August 19, 2019

Dear Applicant:

Re: Your request for access to information under Part II of the Access to Information and Protection of Privacy Act [Our File #: HCS/113/2019]

On August 8, 2019, the Department of Health and Community Services (the Department) received your request for access to the following records:


I am pleased to inform you that a decision has been made by the Department to provide access to most of the requested information. Access to the remaining information contained within the records has been refused in accordance with the following exceptions to disclosure as specified in the Access to Information and Protection of Privacy Act (the Act):

Application
5. (1)(k) This Act applies to all records in the custody of or under the control of a public body but does not apply to a record relating to an investigation by the Royal Newfoundland Constabulary if all matters in respect of the investigation have not been completed.

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

Disclosure harmful to law enforcement
31. (1)(a) The head of a public body may refuse to disclose information to an applicant where the disclosure could reasonably be expected to interfere with or harm a law enforcement matter.

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; or
(g) information, the disclosure of which could reasonably be expected to prejudice the financial or economic interest of the government of the province or a public body.

Access to information was also refused under section 10(1) of the Patient Safety Act which states:

**Release of information**

10. (1) The Access to Information and Protection of Privacy Act, 2015 does not apply to the use, collection, disclosure, release, storage or disposition of, or any other dealing with, quality assurance information.

This redaction was applied to pages 3 and 7 of the records as it pertains to quality assurance reports.

The Act requires us to provide an advisory response within 10 days of receiving the request. As this request has been completed prior to day 10, this letter also serves as our Advisory Response.

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 (the Act). 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  
2 Canada Drive  
P. O. Box 13004, Stn. A  
St. John’s, NL. A1B 3V8  
Telephone: (709) 729-6309  
Toll-Free: 1-877-729-6309  
Facsimile: (709) 729-6500

You may also appeal directly to the Supreme Court Trial Division within 15 business days after you receive the decision of the public body, pursuant to section 52 of the Act.

Please be advised that responsive records will be published following a 72 hour period after the response is sent electronically to you or five business days in the case where records are mailed to you. It is the goal to have the responsive records posted to the Completed Access to Information Requests website within one business day following the applicable period of time. Please note that requests for personal information will not be posted online.

If you have any further questions, please contact the undersigned by telephone at 709-729-7010 or by email at MichaelCook@gov.nl.ca.

Sincerely,
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).
Information Note
Department of Health and Community Services

Title: Fraudulent Activity in Bell Canada’s Newfoundland and Labrador Prescription Drug Program Reimbursement Account.

Issue: To inform of fraudulent activity discovered in the Newfoundland and Labrador Prescription Drug Program’s reimbursement account, administered by Bell Canada.

Background and Current Status:
- Bell Canada ("Bell") is the service provider for the Newfoundland and Labrador Prescription Drug Program’s (NLPDPs) Real-time Adjudication System. Bell has been providing this service since 2006.

- The Real-time Adjudication System allows drug claims to be automatically adjudicated at the time a drug is dispensed and avoids beneficiaries sending receipts into the program for manual processing and reimbursement. The vast majority of drug claims are adjudicated automatically at the point of sale using this system. However, there are still instances when NLPDP beneficiaries must be manually reimbursed by cheque. Examples of such instances include reimbursement for ostomy supplies and reimbursement for individuals whose primary insurance provider requires manual billing.

- Pharmacies and beneficiaries are reimbursed through Bell using an indirect payment model. Under this model, Bell invoices the Department of Health and Community Services (HCS) bi-weekly. Funds are then transferred from HCS to Bell’s NLDPD account and Bell uses these funds to reimburse pharmacies by EMT and beneficiaries, who sent in receipts to be manually processed, by cheque. These reimbursements are issued by Bell on a bi-weekly basis.

Analysis:

- s. 31(1)(a), s. 5(1)(k)

- s. 29(1)(a) s. 31(1)(a), s. 5(1)(k)
Action Being Taken:
- Bell has contacted the local BMO branch and all funds have been recovered. BMO has indicated that the onus to involve law enforcement rests with the client and is not something they would initiate.

- There has been no further fraudulent activity detected with relation to Bell's NLPDP account.

Prepared/Approved by: J. O'Dea/P. Smith/K. Stone
Ministerial Approval: Received from Hon. John Haggie, MD

June 21, 2019
Information Note  
Department of Health and Community Services

Title: Multi-patient occurrence related to laboratory specimen shipping error between laboratory facilities at Labrador-Grenfell Health (LGH).

Issue: [Redacted]

Background and Current Status:
- [Redacted]
- The fax notification is a fax cover sheet that indicates that a shipment is on the way and includes information on the number of containers being shipped. All records, such as batch sheets, are shipped in the container.
- [Redacted]
- [Redacted]
- [Redacted]
- A review has identified that 32 clients have been impacted by the occurrence, involving 19 physicians and two regional nurses.

Analysis:
- Confirming client harm requires direct communication and discussion of each case with the ordering physician. Ordering physicians need to review charts to determine if the occurrence has had a negative impact on a client’s health outcome. The Vice-President of Medical Services and Lead Medical Laboratory Technologist at LHC consulted with all ordering providers. On May 30, 2019, it was determined that this occurrence did not cause harm to the 32 clients. Specimens will be reordered and recollected for 25 clients based on the ordering practitioners assessment. For the remaining seven, the test is no longer clinically indicated.
• LGH has established a committee to assess current transportation processes, procedures and to identify gaps. The group will determine actions to reduce the risk of reoccurrence.

• Action Being Taken:

  • LGH will provide updates to HCS as new information becomes available through the review and investigation.

  • A provincial laboratory quality improvement committee will be initiated within the next four weeks with representation from the four RHAs and HCS to analyze the current process for shipping and receiving of specimens. This committee will complete a risk analysis of the current process and determine opportunities for improvement. Recommendations will be provided to the Patient Safety and Quality Advisory Committee for approval.

Ministerial Approval: Received from Hon. John Haggie, MD

June 20, 2019
Decision/Direction Note  
Department of Health and Community Services

Title: 2019-20 Repair/Renovations and Building Improvement Allocations

Decision Required:
- Whether or not to provide approval of the proposed 2019-20 repair/renovations and building improvement allocations as outlined below, and in the attached schedules.

Background and Current Status:
- Funding is provided to facilitate repair/renovations and building improvements to existing health care facilities. All projects are managed by the RHAs.

- Annually, each of the RHA’s (as well as the Faculty of Medicine) submit to the Department, a listing of their priority repair/renovations and building improvement funding requests for the current year.

- 2019-20 budgetary allocation: $21,200,000
  - (Note: While Budget 2019 has yet to be passed, $21.2M is the amount that is currently in the 2019 Budgetary documents.)

- 2019-20 total requests: $49,684,520

- Proposed 2019-20 Allocations:

<table>
<thead>
<tr>
<th></th>
<th>Total Requested Funding*</th>
<th>Recommended Approvals*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eastern RHA</td>
<td>$15,402,520</td>
<td>$8,200,000</td>
</tr>
<tr>
<td>Central RHA</td>
<td>$10,969,500</td>
<td>$4,100,000</td>
</tr>
<tr>
<td>Western RHA</td>
<td>$8,750,000</td>
<td>$2,600,000</td>
</tr>
<tr>
<td>Labrador-Grenfell RHA</td>
<td>$10,510,000</td>
<td>$2,900,000</td>
</tr>
<tr>
<td>Faculty of Medicine**</td>
<td>$4,052,500</td>
<td>$2,000,000</td>
</tr>
<tr>
<td><strong>TOTAL REQUESTS / RECOMMENDED APPROVALS</strong></td>
<td><strong>$49,684,520</strong></td>
<td><strong>$19,800,000</strong></td>
</tr>
<tr>
<td>Contingency / Unallocated</td>
<td>N/A</td>
<td><strong>$1,400,000</strong></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$49,684,520</strong></td>
<td><strong>$21,200,000</strong></td>
</tr>
</tbody>
</table>

*See details in attached spreadsheets.

**Funding will flow to Eastern Health since Eastern Health will be responsible for tendering and overseeing the work.

- In summary, the recommended 2019-20 repair/renovations and building improvements funding approvals primarily comprise (with a few exceptions):
  - Eastern Health – Top 22 requests
  - Central Health – Top 14 requests
  - Western Health – Top 10 requests
  - Labrador-Grenfell Health – Top 11 requests
  - Faculty of Medicine – Top 1 request
• The proposed allocations for repair/renovations and building improvements for 2019-20 have been:
  o compiled in consultation with the VPs/Directors responsible for repair/renovations and building improvements in the RHAs; and
  o limited to amounts which the RHAs advise they can spend in 2019-20.

s. 29(1)(a)

Recommendation:
 o Provide approval of the proposed 2019-20 repair/renovations and building improvements allocations as outlined in the attached schedules.

Prepared/Approved by: P. Greene/H. Hanrahan/K. Stone
Ministerial Approval: Received from Hon. John Haggie, MD

June 17, 2019
Information Note
Department of Health and Community Services

Title: Update on multi-patient occurrence involving lost laboratory specimens (BN-2019-00295).

Issue:

Background and Current Status:

- Physicians received three notifications of the error: 1) through the cancelled report in Meditech 2) phone call notification from Lab Quality Manager to all impacted physician offices, 3) registered letter sent on May 21 and 22 to all ordering physicians impacted requesting that Eastern Health be notified if any negative clinical impact to clients was determined to have occurred as a result of the occurrence.

- Letters to all physicians involved have been delivered via registered mail. To date, there has been no response from any physicians to indicate patient harm as a result of the occurrence.

- Standard Operating Procedure (SOP) #1277 Specimen Receipt and Processing has been updated with steps to outline receipt of packages when sorting staff are not available at time of drop off as well as the process required when packages are missing.
• Quality Practice (QP) # 7240 Nonconformance and Occurrence Management and # 7241 Handling Laboratory Critical and Multi-Patient Incidents has been revised to include instructions on steps to take when the occurrence involves missing specimens (i.e. immediately identify the contents to minimize impact to patient care), and appropriate trigger points for escalation.

• Education and communication for all lab technology staff and distribution staff regarding the occurrence and updated SOPs has commenced.

Action Being Taken:
• A provincial laboratory quality improvement committee will be initiated within the next four weeks with representation from the four RHAs and HCS to analyze the current process for shipping and receiving of specimens. This committee will complete a risk analysis of the current process and determine opportunities for improvement. Recommendations will be provided to the Patient Safety and Quality Advisory Committee for approval.

Ministerial Approval: Received from Hon. John Haggie, MD

June 7, 2019
Information Note  
Department of Health and Community Services

Title: Central Health External Review 2018 (Vaughan Report)

Issue: Progress update on Central Health’s action plan in response to the 2018 external review.

Background and Current Status:
- CH is actively implementing 36 recommendations resulting from an external review in May 2018. These recommendations impact the areas of Governance, Leadership, Clinical Management, Relationships, Succession Planning, and Community Engagement; as well as operational and human resource issues.

- An Implementation Steering Committee (IC) developed an action plan for implementation of the recommendations and has submitted a progress report to HCS on activities up to March 31, 2019 (Annex A).

Analysis:
- 145 activities have been identified to meet the 36 recommendations and are categorized as either “Completed”, “In Progress”, or “To Be Completed”. Of these, 76 (52 per cent) have been completed.

- All 36 recommendations are currently “Completed” or “In Progress”. As of this update, there are no recommendations identified as “To Be Completed”.

- The IC has identified that thirteen (36 per cent) of the recommendations are completed. The recommendations are considered complete when all of the actions identified for each recommendation are complete. These thirteen completed recommendations include:
  o 3.4: Amend Board Bylaws to open meetings to the public beyond the annual meeting. In camera meetings should be confined to matters pertaining to finance, legal and human resource issues only.
    ▪ Board Bylaws have been redrafted and public meeting have been occurring since December 2018.
  o 4.1: All physician leaders should complete the Physician Manager Institute (PMI) leadership program.
    ▪ Introduced the requirement for completion of physician leadership education, and a process to support physician participation in the same.
  o 4.2: All hiring should be posted and completed through Human Resources and based on defined competencies.
    ▪ Reaffirmed processes for all recruitment activities to occur through Human Resources division. Any exceptions to established process requires senior leadership approval.
  o 4.3: There should be a full-time Vice President of Medicine for the RHA.
    ▪ Recruitment ongoing for the full-time permanent position of Vice President of Medicine. The positions of VP-Medical Services and Chief of Staff have been merged.
  o 5.6: CH will work with HCS to evolve a programmatic approach to clinical services across the RHA.
    ▪ Developed a plan to implement regional clinical chiefs for each program offered at CH, as well as participating in the development of a Provincial Model of Clinical Services. The Department Chief positions will align with Directors in Program areas.
6.0: Implementation of a clinical management on call system to support point of care staff after hours and on weekends.
   - Developed a clinical on-call protocol and implemented the on-call process.
   - Locate senior management offices equally between Central Newfoundland Regional Health Centre (CNRHC) and James Paton Memorial Regional Health Centre (JPMHC).
     - Executive offices have been relocated equally between CNRHC and JPMHC; the offices of the CEO and Vice President of Medical Services have been relocated into CNRHC. Senior leaders have dedicated time for JPMRHC and CNRHC.
   - CH should promote and support the success of a ‘grow your own’ recruiting and retention as one of its primary recruiting and retention strategies.
     - Improvements made to recruitment practices, including engagement with educational institutions and improved oversight and support of clinical placements.
   - Develop an RHA Patient Navigator position to assist patients and families chart their way through the healthcare system.
     - Literature review completed and input sought from staff and public on the focus area. Patient Navigator job specification developed, based on best practices and stakeholder feedback. Position will be posted in June 2019.
   - Strengthen the Community Advisory Committee (CAC) relationship with the Board by having the chair of each CAC attend the Board Meeting to report on current issues.
     - CACs have been established in Grand Falls-Windsor and Gander. All CAC meeting minutes are provided to the Board of Trustees for information and discussion. CACs meet annually to discuss committee activities.
   - Address the issue of having Paramedics responsible for security in Emergency Departments and Hospitals.
     - Manager of Security, Emergency Management Systems and Business Continuity recruited, and contract now in place for on-site security services.
   - Paramedics required to be stationed at “The Junction” have no bathroom facilities.
     - Reviewed staff complement for hospital based ambulance service in Baie Verte and Springdale. Changes have been made to the coverage of ambulance services which sees the ambulance at the Junction on a less frequent basis.

Action Being Taken:
- CH is continuing work to implement the remaining recommendations and will provide HCS future updates quarterly, at a minimum.

- CH to issue a public release of the progress to March 31, 2019, once HCS approval is received.

Prepared/Approved by:  P. Barnes/D. Waddleton/H. Hanrahan/K. Stone
Ministerial Approval:  Received from Hon. John Haggie, MD

June 10, 2019
Annex A

External Review Recommendation & Action Summary – March 31, 2019

There are 36 recommendations in total.

<table>
<thead>
<tr>
<th>Status</th>
<th>September 27, 2018 Update</th>
<th>December 31, 2018 Update</th>
<th>February 25, 2019 Update</th>
<th>March 31, 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed</td>
<td>4/36 (11%)</td>
<td>6/36 (16%)</td>
<td>8/36 (22%)</td>
<td>13/36 (36%)</td>
</tr>
<tr>
<td>In Progress</td>
<td>22/36 (61%)</td>
<td>28/36 (78%)</td>
<td>26/36 (72%)</td>
<td>23/36 (64%)</td>
</tr>
<tr>
<td>To be Completed</td>
<td>10/36 (28%)</td>
<td>2/36 (6%)</td>
<td>2/36 (6%)</td>
<td>0/36 (0%)</td>
</tr>
</tbody>
</table>

Update on Actions – For the 36 recommendations, there are currently 145 actions. Below is a summary of the status of the actions for comparison purposes showing progress over time.

<table>
<thead>
<tr>
<th>Status</th>
<th>September 27, 2018 Update</th>
<th>December 31, 2018 Update</th>
<th>February 25, 2019 Update</th>
<th>March 31, 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed</td>
<td>22/144 (15%)</td>
<td>54/145 (37%)</td>
<td>55/145 (38%)</td>
<td>76/145 (52%)</td>
</tr>
<tr>
<td>In Progress</td>
<td>36/144 (25%)</td>
<td>52/145 (36%)</td>
<td>65/145 (45%)</td>
<td>56/145 (39%)</td>
</tr>
<tr>
<td>To be Completed</td>
<td>86/144 (59%)</td>
<td>39/145 (27%)</td>
<td>25/145 (17%)</td>
<td>13/145 (9%)</td>
</tr>
</tbody>
</table>
Information Note
Department of Health and Community Services

Title: Ambulance Availability St. John’s Metro Ambulance Services

Issue: To provide information on ambulance availability issues in the St. John’s Metro region.

Background and Current Status:
- Eastern Health’s (EH) St. John’s Metro Ambulance Service (Metro) responds to ambulance requests in the northeast Avalon region from Bay Bulls, Mount Pearl, Paradise, St. John’s, Torbay, to Pouch Cove.

- In the past five years Metro call volume has grown by 9.3%. Refer to Table #1

Table #1 – Metro Call Volume

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>2014/15</th>
<th>2015/16</th>
<th>2016/17</th>
<th>2017/18</th>
<th>2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency</td>
<td>17,523</td>
<td>18,710</td>
<td>19,536</td>
<td>19,720</td>
<td>20,039</td>
</tr>
<tr>
<td>Routine/Interfacility</td>
<td>5,358</td>
<td>5,083</td>
<td>4,348</td>
<td>4,200</td>
<td>4,968</td>
</tr>
<tr>
<td>Total</td>
<td>22,881</td>
<td>23,793</td>
<td>23,884</td>
<td>23,920</td>
<td>25,007</td>
</tr>
</tbody>
</table>

- The number of ambulances available varies with predicted call demand but can be summarized as an average of:
  o 10 ambulances available during daytime hours; and
  o 5 ambulances available during nighttime hours.

- EH will also use paramedic overtime to activate additional ambulances if demand warrants it.

- In the fall of 2015, Health and Community Services (HCS) provided funding for 10 FTEs and two new ambulances to address EH’s capacity issues identified in the POMAX report. POMAX recommended four ambulances and 25 FTEs in paramedic staffing.

- The availability of ambulances in Metro to respond to emergencies has been a point of public concern. The Newfoundland Association of Public Employees (NAPE), the union that represents Metro paramedics, uses the term “Red Alerts” to highlight the issue and advocate for increased ambulance services.

- Red Alert is defined as a period of time in which an EH ambulance is not available on standby to respond to a request for service. There are two levels of Red Alerts:
  o Level I – an ambulance is not available for standby and there is/are calls for response waiting; and
  o Level II – an ambulance is not available for standby and there are no calls for response waiting.

- EH’s Paramedicine Division has also expressed concern related to:
  o a growing transport demand on Metro’s services (Table #1 above); and
  o increasing frequency and duration of offload delays at the region’s hospitals. Paramedics cannot leave their patient until the Emergency Department (ER) accepts them. Ambulances with patients outside a hospital are not available to respond to emergency calls.
• As outlined in Table #2 the frequency and duration of Red Alert risk periods are increasing.

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Red Alert Incidents</th>
<th>Total Red Alert Minutes</th>
<th>Emergency Calls During Red Alerts</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>341</td>
<td>6,552</td>
<td>87</td>
</tr>
<tr>
<td>2018</td>
<td>460</td>
<td>8,031</td>
<td>136</td>
</tr>
<tr>
<td>2019</td>
<td></td>
<td></td>
<td>48</td>
</tr>
<tr>
<td>Actual*</td>
<td>156</td>
<td>3,283</td>
<td></td>
</tr>
</tbody>
</table>

*January to April

• EH is using the following strategies to deploy their ambulance resources efficiently and effectively when ambulance availability is a concern:
  o calls are triaged, with emergency calls receiving the highest priority;
  o ambulances are reassigned to higher priority calls. For example, an ambulance assigned to a non-emergency routine transfer will be reassigned from the routine transfer to an emergency call. The routine transfer will then wait until multiple ambulances are available;
  o ambulances from an adjacent service(s) may be asked to respond to emergency calls; and
  o the St. John's Fire Department paramedics can be tasked to respond to emergency calls to provide medical care as an interim measure.

• Private and community ambulance services in the Eastern region have contacted HCS from time to time expressing concern about offload delays at St. John's hospitals.

**Action Being Taken:**
• Metro uses a "Buddy System" in an effort to mitigate offload delays. If two Metro ambulances are waiting outside an ER to offload, two paramedics will stay with the patients. The other two paramedics will team up and make themselves available for response.
• EH management is aware of and addressing patient flow issues by:
  o improving communications to ensure ER staff are aware of ambulance patients and that they are properly triaged to ensure the patients are admitted as quickly as possible;
  o communicating with the Medical Communication Centre to divert ambulances to the least busy ER to minimize offload delays; and
• Since Red Alerts are not a nationally tracked ambulance availability statistic, the new Computer Aided Dispatch (CAD) System does not gather Red Alert statistics. Work is ongoing with the CAD supplier on a method to gather Red Alert frequency. The data will allow Paramedicine management to understand the issues in real time and address the problems.

Prepared/Approved by: W. Young/M. Breen/H. Hanrahan/K. Stone
Ministerial Approval: Received from Hon. John Haggie, MD

June 7, 2019