

September 28, 2026

Dear Applicant:

Re: Your request for access to information under Part II of the Access to Information and Protection of Privacy Act, (the Act) [Our File: HCS/68/2026]

On March 9, 2026, the Department of Health and Community Services (HCS) received your access to information (ATI) request for the following records:

All emails sent/received by the minister, deputy ministers, and assistant deputy ministers re emergency room wait times since the PC government took office.

On April 1, June 11, and July 27, 2026, HCS advised, with the approval of the Office of the Information and Privacy Commissioner, that the time to respond to your request was extended.

Please be advised that a decision has been made by the Deputy Minister of HCS to provide access to some of the requested information within HCS' custody (attached). Access to the remaining information has been severed from your response in accordance with the following exemptions under the **Access to Information and Protection of Privacy Act, 2015** (the Act):

Policy advice or recommendations

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

Disclosure harmful to the financial or economic interests of a public body

35. (1) The head of a public body may refuse to disclose to an applicant information which could reasonably be expected to disclose
- (d) 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

Disclosure harmful to personal privacy

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.

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 pursuant to the Act. 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 address and contact information of the Information and Privacy Commissioner is as follows:

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

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

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

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

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

Sincerely,

Samantha Cole

Samantha Cole
ATI Coordinator
Attachment

Access or correction complaint

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

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

(a) after the applicant is notified of the decision of the head of the public body, or the

date of the act or failure to act; or

(b) after the date the head of the public body is considered to have refused the request

under subsection 16(2).

(3) A third party informed under section 19 of a decision of the head of a public body to grant

access to a record or part of a record in response to a request may file a complaint with the

commissioner respecting that decision.

(4) A complaint under subsection (3) shall be filed in writing not later than 15 business days

after the third party is informed of the decision of the head of the public body.

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

section.

(6) A person or third party who has appealed directly to the Trial Division under subsection 52(1)

or 53(1) shall not file a complaint with the commissioner.

(7) The commissioner shall refuse to investigate a complaint where an appeal has been

commenced in the Trial Division.

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

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

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

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

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

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

concerned.

Direct appeal to Trial Division by an applicant

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

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

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

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

(3) Where an applicant has filed a complaint with the commissioner under section 42 and the

commissioner has refused to investigate the complaint, the applicant may commence an

appeal in the Trial Division of the decision, act or failure to act of the head of the public body

that relates to the request for access to a record or for correction of personal information.

(4) An appeal shall be commenced under subsection (3) not later than 15 business days after

the applicant is notified of the commissioner's refusal under subsection 45(2)

From: Premier
Sent: Tuesday, November 4, 2025 12:47 PM
To: Minister, HCS
Subject: HPRM: HPE Records Manager Correspondence : COR/2025/00006 [REDACTED] - ER Wait Times
Attachments: [REDACTED] - ER Wait Times.MSG

Good Afternoon,

Could you please review the attached correspondence and respond to the individual as appropriate.

Thank you,
Megan

Thank You,

Megan Winter
Director of Policy and Stakeholder Relations
Office of the Premier

-----< HPE Records Manager record Information >-----

Record Number : COR/2025/00006
Title : [REDACTED] - ER Wait Times

From: [REDACTED]
Sent: Monday, November 3, 2025 10:43 PM
To: Premier
Cc: Evans, Lela; Conway Ottenheimer, Helen
Subject: ER wait times

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

Good evening folks

Its not often that I visit the Emergency Room at any of our hospitals but on Saturday [REDACTED] I had the unfortunate meeting of my [REDACTED] was [REDACTED] because of the [REDACTED] but it didn't feel good. I got it [REDACTED] the best I could and each time I pulled away the [REDACTED] started coming out. So it was off to the Carbonear hospital emergency room. I arrived there at approximately 1 pm and got checked in. I was called in by the triage nurse and my vitals taken. By this time the [REDACTED] was still coming [REDACTED] The nurse looked at at didn't say much only wrote down some notes. I went back to the waiting room figuring I would be seen fairly quickly but the waiting began. There were other people waiting there, some since 8 in the morning. I waited there for 7 hours and was not seen by a doctor. In that time only 4 people got called in to see the doctor, me not being one of them. I know 1 of the people called in was only for [REDACTED] I figured I was more of a priority. At his point my main concern was getting it looked at because [REDACTED] getting it [REDACTED] I knew this wasn't going to happen anytime soon. There were at least another 4 people ahead of me and at the rate they were getting called in, I would probably be another 5 or 6 hours. At one point the nurse called for someone but they had left, she went back in the room but didn't bother to call someone else. At about 8 pm I was to the point that I couldn't stay any longer so I went to the check in station to let them know I was leaving and one of the people in there had the nerve to say "you will have to go home [REDACTED] on it". After me sitting there for seven hours, it wasn't the right thing to say. I only replied "I will have to, not getting anything done here".

There was only 1 doctor on and with a steady flow of ambulances nobody was getting seen. If you say you are in office for all of us then maybe one of the thing you should look at is having enough doctors on to help people. Even 2 doctors on would cut down on ER wait times. I ended up going to a drug store where I got supplies and someone talked to me about what to keep an eye on for [REDACTED] It actually only took about 10 mins.

Very frustrated with the health system

[REDACTED]

From: Clarke, Lesley
Sent: Tuesday, November 18, 2025 10:49 AM
To: Walsh, Deatra, Clarke, Greg, Garrett, Justin, Hanrahan, Heather, Konieczny, Jennifer, McGrath, John, Morrissey, Patrick (HCS), Rehma, Khadija, Scott, Brian, Sweeney, Gillian
Subject: Open Line - MHA Gambin-Walsh re: NPs and healthcare in district
Attachments: 2025-11-18 VOCM Open Line Transcript MHA Sherry Gambin-Walsh.docx, 2025-11-18 VOCM Open Line MHA sherry Gambin-Walsh.mp3

Good morning,

Below is a summary of the call to Open Line by MHA Gambin-Walsh. Also attached is the full transcript and audio.

Thanks!
Lesley

MHA Gambin-Walsh called Open Line regarding the nurse practitioner pilot project, launched by the Liberal government on August 27, aimed to improve access to primary care through a one-year, \$2 million initiative developed with the NL Nurse Practitioner Association. It offered independent contractors salaries equivalent to public sector NPs, plus overhead support for office setup, and was expected to provide 1,600 hours of patient care for 700–800 patients. The program included an evaluation component to guide permanent funding. While the NL Medical Association opposed covering business costs for NPs, the PCs criticized the pilot as too limited and, during their campaign, promised free NP visits province-wide, doubling NP education seats, overhead support for clinics, and mobile NP teams, budgeting \$5 million for these commitments. Despite an RFQ issued in September to recruit NPs, there have been no updates from the new Minister. In Placentia–St. Mary's, healthcare access remains strained: the Newhook Clinic in Whitbourne shifted from 24-hour emergency to 8–4 urgent care in March 2023 due to staffing shortages, despite PC promises to restore full emergency service. St. Mary's clinic now has only one doctor one day a week, causing long delays for appointments, while Placentia Hospital struggles with staffing, leading to ER wait times of up to 12 hours—particularly challenging for seniors in the district.

She went on to say that the Health Minister recently stated on VOCM that timely access to healthcare is her department's top priority, with recruitment and retention being the biggest challenges. While she has been taking briefings to get up to speed, there has been no update on the nurse practitioner pilot announced in August, despite the RFQ closing on November 27. This lack of communication is concerning, as districts like Placentia–St. Mary's urgently need the program. Currently, residents pay \$50 per visit to a nurse practitioner locally, and in St. John's, visits can cost \$100—an amount many cannot afford. The demand for nurse practitioners is clear, and as Shadow Minister for Social Support and Well-Being and MHA for Placentia–St. Mary's, I am anxious to know whether this pilot will move forward and if my district will benefit from it.

The interviewer acknowledged the validity of the concerns raised, noting that healthcare promises—such as reducing reliance on travel nurses and restoring emergency services in Whitbourne—remain unclear due to ongoing staffing and recruitment challenges, which are affecting every province despite having more doctors and nurses than ever. Wait times and patient connect lists continue to grow, and there is little detail on the nurse practitioner program or other initiatives. While some argue the new government needs time, the interviewer stressed that time is critical and that promises should have been backed by concrete plans. Transitioning government is difficult, but senior bureaucrats already hold much of the information, so answers to detailed questions are needed soon. The program intends to follow up with Minister Evans and possibly the Premier's Office to provide clarity for listeners.

MHA Gambin-Walsh went on to reiterate that it was in collaboration with the Newfoundland and Labrador Nurse Practitioner Association. It was this one solution and we need multiple solutions, but it's one solution and the foundation was laid, the work was done.

2025-11-18 VOCM Open Line MHA Sherry Gambin-Walsh

Transcript

Paddy Daly

The show let's go to #2. Say goodbye to the Liberal member for Placentia, St. Mary's as Sherry Gambin Walsh. Good morning, Sherry. You're on the air.

Sherry Gambin-Walsh

Good morning, Patty, my colleague today, I just want to talk about nurse practitioners. And as the Shadow Minister for Wellness and the Social supports and well-being specifically, but I also want to talk about my district Placentia St. Mary's. So the nurse practitioner pilot project was something that we brought forward in August, August 27th actually. I attended the announcement over at the Health Sciences Center and the Liberal government at that time we launched a year long nurse practitioner funding pilot to extend access to primary care and it was developed in collaboration with the Newfoundland and Labrador Nurse Practitioner Association and there were some key features to that pilot. The cost at the time was estimated to be about \$2 million for one year. We're going to have independent contractors. It's going to be equivalent to the public sector nurse practitioner salaries. There will be additional funding also to offset the business costs that come with setting up the offices. And it would yield about a little over 1600 hours in direct patient care and expected to see, you know, 7 to 800 patients, which was a fair a good number and with a built in a commitment, where there's going to be an evaluation factor, there's going to be ongoing assessment to inform the permanent funding model now. At that time, CNLMA did oppose the fact that the business costs were going to be covered for nurse practitioners, and they had argued that physicians have been seeking a similar model for quite some time. So the PC's committed to providing for positions as well if they got elected. The Department of Health has issued the RFQ, which is the request for supplier qualifications to recruit the nurse practitioners. They did this on September 10th during the election and well, just before the election on September 10th and it will close on November 27th, which is next Thursday, but we haven't heard a word about this from the new Minister or any of the changes that PC's were going to, you know, put in place that they promised. That's how they were elected. I mean, they made some significant healthcare promises throughout Newfoundland and Labrador. Now there was some, you know, there's also some arguments in the public that it was going to cover only 20 up to 351 licensed NPs, but also at the time that meant 20 of the about 40 independent NP's that were in the province. So about half but the PC we're criticizing the pilot. They said it had limited the limited pilot. There's too many conditions around it. They said that 7 to 800 patient roster wasn't enough and there just was a number of criticisms. During the campaign, PCs again were out and had significant health promises. And so in their campaign in their platform, they promised to make nurse practitioner visits free throughout Newfoundland and Labrador, every nurse practitioner visit free, they budgeted \$5 million towards this promise. They even said they would double the size of the nurse

practitioner education program. They would provide overhead support and incentives for nurse practitioners and family doctors to establish clinics and then create permanent mobile team of local nurses and nurse practitioners to serve direct parts of the province. That's right out of their book. Now, the MHA for Placentia St. Mary's on October 4th. Now Premier Wakeham and the PC candidate for Placentia St. Mary Rhonda Power. They held a public meeting in Whitburn and there's a video on the candidates Facebook page. She's standing in front of the Dr. William H. Newhook Clinic with the now Premier and specifically saying that under a PC government the Newhook Clinic will return to 24 hour emergency care. That clinic transitions to urgent care in March of 2023, it's now 8 to 4 urgent care clinic and it has been like I said for some time, since March of 2023. And that was due to the inability to staff it. I mean, I was constantly, constantly calling the ministers of Health and Community services, trying to get the appropriate staff, the appropriate number of staff to keep this emergency unit open and it was not possible. It was absolutely not possible. You're looking at 4 to 5 doctors to effectively staff a 24 hour emergency. And we know there's different categories, category A where there's someone on site all the time, category B where there's someone available all the time, they can be called in. So they're, you know, they're on duty, they're waiting, rolling remote. And we're here in my district now, down in St. Mary's, for example, and St. Mary's is serving that clinic, that clinic in St. Mary's is serving about 1000 residents from Saint Stephens, Peters River, right up to Riverhead. And others too, because sometimes people from St. Joseph go down there also and they're serving about 1000 residents. And they're down now to one doctor one day a week. They had a nurse practitioner and they had a doctor but they're down to one doctor one day a week. And of course you know if there's one doctor there's a limited number of patients he can see in his day. And if you book in an appointment this week, you don't get one next week for three or four weeks before you can even get an appointment. And there's significant number of seniors down in this part of my district, so we have an issue down here and we've had it for a while now. In Placentia where there's a fabulous hospital emergency unit, long term care facility and acute care facility. There is a mixture of doctors. We have virtual care, 2 physicians part time visits on call, we have full time with some in emerg like it is a combination to keep the the emergency and the hospital staffed. And even there I know yesterday one of my constituents waited over 12 hours in emerg to see a doctor and I know 12 hours doesn't seem like a long time, sometimes here in St. John's when you're waiting 12/24. But you know, 12 hours is a long time for seniors to sit anywhere and wait. And we've been talking about this for over a year now.

The Minister was on yesterday, she was on the VOCM and quoted that the health minister says timely access to adequate Healthcare is top priority for her department. She's been busy taking briefings and getting up to date on her department. And I understand that it is a massive department, health and community services, and she just said she wants, you know, the biggest issues to tackle, recruitment and retention. Well, I haven't heard a peep on their promises for the changes to what we put in in August for the nurse practitioners. I do know what what was announced, you know, to request closes on the 27th, but if they're going to change it, would you think that they would have went in and changed the request now already and share something and maybe they did? Minister just hasn't said anything about it. So we haven't heard

anything. And I know my district and I'm sure there's other districts in the province is truly and honestly hurting for this nurse practitioner program to go ahead, we need it. We desperately need it now. Am I going to get a nurse practitioner in my district who's going to do this? I don't know, but it's a chance I'm willing to take to try to make sure it happens. I mean, I know for sure, like in my district now, right now it's \$50 a visit to a nurse practitioner. And we do have one there and she is utilized and everybody loves her. I know I had to take my son who lives in St. John's, and he's nonverbal autism to a nurse practitioner a couple of weeks ago, because that's another story because I thought he had a doctor. He was on the list, and when I went to go call the Doctor that he hadn't used in two years since he had the initial visit, couldn't find a doctor, I got number no longer in service. Then I have no idea. I still haven't found the doctor. So while I called the nurse practitioner in Churchill Square and took him there, that was \$100.00 a visit. So \$100 is a lot for some people to pay to go see a nurse practitioner for half an hour. I'm just anxious. As the as the critic, as the Shadow Minister for social support and well-being, and as the MHA for district of Placentia Saint Mary's to know what is going on with this nurse practitioner pilot that we announced in August.

Paddy Daly

All fair questions, I mean. The whole issues of promises regarding healthcare, you're reducing our reliance on travel nurses where you established an emergency services at Whitburn. All of these types of things. I don't know where the details are because staffing and recruiting and retaining has been a huge problem and not just here. Every province in the country is having the exact same concerns. I'm not exactly sure why? Because we've got more doctors and nurses than ever before, but yet wait times continue to increase. People waiting on patient connect. The number continues to grow. So I don't know where the details are regarding the nurse practitioner program or anything else, but we certainly have plenty of time for Minister Evans on this program to give us a few more details. We've actually reached out to the Premier's Office for some time, maybe today, but sometime this week. So these are all questions that everybody has and you know, I'll be told by some supporters of the current government that you have to give them time. Well, OK, but time is also of the essence here. And if the promises were made, they must have had included some detail in the minds of supporters and individual politicians and some of their advisors and strategists. So I know. Transitioning government is difficult, but people don't have a whole lot of time to wait. Considering the fact that most of the information and the authority is in the hands of senior bureaucrats, they're still there. So the briefings, OK, but let's get some answers to some of these actual detailed questions, including yours, and I'll we'll see what we can do here in this program. Sherry, that's for sure.

Sherry Gambin-Walsh

Yeah, I like. I'm. I am honestly and genuinely concerned about this because this was a good announcement. It was in collaboration with the Newfoundland and Labrador Nurse Practitioner Association. Everybody thought it was a good, you know, it was a good concept. It was this one solution. We need multiple solutions, but it's one solution and like the foundation was laid, the work was done. Like, come on, let's get going. And if

you're going to make changes to it, you know, announce those changes, please talk to the people, tell us what's happening.

Paddy Daly

Absolutely. I appreciate the time, Sherry. Thank you. We'll ask these questions as soon as we get a chance.

Sherry Gambin-Walsh

Thank you very.

Paddy Daly

Much welcome. Bye. Bye. You too. Bye bye.

Sherry Gambin-Walsh

Have a good day.

From: Rehma, Khadija
Sent: Wednesday, December 3, 2025 12:54 PM
To: McGrath, John, Sweeney, Gillian, Garrett, Justin, Morrissey, Patrick (HCS), Clarke, Greg, Hanrahan, Heather, Walsh, Deatra
Cc: Scott, Brian, Konieczny, Jennifer, Clarke, Lesley
Subject: CBC Morning Show - Interview with NLMA President
Attachments: Dec 3 - ER Wait times - CBC Morning Show.mp3

Good afternoon,

Flagging interview on CBC Morning Show today with NLMA president. Audio attached.

Summary:

- Last month, a photo on social media showed a sign in the ER at the Health Sciences center in St. John's predicting a 10-14 hour wait for urgent matters and 16-20 hours for less urgent cases.
- Doctor Cynthia Slade, president of NLMA and a St. John's psychiatrist, joins us on the phone

What are you hearing from your Members about wait times right now? Why are wait times so long right now in emergency rooms? What's causing it?

- We're hearing similar concerns regarding wait times.
- Our members are not able to get to patients as quickly as they would like to for a variety of reasons.
- ERs don't operate on a first come first serve basis. Every patient is triaged according to their level of urgency.
- Lots of reasons contribute to long wait times and one of them is staffing shortages across the healthcare system. That's a major challenge.
- Some emergency departments have had to reduce their services through virtual only or closed temporarily, which means patients are diverted to another emergency department, which puts added pressure and longer wait times on that particular emergency department.
- While patients may be sitting in waiting rooms and there may not seem like there's a lot of people waiting, there may be many patients waiting in the back and ambulances.
- Another factor is bed availability. If a patient needs to be admitted, they often end up staying in the emergency room because hospital beds are full.
- Some of those beds may be occupied by patients who are ready to be discharged, but they can't leave the hospital because they may have to go to a long term care facility and there may not be a bed available for them there or they may need home care supports and that may not be available in their community.
- Sometimes even when beds are available in the hospital, if there are staffing shortages, then those beds really are not usable.
- Our emergency rooms can't be used then for new arrivals because we've got patients backing up the system.
- There are also patients in the ER waiting for lab tests and CT scans before they can be discharged and that takes time and also depends on staff availability.
- Another big factor is lack of access to primary care, which means more patients going to the ER for non urgent issues.
- Our province has the highest proportion of seniors and those with chronic conditions and a lot of those patients who don't have family doctors have to rely on ER for daily things.

- Those patients also have no one to order routine investigations or investigations to rule out other diseases and they end up at the ER with more severe conditions and require higher level of care.
- They are more likely to need hospitalization. All the factors create a ripple effect and backs up the entire system.
- We've all had to go to the emergency department and we've all felt that frustration of waiting a long time.
- It puts a level of stress on our patients, on their families and on our staff.

What are some possible solutions here?

- Better access to primary care in the Community, That means having enough family doctors.
- There's a lot of people in this problem, but they don't have that choice, so they seek alternatives for family physicians, which are not really adequate.
- When you have a family doctor who provides continuity of care and you form that longitudinal relationship with them, that that's the best outcome for our patients.
- It's also less expensive. It results in less unnecessary testing and prevents unnecessary hospitalizations and trips to the emergency department.
- We have family doctors who staff many of our ERs, so we need to recruit more of them to fill gaps in rural emergency departments.
- Need more emergency medicine physicians to work in our emergency rooms.
- Right now our problems is paying \$1,000,000 each month for virtual services that offer episodic walk in style care like phone and teledoc.
- That's not a standard we should be striving for considering we have our own medical school.

How will the new urgent care facility change things for patients?

- We're hoping it will make wait times shorter and more non urgent issues that are presenting to our bigger emergency departments will be diverted to the urgent care hub.
- That you won't see long wait times and it will make the system more efficient.
- We have to remember that staff working at the urgent care hub are also the staff that we have in our system. So we're moving people around.
- While we're hopeful that it will help streamline things, it doesn't take away the fact that we need to recruit and retain the people that we're keeping here.

Khadija Rehma | Media Relations Manager
 Department of Health and Community Services
 Government of Newfoundland and Labrador
 709-729-5315 | KhadijaRehma@gov.nl.ca

From: Minister, HCS
Sent: Friday, December 5, 2025 11:35 AM
To: [REDACTED]
Cc: Premier, Pat Parfrey, Freake, Teara, patient.relations@nlhealthservices.ca
Subject: A DOCTOR
Attachments: [REDACTED] Response - Concerns - challenges accessing primary health care in Corner Brook.pdf

Please see the attached response to your November 20, 2025 e-mail.

From: [REDACTED]
Sent: Thursday, November 20, 2025 4:27 PM
To: Premier <Premier@gov.nl.ca>
Cc: Evans, Lela <LelaEvans@gov.nl.ca>
Subject: A DOCTOR

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

Hi,
My name is [REDACTED] and I have been advocating for a family Doctor for my family [REDACTED] for 9 years. I have been proactive in writing letters, emails and speaking to various health representatives, mhas, premiers offices and health ministers assistants etc etc for 9 years. The latest correspondence I have is a reply from John Hogan dated July /2024 to advise me to try to avail of health care via teledoc or 811 . I have filled out patient connect on line too many times to mention and have called that number many many times, Patient Connect does not work, as we have apparently been on a list for all this years. Our only access to some kind of health care **has been** is a medicuro app then a teledoc app periodically but it is only virtual. We often dismiss any medical concerns because of no access to a health provider and after all these years of advocating I am so disappointed and defeated that we cannot have access. I have spent time in emergency over the years only to leave without treatment and most recently spent some time in the NEW western ER with my [REDACTED] [REDACTED] whom also left without treatment after 12 hours and I am total **awe** how come it is so poorly broken and not at all efficient..it is not working to fill your gap in doctor shortage...I am open to a telephone conversation anytime [REDACTED]
Sincerely,

[REDACTED]



COR-2025-215644/03

December 4, 2025

[REDACTED]

[REDACTED]

On behalf of Premier Wakeham, I am writing in response to your email on November 20, 2025. I am sorry to hear of the challenges you've had in accessing primary health care in Corner Brook. Thank you for taking the time to share your concerns. It is important for us to hear your firsthand experience, so we can continue to work with Newfoundland and Labrador Health Services (NLHS) to transform our health care system.

As we have shared in previous correspondence, NLHS officials are best positioned to review your specific situation and provide clarification regarding available options. I understand that an official from our department reached out to you directly as well as with NLHS, on your behalf. It was confirmed you have been registered with Patient Connect NL since 2022. NLHS also advised that a clinical coordinator will reach out to you directly to discuss your concerns and provide clarity regarding a care pathway through their Regional Virtual Care Clinic for you and your family.

I note your concerns regarding [REDACTED] wait time for care at the Western Memorial Regional Hospital. We recognize the frustration that patients and their families experience while waiting longer than expected times in emergency departments. We know that emergency departments are sometimes used by patients who could be treated by a primary health care provider for non-urgent matters. NLHS is working on improving access to primary health care services by establishing a Family Care Team in Corner Brook, which is expected to launch in the coming months.

Government is also launching a nurse practitioner funding model pilot project that will provide public funding to eliminate out-of-pocket fees for patient visits to private nurse practitioners delivering medically-necessary services. It is anticipated that the pilot project will be up and running in the near future for nurse practitioners who choose to participate.

If at any time you wish to discuss your concerns regarding access to care or have questions, I would encourage you to contact NLHS Patient Relations by phone at 1-844-776-4400, or by email, patient.relations@nlhealthservices.ca. Further to this I have copied your letter and this response to Dr. Pat Parfrey, CEO of NLHS and Teara Freake, Vice President and Chief Operating Officer of NLHS (Western Zone), for their information.

I wish you and your family all the best.

Sincerely,

A handwritten signature in blue ink, appearing to read "Lela E.", with a stylized flourish at the end.

HON. LELA EVANS
MHA - Torngat Mountains
Minister

cc: Office of the Premier premier@gov.nl.ca
Dr. Pat Parfrey, CEO, NL Health Services pat.parfrey@nlhealthservices.ca
Teara Freake, VP/COO, NL Health Services teara.freake@nlhealthservices.ca
Patient Relations, NL Health Services patient.relations@nlhealthservices.ca

From: Rehma, Khadija
Sent: Monday, December 15, 2025 10:37 AM
To: Morrissey, Patrick (HCS)
Cc: Scott, Brian
Subject: KMs for Interview today - The Independent
Attachments: MR - Labrador Issues and Cornea Cross Linking Surgery.docx

Good morning Patrick,

Please see KMs attached/below for Minister's interview today.

Thanks,
Khadija

MEDIA REQUEST

Date: Wednesday, December 3, 2025

Reporter: Derek Montague, The Independent [REDACTED] s. 40(1)

Deadline: End of day Friday, December 5, 2025

Context:

The reporter has requested an interview with Minister Evans for two stories: one on health issues in Labrador; the other on why cornea cross-linking surgery is not covered by MCP.

Anticipated Questions:

Labrador Health Issues

- What update can you give on [specific individual's] case?
- Will there be a CEO for Labrador Health Zone based in Goose Bay?
- What is government doing to decrease ER wait times?
- What is government doing to increase the availability of Doctors, particularly in Labrador West?
- What is government doing to improve medivac service?
- What is the update on the treatment / detox facility in HVGB?
- What is the update on mental health unit at Labrador Health Centre?
- What is government doing to reduce wait times to access specialized care in St. John's, particularly cardiac patients?
- What is government doing about Sheshatshiu Innu First Nation's request for bloodwork service and a doctor in community?
- What is the update on other family care teams in Labrador?
- What is MTAP?

Cornea Cross Linking Surgery:

- Why is Cornea Cross Linking Surgery, a critical procedure, not covered by MCP?
- Does the Minister have plans to rectify this gap in the future?

Key Messages:

Labrador Health Issues:

- **What update can you give on [specific individual's] case?**
- For privacy reasons, I cannot speak to individual cases; however, I know personally how frustrating it can be to access the care you need when you live in Labrador.
- I encourage anyone who has concerns about accessing care to reach out to their health care provider, to NLHS patient relations, or to my office.
- **CEO for Labrador Health Zone based in Goose Bay**
- Our new government has committed to creating a Regional Health Council to be the voice of Labradorians, and work will begin to determine what that will look like and how it will work with NL Health Services.
- **What is government doing to decrease ER wait times?**
- Our new government will hire more emergency room doctors, nurse practitioners and nurses to ensure that every shift is covered to avoid closures.
- We are also working to improve access to primary health care to reduce demands in ERs for non-emergent visits.
- **What is government doing to increase the availability of doctors, particularly in Labrador West?**
- We will bring nurse practitioners and family doctors to the province — and keep them here. We'll make Newfoundland and Labrador the place they want to build their careers, with support and incentives to help them set up clinics and help patients.
- We will also recruit additional healthcare workers by providing every student, training in a program where there are staff shortages, an offer of employment at the beginning of their studies.
- We will make sure anyone can see a nurse practitioner for free, with no strings attached.
- We have heard from the Registered Nurses' Union and have committed to creating a permanent team of local, Newfoundland and Labrador, nurses and nurse practitioners to provide healthcare in different parts of the province, when and where they're needed most.
- In the meantime, to ensure that people have access to care, virtual appointments with a Teladoc provider supported by an in-person provider were launched in Labrador West clinics.
- **What is government doing to improve medivac service?**

- Our new government will ensure that sufficient medical flights are available for residents of remote communities and make sure Labradorians can avail of emergency air medical transport when needed.
- I have heard from residents their concerns on these services and we will look at what improvements are needed.
- 24/7 emergency medical transportation services are provided to the residents of coastal Labrador by Air Borealis through a contract with Medavie. The contract holds operators to availability and launch time standards that have not existed previously.
- Medavie is recruiting an operations manager, based in Happy Valley-Goose Bay, with a specific focus on medical transportation in Labrador. This position will collaborate with local stakeholders to ensure that customers and patient service is a priority.
- The department will continue to work closely with NLHS and Medavie to ensure there are tangible improvements in timely access to services for all.
- **What is the update on the treatment / detox facility in HVGB?**
- Our new government will support the creation of new treatment centres right here in Newfoundland and Labrador. This will increase access to detox, rehab treatment, and sober living for those recovering from addictions.
- NLHS issued an RFP seeking a Technical Advisor for a substance use treatment centre in Happy Valley-Goose Bay in early 2025 to guide government on the planning and design of a new 10-bed facility. NLHS recently announced Gibbons Snow as the successful proponent.
- The new substance use centre will improve access to services for individuals seeking withdrawal management, substance use rehabilitation and recovery closer to home, and will include an ODT Hub, managed alcohol program, day treatment program and peer support.
- For Happy Valley-Goose Bay, our new government has also committed to mobilizing law enforcement, healthcare and addiction services, housing supports, and community organizations in a strategic effort to improve safety and public health.
- This initiative will be carried out in lockstep with municipal and Indigenous leaders.
- **What is the update on mental health unit at Labrador Health Centre?**
- The Mental Health Inpatient Unit in Happy Valley-Goose Bay re-opened in June 2024. There have been approximately 79 patients since it opened. On average, four of the six beds are occupied.
- We recognize that the remote nature of Labrador communities often exacerbates mental health concerns of individuals. We will work to increase access to mental health supports and services across Labrador.

- We will reduce wait times for mental healthcare by hiring more mental healthcare workers, including psychiatrists, psychologists, pharmacists, social workers, nurses, nurse practitioners, counselors, case workers and addiction specialists.
- The Mental Health and Addictions Program within Labrador-Grenfell Zone provides services throughout the zone. There are staff available, either in person or virtually, in each community with the ability to consult with mental health and addictions managers, physicians, and/or psychiatry.
- Mobile crisis response teams, comprised of registered nurses and social workers and mental health-trained police officers, are currently in place in Happy Valley-Goose Bay and Labrador West, with recruitment underway for a team in Sheshatshiu.
- **What is government doing to reduce wait times to access specialized care in St. John's, particularly cardiac patients?**
- Our new government has committed to fully cover the costs of traveling for essential care when such services are not available in your region.
- To increase access to cardiac care, NLHS has permanently implemented the same-day fly-in/fly-out cardiac catheterization service and has opened a fourth cardiac catheterization lab.
- We encourage patients to speak to their care provider about wait time concerns, especially if their condition has changed from the time of referral.
- **What is government doing about Sheshatshiu Innu First Nation's request for bloodwork service and a doctor in community?**
- Minister met with Chief last week and discussed a Family Care Team to support the Innu.
- Further discussion will need to be had as to how this will roll out because we want to leverage the existing resources in Labrador, particularly in larger centres such as Happy Valley-Goose Bay.
- The input of Indigenous partners will be a critical part of designing the teams so that the services are tailored to the needs of Indigenous people and delivering culturally safe care.
- **What is the update on other family care teams in Labrador?**
- NLHS just announced an expansion to the Central Labrador Family Care Team with a second site on Hamilton River Road. There are now two NPs, allied health and 16 physicians supporting primary health care as well as the diabetes and midwifery program.
- NLHS is planning to implement a family care team for the south coast of Labrador. The team will be comprised of both existing and new NLHS health care providers.
- **What is the medical transportation assistance program?**
- Patients who have to travel to larger centres in the province to access specialized insured medical services can benefit from the medical transportation assistance program (MTAP).

- The available financial assistance may include economy airfare (and related eligible taxi fares), private vehicle mileage rate, busing, ferries, purchased and private accommodations, and meal per diems.
- Labradorians deserve fair and adequate access to health care and a significant number of patients access this program.
- MTAP staff are available for patients and will work with individuals on a personal basis to assist with questions, completing the forms, and resolving queries on additional information that may be required.
- **MTAP Secondary Messages:**
- The online forms for medical transportation assistance are fillable and examples of how forms should be completed are included on the website.
- Labrador Affairs has dedicated a staff member to working solely on the voucher applications with a processing time of two business days.
- The In-Province Flight Voucher Program enables MTAP to secure yearly pre-set ticket prices for in-province flights regardless of when a patient books.
- While the website offers a lot of information, as with any program, documentation is required for accountability and to assess eligibility.
- We encourage feedback and suggestions from patients, advocates for patients, and other stakeholders who share our goal to serve the best interests of patients.
- **MTAP Background:**
- Highlights of the program include:
 - Expanded eligibility by offering higher Labrador assistance rates to all Labrador-Grenfell Health (LGH) Zone residents.
 - An upfront flight voucher program for LGH Zone residents with two-day turnaround.
 - Increased flight assistance rates in LGH Zone, \$1,000 upfront towards their first eligible airfare costs plus an assistance rate of 75 per cent towards any additional eligible airfare costs between \$1,000 and \$8,000; and 85 per cent towards costs greater than \$8,000 accumulated April 1 to March 31.
 - Removal of the \$400 deductible for Island health zone residents travelling out-of-province.
 - Extension of LGH Zone assistance rates to Island residents needing out-of-province care.
 - Increased per diem rates: \$150/night in-province, \$175/night out-of-province.
 - Increased private vehicle mileage rate to \$0.25/km.
 - Hope Air pilot partnership program (July 2025–March 2026), which provides 100 per cent coverage of medical travel costs for families earning \$70,000 or less.
- Demand for MTAP continues to grow:
 - Voucher applications: 1,253 approved in 2024–25 (up from 657 in 2023–24). Vouchers for April–November 2025 were up 26 per cent compared to the same period last year.

- Claims volume: Increased by 17 per cent in 2024–25, after a 20 per cent increase in 2023–24. From April–September 2025, claims volume rose 20 per cent compared to the same time last year.
- Number of patients: Up nine per cent in 2024–25 compared to 2023–24. From April–September 2025, patient numbers increased seven per cent compared to the same period last year.
- Out-of-province claims: Up 8 per cent from 2023–24 and 10 per cent from 2022–23.
- LGH Zone: 47 per cent of total costs for 2024–25 (up from 41 per cent in 2023–24 and 30 per cent in 2022–23).

Corneal cross-linking

- Due to privacy reasons, I cannot speak to the specifics of any individual case.
- Corneal cross-linking is not an MCP Insured Service. No fee has been negotiated with the Newfoundland and Labrador Medical Association under the Canada Health Act.
- Medicine is evolving all the time. Frequently new or experimental treatments are not covered by MCP.
- NL Health Services has no ability to perform this procedure in the province's hospitals.
- We understand that this is offered in a private facility – however as an uninsured service:
 - There is no ability for the province to pay; and
 - There is no appeal mechanism or special authorization under the legislation for uninsured services.
- I would recommend to anyone with the condition to speak with their attending physician regarding options.

Secondary Messages:

Health Priorities

- Increasing access to health care will always be a top priority. This includes:
 - Developing new ways to recruit and retain health care professionals.
 - Ensuring people in rural regions have access to health care.
 - Finding more efficient ways to provide services to reduce wait times.
- These challenges are not new but we must find new ways to address them.
- Work is already underway. Front line workers have first-hand experience in the challenges facing our health care system and often have solutions on how to address these issues. The department has also been working on them by meeting with our partners.
- We recognize that Newfoundlanders and Labradorians are waiting long periods of time for the health care they need and many residents do not have access to a family doctor. This is unacceptable.

- We remain committed to these priorities that we discussed this fall. We anticipate discussing more progress on these issues in the new year.

In consultation with/Approved by:

Dave Moore, Tara Power, Niki Legge, IRR/LA, John McGrath, Minister Evans

Khadija Rehma | Media Relations Manager

Department of Health and Community Services

Government of Newfoundland and Labrador

709-729-5315 | KhadijaRehma@gov.nl.ca

MEDIA REQUEST

Date: Wednesday, December 3, 2025

Reporter: Derek Montague, The Independent

s. 40(1)

Deadline: End of day Friday, December 5, 2025

Context: The reporter has requested an interview with Minister Evans for two stories: one on health issues in Labrador; the other on why cornea cross-linking surgery is not covered by MCP.

Anticipated Questions:

Labrador Health Issues

- What update can you give on [specific individual's] case?
- Will there be a CEO for Labrador Health Zone based in Goose Bay?
- What is government doing to decrease ER wait times?
- What is government doing to increase the availability of Doctors, particularly in Labrador West?
- What is government doing to improve medivac service?
- What is the update on the treatment / detox facility in HVGB?
- What is the update on mental health unit at Labrador Health Centre?
- What is government doing to reduce wait times to access specialized care in St. John's, particularly cardiac patients?
- What is government doing about Sheshatshiu Innu First Nation's request for bloodwork service and a doctor in community?
- What is the update on other family care teams in Labrador?
- What is MTAP?

Cornea Cross Linking Surgery:

- Why is Cornea Cross Linking Surgery, a critical procedure, not covered by MCP?
- Does the Minister have plans to rectify this gap in the future?

KEY MESSAGES:

Labrador Health Issues:

- **What update can you give on [specific individual's] case?**
 - For privacy reasons, I cannot speak to individual cases; however, I know personally how frustrating it can be to access the care you need when you live in Labrador.
 - I encourage anyone who has concerns about accessing care to reach out to their health care provider, to NLHS patient relations, or to my office.
- **CEO for Labrador Health Zone based in Goose Bay**
 - Our new government has committed to creating a Regional Health Council to be the voice of Labradorians, and work will begin to determine what that will look like and how it will work with NL Health Services.
- **What is government doing to decrease ER wait times?**
 - Our new government will hire more emergency room doctors, nurse practitioners and nurses to ensure that every shift is covered to avoid closures.
 - We are also working to improve access to primary health care to reduce demands in ERs for non-emergent visit.
- **What is government doing to increase the availability of doctors, particularly in Labrador West?**
 - We will bring nurse practitioners and family doctors to the province — and keep them here. We'll make Newfoundland and Labrador the place they want to build their careers, with support and incentives to help them set up clinics and help patients.
 - We will also recruit additional healthcare workers by providing every student, training in a program where there are staff shortages, an offer of employment at the beginning of their studies.
 - We will make sure anyone can see a nurse practitioner for free, with no strings attached.

- We have heard from the Registered Nurses' Union and have committed to creating a permanent team of local, Newfoundland and Labrador, nurses and nurse practitioners to provide healthcare in different parts of the province, when and where they're needed most.
- In the meantime, to ensure that people have access to care, virtual appointments with a Teladoc provider supported by an in-person provider were launched in Labrador West clinics.

- **What is government doing to improve medivac service?**

- Our new government will ensure that sufficient medical flights are available for residents of remote communities and make sure Labradorians can avail of emergency air medical transport when needed.
- I have heard from residents their concerns on these services and we will look at what improvements are needed.
- 24/7 emergency medical transportation services are provided to the residents of coastal Labrador by Air Borealis through a contract with Medavie. The contract holds operators to availability and launch time standards that have not existed previously.
- Medavie is recruiting an operations manager, based in Happy Valley-Goose Bay, with a specific focus on medical transportation in Labrador. This position will collaborate with local stakeholders to ensure that customers and patient service is a priority.
- The department will continue to work closely with NLHS and Medavie to ensure there are tangible improvements in timely access to services for all.

- **What is the update on the treatment / detox facility in HVGB?**

- Our new government will support the creation of new treatment centres right here in Newfoundland and Labrador. This will increase access to detox, rehab treatment, and sober living for those recovering from addictions.
- NLHS issued an RFP seeking a Technical Advisor for a substance use treatment centre in Happy Valley-Goose Bay in early 2025 to guide government on the planning and design of a new 10-bed facility. NLHS recently announced Gibbons Snow as the successful proponent.
- The new substance use centre will improve access to services for individuals seeking withdrawal management, substance use rehabilitation and recovery closer

to home, and will include an ODT Hub, managed alcohol program, day treatment program and peer support.

- For Happy Valley-Goose Bay, our new government has also committed to mobilizing law enforcement, healthcare and addiction services, housing supports, and community organizations in a strategic effort to improve safety and public health.
- This initiative will be carried out in lockstep with municipal and Indigenous leaders.

- **What is the update on mental health unit at Labrador Health Centre?**

- The Mental Health Inpatient Unit in Happy Valley-Goose Bay re-opened in June 2024. There have been approximately 79 patients since it opened. On average, four of the six beds are occupied.
- We recognize that the remote nature of Labrador communities often exacerbates mental health concerns of individuals. We will work to increase access to mental health supports and services across Labrador.
- We will reduce wait times for mental healthcare by hiring more mental healthcare workers, including psychiatrists, psychologists, pharmacists, social workers, nurses, nurse practitioners, counselors, case workers and addiction specialists.
- The Mental Health and Addictions Program within Labrador-Grenfell Zone provides services throughout the zone. There are staff available, either in person or virtually, in each community with the ability to consult with mental health and addictions managers, physicians, and/or psychiatry.
- Mobile crisis response teams, comprised of registered nurses and social workers and mental health-trained police officers, are currently in place in Happy Valley-Goose Bay and Labrador West, with recruitment underway for a team in Sheshatshiu.

- **What is government doing to reduce wait times to access specialized care in St. John's, particularly cardiac patients?**

- Our new government has committed to fully cover the costs of traveling for essential care when such services are not available in your region.
- To increase access to cardiac care, NLHS has permanently implemented the same-day fly-in/fly-out cardiac catheterization service and has opened a fourth cardiac catheterization lab.

- We encourage patients to speak to their care provider about wait time concerns, especially if their condition has changed from the time of referral.
- **What is government doing about Sheshatshiu Innu First Nation's request for bloodwork service and a doctor in community?**
 - Minister met with Chief last week and discussed a Family Care Team to support the Innu.
 - Further discussion will need to be had as to how this will roll out because we want to leverage the existing resources in Labrador, particularly in larger centres such as Happy Valley-Goose Bay.
 - The input of Indigenous partners will be a critical part of designing the teams so that the services are tailored to the needs of Indigenous people and delivering culturally safe care.
- **What is the update on other family care teams in Labrador?**
 - NLHS just announced an expansion to the Central Labrador Family Care Team with a second site on Hamilton River Road. There are now two NPs, allied health and 16 physicians supporting primary health care as well as the diabetes and midwifery program.
 - NLHS is planning to implement a family care team for the south coast of Labrador. The team will be comprised of both existing and new NLHS health care providers.
- **What is the medical transportation assistance program?**
 - Patients who have to travel to larger centres in the province to access specialized insured medical services can benefit from the medical transportation assistance program (MTAP).
 - The available financial assistance may include economy airfare (and related eligible taxi fares), private vehicle mileage rate, busing, ferries, purchased and private accommodations, and meal per diems.
 - Labradorians deserve fair and adequate access to health care and a significant number of patients access this program.

- MTAP staff are available for patients and will work with individuals on a personal basis to assist with questions, completing the forms, and resolving queries on additional information that may be required.

- **MTAP Secondary Messages:**
 - The online forms for medical transportation assistance are fillable and examples of how forms should be completed are included on the website.
 - Labrador Affairs has dedicated a staff member to working solely on the voucher applications with a processing time of two business days.
 - The In-Province Flight Voucher Program enables MTAP to secure yearly pre-set ticket prices for in-province flights regardless of when a patient books.
 - While the website offers a lot of information, as with any program, documentation is required for accountability and to assess eligibility.
 - We encourage feedback and suggestions from patients, advocates for patients, and other stakeholders who share our goal to serve the best interests of patients.

- **MTAP Background:**
- **Highlights of the program include:**
 - Expanded eligibility by offering higher Labrador assistance rates to all Labrador-Grenfell Health (LGH) Zone residents.
 - An upfront flight voucher program for LGH Zone residents with two-day turnaround.
 - Increased flight assistance rates in LGH Zone, \$1,000 upfront towards their first eligible airfare costs plus an assistance rate of 75 per cent towards any additional eligible airfare costs between \$1,000 and \$8,000; and 85 per cent towards costs greater than \$8,000 accumulated April 1 to March 31.
 - Removal of the \$400 deductible for Island health zone residents travelling out-of-province.
 - Extension of LGH Zone assistance rates to Island residents needing out-of-province care.
 - Increased per diem rates: \$150/night in-province, \$175/night out-of-province.
 - Increased private vehicle mileage rate to \$0.25/km.

- Hope Air pilot partnership program (July 2025–March 2026), which provides 100 per cent coverage of medical travel costs for families earning \$70,000 or less.
- **Demand for MTAP continues to grow:**
 - Voucher applications: 1,253 approved in 2024–25 (up from 657 in 2023–24). Vouchers for April–November 2025 were up 26 per cent compared to the same period last year.
 - Claims volume: Increased by 17 per cent in 2024–25, after a 20 per cent increase in 2023–24. From April–September 2025, claims volume rose 20 per cent compared to the same time last year.
 - Number of patients: Up nine per cent in 2024–25 compared to 2023–24. From April–September 2025, patient numbers increased seven per cent compared to the same period last year.
 - Out-of-province claims: Up 8 per cent from 2023–24 and 10 per cent from 2022–23.
 - LGH Zone: 47 per cent of total costs for 2024–25 (up from 41 per cent in 2023–24 and 30 per cent in 2022–23).

Corneal cross-linking

- Due to privacy reasons, I cannot speak to the specifics of any individual case.
- Corneal cross-linking is not an MCP Insured Service. No fee has been negotiated with the Newfoundland and Labrador Medical Association under the Canada Health Act.
- Medicine is evolving all the time. Frequently new or experimental treatments are not covered by MCP.
- NL Health Services has no ability to perform this procedure in the province's hospitals.
- We understand that this is offered in a private facility – however as an uninsured service:
 - There is no ability for the province to pay; and
 - There is no appeal mechanism or special authorization under the legislation for uninsured services.

- I would recommend to anyone with the condition to speak with their attending physician regarding options.

Secondary Messages:

Health Priorities

- Increasing access to health care will always be a top priority. This includes:
 - Developing new ways to recruit and retain health care professionals.
 - Ensuring people in rural regions have access to health care.
 - Finding more efficient ways to provide services to reduce wait times.
- These challenges are not new but we must find new ways to address them.
- Work is already underway. Front line workers have first-hand experience in the challenges facing our health care system and often have solutions on how to address these issues. The department has also been working on them by meeting with our partners.
- We recognize that Newfoundlanders and Labradorians are waiting long periods of time for the health care they need and many residents do not have access to a family doctor. This is unacceptable.
- We remain committed to these priorities that we discussed this fall. We anticipate discussing more progress on these issues in the new year.

In consultation with/Approved by:

Dave Moore, Tara Power, Niki Legge, IRR/LA, John McGrath, Minister Evans

From: Minister, HCS
Sent: Monday, December 15, 2025 1:36 PM
To: [REDACTED]
Cc: Pat Parfrey, Glenda Webber
Subject: Critical Alert: Action Required on Healthcare Crisis
Attachments: The Unacceptable Crisis Your Emergency Department is Failing Us—Three Times in One Week.pdf [REDACTED] Response - Recent visits to the Health Sciences Centre emergency department with [REDACTED].pdf

Please see the attached response to your November 14 and 21, 2025 e-mails.

From: [REDACTED]
Sent: Friday, November 21, 2025 11:38 PM
To: Premier <Premier@gov.nl.ca>; Evans, Lela <LelaEvans@gov.nl.ca>
Cc: Hogan, John <JohnHogan@assembly.nl.ca>; Hutton, Fred <fredhutton@assembly.nl.ca>
Subject: Critical Alert: Action Required on Healthcare Crisis

Premier Wakeham,

I am writing to you again with serious concern, as I have not yet received a response to the proposal I previously forwarded (please see below and attached). The urgency of this matter cannot be overstated.

I want to be clear that I am not someone who typically reaches out or registers complaints. I have a genuine understanding of the profound fiscal and logistical challenges currently facing our province. It is precisely because the situation has become so dire that I feel compelled to speak up and offer a potential solution.

Today's CBC news article, detailing the alarming fact that **500,000 Canadians nationwide have left emergency rooms without receiving medical attention**, provides clear evidence that fundamental change is necessary. The link to the article is below:

<https://www.cbc.ca/news/marketplace/hospital-wait-times-9.6983849>

As noted in the report and confirmed by my own observations at the HSC Emergency Department, "**bed-blocking**" remains a major and debilitating issue. This is a critical impediment to patient flow that must be decisively addressed.

Newfoundland and Labrador has a vital opportunity to demonstrate **leadership** by implementing innovative and effective solutions to this healthcare crisis. We must act now.

I sincerely hope my accompanying proposal can provide a substantive framework for moving forward. Our citizens deserve and expect a far better standard of healthcare than what is currently being delivered.

[REDACTED]

----- Forwarded message -----

From: [REDACTED]
Date: Fri, Nov 14, 2025 at 9:38 AM
Subject: The Unacceptable Crisis: Your Emergency Department is Failing Us—Three Times in One Week

To: <tonywakeham@gov.nl.ca>, <LelaEvans@gov.nl.ca>

Cc: <fredhutton@gov.nl.ca>

Premier Wakeham and Minister Evans,

Please see attached.

I am currently waiting in the emergency room with [REDACTED] for the third time this week. I really hope you consider this proposal or can provide a concrete response.

I know you are just assuming office but there is no more urgent issue facing our people than the crisis in the health care system.

[REDACTED]



COR-2025-215516/01

December 12, 2025

[REDACTED]

[REDACTED]

I am writing in response to your emails dated November 14 and 21, 2025 regarding your recent visits to the Health Sciences Centre emergency department with [REDACTED]. I am sorry to hear of [REDACTED] medical issues that resulted in three emergency visits within one week.

The Provincial Government recognizes the frustration that patients and families feel when faced with longer than expected wait times in emergency departments. Please be assured that this is not the standard of care we strive to provide, and concerns of this nature are taken seriously.

Thank you for sharing your proposal outlining a three-phased approach with short, medium, and long-term goals to address capacity challenges. Your submission demonstrates a strong understanding of the health care system and highlights key issues impacting patient flow, such as bed-blockers, alternate level of care patients, and ambulance offload delays.

Significant work is underway to improve patient flow across the continuum of care and expand capacity for emergency services. A committee comprised of senior leadership from NL Health Services and the department has been meeting regularly to advance initiatives, many of which align with your recommendations.

While I have not addressed each specific action in your proposal, I have shared it with department officials for review and consideration. They will engage others as appropriate to advance initiatives that align with ongoing work.

Thank you again for taking the time to prepare and share your recommendations. We value input from the public as we work to strengthen our health care system. Please note that I am also forwarding your emails and proposal to Dr. Pat Parfrey, Chief Executive Officer of NL Health Services, and Glenda Webber, Vice President and Chief Operating Officer for the Eastern Zone.

If [REDACTED] has any outstanding health related concerns, I encourage her to contact the Patient Relations Office at NL Health Services by calling 1-844-776-4400 or emailing patient.relations@nlhealthservices.ca. This office is available to support patients with questions or concerns about the health care system.

I wish you and your wife all the best.

Sincerely,



HON. LELA EVANS
MHA – Torngat Mountains
Minister

cc: Dr. Pat Parfrey, CEO, NL Health Services
pat.parfrey@nlhealthservices.ca
Glenda Webber, VP and COO, NL Health Services
glenda.webber@nlhealthservices.ca

To: The Honourable Tony Wakeham, Premier of Newfoundland and Labrador **Cc:** The Honourable Lela Evans, Minister of Health and Community Services

Date: November 14, 2025

The Unacceptable Crisis: Your Emergency Department is Failing Us—Three Times in One Week

Premier Wakeham and Minister Evans,

I am writing to you today not merely as a constituent, but as [REDACTED] and a citizen who is being forced to watch our provincial healthcare system actively deny critical care. [REDACTED] is now on her **third attempt** in one week to receive medical attention, a pattern that demonstrates not just failure, but **systemic dysfunction and neglect**.

[REDACTED] attempts to find care have been:

1. **First Visit:** A desperate **12-hour wait**.
2. **Second Visit (A Failure of Trust):** A wait of four hours, forcing us to abandon the ER because there was **no likelihood of seeing anyone**.
3. **Failed Alternative:** We attempted to use the **walk-in clinic**, only to be told it could not address her needs.
4. **Third Visit (November 14th):** [REDACTED] is currently back in the Emergency Department. [REDACTED] has been waiting for hours again, and still, there is **no help**.

A healthcare system that forces a sick person to visit an emergency department three times in a single week—only to be rejected, redirected, or endure catastrophic waits—is broken. This is not a matter of budget shortfalls or an aging population—it is a life-threatening crisis of process and political will.

During these attempts, we heard the stark, unacceptable reality from a nurse: the ER was **"bed blocked"** by admitted patients with nowhere to go, a wave of **five ambulances** was waiting for offload, and a number of people were waiting for admitting.

This is not healthcare; it is an organized abandonment of our people in their moment of greatest need. **A 20-hour wait is not triage; it is a lottery of survival.** Every minute an ambulance is "offload-delayed" is a minute it is unavailable to save another life in the community. Every hour an admitted senior waits in a hallway for a bed is an hour that patient, and the dedicated staff, are suffering.

This crisis has a name: **Alternate Level of Care (ALC)**. We have turned our emergency rooms into expensive, high-acuity waiting rooms for seniors who require long-term care, home care, or other community-based services. The research is clear: this is the single greatest bottleneck in our system. You are addressing the symptom (ER wait times), but you must surgically address the root cause (ALC).

I submit to you an urgent, financially constrained, and actionable plan, built on proven, high-impact strategies adopted by other small Canadian provinces.

A PROPOSED PLAN FORWARD: DE-GRIDLOCKING

HEALTHCARE

Our objective must be a rapid and measurable reduction in the number of patients waiting for admission in the ER, specifically addressing the **"bed blocking"** phenomenon.

Phase 1: Decompressing the ER (Immediate - 6-12 Months)

Proposed Action	Description & Rationale	Cost Consideration
1. Establish a Dedicated Medical Assessment Unit (MAU)	Convert available acute care space adjacent to the ER (e.g., old day surgery unit) into a 6-10 bed MAU for patients expected to be discharged within 24-48 hours. This unit is staffed by dedicated hospitalists/Internal Medicine. It quickly moves admitted patients out of the ER waiting queue , freeing up ER beds for new, acute arrivals.	LOW-MODERATE: Primarily internal operational restructuring. Cost is largely nursing and physician salaries, <i>reallocated</i> from less efficient areas.
2. Paramedicine in the Home & Community	Implement a focused Community Paramedicine program for non-urgent 911 calls, focusing on seniors with chronic conditions. Paramedics assess the patient, consult an on-call physician via virtual care, and treat/monitor them at home , preventing an unnecessary ambulance transport and ER visit.	LOW: Utilizes existing ambulance infrastructure and highly-trained staff. Cost is for a small number of dedicated staff and technology (virtual care link).
3. 'Treat and Release' Zones/Fast Track	Clearly separate the ER into two streams: High-Acuity/Resuscitation and a Rapid Assessment/Fast Track for low-acuity patients (minor injuries, simple prescriptions). Staff this with Nurse Practitioners or Physician Assistants (PAs) to reduce the physician's workload and accelerate discharge.	LOW: Requires workflow optimization and staff deployment. PAs/NPs are a proven, cost-effective staffing model.

Phase 2: Breaking the Bed Block (Short-Term - 12-24 Months)

Proposed Action	Description & Rationale	Cost Consideration
4. Acute Care of the Elderly (ACE) Units	Designate and appropriately staff a small number of beds in our main hospitals as dedicated ACE Units. These units specialize in the rapid assessment and stabilization of frail seniors, with a goal of <i>discharge back to the community</i> rather than transfer to long-term care. This prevents ALC status in the first place.	MODERATE: Requires specialized geriatric training and a collaborative care team (OT, PT, Geriatrician). However, it drastically reduces the \$1,500/day cost of an unnecessary acute care bed (CIHI estimate).
5. Rapid Community Discharge Teams	Invest a modest sum to hire Social Workers, Physiotherapists, and Occupational Therapists whose <i>sole mandate</i> is to expedite the safe discharge of ALC patients. This team works directly with community partners to secure home care or a community bed before the patient is officially ready to leave, preventing the "wait time for transfer" delay.	MODERATE: A dedicated team of 5-8 professionals province-wide would unlock dozens of acute beds. This is a direct, measurable return on investment.

Phase 3: Recruitment & Retention (Long-Term)

Continue the current recruitment and retention efforts, but with a specific focus on **Physician Assistants (PAs)** and expanding the scope of **Nurse Practitioners (NPs)** to staff the MAUs and Fast Track zones.

COST & FUNDING: A Fiscally Responsible Approach

Newfoundland and Labrador is right to be concerned about its budget. The proposed plan focuses on **operational efficiency** and **reallocation**, not building new hospitals.

The Current Cost of Inaction:

The cost of keeping a patient in an acute care bed is approximately **\$1,500 per day** (based on national estimates). If 327 patients are in ALC beds (as reported in May 2025), the daily wasted cost is nearly **\$500,000**. The inefficiency is already the most expensive part of the system.

The Funding Mechanism: Reinvesting Efficiency Gains

The province should announce a **Wait Times Efficiency Fund** with a target investment of **\$15–\$25 Million per year** to fund the above operational and staffing changes. This funding can

be achieved by:

1. **Reallocation from ALC Savings:** As the system reduces the number of ALC patients through Phases 1 and 2, the money saved from the \$1,500/day per bed must be **locked into the new system components** (MAUs, Discharge Teams).
2. **Federal Health Accord Funding:** The province has received increased federal funding for healthcare. A portion of this must be ring-fenced specifically for initiatives that address the flow of patients *outside* of the main acute hospital structure.
3. **Future Fund Draw-Down:** The Newfoundland and Labrador Future Fund, while small, is designed for strategic investments. This is a strategic investment in the well-being and productivity of the population. A one-time, targeted allocation is justified to kick-start Phase 1.

CALL TO ACTION

Premier Wakeham and Minister Evans, the time for high-level announcements is over. We require an immediate, measurable commitment to operational change.

I ask that you:

1. **Publicly acknowledge** that the **"bed-blocking" crisis** is the primary driver of ER wait times and that the current system is failing to provide **basic access** to care.
2. **Commit a set amount of funding** to establish at least one dedicated Medical Assessment Unit in the province's largest ER within the next six months.
3. **Direct NL Health Services** to produce a time-bound operational plan, with measurable targets, to implement Phase 1 of the above strategy.

Your citizens deserve to know that when they are critically ill, they will be treated with dignity and urgency, not left to suffer for 20 hours in an administrative gridlock, or be forced to seek help three separate times.

I look forward to your urgent and concrete response.

Sincerely,

██████████ — s. 40(1)

From: McGrath, John
Sent: Monday, December 29, 2025 11:31 AM
To: Konieczny, Jennifer, Sweeney, Gillian
Cc: Scott, Brian
Subject: RE: Comms for Review: NLHS Media Request - Flu/cold season and EDs

Looks fine, thanks.

John McGrath, CPA, CA | Deputy Minister

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

From: Konieczny, Jennifer <JenniferKonieczny@gov.nl.ca>
Sent: Monday, December 29, 2025 11:31 AM
To: Sweeney, Gillian <GillianSweeney@gov.nl.ca>; McGrath, John <JohnMcGrath@gov.nl.ca>
Cc: Scott, Brian <BrianScott@gov.nl.ca>
Subject: RE: Comms for Review: NLHS Media Request - Flu/cold season and EDs

Hi John,

I discussed this NLHS MR with Gillian on Tuesday. Suggested edits are below. Good to go to Minister and comms branch?

Thanks,
Jennifer

From: Konieczny, Jennifer
Sent: Tuesday, December 23, 2025 3:26 PM
To: Sweeney, Gillian <GillianSweeney@gov.nl.ca>; McGrath, John <JohnMcGrath@gov.nl.ca>
Cc: Scott, Brian <BrianScott@gov.nl.ca>
Subject: RE: Comms for Review: NLHS Media Request - Flu/cold season and EDs

NLHS comms confirmed the communities with urgent care. They're now included below.

From: Konieczny, Jennifer
Sent: Tuesday, December 23, 2025 3:17 PM
To: Sweeney, Gillian <GillianSweeney@gov.nl.ca>; McGrath, John <JohnMcGrath@gov.nl.ca>
Cc: Scott, Brian <BrianScott@gov.nl.ca>
Subject: RE: Comms for Review: NLHS Media Request - Flu/cold season and EDs

I've reached out to NLHS comms to confirm the communities with urgent care and will add them as soon as possible. Should we also include

Thanks,
Jennifer

Media:
CBC, Jenna Head

Context:
CBC said, "It seems like everyone is sick right now or they are coughing because they were sick. My colleagues in Calgary reported that Alberta hospitals are being slammed with flu patients."

Questions:

Wondering how the ER is doing with regards to beds and wait times with the flu season? I am interested specifically in the Health Sciences Centre but also interested in the situation across the province. I have looked at the flu dashboard.

DRAFT Response:

We understand that during flu season, emergency departments often see increased activity related to respiratory and flu-like illnesses. Wait times can vary depending on how many patients arrive and how urgent their needs are; patients are triaged so those with the most serious conditions are seen first. At emergency departments across the province, including at the Health Sciences Centre, respiratory-related activity this fall has generally been in line with typical seasonal patterns, without a significant surge. As with any respiratory season, activity can fluctuate, and trends can vary across different regions of the country at different times.

Individuals experiencing flu and cold symptoms can access care through in-person and virtual care options, including:

- In Central Zone, the Health Hub supports care for non-urgent health needs, helping divert appropriate patients away from the emergency department.
- In the Eastern-Rural Zone, urgent care services are operating in two communities: US Memorial Health Centre in St. Lawrence and Dr. William H. Newhook Clinic in Whitbourne.
- We also remind the public that 811 is available for non-emergency health advice and support, and can help people determine the most appropriate place to receive care.

From: Sweeney, Gillian <GillianSweeney@gov.nl.ca>

Sent: Tuesday, December 23, 2025 2:20 PM

To: Konieczny, Jennifer <JenniferKonieczny@gov.nl.ca>; McGrath, John <JohnMcGrath@gov.nl.ca>

Cc: Scott, Brian <BrianScott@gov.nl.ca>

Subject: RE: Comms for Review: NLHS Media Request - Flu/cold season and EDs

Brian and Jennifer – can we chat about this one – [REDACTED] [s. 29\(1\)\(a\)](#)

From: Konieczny, Jennifer <JenniferKonieczny@gov.nl.ca>

Sent: Tuesday, December 23, 2025 2:13 PM

To: McGrath, John <JohnMcGrath@gov.nl.ca>; Sweeney, Gillian <GillianSweeney@gov.nl.ca>

Cc: Scott, Brian <BrianScott@gov.nl.ca>

Subject: Comms for Review: NLHS Media Request - Flu/cold season and EDs

Good afternoon,

For review. Good to go to Minister and comms branch?

Thanks,
Jennifer

From: Mikaela Etchegary <Mikaela.Etchegary@nlhealthservices.ca>

Sent: Tuesday, December 23, 2025 2:11 PM

To: Scott, Brian <BrianScott@gov.nl.ca>; Clarke, Lesley <LesleyClarke@gov.nl.ca>; Konieczny, Jennifer <JenniferKonieczny@gov.nl.ca>; Rehman, Khadija <KhadijaRehman@gov.nl.ca>

Subject: Media Request - Flu/cold season and EDs

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

Hi folks,

Please see media request below. Good to go?

Mikaela

Media:

CBC, Jenna Head

Context:

CBC said, “It seems like everyone is sick right now or they are coughing because they were sick. My colleagues in Calgary reported that Alberta hospitals are being slammed with flu patients.”

Questions:

Wondering how the ER is doing with regards to beds and wait times with the flu season? I am interested specifically in the Health Sciences Centre but also interested in the situation across the province. I have looked at the flu dashboard.

DRAFT Response:

We understand that during flu season, emergency departments often see increased activity related to respiratory and flu-like illnesses. Wait times can vary depending on how many patients arrive and how urgent their needs are; patients are triaged so those with the most serious conditions are seen first. At emergency departments across the province, including at the Health Sciences Centre, respiratory-related activity this fall has generally been in line with typical seasonal patterns, without a significant surge. As with any respiratory season, activity can fluctuate, and trends can vary across different regions of the country at different times.

s. 29(1)(a)

Individuals experiencing flu and cold symptoms can access care through in-person and virtual care options, including:

s. 29(1)(a)

- In Central Zone, the Health Hub supports care for non-urgent health needs, helping divert appropriate patients away from the emergency department.
- In the Eastern-Rural Zone, urgent care services are operating in two communities: US Memorial Health Centre in St. Lawrence and Dr. William H. Newhook Clinic in Whitbourne.

[make third bullet] We also remind the public that 811 is available for non-emergency health advice and support, and can help people determine the most appropriate place to receive care.



Mikaela Etchegary (she/her)

Media Relations Manager
Corporate Communications

t: 709-853-5206

e: Mikaela.Etchegary@nlhealthservices.ca

w: NLHealthServices.ca

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

From: Sweeney, Gillian
Sent: Wednesday, January 21, 2026 3:42 PM
To: Konieczny, Jennifer, Garrett, Justin
Cc: Scott, Brian
Subject: RE: Comms for Review: NLHS Media Request - ER wait times / CorCare

Approve

Thanks
Gillian

From: Konieczny, Jennifer <JenniferKonieczny@gov.nl.ca>
Sent: Wednesday, January 21, 2026 10:16 AM
To: Garrett, Justin <justingarrett@gov.nl.ca>; Sweeney, Gillian <GillianSweeney@gov.nl.ca>
Cc: Scott, Brian <BrianScott@gov.nl.ca>
Subject: Comms for Review: NLHS Media Request - ER wait times / CorCare

Good morning,

NLHS MR for review. Good to go to Minister and Comms Branch?

Thanks,
Jennifer

From: Mikaela Etchegary <Mikaela.Etchegary@nlhealthservices.ca>
Sent: Wednesday, January 21, 2026 10:10 AM
To: Scott, Brian <BrianScott@gov.nl.ca>; Clarke, Lesley <LesleyClarke@gov.nl.ca>; Konieczny, Jennifer <JenniferKonieczny@gov.nl.ca>; Rehma, Khadija <KhadijaRehma@gov.nl.ca>
Subject: Media Request - ER wait times / CorCare

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

Hi folks,

Please see media request below. Good to go? Thanks!

Media:
The Telegram, Cameron Kilfoy

Context/Questions:

The reporter shared the following: *I am curious whether the reason right now why NLHS doesn't post wait times for ERs online is that it is to happen when CorCare launches? Is that a feature of the service I am remembering?*

DRAFT Response:

Emergency department wait times are influenced by many factors, including patient acuity and volume. Currently, NL Health Services does not have a consistent province-wide system to capture and publish emergency department wait times in real time.

As CorCare is implemented, NL Health Services expects to have access to more timely and accurate information through enhanced digital tools, including the upgraded MyHealthNL platform. These tools will improve how wait time data is captured and enable us to look at how wait time information can be shared publicly in a way that is

accurate and meaningful for patients. Making emergency department wait times accessible to patients is an important goal, and CorCare will be a key enabler in that work.

In consultation and approved by:

Lynette Oates

Ron Johnson

Cassie Chisholm

Russ Bungay

Dr. Richard Barter

Charlene Tellenbach

Danielle Porter

Emily Timmins

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

From: Russell, Bradley
Sent: Wednesday, January 21, 2026 6:12 PM
To: Konieczny, Jennifer
Cc: Scott, Brian, Rehma, Khadija, Clarke, Lesley, Barfoot, Scott
Subject: RE: Comms for Review: NLHS Media Request - ER overcrowding

s. 29(1)(a)

From: Konieczny, Jennifer <JenniferKonieczny@gov.nl.ca>
Sent: Wednesday, January 21, 2026 3:15 PM
To: Russell, Bradley <BradleyRussell@gov.nl.ca>
Cc: Scott, Brian <BrianScott@gov.nl.ca>; Rehma, Khadija <KhadijaRehma@gov.nl.ca>; Clarke, Lesley <LesleyClarke@gov.nl.ca>
Subject: Comms for Review: NLHS Media Request - ER overcrowding

Hi Bradley,

For Minister's review. Justin and Gillian reviewed.

Thanks,
Jennifer

From: Mikaela Etchegary <Mikaela.Etchegary@nlhealthservices.ca>
Sent: Wednesday, January 21, 2026 2:03 PM
To: Konieczny, Jennifer <JenniferKonieczny@gov.nl.ca>
Cc: Scott, Brian <BrianScott@gov.nl.ca>; Rehma, Khadija <KhadijaRehma@gov.nl.ca>; Clarke, Lesley <LesleyClarke@gov.nl.ca>
Subject: RE: Media Request - ER overcrowding

Hi folks,

VOCM is looking for an interview on the same topic – see below. Dr. Parfrey is available to speak to this one as well. Same key messages as before. Good to proceed? Thanks!

Media:
VOCM, Linda Swain

Context:
VOCM shared the following: We spoke with Dr. Scott Wilson this morning to discuss ER backlogs and wait times and the problem admitting ER patients to hospital because there are no beds available.

Questions:
I was hoping to speak to Pat Parfrey about the issue and how NLHS is addressing the problem.

Key Messages:

- Long emergency department waits are largely driven by inpatient bed availability. NL Health Services is actively working to improve patient flow across the system. This includes increasing access to urgent care and primary health-care services, addressing human resource challenges, and improving overall system efficiency. By combining virtual care innovations with other strategic efforts, we aim to enhance the patient experience and provide timely access to care.
- We are expanding care options outside of hospitals to help reduce pressure on emergency departments and meet increased demand related to access to primary care. This week, we opened the first of two urgent care centres in the St. John's area. These centres will support acute care emergency departments

and primary health-care providers by treating patients with urgent, non-life-threatening injuries and illnesses, offering an additional option for timely access to care.

- We are also expanding community-based services that help meet patient needs without a hospital visit. This includes continued expansion of community paramedicine, which supports patients in their homes and communities and helps reduce unnecessary emergency department visits.
- Moving more services into community and outpatient settings helps free up hospital space for patients who need emergency and inpatient care. For example, in October 2025, we opened the new Ambulatory Health Hub in St. John's. This facility brings together a range of outpatient services under one roof, helping to move many appointments out of the main hospitals. This shift frees up space and resources for patients who require emergency or inpatient care.
- Construction continues on the Health Sciences Centre emergency department expansion, which will significantly increase capacity and improve the environment for patients and staff alike. NL Health Services has also recently added capacity with transitional and restorative care beds to help reduce alternate level of care (ALC) rates in acute care facilities and improve system flow.
- NL Health Services continues to work on opportunities to embed a Home First philosophy in care by focusing on community based, integrated care opportunities including the continued expansion of family care teams across the province

From: Konieczny, Jennifer <JenniferKonieczny@gov.nl.ca>

Sent: Friday, January 16, 2026 4:16 PM

To: Mikaela Etchegary <Mikaela.Etchegary@nlhealthservices.ca>

Cc: Scott, Brian <brianscott@gov.nl.ca>; khadijarehma@gov.nl.ca; lesleyclarke@gov.nl.ca

Subject: RE: Media Request - ER overcrowding

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

Hi Mikaela,

This is good to go.

Thanks,
Jennifer

From: Mikaela Etchegary <Mikaela.Etchegary@nlhealthservices.ca>

Sent: Friday, January 16, 2026 9:58 AM

To: Konieczny, Jennifer <JenniferKonieczny@gov.nl.ca>

Subject: RE: Media Request - ER overcrowding

Hey Jennifer – any update on this one?

From: Konieczny, Jennifer <JenniferKonieczny@gov.nl.ca>

Sent: Wednesday, January 14, 2026 12:09 PM

To: Mikaela Etchegary <Mikaela.Etchegary@nlhealthservices.ca>

Subject: RE: Media Request - ER overcrowding

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

Hi Mikaela,

We're working on this for you.

Thanks,
Jennifer

From: Mikaela Etchegary <Mikaela.Etchegary@nlhealthservices.ca>

Sent: Wednesday, January 14, 2026 12:01 PM

To: Scott, Brian <BrianScott@gov.nl.ca>; Clarke, Lesley <LesleyClarke@gov.nl.ca>; Konieczny, Jennifer <JenniferKonieczny@gov.nl.ca>; Rehma, Khadija <KhadijaRehma@gov.nl.ca>

Subject: Media Request - ER overcrowding

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

Hi folks,

Please see media request below. CBC would like to arrange this interview today if possible.

We are recommending Cassie Chisholm and Dr. Richard Barter to do this interview together. Good to proceed?

Media:

CBC, Mark Quinn

Context:

CBC says they spoke with a physician who said "ER Overcrowding as a result of admitted patients blocking bed access for ER waiting room patients is the number one reason for long wait times" in emergency departments.

Questions:

Is there someone at the health authority who can speak about what is being done to address this problem?

Key Messages:

- Long emergency department waits are largely driven by inpatient bed availability. NL Health Services is actively working to improve patient flow across the system. This includes increasing access to urgent care and primary health-care services, addressing human resource challenges, and improving overall system efficiency. By combining virtual care innovations with other strategic efforts, we aim to enhance the patient experience and provide timely access to care.
- We are expanding care options outside of hospitals to help reduce pressure on emergency departments and meet increased demand related to access to primary care. This week, we opened the first of two urgent care centres in the St. John's area. These centres will support acute care emergency departments and primary health-care providers by treating patients with urgent, non-life-threatening injuries and illnesses, offering an additional option for timely access to care.
- We are also expanding community-based services that help meet patient needs without a hospital visit. This includes continued expansion of community paramedicine, which supports patients in their homes and communities and helps reduce unnecessary emergency department visits.
- Moving more services into community and outpatient settings helps free up hospital space for patients who need emergency and inpatient care. For example, in October 2025, we opened the new Ambulatory Health Hub in St. John's. This facility brings together a range of outpatient services under one roof, helping

to move many appointments out of the main hospitals. This shift frees up space and resources for patients who require emergency or inpatient care.

- Construction continues on the Health Sciences Centre emergency department expansion, which will significantly increase capacity and improve the environment for patients and staff alike. NL Health Services has also recently added capacity with transitional and restorative care beds to help reduce alternate level of care (ALC) rates in acute care facilities and improve system flow.
- NL Health Services continues to work on opportunities to embed a Home First philosophy in care by focusing on community based, integrated care opportunities including the continued expansion of family care teams across the province.

In consultation and approved by:

Cassie Chisholm

Lynette Oates

Dr. Richard Barter

Nadine McEvoy

Charlene Tellenbach

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

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

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

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

From: Scott, Brian
Sent: Thursday, January 22, 2026 5:20 PM
To: Garrett, Justin, Norman, Katie, Russell, Bradley
Subject: Fw: Potential issues - HCS, LA, and IRR

Hello everyone. Here is a list of topics I put together earlier today. We can discuss and I'll put together messages we have.

From: Scott, Brian <BrianScott@gov.nl.ca>
Sent: Thursday, January 22, 2026 4:01 PM
To: Barfoot, Scott <ScottBarfoot@gov.nl.ca>; Sorensen, David <DavidSorensen@gov.nl.ca>
Cc: Rehma, Khadija <KhadijaRehma@gov.nl.ca>; Konieczny, Jennifer <JenniferKonieczny@gov.nl.ca>; Clarke, Lesley <LesleyClarke@gov.nl.ca>
Subject: Potential issues - HCS, LA, and IRR

Here are a few things. Let me know if you need more, etc.

Pediatric care

Telegram reporter Cameron Kilfoy has asked the department and NLHS about pediatric care challenges. He's doing a series of stories on healthcare challenges with a rural focus. Response being drafted.

NAPE unhappy with NLHS

NAPE President Jerry Earle is unhappy that NAPE members were told they have 48 hours to accept a new job now that their job is being replaced by AI. NLHS suggested Ron Johnson interview. Being discussed here. More detailed KM are with Minister.

CBC working on a story on Medavie progress in Gander

CBC reached out to Medavie for an interview regarding the progress Medavie is making in Gander regarding air ambulance. Minister Evans met with Exploits Valley Air Services (EVAS) last week and notes that they continue to be a critical part.

ER Wait Times

VOCM is requesting an interview with NLHS on ER backlogs and wait times. It appears similar to the CBC story that ran on Monday with Dr. Scott Wilson, who VOCM also interviewed. Dr. Wilson is saying the problem admitting ER patients to hospital is because there are no beds available.

Cameron Kilfoy rescheduled interview

Telegram reporter Cameron Kilfoy requesting interview on Clarenville Hospital and rural healthcare challenges. Interviewed was planned for Jan 16 but Minister had to postpone. No time rescheduled as of today.

Eastern Urban Gastroenterology

Telegram reporter Cameron Kilfoy says Eastern Urban Gastroenterology and Hepatology clinic declining a referral for services due to overwhelming demand and more resources are needed. NLHS drafting response. Department has response in approvals discussing recruitment.

IRR

Innu elder Elizabeth Penashue

Elizabeth Penashue shared her concerns with about mega projects occurring on Innu lands and said that she would like the opportunity to speak with government officials directly.

Brian Scott

Director of Communications

Health and Community Services

Labrador Affairs

Indigenous Relations and Reconciliation

Government of Newfoundland and Labrador

e: brianscott@gov.nl.ca

t: 709.729.1377

From: Konieczny, Jennifer
Sent: Thursday, January 29, 2026 10:16 AM
To: Norman, Katie
Cc: Sullivan, Angela
Subject: Comms for Review: NLHS: Media Statement - ER wait times / Patient experience in Carbonear

Hi Katie,

NLHS media request for review. Gillian reviewed. Good to go to Minister and Comms branch?

Thanks,
Jennifer

From: Sweeney, Gillian <GillianSweeney@gov.nl.ca>
Sent: Thursday, January 29, 2026 10:06 AM
To: Konieczny, Jennifer <JenniferKonieczny@gov.nl.ca>; Garrett, Justin <justingarrett@gov.nl.ca>
Cc: Sullivan, Angela <angelaSullivan@gov.nl.ca>
Subject: RE: Comms for Review: NLHS: Media Statement - ER wait times / Patient experience in Carbonear

Approve

Thanks
Gillian

From: Konieczny, Jennifer <JenniferKonieczny@gov.nl.ca>
Sent: Thursday, January 29, 2026 10:00 AM
To: Garrett, Justin <justingarrett@gov.nl.ca>; Sweeney, Gillian <GillianSweeney@gov.nl.ca>
Cc: Sullivan, Angela <angelaSullivan@gov.nl.ca>
Subject: Comms for Review: NLHS: Media Statement - ER wait times / Patient experience in Carbonear

Good morning,

NLHS media request for review. The reporter's deadline was yesterday. Good to go to Minister and Comms branch?

Thanks,
Jennifer

From: Adam Randell <Adam.Randell@nlhealthservices.ca>
Sent: Thursday, January 29, 2026 9:58 AM
To: Sullivan, Angela <angelaSullivan@gov.nl.ca>; Konieczny, Jennifer <JenniferKonieczny@gov.nl.ca>; Rehma, Khadija <KhadijaRehma@gov.nl.ca>; Clarke, Lesley <LesleyClarke@gov.nl.ca>
Subject: For Approval: Media Statement - ER wait times / Patient experience in Carbonear

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

Please see the below statement for approval. The reporter had deadline for end-of-day Wednesday.

Adam

MEDIA CALL REPORT

Statement

Date:

January 29, 2026

Media:

CBC, Mark Quinn

Context:

The reporter spoke with a woman in Carbonear who said her husband died in the Carbonear emergency room in March of 2025.

Questions:

I am hoping NLHS can talk about how triage decisions are made, what patients can expect when they are triaged, and what is being done to improve emergency care.

DRAFT Response:

NL Health Services offers sincere condolences to the family and loved ones of this individual during this difficult time. For privacy reasons, we are unable to discuss any specifics regarding an individual patient's care.

Emergency department triage uses a standardized, nationally recognized system — the Canadian Triage and Acuity Scale (CTAS) — to determine the urgency with which patients need to be seen. This assessment considers several factors, including pain severity, vital signs, presenting symptoms, and other clinical information. More information about CTAS can be found [here](#).

Following triage, patients are encouraged to immediately notify the nursing team if their symptoms change or worsen while waiting. They may be reassessed and prioritized again as needed.

At NL Health Services, we have implemented several measures to address emergency department wait times and improve the patient experience:

- Enhancing local capacity at the Carbonear General Hospital, including virtual emergency services and primary care collaborations (collaborative impact clinic), as well as preserving hospital capacity requiring emergency and inpatient services so that more patients can be seen.
- Expanding options for care outside hospitals to help reduce demand on emergency departments and support integrated, community-centered patient care outside of the hospital. This includes expanding community paramedicine, family care teams, and the Home First philosophy.
- Implementing standard operating procedures to help manage peak times or ambulance offload delays, while taking action to improve the flow of patients through the hospital.
- Preparing for CorCare, the new provincial health information system launching in April 2026, which will further support patient care coordination.

NL Health Services is committed to continually improving the quality and safety of care across the province. If patients or families have concerns about their care or the care of their loved ones, we encourage them to speak directly with their care team or unit/program manager whenever possible. Or, they may contact our Patient Relations Office at **1-844-776-4400**, email patient.relations@nlhealthservices.ca, or submit feedback through our [online form](#).

In consultation and approved by:

Glenda Webber

Tina Edmonds
Steven Lockyer
Lynette Oates
Gena Bugden
Mikaela Etchegary
Fraser Fry
Emily Timmons
Richard Barter
Melanie Hewlett
Charlene Tellenbach
Stephanie Linehan



Adam Randell (he/him)
Media Specialist
Communications Department

t: 709-572-5471
e: adam.randell@nlhealthservices.ca
w: NLHealthServices.ca

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

From: Whittle, Carla
Sent: Monday, February 23, 2026 5:49 PM
To: Wells, Andrew, Sullivan, Angela
Cc: Norman, Katie, Morrissey, Patrick (HCS)
Subject: RE: KM's - 5
Attachments: CW Comments NLHS - KM - Recruitment and Retention - 02-20-2026.docx

Hi Angela,

Thanks for the opportunity to review. I have added some comments in the attached document. I've also asked NLHS HR staff to provide some additional information pertaining to some of these points that are unclear to me.

Thanks,
Carla

From: Wells, Andrew <AndrewWells@gov.nl.ca>
Sent: Monday, February 23, 2026 3:40 PM
To: Sullivan, Angela <angelaSullivan@gov.nl.ca>
Cc: Norman, Katie <KatieNorman@gov.nl.ca>; Morrissey, Patrick (HCS) <PatrickMorrissey@gov.nl.ca>; Whittle, Carla <CarlaWhittle@gov.nl.ca>
Subject: RE: KM's - 5

Hi Angela

Comments attached sorry for the delay. Could consider adding a bullet:

Registered Nurse vacancies at the provincial level show significant improvement; at the peak in October 2022 there were nearly 700 vacancies (12.1 per cent vacancy rate) while in January 2026 there were 265 vacancies (4.6 per cent). This is a 62 per cent reduction, bringing vacancies to pre-Covid levels. The current number of vacancies can be considered to be within normal operating range at the provincial level. It is recognized that challenges remain in rural and remote parts of the province, as has been the case historically for many health professional groups.

s. 40(1)

[REDACTED] but will return within an hour if there are questions

Thanks
Andrew

From: Norman, Katie <KatieNorman@gov.nl.ca>
Sent: Monday, February 23, 2026 10:41 AM
To: Morrissey, Patrick (HCS) <PatrickMorrissey@gov.nl.ca>; Whittle, Carla <CarlaWhittle@gov.nl.ca>; Wells, Andrew <AndrewWells@gov.nl.ca>
Cc: Sullivan, Angela <angelaSullivan@gov.nl.ca>
Subject: Fw: KM's - 5

Good morning colleagues, kindly requesting you to please review and send any comments to Angela. Thank you.

Katie

From: Gordon Murphy <Gordon.Murphy@nlhealthservices.ca>
Sent: Monday, February 23, 2026 8:03 AM

To: Sullivan, Angela <angelaSullivan@gov.nl.ca>; Norman, Katie <KatieNorman@gov.nl.ca>

Subject: RE: KM's - 5

Monday morning....Yay!

See attached.

G

From: Sullivan, Angela <angelaSullivan@gov.nl.ca>

Sent: Monday, February 23, 2026 9:31 AM

To: Gordon Murphy <Gordon.Murphy@nlhealthservices.ca>; Norman, Katie <KatieNorman@gov.nl.ca>

Subject: RE: KM's - 5

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

Hi Gordon,

Attachment missing 😊

Thanks
Angela

Angela Sullivan (*she/her*)

Director of Communications

Department of Health and Community Services

Government of Newfoundland and Labrador

Office: (709) 729-1377

Cell [REDACTED] s. 40(1)

angelasullivan@gov.nl.ca



From: Gordon Murphy <Gordon.Murphy@nlhealthservices.ca>

Sent: Monday, February 23, 2026 9:26 AM

To: Norman, Katie <KatieNorman@gov.nl.ca>; Sullivan, Angela <angelaSullivan@gov.nl.ca>

Subject: KM's - 5

Hi,

Included in this e-mail is Recruitment and Retention .

G

Health and Community Services
Recruitment and Retention
February 20, 2026

Summary

Recruitment and retention in health care remains a key priority for Newfoundland and Labrador (NL) Health Services. The provincial health authority is implementing a comprehensive recruitment and retention strategy to strengthen the provincial healthcare workforce and improve access to care. Through coordinated local, national, and international recruitment efforts, alongside targeted retention initiatives and workforce development programs, NL Health Services is reducing reliance on agency staff, stabilizing critical services and building long-term sustainability throughout the province.

Anticipated Questions

- How is NL Health Services ensuring staffing levels to improve wait time for healthcare services?
- How is NL Health Services planning to reduce agency nurse utilization?
- What is NL Health Services doing to improve access to primary care?
- What is NL Health Services doing to retain current workforce?

Key Messages

- The health workforce has been stabilizing through a multi-pronged recruitment strategy, focused on building local, national and international talent pools to recruit healthcare professionals, while also concentrating on employee retention and career development to “grow our own” talent.
- Agency nurse use at NL Health Services has dropped significantly, down from a high of 373 in February 2024 to 203 in January 2026. This represents a 46 per cent decrease. NL Health Services remains committed to reducing the use of agency nurses through a rigorous monitoring and approval process.
- The reduction in agency nurse dependency is being driven by hiring more permanent staff, including new nursing graduates and internationally educated nurses, while expanding internal float teams and improving scheduling. Together, these steps are helping build a more stable workforce.
- NL Health Services is improving access to primary care by actively recruiting nurse practitioners and family physicians, and, connecting with students early to match them with communities where they want to work. The organization is also promoting employment opportunities across Canada and internationally, along with supporting team-based care to strengthen services.

- The provincial health authority is focused on retaining staff by listening to employees, strengthening workplace supports, and creating more opportunities for people to grow their careers within the organization. This includes wellness supports, leadership development, and initiatives that build a positive and supportive work culture.

Secondary Messages

- Recent Healthcare Workforce Excellence Canada data shows that the ratio of inflow to outflow of registered nurses in Newfoundland and Labrador has been above 1.0 in recent years, meaning more nurses are entering the workforce than leaving.
- Newfoundland and Labrador has one of the highest nursing supplies per capita nationally, with 17.2 nurses per 1,000 population, compared with the national average of 12.1. [Source: CIHI Health System Context Series]
- Graduate recruitment and local placement remains strong across the province and work is ongoing to interview nursing students and extend employment offers. Notably, as of February 18, ~~743.84~~ per cent (234/317) of this year's BN graduates in NL have accepted Permanent full-time positions from NL Health Services.

Background

- Approaches to the multi-pronged recruitment strategy include:
 - Creating an in-house focused recruitment team to source talent called Work In Health NL. This team assists with difficult to fill areas, while forging sustainable national and international recruitment pathways.
 - Launching the Work In Health recruitment account on Linked in and purchased LinkedIn Recruiter Membership so Work In Health/ NL Health Services can head hunt prospects.
 - Advancing the talent acquisition strategy in United Kingdom (UK):
 - attending career events initiated with the Department of Immigration, Population Growth and Skills in key UK locations.
 - Fostering relationships with UK schools where Newfoundlanders/Labradorians and Canadians are studying.
 - Advertising in the British Medical Journal.
 - Advancing the talent acquisition strategy in the United States (US) market:
 - In collaboration with National PR launched a paid media campaign along the Northeastern seaboard
 - Planning a virtual fair for US healthcare professionals in March 2026

- Creating a NL Health Services healthcare event in Boston with Global Affairs Canada and the Department of Immigration, Population Growth and Skill in April 2026
 - A media release to five Canadian national media giants (eg. Globe and Mail) to promote NL Health Services recruitment efforts.
 - Developing healthcare career promotion videos as part of the Home Awaits program with Gov NL to recruit newcomers to the province.
- **Agency Nurse Reduction approach:** Strengthening permanent workforce supply (new graduates and internationally educated nurses), expanding float capacity and optimizing scheduling and leave management.
 - BN graduate hires
 - As of February 18, ~~743.84~~ per cent (234/317) of this year's BN graduates in NL have accepted Permanent full-time offers from NL Health Services and work is ongoing to interview nursing students and extend employment offers.
 - International Educated Nurses
 - Registered Nurses: 323 internationally educated nurses started work as registered nurses since February 2024.
 - Licensed practical nurses: Since 2024, 60 licensed practical nurses from Jamaica have joined NL Health Services.
 - Provincial [REDACTED] Travel Team: s. 29(1)(a)
 - Discussion ongoing with RNUNL to develop a provincial nursing s. 29(1)(a) [REDACTED] travel team. It is anticipated that this [REDACTED] team will reduce agency use by providing a reliable internal workforce that can be deployed quickly to cover provincial vacancies and allow time for recruitment initiatives. With standardized training and coordinated provincial deployment, internal float staff will fill gaps before agencies are needed, lowering agency usage and avoiding premium costs linked to last-minute agency reliance
- **How is NL Health Services improving access to Xray- EZU after reducing walk-in outpatient X-ray service hours in the Eastern-Urban Zone due to critical staffing shortages?**
 - College of the North Atlantic Graduates 2026 (12 in total) - Conditional offers have been issued with Permanent Full-Time employment (eight

accepted out of 11 students, with three more offers pending- candidates are considering zones outside Eastern)

- Five 2026 graduates from national schools (four students from University of New Brunswick and one student from Mohawk College are is-interested in PFT employment in EUZ only).
- Exploration of other national schools is taking place – on February 10 NL Health Services met with the Director and Instructor of Medical Radiological Technologist at Dalhousie University and they are distributing information on the NL Health Services Medical Radiological Technologist positions to the students.
- NL Health Services continues to work with HCS and JGRD to identify barriers and explore sustainable international pathways; and met with the College of Licensed Health Professionals re collaboration on international pathways: to-date one has been accepted from the Philippines and two international applicants from Iran and Lahore are -showing interest.

- **What is NL Health Services doing to address delivering healthcare in Labrador-Grenfell Zone given the geographic and remote challenges? We are:**

- Continuing to use locum nurses from other zones to stabilize services.
- Offering student support incentives such as tuition relief for BScN students studying at the HVGB satellite site.
- Offering enhanced incentives to local graduates from healthcare education programs.
- Connecting with high school students in Labrador-Grenfell Zone to promote healthcare careers.
- Providing fly in-fly out options for nursing graduates.
- Targeting accredited schools across the country including remote areas and those programs with an Indigenous focus (where applicable) for physician, nursing and allied health professions.
- Collaborating with the Borealis Family Practice Network to recruit family medicine physicians.
- Expanding the use of Clinical Assistants.

s. 29(1)(a)

s. 35(1)(d)

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

s. 35(1)(d)

- [REDACTED]
- [REDACTED]
 - [Competitive relocation and support packages have been approved to assist international recruitment of paramedics.](#)
 - Expanded utilization of the Emergency Medical Responder classification to other zones is resulting in increased availability of Primary Care Paramedics.
 - [Work continues with the regulator to expedite international pathways.](#)
 - [Supports implemented for those training to become paramedics in the province such as the Skills Advancement Program which cover the cost for EMRs completing the EMR to PCP program at CNA, tuition relief for the ACP and PCP programs at CNA and Keyin, as well as paramedic educational travel subsidy to support those with funding when travel is required as part of their program.](#)
- **How does NL Health Services plan to address ER wait times?**
 - There were 25 full-time equivalent positions approved in anticipation of the new ER build in Eastern-Urban Zone and NL Health Services is actively recruiting to proactively fill these vacancies. There has been significant interest in the Eastern-Urban Zone ER from 2026 BN graduates and internal applicants should address the vacancies.
 - NL Health Services successfully recruited healthcare professionals to staff the Medicine Transfer Unit, which was created to help assist with ER wait times.
 - Information sessions for Family Medicine students and alumni have been lined up for 40 medical schools throughout Canada in March 2026
- **How does NL Health Services plan to staff the additional MRI units? We actively recruiting talent to fill Medical Imaging vacancies by:**
 - Supporting current Diagnostic Imaging staff to complete the additional MRI education required.

- Engaging with external applicants who are completing MRI education to ensure we have available supply to staff additional MRI units and other future service upgrades.
- **Providing** [REDACTED] bursaries to two MRI students.
- Maintaining relationships with local students throughout their program to recruit and promote the incentives that are available.
- Regularly attending national career fairs at accredited academic institutions to develop relationships with students, as well as working with national associations to invite students from across the country to an information session on employment opportunities with NL Health Services.
- ~~Collaborating with~~ Continue to work with HCS and JGRD to identify barriers and the College of Licensed Health Professionals to advance licenses to insure pathways for international educated technologists.

s. 29(1)(a)

- **Physician Recruitment**

- NL Health Services continues to advance a multi-pronged recruitment strategy to address vacancies [REDACTED] across the province. The ongoing recruitment pressures require sustained national and international outreach.

s. 29(1)(a)

- **Importance of Attending Recruitment and Engagement Events**

- Attending recruitment and professional engagement events is essential for strengthening the health-care workforce, improving service delivery, and building long-term stability across specialties. These events provide opportunities to:
 - Connect directly with prospective candidates and promote available opportunities.
 - Build relationships with residents, learners, and internationally trained physicians.
 - Increase visibility of NL Health Services as an employer of choice.
 - Share information on incentives, training pathways, and practice environments.
 - Gather insights into workforce expectations and evolving recruitment trends.
 - Strengthen collaboration across departments to support coordinated recruitment efforts.

In consultation with/approved by:

Director with Work in Health NL – Colleen Butler

Senior Director of Human Resources – Tara Hunt

Senior Director of Provincial Medical Services – Kim Adams

Vice Presidents of Human Resources – Debbie Molloy

Vice President of Medical Services and Academic Affairs, Chief of Staff – Gena Bugden

From: [REDACTED]
Sent: Saturday, February 28, 2026 7:18 AM
To: Minister, HCS
Cc: Premier, Constituency Office - Lela Evans
Subject: HPRM: emergency rooms

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

Hello Health Minister Evans

Newfoundland Health has a lot of problems. I hope that during your time as Health Minister you manage to fix some of them. As you know, a big problem we have now is wait times at emergency rooms. This was not a big problem a few decades ago. Why is it a big problem now?

Is the problem the result of bad management? It seems there is a lack of space in the immediate vicinity of the emergency room at the HSC. Ambulances sometimes have to wait hours to unload patients because there is no place to put them. Space could be created by moving people and equipment in space near the HSC emergency room elsewhere. That is a simple solution. Why is it not done?

Another option at the HSC would be to create a cluster of rooms somewhere near the main emergency room for emergency room overflow. This could be inside the HSC somewhere or it could be outside the HSC. Just to the west of the HSC is the construction yard for the Mental Health and Addiction Center. It still contains several shipping container offices and storage sheds for that construction. Such containers could be used to create an emergency room overflow cluster near the main emergency room. This is not an ideal solution but it is better than waiting for hours in the back of an ambulance.

Or is the emergency room problem a staff issue? Do staff these days lack empathy? Are they from a generation with an axe to grind? Were they hired based on DIE and not on merit and thus not qualified to be in emergency rooms? Or is it the type of people who make use of emergency rooms these days? Are emergency rooms being overloaded with drug addicts and criminals? Are they considered more important than regular citizens? What about refugees and other CFAs? It might be worth putting observers in emergency rooms to see if they can spot any obvious issues. Maybe Ron Johnson could be tasked with fixing the problem. You could ask him to make it a top priority. Lives are at stake.

Thank you for your attention to this matter.

[REDACTED]

[His heart stopped in a St. John's emergency room after waiting more than 8 hours, now he's calling for change | CBC News](#)

From: Sullivan, Angela
Sent: Thursday, March 5, 2026 2:08 PM
To: Stockley, Colleen
Cc: Rehma, Khadija, Konieczny, Jennifer, Norman, Katie
Subject: For Approval: KM - Emergency Room Wait Times
Attachments: KM - Emergency Room Wait Times (NLHS) - March 3, 2026.docx

Hi Colleen,

Please see attached, for your review and approval, KMs on emergency room wait times. Katie and appropriate exec have reviewed.

Thank you,
Angela

Angela Sullivan (*she/her*)
Director of Communications
Department of Health and Community Services
Government of Newfoundland and Labrador
Office: (709) 729-1377
Cell [REDACTED] s. 40(1)
angelasullivan@gov.nl.ca



Health and Community Services
NL Health Services
Emergency Room Wait Times
March 3, 2026

Summary

Emergency department wait times and overcrowding continue to be a significant issue across Canada. Hospital overcapacity, due to the province's demographics and the associated complexity and acuity, which have increased demand for care and complicated discharge processes. Associated workforce pressures throughout the province and limited inpatient capacity are exacerbated by challenges in accessing primary care, which results in strain within hospital emergency departments. When inpatient beds are full, admitted patients remain in emergency departments longer, reducing space for new patients and increasing wait times. Given the impact on patient experience and system performance, emergency department pressures remain a matter of public interest.

Anticipated Questions

- Emergency department wait times are unacceptably long. When will patients see real improvement?
- How many patients are leaving emergency departments (ED) without being seen?
- Will your government introduce public, real-time wait time reporting?
- Are there staffing shortages within the ED?
- Has the average length of stay for admitted patients boarded in the ED increased?

Key Messages

- Our top priority is to provide safe, quality care. We recognize that addressing emergency department wait times and overcrowding requires a multifaceted approach that strengthens access to care across the entire health system.
- We are expanding access to urgent and primary health-care services to reduce pressure on emergency departments, where possible. This work includes opening urgent care centres to treat urgent, non-life-threatening conditions and providing an additional option for timely care.
- We are shifting more services into community and outpatient settings across the province, such as family care teams, to improve system flow and free up hospital capacity.
- The Ambulatory Health Hub in St. John's consolidates outpatient services under one roof, moving appointments out of acute care hospitals and preserving space for emergency and inpatient needs.

- We continue to increase hospital capacity where needed, and support access to long-term care, personal care and services that support recovery where patients live.
- Construction is underway on the Health Sciences Centre emergency department expansion, which will significantly increase physical space, improve patient flow, and create a more senior-friendly environment.
- Transitional and restorative care beds have also been added to reduce alternate level of care pressures in acute care facilities.
- Digital transformation through CorCare will enhance how we monitor and manage wait times. Improved data accuracy and upgraded tools such as MyHealthNL will support better system planning and enable more meaningful public reporting of emergency department wait time information.

Secondary Messages

- People are also spending unnecessary lengths of time in acute care beds in hospitals because there are not enough long-term care beds, or personal care home beds, or home supports to let seniors return home safely.
- As of March 3, 317 acute care beds were being used for an alternate level of care. This represents 23 per cent of total beds. These are beds not available for acute care needs.
- That reflects 317 people waiting in hospital beds without the therapies and additional individual attention they need. This is not care that hospitals and acute care facilities are not designed to provide.
- If the lack of long-term care and personal care home beds is not addressed, people will still be waiting too long in emergency rooms and spending unnecessary lengths of time in acute care beds.
- Community-based services, including expanded community paramedicine, support patients in their homes and communities, helping reduce unnecessary emergency department visits.
- NL Health Services continues to embed a Home First philosophy, focusing on community-based, integrated care and expanding family care teams across the province to improve access for patients without a primary care provider.
- Expanding family care teams helps reduce reliance on emergency departments for non-emergency issues by improving access to ongoing, team-based primary care.

- The combined impact of urgent care centres, ambulatory services, expanded community supports, hospital capacity projects, and digital improvements represents a coordinated system-wide strategy to improve access, reduce wait times, and enhance patient experience.

Background

- Staffing levels are actively managed, and recruitment and retention efforts are ongoing to support safe care delivery.
- Care begins at triage, with the implementation of nurse-led medical directives, clinical reassessments and monitoring continuing while patients wait
- Implementation of the new electronic health record has been carefully planned with training and mitigation strategies in place to minimize impact on patient flow.
- Active flow process improvements have been ongoing to improve access and reduce wait times such as:
 - The development and implementation of a Surge Protocol to automate required system-wide actions to decrease ED overcrowding have been implemented in the Eastern Urban Zone while further development and implementation are ongoing in other Zones.
 - NLHS implemented a Medical Transfer Unit at the Health Sciences Centre to aid in the boarding of admitted inpatients in the Emergency Department
 - Development of a provincial transport coordination centre to triage and prioritize necessary patient transfers to alternate levels of care
 - Development of frailty pathways to provide specialized care for frail adults to help them return to home. This includes but are not limited to the Alternate Levels of Care Centre, Geriatric Emergency Management Teams, Acute Care of the Elderly units, and Restorative Care Units.
 - Development and implementation of province-wide treatment pathways for high acuity cardiovascular incidents (stroke and ST-elevated myocardial infarctions)
- Key performance indicators including length of stay, time to provider assessment and the percentage of patients who leave without being seen are monitored regularly to guide improvement efforts. These indicators are available from NLHS through its Digital Health team on demand and can be provided as is needed by HCS.
- As CorCare is implemented, it will significantly improve our ability to monitor performance through enhanced dashboards. The system will allow for more timely and detailed reporting across sites, helping teams better manage patient flow and identify issues earlier.
- Patient safety remains the highest priority in all operational decisions.

s. 29(1)(a)

- The ED functions within a broader health system, and system-wide collaboration is essential to improving access and flow
- The electronic health record upgrade initiative has been designed to strengthen care delivery, and improve patient autonomy by allowing patients access to healthcare data.
- Quality and process improvement decisions are data-informed and continuous ED acuity and patient complexity have increased over recent years with added demands on diagnostics and support services
 - Frailty-related presentations have become a larger portion of visits.
 - Inpatient capacity constraints contribute to admitted patients boarding in the ED
 - The Canadian Association of Emergency Physicians suggest the following national benchmarks be targets for ED performance:
 - Time to physician initial assessment: Median of 1 hour, 90th percentile of 3 hours
 - Time to transfer to in-patient bed: Median of 2 hours, 90th percentile of 8 hours
 - Length of stay (low acuity): Median of 2 hours, 90th percentile of 4 hours
 - Length of stay (high acuity): Median of 4 hours, 90th percentile of 8 hours
 - Admitted patients (of all acuities): Median of 8 hours, 90th percentile of 12 hours
 - Compared to the benchmarks established by the Canadian Association of Emergency Physicians, Newfoundland and Labrador is currently above target in several key areas, including admitted patients and boarding times. Median and 90th percentile results exceed recommended standards, and the rate of patients leaving without being seen remains above the national benchmark.
 - While some lower-acuity measures are closer to target, overall performance reflects ongoing system pressures related to inpatient capacity and patient complexity.

In consultation with/approved by:

Director – Robert Coffin
 Cynthia Brown, Senior Director (also on behalf of Glenda Webber, VP/COO)
 Ron Johnson, CEO
 Assoc. DM Katie Norman
 DM Colleen Stockley (pending)

Total ED Visits

NLHS Zone	Facility	Fiscal Year			
		2022/23	2023/24	2024/25	2025/26*
Eastern Urban Zone	Health Sciences Centre, St. Johns	51,787	52,961	52,111	45,734
	Janeway Childrens Health and Rehabilitation Centre, St. Johns	35,626	33,674	36,598	25,471
	St. Clares Mercy Hospital, St. Johns	35,253	36,779	35,243	27,521
	Eastern Urban Zone Total	122,666	123,414	123,952	98,726
Eastern Rural Zone	Burin Peninsula Health Care Centre, Burin	18,331	18,292	19,038	15,219
	Carbonear General Hospital, Carbonear	29,357	26,636	26,508	20,001
	Dr. G.B. Cross Memorial Hospital, Clarenville	22,220	23,203	24,077	18,045
	Eastern Rural Zone Total	69,908	68,131	69,623	53,265
Central Zone	Central Newfoundland Regional Hospital, Grand Falls- Windsor	23,467	22,575	23,030	17,121
	James Paton Memorial Regional Hospital, Gander	21,384	20,851	22,767	18,404
	Central Zone Total	44,851	43,426	45,797	35,525
Western Zone	Sir Thomas Roddick Hospital, Stephenville	27,508	26,593	27,261	20,200
	Western Memorial Regional Hospital, Corner Brook	34,933	31,120	30,160	23,897
	Western Zone Total	62,441	57,713	57,421	44,097
Labrador-Grenfell Zone	Charles S. Curtis Memorial Hospital, St. Anthony	8,338	8,929	11,389	8,150
	Labrador Health Centre, Happy Valley-Goose Bay	22,612	21,694	22,439	19,010
	Labrador West Health Centre, Labrador City	17,649	15,787	14,021	10,044
	Labrador-Grenfell Zone Total	48,599	46,410	47,849	37,204
Provincial Category A ED Facilities		348,465	339,094	344,642	268,817

*Note: 2025/26 fiscal includes data for ED visits between April 1 2025 to February 22, 2026

Total ED Admissions

NLHS Zone	Facility	Fiscal Year							
		2022/23		2023/24		2024/25		2025/26*	
		Admitted	%	Admitted	%	Admitted	%	Admitted	%
Eastern Urban Zone	Health Sciences Centre, St. Johns	6,771	13.1%	7,193	13.6%	7,623	14.6%	7,355	16.1%
	Janeway Childrens Health and Rehabilitation Centre, St. Johns	1,046	2.9%	907	2.7%	1,045	2.9%	792	3.1%
	St. Clares Mercy Hospital, St. Johns	3,933	11.2%	4,144	11.3%	4,345	12.3%	3,447	12.5%
	Eastern Urban Zone Total	11,750	9.6%	12,244	9.9%	13,013	10.5%	11,594	11.7%
Eastern Rural Zone	Burin Peninsula Health Care Centre, Burin	874	4.8%	885	4.8%	929	4.9%	702	4.6%
	Carbonear General Hospital, Carbonear	1,348	4.6%	1,524	5.7%	1,933	7.3%	1,754	8.8%
	Dr. G.B. Cross Memorial Hospital, Clarenville	1,295	5.8%	1,304	5.6%	1,166	4.8%	743	4.1%
	Eastern Rural Zone Total	3,517	5.0%	3,713	5.4%	4,028	5.8%	3,199	6.0%
Central Zone	Central Newfoundland Regional Hospital, Grand Falls- Windsor	2,235	9.5%	2,174	9.6%	2,117	9.2%	1,676	9.8%
	James Paton Memorial Regional Hospital, Gander	2,015	9.4%	2,091	10.0%	2,116	9.3%	1,815	9.9%
	Central Zone Total	4,250	9.5%	4,265	9.8%	4,233	9.2%	3,491	9.8%
Western Zone	Sir Thomas Roddick Hospital, Stephenville	928	3.4%	949	3.6%	949	3.5%	696	3.4%
	Western Memorial Regional Hospital, Corner Brook	3,194	9.1%	2,862	9.2%	3,193	10.6%	2,693	11.3%
	Western Zone Total	4,122	6.6%	3,811	6.6%	4,142	7.2%	3,389	7.7%
Labrador-Grenfell Zone	Charles S. Curtis Memorial Hospital, St. Anthony	1,045	12.5%	909	10.2%	952	8.4%	852	10.5%
	Labrador Health Centre, Happy Valley-Goose Bay	1,040	4.6%	1,092	5.0%	1,078	4.8%	862	4.5%
	Labrador West Health Centre, Labrador City	555	3.1%	462	2.9%	431	3.1%	316	3.1%
	Labrador-Grenfell Zone Total	2,640	5.4%	2,463	5.3%	2,461	5.1%	2,030	5.5%
Provincial Category A ED Facilities		26,279	7.5%	26,496	7.8%	27,877	8.1%	23,703	8.8%

*Note: 2025/26 fiscal includes data for ED visits between April 1 2025 to February 22, 2026

**ED Volume by
CTAS Level**

NLHS Zone	Facility	CTAS	Fiscal Year							
			2022/23		2023/24		2024/25		2025/26*	
			Volume	%	Volume	%	Volume	%	Volume	%
Eastern Urban Zone	Health Sciences Centre, St. Johns	Level 1	126	0.2%	230	0.4%	200	0.4%	148	0.3%
		Level 2	7,581	14.6%	10,006	18.9%	10,506	20.2%	10,021	21.9%
		Level 3	24,615	47.5%	26,316	49.7%	27,161	52.1%	24,810	54.2%
		Level 4	15,411	29.8%	14,414	27.2%	10,652	20.4%	9,423	20.6%
		Level5	986	1.9%	995	1.9%	739	1.4%	1,051	2.3%
		Unavailable	3,068	5.9%	1,000	1.9%	2,853	5.5%	281	0.6%
	Janeway Childrens Health and Rehabilitation Centre, St. Johns	Level 1	43	0.1%	46	0.1%	58	0.2%	80	0.3%
		Level 2	2,015	5.7%	1,806	5.4%	2,051	5.6%	2,729	10.7%
		Level 3	9,447	26.5%	10,224	30.4%	11,996	32.8%	8,938	35.1%
		Level 4	17,601	49.4%	17,984	53.4%	19,435	53.1%	11,916	46.8%
		Level5	1,528	4.3%	1,616	4.8%	1,307	3.6%	731	2.9%
		Unavailable	4,992	14.0%	1,998	5.9%	1,751	4.8%	1,077	4.2%
	St. Clares Mercy Hospital, St. Johns	Level 1	42	0.1%	84	0.2%	98	0.3%	108	0.4%
		Level 2	4,125	11.7%	4,500	12.2%	4,369	12.4%	4,032	14.7%
		Level 3	13,808	39.2%	14,350	39.0%	13,524	38.4%	10,586	38.5%
		Level 4	15,080	42.8%	14,513	39.5%	13,487	38.3%	9,634	35.0%
		Level5	1,857	5.3%	2,707	7.4%	2,775	7.9%	2,349	8.5%
		Unavailable	341	1.0%	625	1.7%	990	2.8%	812	3.0%
	Easter n Urban Zone Total	Level 1	211	0.2%	360	0.3%	356	0.3%	336	0.3%
		Level 2	13,721	11.2%	16,312	13.2%	16,926	13.7%	16,782	17.0%
		Level 3	47,870	39.0%	50,890	41.2%	52,681	42.5%	44,334	44.9%
		Level 4	48,092	39.2%	46,911	38.0%	43,574	35.2%	30,973	31.4%
		Level5	4,371	3.6%	5,318	4.3%	4,821	3.9%	4,131	4.2%
		Unavailable	8,401	6.8%	3,623	2.9%	5,594	4.5%	2,170	2.2%
Eastern Rural Zone	Burin Peninsula Health Care	Level 1	12	0.1%	14	0.1%	20	0.1%	22	0.1%
		Level 2	237	1.3%	210	1.1%	255	1.3%	352	2.3%
		Level 3	3,956	21.6%	3,824	20.9%	3,651	19.2%	3,335	21.9%
		Level 4	11,764	64.2%	12,341	67.5%	13,722	72.1%	10,342	68.0%

	Centre, Burin	Level5	1,539	8.4%	1,007	5.5%	1,113	5.8%	1,058	7.0%
		Unavail able	823	4.5%	896	4.9%	277	1.5%	110	0.7%
	Carbon ear General Hospital, Carbon ear	Level 1	46	0.2%	64	0.2%	43	0.2%	60	0.3%
		Level 2	1,391	4.7%	2,057	7.7%	2,627	9.9%	2,435	12.2 %
		Level 3	13,503	46.0 %	13,619	51.1%	13,128	49.5 %	10,274	51.4 %
		Level 4	13,020	44.4 %	10,222	38.4%	10,313	38.9 %	6,947	34.7 %
		Level5	488	1.7%	489	1.8%	339	1.3%	234	1.2%
		Unavail able	909	3.1%	185	0.7%	58	0.2%	51	0.3%
	Dr. G.B. Cross Memorial Hospital, Clarendville	Level 1	31	0.1%	24	0.1%	30	0.1%	36	0.2%
		Level 2	1,309	5.9%	1,400	6.0%	1,683	7.0%	1,550	8.6%
		Level 3	7,811	35.2 %	7,993	34.4%	7,785	32.3 %	6,581	36.5 %
		Level 4	11,610	52.3 %	12,295	53.0%	12,952	53.8 %	9,055	50.2 %
		Level5	1,346	6.1%	1,343	5.8%	1,394	5.8%	707	3.9%
		Unavail able	113	0.5%	148	0.6%	233	1.0%	116	0.6%
	Easter n Rural Zone Total	Level 1	89	0.1%	102	0.1%	93	0.1%	118	0.2%
		Level 2	2,937	4.2%	3,667	5.4%	4,565	6.6%	4,337	8.1%
		Level 3	25,270	36.1 %	25,436	37.3%	24,564	35.3 %	20,190	37.9 %
		Level 4	36,394	52.1 %	34,858	51.2%	36,987	53.1 %	26,344	49.5 %
		Level5	3,373	4.8%	2,839	4.2%	2,846	4.1%	1,999	3.8%
		Unavail able	1,845	2.6%	1,229	1.8%	568	0.8%	277	0.5%
Central Zone	Central Newfoundland Regional Hospital, Grand Falls-Windsor	Level 1	50	0.2%	35	0.2%	41	0.2%	38	0.2%
		Level 2	2,143	9.1%	2,071	9.2%	2,043	8.9%	1,964	11.5 %
		Level 3	6,071	25.9 %	6,092	27.0%	6,539	28.4 %	5,382	31.4 %
		Level 4	10,956	46.7 %	10,370	45.9%	11,124	48.3 %	7,908	46.2 %
		Level5	4,119	17.6 %	3,904	17.3%	3,160	13.7 %	1,731	10.1 %
		Unavail able	128	0.5%	103	0.5%	123	0.5%	98	0.6%
	James Paton Memorial Regional Hospital, Gander	Level 1	27	0.1%	27	0.1%	46	0.2%	43	0.2%
		Level 2	810	3.8%	1,284	6.2%	2,075	9.1%	2,287	12.4 %
		Level 3	6,489	30.3 %	7,946	38.1%	8,269	36.3 %	6,876	37.4 %
		Level 4	12,177	56.9 %	9,417	45.2%	10,244	45.0 %	7,897	42.9 %
		Level5	1,664	7.8%	1,946	9.3%	1,914	8.4%	1,125	6.1%
		Unavail able	217	1.0%	231	1.1%	219	1.0%	176	1.0%

	Central Zone Total	Level 1	77	0.2%	62	0.1%	87	0.2%	81	0.2%
		Level 2	2,953	6.6%	3,355	7.7%	4,118	9.0%	4,251	12.0%
		Level 3	12,560	28.0%	14,038	32.3%	14,808	32.3%	12,258	34.5%
		Level 4	23,133	51.6%	19,787	45.6%	21,368	46.7%	15,805	44.5%
		Level 5	5,783	12.9%	5,850	13.5%	5,074	11.1%	2,856	8.0%
		Unavailable	345	0.8%	334	0.8%	342	0.7%	274	0.8%
Western Zone	Sir Thomas Roddick Hospital, Stephenville	Level 1	63	0.2%	84	0.3%	93	0.3%	69	0.3%
		Level 2	552	2.0%	714	2.7%	813	3.0%	696	3.4%
		Level 3	6,622	24.1%	7,987	30.0%	9,177	33.7%	7,904	39.1%
		Level 4	18,436	67.0%	16,444	61.8%	16,146	59.2%	10,690	52.9%
		Level 5	1,721	6.3%	1,251	4.7%	941	3.5%	554	2.7%
		Unavailable	114	0.4%	113	0.4%	91	0.3%	287	1.4%
	Western Memorial Regional Hospital, Corner Brook	Level 1	97	0.3%	92	0.3%	106	0.4%	105	0.4%
		Level 2	1,988	5.7%	2,376	7.6%	2,718	9.0%	2,329	9.7%
		Level 3	10,223	29.3%	10,275	33.0%	10,765	35.7%	9,552	40.0%
		Level 4	20,061	57.4%	16,516	53.1%	14,736	48.9%	11,234	47.0%
		Level 5	2,532	7.2%	1,840	5.9%	1,627	5.4%	627	2.6%
		Unavailable	32	0.1%	21	0.1%	208	0.7%	50	0.2%
	Western Zone Total	Level 1	160	0.3%	176	0.3%	199	0.3%	174	0.4%
		Level 2	2,540	4.1%	3,090	5.4%	3,531	6.1%	3,025	6.9%
		Level 3	16,845	27.0%	18,262	31.6%	19,942	34.7%	17,456	39.6%
		Level 4	38,497	61.7%	32,960	57.1%	30,882	53.8%	21,924	49.7%
		Level 5	4,253	6.8%	3,091	5.4%	2,568	4.5%	1,181	2.7%
		Unavailable	146	0.2%	134	0.2%	299	0.5%	337	0.8%
Labrador-Grenfell Zone	Charles S. Curtis Memorial Hospital, St. Anthony	Level 1	18	0.2%	46	0.5%	33	0.3%	34	0.4%
		Level 2	227	2.7%	460	5.2%	595	5.2%	462	5.7%
		Level 3	1,404	16.8%	2,529	28.3%	3,008	26.4%	2,598	31.9%
		Level 4	1,471	17.6%	2,666	29.9%	3,313	29.1%	3,007	36.9%
		Level 5	363	4.4%	844	9.5%	900	7.9%	921	11.3%
		Unavailable	4,855	58.2%	2,384	26.7%	3,540	31.1%	1,128	13.8%
	Labrador Health	Level 1	53	0.2%	39	0.2%	62	0.3%	54	0.3%
		Level 2	746	3.3%	1,037	4.8%	1,310	5.8%	1,222	6.4%
		Level 3	2,928	12.9%	4,147	19.1%	5,617	25.0%	4,889	25.7%

	Centre, Happy Valley-Goose Bay	Level 4	5,645	25.0 %	7,714	35.6%	10,976	48.9 %	9,286	48.8 %
		Level5	639	2.8%	922	4.3%	1,056	4.7%	797	4.2%
		Unavail able	12,601	55.7 %	7,835	36.1%	3,418	15.2 %	2,762	14.5 %
	Labrad or West Health Centre, Labrad or City	Level 1	7	0.0%	7	0.0%	8	0.1%	7	0.1%
		Level 2	98	0.6%	157	1.0%	197	1.4%	243	2.4%
		Level 3	756	4.3%	1,482	9.4%	1,747	12.5 %	2,050	20.4 %
		Level 4	3,030	17.2 %	7,126	45.1%	6,312	45.0 %	5,211	51.9 %
		Level5	859	4.9%	1,865	11.8%	1,573	11.2 %	1,289	12.8 %
		Unavail able	12,899	73.1 %	5,150	32.6%	4,184	29.8 %	1,244	12.4 %
	Labrad or-Grenfe ll Zone Total	Level 1	78	0.2%	92	0.2%	103	0.2%	95	0.3%
		Level 2	1,071	2.2%	1,654	3.6%	2,102	4.4%	1,927	5.2%
		Level 3	5,088	10.5 %	8,158	17.6%	10,372	21.7 %	9,537	25.6 %
		Level 4	10,146	20.9 %	17,506	37.7%	20,601	43.1 %	17,504	47.0 %
		Level5	1,861	3.8%	3,631	7.8%	3,529	7.4%	3,007	8.1%
		Unavail able	30,355	62.5 %	15,369	33.1%	11,142	23.3 %	5,134	13.8 %
	Provincial Category A ED Facilities	Level 1	615	0.2%	792	0.2%	838	0.2%	804	0.3%
		Level 2	23,222	6.7%	28,078	8.3%	31,242	9.1%	30,322	11.3 %
		Level 3	107,633	30.9 %	116,784	34.4%	122,367	35.5 %	103,775	38.6 %
Level 4		156,262	44.8 %	152,022	44.8%	153,412	44.5 %	112,550	41.9 %	
Level5		19,641	5.6%	20,729	6.1%	18,838	5.5%	13,174	4.9%	
Unavail able		41,092	11.8 %	20,689	6.1%	17,945	5.2%	8,192	3.0%	

*Note: 2025/26 fiscal includes data for ED visits between April 1 2025 to February 22, 2026

Total (%) ED Left Without Being Seen (LWBS):
Benchmark: Less than 3.5%

NLHS Zone	Facility	Fiscal Year							
		2022/23		2023/24		2024/25		2025/26*	
		LWBS	%	LWBS	%	LWBS	%	LWBS	%
Eastern Urban Zone	Health Sciences Centre, St. Johns	5,908	11.4%	6,496	12.3%	7,849	15.1%	6,760	14.8%
	Janeway Childrens Health and Rehabilitation Centre, St. Johns	882	2.5%	715	2.1%	1,460	4.0%	595	2.3%
	St. Clares Mercy Hospital, St. Johns	5,363	15.2%	6,328	17.2%	6,653	18.9%	4,685	17.0%
	Eastern Urban Zone Total	12,153	9.9%	13,539	11.0%	15,962	12.9%	12,040	12.2%
Eastern Rural Zone	Burin Peninsula Health Care Centre, Burin	895	4.9%	862	4.7%	979	5.1%	793	5.2%
	Carbonear General Hospital, Carbonear	3,442	11.7%	3,973	14.9%	3,897	14.7%	2,878	14.4%
	Dr. G.B. Cross Memorial Hospital, Clarenville	2,480	11.2%	2,281	9.8%	2,510	10.4%	1,539	8.5%
	Eastern Rural Zone Total	6,817	9.8%	7,116	10.4%	7,386	10.6%	5,210	9.8%
Central Zone	Central Newfoundland Regional Hospital, Grand Falls- Windsor	806	3.4%	855	3.8%	1,681	7.3%	1,152	6.7%
	James Paton Memorial Regional Hospital, Gander	1,279	6.0%	1,093	5.2%	942	4.1%	596	3.2%
	Central Zone Total	2,085	4.6%	1,948	4.5%	2,623	5.7%	1,748	4.9%
Western Zone	Sir Thomas Roddick Hospital, Stephenville	2,519	9.2%	2,703	10.2%	2,215	8.1%	1,444	7.1%
	Western Memorial Regional Hospital, Corner Brook	3,915	11.2%	3,961	12.7%	4,064	13.5%	2,638	11.0%
	Western Zone Total	6,434	10.3%	6,664	11.5%	6,279	10.9%	4,082	9.3%
Labrador-Grenfell Zone	Charles S. Curtis Memorial Hospital, St. Anthony	300	3.6%	280	3.1%	468	4.1%	221	2.7%
	Labrador Health Centre, Happy Valley-Goose Bay	2,234	9.9%	1,984	9.1%	2,596	11.6%	2,161	11.4%
	Labrador West Health Centre, Labrador City	1,545	8.8%	1,895	12.0%	1,726	12.3%	1,369	13.6%
	Labrador-Grenfell Zone Total	4,079	8.4%	4,159	9.0%	4,790	10.0%	3,751	10.1%
Provincial Category A ED Facilities		31,568	9.1%	33,426	9.9%	37,040	10.7%	26,831	10.0%

*Note: 2025/26 fiscal includes data for ED visits between April 1 2025 to February 22, 2026

Boarding Time (Time from decision to admit to inpatient bed)

Benchmark: Time to transfer to in-patient bed: Median of 2 hours, 90th percentile of 8 hours

NLHS Zone	Facility	Board Time (Hours)	Fiscal Year			
			2022/23	2023/24	2024/25	2025/26
Eastern Urban Zone	Health Sciences Centre, St. Johns	Mean	15.8	18.1	20.8	16.2
		Median	9.8	13.7	15.7	10.7
		90th Percentile	40.2	43.1	47.7	40.4
	Janeway Childrens Health and Rehabilitation Centre, St. Johns	Mean	1.3	1.0	1.3	1.5
		Median	1.0	0.7	0.8	0.9
		90th Percentile	2.6	2.0	2.8	2.8
	St. Clares Mercy Hospital, St. Johns	Mean	11.6	9.4	11.7	12.2
		Median	6.6	5.0	7.3	7.1
		90th Percentile	26.9	22.8	27.2	29.6
	Eastern Urban Zone Total	Mean	13.5	14.2	15.6	13.9
		Median	7.4	8.6	9.9	8.0
		90th Percentile	34.4	36.7	39.5	35.7
Eastern Rural Zone	Burin Peninsula Health care Centre, Burin	Mean	0.6	1.8	3.4	1.9
		Median	0.2	0.7	1.0	0.6
		90th Percentile	1.3	4.8	4.7	2.7
	Carbonear General Hospital, Carbonear	Mean	3.3	2.3	3.6	5.5
		Median	1.4	1.1	1.6	2.8
		90th Percentile	6.7	4.7	8.8	15.6
	Dr. G.B. Cross Memorial Hospital, Clarendville	Mean	1.0	0.8	1.1	0.8
		Median	0.1	0.2	0.5	0.3
		90th Percentile	1.6	2.9	2.0	1.7

	Eastern Rural Zone Total	Mean	2.9	2.2	3.4	5.1
		Median	1.1	1.1	1.5	2.4
		90th Percentile	6.2	4.5	7.8	15.2
Central Zone	Central Newfoundland Regional Hospital, Grand Falls- Windsor	Mean	0.4	0.8	0.2	0.2
		Median	0.1	0.0	0.0	0.0
		90th Percentile	0.3	0.2	0.1	0.1
	James Paton Memorial Regional Hospital, Gander	Mean	3.9	2.9	2.5	3.1
		Median	0.2	0.2	0.1	0.2
		90th Percentile	18.0	5.8	6.4	11.1
	Central Zone Total	Mean	0.6	1.7	1.1	1.3
		Median	0.1	0.1	0.1	0.1
		90th Percentile	0.3	1.9	1.7	4.2
Western Zone	Sir Thomas Roddick Hospital, Stephenville	Mean	2.6	4.3	5.9	9.0
		Median	1.3	2.2	2.7	2.6
		90th Percentile	6.0	10.1	16.8	23.6
	Western Memorial Regional Hospital, Corner Brook	Mean	3.6	8.1	9.3	8.6
		Median	1.8	2.8	2.3	1.9
		90th Percentile	8.4	21.4	23.1	21.8
	Western Zone Total	Mean	3.5	7.4	8.9	8.6
		Median	1.7	2.6	2.3	2.0
		90th Percentile	8.0	20.4	22.1	22.1
Labrador-Grenfell Zone	Charles S. Curtis Memorial Hospital, St. Anthony	Mean	1.8	1.5	1.7	1.5
		Median	1.3	1.1	1.2	0.6
		90th Percentile	3.8	3.3	3.5	3.0
	Labrador Health Centre, Happy Valley-Goose Bay	Mean	2.5	1.2	0.7	0.7
		Median	0.6	0.5	0.4	0.4
		90th Percentile	5.1	1.8	1.3	1.7

	Labrador West Health Centre, Labrador City	Mean	1.0	0.5	0.6	7.1
		Median	0.3	0.2	0.1	1.5
		90th Percentile	3.4	1.7	2.3	13.2
	Labrador-Grenfell Zone Total	Mean	1.9	1.4	1.4	1.4
		Median	1.0	0.8	0.8	0.6
		90th Percentile	4.0	3.0	3.1	2.8
	Provincial Category A ED Facilities	Mean	9.3	10.6	11.2	10.5
		Median	3.2	3.8	3.8	3.6
		90th Percentile	25.5	28.9	31.7	28.6

LOS by CTAS by Facility (admitted vs non-admitted patients)

Benchmark:

Low Acuity Median of 2 hours, 90th Percentile of 4 hours

High Acuity Median of 4 hours, 90th Percentile of 8 hours

NLHS Zone	Facility	CTAS Level	LOS (Hours)	Fiscal Year			
				2022/23	2023/24	2024/25	2025/26
				Not Admitted	Not Admitted	Not Admitted	Not Admitted
Eastern Urban Zone	Health Sciences Centre, St. Johns	Level 1-3	Mean	5.8	6.5	7.4	7.9
			Median	4.9	5.6	6.4	6.7
			90th Percentile	10.4	12.1	14.0	15.1
		Level 4-5	Mean	4.4	5.4	6.5	6.2
			Median	3.7	4.3	5.4	4.3
			90th Percentile	8.8	11.1	13.6	14.4
	Janeway Childrens Health and Rehabilitation Centre, St. Johns	Level 1-3	Mean	2.2	2.1	2.4	2.3
			Median	1.9	1.8	2.1	1.9
			90th Percentile	4.0	3.9	4.4	4.3
		Level 4-5	Mean	2.1	2.0	2.4	2.1
			Median	1.8	1.6	2.1	1.7
			90th Percentile	4.0	3.7	4.7	4.1
	St. Clares Mercy Hospital, St. Johns	Level 1-3	Mean	5.7	6.3	6.6	6.2
			Median	4.8	5.3	5.5	5.2
			90th Percentile	10.0	11.2	12.0	11.3
		Level 4-5	Mean	4.7	5.3	5.6	5.1
			Median	4.0	4.5	4.7	4.1
			90th Percentile	9.1	10.4	11.1	10.6
	Eastern Urban	Level 1-3	Mean	5.0	5.6	6.1	6.2

	Zone Total		Median	4.1	4.5	4.8	4.8
			90th Percentile	9.5	11.0	12.5	13.2
		Level 4-5	Mean	3.7	4.0	4.4	4.3
			Median	2.8	2.8	3.1	2.7
			90th Percentile	7.7	9.2	10.1	10.4
	Eastern Rural Zone	Burin Peninsula Health Care Centre, Burin	Mean	3.5	3.7	4.0	4.4
			Median	2.6	2.7	2.8	3.0
			90th Percentile	6.5	6.9	7.8	9.1
			Mean	2.8	3.0	3.3	3.6
			Median	2.2	2.5	2.7	2.9
			90th Percentile	5.3	5.6	6.1	6.7
		Carbonear General Hospital, Carbonear	Mean	4.7	4.9	4.9	5.3
			Median	3.6	3.9	4.0	4.2
			90th Percentile	8.8	9.3	9.4	10.2
			Mean	3.0	3.4	3.6	3.7
			Median	2.2	2.6	2.7	2.7
			90th Percentile	6.4	7.2	7.3	7.7
		Dr. G.B. Cross Memorial Hospital, Clarenville	Mean	3.9	4.0	4.6	4.7
			Median	3.0	3.1	3.4	3.6
			90th Percentile	7.4	7.5	8.7	9.0
			Mean	3.5	3.6	4.0	3.6
			Median	2.7	2.9	3.1	2.8
			90th Percentile	7.4	7.4	8.2	7.5
		Eastern Rural	Level 1-3	Mean	4.3	4.5	4.7
							5.0

	Zone Total		Median	3.2	3.4	3.6	3.8
			90th Percentile	8.1	8.5	9.0	9.6
		Level 4-5	Mean	3.1	3.3	3.6	3.6
			Median	2.4	2.6	2.8	2.8
			90th Percentile	6.4	6.7	7.2	7.2
Central Zone	Central Newfoundland Regional Hospital, Grand Falls-Windsor	Level 1-3	Mean	4.5	4.4	4.7	4.6
			Median	3.4	3.3	3.6	3.5
			90th Percentile	8.2	8.5	9.1	8.8
		Level 4-5	Mean	3.2	3.2	3.3	3.3
			Median	2.2	2.3	2.3	2.3
			90th Percentile	7.1	7.0	7.2	7.1
	James Paton Memorial Regional Hospital, Gander	Level 1-3	Mean	5.5	5.9	5.8	5.8
			Median	4.1	4.2	4.1	4.2
			90th Percentile	10.4	11.4	11.4	11.3
		Level 4-5	Mean	4.3	4.3	3.8	4.2
			Median	3.4	3.3	2.8	3.2
			90th Percentile	8.1	8.6	7.8	8.2
	Central Zone Total	Level 1-3	Mean	5.0	5.2	5.3	5.3
			Median	3.8	3.7	3.9	3.8
			90th Percentile	9.3	10.1	10.2	10.0
		Level 4-5	Mean	3.7	3.7	3.6	3.7
			Median	2.8	2.7	2.5	2.7
			90th Percentile	7.6	7.7	7.5	7.6
Western	Sir Thomas	Level 1-3	Mean	3.0	3.4	3.4	3.3

Zone	Roddick Hospital, Stephenville		Media n	2.3	2.7	2.7	2.6
			90th Perce ntile	5.6	6.7	6.4	6.3
			Level 4-5	Mean	3.0	3.1	2.9
		Media n		2.2	2.1	2.2	2.1
		90th Perce ntile		6.5	7.2	6.2	5.9
		Western Memorial Regional Hospital, Corner Brook	Level 1-3	Mean	4.0	4.7	5.1
	Media n			3.5	4.0	4.5	4.4
	90th Perce ntile			6.9	8.5	9.3	8.8
	Level 4-5		Mean	3.7	4.2	4.1	3.7
			Media n	3.2	3.6	3.5	3.1
			90th Perce ntile	6.7	7.7	7.3	6.9
	Western Zone Total	Level 1-3	Mean	3.6	4.1	4.3	4.2
			Media n	3.0	3.4	3.6	3.5
			90th Perce ntile	6.5	7.9	8.2	8.0
		Level 4-5	Mean	3.3	3.7	3.5	3.3
			Media n	2.7	2.9	2.9	2.7
			90th Perce ntile	6.6	7.5	6.8	6.4
Labrador- Grenfell Zone	Charles S. Curtis Memorial Hospital, St. Anthony	Level 1-3	Mean	2.8	2.9	3.3	3.1
			Media n	2.3	2.4	2.8	2.6
			90th Perce ntile	5.4	5.7	6.2	6.0
		Level 4-5	Mean	2.2	2.2	2.7	2.4
			Media n	1.6	1.7	2.2	1.9
			90th Perce ntile	4.8	4.7	5.5	5.0
	Labrador Health	Level 1-3	Mean	3.7	3.9	3.9	3.7

	Centre, Happy Valley-Goose Bay		Media n	2.9	3.1	3.0	2.9
			90th Perce ntile	7.1	7.2	7.3	7.0
		Level 4-5	Mean	3.3	3.4	3.4	3.2
			Media n	2.7	2.8	2.8	2.6
			90th Perce ntile	6.2	6.7	6.6	6.4
	Labrador West Health Centre, Labrador City	Level 1-3	Mean	2.8	3.2	3.5	4.0
			Media n	2.4	2.6	2.8	3.1
			90th Perce ntile	5.1	6.1	6.4	7.3
		Level 4-5	Mean	2.7	3.4	3.8	4.1
			Media n	2.3	2.8	3.2	3.4
			90th Perce ntile	5.3	7.0	7.7	8.6
	Labrador-Grenfell Zone Total	Level 1-3	Mean	3.4	3.5	3.7	3.6
			Media n	2.7	2.8	3.0	2.9
			90th Perce ntile	6.4	6.6	6.8	6.8
		Level 4-5	Mean	2.9	3.2	3.4	3.3
			Media n	2.4	2.6	2.8	2.6
			90th Perce ntile	5.7	6.5	6.8	6.9
Provincial Category A ED Facilities		Level 1-3	Mean	4.5	4.9	5.3	5.3
			Media n	3.6	3.8	4.0	4.0
			90th Perce ntile	8.7	9.8	10.8	11.2
		Level 4-5	Mean	3.4	3.7	3.8	3.7
			Media n	2.6	2.7	2.9	2.7
			90th Perce ntile	7.0	7.8	7.8	7.8

CTAS All Levels (admitted Patients Only)*

Benchmark: Median of 8 hours, 90th percentile of 12 hours

NLHS Zone	Facility	LOS (Hours)	Fiscal Year			
			2022/23	2023/24	2024/25	2025/26
Eastern Urban Zone	Health Sciences Centre, St. Johns	Mean	22.7	25.3	26.0	29.9
		Median	17.1	21.4	20.7	23.9
		90th Percentile	48.4	51.8	55.0	64.2
	Janeway Childrens Health and Rehabilitation Centre, St. Johns	Mean	5.7	5.6	5.9	6.6
		Median	5.5	5.5	5.7	6.1
		90th Percentile	8.9	8.8	8.9	9.3
	St. Clares Mercy Hospital, St. Johns	Mean	19.6	17.6	20.4	20.3
		Median	14.8	14.0	17.0	15.7
		90th Percentile	36.8	32.2	36.6	39.6
	Eastern Urban Zone Total	Mean	20.9	22.3	23.2	27.7
		Median	15.4	17.8	18.4	21.1
		90th Percentile	43.6	46.5	49.0	52.5

Eastern Rural Zone	Burin Peninsula Health Care Centre, Burin	Mean	7.5	8.9	9.5	11.0
		Median	5.6	6.7	6.9	7.9
		90th Percentile	14.9	17.7	18.7	20.6
	Carbonear General Hospital, Carbonear	Mean	11.8	10.1	11.3	11.7
		Median	8.5	7.8	9.2	10.6
		90th Percentile	21.8	18.1	22.9	23.5
	Dr. G.B. Cross Memorial Hospital, Clarenville	Mean	8.8	8.3	9.6	10.0
		Median	5.8	6.3	7.2	7.7
		90th Percentile	15.5	16.2	18.4	18.9
	Eastern Rural Zone Total	Mean	10.1	9.3	11.3	12.3
		Median	7.0	7.1	8.2	9.4
		90th Percentile	18.5	17.0	21.1	22.3
Central Zone	Central Newfoundland Regional Hospital, Grand Falls- Windsor	Mean	7.7	8.3	8.7	8.4
		Median	5.2	5.8	6.0	5.7
		90th Percentile	17.9	18.7	20.1	19.3
	James Paton Memorial Regional Hospital, Gander	Mean	11.3	12.2	12.0	11.9
		Median	8.8	9.3	8.7	9.0
		90th Percentile	23.0	25.1	24.2	24.6

		Mean	9. 4	1 0. 2	1 0. 3	1 0. 2
	Central Zone Total	Median	6. 7	7. 2	7. 2	7. 2
		90th Percentile	20 .8	2 2. 0	2 2. 2	2 2. 0
Western Zone	Sir Thomas Roddick Hospital, Stephenville	Mean	6. 4	9. 1	9. 1	1 0. 4
		Median	5. 0	6. 2	6. 2	6. 4
		90th Percentile	11 .7	1 6. 4	1 9. 4	2 3. 1
	Western Memorial Regional Hospital, Corner Brook	Mean	7. 9	1 2. 4	1 3. 3	1 1. 7
		Median	6. 2	7. 7	7. 6	6. 7
		90th Percentile	14 .8	2 6. 3	2 7. 4	2 4. 1
	Western Zone Total	Mean	7. 6	1 1. 6	1 2. 3	1 1. 5
		Median	6. 0	7. 2	7. 2	6. 6
		90th Percentile	14 .0	2 4. 5	2 5. 5	2 4. 1
Labrador- Grenfell Zone	Charles S. Curtis Memorial Hospital, St. Anthony	Mean	5. 0	4. 9	5. 2	5. 0
		Median	4. 5	4. 3	4. 6	4. 2
		90th Percentile	8. 5	8. 9	9. 4	9. 3
	Labrador Health Centre, Happy Valley- Goose Bay	Mean	7. 2	6. 0	5. 9	5. 6
		Median	5. 6	5. 0	4. 9	4. 8
		90th Percentile	14 .4	1 1. 2	1 1. 3	1 0. 2
	Labrador West Health Centre, Labrador City	Mean	3. 2	3. 8	4. 5	5. 6
		Median	2. 6	3. 2	3. 5	4. 0

		90th Percentil e	6. 0	7. 3	8. 7	1 2. 0
	Labrador-Grenfell Zone Total	Mean	5. 3	5. 1	5. 4	5. 4
		Median	4. 4	4. 2	4. 5	4. 4
		90th Percent ile	9. 6	9. 4	1 0. 0	9. 7
Provincial Category A ED Facilities		Mean	13 .7	1 5. 5	1 5. 6	1 4. 8
		Median	8. 9	1 0. 1	9. 9	9. 6
		90th Percent ile	29 .5	3 3. 4	3 3. 6	3 1. 4

* Note: excludes records for which CTAS Level is not recorded.

ED Provider Initial Assessment
Benchmark: Median of 1 hour, 90th
 percentile of 3 hours

NLHS Zone	Facility	PIA (Hours)	Fiscal Year			
			2022/23	2023/24	2024/25	2025/26**
Eastern Urban Zone	Health Sciences Centre, St. Johns	Mean	3.5	4.0	4.9	5.0
		Median	2.8	3.0	3.9	3.6
		90th Percentile	7.3	9.0	11.2	11.9
	Janeway Childrens Health and Rehabilitation Centre, St. Johns	Mean	1.3	1.2	1.6	1.2
		Median	1.0	0.9	1.2	0.9
		90th Percentile	2.8	2.7	3.4	2.7
	St. Clares Mercy Hospital, St. Johns	Mean	3.2	3.6	3.8	3.4
		Median	2.4	2.7	2.7	2.4
		90th Percentile	7.0	7.8	8.6	7.7
	Eastern Urban Zone Total	Mean	3.0	3.2	3.6	3.5
		Median	2.2	2.1	2.4	2.1
		90th Percentile	6.6	7.6	8.9	9.2
Eastern Rural Zone	Burin Peninsula Health Care Centre, Burin	Mean	1.6	1.8	2.1	2.2
		Median	1.2	1.4	1.6	1.7

		90th Percentile	3.6	4.0	4.5	4.7
	Carbonear General Hospital, Carbonear	Mean	1.9	2.5	2.7	2.8
		Median	1.1	1.7	1.9	1.9
		90th Percentile	4.6	5.8	5.9	6.5
	Dr. G.B. Cross Memorial Hospital, Clarenville	Mean	2.2	2.2	2.5	2.3
		Median	1.4	1.5	1.7	1.5
		90th Percentile	5.2	5.1	5.8	5.3
	Eastern Rural Zone Total	Mean	1.9	2.2	2.4	2.4
		Median	1.3	1.5	1.7	1.7
		90th Percentile	4.5	4.9	5.4	5.4
Central Zone	Central Newfoundland Regional Hospital, Grand Falls- Windsor	Mean	2.0	2.0	2.1	2.1
		Median	1.2	1.2	1.4	1.4
		90th Percentile	4.9	4.8	4.9	4.9
	James Paton Memorial Regional Hospital, Gander	Mean	2.9	3.0	2.8	2.8
		Median	2.3	2.3	2.1	2.2
		90th Percentile	6.0	6.3	5.9	5.8
	Central Zone Total	Mean	2.5	2.5	2.6	2.6
		Median	1.8	1.8	1.8	2.0

		90th Perce ntile	5.7	5.7	5.6	5.6
Western Zone	Sir Thomas Roddick Hospital, Stephenville	Mean	2.0	2.2	2.1	2.0
		Media n	1.4	1.4	1.5	1.5
		90th Perce ntile	4.4	4.9	4.5	4.4
	Western Memorial Regional Hospital, Corner Brook	Mean	2.5	2.8	3.0	2.7
		Media n	2.1	2.2	2.3	2.1
		90th Perce ntile	5.0	5.8	6.1	5.9
	Western Zone Total	Mean	2.3	2.5	2.5	2.4
		Media n	1.7	1.8	1.9	1.8
		90th Perce ntile	4.8	5.4	5.4	5.2
Labrador- Grenfell Zone	Charles S. Curtis Memorial Hospital, St. Anthony	Mean	*	*	*	*
		Media n	*	*	*	*
		90th Perce ntile	*	*	*	*
	Labrador Health Centre, Happy Valley-Goose Bay	Mean	0.9	*	0.4	1.9
		Media n	0.4	*	0.4	1.9
		90th Perce ntile	2.3	*	0.4	3.6
	Labrador West Health Centre, Labrador City	Mean	2.1	2.6	2.8	2.6
		Media n	1.5	2.1	2.1	2.4

		90th Percen tile	4.5	5.9	6.1	3.6
	Labrador-Grenfell Zone Total	Mean	2.1	2.6	2.8	2.5
		Media n	1.5	2.1	2.1	2.4
		90th Perce ntile	4.5	5.9	6.0	3.6
Provincial Category A ED Facilities		Mean	2.5	2.7	3.0	2.9
		Media n	1.8	1.8	2.0	1.9
		90th Perce ntile	5.6	6.2	6.8	6.7

****Note:** 2025/26 fiscal includes data for ED visits
between April 1 2025 to February 22, 2026

Summary of Median Wait Times in the Emergency Room in 2024-2025, by Province		
	LENGTH OF STAY	TIME TO PHYSICIAN INITIAL ASSESSMENT
British Columbia*	4 hours 13 min.	1 hour 50 min.
Alberta	3 hours 48 min.	1 hour 30 min.
Saskatchewan	NA	NA
Manitoba**	4 hours 00 min.	NA
Ontario	4 hours 00 min.	1 hour 30 min.
Quebec	5 hours 23 min.	1 hour 51 min.
Newfoundland and Labrador*****	2 hours 45 min.	1 hour 56 min.
New Brunswick***	4 hours 28 min.	NA
Vitalité****	3 hours 21 min.	NA
Horizon (calendar year)	4 hours 51 min.	1 hour 09 min.
Prince Edward Island	4 hours 36 min.	2 hours 58 min.
Nova Scotia	NA	NA

* British Columbia did not provide the provincial median length of stay, so this represents the weighted. Average of the medians from each hospital, weighted by the number of ER visits in each hospital.

** Yearly medians for time to physician initial assessment were not calculated for Manitoba as only 16 out of 57 facilities reported this metric.

*** New Brunswick length of stay value was calculated as a weighted average of the medians of all facilities in Réseau Vitalité and Horizon regions, weighted by the number of patient visits at each facility in 2024/25.

**** Réseau Vitalité does not provide data on time to physician initial assessment.

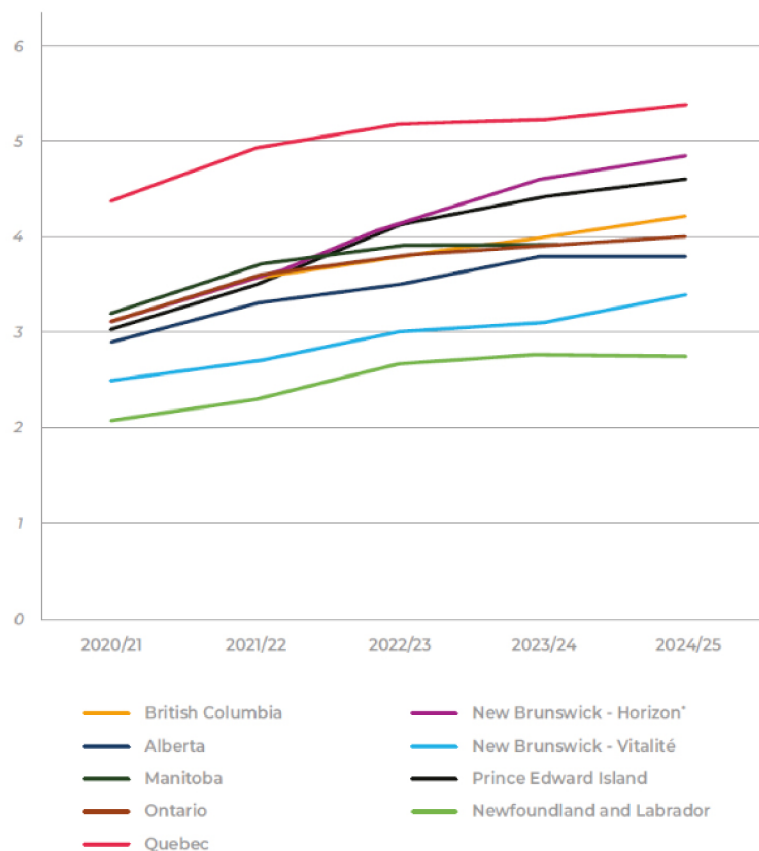
***** Newfoundland and Labrador provides time to physician initial assessment only for category A establishments, of which there are none in Labrador-Grenfell.

Additional notes: Data for the fiscal year 2024 do not have the same end date for every province, as some end on December 31, 2024, while others have end dates in early 2025. As of time of publication, Nova Scotia and Saskatchewan have not provided the requested data.

Sources: Access to information requests made to each provincial health authorities (see Annexes A to H).

Retrieved from: [Canadians are waiting too long in the emergency room – IEDM/MEI](#)

Change in Median Length of Stay between 2020-2021 and 2024-2025, by Province (in hours)



Note: See Annex 2 for the evolution of each province individually.

Sources: Access to information requests made to each provincial health authority.

Retrieved from: [Canadians are waiting too long in the emergency room – IEDM/MEI](#)