Dear [Redacted]

Re: Your request for access to information under Part II of the Access to Information and Protection of Privacy Act [Our File #: HCS/097/2016]

On July 19, 2016, the Department of Health and Community Services (the Department) received your request for access to the following records:

"Any and all documentation, emails, meeting minutes related discussions around the future plans for the Bonavista Health Centre."

Your request defined future plans to include any records around the centralization of services outside of Bonavista, and any cuts to services and/or program from October 2015 to Present for Bonavista Health Centre.

In addition, please note that further records are available from the Department in response to Eastern Health’s Briefing Note prepared on July 14, 2016. These records are outside the time period of when your ATIPP request was submitted. Should you require these records, feel free to submit a subsequent ATIPP request.

Records may also be available with the Eastern Health Authority with respect to your ATIPP request, please contact Eastern Health’s ATIPP Coordinator for further assistance.

The Department has reviewed your request in the context of the Access to Information and Protection of Privacy Act (the Act) and John Abbott, Deputy Minister, made a decision and is pleased to inform you that access to these records has been granted, in part. In accordance with your request for a copy of the records, the appropriate copies have been enclosed. Some information has been refused in accordance with the following exceptions to disclosure, as specified in the Act:

- Section 27- Cabinet Confidences
- Section 29- Policy Advice or Recommendations
- Section 35- Disclosure harmful to the financial or economic interest of a public body
- Section 40- Disclosure Harmful to Personal Privacy
The following pages have been removed:
- Page 11, and 17- non-responsive
- Pages 19-24- Section 27, Cabinet Confidences

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.

Please be advised that you may appeal this decision and ask the Information and Privacy Commissioner to review the decision to provide partial access to the requested information, as set out in section 42 of the Act (a copy of this section of the Act 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. Your appeal should identify your concerns with the request and why you are submitting the appeal.

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

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

Telephone: (709) 729-6309
Toll-Free: 1-877-729-6309
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 (a copy of this section of the Act has been enclosed for your reference).

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 Office of Public Engagement’s 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 vanessamacey@gov.nl.ca.

Sincerely,

Vanessa Macey
ATIPP Coordinator
Responsive Records
Records from HCS
092 2016
HI Michele

Thanks for your comments. The main reason the Town requested to meet with the Minister (yes, it is a meeting here at the Department and not a visit to Bonavista) is related to the changes in x-ray services. In this note we are trying to highlight that staffing issues in general is one of the main reasons for this change to all similar facilities. We do reflect the staffing is currently stable in Bonavista. Based on your comments, do you have any suggested changes? This messaging was okay by Corey Murray in Shawn Thomas's absence last week. Shawn may be back. I can probably run by him as well.

The section on laundry was vetted by George Butt and his manager, Fred Stead. They were ok with messaging.

I recognize that there are a number of positives in this area as well - congrats! But I was asked to focus this note on potential issues that may arise at the meeting.

Karen

-----Original Message-----
From: Michele Guy <Michele.Guy@easternhealth.ca>
Sent: Wednesday, May 11, 2016 11:53 AM
To: Nolan, Karen <knolan@gov.nl.ca>; Collette Smith <Collette.Smith@easternhealth.ca>
Cc: Janet Templeton <Janet.Templeton@easternhealth.ca>; Oscar Howell <OSCAR.HOWELL@easternhealth.ca>
Subject: RE: HP TRIM Briefing Note : BN-2016-00179 : HCS Meeting Note - Meeting with the Town of Bonavista

Hello All-

Just reviewed the attached document:

- Some of the comments regarding the recruitment and retention for lab/xray sound a bit conflicting. Bonavista is actually doing well in this area, as we currently have 3 combined lab/xray staff.

- I am not fully aware of the details for laundry services for Bonavista; Tony Stagg would be able to provide comments on that section.

So, to confirm, this is not a visit to Bonavista?

Thanks!

Michele

-----Original Message-----
From: Nolan, Karen <knolan@gov.nl.ca>
Sent: Wednesday, May 11, 2016 10:00 AM
Hi Collette

Attached is a draft copy of the meeting note for your review. This has not yet been vetted at the Department. I await your feedback.

Karen

"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 Eastern Health. 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. ***
Dear Minister Haggie,

Thank you very much for taking the time to speak with our MHA, Neil King, and me.

As there were a number of items discussed I thought it would be of benefit, to all of us, to capture the main points raised.

Our position is that the cuts to X-ray services at the Bonavista Peninsula Health Centre will not result in the anticipated savings of $90,000 but could instead cost up to $500,000. Return transportation between Bonavista and Clarenville and replacement staff (at overtime rates) when a nursing escort is required are the two main reasons for the added cost.

Rather than cut X-ray service, we believe that utilization of existing assets can achieve the same savings as anticipated by Eastern Health, will not add expenses to another government department, and will be of incalculable benefit to our residents, to our health care professionals, and to our towns and communities.

Our proposal is to utilize our cross-trained lab and X-ray technicians from 4:00 p.m. – 8:00 a.m. on weekdays and for all weekends. This will eliminate the very costly travel of $900 - $1550 per return trip. The latest statistics available show 6 – 7 cases per week transported to Clarenville with our X-ray closing at 8:00 p.m., amounting to approximately $300,000 - $500,000 in yearly travel costs. We can only assume that closing at 4:00 p.m. will only add to this amount. By calling in cross-trained lab and X-ray technicians, we can eliminate the exorbitant travel costs and, as importantly, better serve the needs of our doctors, our emergency room staff, and patients.

We also have to question the designation of the Bonavista Peninsula Health Centre as a ‘Class B’ site. A hospital providing primary care to over 9,000 regional residents should not be diminished as “Class B.” but, rather, recognized as an absolute necessity, whatever category that may mean to Eastern Health. Bonavista is not rural but urban and as pointed out, is growing.

We’re very pleased that you’re interested in understanding the situation ‘on the ground’ so to speak. Our hospital staff and community leaders have a number of ideas to improve the bottom line and they do not include cutting services. We’re very cognizant of the need to cut expenses, balanced with the need to be a viable region for current and future doctors to work and live. We believe our proposal will not only satisfy both needs but can restore full X-ray service to our hospital.

With regards to laundry services being moved to St. John’s it was noted that there would be some infrastructure spending required. The requirements and the costs were not
known at the time of our meeting, however, when Clarenville laundry moved to St. John’s, a concrete storage room with special venting had to be built to accommodate linens waiting for transport. Additionally, extra linen had to be purchased and stored while awaiting the return from St. John’s. When the previous government made a change to laundry services a few years ago, it was determined that it was not viable for Bonavista and Burin because of their distance from the highway. Unless there is some new information, there is no reason to believe that moving laundry from Bonavista to St. John’s will result in any savings and may even add cost.

In closing, we ask that the cuts to X-ray services and the removal of laundry services be reconsidered. The centralized model puts added stress on our doctors, our residents, our pocketbooks, our roads, and our environment. The viability of our region rests largely with easy access to government services.

We look forward to further discussions and sharing of information on these matters.

Yours truly,
Meeting Note
Department of Health and Community Services
Meeting with Representatives from the Town of Bonavista
May 17, 2016 @ 5:30 p.m.
Executive Boardroom, Department of Health and Community Services

Attendees:
Hon. John Haggie, Minister
Alicia Anderson, Executive Assistant
Beverley Clarke, Deputy Minister
Angela Batstone, Executive Director
Larry Alteen, Assistant Deputy Minister
Neil King, MHA
Mayor Betty Fitzgerald

Purpose of Meeting:
• To discuss changes in the delivery of health services in Bonavista resulting from Budget 2016.

Background:
• On April 18, 2016, Eastern Health (EH) announced a number of cost-savings initiatives which will result in an annualized savings of approximately $19 million ($13 million for 2016-17).

• Representatives from the Town of Bonavista are seeking a meeting with the Minister of Health and Community Services (HCS) to discuss initiatives impacting their area, including the streamlining of X-ray services and the centralization of laundry services.

• In Bonavista, EH operates the following medical facilities:
  o Bonavista Peninsula Health Centre (BPHC): this medical facility has 10 acute care beds and provides primary acute care, emergency/OPD services and limited diagnostic services, i.e. Lab, X-ray.

Agenda item #1 (Issue #1) – X-ray services at BPHC
• EH will be eliminating the availability of call back X-ray services at the BPHC and standardizing the hours of operation from 8:00 am to 4:00 pm Monday to Friday.
Analysis

- Laboratory and X-ray services at the BPHC is provided by three (3) combined laboratory and X-ray technologist positions, one (1) X-ray technologist and one (1) lab technologist.

- There has been significant recruitment and retention challenges for combined laboratory and X-ray technologists at all rural EH sites, including Bonavista. This has resulted in after-hour services becoming unsustainable.

- While staffing is currently stable at Bonavista, EH has been experiencing budgetary issues related to the delivery of laboratory and X-ray services because many sites now have no combined laboratory and X-ray technologist positions. There are times when EH must hire one staff trained in laboratory and another trained in X-ray to fill a combined laboratory and X-ray technologist vacant position resulting is double the staffing cost.

- Effective May 9, 2016, EH has limited the hours of operation for X-ray services at the BPHC from 8:00 am to 4:00 pm Monday to Friday. Should X-ray services be required outside this timeframe, patients can access services at the Dr. G.B. Cross Memorial Hospital in Clarenville. Routine/non-urgent X-rays can be performed in Bonavista during regular business hours.

- In 2014, a total of 372 X-ray examinations (average of seven per week) were performed during callback afterhours. In 2015, a total of 299 examinations (average of six per week) were performed during callback after hours.

- When consulted, local physicians indicated that patients would infrequently require such a transfer for X-ray only. Physicians will make the appropriate clinical judgement as to whether or not the patient should be transferred for urgent X-ray examination or whether the X-ray can be performed the following morning.

- Patients who are acutely ill and require emergency X-ray services after hours would be transported by ambulance from Bonavista to Clarenville as their overall care would likely require the specialty services provided at Dr. G.B. Cross Memorial Hospital. The cost to transport patients requiring urgent acute care is currently incurred by the health care system.

- Patients requiring routine X-rays will not be transported by ambulance to Clarenville between 4 p.m. and 8 a.m. as provincial policy prevents the use of ambulance to transport routine/ non-urgent transfers after hours. Tests can be performed in Bonavista during regular working hours.

- EH anticipates savings of approximately $90,000 through this standardization of X-ray hours in Bonavista which includes savings associated with:
  o the elimination of afterhours X-ray callback services ($60,000); and
  o elimination of X-ray services between 4:00 p.m. to 8:00 p.m. Monday to Friday ($30,000).
Potential Speaking Points

- The change in the delivery of X-ray services at the BPHC is being undertaken by EH to ensure the delivery of stable, reliable, consistent and quality X-ray services to the community, focused on ensuring patient safety and standardization of access.

- This change is service delivery will not impact patient care.
- There will be no impacts on staffing at this site as the technologists will continue to provide service in Bonavista.

- EH does not anticipate additional costs incurred to transport patients to Clarenville for X-ray services only. The cost to transport such patients requiring urgent acute care is being incurred by the system.

- The change in the delivery of X-ray services has taken place at all rural sites in EH which has resulted in the alignment in the hour of operation for X-ray services.

- As Minister of Health and Community Services, I rely upon regional health authorities to directly operate the medical facilities within their region making evidenced-based decisions to meet patient needs while supporting a sustainable health care system.

Proposed Actions

- Eastern Health is working with their Emergency Services clinical chiefs to monitor and assess the impact of these changes on patients, and the quality of care provided, and will continue to work collaboratively with them to address identified issues.

Agenda item #2 (Issue #2) – Laundry Services

- EH is planning to centralize laundry services through Central Laundry in St. John’s which involves closure of laundry services in Bonavista, Burin and Placentia.

Analysis

- The provision of laundry services, including items such as linens and scrubs, varies throughout EH. In St. John’s, Clarenville and Carbonear, laundry is performed by staff at Central Laundry located in Pleasantville (St. John’s). Placentia, Burin and Bonavista currently operate individual laundry services. [Note: Laundry services in Carbonear (including Carbonear General Hospital, Harbour Lodge and Pentecostal Homes) was previously provided in Placentia but was amalgamated through Central Laundry in November 1, 2013].

- Central Laundry uses a new automated tunnel washer system that replaced older technology last year at a cost of $1.7M. This new system has increased capacity and operates in a more efficient manner. While the older technology also had capacity to expand to other sites, centralization was not supported at the time.

- Given the increased capacity and efficiency, EH announced on April 18th 2016 that they are planning to centralize services for Placentia, Burin and Bonavista through Central Laundry in St. John’s. This will be implemented by Fall 2016 and possibly as early as the end of June 2016.
• Personal laundry for long term care residents will continue to be provided in-house and the announced change will not impact this type of laundry service.

• Currently, 73.25 FTEs are employed with EH in laundry services. The following is a breakdown by location along with the FTE reductions associated with the centralization:

<table>
<thead>
<tr>
<th>Location</th>
<th>Current FTE Allocation</th>
<th>FTE Reductions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bonavista</td>
<td>4.0</td>
<td></td>
</tr>
</tbody>
</table>

While Central Laundry will be increasing workload, reductions will still be achieved through increased efficiencies, such as scheduling laundry from six to seven days a week. Previously EH used a night time shift using temporary call-in staff. EH determined it was more cost effective to use permanent staff over a seven day work week rather than using temporary call-in staff.

• Implementation will require EH to incur some one-time costs such as equipment (e.g., linen exchange carts) and increased inventory (e.g., linens, scrubs) which is estimated to cost a total of $225,000 (equipment - $100,000 and inventory - $125,000) to ensure all sites have ample supplies on hand between transports.

• EH has indicated that Central Laundry has the capacity to take over laundry services for the province. This model is be further evaluated.

Potential Speaking Points
• The Department supports cost savings initiatives, such as the centralization of laundry services, as it is vital in supporting a sustainable health care system.

• Changes in the provision of laundry services will not impact patient care.

• There will be no layoffs associated with the centralization of laundry services at EH.

Proposed Actions
• EH will monitor the delivery of laundry services to all sites within its region.
Meeting Note
Department of Health and Community Services
Meeting with Representatives from the Town of Bonavista
May 17, 2016 @ 5:30 p.m.
Executive Boardroom, Department of Health and Community Services

Attendees:
Mayor Betty Fitzgerald
MHA Neil King

Purpose of Meeting:
• To discuss changes in the delivery of health services in Bonavista resulting from Budget 2016.

Background:
• On April 18, 2016, Eastern Health announced a number of cost-savings initiatives which will result in an annualized savings of approximately $19 million ($13 million for 2016-17).

• Representatives from the Town of Bonavista are seeking with the Minister to discuss initiatives impacting their area, including the streamlining of x-ray services and centralization of laundry services.

• In Bonavista, Eastern Health operates the following medical facilities:
  o Bonavista Peninsula Health Centre: this medical facility has 10 acute care beds and provides primary acute care, emergency/OPD services and limited diagnostic services, i.e., Lab, x-ray.

Agenda item #1 (Issue #1) – X-ray services at Bonavista Peninsula Health Centre
• Eastern Health will be eliminating the availability of call back x-ray services at the Bonavista Peninsula Health Centre and standardizing limiting the hours of operation from 8:00 am to 4:00 pm Monday to Friday across all similar sites.

Analysis
• Laboratory and x-ray services at the Bonavista Peninsula Health Centre is provided by three (3) combined laboratory and x-ray technologist positions.

• There has been significant recruitment and retention challenges for combined laboratory and x-ray technologists at all rural Eastern Health sites, including Bonavista, that has resulted in after-hours service becoming unsustainable.
In addition to staffing challenges, Eastern Health has been experiencing budgetary issues related to delivery of laboratory and x-ray services as many sites now have no combined laboratory and x-ray technologist positions. While staffing is currently stable at Bonavista, there are times when Eastern Health must hire one staff trained in laboratory and another trained in x-ray to fill a combined laboratory and x-ray technologist position that is vacant resulting is double the staffing cost. Excessive call back costs also creates budgetary challenges for Eastern Health.

Effective May 9, 2016, Eastern Health has limited the hours of operation for x-ray services at the Bonavista Peninsula Health Centre from 8:00 am to 4:00 pm Monday to Friday. Should x-ray services be required outside this timeframe, patients can access this service at G.B. Cross Memorial Hospital in Clarenville. Routine/non-urgent x-rays can be performed in Bonavista during regular business hours.

In 2014, a total of 372 x-ray examinations (average of seven per week) were performed during callback afterhours. In 2015, a total of 299 examinations (average of six per week) were performed during callback after hours.

When consulted, local physicians indicated that patients would infrequently require such a transfer for X-ray only. Physicians will make the appropriate clinical judgement as to whether or not the patient should be transferred for urgent x-ray examination or whether the x-ray can be performed the following morning.

Patients who are acutely ill and require emergency x-ray services after hours would be transported by ambulance from Bonavista to Clarenville as their overall care would in all likelihood require the specialty services provided at Dr. G.B. Cross Memorial Hospital. The cost to transport such patients requiring urgent acute care are already being incurred by the system.

Patients requiring routine x-rays will not be transported by ambulance to Clarenville between 4 p.m. and 8 a.m. as provincial policy prevents the usage of ambulance to transport routine/non-urgent transfers after hours. These tests can be performed in Bonavista during regular working hours.

Eastern Health anticipates savings of approximately $90,000 through this standardization of x-ray hours in Bonavista which includes savings associated with:
- the elimination of afterhours x-ray callback services ($60,000); and
- elimination of x-ray services between 4:00 p.m. to 8:00 p.m. Monday to Friday ($30,000).

**Potential Speaking Points**
- The change in the delivery of x-ray services at the Bonavista Peninsula Health Centre is being undertaken by Eastern Health to ensure the delivery of stable, reliable and consistent, quality x-ray service to the community, focused on ensuring patient safety and standardization of access in these areas.
- This change is service delivery will not impact patient care.
- There will be no impacts on staffing at this site as the three combined laboratory and x-ray technologists will continue to provide service in Bonavista.
• Eastern Health does not anticipate additional costs incurred to transport patients to Clarenville for x-ray services only. The cost to transport such patients requiring urgent acute care are already being incurred by the system.

• The change in the delivery of x-ray services has taken place at all rural sites in Eastern Health which has resulted in the alignment in the hour of operation for x-ray services for all like facilities.

• As Minister of Health and Community Services, I rely upon regional health authorities to directly operate the medical facilities within their region making evidenced-based decisions to meet patient needs while supporting a sustainable health care system.

Proposed Actions
• Eastern Health will monitor x-ray usage at the Bonavista Peninsula Health Centre.

Agenda item #2 (Issue #2) – Laundry Services
• Eastern Health is planning to centralize laundry services through Central Laundry in St. John's which involves closure of laundry services in Bonavista, Burin and Placentia.

Analysis
• The provision of laundry services, including items such as linens and scrubs, varies throughout Eastern Health. In St. John's, Clarenville and Carbonear, laundry is performed by Central Laundry located in Pleasantville (St. John's). Placentia, Burin and Bonavista currently operates individual laundry services. [Note: Laundry services in Carbonear (including Carbonear General Hospital, Harbour Lodge and Pentecostal Homes) was previously provided by Placentia but was amalgamated through Central Laundry in November 1, 2013].

• Central Laundry uses a new automated tunnel washer system that replaced older technology last year at a cost of $1.7M. This new system has increased capacity and operates in a more efficient manner. While the older technology also had capacity to expand to other sites, centralization was not supported at the time.

• Given the increased capacity and efficiency, Eastern Health has announced April 18th 2016 that they are planning to centralize services for Placentia, Burin and Bonavista through Central Laundry in St. John's. This will be implemented by the Fall 2016 and possibly as early as the end of June 2016.

• Personal laundry for long term care residents are provided in-house. The announced change will not impact this type of laundry service at this time.

• Currently, a total of number 73.25 FTEs are employed with Eastern Health in laundry services. The following is a breakdown by location along with the FTE reductions associated with the centralization:

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• While Central Laundry will be increasing workload, reductions will still be achieved through increased efficiencies. Efficiencies will be attributed through initiatives, such as scheduling laundry from six days a week to seven a week. Previously EH used a night time shift using staff employed on a temporary call-in basis. Eastern Health determined it was more cost effective to use permanent staff over a seven day work week than using the temporary call-in staff.

• Implementation will require Eastern Health to incur some one-time costs such as equipment (e.g. linen exchange carts) and increased inventory which is estimated to cost a total of $225,000 (equipment - $100,000 and inventory - $125,000). This increased inventory is required to ensure all sites have ample supplies on hand between transports.

• Eastern Health has indicated that Central Laundry has the capacity to take over laundry services for the province. This model is be further evaluated.

Potential Speaking Points
• The Department supports cost savings initiatives, such as the centralization of laundry services, as it is vital in supporting a sustainable health care system.

• Changes in the provision of laundry services will not impact patient care.

• There will be no layoffs associated with the centralization of laundry services at Eastern Health.

Proposed Actions
• Eastern Health will monitor the delivery of laundry services to all sites within its region.
Ministerial Approval:
May 9, 2016

Prepared/Approved by: K. Nolan/A. Bridgeman/A. Batstone

non-responsive
NEW RECORDS HCS 097 2016
Looks good to me but defer to Paul on numbers

Sent from my BlackBerry 10 smartphone on the Bell network.

President of Bonavista Chamber was on CBC this morning speaking more so to the Budget in general, but she did reference laundry services. Our most current note from TRIM is below. We just want to confirm it is still current. Good to go?

Health and Community Services
Central Laundry
May 10, 2016

Summary:
As part of Budget 2016, Eastern Health will continue to centralize laundry services.

Key messages:
- Within Eastern Health, institutional laundry (linens, gowns, towels, etc.) from the majority of city sites, as well as from facilities in Carbonear and Clarenville is currently processed at Central Laundry in St. John’s.

- The current proposal will see the incorporation of institutional linens from other rural sites, including those on the Burin and Bonavista Peninsulas as well as Placentia, being processed at Central Laundry.

- Central Laundry currently processes approximately 20,000 lbs of linen per shift. This initiative will see an increase in volume of approximately 7,000 lbs per shift which is only marginally above half the available infrastructure capacity at Central Laundry which is about 50,000 lbs per shift.

- Eastern Health estimates that the savings from this initiative would be in the area of $600,000 annually once fully implemented.

- There will be no layoffs as a result of this initiative. All affected staff will be redeployed to other duties at their respective sites.
From: Williams, Tina (HCS)
To: Haggle, John; Clarke, Beverley; Tubrett, Denise; Batstone, Angela E.
Cc: Anderson, Alicia
Subject: FYI - EH media response on laundry
Date: Friday, May 20, 2016 1:39:32 PM

FYI – Eastern Health will provide this information to the Packet today as well.

Tina Williams
Director of Communications
Department of Health and Community Services
709-729-1377
tinawilliams@gov.nl.ca

Media:
The Packet, Jonathan Parsons

Context:
The reporter is looking for information on the consolidation of laundry services in Bonavista

Questions and responses:

1. I would like to better understand the cost-savings associated with trucking laundry from Bonavista to St. John's for cleaning. Are there any figures on how much this will save?

   Laundry Services currently provided in rural communities of Placentia, Burin and Bonavista will be consolidated in the Central Laundry site in St. John’s. Total projected savings for laundry consolidation is approximately $370,000. Projected savings for the Bonavista laundry alone is approximately $124,000.

2. Will Bonavista hospital need renovations for storage of linens?

   No.

3. Is there a risk of contamination while transporting the clean linens?

   Linen transport is done following strict infection control guidelines. Central Laundry has transported linens to other facilities like Dr. G.B. Cross Memorial Hospital in Clarenville for many years with no risk of contamination.

4. What are the time frames for the laundry process?

   This consolidation will be implemented by June 30, 2016. It will take the laundry coming from Bonavista between seven-eight hours roundtrip to be processed and returned.

5. Is it practical without spending more?
The long-term cost savings associated with this strategy outweigh any one time cost associated with implementing this consolidation.

6. **What happens during inclement weather?**

All sites will be stocked with extra linens during the winter season as a backup should delays due to weather occur. The transport company will be prepared to change their travel schedule and will travel one day earlier should it be deemed necessary due to pending poor weather conditions. The Bonavista laundry will continue to launder resident’s personal clothing and will be capable of laundering linens on site if delays are extended for a numbers of days. Extra relief staff will be scheduled to assist.

**In consultation and approved by:**
Brian Lambe
George Butt
Lynette Oates
Bev,

See attached for my comments. Do not believe that the full context of this has been considered yet.

L

-----Original Message-----
From: Clarke, Beverley
Sent: Monday, July 18, 2016 1:08 PM
To: Alteen, Larry <LarryAlteen@gov.nl.ca>
Subject: FW: BN on Rural X-Ray

Sorry Larry should have sent this to you as well.

Bev

-----Original Message-----
From: Clarke, Beverley
Sent: Monday, July 18, 2016 12:18 PM
To: Tubrett, Denise <dtubrett@gov.nl.ca>; Batstone, Angela E. <angelabatstone@gov.nl.ca>
Cc: Jewer, Michelle N. <MichelleJewer@gov.nl.ca>
Subject: FW: BN on Rural X-Ray

Denise and Angie, FY review and analysis.

Bev

-----Original Message-----
From: David Diamond [mailto:david.diamond@easternhealth.ca]
Sent: Thursday, July 14, 2016 1:19 PM
To: Clarke, Beverley <BeverleyClarke@gov.nl.ca>
Subject: FW: BN on Rural X-Ray

Bev ... for discussion.

Dave

David Diamond
President and Chief Executive Officer
Eastern Health
300 Prince Philip Drive
St. John's, NL A1B 3V6
Office: 709 777-1301

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DATE: 14 July 2016

TITLE: Review of changes to X-Ray services at Category B facilities in Eastern Health

ISSUE: Citizen and community concerns have escalated in Bonavista with respect to the reduction in after-hours coverage for x-ray services implemented throughout category B facilities. Eastern Health recently met with community stakeholders to hear their concerns, and has taken their feedback under advisement.

BACKGROUND AND CURRENT STATUS:

This briefing note references x-ray services provided on the following sites within Eastern Health:

- Bonavista

To ensure a more sustainable, standardized and cost-effective x-ray service model for category B sites Eastern Health implemented changes to the hours of operation and after-hours stand-by/callback x-ray coverage at category B facilities. Presentation and discussion was held on May 15, 2015 with Department of Health & Community Services staff prior to incorporation of this service level change into the budget submission for FY 2016/17, through which approval was received from Department of Health and Community Services to proceed with implementation. On May 9, 2016 the planned changes were implemented.

As a result of this change, scheduled x-ray services are now provided Monday to Friday from 8:00 am to 4:00 pm. After hours x-ray is provided when cross trained CLX are available if they are already called in for bloodwork, as there is no official x-ray stand-by service. Prior to implementation of the coverage, these sites operated with varying staffing models and hours of operation with standby and callback coverage provided after regular work hours, holidays, and weekends (see summary Table 1).

Since 2009 across the category B sites, Eastern Health has struggled to maintain the sustainability and stability of after-hours x-ray services as a result of HR recruitment and retention challenges.

Historically each of these rural sites has been staffed by a combination of combined laboratory/x-ray technologists (CLX), Medical Lab Technologists (MLT) and Medical Radiation Technologists (MRT). Utilizing personnel trained in both laboratory and x-ray has allowed for efficiencies in the provision of both services at these sites. The x-ray skills training program is a sixteen-month post-Medical Laboratory Technology Program, offered at the College of the North Atlantic for MLT students being sponsored by a regional health authority. Attempts to recruit MLTs to train through bursary offerings have met with limited success in the past, and the recent approval for salary continuance and signing bonuses has also failed to attract applicants.
Since implementation of these changes in May, community concern has been voiced in [redacted] and Bonavista. In response to the escalating pressure in Bonavista, the Chief Executive Officer and several Vice Presidents from Eastern Health met with concerned citizens, the physicians, and the Mayor and Council of Bonavista along with MHA Neil King to hear firsthand the concerns.

Citizens are fearful that the services that they may need in a health crisis are no longer available in their community. They do not consider the plan to transport patients urgently to Clarenville after hours when needed as an appropriate solution. Travel time and road conditions were cited in good weather, with major concern expressed about the winter travel conditions. Several people are living in the community with specific health needs that have previously resulted in emergency situations requiring urgent imaging to aid the physician in diagnosis. Citizens feel that this change is putting lives and quality of care at risk.

The physician group presented mixed feedback, with some suggesting that they are getting by with the change, while others feel that it has increased their medico-legal risk. Physicians cited several conditions which they have experienced locally (pneumothorax / dissecting aortic aneurysm) in which delayed diagnosis resulting from the time for travel to Clarenville may result in delayed treatment and poor patient outcome.

The MHA, Mayor and Council advocated for a return of the x-ray service. They are concerned about its possible negative impact on physician recruitment, and strongly represented that their community is living in fear of not receiving the care they need when they need it at their hospital.

ANALYSIS:

Projected RHA savings as a result of this budget mitigation totaled $172,000 (Table 2). Analysis of utilization over the first nine weeks projects a realized annual direct callback saving of $123,800.

During this same timeframe, 12 patients have required after-hours transportation to a category A facility for urgent x-ray exam. Annualized, this represents a projected 70 transfers annually. Offsetting costs associated with patient transport were not originally factored into the savings projection. Adjusting for the average travel time and distance, it is estimated that the cost to Eastern Health for patient transport, including nurse accompaniment, amounts to $672 per trip resulting in a projected annual cost of $47,040, reducing the overall projected net savings for Eastern Health to $76,760.

With specific focus on Bonavista using the above methodology, the projected net realized annual savings amounts to $24,240 compared to the anticipated target of $59,762.

The Canadian Association of Emergency Physicians (CAEP) has published "Recommendations for Management of Rural, Remote and Isolated Emergency Health Care Facilities in Canada" within which they outline a classification system for rural emergency facilities. Based on the identified criteria, our category B sites - Bonavista, [redacted] - fit the Level 4 definition based on operating acute care inpatient beds. However, they do not appear to be aligned with the definition for Level 3. Within the recommendations, the CAEP identify a one-hour good weather travel time threshold and 80-km distance threshold for "rural close" emergency facilities in a regionalized model (see Table 4). The recommendations identify that plain film radiography should be available in both level 3 and 4 facilities.

Current staffing levels are equivalent to the situation prior to the implemented change - no FTE reductions have taken place. Table 3 outlines our current staffing complement for each facility.

Deployment of supporting point of care ultrasound technology has been considered as an adjunct diagnostic tool for the Level 4 facilities. While this technology does have application and utility for soft tissue imaging in the Emergency Department, it does not serve as a replacement technology for plain film radiography and would not mitigate the current debate about patient transport due to limited access to service.

RECOMMENDATION:

Prepared for: Deputy Minister Clarke, Department of Health & Community Services
Prepared By: Kenneth Baird, Vice President
Approved By: David Diamond, Chief Executive Officer
Table 1: Hours of Operation – Category B Rural Sites prior to May 09, 2016

<table>
<thead>
<tr>
<th>Site</th>
<th>Staffed Hours Mon-Fri</th>
<th>Staffed Hours Sat-Sun</th>
<th>Callback Available</th>
<th>Skill Mix</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bonavista</td>
<td>8 a.m. to 8 p.m.</td>
<td>8 a.m. to 4 p.m.</td>
<td>Mon – Fri 8 p.m. to 8 a.m. Wkd – 4 p.m. to 8 a.m.</td>
<td>3 Combined Lab X-ray Techs, 1 X-ray Tech (X-ray tech covers 1/4 weekends, Combined tech covers 3/4)</td>
</tr>
</tbody>
</table>

Notes:
* Staff are not always available to work weekends (staff have worked too many shifts in succession, sick, etc.) in this case just callback coverage is supplied.
TABLE 2: CALLBACKS EXPENDITURES 2015/2016

<table>
<thead>
<tr>
<th>Site</th>
<th>FY15 Pre-Implementation</th>
<th>POST IMPLEMENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Average calls per Week</td>
<td>Associated Cost*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Projected Average</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Projected Associated</td>
</tr>
<tr>
<td></td>
<td></td>
<td>calls per Week</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cost*</td>
</tr>
<tr>
<td>Bonavista</td>
<td>6</td>
<td>$59,762</td>
</tr>
<tr>
<td></td>
<td>0.9</td>
<td>$7,264</td>
</tr>
</tbody>
</table>

*Annual Expenditures for callback vary based on utilization

TABLE 3: CURRENT HHR STATUS

<table>
<thead>
<tr>
<th>Site</th>
<th>Approved FTE</th>
<th>Vacant FTE</th>
<th>Current Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CLX</td>
<td>Combined</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>CLX</td>
<td></td>
</tr>
<tr>
<td>Bonavista</td>
<td>5</td>
<td>0</td>
<td>3 Combined,</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1 Lab Technologist,</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1 X-ray Technologist</td>
</tr>
</tbody>
</table>

TABLE 4: HUB SITES AND DISTANCES

<table>
<thead>
<tr>
<th>Site</th>
<th>Hub Site</th>
<th>Distance in Kilometers</th>
<th>Driving Time in Minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bonavista</td>
<td>Clareville</td>
<td>109</td>
<td>96</td>
</tr>
</tbody>
</table>

non-responsive