;
  - Income Support Program for Youth;
  - Low Income (Access) Program for Youth;
  - Adult Dental Program; and
  - Surgical Dental Program.

- A new Memorandum of Agreement (MOA) was signed with the Newfoundland and Labrador Dental Association (NLDA) in May of 2022 and is in force until March 31, 2026.

- The current MOA increased fees 16.2% over all agreements, bringing fees to within 95-100% of the 2022 NLDA Payment Schedules.

- Schedule B lists services that are not automatically eligible and/or listed under the Dental Health Plan Payment Schedules. This schedule permits, in special circumstances, the Dental Monitoring Committee (DMC) to adjudicate and approve payment of claims that fall outside the normal parameters of coverage. Because the DMC often approves coverage over and above what is considered basic services, Schedule B codes allow billing to MCP for exceptional circumstances.

29(1)(a), 31(1)(l)

- Schedule B provides recognizable codes for all services listed in the NLDA Payment Schedule.

- The DMC reviews treatment plans on a case by case basis in situations such as:
  - Cleft lip and palate;
  - Cancer of the oral tissues
  - Significant facial and dental trauma;
  - Patients requiring dental clearance for major surgeries; and
  - Significant medical compromise that affects oral health.

- As Schedule B codes are not part of the DHP negotiations with the NLDA, they have not been increased since October 2014 (DOC-13438).

- The rates being paid under Schedule B have remained very low. For example, the current Schedule B rate for a crown placed on a tooth is $752.22 plus applicable lab fees to a maximum of $1203.55. The rate according to the 2022 negotiations would bring the fee to $874.08 plus applicable lab fees to a maximum of $1398.53.

29(1)(a)

- While Schedule B assigns a code to all listed services in the NLDA Suggested Fee Schedule, only a select few codes are billed routinely. These are attached in Appendix A.

- Orthodontic codes are included in Schedule B, and are the most commonly used codes historically, but the fees are listed as i.c. (Independent Consideration). These fees have remained much lower than current private case fees at $4750 per case, with an additional $500 for those individuals on income support.

- Even though the DMC approves cases and provides payment based on Schedule B, the dentists often are still required to balance bill the patients for amounts over and above renumeration by Schedule B due to the low rates associated with these codes.

Analysis:

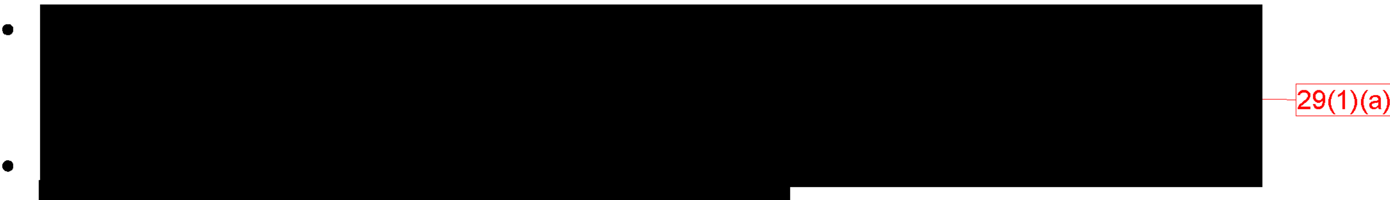
- For 2022 and 2023 the amount billed for the most commonly billed codes to Schedule B was $8500.00 on average per year.

- For 2022 and 2023 the amount billed to Schedule B for orthodontic cases was on average $50,000.00 per year. This would equate to approximately 10-11 cases being approved per year.

- The combined increase if Schedule B fees are increased by 16.2% would be approximately $10,000 per year. Furthermore, Schedule B is not distributed to the dental community and is only used internally to determine fees for approved services. If adjusted, Schedule B would continue to be reference internally.

- All services provided within Schedule B still require prior approval by the Dental Consultant in consultation with the DMC and are closely monitored.

- Historically, the DHP budget has been in a surplus position:
  - Budget for 2021-2022 $8.531 million of $11.36 million – surplus of $2.829 million
  - Budget for 2022-2023 $9.5386 million of $11.78 million – surplus of $2.2414 million
  - Budget for 2023-2024 $10.321 million of $11.78 million – surplus of $1.459 million



29(1)(a)

- Briefing Note (DOC-13438) was signed November 6, 2014 approving the last increase to Schedule B in relation to the 2014 MOAs with the Newfoundland and Labrador Dental Association. This was not repeated at the 2022 signing of the MOAs due to the change in the Provincial Dental Consultant.

29(1)(a)

29(1)(a)

Alternatives:

Alternative #1 – Increase Fees listed in Schedule B by 16.2% to follow the increases in the most recently negotiated DHP of 2022. **(Recommended).**

Pros:

- This is consistent with past practice.
- 29(1)(a)
- Places rates of payment within Schedule B to a level that is similar to the negotiated rates of the DHP.
- Maintains the intended reimbursement rates at 16.2% higher than those from previous negotiations with the NLDA.
- 29(1)(a)
-

Cons:

- Increased cost to the DHP of $10,000.

Alternative #2 – Status Quo **(Not recommended).**

Pros:

- 29(1)(a)
- Current Schedule B can be maintained with no need for update.

Cons:

29(1)(a)

-
-
-

Prepared/Approved by: M.Zwicker/D.Moore/C. Antle/J. McGrath
Ministerial Approval: Received from Hon. John Hogan, KC

August 2, 2024

Appendix A: Summary of 2022 and 2023 Current and Updated Schedule B Fees for the most commonly used Schedule B fee codes.

Year	Code	Description	Units	Fee	16.2% Increase
2022	870760	PHOTOGRAPHS - EACH ADDITIONAL	24	$254.04	$295.19
2022	870740	PHOTOGRAPHS- THREE	8	$356.10	$413.79
2022	870500	RADIOGRAPHS - CEPHALOMETRIC	7	$469.14	$545.14
2022	870820	CASTS - DIAGNOSTIC, ORTHODONTIC	7	$462.00	$536.84
2022	871620	FOUR SURFACE RESIN FILLING FRONT BABY TOOTH	6	$342.12	$397.54
2022	872300	TWO SURFACE RESIN FILLING ADULT TOOTH	4	$231.16	$268.61
2022	875630	SCALING - FOUR UNITS OF TIME	4	$897.73	$1,043.16
2022	878270	OBTURATORS (PROSTHESIS EXTRA) - PALATAL	4	$2,000.00	$2,324.00
2022	872380	FOUR SURFACE RESIN FILLING BABY MOLAR	2	$119.64	$139.02
2022	875610	SCALING - TWO UNITS OF TIME	2	$195.18	$226.80
2022	875620	SCALING - THREE UNITS OF TIME	1	$146.36	$170.07
2022	870180	RADIOGRAPHS - OCCLUSAL - TWO	1	$16.58	$19.27
2022	876500	PARTIAL DENTURES IMMEDIATE - MAXILLARY	1	$400.00	$464.80
2022	877700	PARTIAL DENTURE RELINE - MAXILLARY	1	$150.00	$174.30
2022	879340	UNLISTED PROCEDURE - ORAL SURGERY	1	$50.66	$58.87
2022	883000	ORTHODONTIC CONSULT	1	$64.51	$74.96
2022	883350	APPLIANCES ALIGNMENT - MAXILLARY, SIMPLE	1	$500.43	$581.50
			Totals	**$6,655.65**	**$7,733.87**

Ortho Codes

Year	Code	Description	Units	Fee	16.2% Increase
2022	883900	CASE TYPE-FIXED APPLIANCE PERMANENT CLASS 1	41*	$11,100.00	$12,898.20
2022	883910	CASE TYPE-FIXED APPLIANCE PERMANENT CLASS II	58*	$16,320.00	$18,963.84
2022	883920	CASE TYPE-FIXED APPLIANCE PERMANENT CLASS III	79*	$23,350.00	$27,132.70
		**Approximately 11 cases in total	Totals	$50,770.00	$58,994.74
				Current fee $4750, Increased fee $5520	$ 60,720

*Please note - orthodontic fees are paid out monthly. So the number of times the code is billed does not mean the full case fee is billed each time. Simply an installment.

Year	Code	Description	Units	Fee	16.2% Increase
2023	870760	PHOTOGRAPHS - EACH ADDITIONAL	24	$259.44	$301.47
2023	870500	RADIOGRAPHS - CEPHALOMETRIC	8	$536.16	$623.02
2023	870740	PHOTOGRAPHS- THREE	8	$363.68	$422.60
2023	870820	CASTS - DIAGNOSTIC, ORTHODONTIC	7	$462.00	$536.84
2023	875630	SCALING - FOUR UNITS OF TIME	4	$897.73	$1,043.16
2023	878270	OBTURATORS (PROSTHESIS EXTRA) - PALATAL	4	$1,934.51	$2,247.90
2023	871640	FIVE SURFACE RESIN FILLING BABY ANTERIOR TOOTH	2	$485.96	$564.69
2023	873360	UNLISTED PROCEDURE - DENTAL - ENDODONTIC SECTION	2	$155.54	$180.74
2023	875610	SCALING - TWO UNITS OF TIME	2	$195.18	$226.80
2023	877700	PARTIAL DENTURE RELINE- MAXILLARY	2	$257.00	$298.63
2023	874370	UNLISTED PROCEDURE - PERIODONTIC SECTION	1	$1,095.00	$1,272.39
2023	879340	UNLISTED PROCEDURE - ORAL SURGERY SECTION	1	$3,153.00	$3,663.79
2023	879380	REMOVAL - PARTIAL BONE IMPACTION	1	$268.16	$311.60
2023	879400	REMOVALS RESIDUAL ROOTS, SOFT TISSUE COVERAGE	1	$163.85	$190.39
2023	883000	DIAGNOSTIC EXAMS - ORTHODONTIC (CONSULT)	1	$64.51	$74.96
			TOTAL	$10,291.72	$11,958.98

Ortho Case

2023	883900	CASE TYPE-FIXED APPLIANCE PERMANENT CLASS 1	26*	$7,900.00	$9,179.80
2023	883910	CASE TYPE-FIXED APPLIANCE PERMANENT CLASS II	53*	$15,940.00	$18,522.28
2023	883920	CASE TYPE-FIXED APPLIANCE PERMANENT CLASS III	84*	$23,950.00	$27,829.90
2023	883950	CASE TYPE-FIXED APPLIANCE MIXED CLASS I	2*	$1,250.00	$1,452.50
		**Approximately 10 cases in total.	TOTAL	$49,040.00	$56,984.48
				Current fee $4750, Increased fee $5520	$ 55,200

*Please note - orthodontic fees are paid out monthly. So the number of times the code is billed does not mean the full case fee is billed each time. Simply an installment.

Decision/Direction Note
Department of Health and Community Services

Title: Fertility Services Review

Decision/Direction Required:

- Whether to accept the Fertility Service Review report completed by external consultants, Thinkwell Research Inc., and direct the steering committee to review the recommendations and propose an action plan to present to cabinet for approval.

Background and Current Status:

- Newfoundland and Labrador Fertility Services (NLFS) provides outpatient services for the diagnosis and treatment of fertility issues including pre-conceptual counselling; fertility investigation; follicular tracking, intrauterine insemination, and therapeutic donor insemination; out of province referral and satellite monitoring for in-vitro fertilization (IVF); fertility preservation of sperm; early pregnancy ultrasound and prenatal care. Procedures associated with IVF, such as egg retrieval, are not available in this province. Services associated with IVF and ovarian stimulation and sperm transfer (OSST) are non-insured services.

- The Minister of Health and Community Services' mandate letter provides direction to increase access to fertility treatments in the province, while providing funding for eligible persons who must travel to out-of-province fertility clinics while that work is ongoing. This follows a 2021 Liberal election commitment to increase access to fertility treatments.

- To achieve the initial phase of this mandate, government introduced an IVF Subsidy Program in March 2022 that provides funding in the amount of $5,000 per IVF cycle up to a maximum of three cycles in a lifetime for those clinically eligible.

- Subsequently, on December 1, 2022, a Request for Proposals (RFP) was issued to hire an external consultant to complete a comprehensive review of fertility services to identify how to improve and enhance overall access to fertility services for residents of the province. There was no award at the time as the RFP minimum requirements were not met. The RFP was reissued and on October 11, 2023, and Thinkwell Research Inc. (Consultant) was awarded the contract to complete the fertility services review.

- The RFP outlined the following deliverables for the fertility services review:
  - current state analysis,
  - gap analysis and projected demand for fertility services for the next 10 years;
  - key stakeholder consultation;
  - literature review on best practices;
  - jurisdictional scan;
  - analysis of financial and human resources;
  - analysis of factors that impact equitable access to fertility services;
  - recommendations to improve/expand fertility services, including examination of public and private models;
  - analysis of anticipated barriers and challenges to expanding the scope of fertility services with proposed mitigation strategies; and
  - prioritization of recommendations, with advice on staged implementation.

- A steering committee, consisting of representatives from Government, NL Health Services (NLHS) and a patient advisor, was established to support the Consultant during the review process and to oversee implementation of any improvement opportunities identified and accepted.

- The Consultants were provided a copy of the IVF Subsidy Program evaluation report completed by NLHS after year one of implementation for consideration as part the overall fertility review. NLHS is in the process of implementing some identified improvement opportunities to streamline administration of the program and increase communication with health care providers on availability of the subsidy to patients.

- The Consultant has completed the comprehensive review of fertility services and have submitted a final report to the department (See DOC-069412 for full report).

- The Consultant identified key findings in accordance with six building blocks of a well-functioning health system (World Health Organization): leadership and governance, health workforce, service delivery, medical facilities and products, health information systems, and health services financing. A total of 21 recommendations are contained in the report.

- There were three critical decisions examined to inform the future state of NLFS:
  - whether to offer IVF in-province,
  - whether to provide a financial subsidy to assist with the cost of IVF and, if so, how should it be designed to best support patients, and
  - what is the best service delivery model to offer the service (public or private clinic).

- The Consultant recommends establishing IVF treatment and egg preservation services in the province. They further recommend the province explore options to enhance the amount of a subsidy for IVF treatment and use a direct payment to service provider model, as well as to consider their analysis of private versus public models to identify the best service delivery model.

- The Consultant outlined an implementation roadmap based on short, medium, and long term deliverables with suggested timelines.

Analysis:

- Infertility affects one in six individuals striving to conceive and can significantly impact quality of life for those desiring to initiate or expand their family. In NL, it is estimated that fertility treatment is sought by less than one percent of the population.

- The rising rates of infertility and the advancing age of conception among both men and women are increasing the utilization of assisted reproductive technology (ART). ART is not considered a medically necessary service under the Canada Health Act and historically has been a non-insured service across Canadian jurisdictions, beyond initial diagnosis of a fertility issue. Jurisdictions are offering ART services as programs versus insured services.

- Two of the three Reproductive Endocrinologist and Infertility Specialists (REIs) at NLFS, Dr. Sean Murphy and Dr. Deanna Murphy, have been advocating to government for many years to shift fertility services from a public to a private model and to offer non-insured services, including IVF, to provide a more comprehensive quality fertility service for residents of the province.

Bringing IVF In Province

- NL is one of two provinces in Canada who do not provide IVF in province to residents. Residents of NL are currently traveling to fertility clinics in Halifax, Ottawa and Calgary to access IVF treatment and some are going to international countries as well.

- As part of the fertility review, a client survey was completed by 114 residents of the province who overwhelmingly indicated bringing IVF treatment to the province is the main priority to improve the provision of fertility services.

- While literature shows that intrauterine insemination (IUI) has a success rate of 5 to 15 per cent (compared to a success rate of 40 percent or more in initial IVF cycles), [redacted] 29(1)(a) . Research has shown IVF should be considered after three to four unsuccessful cycles of IUI, however, in NL some clients have undergone as many as 11 IUI cycles with no cap on the service. [redacted] 29(1)(a)

- Bringing IVF and egg preservation services into the province will create gender equity. Currently, NLFS retrieves sperm for males and will store it indefinitely, but do not provide egg preservation for individuals with a uterus. In addition to allowing a more inclusive and equitable service to transgender individuals, it will also allow oncology patients to safeguard their reproductive options for the future.

- The demand for IVF treatment in the province is estimated to be between 200 to 500 cycles annually, and the Consultant determined this is sufficient volume to offer the service in the province if the clinic provided the full suite of fertility services including diagnostics, IUIs, sperm freezing, etc.

- The Consultant concluded it would be an additional cost of $1.1 million to bring IVF in province at start-up. Refer to Table 1 below for further details.

Table 1.

	Start Up
IVF in Province: Cost to operate a Fertility Clinic with full range of services (including IVF) at start-up	$4,253,689
IVF Not in Province: Cost to operate a fertility clinic with existing services only + current subsidy	$2,409,939* + $737,882 = $3,147,821
Additional cost to operate IVF in province at Start-up	$1,085,208

* assumes funding of $233,972/year is approved to hire additional staff, including 0.6 FTE RN1; 0.5 MSA; and 1 FTE MLT 11B, to meet current demand.

- There will be an initial investment of approximately $10 million to build a new clinic and lab to deliver IVF treatment and $2.0 million for required equipment. A leasing option for a building could be considered with an estimated cost of $600,000 per year. Expansion of services will also require an increase in staffing budget of $1.0 million at start-up and $3.1 million at future maximum capacity. The total cost to establish a fertility service clinic with IVF treatment is

$2.4 million at start up with a future maximum predicted to be at $7.4 million. See detailed breakdown in Table 2 below.

Table 2. Annual Cost of Fertility Services Program

	Current Services*	Current Services +additional staff, equipment, & renovations	Cost of IVF Clinic @ Start Up	Cost of IVF Clinic @ Future Cost
Staff	$1,712,266**	$1,941,705	$2,780,985	$5,071,560
Facility	$ 170,000	$ 170,000	$ 600,000	$ 600,000
Equipment	-	$ 4,533	$ 285,084	$ 285,084
Products	$ 293,701	$ 293,701	$ 587,620	$1,469,050
TOTAL	**$2,175,967**	**$2,409,939**	**$4,253,689**	**$7,425,694*** **

*Current services cost does not include the IVF Subsidy budget at $750,000 annually
**Staff include REIs with estimated salary as it was not possible to isolate costs due to fertility services only from total fee-for-service billings for REIs as they also provide general obstetrics/gynecology services.
***initial investment for additional equipment and renovations is $93,856 is one-time only expenditure and not included above.

- Establishing an IVF clinic in province would be a long-term action that would take a minimum of one year to initiate a plan [redacted] This includes:

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

- [redacted]

29(1)(a)

- Overall, the Consultant recommends offering IVF treatment and egg preservation at NLFS to provide a holistic approach to reproductive health care. [redacted]

29(1)(a)

Coverage of IVF

- As noted above, IVF is not considered a medically necessary service under the **Canada Health Act** and funding to support this treatment is outside provincial insurance coverage. Some jurisdictions have moved towards insuring IVF with clinical criteria or are moving in that direction.

- The client survey completed by the Consultants identified the main barrier to access IVF is cost. On average, an initial IVF cycle costs $12,000, medication for that cycle ranges between $5,000 to $7,000, and travel costs vary based on clinic location but typically range in the thousands of dollars.

- Based on the evaluation of the IVF Subsidy Program, there was a consensus the current funding available for NL residents of $5,000 per cycle with a maximum of three cycles in a lifetime is insufficient in increasing access to IVF, whether it is offered within or outside the province.

- Given the substantial cost of treatment, clients indicated that without substantial support with the cost, the remaining financial burden is too great to afford, therefore, leaving them unable to access treatment at all, particularly for low-income brackets. It was suggested that to create a more equitable service, [redacted] the subsidy should be increased to reimburse up to $20,000 for costs incurred in a single round of IVF. 29(1)(a), 35(1)(d)

- There are currently eight provinces that provide financial support for ARTs including full funding, partial funding, income-based allocation, and tax credits. Most Canadian jurisdictions are providing funding for one round of IVF treatment.

- Quebec is a province who has supported its residents in funding IVF treatment and have modified the program several times over the years. Prior to 2015, they provide funding for up to three cycles and it was cancelled as it was financially unsustainable. They then moved to a tax credit rebate and seen a dramatic decrease in the number of IVF procedures. They currently fund one cycle of IVF treatment. Ontario covers one round of IVF and British Columbia will be offering the same in their new program starting in 2025.

- In the Unites States and Greece, most fertility clinics are private and treatment is paid out of pocket or covered by private medical insurance. In Australia, in one state individuals are insured for up to two IVF cycles per person.

- The current expenditures for the IVF Subsidy Program show a high uptake for the first $5,000 subsidy with a significant decline in numbers for the next two cycles. Clients in the survey report that it is challenging to afford one round of IVF treatment and without more financial support, accessing multiple treatment cycles is unattainable. See Table 2 below for breakdown of subsidy allocation in the province.

Table 2. Number of Subsidy Applications May 2022- May 2023

	Application Numbers %	**Total Funds Released**
First Application	114 (70%)	$527,452.35
Second Application	41 (25%)	$172,645.76
Third Application	8 (5%)	$ 37,784.09
Total	**163**	**$737,882.20**

- The Consultant has provided three options for consideration to offer a financial subsidy for IVF treatment:
  - Coverage for One IVF Cycle for all eligible residents. The cost of a single IVF cycle will vary by case but will ensure equal access for all individuals struggling with infertility.

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- Income-Based Allocation for One Cycle: Implement a sliding scale based on financial need, where lower-income households receive higher levels of financial support up to $20,000 for one IVF cycle. This tiered system ensures those in the lowest income brackets can access the procedure, managing government expenditures effectively to ensure sustainability while providing equitable access
- Coverage Across Two Cycles: Providing funding of up to $20,000 split across two IVF cycles. Given that many individuals may require more than one cycle to achieve a successful outcome, this option considers and supports those who may not be successful on their first attempt.

- [redacted] Based on an average of 200 cycles per year at start up, the cost would rise from a current annual budget of $750,000 to $2.3 million which will require an additional $1.6 million in funding. At future max, the total cost for 500 cycles per year would be $5.6 million. [redacted] 29(1)(a) 29(1)(a)

- [redacted] 29(1)(a)

- The Consultant recommends providing up to $20,000 to support the cost of IVF treatment and establish a direct payment to service provider model to avoid upfront costs for clients. This is recommended whether IVF is accessed in or out of province and in a public or private clinic model.

- Under the **Medical Care Insurance Insured Services Regulations**, IVF and OSST are non-insured services. However, it appears that services associated with OSST (i.e., ovarian stimulation with intrauterine insemination) have been billed to MCP for many years. [redacted] 29(1)(a), 35(1)(d)

- [redacted] The literature review highlighted if financial support is not provided for access to IVF treatment, the number of individuals seeking IVF treatment declines and would reduce the caseload and create financial challenges in maintaining a clinic in the province, if approved. 29(1)(a)

- While the client survey indicated a strong desire to have IVF in province, with the service still being centralized in the St. John's area, some residents may want to still access clinics out of province, for example, some Labradorians go to clinics in Quebec. [redacted] 29(1)(a)

- [redacted] 29(1)(a), 35(1)(d)

7

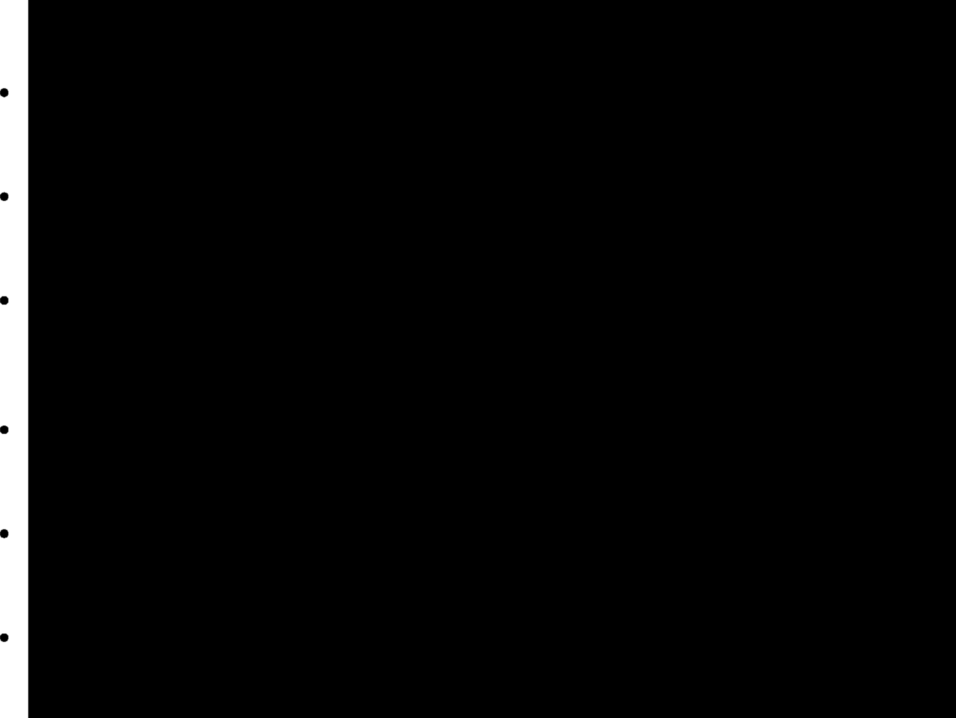
29(1)(a), 35(1)(d)

Public versus Private Service Delivery Model

- Across Canada IVF treatment is primarily provided through for-profit clinics that provide end-to-end services. There are a few jurisdictions that have a hybrid model with some insured services, such as complex bloodwork and ultrasounds, being provided in public hospitals and all other fertility services provided in a private clinic. There is one non-profit clinic in Halifax that operate with a cost recovery model.

- As noted above, two of the three REIs in the province have been advocating for many years to move fertility services to the private sector. They have been consulted extensively prior to and throughout the review process, including three individual interviews, a group interview with all REIs, attended a workshop with the steering committee to discuss future state of fertility for the province, and completed a physician survey.

- There is no clear consensus in the literature regarding the superiority of either a public or private health care model in terms of patient care, outcomes, cost models, efficiency, or access.



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

8

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

- The Consultant has not provided a recommendation on whether a public or private service delivery model is preferred for the delivery of fertility services in the province but has provided an analysis to inform decision-making for the province.

- In addition to the three critical decision points noted above, there are other recommendations to improve the delivery of fertility services in the province, including improvements to program governance, information sharing between health care providers, and training for health care providers (see Annex B for list of recommendations). Annex B is included in the final report, available online at the following weblink: https://gov.nl.ca/hcs/files/NLfertilityreport.pdf

- It is recommended that the Consultant's report be accepted and the steering committee be directed to review the recommendations 29(1)(a)

Alternatives:
Option #1: Accept the Fertility Service Review report completed by external consultants, Thinkwell Research Inc., and direct the steering committee to review the recommendations 29(1)(a) **(Recommended).**

Pros
- Opportunity to improve access and enhance the delivery of fertility services to residents of the province.
- Stakeholders will be satisfied if IVF treatment is offered in province.
- Offering IVF and egg preservation in the province will provide gender equity to access to fertility preservation for oncology patients and transgender individuals.
- Continues to deliver on Minister's mandate letter.
- Offering access to advanced ARTs in province and/or subsidizing costs of IVF and other ARTs aligns access to reproductive health services with other Canadian provinces.

Cons
- Additional funding is required to support expansion of fertility services.

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

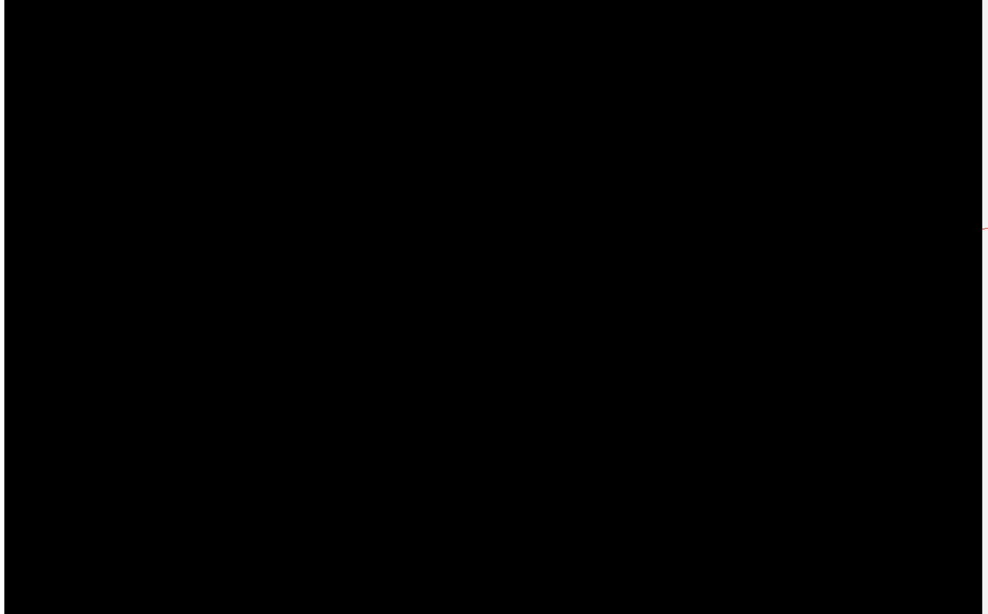
Option #2: Status Quo **(Not Recommended)**

29(1)(a)

Pros
- No additional funding or resources are required.

Cons
- Missed opportunity to improve access and enhance the delivery of fertility services to residents of the province.

- Stakeholders will remain dissatisfied with the availability of fertility services in the province.
- Missed opportunity to provide gender equity to access fertility preservation for oncology patients and transgender individuals.
- Missed opportunity to bring access to IVF and other ARTs in-province.



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

Prepared/Approved by: J. Rose/K. Nolan/J. Herritt/J.McGrath
Ministerial Approval: Received from Hon. John Hogan, KC

August 2, 2024

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Annex A
Fertility Services Review Report
DOC-69412

This report is publicly available online at the following weblink:
https://www.gov.nl.ca/hcs/files/NLfertilityreport.pdf

Decision/Direction Note
Department of Health and Community Services

Title: Participation in the Career and Graduate School Fair hosed by Memorial University (MUN) and College of the North Atlantic (CNA) on September 25, 2024

Decision/Direction Required:

- To seek approval to attend the Career and Graduate School Fair on September 25, 2024 with purchase of prime location sponsorship at a cost of $1,649.

Background and Current Status:

- Health care professionals often begin employment in the same province for which they completed their training due to reasons such as established professional and personal connections, familiarity with the health care system, etc, and graduates from the province's educational institutions continue to be the province's primary supply for health care professionals.

- Despite this, due to the shortage of health care professionals globally, demand continues to exceed supply. This results in increased competition nationally and internationally, which impacts the ability to fill vacancies within Newfoundland and Labrador.

- The Provincial Health Professional Recruitment and Retention Office within the Department of Health and Community Services (HCS) was established in 2022 to assist with the development and promotion of a comprehensive provincial approach to address recruitment and retention challenges in the province.

- Since its creation, the office has been involved in various aspects of recruitment and retention, including attending various conferences alongside NL Health Services.

- In 2022 and 2023, the office attended the Career and Graduate School Fair which is a partnership event between MUN and CNA. The fair is located in St. John's and provides students and alumni a platform to engage and connect with employers seeking to recruit. Attendance at this event was beneficial for engagement with our province's domestic health care graduates.

Analysis:

- Given the ongoing challenges in recruitment and retention of health care professionals in Newfoundland and Labrador, participation in this event would allow HCS to engage with and target students and graduates here in the province.

- Exhibitors attending the fair can register for either prime location sponsorship or basic sponsorship.

- The cost of a Prime Location Sponsorship is $1,649.00 which includes:
  - 20' wide X 8' deep booth placed in front row opposite of entrance
  - 2 tables with table cloth and skirting, 2 chairs, and 1 power drop
  - Wireless internet
  - 5 lunch passes

- Organization bio and logo, which will be placed on their website - Identified as a sponsor

- The cost of the Basic Exhibitor package is $649.00 which includes:
  - 10' wide x 8' deep booth
  - 1 table with tablecloth and skirting, 2 chairs, and 1 power drop
  - Wireless internet
  - 2 lunch passes
  - Organization bio and logo, which will be placed on their website

- It is recommended that HCS purchase the Prime Location Sponsorship package and invite NL Health Services to join at the same booth to promote collaboration and ease of access for prospective recruits. Funding is available within the Health Professional Recruitment and Retention divisional budget.

Alternatives:

1. Approve funding in the amount of $1,649.00 for HCS to attend the Career and Graduate School Fair and purchase the Prime Location Sponsorship. **(Recommended)**

   Pros
   - By participating in this event, HCS will be able to engage in-person with health care professionals to promote and attract vacancies and address current extensive vacancies in the health care workforce.
   - The Prime Location Sponsorship would allow the Government of Newfoundland and Labrador to stand out amongst other booths, increase visibility, and allow ease of access for NLHS and HCS attendees.

   Cons
   - None.

2. Do not approve funding in the amount of $1,649.00 for HCS to attend the Career and Graduate School Fair and purchase the Prime Location Sponsorship. **(Not Recommended)**

   Pros
   - There would be no cost incurred by not attending.

   Cons
   - It would be a missed opportunity to engage with students and alumni of MUN and CNA to help address significant recruitment challenges in health care professions in our province.
   - Other provinces often attend this career fair, which could raise

Prepared/Approved by: C. Whittle/P. Morrissey/J. McGrath
Ministerial Approval: Received from Hon. John Hogan, KC

August 5, 2024

Decision/Direction Note
Department of Health and Community Services

Title: Portugal Cove – St. Philip's Family Care Team Space – Leasing of Space

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 Portugal Cove – St. Philip's 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 Portugal Cove – St. Philip's to support the operation of a new Family Care Team clinic; and
  - as per previous Departmental direction from June 2021, upon identification of the top ranked proponent, NL Health Services seek ministerial approval to award the open call for bids.

Background and Current Status:

- Budget 2024 announced the creation of four (4) new Family Care Teams (FCT's), including one in Portugal Cove – St. Philip's (PCSP).

- The new FCT space will include Public Health, Community Supports and Primary Health clinical space.

- NL Health Services have developed a space program at an estimated 3,100 sq ft that would include four (4) clinic rooms, three (3) offices, shared dispensary room, a group meeting room, waiting / reception area, and staff spaces.

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

- [redacted]

Analysis:

- Establishment of the Portugal Cove – St. Philip's FCT will advance a Budget 2024 commitment.

- NL Health Services' estimated lease rate of $45 / sq ft aligns with the results of their most recent procurement for FCT space in the Metro area (i.e. FCT East - $47.54/sq ft).

- Since the procurement process will take a number of weeks to complete, after which time the successful proponent would require a period of time to get the site ready for occupancy, it is not expected that any funding will be required for the leasing costs until late in the 2024/25 fiscal year (or later.

- Budget 2024 allocated $30M to support the establishment of Family Care Teams in the province [redacted 35(1)(d)] 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 Portugal Cove – St. Philip's to support the operation of a new Family Care Team clinic. **(Recommended)**

  Pros:
  - Will advance the establishment of the Family Care Team in Portugal Cove – St. Philip's in line with the Budget 2024 announcement; 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 Portugal Cove – St. Philip's 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 a FCT in Portugal Cove – St. Philip's; and
  - Area residents will not see any improvement in access to health services.

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

August 6, 2024

Decision/Direction Note
Department of Health and Community Services

Title: Eastern Urban Zone Requests for Three General Pediatrician Positions for the Janeway

Decision/Direction Required:

- Whether to approve a request from NL Health Services, Eastern Urban Zone for 3.0 FTEs General Pediatrician positions for the Janeway at a cost of $942,467.

Background and Current Status:

- The Janeway General Pediatrics department provides pediatric assessment for children under the age of 18 years as well as service and consultation throughout the province. Approximately 1,200 outpatient referrals are received yearly, and current wait times are six to twelve months.

- Seven salaried pediatricians occupy the current 3.35 FTEs in this group, providing inpatient and outpatient coverage with 24/7 call coverage in a rotating service model.

- Four of the seven pediatricians are GFT; 20 per cent of their work (1 day per week) is with Memorial University in a teaching capacity. Additionally, most of the general pediatrician's practices are subspecialty pediatrics. For example:
  - Dr. Mary Jane Smith's practice is 75 per cent respirology,
  - Dr. Laura Vivian's practice is 50 per cent neurology, and
  - Dr. Yasmeen Akhtar's practice is 50 per cent newborn medicine.

- As per the Health Accord, the province has the highest rate of children and youth with complex health care needs; 53 per cent higher than the national average. NL also has one of the highest rates of children and youth in alternate care, who are some of the most vulnerable groups in society. Parental mental illness, drug and alcohol use and domestic violence have led many of the children in this group to have developmental trauma, complex mental health issues, learning and academic challenges and significant medical diagnosis.

- This group does not receive any support from clinical associates, nurse practitioners or any specialty nursing and locum usage has been minimal due to limited resources and availability. Since the time that this application was submitted, they have acquired a RN to assist with intake.

Analysis:

- The current model of service at the Janeway for general pediatrics includes inpatient and outpatient care. Both inpatient and outpatient care are delivered by the existing group who complete one-week rotations on inpatient service. However, this model negatively impacts outpatient services as the pediatrician cannot simultaneously perform on-call while booking and running outpatient clinics thus reducing the number of outpatients seen.

- The pediatrician covering inpatient services is often unavailable for interdisciplinary rounds, family meetings or discharge planning in a timely fashion as they must prioritize ER consultations, unstable patients, and provincial consultations.

- This group has been impacted by change in delivery of some of the specialist pediatricians who no longer accept patients for more “minor” ailments within their specialties. Specialties such as child development, cardiology and psychiatry have developed priority criteria for referrals, redirecting less serious cases to general pediatrics, thereby increasing the volume of patients on general pediatrics.

- There has been a recent retirement of a general pediatrician in the community whose primary focus was ADHD, mental health, and developmental patients. These patients have been told to contact the Janeway and since May 1, 2024, general pediatrics have received 20 referrals exclusively from this practice (child development received another 18).

- When discharged, patients requiring follow up care are referred to the primary care physician, if they have one, if not, they are told to go to the ER where they will be referred to a pediatrician if required. It's common for children without a primary care physician to be kept in the hospital longer than planned as they are too sick to be sent home without a family physician to follow them. 29(1)(a)

- Most tertiary pediatric care centers have a hospitalist model of care for inpatients, which does not affect outpatient services. The hospitalist model aims to provide a patient/family centered model of quality care from admission to discharge, using a multidisciplinary approach. This model is aimed at improving quality of care, clinical outcomes, continuity of care for complex patients and reducing length of stay and emergency room wait times while improving patient and staff satisfaction.

- The on-call pediatrician covers ER consults, unstable patients, provincial consultations, transfers, and admissions. With the addition of 3.0 new FTEs, who will mostly be inpatient, on-site daily, and manage all inpatient care, existing pediatricians can be fully utilized for outpatient clinic resources to maximize patient numbers seen in clinic and effectively manage/shorten the waitlist.

- The additional positions will:
  - Provide physician resources to support the inpatient service by replacing physician resources lost over the last several years (two pediatric endocrinologists no longer doing inpatient service weeks, and two general pediatricians doing NICU midgrade coverage instead). This would stabilize the group to previous staffing levels and enable a transition to a hospitalist model of inpatient care.
  - Re-establish a rapid access service to assist with ER demand and orphaned patients who have lost their family doctor.
  - For inpatients, it would allow for double coverage to improve care and implement quality improvement initiatives. This is especially important for medically complex patients who require comprehensive assessment and follow-up. There has also been an increase in technology needs and complex respiratory needs such as CPAP and high flow oxygen administered on the inpatient floor as opposed to the ICU.

- The successful transition of pediatric health care to a single health authority with a hub and spoke model, will require stabilization of pediatric physician resources at the Janeway. This will enable physicians to develop networks and support the provincial zones.

40(1)

- There are three potential recruits, [redacted 40(1)] with an interest in palliative/hospitalist care. Additionally, other colleagues in early career practice are interested in joining the group. Three positions are essential for succession planning as half of the existing general pediatrician group are 55 years old at present.

- Regional Services have advised "overall we would be in support of the new pediatrician positions requested, as this would align with strategic planning to improve services for children and youth. For context, a 2020 report from the Canadian Institute for Health Information (CIHI) indicated that Newfoundland and Labrador showed the highest age-adjusted rate of children and youth with medical complexity in Canada. Additionally, the Health Accord NL report indicated that the rate of children with complex medical care needs is 53 per cent higher in Newfoundland and Labrador than in Canada".

- In keeping with the Health Accord this would help "improve health and health outcomes… and a higher quality health system that rebalances community, hospital and long-term care services".

-

29(1)(a)

- SPAC supports the request to approve an additional 3.0 FTE positions to increase the Janeway general pediatrician complement.

Alternatives:

Option 1. Authorize the allocation of $942,467 in new funding for 3.0 FTEs to increase the complement of general pediatricians at the Janeway. **(Recommended)**

Pros:

- Helps retain the current group by ensuring a better work/life balance.
- Aligns with the Health Accord in helping to improve health and health outcomes.
- Increasing complement of physicians will help reduce the growing waitlist for some of the most vulnerable in the province.
- Allows for succession planning and the move into hospitalist model of care.
- Helps secure recruitment of new physicians interested in joining the group.

Cons:

- Increase in expenditures of $942,467.

Option 2. Do not authorize the allocation $942,467 in new funding for 3.0 FTEs to increase the complement of general pediatricians at the Janeway. **(Not Recommended)**

Pros:
- No additional costs.

29(1)(a)

Cons:
-
-
-
-

Prepared/Approved by: S.Seaward-Devine/A. Pike/C.Antle/D. Moore/J.McGrath
Ministerial Approval: Received from the Hon. John Hogan, KC

August 8, 2024

Decision/Direction Note
Department of Health and Community Services

Title: Medical Air System Upgrades, Labrador Health Centre

Decision/Direction Required:

- Whether or not to provide funding in the amount of $250,000 to NL Health Services to facilitate upgrades to the medical air system at the Labrador Health Centre in Happy Valley-Goose Bay.

- It is recommended that funding in the amount of $250,000 be provided to NL Health Services to facilitate upgrades to the medical air system at the Labrador Health Centre in Happy Valley-Goose Bay.

Background and Current Status:

- NL Health Services advises that during the certification process of the new six-bed mental health unit at the Labrador Health Centre in Happy Valley-Goose Bay, the medical gas system for the facility failed due to high moisture content in the system.

- The medical gas certifier identified that the existing medical gas refrigerant dryers do not meet CSA Z7396.1-17 standard and is not able to provide the required minimum of -21C dewpoint for the compressor system. As such, the entire medical gas system will need to be upgraded to meet current CSA standards.

- NL Health Services have requested funding in the amount of $250,000 to carry-out the upgrades.

Analysis:

- Upgrading of the medical gas system is required for the system to pass certification and meet CSA standards.

- In 2024-25, the Department of Health and Community Services was provided with $28,000,000 in repairs/renovations and building improvements funding. To date $27,000,000 of this amount has been allocated thereby leaving $1,000,000 remaining available to fund this request, if approved.

Alternatives:

- **Alternative 1:** Provide funding in the amount of $250,000 to NL Health Services to facilitate upgrades to the medical air system at the Labrador Health Centre in Happy Valley-Goose Bay. **(Recommended)**

  <u>Pros:</u>
  - Will allow for certification of the medical air system.

  <u>Cons:</u>
  - Funding requirement of $250,000.

- **Alternative 2:** Do not provide funding in the amount of $250,000 to NL Health Services to facilitate upgrades to the medical air system at the Labrador Health Centre in Happy Valley-Goose Bay. **(Not Recommended)**

Pros:
- No funding allocation required.

Cons:
- The medical air system will not attain certification.

Prepared/approved by: P. Greene/P. Morrissey/J. McGrath
Ministerial approval: Received from the Hon. John Hogan, KC

August 9, 2024

Meeting Note
Department of Health and Community Services
College of Registered Nurses of Newfoundland and Labrador (CRNNL) and
College of Licensed Practical Nurses of Newfoundland and Labrador (CLPNNL)
August 19, 2024, 9:30 AM
Executive Boardroom, HCS

Attendees: Hon. John Hogan, Minister HCS
John McGrath, Deputy Minister HCS
Glenda Hearn-Ellis, Executive Assistant to Minister, HCS
Jeannine Herritt, Assistant Deputy Minister, HCS
Daphne Osborne, Chief Nurse, HCS
Lynn Power, Executive Director, CRNNL
James Sheppard, Public Affairs Manager, CRNNL
Wanda Wadman, Chief Executive Officer/Registrar, CLPNNL

Purpose of Meeting:

- Introductory meeting between CRNNL, CLPNNL and the Minister of HCS to discuss topics of interest for regulated nursing professions in the province: licensed practical nurses (LPNs), registered nurses (RNs) and nurse practitioners (NPs).

- While an agenda was not provided, the Colleges indicated that they would like to discuss the ongoing initiative to establish one nursing regulator in Newfoundland and Labrador as well as other initiatives which are of interest to the colleges and the Department of Health and Community Services (HCS).

Background:

- The CRNNL is the regulatory (licensing) body for RNs and NPs in the province under the **Registered Nurses Act, 2008**. The CLPNNL is the regulatory (licensing) body for LPNs in the province under the **Licensed Practical Nurses' Act, 2005**.

- LPNs, RNs and NPs are self-regulating health care practitioners accountable for providing safe, autonomous, competent, compassionate, and ethical care within the legal and ethical framework of nursing regulation. Each nursing profession has its own scope of practice which is the range of roles, functions, responsibilities, and activities for which registrants are educated, competent, and authorized to perform.

- The table below outlines the number of practicing licenses issued by the colleges in the 2022-2023 fiscal year:

	Practicing Licenses Issued*
NPs	257
RNs (excluding NPs)	6,771
LPNs	2,515

*Includes agency nurses and nurses in private practice

- As of October 2023, there were a total of 7,237 regulated nursing professionals working in the province's publicly funded health system. Further details are outlined in the table below:

Occupation	**Central Zone**	**Eastern Zone**	**LG Zone**	**Western Zone**	**Total**

LPNs	379	951	162	335	**1827**
NPs	35	126	24	39	**224**
RNs	626	3402	401	757	**5186**
Total	**1040**	**4479**	**587**	**1131**	**7237**

- In recent years, the Provincial Government and the CRNNL engaged in a number of collaborative initiatives to expand the scope of practice for nurses, and to make it easier for Canadian and international RNs to become licensed in the province.

- In April 2023, it was announced that the RN Regulations were amended to give RNs the ability to prescribe and provide referrals to specialists. To become an RN prescriber, RNs are required to complete additional prescribing education from a program approved by the CRNNL Council, along with continuing competency requirements.
  - The first cohort of learners included 11 RNs from Labrador-Grenfell Zone, of which almost all have completed the program. The next cohort, comprised of 8 RNs across all zones, is ready to begin and the planning for cohort three is ongoing.

- The RN Regulations amendments also enabled the implementation of the Supervised Practice Experience Partnership Program (SPEPP), an employment-focused program available to eligible internationally educated nurses (IENs), and others who reside in the province, who have met education requirements but do not meet currency of practice requirements. Through this program, applicants may apply for an interim practicing license once they have found an employer. The program includes 450 hours of practice with a minimum of 135 hours under the direct supervision of an experienced RN preceptor. Through the program, the IENs and others will meet their currency of practice hours requirement enabling a full license.

- In June 2023, it was announced that new amendments to the RN Regulations are in place to streamline the registration and licensing process for RNs, making it easier for nurses educated outside of the province, including IENs, to work in NL. Specifically, the changes:
  - Assist in establishing a Designated Countries Pathway for nurses from the following seven countries to apply for a license in NL (United States; United Kingdom; India; Philippines; Australia; New Zealand; Ireland)
  - Reduce costs for applicants; and,
  - Reduce the time to complete an education assessment for International Nursing Applicants from the countries identified above from over a year to as little as four weeks.

Agenda Item #1: Regulation of Registered Psychiatric Nurses (RPNs) and the Consolidation of the Nursing Colleges

- RPNs focus on mental and developmental health, mental illness and addictions, while integrating physical health and utilizing bio-psycho-social and spiritual models for a holistic approach to care. RPNs work side by side with other regulated nursing and mental health professionals to provide care in psychiatric facilities, hospitals, crises services, community mental health programs, primary care and long-term care.

- In July 2023, the Minister of Health and Community Services made a public commitment to work with stakeholders to facilitate RPNs practicing in the province. Legislative amendments are required to regulate RPNs in NL.

- The primary mandate of both CLPNNL and CRNNL is to protect the public. Accordingly, both organizations carry out similar functions to achieve this mandate. In recent years, both colleges have been streamlining processes to achieve operational consistency, such as using the same database and standardizing policies.

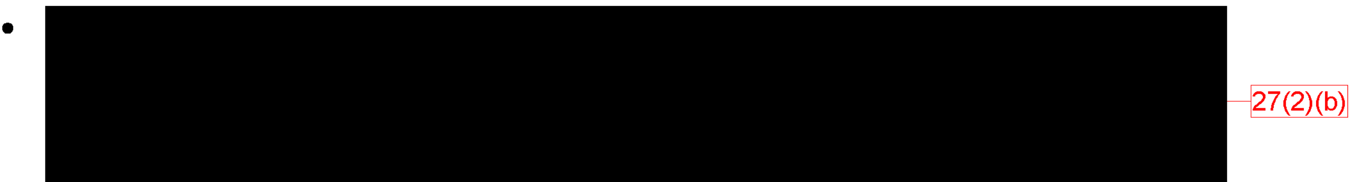
- In December 2023, HCS received correspondence from the respective boards of CLPNNL and CRNNL indicating their desire to establish one single nursing regulator for the province to advance and modernize nursing regulatory processes.

Analysis

- RPNs are not the same as RNs. The breadth, depth and focus on psychopathology, addictions and advanced therapeutic relationships within psychiatric nursing education programs distinguishes RPNs from graduates of Bachelor of Science in Nursing programs. Accordingly, graduates of psychiatric nursing programs do not receive the full competencies required for generalist nursing practice as compared to an RN.

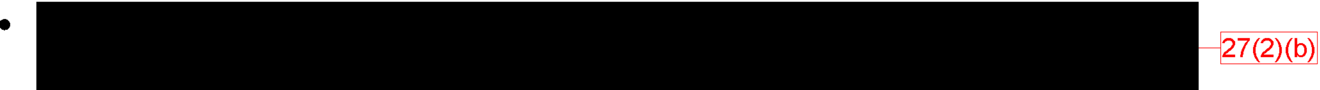
- Currently, no NL health regulator can regulate RPNs. There is currently no source of RPN supply in the province, or Eastern Canada, however HCS has received inquiries from out of province RPNs who have indicated interest in re-locating to the province if they were able to work as an RPN.

- In the Fall of 2023, HCS, in consultation with NLHS and CRNNL, engaged in significant work to explore the RPN profession and to get a fulsome understanding of how this profession could function within the NL health care system. Such work included:
  - RN vs. RPN Curriculum Comparison
  - RPN Scope of Practice Jurisdictional Scan
  - Entry Level Competencies Comparison
  - Review of RPN Job Descriptions
  - Roundtable discussion with practicing RPNs from Western Canada where each speaker discussed their education, current role and past experiences as a RPN as well as their thoughts on how the role is unique compared to the role of RN.

- 
27(2)(b)

- CLPNNL and CRNNL identified that efficiencies will be realized as a result of this merger for applicants (one application portal), employers (one organization for policies, verifications), nurses (regulatory matters), and the public (one stop for complaints/discipline or licensure information on registrants).

- Cost savings and efficiencies have been noted as being important in other jurisdictions where there has been a move to one regulator, however, these are of secondary consideration after public protection.

- 
27(2)(b)

27(2)(b)

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

Potential Speaking Points

- Government is proud to be a collaborative partner with both colleges to implement innovative approaches to enhance nursing regulatory processes in the province. I fully support the establishment of one nursing regulator for the province and look forward to our continued partnership as the benefits of the merger are fully realized.

- RPNs will improve health care and help with the province's nursing shortage. As we continue to expand how we provide services to individuals with mental health and addictions issues in the province, we welcome the role of the RPN and their expertise. I would like to thank you for your leadership as we move to regulate this new nursing profession in NL.

- I understand that CRNNL, CLPNNL and HCS' Legislative Consultant have discussed the necessary legislative and regulatory changes required to enable the merger and the regulation of RPNs and that such changes are currently being considered by the Office of the Legislative Counsel.

- With respect to the implementation of RPNs, we need to ensure, in any efforts moving forward, that both regulatory aspects and educational components are considered. 29(1)(a) I understand that you will continue to discuss this matter with my officials.

Agenda Item # 2: Labour mobility - Interjurisdictional Nursing Licensure

- The Colleges are involved in several national initiatives to enable a more standardized approach to nursing regulatory process across Canada which are anticipated to have a positive impact on the health workforce.

- Both the CRNNL and the CLPNNL are members of the Canadian Nurse Regulators Collaborative (CNRC). The CNRC is working on a process to streamline nursing licensure and reduce duplicative processes to facilitate interjurisdictional nursing licensure for LPNs, RNs and NPs.

Analysis

- Implementation of the Nurse System (NURSYS) solution will enable a common set of licensing instructions and commits provincial and territorial regulators to a more expedient licensure process, building on the Canadian Free Trade Agreement (CAFTA) to promote labour mobility.

Potential Speaking Points

- I understand that the colleges are engaged in these initiatives and anticipate their continued collaboration with P/T regulatory college colleagues, and we look forward to supporting the regulators with implementation at the earliest opportunity.

Prepared/Approved by: D. Osborne/ J. Herritt/J. McGrath
Ministerial Approval:

August 11, 2024

Decision/Direction Note
Department of Health and Community Services

Title: One-Time Funding for NL Association of the Deaf for Psychological Services

Decision/Direction Required:

- It is recommended the Minister of Health and Community Services (HCS) approve $65,000 in one-time funding to the NL Association of the Deaf (NLAD) for the continued provision of psychological services for the 2024-25 fiscal year.

- Funds are available in the Mental Health and Addictions Towards Recovery Budget.

Background and Current Status:

- NLAD is a provincial non-profit organization established in 1946 to protect and promote the rights, needs and concerns of people who are Deaf.

- The Deaf community is a distinct sociological, linguistic population who identify with and participate in the culture and language of people who are Deaf (American Sign Language). NLAD estimates there to be about 600 Deaf adults living in the province. This does not include people who are hard of hearing or have communication disabilities.

- NLAD delivers five programs to the Deaf community, including community support, mental health counselling, employment, family communication and peer support.

- Since 2012-13, the Mental Health and Addictions Division has provided NLAD with one-time funding of $65,000 annually for psychological services provided by Ms. Renee Phair-Healey, a registered psychologist with extensive knowledge of Deaf culture and language.

- In addition, over the past few years NLAD received $100,000 annually from the Regional Services Division, as well as $4,400 annually from the Support for Community Agencies Fund administered by the Public Health Division. NLAD also holds the Interpreting Services contract for NL, and bills the provincial government for these services, up to a maximum of $328,000 annually.

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

- BN-2023-00385 provided authority to provide NLAD with $65,000 in one-time funding for fiscal year 2023-24. Ms. Phair-Healey wrote HCS on April 30, 2024, (see COR-2024-199960) requesting funding for fiscal year 2024-25.

Analysis:

- NLAD's Mental Health Counselling Program provides psychological services to some of the most vulnerable individuals in NL. Without funding to support this service, the mental health needs of the Deaf community may not be met.

- The **Journal of Deaf Studies and Deaf Education** notes adults who are Deaf have higher reported rates of depression or anxiety disorder at an earlier onset than the general population and suggests communication with health care providers is essential for accurate diagnosis,

treatment and follow-up care. Ms. Phair-Healey provides direct services, and facilitates connection to other services, when required.

- Government committed to the removal of barriers for people with disabilities with proclamation of the **Accessibility Act** in December 2021. The purpose of the Act is to improve accessibility by preventing, identifying and removing barriers that prevent people with disabilities from fully participating in society with respect to many areas including health.

Alternatives:
Alternative #1: Approve $65,000 in one-time funding for fiscal year 2024-25 **(Recommended)**.

Advantages:
- Assists in removing barriers for people who are Deaf when accessing mental health services.
- Demonstrates a commitment to provide access to mental health services for the Deaf community.
- Consistent with government's commitment to improve inclusion as outlined in the **Accessibility Act**.

Disadvantages:
- Government funding required.
- [redacted] 29(1)(a)

Alternative #2: Do not approve $65,000 in one-time funding for fiscal year 2024-25 **(Not Recommended)**.

Advantages:
- No funding required.

Disadvantages:
- Will result in a significant loss of psychological services for members of the Deaf community.
- [redacted] 29(1)(a)

Prepared/Approved by: D. Barrett/G. Hussey/N. Legge/G. Sweeney/J. Herritt/J. McGrath
Ministerial Approval: Received from Hon. John Hogan, KC

August 12, 2024

Decision/Direction Note
Department of Health and Community Services

Title: Leases for Four Rural Clinics (NL Health Services - Western Zone)

Decision/Direction Required:

- Whether to provide approval (or otherwise) for NL Health Services (Western Zone) to work with Sourcing and Contracts to determine a path forward with respect to a number of expired leases for clinic space.

- It is recommended that:
  - approval be provided for NL Health Services (Western Zone) to work with Sourcing and Contracts to determine a path forward with respect to a number of expired leases for clinic space; and
  - as per previous Departmental direction from June 2021, NL Health Services seek Ministerial approval prior to entering into any new leasing agreements.

Background and Current Status:

- NL Health Services (WZ) advises that they have a number of leases in rural sites for which the leases have expired, and they are currently leasing the space on a month-to-month basis as follows:
  - St. George's
    - Existing space: 1,453 sq ft
    - Current cost: $21 / sq ft ($30,849 annually)
    - Services:
      - One Nurse Practitioner – 5 days / week;
      - One Public Health Nurse – 5 days / week;
      - One Clerical – 5 days / week;
      - One LPN – 1 day / week;
      - Other Nursing and Allied Health when required.
  - Parsons Pond
    - Existing space: 1,200 sq ft
    - Current cost: $20 / sq ft ($24,000 annually)
    - Services:
      - One Nurse Practitioner – 1 to 2 days / week;
      - One Clerical – 2 to 3 days / week;
      - Future state (planned Family Care Team):
        - RNs and Social Workers – 1 to 3 days / week as needed;
        - Clerical extended to 5 days / week.
  - Piccadilly
    - Current space: 3,976 sq ft
    - Current cost: $16 / sq ft ($64,056 annually)
    - Services:
      - Two Public Health Nurses – 5 days / week;
      - Two Community Health Nurses – 5 days / week;
      - Two Social Workers – 5 days / week;
      - One Child Management Specialist – 5 days / week;
      - Community in Schools Staff – 5 days / week;
      - One Clerical – 5 days / week (halftime);
      - One LPN – 3 days / week (halftime).
    - Pasadena
      - Current space: 1,500 sq ft

  - Current cost: $29 / sq ft ($43,646.28 annually)
  - Services:
    - One Public Health Nurse – 5 days / week;
    - One Child Management Specialist – 5 days / week;
    - One Clerical – 5 days / week.

- NL Health Services are requesting approval to work with Sourcing and Contracts to determine a path forward with respect to these leases.

Analysis:

- Section 21(2)(a) of the **Provincial Health Authority Act** states that "subject to the approval of the minister, an authority may purchase, lease or otherwise acquire real property, or an interest in real property, that it considers necessary for its purpose." Since the original leases have expired, any extension or procurement of new space is deemed to be a new lease and therefore requires Ministerial approval.

- While NL Health Services (WZ) have not currently requested any additional funding, as any such requirement will depend on future procurements / negotiations, NLHS should be directed to fund any increase in lease costs from within their existing budgetary allocation.

- As per previous Departmental direction from June 2021, NL Health Services seek Ministerial approval prior to entering into any new leasing agreements.

Alternatives:

- **Alternative 1:** Provide approval for NL Health Services (Western Zone) to work with Sourcing and Contracts to determine a path forward with respect to expired leases for clinic space in St. George's, Parsons Pond, Piccadilly and Pasadena. **(Recommended)**

  Pros:
  - Will ensure that leasing arrangements comply with the requirements of the **Public Procurement Act.**

  Cons:
  - [redacted] 29(1)(a)

- **Alternative 2:** Do not provide approval for NL Health Services (Western Zone) to work with Sourcing and Contracts to determine a path forward with respect to expired leases for clinic space in St. George's, Parsons Pond, Piccadilly and Pasadena. **(Not Recommended)**

  Pros:
  - No additional funding required.

  Cons:
  - NL Health Services (WZ) will continue with the current leasing arrangements which is contrary to procurement policies.

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

August 12, 2024

Decision/Direction Note
Department of Health and Community Services

Title: Geriatric Medicine Clinic – Leasing of Space

Decision/Direction Required:

- To provide approval (or otherwise) for NL Health Services (Eastern Urban) to issue an open call for bids for the leasing of space in the St. John's Metro area to support an expansion of the Geriatric Medicine Clinic program.

- It is recommended that:
    - approval be provided for NL Health Services (Eastern Urban) to issue an open call for bids for the leasing of space in the St. John's Metro area to support an expansion of the Geriatric Medicine Clinic program; 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:

- Since 2020 NL Health Services have been leasing 1,008 sq ft of space within the Bishop Gardens Seniors Living Centre to support the operations of a Geriatric Medicine Clinic.

- The space was offered by Bishop Gardens at $0 rent cost, however, NL Health Services pay a proportionate share of the operating expenses to a maximum of $9,500 per year.

- NL Health Services have developed a space program (est. 8,500 sq ft) for a new Geriatric Medicine Clinic (separate from the Bishop Gardens location) to meet the expanding needs of the program.

- The new site will include twelve (12) clinic rooms, six (6) counselling rooms, an ADL kitchen, multipurpose room, occupational therapy room, team meeting rooms, as well as staff spaces.

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

- NL Health Services indicate that they plan to continue operating the Bishop Gardens Clinic in addition to the new clinic.

Analysis:

- NL Health Services indicate that the current space at Bishop Gardens is insufficient to meet their ever-expanding needs, and as such new space is required.

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

29(1)(a)

29(1)(a)

- 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 (Eastern Urban) to issue an open call for bids for the leasing of space in the St. John's Metro area to support an expansion of the Geriatric Medicine Clinic program. **(Recommended)**

  Pros:
  - Will provide appropriate space to allow for the expansion of the Geriatric Medicine Clinic program; and
  - Will provide an additional point of access for residents to access care.

  Cons:
  - Will require a budgetary / funding appropriation.

- **Alternative 2:** Do not provide approval for NL Health Services (Eastern Urban) to issue an open call for bids for the leasing of space in the St. John's Metro area to support an expansion of the Geriatric Medicine Clinic program. **(Not Recommended)**

  Pros:
  - No new funding required.

  Cons:
  - The Geriatric Medicine Program will be unable to meet the growing demand for service.

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

August 12, 2024

Decision Direction Note
Department of Health and Community Services

Title: Second Medical Resonance Imaging (MRI) scanner for the Ambulatory Health Hub (AHH).

Decision/Direction Required

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

- Whether to:
  - Support NL Health Services' request [redacted] of the second MRI scanner for the AHH;
  - Approve operational costs of $128,830 in 2024-25; and,
  - [redacted] 29(1)(a)

Background and Current Status

- MRI is a non-invasive, imaging modality that creates images of the body using radiofrequency waves in conjunction with extremely powerful magnets and provides valuable diagnostic information to aid in patient management. An MRI scan may take between 20 and 90 minutes, depending on the size of the area being scanned and the number of images being taken.

- There are currently six MRI scanners in NLHS:
  - Eastern Urban Zone - Health Sciences Centre (1), St. Clare's Mercy Hospital (1), Janeway (1), St. John's.
  - Central Zone - James Paton Hospital (1), Gander.
  - Western Zone - Western Memorial Regional Hospital (2), Corner Brook.
  - Labrador-Grenfell Zone does not have an MRI scanner and all patients are referred to other Zones.

- The current wait times for both urgent and non-urgent MRI exceed recommended access targets of the Canadian Association of Radiologists (CAR), especially in Eastern Urban Zone. The wait time national target for an MRI is as follows:

Priority	Recommended Wait time
Emergent	24 hours
Urgent	7 days
Semi Urgent	30 days
Non-urgent	60 days

- Recent improvements implemented by NLHS in the MRI Wait Time Initiatives Plan since April 2024 include:
  1. Expanding to MRI weekend hours of service across the province.
  2. Purchasing new artificial intelligence (AI) software for three MRIs to accelerate the acquisition of MRI images and improve image quality.
  3. Purchasing a fourth MRI for Eastern Urban Zone.

- Replacement of the existing MRI in Central Zone is approved for 2024-25 under the regular capital equipment replacement plan. This newer model MRI will come with enhancements to reduce scan times, which, in turn, will increase throughput of patients and reduce wait times.

- NLHS' plan also proposed to increase capacity for non-urgent MRI scanning and reduce wait times [redacted]

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

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

- NLHS provided an update on Eastern Urban Zone as of July 18, 2024.
  1. NLHS advises that the current MRI hours of service have been expanded Monday through Friday 0800-2300, and Saturday and Sunday 0800-1600 since April 2024.
  2. AI software has been installed on the MRI located at the Health Sciences Centre, as well as the machine in Western Zone.
  3. Site visits for the fourth MRI at the new Ambulatory Care Hub will commence before August 16, 2024,

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

- As a result of these approved initiatives, the monthly average number of MRI scans completed has increased by 24 per cent.
  - The number of patients waiting to be booked for an MRI in Eastern Urban Zone has decreased by 17 per cent.
  - The number of patients waiting to be booked for an MRI in Central Zone has decreased by 41 per cent, which is partially due to its successful three-week trial of weekend hours.
  - Western Zone received the second MRI scanner in the new hospital in Corner Brook, bringing the provincial total to six. Western Zone is currently operating both scanners utilizing current staffing levels As a result, there was a 39% increase in the number of patients waiting to be booked. 29(1)(a), 35(1)(d)

- To further reduce MRI wait times, NLHS is seeking approval is install a second MRI at the new AHH in Eastern Urban Zone.

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

Analysis:

- NLHS' analysis, using the 90th percentile of scans, shows that non-urgent wait times will still be 7.3 months in Eastern Zone once all the approved initiatives of the MRI Wait Time Initiatives Plan is implemented, which is still beyond the recommended CAR target of 60 days (2 months). Previously,

- NLHS previously advised that wait time targets were achievable based on the MRI Wait Time Initiatives Plan but has since revised their projections based on updated analysis. To align more closely with wait time targets, the second MRI scanner is being requested at the AHH.

- The second MRI at the AHH would add the same capacity as the first MRI at the AHH, which is a maximum of 10,080 non-urgent scans per year per MRI, based on 20 minutes per scan. An MRI scan may take between 20 and 90 minutes, depending on the size of the area being scanned and the number of images being taken. There is also no provincial standard for the length of time per scan; therefore, the scan time for the same body part may vary across the province depending on the radiologist's need for images for diagnosis.

- In 2023-24, for Eastern Zone only, 15,825 MRI scans were completed with three MRIs and 1,203 outpatient appointment scans were no-shows. If all these appointments returned to the wait list and were rebooked, then that equates to 2,406 appointment slots and further increases the wait times. If a second MRI were approved for the AHH, there would be five MRIs in Eastern Zone. Combined with all other approved initiatives (i.e., additional MRI at AHH, extended hours, AI software), the maximum estimated number of scans that could be completed annually for Eastern

Zone is 59,213. This is a 274 per cent increase (or an additional 43,388 scans) in their maximum scan capacity.

- While the maximum volume for five MRIs in Eastern Zone could be 59,213 scans annually, not all scans are expected to be completed 20 minutes, as noted above. If NLHS, Eastern Zone completed 80 per cent of the estimated maximum volume of scans annually, that would be 47,370 scans annually, and the recommended target for completion is 7 to 60 days.

- NLHS advises that second MRI at the AHH, in combination with all other approved initiatives in the MRI Wait Time Initiatives Plan, would decrease the non-urgent MRI scan wait time from 7.3 months to 5.1 months in Eastern Zone, based on 20 minutes per scan. This is still beyond the recommended access targets of 7 to 60 days for MRI scans, so this new capacity (which will take at least a year to fully implement) is needed to help eliminate the backlog and over time provide access within the recommended targets.

- 29(1)(a)

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

- Work is ongoing to address missed appointments, noting a seven per cent no-show rate for MRI across the province despite an Automatic Notification System for appointment reminders and a public awareness campaign on the impact of missed appointments.

- Ongoing initiatives to reduce the seven per cent no-show rate to two per cent include:
  - Adding extra clerical staff to manage a cancellation list that will ensure all available time slots are filled every day.
  - Completing an audit to remove duplicate referrals.

35(1)(d)

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

- Additional staff will be required to operate two MRIs at the AHH, with a central control room.

- o With the first MRI, approval was given to hire five FTEs (four Diagnostic Imaging Technologist III and one Clerk) with a funding requirement of $504,376 annually.
- o Approval of a second MRI at AHH will require two additional Diagnostic Imaging Technologist IIIs, two Personal Care Attendants (with additional radiation safety training) and an additional Clerk for an additional cost of $432,108 annually.

- o In total, if two MRIs are operational at AHH, there will be a total of ten FTEs (six Diagnostic Imaging Technologist III; two Personal Care Attendants; and two Clerks) for a total annual cost of $927,484.

- The capital cost of the first MRI, as well as staffing and leasing costs for the first MRI at the AHH were approved in BN-2024-00195.

- NLHS is requesting an increased operational budget over three years to expand MRI services further by adding a second MRI at the AHH to meet the clinical demand for non-urgent MRI. A summary of costs is noted below for the second MRI:

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

Budget 2024 - New Initiative Financial Template				
OPERATING REQUIREMENTS FOR 2ND MRI AT AHH*				
INITIATIVE NAME		**2024-25 Request (February and March 2025 Only - Prorated)**		
	Staffing	$ 70,500		
	MRI Service Contracts **	$ -		
	Lease	$ 58,330		
TOTAL OPERATING REQUEST		$ 128,830		
CAPITAL REQUIREMENTS				
	2nd MRI			
	Installation Costs (AHH)			
TOTAL CAPITAL REQUEST		$ -		
TOTAL OPERATING AND CAPITAL REQUEST		**$ 128,830**		

* Excludes funding for 1st MRI at AHH which is already funded for 2024-25.
** NLHS advises that the MRI service contracts will begin in 2026-27 because newly acquired MRI scanners are under a one-year warranty for 2025-26.

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

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29(1)(a)

Alternatives:
29(1)(a), 35(1)(d), 35(1)(g)
Alternative 1: Support NL Health Services' request to secure of a second MRI scanner for the AHH; approve operational costs for the second scanner at a cost of $128,830 in 2024-25; **(Recommended)**
29(1)(a)

Pros:
- o Reduce the wait time for MRI scans and diagnosis, leading to better patient outcomes.
- o Positively impacts the wait times for non-urgent MRIs for patients province wide.
- o Wait times will be closer to accepted CAR recommended targets.
- o
- o

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

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

Cons:
- o Additional funding will be required for operational costs, such as staff, leasing, and service contract
- o [redacted] 29(1)(a)

Alternative 2: Do not approve a second MRI at the AHH. **(Not Recommended)**

Pros:
- o No additional funding required.

Cons:
- o Will not address existing wait times for non-urgent MRIs in the current fiscal year.
- o Wait times will not be closer to accepted recommended targets.
- o Longer wait time for MRI will persist in the current fiscal year [redacted] 29(1)(a)

Prepared/Approved by: S. Sheppard, J. Sanger/K. Nolan/J. Herritt/J. McGrath
Ministerial Approval: Received from Hon. John Hogan, KC

August 12, 2024

Decision/Direction Note
Department of Health and Community Services

Title: Replacement of Point-of-Care Hematology Instruments, Province-wide

Decision/Direction Required:

- Whether or not to provide funding in the amount of $605,000 to NL Health Services to facilitate the replacement of point-of-care hematology instruments at all 23 community health centres across the province.

- It is recommended that funding in the amount of $605,000 be provided to NL Health Services to facilitate the replacement of point-of-care hematology instruments at all 23 community health centres across the province.

Background and Current Status:

- The current point-of-care testing (POCT) hematology instruments utilized at all 23 community health centres is the Sight Dx Olo.

- On July 3, 2024 Sight Dx, the manufacturer of the POCT haematology device, Olo, advised NL Health Services that they will cease all support and production of kits and devices at the end of September 2024.

- The notice of discontinuation of the Sight Dx Olo system with a short timeline requires rapid transitioning to an alternative technology.

- NL Health Services advises that there is only one alternate POCT unit currently approved in Canada, the Sysmex pocHi.

- NL Health Services have received two cost proposals for the Sysmex pocHi:
  - Purchase at $18,500 / unit plus service and reagents, for a total cost of $489,500,
  - Lease the units for 60 months at a cost of $208,000 per year.

- Both the purchase or lease options will require an additional interface cost of $5,000 per instrument, totalling $115,000.

- NL Health Services are requesting $605,000 in emergency capital funding to facilitate replacement of the current POCT devices.

Analysis:

- NL Health Services advises that due to the very short timeline to procure and validate new instruments, there is a high potential for service interruptions.

- Cost to purchase the units totals $605,000 compared to $1,155,000, including the $115,000 installation costs, thus the purchase option appears to be the better value proposal.

- In 2024-25, the Department of Health and Community Services was provided with $35,000,000 in capital equipment funding. To date, $34,000,000 of this funding has been allocated thereby leaving $1,000,000 remaining available to fund this request, if approved. While this request will consume the majority of the contingency (leaving only $395,000

available for the remainder of the year), NL Health Services have no option but to proceed with replacement of these devices.

Alternatives:

- **Alternative 1:** Provide funding in the amount of $605,000 to NL Health Services to facilitate the replacement of point-of-care hematology instruments at all 23 community health centres across the province. **(Recommended)**

  Pros:
  - Will ensure that point-of-care testing is able to continue at the community health centres, and
  - Will ensure that patients have access to such a service when required.

  Cons:
  - Requires funding in the amount of $605,000.

- **Alternative 2:** Do not provide funding in the amount of $605,000 to NL Health Services to facilitate the replacement of point-of-care hematology instruments at all 23 community health centres across the province. **(Not Recommended)**

  Pros:
  - Will not require funding in the amount of $605,000.

  Cons:
  - [redacted]
  - [redacted]

  29(1)(a)

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

August 12, 2024

Decision/Direction Note
Department of Health and Community Services

Title: Provision of RSV vaccines to adults over the age of 60 years of age in congregate living settings.

Decision/Direction Required:

- Whether to provide publicly RSV vaccine to seniors 60 years and older (60+) in congregate living settings.

- It is recommended that the Department of Health and Community Services (DHCS) provide publicly funded RSV vaccine, when available, to residents 60+ of congregate living settings for 2024-25 respiratory season at a cost of $690,690.

Background and Current Status:

- Respiratory Syncytial Virus (RSV) seasonal upper respiratory infections and causes self-limited runny nose and cough in most individuals.

- Infants less than one year old, adults who are immunocompromised, or seniors over the age of 65 years are more vulnerable to severe infections and complications such as pneumonia, which may require admissions to hospital or intensive care units.

- It is estimated that 185 adults over the age of 65 were hospitalized for RSV infection from 2011-2021.

- The number of RSV outbreaks in seniors congregate living facilities have been increasing since 2019, except for the COVID-19 pandemic years. From 2011 to 2020 there were 57 RSV outbreaks in seniors congregate living facilities versus 46 in 2023 and 2024.

- There are no effective antiviral treatments for RSV infections.

- NACI released a statement on July 12, 2024, recommending RSV vaccination for adults 75 years and older (75+) living in community and adults 60+ in nursing homes and other chronic care facilities.

- The RSV vaccine products authorized in Canada are RSVPreF3 (AREXVY, manufactured by GSK) and RSVpreF (Abrysvo, manufactured by Pfizer).

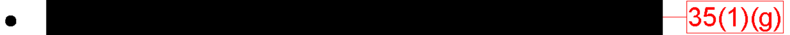
Analysis:

- The risk associated with RSV infection increases with age and the presence of chronic medical conditions. In one Canadian study, RSV hospitalization rates per 100,000 population were: 13.9 in ages 50 to 59 years, 43.7 in ages 60 to 69 years, 88.6 in ages 70 to 79 years and 282.5 in ages 80 years and older.

- The risk of mortality during hospitalization from RSV in adults aged 75+ is 5.6 per cent as per a study conducted in the United States.

- A study done in the United States found death associated with RSV was higher in the group admitted from long-term care facilities (38 per cent) than in the group admitted from the community (3 per cent).

- According to NACI's economic evaluation, RSV vaccine is cost-effective if offered to residents 60+ of long-term care homes and for seniors 75+ living in community.

-  35(1)(g)
- There are approximately 7,800 residents living in seniors congregate living facilities aged 60+.

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

- Based on 2023 data, there are 52,974 individuals aged 75+. The goal for RSV vaccination coverage for adults 75+ is 50 per cent of the population. 29(1)(a)
- Currently, vaccinations in seniors congregate living facilities are provided within the public health and long term care systems. 29(1)(a)
- Ontario is the only province to date that has publicly established an RSV vaccine program for seniors since 2023. Alberta has indicated it will provide to those 75+. Nova Scotia, Prince Edward Island, New Brunswick, and Yukon have indicated programs for seniors in congregate living. 29(1)(a), 34(1)(a)(i) (see annex A for a jurisdictional scan).
- 29(1)(a)

Alternatives:

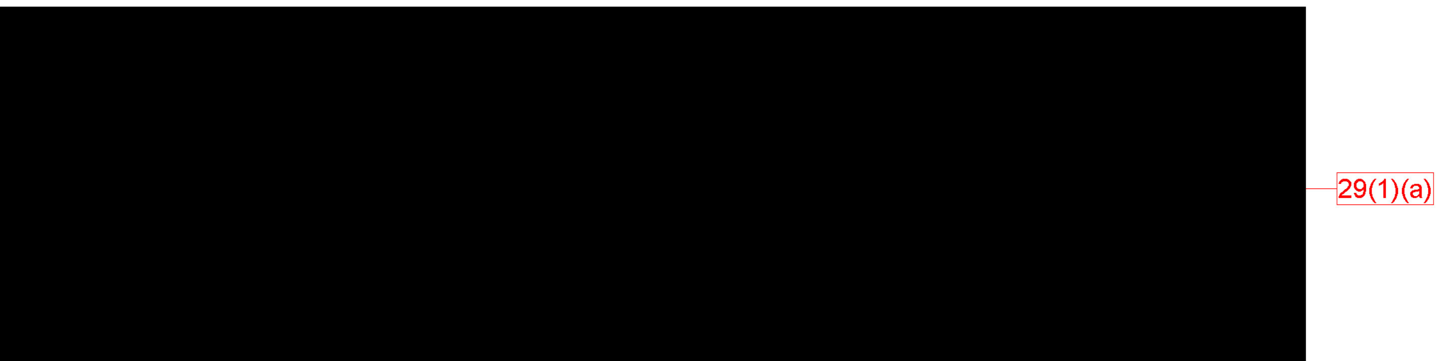
Alternative 1: Provide publicly funded RSV vaccination to residents of seniors congregate living facilities, aged 60+, at a cost of $690,690 **(Recommended)**

Advantage:

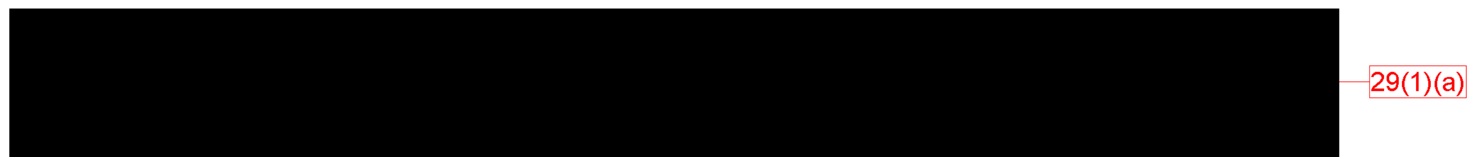
- Reduction of RSV infection in those adults at highest risk of severe RSV disease.
- Potential reduction in RSV outbreaks in seniors congregate living facilities.
- 29(1)(a)
- In line with several other Canadian jurisdictions, including all other Atlantic provinces.

Disadvantage:

- 29(1)(a)
- Additional cost not covered by current vaccine budget.



29(1)(a)



29(1)(a)

Alternative 3 : Do not provide publicly funded RSV vaccination to adults for the 2024-25 respiratory season **(status quo)**

Advantages:

- Cost of providing and procuring RSV vaccine will be avoided.

Disadvantages:

29(1)(a)

Prepared/Approved by: C. Foo/J. Fitzgerald/A. Tucker/J. Herritt/J. McGrath
Ministerial Approval: Received from Hon. John Hogan, KC

August 12, 2024

Redactions on this page are pursuant to sections 29(1)(a), 34(1)(a)(i), and 34(1)(b) of ATIPPA, 2015

Annex A

2024-25 RSV Vaccine Program Jurisdictional Scan (Confidential)	
British Columbia	Unknown
Alberta	Yes for 75+ if supply available
Saskatchewan	
Manitoba	
Ontario	Established program in 2023
Quebec	
New Brunswick	High risk program for 2024-25, similar to Nova Scotia.
PEI	Seeking quantities for individuals residing in LTC and congregate living.
Newfoundland	
Yukon	Yes, Fall 2024 program in LTCF and 75 years of age if supply available
Northwest Territories	
Nunavut	Unknown
Nova Scotia	High risk program for 2024-25. Initial year program is for older adults 60+ in LTC and hospital inpatients awaiting placement.

Decision/Direction Note
Department of Health and Community Services

Title: Downtown Health Collaborative Clinic

Decision/Direction Required:

- To provide approval (or otherwise) for NL Health Services to issue an open call for bids for the leasing of space on a temporary basis in St. John's (Downtown area) to support an expanded Downtown Health Collaborative Clinic.

- It is recommended that:
  - approval be provided for NL Health Services to issue an open call for bids for the leasing of space on a temporary basis in St. John's (Downtown area) to support an expanded Downtown Health Collaborative Clinic; 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:

- Since 2015, the Eastern Urban Zone of NL Health Services, as a member of the Downtown Health Care Collaborative (DHCC), has provided health resources in the form of various healthcare professionals embedded within those organizations which form the DHCC, including The Gathering Place, Stella's Circle, Choices for Youth and the Salvation Army Centre for Hope amongst others.

- In 2018-19 these staff were transferred under the umbrella of Primary Health, and now includes a harm reduction team which provides services such as STBBI testing, HEP C testing and treatment, HIV testing and treatment, single session mental health counselling, provision of SWAP supplies, a street outreach program, visits to shelters across the metro downtown, as well as a mobile health clinic.

- To expand service offerings to meet the needs of the population it aims to serve, NL Health Services have proposed a HUB and SPOKE service delivery model. The HUB will be a standalone site offering all current health-related services, with current staff being relocated from DHCC partner sites to the HUB location, but who will continue to provide services to the partners (Spokes) through outreach. The program will also incorporate staff from other programs (e.g. Mental Health and Addictions, Public Health, Community Supports, etc.) and will be explicitly designed to meet the health needs of vulnerable individuals.

- On June 14, 2024 Government announced the construction of a new Downtown Health and Well-Being Centre to be built on the former Grace Hospital site which will include the HUB space as proposed above. Construction of this new facility is expected to take 3 – 5 years to complete.

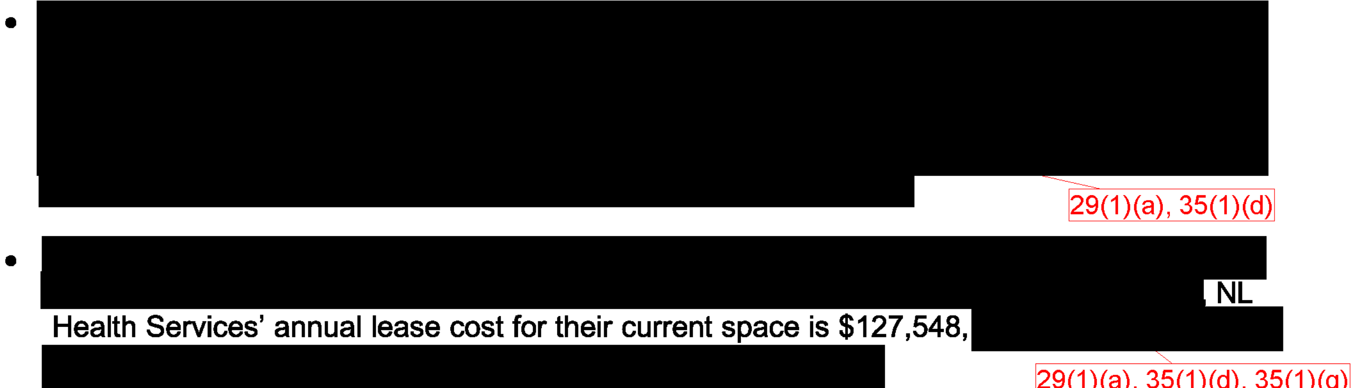
- Currently, the DHCC operate a small clinic (i.e. the former Gathering Place clinic) out of leased space at 35 Campbell Avenue. The current space is insufficient to meet the ever-growing needs and the building has experienced ongoing plumbing issues which has caused NL Health Services to close the clinic sporadically and turn away clients. The building has also been listed for sale.

- NL Health Services are requesting approval to issue an open call for new leased space on a temporary basis (until the new Downtown Health and Well-Being Centre is complete) to support expanded clinic operations for the HUB site.

Analysis:

- Given the space constraints in the current clinic, along with the ongoing plumbing issues and the fact that the building has been listed for sale, not to mention that the new Downtown Health and Well-Being centre will take several years to complete, a new larger HUB clinic location is required in the interim to meet the ever-growing demand for such services until construction of the new Centre is complete.

- The site will need to be in the downtown zone of St John's to best service the target population.



- NL Health Services' annual lease cost for their current space is $127,548,

- Since the procurement process will take a number of months to finalize, after which time the successful proponent would require time to get the site ready for occupancy, the impact on the 2024/25 fiscal year will be limited (or nil).

- Budget 2024 allocated $30M to support the establishment of Family Care Teams in the province,

29(1)(a)

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

- With this announcement, NL Health Services should align the leasing term with the anticipated timelines for completion / occupancy of the new Centre.

- 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 on a temporary basis in St. John's (Downtown area) to support an expanded Downtown Health Collaborative Clinic. **(Recommended)**

  <u>Pros:</u>
  - Will allow for expanded clinical operations to meet ever-growing service demands; and

- Will ensure that the Downtown Health Collaborative staff have the appropriate spaces from which to provide services.

Cons:

- Increased leasing costs.

- **Alternative 2:** Do not provide approval for NL Health Services to issue an open call for bids for the leasing of space on a temporary basis in St. John's (Downtown area) to support an expanded Downtown Health Collaborative Clinic. **(Not Recommended)**

Pros:

- No increase in leasing costs.

Cons:

- No opportunity to expand service offerings to meet client demand, and
- Clients requiring such services will not see any improvement in access to health services

29(1)(a)

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

August 13, 2024

Decision/Direction Note
Department of Health and Community Services

Title: Amendments to the **Dental Hygienists Regulations**

Decision/Direction: Whether to approve the attached amendments to the **Dental Hygienists Regulations** under the **Health Professions Act**.

Background and Current Status:

- The **Health Professions Act** (the Act) received Royal Assent on June 21, 2010. Among other things, the Act established the Newfoundland and Labrador Council of Health Professionals (the Council), as well as a professional college for each designated health profession.

- The Council regulates each of the health professions designated in the Schedule of the Act. Separate professional colleges established for each health profession designated under the Act provide, among other things, professional expertise and guidance to the Council. For Dental Hygienists, the Newfoundland and Labrador College of Dental Hygienists (the College) is that professional college.

- In March 2023, the Council wrote to the Department requesting changes to the **Dental Hygienists Regulations** (the Regulations) to replace outdated references to the National Dental Hygiene Certification Board, which in 2022 had amalgamated with the Federation of Dental Hygiene Regulators of Canada.

Analysis:

- Paragraph 53(a) of the Act provides that the Council may, with the approval of the minister, make regulations prescribing criteria for registration and renewal of registration.

- Section 5 of the Regulations outlines requirements which entitle an individual to be registered as a dental hygienist with general status. This includes an exception to certain requirements for persons who have been granted a certificate to practice dental hygiene from the National Dental Hygiene Certification Board, if they meet other specified requirements.

- The attached amendments to the Regulations would:
  - replace references to the National Dental Hygiene Certification Board with references to the Federation of Dental Hygiene Regulators of Canada, thereby updating the name of the relevant certification provider; and
  - update wording to provide for gender neutral language.

- The Council has been consulted and is supportive of these changes. Katherine Peddle, the Chairperson of the Council, has signed the **Dental Hygienists Regulations (Amendment).**

- While these are Council regulations, they require ministerial approval.

Alternatives:
Alternative 1: To approve the attached **Dental Hygienists Regulations (Amendment)** (Annex A). **(Recommended)**
Advantages:
- Satisfies the request from the Council.
- Updates the name of relevant certification provider.

Please note that the amended regulations are published online at the following weblink: https://www.assembly.nl.ca/legislation/sr/annualregs/2024/nr240051

- Updates drafting to provide for gender-neutral language.

Disadvantages
- None identified.

Alternative 2: Do not approve the attached **Dental Hygienists Regulations (Amendment)** (Annex A). **(Not Recommended)**
Advantages:
- None identified.

Disadvantages
- Does not satisfy the request from the Council.
- Does not update the name of relevant certification provider.
- Does not provide for gender-neutral language.

- If approved, the **Dental Hygienists Regulations (Amendment)** should be signed where indicated. HCS officials will then arrange for publication of the regulations in the Newfoundland and Labrador Gazette. The regulations will come into force upon publication in the Gazette.

Prepared/Approved by: S. Brunet/J. Caines/J. McGrath
Ministerial Approval: Received from Hon. John Hogan, KC

August 13, 2024

Decision/Direction Note
Department of Health and Community Services

Title: Medication Gap Coverage for Opioid Agonist Therapy

Decision/Direction Required:

- To seek approval for one-time funding of $175,000 to Newfoundland and Labrador Health Services (NLHS) for a Gap Coverage Pilot Project within the Opioid Dependence Treatment (ODT) Hubs to help reduce the financial barriers preventing or deterring individuals from seeking treatment for opioid use disorder. Funds will be provided to the NLHS Zones as follows based on identified need:
  - Eastern - $105,000
  - Central - $ 25,000
  - Western- $35,000
  - Labrador- $10,000

- Funding is available under the Provincial Alcohol Action Plan to support this request.

Background and Current Status:

- An estimated 9.6 per cent of Canadian adults who have used opioids report problematic use, and the Canadian Centre on Substance Use and Addiction reported the overall cost of opioid use in Canada in 2020 was $7.1 billion, or 14.4 per cent, of the total costs attributable to substance use overall.

- In a release by the Government of Canada in March 2023, it was noted since 2017, the federal government has committed over $800 million to directly address the opioid crisis in Canada. A main priority for the allocation of funds has been increasing access to opioid agonist treatment (OAT). In Newfoundland and Labrador, these funds helped establish the successful Opioid Dependence Treatment Hubs, which provide individuals access to OAT same day or next day.

- OAT is an evidence-based treatment approach for opioid use disorder (OUD) that involves the use of medications, such as oral methadone, oral buprenorphine/naloxone and injectable extended release (ER) buprenorphine. These medications help reduce cravings, prevent withdrawal symptoms, and stabilize individuals with OUD, allowing them to function normally and engage in treatment and recovery efforts.

- People living with OUD often face many oppressive factors, which create significant social inequities when seeking treatment. Examples include precarious housing, unemployment, poverty, and active substance use, all of which make it difficult for people to access social services.

- It is common for individuals seeking OAT to encounter difficulty with the cost of medications. With methadone costing approximately $10/day, buprenorphine/naloxone upwards of $25/day and buprenorphine ER injection costing $650/month, treatment can quickly become expensive and out of reach for non-insured clients.

- The Newfoundland and Labrador Prescription Drug Program (NLPDP) provides financial assistance for individuals through five plans based on either a means test (assessment of income and medication expenses). The need for the following program requirements often present barriers for individuals with OUD:
  - Completed income tax returns for the most recent taxation year;
  - A home address;

- Completion of applications/forms either, online, over the phone or by mail;
- Personal identification;
- Bank accounts for direct deposit or income verification; and
- A valid MCP card.

- Many individuals may be eligible for NLPDP coverage but require support to gather information to complete the application process. This delays people from being able to begin OAT. ODT Hub staff can assist individuals with this, but in most cases, short-term coverage of OAT medication is still required until application processing is complete.

- Once initiated on ODT, service providers at the ODT Hubs can support individuals in the process of securing required documentation and completing coverage applications. In most instances, this will require short-term coverage (<1 month) while others may require a longer-term coverage (>3months).

- If approved, one-time funding of $175,000 will cover costs associated with providing medication for individuals currently uninsured while they complete the process for NLPDP coverage (See Appendix A). HCS will also be tasked with evaluating the project's outcomes after one year to determine its effectiveness, program outcomes and recommendations for addressing this need in the future.

Analysis:

- Approximately 4.1 million Canadians do not have private insurance and are eligible for public coverage, but do not enroll in public plans. Moreover, in Newfoundland and Labrador, an estimated 42,000 residents eligible for coverage under the NLPDP are not enrolled.

Please note that the above figure is from 2017 and may no longer be accurate.

- There are approximately 30 new people starting OAT monthly across the province. Of these, approximately one half, or 15 people per month, have difficulty paying for their medication when initiating treatment.

- While not all individuals are eligible for public coverage, provision of financial support during the initiation phase also allows time for individuals to establish increased stability and secure take home or carry doses of medication, which significantly cuts the cost of daily/monthly supply.

- Research shows a notable decrease in costs associated with law enforcement, health care and lost productivity when comparing treated vs untreated opioid use disorder.

- A jurisdictional scan found gap coverage programs in Alberta and British Columbia which provide medication coverage for individuals without coverage who wish to start on OAT. The Alberta program provides immediate, no-cost OAT medication coverage for up to 120 days (with possibility for extension) for individuals who have an Alberta Health Card, and British Columbia has a similar plan, but additionally provides coverage for individuals without a provincial health card or have applied but are still in the coverage waiting period. The implementation of these programs has provided coverage for approximately 5 per cent of individuals receiving OAT.

- Individuals unable to pay for OAT medication are at high risk of not starting or discontinuing treatment due to system barriers and unlikely to resolve them independently to meet eligibility criteria for coverage. Without financial and social supports, it is also unlikely individuals in active addiction will return to seek OAT and will continue to use substances despite a desire for treatment.

- If approved, HCS will monitor and evaluate the pilot Medication Gap Coverage and inform Insured Services of any findings relevant to the NLPDP program.

Alternatives:

Alternative 1: Approve funding to pilot a Medication Gap Coverage program for one year (**Recommended**).

Advantages:

- Supports initiation of OAT for individuals otherwise unable to afford it, thereby improving timely help seeking, health outcomes and quality of care.
- Supports reduction of overall health care cost by providing treatment that can decrease emergency visits, reduce the spread of infectious disease, and minimize the impact of chronic illness on population health.
- Promotes equity by ensuring all individuals, regardless of financial status, have access to necessary medication and reduces disparities in health care access and outcomes.
- Opportunity to collect data on systemic gaps and barriers to be addressed going forward.

Disadvantages:

- Requires additional funding to support the project.
- [redacted] 29(1)(a)

Alternative 2: Do not approve funding to support and pilot a Medication Gap Coverage program **(Not Recommended)**.

Advantages:

- No additional financial support needed.
- [redacted] 29(1)(a)

Disadvantages:

- Missed opportunity to improve quality of care and quality of life for individuals living with OUD.
- Missed opportunity to avoid unnecessary emergency room visits and acute care stays.

Prepared/Approved by: L. Stagg/G. Hussey/N. Legge/P. Barnes/J. McGrath
Ministerial Approval: J. Abbott Aug 13/24

August 13, 2024

Appendix A

Budget Estimate

In creating a budget for this pilot project information was gathered from pre-existing research across Canada, unofficial statistics gathered from the provincial ODT Hubs, and the NLPDP formulary.

The data from the ODT Hubs indicated that approximately one half of new starts have difficulty paying for their medication when initiating treatment.

When calculating the cost, consideration was given to the highest possible daily cost for OAT medication. This maximum cost would be reached if an individual was on a daily dose of 22mg of Suboxone, which would be two 8mg tablets and three 2mg tablets. This value is based on the current cost of this maximum combination of tablets being $9.99, plus the average dispensing fee of $11.96 charged by pharmacies. The total daily cost of Suboxone being approximately $25/day.

As the ODT Hubs, under the Provincial Alcohol Action Plan, are also expanding to include home-based alcohol withdrawal management, the cost of medications related to this program have also been included. The medications required as part of this treatment include Thiamine and a multi-vitamin at a total cost of approximately $20 per person. Additionally, anti-craving medications, such as acamprosate and naltrexone, are first line treatment for Alcohol Use Disorder (AUD) and the cost of these medications will vary depending on dosing. Maximum dosing costs of these medication with dispensing fees would be approximately $200/month.

Based on this information the following calculations have been made.

Service	Anticipated New Stars	Maximum Cost *	Total per month	Total per year	Total Budget
Opioid Agonist Therapy	15 new starts/month	$750.00 (30 x $25)	$11,250 (15 x $750)	$135,000 ($11,250 x 12)	$135,000
Withdrawal Management Services	Anticipated 8 new starts per week	Maximum medication cost per person* $225	Total per month $1,800 (8 x $225)	Total per year $21,000 (12 x $1,800)	$21,600
Fees associated with securing ID	Anticipated 23 total new starts per month	Photo ID $25 Birth Certificate $30	Total per month $1,265 (23 x $50)	Total per year $15,180 (12 x $1,265)	$15,180

*calculated on a monthly basis.

Additionally, fees associated with securing ID's are factored into this calculation as a disproportional number of new starts are without government identification due to the transitional nature of their lifestyle.

Meeting Note
Department of Health and Community Services
Meeting with Town Council of Bonavista
Wednesday, August 14, 2024, 11:00 – 11:30 AM
Microsoft TEAMs Meeting

Attendees:
Hon. John Hogan, Minister, HCS
John McGrath, Deputy Minister, HCS
Glenda Hearn-Ellis, Executive Assistant to Minister
Jeannine Herritt, Assistant Deputy Minister, Regional Services
John Norman – Mayor of Town of Bonavista
Counsellor Stephanie Lodge
Counsellor Tinkham

Purpose of Meeting:

- Follow up to previous meeting on June 17, 2024, with members of the Town of Bonavista regarding the delivery of health services at the Bonavista Peninsula Health Centre, specifically the recruitment and retention of physicians. (NOTE: Chemotherapy services and bloodwork collection services were previous discussed but not included on this agenda. Included below with latest updates).

- A separate meeting was held on July 24, 2024, with Craig Pardy, M.H.A District of Bonavista along with community advocates at which time these three agenda items were discussed. Town of Bonavista council members were not in attendance of this meeting.

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**); incentre hemodialysis services; and allied health services (such as dietetics, occupational therapy, and physiotherapy).

- Long-term care is offered through Golden Heights Manor (70 beds and several cottages) and the Bonavista Bungalows Protective Community Residence (12 beds), which provides specialized care and accommodations for individuals with moderate to advanced dementia.

- 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: Recruitment and retention of physicians
Current Status:

- Recruitment and retention of family physicians continues to be a challenge across the province and across all of Canada. The physician shortage is [REDACTED] 29(1)(a) 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:

- Currently 1 full-time physician has signed as full-time for another year. A second physician continues to provide services to the Bonavista ER [REDACTED] 40(1)
40(1) [REDACTED] [REDACTED]
29(1)(a), 35(1)(c), 35(1)(d)

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

- 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.
  - 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.
  - 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.

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 [redacted 35(1)(d)] [redacted 35(1)(d)] 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

- 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 June 2023 to June 2024:

Month	ED Diversion (Closure) Hours	Virtual ED Hours	Total
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
June 2024	0	24	24

*Note: The temporary closure at Bonavista Peninsula Health Centre in April 2024 was due to a critical transport that required the ER physician to accompany the patient during transfer.

- 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. NLHS advised that Teladoc is used on times for VER (ie virtual triage and assessment).

- 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.

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.

29(1)(a), 35(1)(c), 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: 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. In response to these concerns, **NLHS committed to a return to a hybrid model of walk-in and appointment in September 2024.**

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. In previous discussions, NLHS advised that the most appropriate route to initiate this change would be the Community Advisory Council (CAC). Correspondence regarding these recommendations was sent to Mr. Pardy (COR-2024-200234/01).

- Since previous discussions, NLHS confirms that the return to a hybrid model of walk-in and appointment service for Laboratory Medicine/Specimen Collection will occur September 2024 when human resources stabilize after summer months. This information has been shared with the Mayor of Bonavista and will also be shared at the next CAC meeting, which is taking place this week.

Potential Speaking Points:
- o I recognize the importance of accessing health services in a timely manner.

- o We are pleased to advise that there will be a return to a hybrid model of walk-in and appointment service for blood collection at the Bonavista Peninsula Health Center commencing September 2024.

- o Newfoundland and Labrador Health Services is focused on providing safe and quality care for the residents of the Bonavista Peninsula.

- o 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 future 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.

Prepared/Approved by: M. Peddle/K. Nolan/M. Bull/S. Sheppard/J. Rose/W. Snow/K. Nolan/J. Herritt/J. McGrath

Ministerial Approval:

August 13, 2024

Meeting Note
Department of Health and Community Services
Pharmacists' Association of Newfoundland and Labrador
Monday, August 19, 2024, 11:30 a.m.
Boardroom 3, HCS, 1st Floor

Attendees: Hon. John Hogan, Minister, HCS
John McGrath, Deputy Minister, HCS
Pam Barnes, Director, Pharmaceutical Services, HCS
Jennifer Collingwood, Executive Director, PANL
Dr. Vanessa Bennett, Vice President, PANL
Dr. Kara O'Keefe, Executive Member, PANL
Brenda Bursey, Economics Committee Chair, PANL

Purpose of Meeting:

- Meeting request by the Pharmacists' Association of Newfoundland and Labrador (PANL) with Minister Hogan to discuss topics of interest to pharmacists.

Background:

- PANL is a non-profit advocacy association representing more than 1,000 pharmacists, pharmacy students and pharmacies throughout the province.

- Established under the Pharmacy Act 2012, PANL is mandated to serve as the professional association representing pharmacists in NL, to promote the profession of pharmacy and to negotiate with providers of prescription drug payment programs.

- Governed by its members, between annual general meetings the Board of Directors, elected by the membership, acts as the governing body, and exercises the rights and powers of the Association. There is also an extensive committee structure (eight committees) in place. The daily work of PANL is conducted by a group of staff who support the current President (Dr. Ashley Waghmare), the Board, and membership. Jennifer Collingwood, Executive Director, is the primary PANL contact for HCS.

- The current agreement with PANL was signed in December 2018 and expired on March 31, 2021, however the terms of the 2018 agreement continue to be followed. No action has been taken by HCS or PANL to open discussions for a new agreement.

- The Newfoundland and Labrador Prescription Drug Program (NLPDP) reimburses the following professional services provided by NL pharmacists:
  - Universal programs, available to all NL residents:
    - Administration of vaccines for Influenza and COVID-19.
    - Prescription extensions to a maximum of 12 months.
    - Assessment and prescribing for 33 ailments and conditions, with a service fee associated for nine.
    - Assessment and prescribing for hormonal contraceptives.
    - Assessment and prescribing of post-exposure prophylaxis for select communicable diseases in consultation with Public Health.
  - Programs specific to NLPDP Beneficiaries:
    - Medication management, including interim supply and adaptations.

- Medication reviews for beneficiaries with chronic conditions who are taking three or more medications.

- Continued advocacy for expanded scope of practice and remuneration for services are a key focus of PANL.

- February 2023, PANL wrote Premier Furey and Minister Osbourne regarding the Canada Health Transfer (CHT) investment in community-based care such as expansion of health care services through pharmacy. PANL advocated that pharmacists are positioned to reduce strain on primary and acute care settings, redirecting those who would otherwise present at emergency or doctors' offices.

- July 2024, PANL wrote Hon. Mark Holland, Minister of Health, and Senator Kim Pate regarding Bill C-64, specifically, the composition of the expert committee expected to be struck following royal assent. PANL fully supports the position of the Canadian Pharmacists Association (CPhA), that the expert committee on pharmacare must include practicing front-line pharmacists. PANL stated they would be strongly advocating for this with the provincial Ministry of Health and Community Services.

Agenda item #1: Further expand scope of practice to include prescribing for and managing acute/chronic conditions like 29(1)(a), 35(1)(d)

- PANL provided research directly to the Health Accord NL taskforce showing that when pharmacists practice to their full scope (i.e., prescribe for and manage acute and chronic conditions like) there is improved access to care, reduced pressure on the healthcare system, and clinical and cost-effectiveness. 29(1)(a), 35(1)(d)

- Point-of-care testing (POCT) is a form of patient-centric health care and refers to diagnostic, monitoring, screening, or prognostic tests performed at, or near, the site of a patient, with the result leading to a possible change in care for the patient. POCT can guide treatment decisions and support care and is provided by health care professionals.

Analysis

- In April 2023, expansion of the scope of practice for pharmacists included assessment and prescribing for an additional four ailments and conditions, bringing the total to 33, as well as introducing service fees for nine of the ailments/conditions; assessment and prescribing for hormonal contraception; and expanding prescription extension criteria. 29(1)(a), 35(1)(d)

- The Newfoundland and Labrador Pharmacy Board (NLPB) has introduced standards to for the use of POCT in the community pharmacy setting.

- Atlantic jurisdictions are expanding the role of community pharmacists in the provision of primary health care services.

Potential Speaking Points

- We recognize the important role that pharmacists are playing in supporting the health of our residents and value the interest in furthering the services available at the community level.

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

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Agenda item #2: Collaborative health care teams

- PANL presents that as members of a collaborative health care team, pharmacists can play a leading role in helping to find solutions to some of the key challenges facing our health care system,

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

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

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

Analysis

- The Health Accord NL Implementation Plan notes that government support for regulatory changes enabling pharmacists to practice to their full scope would increase the accessibility of health care delivery at a lower cost.

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

Potential Speaking Points

- HCS will work with PANL and stakeholders on how to implement recommendations from Health Accord NL.

Agenda item #3: Naloxone Kit Distribution

- Take Home Naloxone Kits are for individuals who are at risk of an opioid overdose and for their friends/family who might witness an overdose.

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

- PANL submitted a business case for pharmacies to distribute naloxone kits for a fee This offer was not accepted.

Analysis

- Individuals can access free naloxone kits through the Provincial Take Home Naloxone program, which includes over 156 public distribution sites. Efforts continue to expand the number and types of distribution locations to further increase access. Individuals can also call 811 for assistance in locating the nearest naloxone distribution site.

- Distribution sites located at emergency departments, mental health and addictions offices, community organizations, municipal offices, and food banks provide free naloxone kits along with training regarding effective opioid overdose response. Kits are also be mailed directly to individuals upon request.

Potential Speaking Points

- I thank you for your proposal, however we are not prepared to accept it at this time as we are continuing to work with community organizations and stakeholders to further expand access points for Naloxone kits.

Prepared/Approved by: R. Piccott/P. Barnes/J. McGrath
Ministerial Approval:

August 13, 2024

Decision/Direction Note
Department of Health and Community Services

Title: Child and Youth Community Health Services (Central Intake)

Decision/Direction Required:

- To provide approval (or otherwise) for NL Health Services to issue an open call for bids for the leasing of approximately 6,000 square feet of space to establish a central intake for Child and Youth Community Health Services.

- It is recommended that:
  - NL Health Services issue an open call for bids for the leasing of approximately 6,000 square feet of space to establish a central intake for Child and Youth Community Health Services; and
  - NL Health Services be directed to absorb the cost of this lease within its 2024-25 budgetary allocation [redacted] 29(1)(a)

Background and Current Status:

- In Budget 2023 approval was provided for the establishment of a Central Intake for Child and Youth Community Health Services (CYCHS) to integrate community-based services for children into one administrative structure.

- CYCHS offers the following services: Provincial Autism Services, Mental Health Bases, Developmental Health and Supportive Services for Children.

- CYCHS includes 17.6 FTEs from three (3) program areas (Child Health, Mental Health and Community Supports program). Nine (9) of the positions were newly approved through Budget 2023 with the remaining positions having been reprofiled/merged from existing programs to come together into a single structure.

- Estimated space requirements:
  - Size: Approx. 6,000 square feet
  - Lease rate: Est. $45 / sq ft (or $270,000 annually plus HST)

Analysis:

- The integration of child and youth community health services under one administrative umbrella will aid in the standardization of the above noted services.

- Integration of mental and physical health care services for children under one program structure will provide the opportunity to see the child and family holistically, with mental health and physical health needs being treated together. This integration would allow for the further development of an integrated Child Health Strategy that will aid families in navigation of the health care system, provide wrap around services for those that have the most complicated health needs, and support them as they transition from child health to adult health services.

- In order to effectively deliver the envisioned service, staff will need to be co-located in an appropriately equipped space. NLHS advises that they are unable to identify adequate space within any of their existing leased or owned facilities.

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

- Given the time required to issue / evaluate / award the open call, and then allowing time for the successful proponent to fit-up the space for occupancy, any required leasing costs in 2024-25 is expected to be minimal and thus NL Health Services should be directed to absorb these costs within their existing budgetary allocation for 2024-25 29(1)(a)

Alternatives:

- **Alternative 1:** Provide approval for NL Health Services to issue an open call for bids for the leasing of approximately 6,000 square feet of space to establish a central intake for Child and Youth Community Health Services. **(Recommended)**

  Pros:
  - Will provide appropriate space to allow for the establishment of the service;
  - Will provide the opportunity to see the child and family holistically, with mental health and physical health needs being treated together; and
  - Will aid in the standardization of such services.

  Cons:
  - Requires an allocation of funding.

- **Alternative 2:** Do not provide approval for NL Health Services to issue an open call for bids for the leasing of approximately 6,000 square feet of space to establish a central intake for Child and Youth Community Health Services. **(Not Recommended)**

  Pros:
  - No allocation of funding required.

  Cons:
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  29(1)(a)

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

August 14, 2024

Decision/ Direction Note
Department of Health and Community Services

Title: Extension of Service Agreement with NL Association of the Deaf

Decision Required:

- Whether to approve an extension to the current service agreement for American Sign Language (ASL) Interpreting Services between the Department of Health and Community Services and the NL Association of the Deaf for a period of six months.

- It is recommended that the current service agreement between the Department of Health and Community Services and the NL Association of the Deaf be extended for six months with a new end date of March 31, 2025.

Background and Current Status:

- ASL interpreting services are provided to any resident of Newfoundland and Labrador who is deaf or has a significant hearing impairment which interferes with their ability to communicate orally.

- The ASL interpreting services that are publicly funded through the current service agreement are short term and limited to medical, crisis counselling, legal, employment, social services, and education.

- In 2018, HCS issued a request for proposals (RFP) for the provision of ASL interpreting services in the above noted areas. As a result, a service agreement was awarded to the NL Association of the Deaf (NLAD) for a five-year period, expiring September 2, 2024.

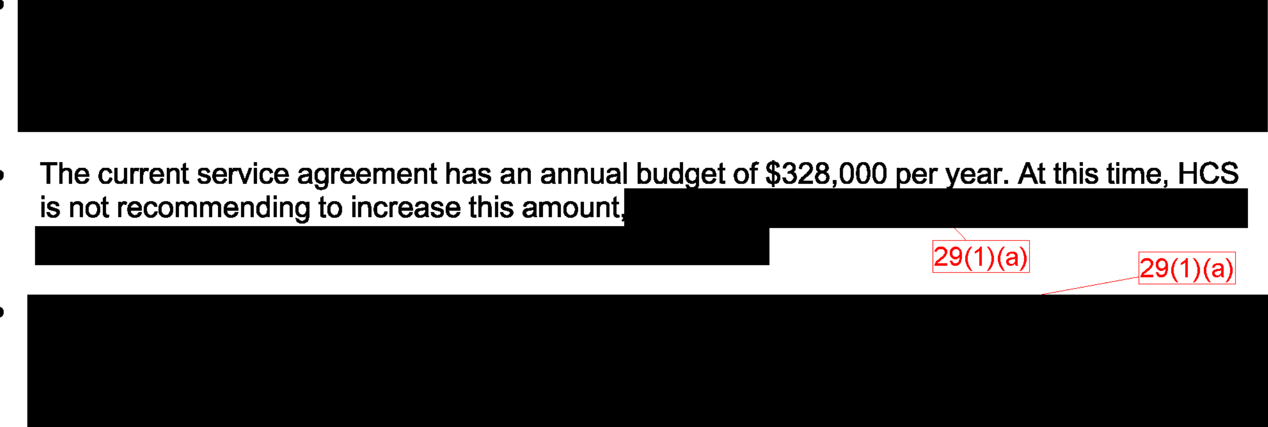
- It is recommended that the current service agreement be extended for six months (March 31, 2025) to ensure services are not disrupted for deaf clients accessing interpreting services through NLAD 29(1)(a), 35(1)(d)

- Several concerns have been brought forward to HCS regarding service delivery, privacy and access and HCS is reviewing these complaints. NLAD is cooperating fully.

Analysis:

- The current service agreement allows for a renewal for an additional five-year period at the discretion of HCS. Further the contract allows for full termination without cause with three months written notice to the service provider.

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



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- The current service agreement has an annual budget of $328,000 per year. At this time, HCS is not recommending to increase this amount,

29(1)(a) 29(1)(a)

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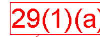


- [redacted]

Alternatives

Option 1: Approve an extension to the current service agreement for American Sign Language (ASL) Interpreting Services between the Department of Health and Community Services and the NL Association of the Deaf for a period of six months, with a new end date of March 31, 2025. **(Recommended)**

Pros:

- Ensures services are not disrupted for deaf clients accessing interpreting services for vital community services.
- [redacted]

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

29(1)(a)

Cons:

- [redacted]

Option 2: Renew the service agreement with NLAD for an additional five-year period. **(Not Recommended)**

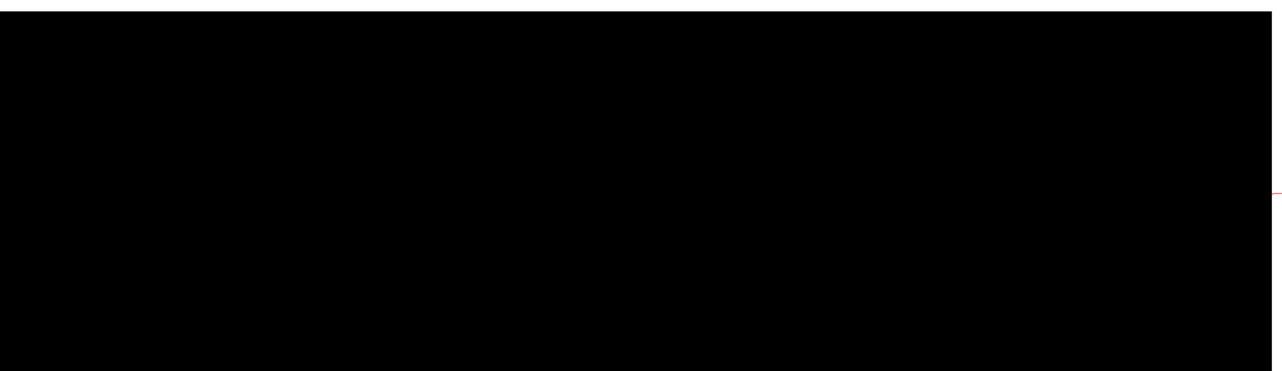
Pros:

- No disruption to interpreting services for deaf clients.

29(1)(a)

Cons:

- [redacted]
- [redacted]



29(1)(a)

Prepared/Approved by: A. Kearley/D. Waddleton/J. Herritt/J. McGrath
Ministerial Approval: Received from Hon. John Hogan, KC

August 15, 2024

Decision/Direction Note
Department of Health and Community Services

Title: Western Zone Request for Family Medicine Physician for Care of the Elderly

Decision/Direction Required:

- Whether to approve a request from NL Health Services, Western Zone for 1.0 FTE to add one new permanent salaried Family Medicine physician for Care of the Elderly at a cost of $236,607.

Background and Current Status:

- Western Zone (WZ) currently has two Family Medicine (FM), Care of the Elderly (COE) positions and one Internal Medicine (IM) Geriatrician providing 2.6 FTEs in total for geriatric medicine. One of the FM positions was approved earlier in the year, and a recent offer of employment has been extended. The IM Geriatrician will be reducing her clinical activity to 0.6 FTE [redacted] 40(1)

- A FM physician provides locum coverage to Rehab and Restorative Care but operates a separate service from the Geriatric Program.

- The Geriatric Medicine service is designed to see older adults with complex medical and social issues that are beyond the scope of general practice and/or other medical and surgical subspecialties.

- With an aging population, there is a growing need for Geriatricians and FM physicians, with Care of the Elderly training. Based on national metrics, there would be a need for 1.25 geriatricians for every 10,000 people over 65 years of age. Newfoundland and Labrador is far below that threshold, and has a rapidly aging population. As this is a relatively new service for NL, the complement is much lower when compared to other provinces.

- In late 2023, WZ had initially submitted a SPAC application for two COE positions but later changed the application to one position while awaiting the opening of the new facility in Corner Brook.

- With the opening of the new Western Memorial Regional Hospital (WMRH) facility, the Acute Care of the Elderly (ACE) Unit was introduced which has beds for 15 patients and has created a greater demand on the current physicians providing care.

Analysis:

- Based on 2021 census, WZ has over 73,400 people. Additionally, they also see some patients from the Labrador Grenfell Zone as it is easier and more affordable for those patients to attend a travelling clinic in Norris Point than to travel to St. John's for assessment.

- The current resources are responsible for the following services:
  - The ACE Unit - one physician, as a part of a multidisciplinary team, provides a Comprehensive Geriatric Assessment (CGA) for each of the 15 patients admitted. CGAs are required to be completed within 24 to 48 hours of admission, depending on the patient priority. In addition to the coverage required for this unit, the physician also covers

inpatients and receives, on average, two CGA requests per day for these inpatients. This results in the CGAs often not being completed in the required timeframe.
  - Outpatient Community Clinic for those who require to be seen within six months for reasons such as non-urgent mood disorders, to those requiring to be assessed within two weeks for reasons such as frequent falling. Despite these time frames, as of June 11, 2024, there were over 140 referrals waiting to be seen, with some of the more urgent ones waiting 85 days and non-urgent 292 days.
  - Travel clinics - every two to three months to Norris Point, Port Aux Basques and Stephenville, 35(1)(d)

The above support community allied health care teams who struggle to manage these patients without physician guidance.

- Each day, one physician covers WMRH, and the two others cover outpatient clinics, long term care consults, travelling clinics, and support to Community Supports programming. There is no Clinical Chief of Older Adult Care.

- Adding an additional COE FM physician will allow for double the number of patients to be seen through outpatient and to resume consults outside of the ACE Unit which was stopped with the opening of the new facility.

- As per the Health Accords Call to Action, WZ geriatric physicians also support and develop care pathways in the following initiatives:
  - Community Paramedicine Program - launched in October 2023, helping frail older adults at risk of decline.
  - Home Dementia Program - helping those with moderate to severe dementia to stay in their community as long as possible.
  - Fracture Liaison Program - launched in January 2024 and is the standard of care across the country. This program requires geriatric medicine physicians to be the medical leads for the nursing staff with this program.

- A provincial Geriatric Call was recently launched with the intent that coverage would be shared by both IM Geriatrics and COE across the province. This has been placed on hold as of July 31, 2024, 29(1)(a), 40(1)

- There are limited geriatric medical services across the province. In addition to the physicians providing these services in the Western Zone, there are two in Central and six in Eastern Zone. There are no geriatric medicine services in Labrador-Grenfell Health.

- The waitlist for outpatient clinics is currently about 100 patients. With the baby boomer generation now reaching 65+, the waitlist for this service is expected to grow.

- 29(1)(a), 35(1)(c), 35(1)(d) The request for another COE physician strongly aligns with the Health Accord's focus on improving geriatric care in the province, including increasing Geriatrician services provided to inpatient, emergency department, and community settings.

- Seniors Health Care supports the request to create the new position as it is in alignment with the Health Accord, the recently released Seniors Health and Well-Being Plan and with Health Transformation Seniors Care.

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29(1)(a)

- SPAC supports the request to approve this new FM-COE position.

Alternatives:

Option 1. Authorize the allocation of $236,607 in new funding for 1.0 FTE for a new permanent salaried Family Medicine, Care of the Elderly physician position for Western Zone. **(Recommended)**

Pros:
- Helps ensure that geriatric care services in the region does not suffer as a result of demand to the physicians and the growing services offered.
- Better quality of care for patients and helps reduce the growing waitlist for the aging population who are some of the most vulnerable in the province.
- Aligns with The Health Accord and Health Transformation Seniors Care.
- Helps secure an interested recruit.

Cons:
- Increase in expenditures of $236,607.

Option 2. Do not authorize the allocation of $236,607 in new funding for 1.0 FTE for a new permanent salaried Family Medicine, Care of the Elderly Physician for Western Zone. **(Not Recommended)**

Pros:
- No additional costs.

Cons:
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29(1)(a)

Prepared/Approved by: A. Pike/C. Antle/ D. Moore/J. McGrath
Ministerial Approval: Received from Hon. John Hogan, KC

August 15, 2024

Direction/Decision Note
Department of Health and Community Services

Title: Financial Support for Prosthetic Limbs Policy

Decision:
- Whether to increase support to clients with (or individuals requiring) a prosthetic limb by:
  - approving the draft Financial Support for Prosthetic Limbs Policy;
  - providing additional funding in the amount of $226,458 for 2024-25, annualized to $543,500 thereafter, for Newfoundland and Labrador Health Services (NLHS) to implement the policy; and,
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29(1)(a), 35(1)(d)

Background and Current Status:
- On May 15, 2024, in the House of Assembly, Lloyd Parrott, MHA for Terra Nova District, questioned Premier Furey on the lack of financial support for clients who purchase prosthetic limbs. He also noted the financial burden of travel to the Miller Centre for rehabilitation following amputation, specifically the limitations of MTAP. Premier Furey committed "to ensuring that those costs are not a burden to those patients and their families."

- The Eastern Zone Adult Rehabilitation team at Newfoundland and Labrador Health Services (NLHS) sees adults and children from across the province. Services offered by this rehabilitation team include the manufacturing, fitting, modification, and repair of prosthetic limbs at the Dr. L. A. Miller Centre. Details on this program are available online at Prosthetics, Orthotics and Seating – Adult Rehabilitation (easternhealth.ca).

- NLHS advises that there are approximately 600 active clients receiving services related to their prosthetic limb at the Miller Centre. On average, 90 new amputee assessments are completed per year at the Miller Centre and most clients will attendee the Amputee Clinic. Approximately 65 to 70 per cent of clients may acquire a prosthetic limb.

- In addition to the clients who access services through the Eastern Urban Zone of NLHS, there are clients that access prosthetic services provided by a private provider in the Western Zone of NLHS, which are partially subsidized by NLHS. Based on available information, Western Zone has advised that they have 62 active clients with the private provider and up to six new clients are added each year.

- The costs for clients requiring prosthetic limbs, includes: 1) the initial purchase of the prosthetic limb; 2) regular maintenance, supplies, and repair costs; 3) socket replacement as needed; and 4) the associated travel to the prosthetics clinic at the Miller Centre.

Prosthetic Limb Costs (Eastern Urban Zone only)
- The cost to purchase a prosthetic limb(s) is $5,000 to $70,000 depending on the type of prosthetic limb. The average cost is:
  - Below Knee (BK) - $14,000 per knee
  - Above Knee (AK) - $16,500 per knee
  - Microprocessor Knee - $52,000 per knee

  According to the information provided by Western Zone of NLHS, these rates are comparable to those charged by the private provider.

- Regular checkup, maintenance, and supplies (e.g., gel liners, repairs) costs between $2,000 and $3,000 per prosthetic limb. Socket replacement due to growth or residual limb changes can cost up to $3,500 per prosthetic limb. NLHS estimates that approximately 80 per cent of client are eligible for coverage through various funding sources.

- Most of the device fabrication at NLHS is lower extremity prosthetic limbs; however, NLHS will fabricate upper extremity prosthetic limbs.
  - BK - 85-90 per cent
  - AK - 10-15 per cent

Please note that the line below contains an error; the client's clinical assessment for a prosthetic limb is considered an insured service under the Hospital Insurance Plan established under the Medical Care and Hospital Insurance Act and associated regulations.

- The client's clinical assessment for a prosthetic limb is considered an insured service under the **Canada Health Act** and there is no cost to the client for this service. Fabrication, maintenance, and repair of the prosthetic limb, including supplies, are not considered an insured service under the provincial health plan, and must be purchased by the client.

- Thirty-nine per cent (39%) of clients are eligible for coverage for prosthetic limbs under the Income Support Program if they are in receipt of Long-Term Care and Community Support Services (LTC CSS). These clients may be responsible for a co-pay which may range from $87 to $1,716, with an average of $462.

- If an individual is not an existing community client eligible for coverage, funding (partial or full) may be available from one of the following sources, if applicable:
  - Private Insurance – 34 per cent of clients
  - WorkplaceNL – 13 per cent of clients
  - Non-Insured Health Benefits (NIHB) for First Nations and Inuit – 6 per cent of clients
  - Veterans Affairs Canada – Small percentage of cases.
  - War Amps – 4 per cent of clients will access War Amps for the total invoice and 38 per cent of clients will access for a partial amount of the invoice.
  - Self-Pay/Other – 4 per cent of clients do not receive funding based on their financial assessment or the client chooses not to pursue a financial assessment.

- Using the funding sources identified above, NLHS aims to secure 100 per cent of funding for a prosthetic limb. Multiple funding sources may be utilized to secure the full cost of a prosthetic limb. However, four per cent of clients do not receive any financial support to purchase a prosthetic limb; these are noted above under Self-Pay/Other.

- War Amps currently acts as a payer of last resort and may provide financial support to cover costs once all other financial resources have been exhausted. Individuals must register with the War Amps to access their services. The War Amps does not employ an income test; however, as a charitable organization, they require all financial benefits from other sources to be submitted with any application. The War Amps will not necessarily cover the full balance cost of a prosthetic limb. It also does not provide funding assistance for supplies or repairs.

- While NLHS has noted that clients often receive full or partial coverage of the actual prosthetic, HCS has drafted the Financial Support for Prosthetic Limbs Policy to provide financial assistance for the purchase of prosthetic limbs, as well as regular maintenance, supplies, and repairs, to eligible residents of Newfoundland and Labrador who are not eligible for various funding sources, or have an outstanding balance to be paid for a prosthetic limb after all other applicable funding sources have approved/denied coverage. The draft policy is attached.

<u>Travel Costs</u>

- MTAP, offered by the Department of Labrador Affairs, provides financial assistance to patients and their escort (if medically required) who incur substantial out-of-pocket travel costs to access **specialized insured medical services** which are not available in their immediate area of residence and/or within the province.

- MTAP coverage requires the individual to be seen by physician specialist. A specialist physician will not often attend appointments for prosthetic limbs, unless medically necessary.

- Prosthetists are not specialists under the definition of a specialist physician; therefore, MTAP currently does not provide financial support for travel for most prosthesis-related appointments and rehabilitation services. However, prosthetists are uniquely qualified to provide prosthetic limbs, which includes the manufacturing, fitting, and repairing of prosthetic limbs.

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

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Analysis:

- Early intervention and timely access to prosthetic limbs can optimize a person's development and quality of life.

- The Government of Newfoundland and Labrador (GNL) is the "payer of last resort" in the delivery of several publicly funded subsidy program, including but not limited to, the Special Assistance Program, the Newfoundland and Labrador Prescription Drug Program, and the Provincial Home Support Program. This requirement means that clients of subsidized programs must access available benefits through their private insurance plans, prior to receiving subsidized GNL benefits.

- As noted above, War Amps currently acts as a payer of last resort for the initial purchase of a prosthetic limb, however, it does not guarantee funding to cover the full cost of a prosthetic limb. Only four per cent of clients do not receive any financial support to purchase a prosthetic limb. NLHS has noted that this may be due to some clients not submitting the required documents for financial assessment to the various funding sources.

- Based on information provided from NLHS, the number of clients that are not eligible for funding to acquire a new prosthetic limb is low. The draft policy proposes that once all funding sources identified above have been explored, NLHS will consider financial support for those who are either ineligible for full funding and/or have identified financial hardship with a co-pay.

- The following are cost estimates are associated with implementing this policy:
  - Initial Purchase: As most clients are eligible for funding through an external source, NLHS expects 10 new clients per year will apply for financial support under this policy to support the purchase of their initial prosthetic limb. If nine clients require funding for the full cost of a BK prosthetic limb and one client requires funding for the full cost of an AK prosthetic limb, the cost estimate is $142,500 annually (BK: 9 x $14,000 = $126,000; AK: 1 x $16,500 = $16,500).

  - Socket Replacement: NLHS advises that it is difficult to estimate the number of socket replacements per year due to variability of demand. HCS estimates 100 socket replacements (valued at $3,500 each) per year of which 80 per cent may be eligible for funding through an external source, which will result in HCS funding requirements of approximately $70,000/year.

  - Check-up and maintenance: There are approximately 662 active clients are currently receiving prostheses-related services at an annual cost estimate of $2,500 for check-ups and maintenance.

NLHS estimates that approximately 80 per cent of clients receive funding through external funding sources, which will result in HCS funding requirements of approximately $331,000/year. (NOTE: while there appears to be a large increase in individuals receiving prosthetic limbs annually, NLHS advised that the overall number of active clients only increases marginally).

- It is recommended that current adults under the care of NLHS, who already have an eligible standard prosthetic limb, will be covered for maintenance, supplies (e.g., gel liners), and repairs for their current prosthetic limb only, when all other funding options have been exhausted. This will include socket replacement due to growth or residual limb changes.

- The total annual estimated program cost is $543,500; however, NLHS noted that further cost analysis will be required on annualized funding requirements as there was limited data available electronically to complete a comprehensive analysis, such as the type of service provided (e.g. socket replacements, repairs, etc), frequency of visits, patient location, and how this data fluctuates on an annual basis. As such, all calculations were estimated based on consultation with the clinicians.

- The data captured by Western Zone of NLHS on the use of the private provider is also limited.

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

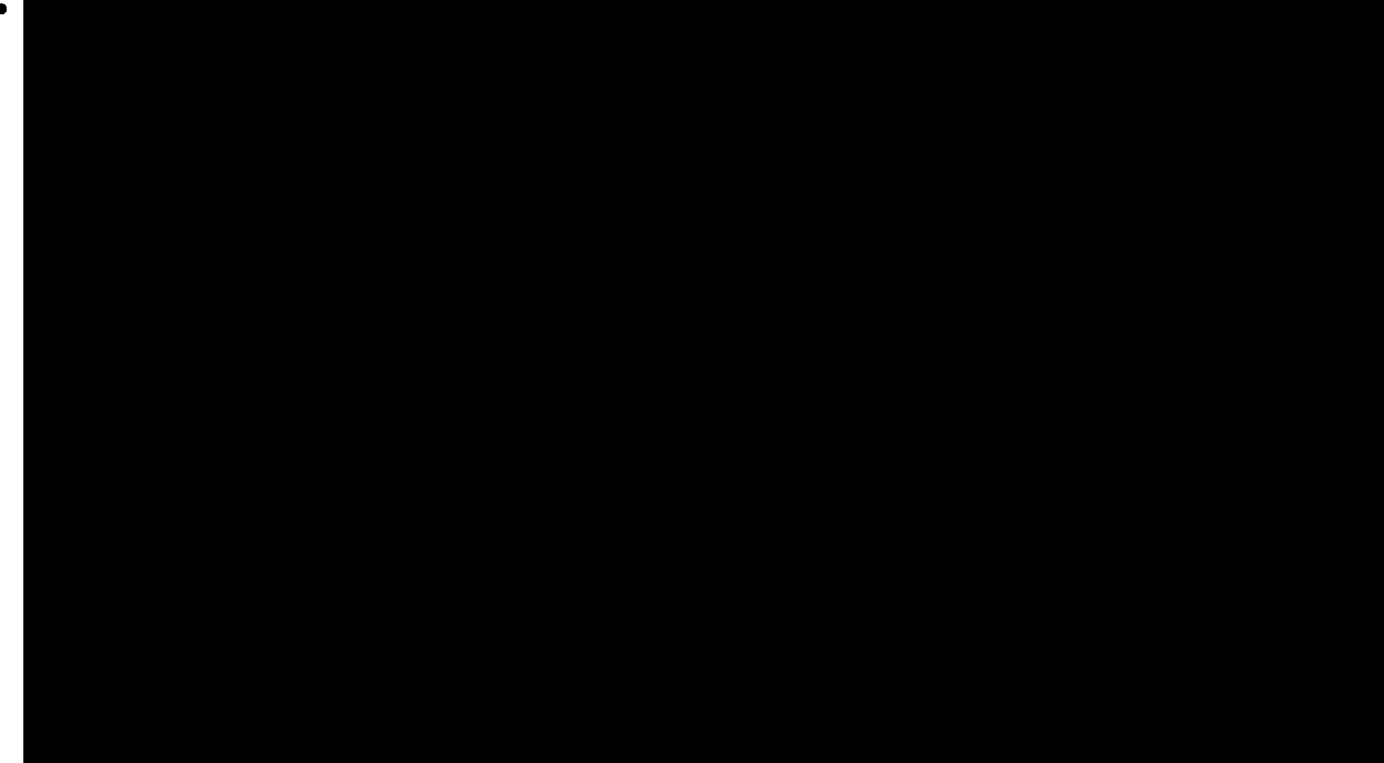
- Assuming a November 1, 2024, start date, the financial requirement is $226,458 for 2024-25, annualized to $543,500 thereafter. initiative.

29(1)(a)

Travel Costs

- Aside from the cost of the prosthetic limb, individuals incur travel-related costs for the initial fittings, regular checkups, maintenance, and repairs.

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

- 

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

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-

Alternatives:

- **Alternative 1:** Approve the attached Financial Support for Prosthetic Limbs Policy with an estimated cost of $226,458 for 2024-25, annualized to $543,500 thereafter; **(Recommended)**

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

Pros:
  - Eastern Urban Zone will continue to work with various Government and charitable organizations to provide full coverage of prosthetic limbs for clients, which will minimize program costs.
  - Decreases financial burden on clients.
  - Supports the Premier's House of Assembly response to reduce the burden of cost on clients who require prosthetic limb.

29(1)(a)

Cons:
  -
  -
  -
  - New funding is required.
  -

29(1)(a)

- **Alternative 2**: Do not approve the attached Financial Support for Prosthetic Limbs Policy **(Not Recommended)**

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

Pros:
  - Does not support the Premier's House of Assembly response to reduce the burden of cost on clients who require a prosthetic limb(s).
  - No new funding required.

Cons:
  -
  -

29(1)(a)

Prepared/Approved by: S. Sheppard/K. Nolan/ J. Herritt/J. McGrath
Ministerial Approval: Received from Hon. John Hogan, KC

August 20, 2024

NEWFOUNDLAND AND LABRADOR
FINANCIAL SUPPORT FOR PROSTHETIC LIMBS POLICY

Standard No. 1
Effective Date: November 1, 2024
Date Revised:
Legislative Reference:

Policy Statement

The Financial Support for Prosthetic Limbs Policy will provide financial assistance to eligible residents of Newfoundland and Labrador for the purchase of a standard prosthetic limb(s) once all other applicable funding sources have been explored. This policy may also provide financial assistance for associated supplies, regular maintenance, and repairs.

Standards

1. NLHS is responsible for fabrication, maintenance, and repair of prosthetic limbs for both child and adult amputees in the province.

The line below contains an error. Please refer to the note on page 79.

2. The client's clinical assessment for the prosthetic limb(s) is considered an insured service under the **Canada Health Act** and there is no cost to the client for this service.

3. Fabrication, maintenance, and repair of the prosthetic limb(s), including supplies, are not covered considered an insured service and is not covered under the provincial health plan. Associated costs must be purchased/paid for by the client.

4. Existing clients of Long-Term Care and Community Support Services (LTC CSS) are eligible for coverage of the cost of the prosthetic limb(s) under the Income Support Program but may be responsible for a co-pay dependent on their financial assessment.

5. NLHS will work with clients to explore funding options to purchase the prosthetic limb(s). Clients must consent to a financial assessment by NLHS, which will be used to apply for funding (partial or full) from potential external funding sources, if applicable, prior to any request for funding under this policy. Potential external funding sources may include:
    a. Private Insurance
    b. WorkplaceNL
    c. Non-Insured Health Benefits (NIHB) for First Nations and Inuit
    d. Veterans Affairs Canada
    e. Income Support
    f. War Amps
    g. Other

6. To be considered for financial assistance under this policy, clients must explore financial eligibility through these external funding sources.

7. NLHS will work with all clients to exhaust all external funding options, including coverage of a co-pay, if possible. Multiple external funding sources may be utilized to secure the full cost of the prosthetic limb(s). It is possible that a client may still have a co-pay.

8. After exploring the external funding sources identified above, NLHS will consider financial support for those who are either ineligible for funding or have identified financial hardship with a co-pay, with the following parameters:

a. Children (Up to Grade 12 or Age 18 Years): Financial support for the purchase and replacement of the prosthetic limb(s); maintenance, supplies (e.g., gel liners), and repairs for the prosthetic limb(s); and socket replacement due to growth or residual limb changes.

b. Adults: Financial support for the purchase of the initial prosthetic limb(s) (one prosthetic limb per amputation, up to four amputations); maintenance, supplies (e.g., gel liners), and repairs for the initial prosthetic limb(s); and socket replacement due to growth or residual limb changes.

9. To be considered for financial support, an application form must be completed. Verification of approval and/or denial of funding coverage from sources outlined above is required to be submitted, along with any request for funding and required financial documentation. If an exception is approved, the amount of financial assistance that may be provided can vary by client and a co-pay may still exist.

10. Financial assistance is limited to standard prosthetic limbs. The Special Assistance Program (SAP) offers financial support limited to ocular (eye) prostheses and breast prostheses only.

11. The prosthetist determines the standard prosthetic limb(s) and supplies as this may vary with physical needs. Non-standard items may enhance the client's experience or wearing comfort but are not essential to the overall functioning of the prosthetic limb. They may include such things as additional wearing styles, advanced technology, and recreational limbs. Non-standard items are not eligible for funding, unless deemed clinically necessary by the prosthetics team.

12. Current adults under the care of NLHS, who already have an eligible prosthetic limb(s), will be covered for maintenance, supplies (e.g., gel liners), and repairs for their current prosthetic limb(s) only, when all other funding options have been exhausted. This will include socket replacement due to growth or residual limb changes.

13. As part of the clinical conversation prior to obtaining the prosthetic limb(s), the client agrees to care and usage guidelines for the prosthesis.

Procedure

1. Following the clinical assessment, NLHS will provide notification of the cost of the prosthetic limb(s) to the client.

2. NLHS will refer LTC CSS clients to the Income Support Program for the cost of the prosthetic limb(s). For all other clients, NLHS shall seek the client's consent to a financial assessment, as required, to apply to external funding sources. Verification of approval and denial of financial coverage from external funding sources must be submitted with any request for funding under this policy.

3. With consent, NLHS will contact external funding sources on behalf of the client and provide the client with a notification of any outstanding balance on the payment for the prosthetic limb(s). Multiple funding sources may be utilized to secure the cost of a prosthesis.

4. Once all external funding sources have been exhausted, and if there is an outstanding balance on the payment for the prosthetic limb(s), NLHS will consider financial support for those who are either ineligible for funding or have identified financial hardship with a co-pay.

5. To seek financial assistance, the client must submit a completed application form (sample attached) to the Prosthetics Program, including verification of approval and/or denial of funding coverage from sources outlined above, and any required financial documentation.

6. Upon review of the application by the Prosthetics Program, a recommendation will be submitted to the NLHS executive for approval.

7. For clients with an outstanding balance, NLHS will work to ease any financial burden associated with payment (e.g., payment plans).

8. NLHS will manufacture or purchase the prosthetic limb(s) for clients and arrange follow-up appointments for initial fittings.

9. Upon receipt, NLHS will inform the client of day-to-day maintenance requirements and will be responsible for scheduling check-ups, as required.

10. NLHS will identify a point-of-contact for the client for questions or concerns.

Financial Support for Prosthetic Limb Policy
Application Form

To be completed by patient:

The Financial Support for Prosthetic Limbs Policy will provide financial assistance to eligible residents of Newfoundland and Labrador for the purchase of a standard prosthetic limb(s) once all other applicable funding sources have been explored. This policy may also provide financial assistance for associated supplies, regular maintenance, and repairs.

To help in financially supporting your prosthetic limb purchase, we require that you complete this form and submit it to the Prosthetics Program, with verification of approval and/or denial of funding coverage from external sources.

Client Information		
Last Name	**First Name**	**Middle Initial**
Address	**City, Town**	**Postal Code**
MCP #	**Date of Birth**	

Medical Information			
Prosthetist Name			
Surgical Level of Amputation			**Prescription**
☐ Left ☐ Right	☐ Partial Foot ☐ Ankle disarticulation ☐ Transtibial	☐ Transfemoral ☐ Transradial ☐ Transhumeral	
☐ Upper ☐ Lower			

Cost of Prosthetic Limb: ____

Cost of Supplies, Maintenance, and Repairs: ______________________________________

EXTERNAL FUNDING SOURCE	Financial Support Approved or Denied	Verification Attached	Amount Approved
Private Insurance	☐Approved ☐Denied	☐Yes ☐No	
WorkplaceNL	☐Approved ☐Denied	☐Yes ☐No	
Non-Insured Health Benefits (NIHB) for First Nations and Inuit	☐Approved ☐Denied	☐Yes ☐No	
Veterans Affairs Canada	☐Approved ☐Denied	☐Yes ☐No	
Income Support	☐Approved ☐Denied	☐Yes ☐No	
War Amps	☐Approved ☐Denied	☐Yes ☐No	
Other (Provide Details)	☐Approved ☐Denied	☐Yes ☐No	
TOTAL APPROVED FROM EXTERNAL FUNDING SOURCES			

Client Signature: ______________________________ **Date:** ______________

Decision/Direction Note
Department of Health and Community Services

Title: Medical Assistance in Dying Training Module Reaccreditation

Issue: Whether to allocate one-time funding for annual accreditation of Memorial University's medical assistance in dying (MAiD) training curriculum.

Background and Current Status:

- In June 2016, legislation was passed in Canada to support the provision of MAiD. At that time, Health Canada advised jurisdictions they would be responsible to develop and offer MAiD training to health care providers in their respective regions.

- In May 2020, HCS funded The Office of Professional and Educational Development with the Faculty of Medicine at Memorial University (MUN) to develop an online self-learning module for MAiD to support the continuing professional development needs of clinicians in the province.

- MUN's curriculum was developed in accordance with accreditation guidelines established by the College of Family Physicians of Canada and the Maintenance of Certification guidelines of the Royal College of Physicians and Surgeons of Canada. The module is accredited for 1.5 Mainpro+ (Self-Learning) credits for members of the College of Family Physicians of Canada and 1.5 Maintenance of Certification (Section 3) credits for members of the Royal College of Physicians and Surgeons of Canada.

- Accreditation must be sought annually and is currently expired as of May 8, 2024. The online module has not been available since that date.

Analysis:

- In 2023, Health Canada funded the Canadian Association of Medical Assistance in Dying Assessors and Providers (CAMAP) to deliver Canadian MAiD curriculum to physicians and nurse practitioners free of charge. The MUN and CAMAP curriculum are similar and training in either would be sufficient to become a MAiD assessor/provider. [redacted] 29(1)(a) However, the national curriculum includes approximately 13 hours of online self-study and 14 hours of facilitated sessions. While the self-study modules are available for clinicians to complete at their leisure, the facilitated sessions are only available on certain dates, with a mix of online and in-person only sessions. Therefore, unlike the MUN curriculum, the CAMAP curriculum cannot be completed on an as-needed basis, for a clinician to complete and provide a MAiD assessment in a timely manner.

- Currently, MAiD assessments in NL are primarily completed by a very small core group of assessors/providers in each zone. Concerns have been raised regarding capacity and burnout for these primary assessors. Each MAiD request requires a minimum of two assessors. In order to facilitate timely completion of assessments, the closest care provider is often utilized as the secondary assessor. The closest care provider often has not completed MAiD assessments before or completed the training, so there is a need to have access to training that can be completed immediately at the clinicians' convenience to ensure sustained MAiD services.

- The most recent report from Health Canada indicates that were 90 provisions of MAiD in NL in 2022. The number of assessments and provisions have increased every year since 2018, creating more pressures on current providers. Recruiting new assessors and providers has been a challenge. Supporting easier access to education for health care providers, as well as accreditation, will encourage physician participation. This will support patient access to MAiD. Wait times of up to 3-5 months for MAiD assessments have been reported for some patients in NL.

- MUN conducted an evaluation of the curriculum delivery for 2023. There were 116 Canadian registrants in the program, of these 84 were from Newfoundland and Labrador. Most NL registrants were physicians, medical students, nurses, and nurse practitioners.

- MUN estimates the annual accreditation cost to be up to $13,167.50. The reaccreditation process involves the preparation of an updated needs assessment, the establishment of a planning committee and recruitment of content expertise to help determine if changes are required, the preparation and review of the accreditation application documentation, delivery of the module for another year on the MDcme.ca platform, and evaluation services.

Budget Item	**Cost**
Project Management/Instructional Design	$1,500
Needs Assessment	$1,750
Content Development	In kind
Update of Online Learning Module	$1,000
Accreditation	$3,000
Scientific Planning Committee Honoraria ($450/member) • 3 CFPC members • 1 RCPSC member • 1 nurse practitioner • 1 medical ethics member	$2,700
Evaluation Report	$1,500
Hosting & Maintenance	In kind
SUBTOTAL	**$11,450.00**
HST	$1,717.50
TOTAL	**$13,167.50**

- Funding for reaccreditation of the MAiD continuing professional development course is available [redacted] 29(1)(a)

- [redacted] 29(1)(a), 35(1)(d)

Alternatives:
Alternative 1: Approve $13,167.50 in one-time funding for continued accreditation of MUN MAiD curriculum for 2024-25. **(Recommended)**
Pros
- Facilitates easier access to MAiD training.
- Encourages physician participation as a MAiD assessor/provider.
- Facilitates timely access to MAiD for patients.

Cons
- Cost of reaccrediting training curriculum

Alternative 2: Do not provide funding for accreditation of MUN MAiD curriculum. **(Not Recommended)**
Pros
- No cost for the province to reaccredit training curriculum.

Cons
- [redacted]
- [redacted]
- [redacted]

29(1)(a)

Prepared/Approved by: T. Power/K. Dickson/J. Herritt/J. McGrath
Ministerial Approval: Received from Hon. John Hogan, KC

August 20, 2024

Meeting Note
Department of Health and Community Services
Registered Nurses Union of Newfoundland and Labrador (RNUNL)
August 21, 2024, 12:00 PM
Executive Boardroom, HCS

Attendees: Hon. John Hogan, Minister HCS
John McGrath, Deputy Minister HCS
Glenda Hearn-Ellis, Executive Assistant to Minister, HCS
Jeannine Herritt, Assistant Deputy Minister, HCS
Daphne Osborne, Chief Nurse, HCS
Yvette Coffey, President RNUNL,
David Hammond, Executive Director RNUNL
Jonathan Hamel, Communications Director, RNUNL

Purpose of Meeting:

- Introductory meeting between the RNUNL and the Minister of HCS to discuss topics of interest for registered nurses (RNs) and nurse practitioners (NPs). RNUNL indicated their commitment to building on the gains that have been realized over the past year and to furthering collaborative efforts with the Department.

- To guide the discussion, the RNUNL provided a list of priority issues impacting the nursing workforce including unresolved collective bargaining issues, alternate staffing models for hard to fill areas of the province and amalgamation of the schools and faculty of nursing.

Background:

- The RNUNL is the official trade union for RNs in Newfoundland and Labrador (NL), representing over 5800 RNs, including NPs, who work in the public health care system.

- The table below outlines the number of practicing RNs and NPs in NLHS as well as the number of vacancies [October 2023 data].

Profession	Head Count*	% of Total Workforce	# of Vacancies	Vacancy Rate
NP	224	1.1%	73 (14 casual)	25%
RN	5,186	25.4%	63 (199 casual)	11%

- The RNUNL, in their introductory letter to Minister Hogan, indicated their commitment to “furthering their collaborative efforts with HCS.” In the spirit of partnership and collaboration, HCS and RNUNL co-chair two nursing tables which address provincial nursing matters.
    - **Senior Joint Quality Work Life (SJQWL) Committee:** A tripartite committee composed of NLHS, HCS and RNUNL officials with a mandate to address priority nursing practice and patient care issues affecting the provincial, system wide nursing work environment. Topics discussed at this table include:
        - Mental health supports
        - Development of electronic professional practice form
        - Extended shift reporting
        - IEN supports and timelines
        - Mentorship

    - RN prescribing
    - Integrated Capacity Management
  - **Provincial Nursing Network (PNN)**: Negotiated as part of the most recent RNUNL collective agreement, the establishment of the PNN brings together provincial nursing leaders and stakeholders representing direct care, employers, professional regulatory bodies, educators, students, unions and Government to foster collaborative, strategic dialogue for the optimization and advancement of regulated nursing professions and to promote recruitment and retention of nurses in the public healthcare system. The scope of work includes all regulated nursing professions (licensed practical nurses (LPNs); RNs; NPs) and the **Nursing Retention Toolkit: Improving the working lives of nurses in Canada** will help inform the PNN workplan.

Agenda Item #1: Nurse Practitioner (NP) Reclassifications
In recent months, RNUNL have been advocating to HCS on several matters that have been impacting the work experiences of NPs in the province.

Analysis
Appropriate NP Recognition and Compensation
- The current collective agreement with RNUNL has brought compensation for RNs and NPs to competitive levels, with additional salary scales being negotiated for NPs (NP-35 to NP-37). All practicing NPs were adjusted to NP-35 however, to access the NP-36 and NP-37 pay scales, position description questionnaires (PDQ) must be completed.

- NLHS and Treasury Board are providing NPs with guidance on how to complete this process; NLHS is providing five hours of paid time per NP to complete the questionnaire. RNU is advocating for more time and expedited review of the PDQ.

NP-led Clinics; Retention and Recruitment of NPs and the Health Accord NL
- One of the key recommendations of Health Accord NL was the establishment of Family Care Teams (FCTs) across the province to improve access to primary health care. NPs are critical to the operation of FCTs and addressing challenges in delivering primary health care.

- As of July 2024, 17 FCTs throughout the province are fully or partially operational, with 55 NPs providing care at varying FTEs.

- NPs have been bringing forward concerns to RNUNL that managers don't have a full understanding of their role and scope. NPs have been advocating for more autonomy within their employment positions and more opportunities for work arrangements that enable movement to provide coverage in areas of need.

- HCS, in collaboration with RNUNL and NLHS, will be conducting a survey to gather NP feedback on how to improve access to health services, optimize reporting structures, enable opportunities to develop additional competencies, and enhance opportunities for leadership and autonomy with NP employment positions. A similar survey was also drafted for NP students.

- It is anticipated that the survey will be circulated to NPs in the near term. The HCS evaluation team is currently exploring the capability to host the survey through Microsoft Forms, which is part of MS Office 365. This includes checking in with OCIO to ensure this will be technically feasible and to determine if any Privacy Assessment/Reviews have

already completed. It also includes completing a PPIA (Preliminary Privacy Impact Assessment).

NP Experience Credits Private Agreement

- RNUNL and NLHS recently negotiated a draft private agreement that will allow newly hired NPs to be placed on a step within the NP-35 scale that best reflects their level of experience in the system, as opposed to being placed on a step based on the step of their most recent position in NLHS. RNUNL has indicated that the draft was completed in April 2024 and they are still awaiting approval. RNUNL advanced the draft private agreement to TBS without employer involvement in Spring. Since this time, HCS advised RNUNL and NLHS to engage on the proposal as per normal processes. This remains active, with the last meeting occurring last week.

Potential Speaking Points

- NPs are vital to the future of health care in NL and play a critical role in enhancing overall population health and access to care. We continue to prioritize our efforts on the recruitment and retention of NPs into salaried positions within NLHS.

- We look forward to reviewing the results of the NP survey so we can continue to collaborate of ways to best support NPs within their roles.

Agenda Item # 2: Health Care Sector Safety Council

- Health care workers experience high levels of violence in the workplace. March 2024 data from a survey conducted by the Canadian Federation of Nurses Unions states that 9 in 10 nurses experienced some form of abuse last year. Workplace NL data demonstrates that between 2013-2020, 56.6% of claims that were a result of assaults and violent acts occurring in the following occupations: Personal Care attendants, LPNs and RNs.

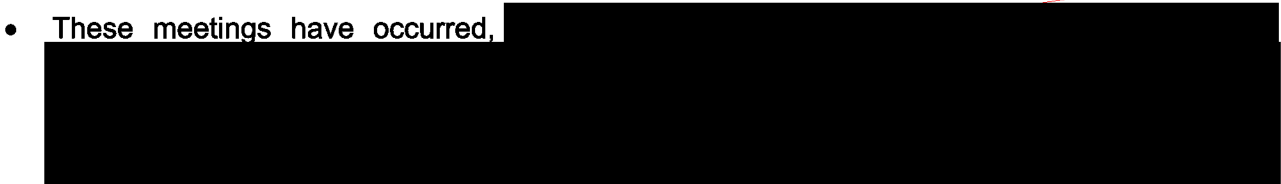
- WorkplaceNL works in partnership with the NL Employers' Council (NLEC) with and the NL Federation of Labour (NLFL) to establish industry specific safety sector councils in NL. The Sectoral Council Project was developed as a means for industry to promote all aspects of occupational health and safety and return to work, with the long-term goal of establishing sound prevention and return-to-work practices that result in safe workplaces across industries.

- There are currently four safety sector councils in the province:
  - Manufacturing and Processing Safety Sector Council
  - Forestry Safety Association of Newfoundland and Labrador
  - Newfoundland and Labrador Construction Safety Association
  - Newfoundland and Labrador Fish Harvesting Safety Association

- Citing the high incidence of violence in health care workplaces, RNUNL is advocating for an independent health sector safety council to address and improve workplace safety conditions for all healthcare workers province.

- In the 2023 Collective Agreement, a letter of agreement stated "within sixty (60) days of date of signing of the Collective Agreement, the Employer and the Union will request a joint meeting of Workplace NL to discuss the efficacy of forming a Health Sector Safety Council". 29(1)(a), 35(1)(d)

- These meetings have occurred,



Analysis

- RNUNL has been advocating for some time to government and CEO of NLHS for the establishment Health Care Sector Safety Council. Despite the progress made, RNUNL is calling for more to be done and would like to see a separate organization be developed to oversee health and safety in the health sector in the province, despite the proposed approach.

Potential Speaking Points

- I understand that workplace violence is a serious concern for employees within the health care system. All employees deserve to work in a safe and supportive work environment free of violence. The Department is in support of measures to mitigate the risk of violence and reduce injuries in the workplace.

Agenda Item #3: Equal Pay for Equal Work

- RNUNL's position is that wage disparities exist among nurses doing the same work, however under different salary classifications. In August 2023, MHA Paul Dinn, in a letter to the Minister of Finance, raised concerns specific to the Government of Newfoundland and Labrador JES in relation to chemotherapy nursing. The issue was raised in the House of Assembly April 16, 2024, by the Leader of the Official Opposition, who questioned why there are pay discrepancies for rural chemotherapy nurses. RNUNL is advocating for "fair compensation for the work.

Analysis

- Chemotherapy nurses, classified as NS-30 on the RNUNL pay scale, complete a chemotherapy education course and eight week of practicum experience. Their role is solely the provision of cancer care/chemotherapy.

- In some circumstances, nurses in areas such as ambulatory care or community care, may administer chemotherapy doses in addition to their other duties. While nurses in both examples are 'trained' to administer chemotherapy, ambulatory care or community care nurses do not complete the additional chemotherapy education and practicum, and the role for which they are hired is not exclusive to provision of cancer care/chemotherapy. The difference in pay between the two positions reflects this difference in education and overall job duties.

- It was recommended that impacted RNs work with NLHS to make sure PDQs accurately depict job duties.

Potential Speaking Points

- We value the hard work and dedication of all our nurses, including those who work in cancer care.

- If there are any nurses, or other health care professionals, who feel that their position descriptions are not reflective of their duties and responsibilities, they should reach out to Human Resources in NLHS to discuss.

Agenda Item #4: Full Implementation of the Collective Agreement

- The implementation of collective agreement benefits has been a priority matter for RNUNL since the signing of the agreement in August 2023. Delays with the implementation of the long service pay premium has been of particular concern.

- RNUNL is requesting that all terms of the collective agreement be honored and fully implemented to support the working conditions and rights of their members.

Analysis

- The long service pay premium represents a new approach to compensation in the health care system. This benefit requires significant effort on part of the employer to ensure accurate application and compensation. The premium will be calculated retroactively as required.

- HCS officials previously met with NLHS and RNUNL regarding the concerns raised with the delay in the implementation long service pay premium. NLHS advises that the long service pay premium is now fully implemented, and they are working through second review requests from individuals who feel their years of service was not calculated appropriately.

- RNUNL also voiced their disappointment that the Temporary Overtime Rate of Pay that is outlined in a Letter of Understanding in the collective agreement ended after the noted one-year period with no discussions of whether it should be extended or renewed.
  - This LOU states that once all attempts to schedule unfilled shifts have been exhausted, the remaining shifts will be offered at double the regular hourly rate for each hour worked. It further states the following: “Unless otherwise agreed to in writing by the parties to the Collective Agreement, this Letter of Understanding will not be extended or renewed”.

Potential Speaking Points

- The implementation and payout of benefits negotiated in the current collective agreement through NLHS continues to be a priority for NLHS.

- We understand that the delay in receiving benefits has been frustrating for your members. NLHS continues to work diligently to work through the issues and provide the required benefits.

Agenda Item #5: RNUNL Travel Locum

- In September 2022, Labrador-Grenfell Zone, in consultation with the HCS, entered into a private agreement with RNUNL to provide a wage premium to RNs that accepted locum positions in an area of need within Labrador-Grenfell Zone. The agreement was put in place, as part of a pilot project to attract RNs in other zones to Labrador-Grenfell Zone. The agreement included a premium locum rate $25.00 per hour.

- As part of the pilot project, it was agreed that an evaluation would be completed. The current pilot project has been extended until January 31, 2025, pending the results of the evaluation.

- RNU is advocating for expansion of locum opportunities province wide throughout NLHS.

Analysis

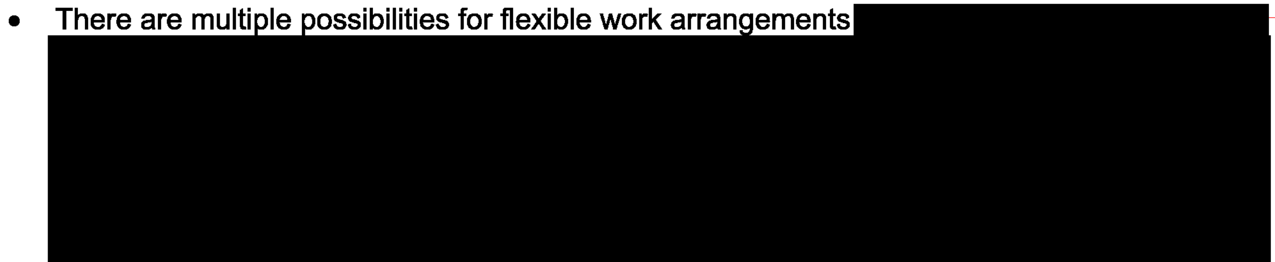
- The evaluation has been completed and is being reviewed by NLHS executive. The evaluation must be submitted to TBS for review. Once reviewed it will be shared with stakeholders.

- The survey results and data demonstrate that the locum pilot project had positive outcomes.

- Given ongoing, chronic staffing challenges experienced by Labrador-Grenfell Zone and their reliance on external help, it is recommended that Government maintain this initiative.

- There are many unique staffing situations throughout the province that may require a multi-pronged approach to flexible work arrangements. NLHS and HCS recently attended a national policy lab focused on policy alternatives to reduce utilization of agency nurses.

- There are multiple possibilities for flexible work arrangements 29(1)(a)



Potential Speaking Points

- I am pleased to know that the RN Locum Pilot Project was a success and helped to provide the essential coverage required to allow services to remain open throughout Labrador-Grenfell Zone.

- I look forward to our continued collaboration as we explore additional opportunities for flexible work arrangements.

Agenda Item #6: Core Staffing Review

- The 2019 RNUNL collective agreement committed Government NL to a one-time Core Staffing Review for a list of specific sites. The purpose of this review is to analyze current core staffing methods and the staffing, organizational and client factors that contribute to the workload of RNs in the province. Covid-related issues and subsequent meetings with RNUNL revised aspects the scope of the review and caused delays.

Analysis

- The RFP for the review was posted March 10, 2022, with two submissions. The Long-Term Care Review announced in February 2023 and awarded in November 2023 further stalled the Core Staffing Review 29(1)(a)

- Meetings with RNUNL resulted in a revised site list that increased the scope of the work. 29(1)(a), 35(1)(d)

-

- While RNUNL was closely involved in the development and subsequent revision of the RFP, the scoring of vendors and possible awarding of a contract rests with Government officials. HCS will continue to work through the RFP process with the vendors.

- The 5 sites included in the review are as follows:
  1. Eastern Health - Community Health, St. John's Metropolitan Area
  2. Eastern Health - St. Luke's Homes, St. John's
  3. Western Health - Corner Brook Long Term Care, Corner Brook
  4. Labrador-Grenfell Health - Labrador South Health Centre – Forteau
  5. Central Health – James Paton Memorial Regional Health Centre, Gander

Potential Speaking Points

- Nurses in our province continue to work tirelessly to provide safe patient care every day. We are thankful for our staff who continue to step up each day to provide safe care for patients, clients and residents.

- This review supports a modern evidence-based approach for determining the appropriate type and number of nursing providers to meet patient care needs based on a multitude of factors. I look forward to reviewing the results.

Agenda Item #7: Amalgamation of the Schools of Nursing:

- Work is ongoing to make recommendations regarding the proposed consolidation of the Centre for Nursing Studies (CNS) and Western Memorial Schools of Nursing with the Memorial University of Newfoundland (MUN) Faculty of Nursing.

- RNUNL support the proposed amalgamation, citing the outcome as an investment in the sustainability of the province's nursing workforce.

Analysis

- On May 16, 2022, Memorial University's then President, Dr. Vianne Timmons, wrote the Premier to advise that a new Task Force would be established with respect to consolidation, and would include representation from EDU, HCS, and the nursing schools.

- The consolidation of the nursing schools is a complex endeavor requiring consideration of all costs associated with nursing consolidation,

29(1)(a)

- Dr. Alice Gaudine, former Dean of the Faculty of Nursing, is leading the Task Force and a report to government is expected in the coming months.

Potential Speaking Points

- The pathway towards consolidation of the nursing schools is a challenging one. The Department supports all effort to explore the best pathway forward to achieve consolidation and looks forward to receiving the task force recommendations.

Prepared/Approved by: D. Osborne/ J. Budgell/J. Herritt/J. McGrath
Ministerial Approval:

August 20, 2024

Information Note
Department of Health and Community Services

Title: Mpox Disease Update

Issue: To provide a summary of the current situation of mpox and actions being taken by the Public Health Division.

Background and Current Status:

- Mpox, formerly known as monkeypox, is a disease caused by the mpox virus, which belongs to the same family as the virus that causes smallpox. The virus can enter the body through broken skin, the respiratory tract, or mucous membranes such as the eyes, nose, or mouth.

- The virus is known to spread through direct contact with infected animals or close contact with an infected person's body fluids, mucus, saliva, or sores. Additionally, sharing items like clothing or bedding that have encounter these fluids or sores can also transmit the virus.

- There are two recognized strains of the mpox virus: Clade 1 and Clade 2. Clade 1, primarily found in Central Africa, generally causes more severe illness and has a higher mortality rate, with some outbreaks resulting in death rates of up to 10 per cent. Clade 1 has two subtypes 1a and 1b. Clade 1b was first detected in September 2023 and has been spreading in some central and east African countries. Clade 1b seems to have a lower mortality rate than clade 1a, but is potentially more transmissible.

- Clade 2, endemic to West Africa, was responsible for the global outbreak that began in 2022. Infections from Clade 2 are typically less severe, with over 99 per cent of those affected surviving.

- In response to the stigma associated with the original name "monkeypox," the World Health Organization (WHO) officially renamed the disease to mpox in 2022. Recognizing the potential for future outbreaks, the WHO emphasized the importance of surveillance and rapid identification of new cases as critical measures for outbreak containment. Reflecting this concern, Newfoundland and Labrador included mpox in the Regulations under the Public Health Protection and Promotion Act. According to this amendment, mpox is classified as a communicable disease that must be reported in writing within 24 hours of laboratory or clinical diagnosis, in line with the Notifiable Disease List and Notification Form.

- To further protect public health, in May 2024, the National Advisory Committee on Immunization (NACI) issued updated guidelines recommending a two-dose vaccination series for adults at high risk of exposure to mpox. This vaccine is expected to offer protection against both Clade 1 and Clade 2. At this time, vaccination is only recommended for populations considered to be at highest risk.

- Amid growing concerns, on August 14, 2024, the WHO declared mpox a global public health emergency of international concern (PHEIC) following a surge in Clade 1b cases across several African countries, including the Democratic Republic of Congo (DRC). This declaration highlights the ongoing risk of mpox and the need for continued vigilance.

Analysis:

- The recent declaration of a PHEIC in 2024 is a continuation of the global response that began in 2022 when the WHO first declared an outbreak of Clade 2 mpox a public health emergency. This outbreak affected nearly 100,000 people and resulted in over 200 deaths across 116 countries.

- In Canada, the outbreak of Clade 2 mpox has persisted since 2022, with some regions, including Toronto, reporting a recent uptick in cases. Although Clade 2 is generally less severe than Clade 1, the increase in cases and the emergence of a new strain (Clade 1b mpox) have underscored the seriousness of the situation and contributed to the recent emergency declaration.

- During the 2022-23 global outbreak of mpox clade 2 virus, there were only two reported probable cases of mpox In NL which were both associated with a history of international travel. There have been no cases of mpox reported in NL in 2024.

- Since July 2022, the Public Health Agency of Canada (PHAC), in collaboration with provincial and territorial authorities, has been utilizing wastewater surveillance to monitor the presence of the mpox virus across the country, with the capability to detect both Clade 1 and Clade 2. While no cases of Clade 1 mpox have been reported in Canada to date, the Government of Canada is closely monitoring the situation in Africa and neighboring regions to assess any potential threats.

- There were two trace detections of mpox virus in wastewater collected from the St. John's wastewater treatment plant during July (Weeks of July 7 and July 21), similar to results in 2022 that correlated with probable cases at that time. All subsequent samples (Weeks of July 28 and August 4) have tested negative for mpox virus. There have been no wastewater detections of clade I mpox, which has caused the current outbreaks in Africa.

- In Newfoundland and Labrador, vaccination is available to individuals at high risk of mpox exposure, in keeping with NACI recommendations, which includes:

    - Individuals 18 years of age or older who are two-spirit, non-binary, transgender, intersex or gender-queer, or cisgender individuals who are gay, bisexual, pansexual, and/or men who have sex with men AND meet at least one of the following criteria:
        - Have or are planning to have sex with one or more partners or are in a relationship where at least one of the partners may have other sexual partners;
        - Have received a diagnosis of a sexually transmitted infection in the last year;
        - Have attended, worked, or volunteered in sex-on-premises venues or may be planning to do so, whether in or outside of the province;
        - Have had anonymous sex (e.g., using hookup apps) recently or may be planning to;
        - Are a sexual contact of an individual who engages in sex work;
    - Sexual partners 18 years of age and older of individuals who meet the above criteria.
    - People 18 years of age and older who engage in sex work regardless of gender, sex or sexual orientation.
    - People 18 years of age and older who engage in sex tourism regardless of gender, sex or sexual orientation. Individuals planning to travel internationally should consult their healthcare provider on vaccination at least 4 to 6 weeks prior to travel particularly to countries with ongoing mpox transmission.

- In July and December of 2022, a total of 260 doses of Imvamune vaccine were delivered to NL to accommodate requests for access to vaccine from high-risk populations. Of this total, approximately 24 doses of Imvamune currently remain in the province. The Public Health Division of HCS is anticipating a delivery of 60 doses of Imvamune vaccine to the provincial vaccine depot in the coming days. Provincial vaccine supply and demand will be closely monitored, and additional doses will be ordered as needed.

- Individuals can connect with their local public health office to schedule an appointment for vaccination or with their primary care provider, public health, or call 811 for questions related to mpox.

Action Being Taken:
- Continued collaboration between Department of Health and Community Services and PHAC.
- Continued wastewater surveillance to monitor mpox virus levels within the province.
- Continue to closely monitor the global and national situation, particularly in regions where Clade 1 mpox has been identified and adjust public health responses accordingly.
- The NL mpox website has been updated.
- HCS and NL Health Services have sent memos to healthcare providers asking them to maintain vigilance in the detection of potential mpox infections to help reduce spread of the virus.
- Public Health Division will work closely with NL Health Services to monitor vaccine supply.

Prepared/Approved by: T. Wright-Brown/A. Tucker/ M. O;Driscoll/D. Howse/J. Fitzgerald/G. Sweeney/J. McGrath
Ministerial Approval: Received from Hon. John Hogan, KC

August 21, 2024

Decision/Direction Note
Department of Health and Community Services

Title: One-time Funding for Newfoundland and Labrador Association of the Deaf

Decision/Direction Required:
- Whether to approve $134,918 in one-time funding to the NL Association of the Deaf for the Community Support Program.

- It is recommended that one-time funding of $134,918 is approved.

Background and Current Status:
- The NL Association of the Deaf (NLAD) is a provincial non-profit organization established in 1946 to protect and promote the rights, needs and concerns of people who are Deaf. The Deaf community is a distinct sociological, linguistic minority of people who, identify with and participate in the culture and language of Deaf people (ASL).

- NLAD's Community Support Program bridges the gap between various services within the community and the Deaf client, assisting with navigation, understanding and access. It is deaf-led and its staff understand the nuances of Deaf culture and barriers experienced by Deaf people. HCS has provided one time funding of $100,000 to support this program since 2021-22.

- NLAD has submitted a budget request of $134,918 for 2024-25 (details provided in DOC-71140). It is recommended that HCS provide NLAD with $134,918 to support the Community Support Program.

Analysis:
- The Community Support program serves Deaf people throughout the province, including Deaf people in care (i.e., hospital, long-term care, personal care, shelters). The program aims to ensure Deaf people have access to health and community supports, services and opportunities equitable to non-Deaf people.

- The Program provides, among other services: one-to-one support; Deaf Connect (point of contact for Deaf people to access critical public information and services); assistance navigating community and government systems and services; information, awareness, and education of supports and services.

- NLAD has provided the following statistics pertaining to the Community Support Program, which demonstrate an increasing demand for the program in 2023-24 as compared to 2021-22 (the last data provided):

	2021-22	2023-24
Total curent active clients- full provincial scope	65	124
Total sessions/ services held in this year	865	1,963

- The requested funding of $134,918 will support human resources, travel, office expenses.

- [redacted] 29(1)(a)

Alternatives:
Alternative 1: Provide one-time funding of $134,919 to support NLAD's Community Support Program for 2024-25. **(Recommended)**
Advantages:
- Supports the wellbeing of Deaf individuals in community.
- Builds community capacity of organizations.
- Provides support to Deaf individuals within the community to help ensure they have access to health and community services that is equitable to non-Deaf people.

Disadvantages:
- Requires financial commitment.

Alternative 2: Do not provide one-time funding. (**Not Recommended**)
Advantages:
- No financial commitment required.

Disadvantages:
- Limits the capacity of community-based organizations to provide essential programming.
- Does not address specialized services and supports needed for vulnerable populations in the province, such as the Deaf community.
- Limits access to community resources and supports for the Deaf community.

Prepared/Approved by: A. Kearley/D. Waddleton/J. Herritt/J. McGrath
Ministerial Approval: Received from Hon. John Hogan, KC

August 22, 2024

Decision/Direction Note
Department of Health and Community Services

Title: Grand Falls-Windsor Family Care Team - Leasing of Space

Decision/Direction Required:

- To provide approval (or otherwise) for NL Health Services to issue a Request for Proposals for the leasing of permanent space in the Town of Grand Falls–Windsor to support the operations of its Family Care Team, as well as approval to lease an additional approximate 2,000 square feet of space on a temporary basis until the permanent space is operational.

- It is recommended that:
  - approval be provided for NL Health Services to issue a Request for Proposals for the leasing of permanent space in the Town of Grand Falls–Windsor to support the operations of its Family Care Team;
  - approval be provided for NL Health Services to lease an additional approximate 2,000 square feet of space on a temporary basis until the permanent space is operational; and
  - as per previous Departmental direction from June 2021, upon identification of the top ranked proponent to the Request for Proposals, as well as the identification of the temporary space, NL Health Services seek ministerial approval prior to entering into any lease agreement.

Background and Current Status:

- In Fall 2023, approval was provided for NL Health Services (NLHS) (Central Zone) to partner with Killick Health Services, as a one-year pilot project, on the establishment of a Family Care Team (FCT) in Grand Falls-Windsor (GFW). NLHS are currently leasing 3,300 square feet of space from Killick @ $19,114/month, which is set to expire on November 1, 2024.

- NLHS are presently requesting approval to issue a Request for Proposals (RFP) for the leasing of approximately 20,000 square feet of permanent space in GFW to support the operations of its FCT, as well as approval to lease an additional approximate 2,000 square feet of space on a temporary basis until the permanent space is operational.

- The GFW FCT will function as the primary "HUB" site for the Health Neighborhood of "Exploits" and will house the greater proportion of service providers and resources which will support the satellite sites in Bishop's Falls and Buchans as well as the smaller secondary HUB site (i.e. suburb site) in Botwood.

Analysis:

- Should approval to issue an RFP for permanent FCT space be provided, occupancy of the new location is not expected for some time

  29(1)(a)

- NLHS advises that the current 3,300 square feet of space being leased from Killick is insufficient to meet its needs and that approximately 5,000 sq ft of space is required.

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

- While NLHS's current request indicates a space requirement of 20,000 square feet, NLHS acknowledges that this is a work-in-progress and adjustments are required. It is anticipated that the square footage requirement will be somewhere between 15,000 – 20,000 square feet.

- Using an estimated cost per square foot of $65/sq ft (as the Gander FCT was recently awarded @ $64.14 / sq ft), the cost of a 15,000 – 20,000 space will be $975,000 to $1,300,000 annually (plus HST). However, offsetting this cost will be the approximate $230,000 which NLHS currently spends on the Killick lease thereby resulting in a funding shortfall / requirement of between $745,000 - $1,170,000 (plus HST) annually.

- Since the procurement process for the permanent site 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 permanent leasing costs until the 2025/26 fiscal year. However, additional leasing costs may be required for the additional 2,000 square feet of temporary space (depending on the what the rates are).

- Budget 2024 allocated $30M as an initial allocation to support the establishment of additional Family Care Teams in the province.

29(1)(a)

- 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 a Request for Proposals for the leasing of permanent space in the Town of Grand Falls–Windsor to support the operations of its Family Care Team, as well as approval to lease an additional approximate 2,000 square feet of space on a temporary basis until the permanent space is operational. **(Recommended)**

  Pros:
  - Will ensure that Family Care Team staff in Grand Falls-Windsor has the appropriate spaces from which to provide services; and
  - Co-location and consolidation will allow for greater collaboration amongst community health staff.

  Cons:
  - Will require new funding / budget appropriation.

- **Alternative 2:** Do not provide approval for NL Health Services to issue a Request for Proposals for the leasing of permanent space in the Town of Grand Falls–Windsor to support the operations of its Family Care Team, as well as approval to lease an additional approximate 2,000 square feet of space on a temporary basis until the permanent space is operational. **(Not Recommended)**

  Pros:
  - No new funding / budget appropriation required.

Cons:

- Does not align with Government's direction of establishing a FCT in Grand falls-Windsor; 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

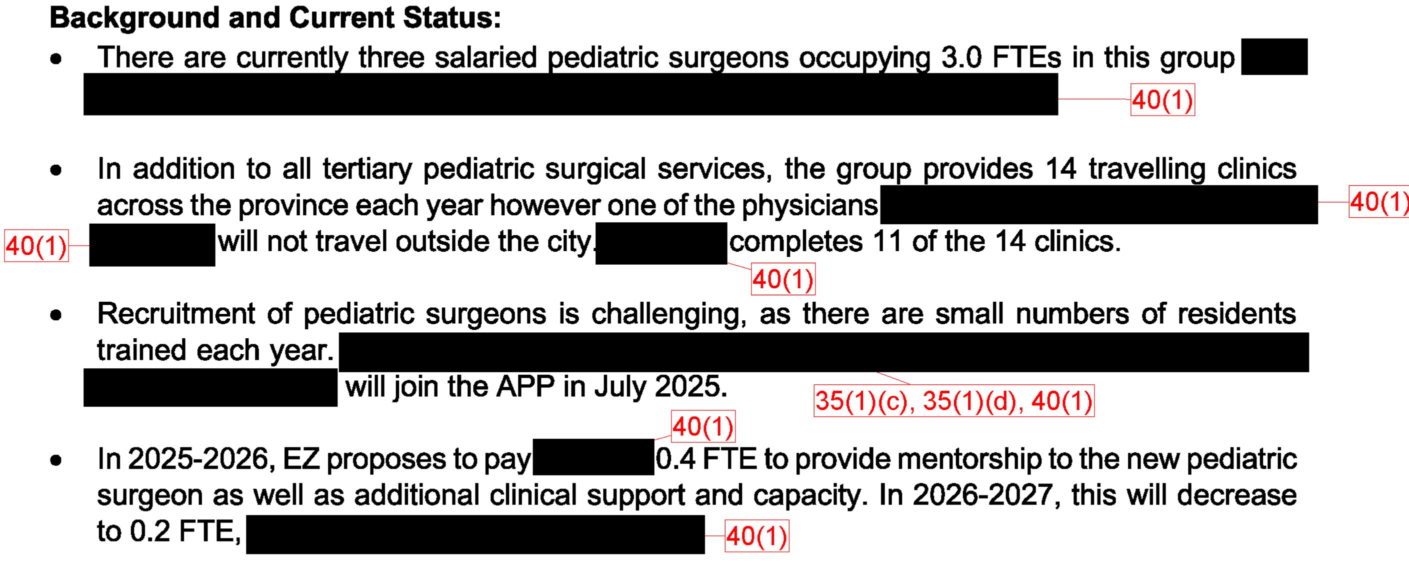
August 22, 2024

Decision/Direction Note
Department of Health and Community Services

Title: Pediatric Surgery Alternate Payment Plan – Retiring Physician Overlap.

Decision/Direction Required:

- Whether to approve a request from NL Health Services, Eastern Urban Zone for an additional 0.4 FTE (2025-26) and 0.2 FTE (2026-27) Pediatric Surgery Position for the Janeway at a cost of $211,387.70 in fiscal year 2025-26 and $105,693.85 in fiscal year 2026-27.



Background and Current Status:

- There are currently three salaried pediatric surgeons occupying 3.0 FTEs in this group 40(1)
- In addition to all tertiary pediatric surgical services, the group provides 14 travelling clinics across the province each year however one of the physicians 40(1) 40(1) will not travel outside the city. 40(1) completes 11 of the 14 clinics.
- Recruitment of pediatric surgeons is challenging, as there are small numbers of residents trained each year. 35(1)(c), 35(1)(d), 40(1) will join the APP in July 2025.
- In 2025-2026, EZ proposes to pay 40(1) 0.4 FTE to provide mentorship to the new pediatric surgeon as well as additional clinical support and capacity. In 2026-2027, this will decrease to 0.2 FTE, 40(1)

Analysis

- As a mentorship and transitional plan, EZ intends to bridge 40(1) a temporary FTE addition for a period of two years. This mentorship will be invaluable to the recruit and will allow the current travelling clinic rota to continue.

- This group of pediatric surgeons at the Janeway encompass all medically necessary paediatric surgery and urology services provided to paediatric patients in the province and related services and includes the following:
  - on-call coverage, 24 hours per day, every day of the year; all OR lists, outpatient clinics and travelling clinics scheduled by Eastern Urban Zone.
  - inpatient services; surgical patients in the Paediatric and Neonatal Intensive Care Units; antenatal consultation services; surgical assisting; and urgent/emergent services.
  - participation in clinical teaching of residents, medical students and other health care professionals.

- As per the Health Accord, the province has the highest rate of children and youth with complex health care needs, 53 per cent higher than the national average. NL also has one of the highest rates of children and youth in alternate care, who are some of the most vulnerable groups in society. Parental mental illness, drug and alcohol use and domestic violence have led to many of the children in this group to have developmental trauma, complex mental health issues, learning and academic challenges and significant medical diagnosis.

29(1)(a), 40(1)

-

- An additional temporary position will provide a better level of care by reducing wait times, ensure the travelling clinic rota continues and provide invaluable mentorship to a new physician.

- In keeping with the Health Accord this would help "improve health and health outcomes… and a higher quality health system that rebalances community, hospital and long-term care services".

29(1)(a)

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Alternatives:

Option 1. Authorize the allocation of $211,387.70 in fiscal year 2025-26 for an additional 0.4 FTE Pediatric Surgery Position for the Janeway and $105,693.85 in fiscal year 2026-27 for an additional 0.2 FTE Pediatric Surgery Position for the Janeway **(Recommended)**
Pros:
- Helps ensure a full complement in the group 40(1)
- Provides mentorship to the new pediatric surgeon as well as additional clinical support and capacity.
- Better quality of care for patients and helps reduce the growing waitlist for some of the most vulnerable in the province.
- Allows the current travelling clinic rota to continue.

Cons:
- Increase in expenditures of $211,387.70 in fiscal year 2025-26 and an $105,693.85 in fiscal year 2026-27.

Option 2. Do not authorize the allocation of $211,387.70 in fiscal year 2025-26 for an additional 0.4 FTE Pediatric Surgery Position for the Janeway and $105,693.85 in fiscal year 2026-27 for an additional 0.2 FTE Pediatric Surgery Position for the Janeway **(Not Recommended)**
Pros:
- No additional costs.

Cons:
-
-

29(1)(a)

Prepared/Approved by: S. Seaward-Devine/D.Moore/C.Antle/J. McGrath
Ministerial Approval: Received from Hon. John Hogan, KC

August 22, 2024

Decision/Direction Note
Department of Health and Community Services

Title: Humber Valley White Bay Community Health Centre – 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 Humber Valley White Bay Community Health Centre to the highest ranked proponent, Marco Group Limited.

- It is recommended that:
  - approval be provided for NL Health Services to award the Request for Proposals for the Humber Valley White Bay Community Health Centre to the highest ranked proponent, Marco Group Limited, and
  - NL Health Services work with the Department with respect to the timing around required cash flow / budget appropriations.

Background and Current Status:

- In May 2024, NL Health Services issued a Request for Proposals for Proposals (RFP) for the leasing of approximately 30,000 square feet of space in the Town of Deer Lake to support the operations of a new Community Health Centre. The new Centre will consolidate all existing health services from the two current service locations in the community into a single site, and will include space for the new Deer Lake-White Bay Family Care Team that was announced in Budget 2023.

- The RFP required the proponent to construct the new facility on a parcel of land (on Humberview Drive) that had been previously purchased by the Department of Transportation and Infrastructure (TI). Upon awarding of the RFP, the proponent will be required to acquire the land from TI at the original purchase price of $1,347,000.

- The RFP closed on August 1, 2024 with two (2) submissions being received, and the highest ranked bidder being Marco Group Limited at an **initial annual leasing cost of $2,484,000, (equating to $83.34 / sq ft), plus HST**.

- A complete list of bidders, and the evaluation results can be found in Annex A. An overview of the bidders can be found in Annex B.

Analysis:

- Evaluation of the submissions was completed in two separate, independent stages:
  - Technical evaluation (65%)
    - Completed by a panel of five (5) evaluators with representation from Primary Health, Community Supports, Capital Planning Infrastructure and Engineering, and Facility Planning, to allow for differing viewpoints,
    - A Fairness Advisor was also engaged who oversaw the technical evaluation to add impartiality to the process.
  - Financial evaluation (35%)
    - Completed independently by Sourcing and Contracts.

- Excluding the RFP bid for clinic space in the Arnold's Cove area (@ $117 / sq ft), the initial annual lease cost of $2,484,000 (plus HST) per annum, equating to $83.34 / sq ft, is on the high side when compared to other recent tender results:
  - Stephenville - $49 / sq ft
  - Port-aux-Basques (Temporary space) - $50.28 / sq ft
  - Bishop's Falls - $68.54 / sq ft
  - Gander - $64.14 / sq ft

35(1)(d)

- However, the rate was procured through a competitive bidding process [redacted] the rate is reflective of the current market environment for this particular procurement.

- Possible reasons for the high lease rate could include:
  - unlike the other facilities noted above, the Centre in Deer Lake will contain an x-ray unit, which comes with increased costs (e.g. lead-lined wall paneling, etc.),
  - the proponent will have to purchase the land from TI at a cost of $1,347,000, and
  - the site in question is in a minimally developed area of the community on a previously undeveloped parcel of land which may entail more significant site grubbing and preparation than the other procurements noted above.

- The proposed rate of $83.34 / sq ft equates to an annual leasing cost of $2,484,000 (plus HST). However, NL Health Services' current annual leasing costs in Deer Lake totals $392,000 (plus HST), thereby resulting in a funding shortfall / requirement of approximately $2.1M (plus HST) annually.

- In their proposal Marco Group Limited indicated that construction of the facility will take 18 months to complete after award, as such no funding will be required for the leasing costs until late in the 2025/26 fiscal year. NL Health Services will need to work with the Department with respect to the timing around required cash flow / budget appropriations.

- Budget 2024 allocated $30M to support the establishment of Family Care Teams in the province. [redacted]

29(1)(a)

- While the furnishings and equipment requirement for the new facility is still being developed, these items will be funded [redacted] thus no new funding is required.

29(1)(a)

- 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 Humber Valley White Bay Community Health Centre to the highest ranked proponent, Marco Group Limited. **(Recommended)**

  Pros:
  - Will advance the establishment of the Family Care Team in Gander; and

- Will ensure that all community health service offerings in Deer Lake, including the new family Care Team, have the appropriate spaces from which to provide services;
- Single site will allow for greater collaboration amongst community health staff;
- Single service location for clients (i.e. improved patient experience.

Cons:

- Will require new funding / budget appropriation.

- **Alternative 2:** Do not provide approval for NL Health Services to award the Request for Proposals for the Humber Valley White Bay Community Health Centre to the highest ranked proponent, Marco Group Limited. **(Not Recommended)**

  Pros:
  - No new funding / budget appropriation required.

  Cons:
  - NLHS will have to identify alternate space to accommodate the new Family Care Team;
  - A number of existing community services will continue to operate out of less than ideal spaces;
  - Clients will continue having to visit multiple sites to access services; and
  - [redacted] 29(1)(a)

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

August 22, 2024

Annex A - RFP Scoring & Costing

Humber Valley - White Bay Community Health Centre

Bidder	Technical (65%)	Financial (35%)	Total Score	Annual lease cost* (plus HST)	Square Footage	Lease Rate (per sq ft)	20 year lease cost* (plus HST)
GDR Enterprises Ltd.							
Marco Group Limited	53.0%	35.0%	**88.0%**	$ 2,484,000	29,805	$ 83.34	$ 49,680,000

**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)

Annex B
Overview of Bidders
(in alphabetical order)

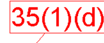
Marco Group Limited

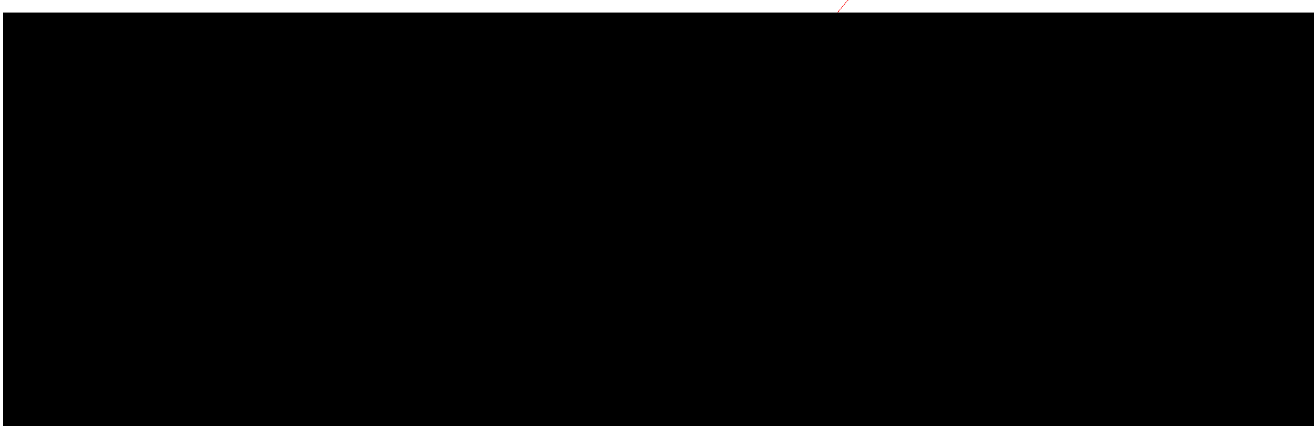
From their website:

"The largest Atlantic Canadian-based general contractor, we operate in the retail, commercial, recreational, multi-residential, entertainment, health care, educational and light industrial sectors as design-builders, construction managers, and general contractors. We undertake work throughout the Atlantic region and in other areas of Canada with offices located in Halifax, NS and St. John's, NL.".

Health projects include (but not limited to):
- Western Memorial Regional Hospital (Corner Brook),
- Western Long Term Care Home (Corner Brook),
- Mental Health and Addictions Centre (St. John's)
- Health Sciences Centre Emergency Department Expansion (St. John's)
- Pleasant View Towers Long Term Care Facility (St. John's)

GDR Enterprises



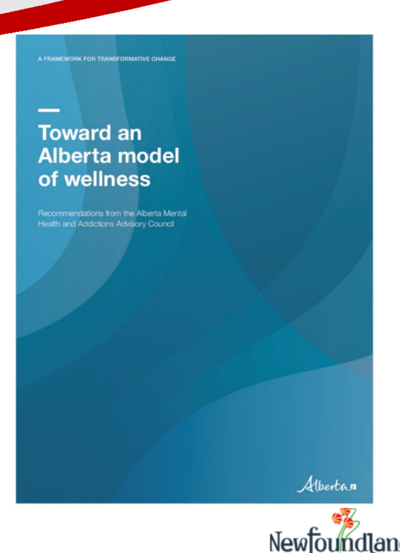


Alberta Recovery Model Overview

August 22, 2024

Alberta Recovery Model

- Alberta Mental Health and Addictions Advisory Council appointed in late 2019; framework released in 2022
- Shifts the focus towards self-directed, community-based recovery strategies
- Vision – For all Albertans with mental health and addiction concerns and issues to be effectively supported in their personal journeys towards recovery by integrated whole of community recovery-oriented systems of care that are easily accessible when needed



Newfoundland & Labrador

- In 2019, the Government of Alberta committed $140 million over four years to increase access to mental health and addictions services and supports
- In 2022 , the Government of Alberta introduced the Alberta Recovery Model, transitioning the management of mental health and addictions away from acute interventions and towards a recovery-oriented system of care that supports long-term wellness and recovery.
- A recovery-oriented system of care is a coordinated network of personalized, community-based services for people at risk of or experiencing mental health and addictions challenges. It provides access to a full continuum of services and supports, from prevention and intervention to treatment and recovery.
- Council had 3 recommendations:

Establish a shared vision and a collective commitment across individuals, families, municipalities, workplaces, cross-sectoral government partners and the philanthropic and private sectors to implement that vision

Improve foundational supports eg redesigning provincial programming for youth and young adults, reviewing educational practices, improving the youth and adult justice system, recovery-oriented housing,

Strengthen the recovery-oriented systems of care eg providing research and development expertise to recovery system partners including best practice advice, program design supports, recovery-oriented resources such as on-line tool for stakeholder group to assess their organizational alignment with recovery principles, evaluation and accountability actitives.

Alberta Recovery Model: Main Pillars

- Prevention – building resiliency and awareness, and increasing access to resources
- Intervention – facilitating connections to care
- Treatment – actively addressing addictions
- Recovery – building "recovery capital" to support long-term success

- The Alberta Recovery Model has four main pillars:
  - Prevention – building resiliency and awareness, and increasing access to resources
  - Intervention – facilitating connections to care
  - Treatment – actively addressing addictions
  - Recovery – building "recovery capital" to support long-term success
- Recovery capital refers to the internal and external resources a person can draw on to begin and maintain their pursuit of recovery. It includes physical and mental health; family, social and leisure activities; safe housing and healthy environments; peer-based support; employment and resolution of legal issues; vocational skills and educational development; and community integration and cultural support.

Governance

- Government mandated a coordinated recovery-oriented approach across eight ministries, including a dedicated ministry, the Ministry of Mental Health and Addiction (MMHA)
- Recovery Expert Advisory Panel established
    - Comprised of 14 experts from diverse fields including frontline specialists, researchers, physicians, Indigeous leaders, policy experts and other leader to provide advice to Minister
- Recovery Alberta is the province's health care agency focused on mental health and addictions
- Canadian Centre of Recovery Excellence is a research-focused crown corporation that provides data-driven recommendations and advances global best practices

Newfoundland & Labrador

The establishment of the Canadian Centre of Recovery Excellence, which will lead this evaluation work, was announced in April 2024 and is intended to become operational during the summer of 2024.

Recovery Alberta

- New organization established July 2024, expected to be operational in Fall 2024
- Will provide comprehensive and accessible recovery-oriented mental health and addictions services

Canadian Centre of Recovery Excellence

- Established by *The Canadian Centre of Recovery Excellence Act* in May 2024
- Will provide leadership in building a recovery-oriented system of care for people struggling with addiction and mental health challenges
- CoRE will support the government and advance the Alberta Recovery Model by:
  - Providing data-driven and evidence-based recommendations
  - Conducting research and program evaluation
  - Advancing evidence-based policies and global best practices

In Alberta and across Canada, more scientific evidence is needed to understand and help those impacted by mental health and addiction within our society. CoRE will generate new and expanded evidence-based best practices to most effectively help people pursue and maintain recovery.

Highlights

- Substantial financial investment
- Expansion of publicly funded addiction treatment spaces
- Recovery Communities
- Drug Consumption Services – harm reduction approach
- Therapeutic living units within provincial correction system
- Access 24/7 – Adult Intake Services
- Focus on youth and education system
- Rural Mental Health Project
    - Allocated $1.6M to created the Alberta Rural Mental Health Network, supporting 150 rural communities in developing local action plans to enhance mental health and addiction service

Newfoundland & Labrador

Alberta Recovery Model and Newfoundland and Labrador's Stepped Care Model offer similar mental health and addiction-based services and supports

The Alberta Model includes substantial financial investments, including funding the development and access to unregulated privatized treatment.

Expansion of publicly funded addiction treatment spaces – 22K for detox, residential treatment and recovery spaces 6700, working to 10K more

Recovery Communities – developing 11 new long-term, live-in addiction treatment facilities

Drug Consumption Services – 7 licensed, community-based sites provide connection to health care, substance use treatment and social support

TLUs – 12.5M to establish; allow individuals to access recovery-oriented treatment programs while incarcerated

Access 24/7 - Provides a single point of access to adult addiction and mental health community based programs. Provides a range of urgent and non-urgent addiction and mental health services including service navigation, screening, assessment, referral,

consultation, crisis intervention, outreach and short term stabilization. Currently based in Edmonton

Specific initiatives targeted to children and youth – school support programs, mental health classrooms, expanding resiliency education in schools, recovery community centres for youth

It has been noted that despite the introduction of the Alberta Recovery Model, overdose and drug toxicity deaths continue to rise in Alberta, with a record number of deaths in 2023.

29(1)(a)

It has been observed that despite the implementation of the Alberta Recovery Model, the number of overdose and drug toxicity deaths in Alberta continues to increase, reaching a record high in 2023. Last year, more Albertans died from drug poisoning than in any previous year. In the first 11 months of 2023, there were 1,841 drug poisoning deaths, with 1,706 of these connected to opioid use, according to the provincial substance use surveillance system.

Legislation

- *Compassionate Intervention Act* intended to allow a family member, doctor, or police officer to make a petition to family court for a treatment order when someone is a danger to themselves or others
- The treatment order would require that person to engage in treatment for their addiction and use with goal to save lives and protect safety of community
- [redacted] 34(1)(a)(i), 34(1)(b)

It has been observed that despite the implementation of the Alberta Recovery model, the number of overdose and drug toxicity deaths in Alberta continues to increase, reaching a record high in 2023

In the first 11 months of 2023, there were 1841 drug poisoning deaths, with 1706 of these connected to opioid use according to the provincial substance use surveillance system.

Reminder that early stage of implementation of this model

Information Note
Department of Health and Community Services

Title: Canadian Institute for Health Information (CIHI) Q1 2024/25 Activity Report - Newfoundland and Labrador

Issue: To provide the Department of Health and Community Services (HCS) with a summary of activities related to the products and services CIHI makes available to Newfoundland and Labrador through the bilateral agreement during the period of April to June 2024.

Background and Current Status:

- Under the CIHI Provincial/Territorial Bilateral Agreement, CIHI provides a range of products and services to provinces and territories in Canada. The bilateral agreement with Newfoundland and Labrador allows facilities, Newfoundland and Labrador Health Services (NLHS) (formally the Regional Health Authorities) and HCS to access and participate in core plan products and services. The primary services that comprise the core plan are:
  - Development and maintenance of national data standards (e.g., clinical, financial, electronic Medical Records; grouping methodologies);
  - Development and maintenance of national databases and registries (including comprehensive data quality, privacy and security programs);
  - Publications and selected comparative reports; and,
  - Basic education offerings.

- On August 22, 2024, HCS received the CIHI Deputy Minister Report for Newfoundland and Labrador for the first quarter of the 2024/25 fiscal year. The report provides an update on the following:
  - national activities completed to advance CIHI products and service;
  - analytical reports released publicly by CIHI;
  - upcoming data releases; and,
  - CIHI's Newfoundland and Labrador specific work.

Analysis:

- CIHI is committed to providing, and publicly reporting on, health data and information to improve outcomes in health system performance and population health across the country. Contributing provincial data to CIHI ensures that Newfoundland and Labrador can appropriately compare provincial results to the rest of the country and continuously benchmark performance. Specifically, NLHS can trend their data over time and compare it to similar organizations across the country.

Report Highlights

- **Annex A** provides a summary of CIHI activities and updates including transformation initiatives and strategic projects.

- CIHI released nine analytical reports during Q1. Newfoundland and Labrador data was included in five of these releases. Two HCS Briefing Notes were written for these releases. See **Annex B** for further details.

Newfoundland and Labrador Specific Activities

- CIHI provided the following education services in Newfoundland and Labrador in Q1:

Education Session Type	Number of Sessions	Number of Organizations Represented	Number of Attendees
Proficiency Exam	1	1	1
Web conference	2	4	13
Self-study course	60	11	120
Total	**63**	**11**	**134**

- CIHI's province specific work included hosting the in-person Atlantic Strategic Advisory Committee meeting on April 25, hosting a joint meeting of two rural health groups, advancing health workforce information for the personal support worker profession, conducting a continuing care context environmental scan, engaging NL decision-makers to submit feedback on the Pan-Canadian Health Data Content Framework, advancing CIHI's AI strategy, and CIHI's modernized pharmaceutical data management system and pharmaceutical roadmap. **Annex C** summarizes NL specific work undertaken by CIHI in Q1 2024/25.

Action Being Taken:

- HCS will continue to be an engaged partner with CIHI to enhance provincial health data and information to improve outcomes in health system performance and population health.

Prepared/Approved by: D. Roche/P. Morrissey/J. McGrath
Ministerial Approval: Received from Hon. John Hogan, KC

August 26, 2024

Annex A
CIHI Activities and Updates

CIHI Activities	Activities/Updates
CIHI Transformation Initiatives	
AI Strategy and Roadmap	CIHI is embarking on a multi-phased approach to AI. To date, CIHI has completed an international environmental scan to identify where other health systems are in their AI journey. This scan has uncovered that, while healthcare is still in the early stages of AI adoption, two themes are evident: first, AI use should be responsible, and second, effective leadership is the focus in early AI adoption. CIHI's AI Strategy and Roadmap is a multi-year, phased approach to AI integration with clear objectives to guide the work and change processes. The three phases include: **1. Capacity and Capability Building at CIHI** • The first phase of the AI Strategy focuses on using AI to gain micro-efficiencies. Using AI for business as usual and by building an 'AI muscle' to experiment with technology, in a safe manner and governed environment. Part of this will require upskilling of staff to better understand the use of AI. • CIHI will focus on building purposeful partnerships with data users, researchers, clinicians, industry and policymakers to create a network of problem solvers. 29(1)(a), 35(1)(c), 35(1)(d) Currently, CIHI is focusing on training and upskilling staff in open-source software (OSS) and developing governance and responsibility framework to guide our AI efforts. We are also engaging with provinces/territories to understand their AI journeys and how CIHI can offer support.

Analytical Toolkit Modernization (ATM) Project	Reliable, comparable, and actionable data and analytics is critical to making informed decisions that will improve our health care systems and the health of Canadians. Acquiring data and transforming it into information and insight requires first-rate analytic tools, techniques, and practices. As the technologies and practices to transform and analyze data are continually evolving and becoming more sophisticated, CIHI must modernize its analytic software and practices, to better serve its clients. The process of modernizing CIHI's analytics software is underway and focused on five key areas including modernizing the technical environment, product and data migration, staff educations, organizational processes, and change management and communications. Currently, we are modernizing internal infrastructure and migrating CIHI's products to open-source software (OSS) R and Python. Modernizing CIHI's analytic technologies, practices, and processes will result in improved access to and usability of health care data. This will allow CIHI to continue to respond to emerging and future information needs, to provide timelier and more comprehensive data and insightful analytics for use in assessing health system performance, informing health policy, and managing the health system. As we migrate to our modernized infrastructure, clients may experience changes to the way they receive CIHI data and/or analytical code or the format of that data/code. CIHI will work with clients to facilitate the transition, finding solutions that work for the user. We appreciate your understanding and are confident that our analytic toolkit modernization will allow us to better serve our clients with the future intake, processing, and analysis of essential heath data and the provision of relevant analytic products to our clients.
Hospital Data Transformation	The overall goal of Hospital Data Transformation is to attain timelier and richer pan-Canadian hospital data that reflects changing models of hospital care delivery and can leverage modern technologies and digital solution implementation. Improving the timeliness of response to pan-Canadian information needs can support many areas of the health system including bed capacity and utilization management systems, providing indicator updates with more recent and timely data, and public health monitoring and outbreak surveillance. Not only does supporting more efficient data capture, exchange and flow, improve the timeliness of data transfer, but also optimizes scarce human resources.
Connected Care (Interoperability)	Connected care, also referred to as interoperability, has two components. First, the secure and timely exchange of health information between systems, such as a physician's electronic medical records or a health technology solution one might see in a hospital. Second, the mutual interpretation of that information so that the sender and the recipient can understand the information that was exchanged with the same meaning. At CIHI, we have been collaborating extensively with partners at all levels to make connected care a reality in Canada. This past spring we held our first, of many, open review periods for the health-related data standard called the Pan-Canadian Health Data Content Framework which enables the capture and exchange of quality health information. One common data content standard and data architecture for all health-related data in Canada is a key component of interoperability. CIHI will continue to focus on the data content standard, the Canadian core data for interoperability, and a common data architecture. We welcome opportunities to work with our jurisdictional partners on this important initiative.

Data Stewardship Framework	CIHI is embarking on health data transformation activities including the development of a Data Stewardship Framework and establishing a new pan-Canadian governance structure. To enable this transformation, data policies and practices are being reimagined to enable broader data sharing and access throughout the health system. An FPT (federal/provincial/territorial) Working Group convened in August 2023, to create a draft report and set the groundwork for CIHI's leadership in this area. Other key partnerships include Canada Health Infoway, Health Data Research Network (HDRN) Canada, First Nations, Inuit and Metis (FNIM) organizations, health system organizations, and the public. 29(1)(a), 35(1)(d)
Pharmaceutical Roadmap	CIHI is supporting the development of an "All Drugs, All People" Modernized Pharmaceutical Data Management System with the pharmaceutical roadmap guiding this work. The pillars of the roadmap include: • Data Advancement: acquiring additional pharmaceutical data including public, private, cancer, and hospital-based data. • Enhancing Data Access and Analytics: enhance access to CIHI's health system data, tools and analytics for our key clients. • Modernization of NPDUIS (National Prescription Drug Utilization Information System) Infrastructure: Leverage new technology to modernize NPDUIS data management system with updates pharmaceutical data standards in alignment with other CIHI transformation initiatives.
Health Workforce Information (HWI) Roadmap	CIHI collects data and information on more than 30 groups of health care professionals, including detailed record-level information on supply, distribution, demographic, education, employment and practice characteristics for some professionals, and broader data on other professionals. CIHI completed a product review of our HWI information products to understand how to improve access and usability of the data. Many recommendations arose from this review including: streamlining and integrating data into a multidisciplinary product to improve user functionality and data visualization; enhancing the timeliness of data; increase reporting of comparable pan-Canadian interprofessional HHR data on regulated and unregulated providers; enhance reporting of socio-demographic characteristics and employment specifications, and explore opportunities to report by service area, as well as on the demand and need for health providers; and release short multidisciplinary analyses on health system issues to support and bring to light emerging trends. CIHI continues to support Health Workforce Canada (HWC), a new, arms length organization arising out of the federal and provincial/territorial desire to strengthen health workforce data and planning through a centre of excellence for the future of health workforce. The organization is funded by Health Canada and supported by CIHI with no duplication as CIHI remains data steward for HWI data holdings. The mandate of HWC is to bring together health workforce experts and health care workers to first, support the development and dissemination of health human resources data and information and second, share knowledge and strengthen capacity for planning and enhancing wellness and retention of health workers in Canada. CIHI is supporting use of the physician resource planning tool (PRPT) to estimate the relative differences in the supply of physicians and the net demand

	for services by physician specialty, over a 20-year period, at the provincial and territorial level. The tool is available through secure access.
CIHI Transformation Initiatives	
Data Quality	CIHI presented a poster titled Appraising CIHI's Open-Year Data Quality Products to Improve Hospital Data Quality in the 2024 CAHSPR (Canadian Association for Health Services and Policy Research) conference held May 14 to 16 in Ottawa. The poster was aimed to further disseminate the findings of the Open Year Data Quality (OYDQ) Evaluation Project, which included a survey of our ministry and facility clients as well as analyses of product download information and data quality of submissions
Coding and Classification Modernization	CIHI is embarking on a journey to modernize the Canadian Coding Standards (CCS) and the Canadian Classification of Health Interventions (CCI) to meet the rapidly changing clinical and technological landscape. More specifically, this project aims to improve efficiencies and user experience, reduce coder burden, and both support and align with interoperability and future electronic health record data collection and coding practices. Based on feedback from CIHI's pan-Canadian clients and with approval in principle from our National Coding Advisory Committee (NCAD), we are streamlining and modernizing the CCS. This includes retiring coding standards when coding direction is found in the classification (ICD-10-CA or CCI). The Classifications and Terminologies department has produced an alpha version of the Canadian Classification Browser (CCB). The CCB is a one-stop-shop web-based tool housing ICD-10-CA and CCI, along with related products such as the CCS and the ICD-10-CA/CCI PDFs. The browser has not yet been released, however, CIHI's working on a plan to formally evaluate this version to guide refinement and calibration for the next iteration. During the evaluation period, we will seek input from coders in the field.
International Classification of Diseases, 11th revision (ICD-11)	CIHI's new ICD-11 web page launched on May 6, 2024. With intuitive navigation menus, this dedicated web page serves as the central platform for work related to ICD-11. From articles to educational materials, resources are available to keep users connected and engaged in learning more about ICD-11 and what it has to offer. New content will be added to the web page quarterly to ensure the information remains current and relevant. While CIHI does not have a confirmed date for ICD-11 implementation in Canada, there are ongoing efforts to gain a comprehensive understanding of the implications for health system use. To facilitate this process, plans are underway to establish the Pan-Canadian ICD-11 Implementation Task Force. The task force will play a pivotal role in understanding jurisdictions' needs, addressing potential challenges, and developing a strategic road map for the implementation of ICD-11. Further updates on the task force will be shared as work progresses.
Shared Health Priorities	In February 2023, federal, provincial, and territorial (FPT) governments announced a commitment to work toward improving health care for Canadians in shared health priority (SHP) areas. CIHI is leading a collaborative process to select, develop, and report indicators to Canadians to measure progress on four new priorities. Eight (8) headline indicators were announced as part of the February 2023 commitment. An additional 14 additional common indicators were recommended by the SHP Advisory Council in March 2024. CIHI presented the list of recommended indicators to the Conference of Deputy Ministers, which subsequently received endorsement. Expert Advisory Group (EAG) planning is underway for indicators requiring development.

	In addition, CIHI is led a collaborative process to select, develop and report on a further set of Aging with Dignity (AwD) indicators as well as supporting a collaborative process to select and develop indicators on Cultural Safety. During the April 18 SHP Advisory Council meeting, members participated in an intelligence briefing to inform indicator selection. In early May, the SHP Advisory Council completed a ranking exercise for priority domains to inform indicator selection. Results of the domain prioritization and a proposed set of 6 indicators were shared with the SHP Advisory Council. On May 28, the SHP Advisory Council endorsed to move forward with development on set of six (6) common indicators. A Briefing Note summarizing the set of selected indicators was shared with the SHP Advisory Council members to support jurisdiction briefings.
Cultural Safety	A pan-Canadian collaborative of Indigenous partners is working to select, develop and report on a set of up to ten cultural safety indicators. The Cultural Safety Measurement Collaborative in-person meeting on May 16 and 17, was successful and led by Indigenous co-chairs. During this meeting, indicator themes and sample indicators were identified.
Public Health System Performance Indicators	CIHI is working with the Public Health Agency of Canada (PHAC) and provincial and territorial partners to advance the development of a suite of Public Health System Performance Indicators. This new set of 8-10 FPT-endorsed common indicators will enable consistent measurement and reporting on the performance of Canada's Public Health System. The project is expected to formally kick off at the end of summer/early September 2024.
New Access to Primary Care Indicators	Two new indicators, and a digital companion report, will be publicly released for the first time on December 5, via Your Health System (YHS), In Depth. These indicators are 'Visits to the Emergency Department for Could be Managed in Primary Care (PCSCs)' and 'Visits to the Emergency Department for Conditions That Could Be Managed Virtually in Primary Care (V-PCSCs)'. This follows the first private release which took place via the Data Preview for Indicators Tool on February 1. An EAG will support the public reporting and a kickoff meeting was June 26. Several meetings with external clients have already taken place, including with the Canadian Association of Emergency Physicians (CAEP) (June 5) and the BC Ministry of Health (May 17). In fall 2023, members of the Atlantic Strategic Advisory Collaborative (ASAC) were provided information on indicator development and preliminary results.

Annex B

Analytical Reports Released Q4 2023/24

Date of Release	Analytical Reports	NL Data (Yes/No)	HCS BN Completed (Yes/No)
April 4	Wait Times for Priority Procedures in Canada, 2024	Yes	Yes
April 11	A Step Toward Understanding Health Care Trajectories of People Living with Dementia	Yes	No
April 23	Organ Donation and Transplantation (ODT) Indicators and Reporting	No	No
April 25	Homelessness and Hospital Use	No	No
May 23	Hospital Beds Staffed and In Operation, 2022-23	Yes	No
June 6	Summary Statistics on Organ Transplants, Wait-Lists and Donors, 2023	No	No
June 18	Using Patient-Reported Data to Better Assess Quality of Care for Hip and Knee Replacement	No	No
June 20	COVID-19 Hospitalization and Emergency Department Statistics, 2022-23	Yes	No
June 27	Health Workforce in Canada, 2022 – Quick Stats	Yes	Yes

Annex C:

Newfoundland and Labrador specific activities

NL Activities	Description	Update
Health Workforce Information (HWI)	Health Workforce Information is an important part of CIHI's data advancement strategy.	• Funding opportunity provided to the College of Occupational Therapists of NL to assist in implementing the 2022 HHR MDS (Health Human Resources Minimum Dataset). In May 2024, the College of Physicians and Surgeons of NL sent a count of physicians to Scott's Medical Database for comparison purposes. • CIHI continues to work with NLHS to obtain a data file on personal support worker profession as part of CIHI's data advancement strategy. A data file is expected in early Q2.
Continuing Care Context Environmental Scan	CIHI is developing a document that will capture contextual information related to continuing care services for each province and territory in Canada.	• Information from public sources was collated by CIHI staff and circulated to HCS to validate. • The final document will be shared with stakeholders in fall 2024.
Pan-Canadian Health Data Content Framework	The Pan-Canadian Health Data Content Framework defines and standardizes health information to enable information flow across the continuum of care.	• CIHI and Canada Health Infoway are partnering to modernize the flow of health information and to create a connected health system. The Shared Pan-Canadian Interoperability Roadmap was endorsed by the Federal, Provincial, and Territorial Government in May of 2023. • In support of the Interoperability Roadmap, CIHI has an important role in defining and standardizing the health data that will be exchanged. The Pan-Canadian Health Data Content Framework is a person-centric data content standard wit supporting architecture which has an initial focus on primary health care with a broad scope that includes both clinical and secondary uses. • The content from the Framework will be used by Infoway to develop the technical exchange standards to move

		data from one discrete data point to another. • NL decision makers submitted feedback on the initial draft framework.
Pan Canadian Gender, Sex and Sexual Orientation Standards	As a result of CIHI's engagement sessions on sex and gender standards last spring, CIHI will be establishing pan-Canadian gender, sex and sexual orientation (GSSO) data standards based on British Columbia's GSSO Health Information Standard Guidance.	• GSSO standards align with international standards and best practices, including HL7's Gender Harmony model. • The proposed pan-Canadian standards are still under development and have been included as part of the Open Review of CIHI's Pan-Canadian Health Data Content Framework. • There will be additional opportunities for input and consultation before they are officially released later this year. • CIHI shared information with NLHS and HCS in April.
Hospital Data Transformation	CIHI is undertaking a hospital data transformation project to create a single, integrated data collection system to enable near real-time hospital data reporting, accelerated adoption of automated coding and develop a modernized hospital data content standard, under the pan-Canadian Health Data Content Framework, for implementation at point-of-care and inter-operability advancement.	• On June 3, 2024, CIHI met with NLHS to share information about the Hospital Data Transformation project and identify if there are synergies with NLHS EPIC implementation. Follow up information sharing is ongoing.
AI Strategy	CIHI is in the process of developing an AI strategy.	• CIHI is working closely with NLHS on a collaborative project exploring AI coding and potential applications with the health system's acute care data. A project team is now in place, and a work package is being finalized.
Pharmaceutical Roadmap	CIHI is advancing a 5-year Pharmaceuticals Data and Information Roadmap to modernize the NPDUIS data holding, build a comprehensive data foundation to address stakeholders' needs and priorities, expand data access and enhance analytics. This work will support health system planning and decision-making across federal, provincial and territorial (FPT) governments, as well as other organizations with decision-making needs in the drug space, including the Canadian Drug Agency.	• CIHI is supporting the development of an 'All Drugs, All People" Modernized Pharmaceutical Data Management System with the pharmaceutical roadmap guiding this work. The Pharmaceuticals team and CIHI met several times and with various decision makers gathering information about NL's prescription drug landscape and exploring opportunities to submit additional data to NPDUIS in support of CIHI's data advancement strategy.

Information Note
Department of Health and Community Services

Title: Update on Current COVID-19 Vaccination Program

Issue: To provide an update on the disposal of all existing COVID-19 vaccines and the distribution of an updated formulation for Fall 2024.

Background and Current Status:

- COVID-19 is a respiratory illness caused by the SARS-CoV-2 coronavirus. Symptoms are similar to those of the flu and common cold. While most people experience mild to moderate illness, some may develop severe symptoms.

- Vaccination remains one of the most effective ways to protect against severe illness from COVID-19, offering strong protection against severe disease, including hospitalization and death.

- COVID-19 has evolved into multiple strains over time. The Omicron variant, which has several subvariants, is currently dominant. Among these, the JN.1 strain and its subvariants are notable for their prevalence.

- KP.2 is a subvariant of the JN.1 strain within the Omicron lineage. As of April 28, national data indicates that KP.2 accounted for 26.6 per cent of all COVID-19 cases in Canada, surpassing other JN.1 subvariants.

- In May 2024, the National Advisory Committee on Immunization (NACI) recommended using vaccines formulated with the most recent strain starting in Fall 2024.

- To align with Heath Canada's regulatory process for vaccines, updated NACI recommendations, and in preparation for the 2024-25 respiratory season, the Public Health Agency of Canada (PHAC) has advised provinces and territories that effective August 31, 2024, all existing stock of COVID-19 vaccines must be removed from circulation, regardless of expiry date.

- A small supply of vaccine will be kept in quarantine at the provincial vaccine depot that can be used in the event of an urgent need prior to the arrival of the new vaccine formulation.

Analysis:

- As of August 31, 2024, all health care providers with access to COVID-19 vaccine will need to dispose of current stock. Public health programs at NL Health Services should dispose onsite and document appropriately within the SEINET platform. Pharmacists and community health care providers should also ensure proper onsite disposal of vaccines. Health care providers do not need to ship COVID-19 vaccine back to public health for disposal. HCS will maintain a small supply in the provincial vaccine depot for an urgent need until the new product arrives.

- It is anticipated that approximately 240,000 doses of COVID-19 vaccine currently in stock within public health offices across the province will need to be removed from circulation on August 31, 2024. This number does not include vaccine that will be discarded by health care providers external to public health. A mechanism for reporting vaccine wastage from external health care providers is currently not available.

- Starting in the Fall of 2024, the Government of Canada will supply the new COVID-19 vaccine at no cost to provinces and territories. PHAC are anticipating approval of the updated Moderna COVID-19 vaccine in mid-September with approval of Pfizer's updated COVID-19 vaccine shortly after. While not publicly announced yet, it is anticipated that the new formulation will contain KP.2 subvariant. Shipment of vaccine to jurisdictions will occur immediately upon approval.

- It is anticipated that NL will receive the new COVID-19 vaccine in time for the start of the influenza and COVID-19 vaccination season starting October 21, 2014.

- Between August 31, 2024 and October 21, 2024 there will be no COVID-19 vaccine available for the public in NL and nationally, except for a situation of urgent need. Individuals requesting COVID-19 vaccination should be encouraged to avail of the new formulation when it becomes available during the Fall 2024 campaign.

Action Being Taken:

- The Public Health Division of The Department of Health and Community Services will provide notification via a memo from the Chief Medical Officer of Health of appropriate disposal of COVID-19 vaccine by August 31, 2024. This memo will be sent to all health care providers with access to vaccine, including Newfoundland and Labrador Health Services, the Pharmacists' Association of Newfoundland and Labrador, as well as the Newfoundland and Labrador Medical Association.

- HCS will keep a small supply of current vaccine formulation in the provincial depot for urgent need, until the new formulation arrives

- HCS will provide additional information to health care providers when the new formulation of COVID-19 vaccine is available during the Fall of 2024. Information on the vaccine, including 2024-25 vaccine recommendations and information on how to order vaccine will be available in late September 2024.

- The Public Health Division will update The Time For The Shot website with appropriate messaging.

Prepared/Approved by: T. Wright-Brown/M. O'Driscoll/A. Tucker/J. Fitzgerald/G. Sweeney/J. McGrath

Ministerial Approval: Received from Hon. John Hogan, KC

August 26, 2024

Decision/Direction Note
Department of Health and Community Services

Title: Additional funding for the Centre for Nursing Studies (CNS) and College of the North Atlantic (CNA) for implementation of a Practice Nurse (PN) Program Coordinator position and two PN Student Success Coordinator Positions.

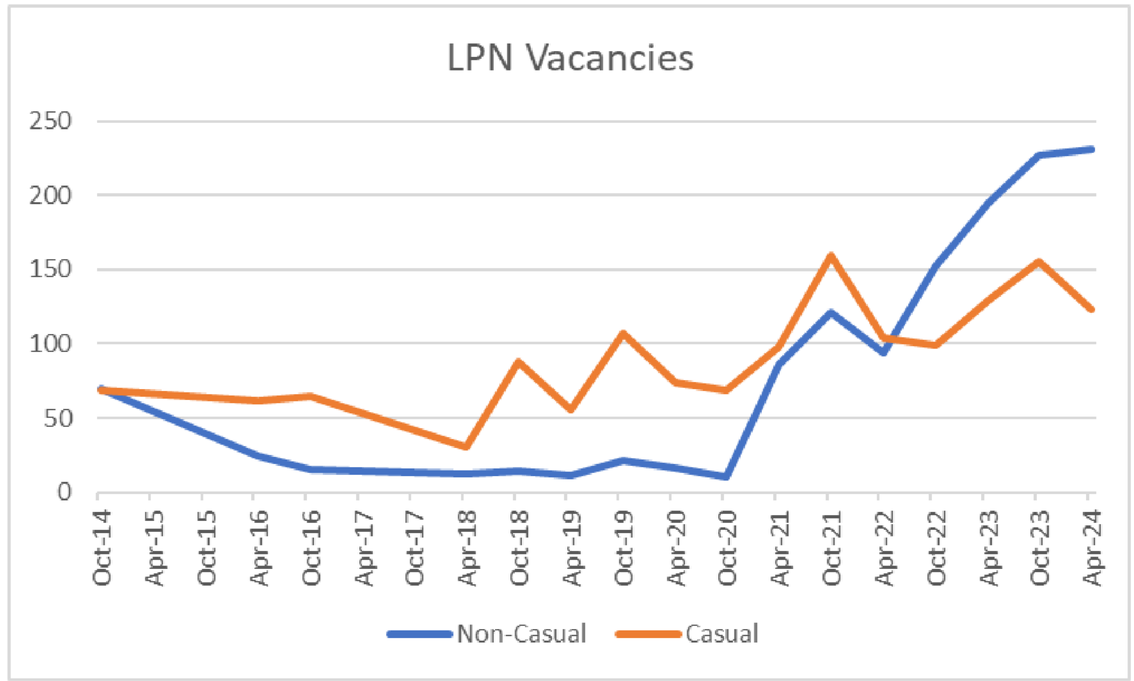
29(1)(a), 34(1)(a)(i), 35(1)(d)

Decision/Direction Required:
- Re-allocate $416,699 to fund a second PN Student Success Coordinator and provide additional funding to cover the cost for the already approved PN Program Coordinator and PN Student Success Coordinator positions for 2024/25 and 2025/26.

Background and Current Status:
- Newfoundland and Labrador (NL) is experiencing a critical shortage of health care professionals, as is the rest of Canada and a number of jurisdictions around the world.

- For the last number of years, NL has experienced higher than normal vacancies rates for Licensed Practical Nurses (LPNs) as outlined in the chart below.

Chart 1: LPN Vacancies over time



- CNS is the lead institution for the PN program and brokers the provincial delivery of the program through CNA. CNS currently has 85 seats in St. John's.

- CNA currently has 216 PN seats across nine campuses:
  - Happy Valley-Goose Bay, Burin, and St. Anthony (16 seats each);
  - Bay St. George, Gander and Clarenville (24 seats each); and,
  - Corner Brook, Carbonear and Grand Falls-Windsor (32 seats each).

- A recent study by the CNS found the attrition rate in the program to be 50.3 per cent, citing a number of reasons

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

- High attrition rates mean that educational institutions must employ measures to ensure there are sufficient graduates to meet the health system demand. The attrition study included a number of recommendations including a revision of the curriculum; implementation of a provincial PN Coordinator; implementation of a PN Academic Advisor; securing and supporting qualified faculty; implementation of a second program intake annually; offering financial incentives for students; strengthening recruitment strategies; creating a central intake for admissions; and implementing a part-time program option.

- In May 2024, the Department of Health and Community Services approved funding of $200,000 (BN-2024-00257 refers) a year for two years to support implementation of a PN Program Coordinator position and PN Student Success Coordinator position as recommended in the PN Attrition Study completed in 2023. This amount is insufficient to fully fund the two positions, due to the classification required and consideration for employer-provided benefits. There have been a number of other initiatives approved over the last two years to address challenges faced by the PN program, including:
  - 29(1)(a), 34(1)(a)(i), 35(1)(d) | 27(1)(i), 27(2)(a)
  - Funding provided to complete a PN Attrition Study in 2023 (BN-2022-00183 refers);
  - Funding to support the development online courses for the PN program (BN-2021-00322 refers);
  - Funding provided to support bridging Enrolled Assistant Nurses from Jamaica to LPNs including exam and licensure fees, relocation assistance and bursaries (BN-2023-00504 refers);
  - Review of options for operational funding for online program delivery; and
  - PN tuition relief (BN-2024-00257 refers).

- 29(1)(a), 34(1)(a)(i), 35(1)(d)

Analysis:

- Significant efforts are ongoing to recruit nurses internationally, however there is no clear international pool for LPNs as only Canada and the USA have this classification (however the USA classification is not comparable), and nurses recruited internationally may be eligible to apply for registered nurse licensure rather than LPN licensure based upon their credentials.

- The CNS program to bridge Enrolled Assistant Nurses (EANs) from Jamaica to become LPNs in the province has been successful and has yielded 13 EANs who arrived in NL in spring 2024. Additional cohorts arrive in summer and fall of 2024. It is evident that more effort is needed to increase and support the domestic supply of new graduates.

- In the CNS attrition study, delivery inconsistencies were noted which are impacting program delivery and student outcomes. The study recommended implementation of a PN Program Coordinator to oversee the program delivery of all sites, both at CNA and CNS. Responsibilities of this position would include maintaining consistency across all sites provincially, auditing program performance, engaging in program policy revisions, assessing

examinations to ensure Canadian Practical Nurse Regulation Exam (CPRNE) guideline adherence, and collaborating with partners and key stakeholders at varying levels. A draft position description has been included in Annex A.

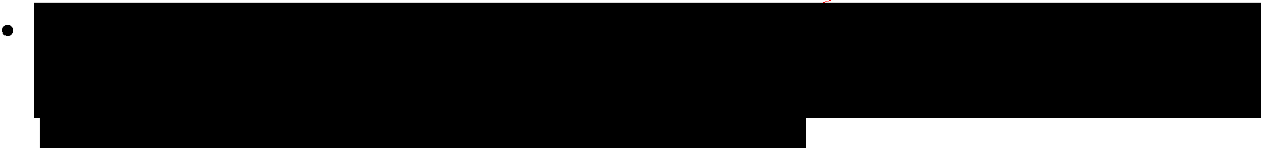
- In addition, it was noted that lack of preparation for post-secondary education, especially for high school students, was a key finding in the attrition study. Implementation of a PN Student Success Coordinator would help PN students to successfully navigate their career path and allow for early identification of at-risk students, to reduce attrition. A draft position description has been included in Annex B.

- Funding of $200,000 a year for two years for these positions was approved as noted. Since the approval, there has been further consultation with CNS and CNA regarding the positions.

- CNS and CNA have agreed the PN Coordinator position is best placed at CNS, as lead for the PN program in the province.

- CNS and CNA have noted that having one PN Student Success Coordinator may be challenging for many reasons:
  - Given the high level of attrition at both CNS and CNA, 29(1)(a)
  - 29(1)(a)
  - A single full-time position in one organization could not serve both schools due to differing union jurisdictions.

- CNS and CNA have asked if a second PN Student Success Coordinator may be funded to provide a full-time resource for each school. 29(1)(a), 34(1)(a)(i), 35(1)(d)

- 

- A summary of total costs is provided in Table 1:

Table 1: Summary of Costs

Position and Location	FY 2024-25	FY 2025-26	Total
PN Program Coordinator – CNS (NS-33 + 22.5% benefits)	$137,228	$139,973	$277,201
PN Student Success Coordinator – CNS (NS-33 + 22.5% benefits)	$137,228	$139,973	$277,201
PN Student Success Coordinator – CNA (Salary + 22.5% benefits)	$129,850	$132,447	$262,297
Total funding required	**$404,306**	**$412,393**	**$816,699**
Total funding approved	**$200,000**	**$200,000**	**$400,000**
Additional funding needed	**$204,306**	**$212,393**	**$416,699**

- It is conservatively estimated that it costs $25,000 to educate a PN in the province. The lost investment with current attrition at almost 50 percent could be up to $3.2M per cohort.

29(1)(a), 34(1)(a)(i), 35(1)(d)

- It is recommended that $416,699 be re-allocated [redacted] and provided to CNS and CNA to fund these positions which will help improve attrition and stabilize the local supply of LPNs in the province.

- [redacted] 29(1)(a)

Alternatives:

29(1)(a), 34(1)(a)(i), 35(1)(d)

1. Re-allocate $416,699 [redacted] to fund a second PN Student Success Coordinator and provide additional funding to cover the cost for the already approved PN Program Coordinator and PN Student Success Coordinator positions. **(Recommended)**

<u>Advantages:</u>
- Will support the supply of LPNs that will address critical shortages of this profession in long-term care settings.
- Will help to reduce attrition of the PN post-secondary program.
- Will help to increase PN student and program success.
- Aligns with Health Accord NL's recommendations and recruitment and retention strategies.

<u>Disadvantages:</u>
- Costs incurred by Government of Newfoundland and Labrador.

29(1)(a), 34(1)(a)(i), 35(1)(d)

2. Do not re-allocate funding of $416,699 [redacted] to support a second PN Student Success Coordinator and implementation of a PN tuition grant as well as PN Program Coordinator and PN Student Success Coordinator positions. **(Not Recommended)**

<u>Advantages:</u>
- No additional cost incurred by Government of Newfoundland and Labrador.

<u>Disadvantages:</u>
- Will not support the supply of LPNs that will address critical shortages of this profession in long-term care settings.
- Will not help to increase PN student and program success.

Prepared/Approved by: J. O'Malley/A. Wells/C. Whittle/M. Hayes/J. Herritt/J. McGrath
Ministerial Approval: Received from Hon. John Hogan, KC

<u>August 30, 2024</u>

Annex A: PN Provincial Program Coordinator Job Description Provincial

Position Description

Provincial Coordinator – Practical Nursing Program

The Provincial Coordinator for the Practical Nursing (PN) Program will provide leadership, support, and direction for PN Program delivery at the Centre for Nursing (CNS) and the nine Satellite Institutions (SIs) at the College of the North Atlantic (CNA). Through leadership and oversight of the program through a provincial lens, the coordinator will monitor consistency in program delivery and ensure that all sites are meeting the established course and program outcomes.

Qualifications

- Baccalaureate degree in nursing and a Master's degree
- Current practicing license with the College of Registered Nurses of Newfoundland and Labrador (CRNNL)
- Demonstrated knowledge of the Practical Nursing program, instructional development, delivery, and evaluation and demonstrated clinical expertise
- At least 5 years' experience in nursing education, including experience teaching in the Practical Nursing program
- Exhibit strong oral and written communication skills as demonstrated by presentations, facilitations, and report-writing
- Be self-motivated and able to work both collaboratively and with a high degree of independence and initiative
- Demonstrate effective time-management skills and the ability to prioritize
- Possess proven leadership skills
- Be able to establish and maintain effective working relationships.

Roles and Responsibilities

- Provide leadership for provincial program delivery in consultation with the Associate Director of Non-Degree Programs
- Coordinate provincial program delivery to ensure consistency
- Lead orientation for new site coordinators
- Monitor implementation of program regulations and policies
- Recommend and coordinate curricular change at the provincial level
- Provide curricular and program delivery support to coordinators at the CNS and CNA sites
- Monitor and document attrition at all program sites each semester

- Act as a resource and consultant to the CNS Associate Director, CNA Associate Dean, and PN program site coordinators, faculty, and staff
- Facilitate exam question writing sessions and other professional development for PN program faculty
- Facilitate development and review of exam questions to ensure provincial compliance with Canadian Practical Nurse Registration Examination (CPNRE) guidelines
- Monitor the placements for clinical practice courses and propose recommendations to address identified challenges
- Liaise with key stakeholders and other external bodies including: College of Licensed Practical Nurses of Newfoundland and Labrador, NL Health Services (NLHS), and members of the nursing community provincially and nationally
- Assist with the preparation for accreditation and approval of the PN program (i.e., Canadian Association of Schools of Nursing and College of Licensed Practical Nurses of Newfoundland and Labrador)
- Update mapping of the PN program outcomes and course objectives to the CLPNNL Entry-to-Practice Competencies
- Assist with the ongoing formative and summative evaluation of the PN program
- Assist with PN program recruitment initiatives
- Be a member of the Non-Degree Program Committee and Quality Initiatives Committee
- Chair the PN Program Curriculum Committee

Annex B: PN Student Success Coordinator Positions – CNS and CNA

Centre for Nursing Studies - Position Description

Practical Nursing Academic and Student Success Advisor

Through the development and implementation of proactive, early identification, and supportive initiatives, the Academic and Student Success Advisor fosters an inclusive and supportive environment to enhance student success and retention in the CNS PN program.

Qualifications

- Baccalaureate degree in nursing and a Master's degree
- Current practicing license with the College of Registered Nurses of Newfoundland and Labrador (CRNNL)
- Demonstrated knowledge of the Practical Nursing program, instructional development, delivery, and evaluation and demonstrated clinical expertise
- At least 5 years' experience in nursing education, including experience teaching in the Practical Nursing program
- Exhibit strong oral and written communication skills as demonstrated by presentations, facilitations, and report-writing
- Be self-motivated and able to work both collaboratively and with a high degree of independence and initiative
- Demonstrate effective time-management skills and the ability to prioritize
- Possess proven leadership skills
- Be able to establish and maintain effective working relationships

Roles and Responsibilities

- Provide academic advising in consultation with the PN Program Coordinator and Associate Director
- Provide leadership in the implementation of current and new strategies for improving student success and retention by assisting with development, promotion, and coordination of student success and retention initiatives
- Track and create reports for students: (1) at risk of failure; (2) unsuccessful in a course; and (3) out of sequence
- Track and monitor student progress and create an attrition report each semester
- Maintain ongoing contact with students (e.g., supportive messaging, meet with each cohort of students as a group each semester; meet with students at risk of being unsuccessful in a course/program)
- Collaborate with the CNS Guidance Counsellor in coordinating academic accommodations

- Liaise with faculty members to identify students experiencing challenges with course and program requirements
- Oversee the Student Learning Contract process
- Facilitate meetings between students and faculty, as necessary
- Provide students with guidance on academic appeals
- Develop and deliver study and exam writing skills sessions for students
- Discuss time management skills with students
- Review quizzes and exams with students, as necessary
- Refer students to Guidance Counselling Services
- Assist with orientation sessions for new students
- Provide students with information on financial aid, scholarships, bursaries, etc.
- Develop proposals for bursaries and practice grants for PN students
- Maintain and update information packages (e.g., student handbook, admissions package)
- Assist with developing individualized academic plans for out of sequence students
- Promote the CNS Peer Mentorship Program
- Member of PN Program Recruitment Committee
- Liaise with and provide guidance and academic support for satellite sites
- Other related duties as assigned: including, but not limited to other special assignments and duties that align with the purpose of this role

Instructional Coordinator – Practical Nursing
(Academic Advisor and Student Success Coordinator)
College of the North Atlantic
Practical Nursing Program

Through the development and implementation of proactive, early identification, and supportive initiatives, the Practical Nursing Instructional Coordinator - Academic Advisor and Student Success Coordinator fosters an inclusive and supportive environment to enhance student success and retention in the PN program.

Qualifications

Coordinator must:

- Hold a Bachelor of Nursing Degree (BN or BScN).
- Hold a graduate degree.
- Hold a current CRNNL registration.
- Have five years of recent relevant experience in nursing.

Roles and Responsibilities

- Provide academic advising to students in collaboration with Faculty, PN Coordinators, Student Services, and School of Health Sciences (SHS) Dean's Office.
- Provide leadership in the implementation of current and new strategies for improving student success and retention by assisting with development, promotion, and coordination of student success and retention initiatives.
- Track and create reports for students: (1) at risk of failure; (2) unsuccessful in a course; and (3) out of sequence.
- Collaborate with Admission Office and Institutional Research department regarding survey data collection specific to early leavers, attrition, and other survey data as deemed appropriate by the SHS Dean's Office.
- Track and monitor student progress and review site attrition reports each semester.
- Maintain ongoing contact with students (e.g., supportive messaging, meet with each cohort of students as a group each semester; meet with students at risk of being unsuccessful in a course/program).
- Collaborate with Accessibility Services regarding academic accommodations.
- Liaise with faculty members to identify students experiencing challenges with course and program requirements.
- Collaborate with Campus Directors to develop and implement Student Learning Contracts. Collaborate with PN Coordinators to develop and implement Clinical Learning Plans.
- Facilitate meetings between students and faculty, as necessary.
- Refer students to Student Services and resources within CNA when a need is identified, such as study skills, exam writing skills, and time-management skills.
- Review quizzes and exams with students, as necessary.
- Assist with orientation sessions for new and returning students.
- Collaborate with the Academic Help Centre to schedule PN Coordinators for tutoring.
- Connect students with information on financial aid, scholarships, bursaries, etc.
- Assist faculty and students with Work Integrated Learning opportunities.
- Maintain and update information packages (i.e., student handbook)
- Assist with developing individualized academic plans for out of sequence students.
- Refer students to Guidance Counsellor for peer tutor and other supports.
- Membership on the PN Program Recruitment Committee and others as necessary.
- Occasional travel within the province maybe required.
- Other related duties as assigned: including, but not limited to other special assignments and duties that align with the purpose of this role.

The Practical Nursing Instructional Coordinator's role may vary depending on program needs. In addition to the above-required duties, the Instructional Coordinator may be tasked, through mutual agreement with the School of Health Sciences, Dean's Office, to perform other instructional leadership activities, as assigned.

Decision/Direction Note
Department of Health and Community Services

Title: Humberwood Addiction Treatment Centre Expansion

Decision/Direction Required:

- It is recommended the Minister of Mental Health and Addictions approve $258,424 in one-time funding to support the expansion of Humberwood Addiction Treatment Centre from 10 to 12 beds.

- One-time funds are available under the **Provincial Alcohol Action Plan** to support this request.

Background and Current Status:

- Humberwood Treatment Centre, located in Corner Brook, is a 28-day inpatient treatment facility that addresses physical, social, psychological, and spiritual needs through individual, group, and family counselling for people, 18 years and over, with substance use and addiction.

- NL Health Services is seeing a significant increase in referrals for inpatient substance use and addictions treatment in the province with referrals expected to increase from about 550 a year to 800 to 1,000 referrals this year. Furthermore, the current wait time for inpatient substance use treatment is approximately 10 to 12 weeks and the number of people waiting to access inpatient treatment in Newfoundland and Labrador as of August 1, 2024, was 157.

- To enhance service provision, in January 2024, Humberwood moved from a 21 to 28-day treatment model. NL Health Services and the Provincial Mental Health and Addictions Division are also currently working to better align operational programming offered at Humberwood and the Grace Centre, with goals to reduce inefficiencies and wait times and ensure equitable access to services.

- Humberwood increased from 10 to 11 beds in January 2024 without any increase in staffing resources. To build on this work, NLHS has submitted a proposal to further expand Humberwood from 11 to 12 beds in Quarter 3 of 2024-25 and is seeking salary resources ($258,424) to support the total bed increase from 10 to 12 beds. This budget ask also includes the addition of a peer supporter who will assist in programming on evenings and weekends. Appendix A refers.

Analysis:

- The number of referrals to inpatient substance use and addiction treatment continue to rise, and the wait time is currently on par with the wait times during COVID-19 when Humberwood was operating at a reduced bed capacity, despite now operating at full capacity.

- Individuals living with substance use and addiction are faced with declining health and/or disengagement with treatment when faced with long wait times. This makes them susceptible to significant further harm, with ripple effects on communities in terms of public expenditures on health care and justice systems.

- An increase from 10 to 12 beds, translates to 24 additional admissions per year and allows for the expansion of services to help meet existing gaps in the provincial mental health and addictions system.

Alternatives:

<u>Option 1</u>: Provide one-time funding of $258,424 to support salaries associated with an increase from 10-12 beds **(Recommended)**.

Advantages:
- Helps reduce wait time for individuals seeking inpatient treatment.
- Addresses the increasing demand, and correlating wait list, for inpatient treatment.
- Reduces the likelihood of relapse for individuals who have completed detox and are awaiting inpatient treatment.

Disadvantages:
- Requires one-time funding for salaries which will need to be sustained annually thereafter.

<u>Option 2</u>: Do not approve funding to support Humberwood expansion **(Not Recommended)**.

Advantages:
- No additional funding or expansion required.

Disadvantages:
- Missed opportunity to improve quality of care and quality of life for individuals living with substance use and addiction.
- [redacted] 29(1)(a)
- Will not address increase in number of referrals and resulting wait lists.

Prepared/Approved by: L. Stagg/S. Hawkins/G. Hussey/G. Sweeney/J. McGrath
Ministerial Approval:

<u>August 30, 2024</u>

Sept. 9/24.

Appendix A: Humberwood Expansion (10 to 12 beds)

Additional Positions for Humberwood to increase to 12 beds	Salaries (with benefits and relief)	
0.5 addiction counsellor I	$50, 700	For additional treatment support and to help with referrals/intakes and admissions
1.0 Peer Support Worker	$70, 000	Evening and weekend hours preferred
1.0 Registered Nurse	$137,724	Daytime hours
Total Salaries	**$258,424**	