March 12, 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/024/2019]

On February 13, 2019, the Department of Health and Community Services (the Department) received your request for access to the following records:

“Any messaging or draft messaging prepared for the Department or Minister since January 1st, 2019. In addition, any benchmarks/status updates/lists outlining levels of completion of "The Way Forward" initiatives.”

I am pleased to inform you that a decision has been made by the Department to provide access to some 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):

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

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

**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.

Please be advised that additional messaging is located on the Government of Newfoundland and Labrador’s official website per the following: [https://www.releases.gov.nl.ca/r/2019/0/Health](https://www.releases.gov.nl.ca/r/2019/0/Health)

Please be advised that status updates for The Way Forward are posted regularly on the Government of Newfoundland and Labrador’s official website and can be found per the following: [https://www.gov.nl.ca/thewayforward/](https://www.gov.nl.ca/thewayforward/)

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
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,

Michael Cook
ATIPP Coordinator
/Enclosures
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).
Key Messages

Health and Community Services
Immunization with Tdap vaccine for all pregnant women in Newfoundland and Labrador.
January 8, 2019

Summary:
- Bordetella pertussis (pertussis) is a bacteria that causes whooping cough. Immunization for pertussis starts at age 2 months in Newfoundland and Labrador. Infants who have not been fully immunized against pertussis have high susceptibility for infection and are at highest risk for pertussis complications, including hospitalization and death. Immunization in pregnancy is safe and the aim of vaccinating all women in pregnancy with Tdap is to protect newborn infants in NL from severe outcomes of pertussis infection until they can receive the vaccine.

Key messages:
- The National Advisory Committee on Immunization released an Advisory Committee Statement in February 2018 and recommended immunization with Tdap in every pregnancy, ideally between 27-32 weeks and irrespective of Tdap immunization history. Vaccination can be given outside of this range depending on the maternal medical history and other extenuating circumstances.

- NL started a publicly funded immunization program January 1, 2019, in compliance with the NACI recommendations.

- The immunization program will be provided through public health nursing clinics. Primary care practitioners will be asked to refer pregnant women to Public Health.

Secondary messages:
- Tdap vaccine is safe to use in pregnancy.

Special messaging for pregnant women:
- Only you can give your baby protection against whooping cough before your little one is even born.

- Whooping cough (pertussis) is a serious disease that can be deadly for babies.

- Babies don’t get vaccinated and start building protection against whooping cough until they are two months old.

- Avoid this gap in protection by getting the whooping cough vaccine during the third trimester of your pregnancy. By doing so, you pass antibodies to your baby before birth. These antibodies help protect your baby in the first few months of life.
KEY MESSAGES:

- Addressing the recruitment and retention challenges in Happy Valley-Goose Bay requires collaboration from government, the employer as well as employees. In response to this issue, a tripartite committee was formed in October 2018 to explore and address nursing recruitment and retention issues at the Labrador Health Center in Happy Valley-Goose Bay.

- Committee members include key representatives from the Department of Health and Community Services, Labrador-Grenfell Health and the Registered Nurses’ Union of Newfoundland and Labrador.

- The committee is meeting regularly and is working together closely to identify short-term and long-term strategies to improve recruitment and retention of nurses at the Labrador Health Centre.

- Additionally, in January 2019, a working group comprised of Labrador-Grenfell Health registered nurses, managers and senior executive was formed under the direction of the tripartite committee. The working group is mandated to explore operational challenges related to RN recruitment and retention at the site. This working group will report back to the committee regularly.

- Through recent recruitment efforts four registered nurses have accepted positions and are in the process of relocation to Happy Valley-Goose Bay. Additionally, seven nursing students have recently completed placement in community clinics and some of these nurses have expressed an interest in working with Labrador-Grenfell Health post-graduation.

- The Department of Health and Community Services is aware of three permanent and three temporary vacant registered nurse positions at Labrador-Grenfell Health. Active recruitment strategies are ongoing to fill these positions.

- The Department of Health and Community Services is committed to working with Labrador-Grenfell Health and the Registered Nurses Union of Newfoundland and Labrador to improve recruitment and retention of registered nurses at the Labrador Health Center.

SECONDARY MESSAGING:

- The Department of Health and Community Services, the four regional health authorities and the Registered Nurses Union of Newfoundland and Labrador also collaborate on a provincial level to address system-wide nursing practice issues via the Senior Joint Quality Work Life Committee.
The Department of Health and Community Services Strategic Health Workforce Plan focuses on engaging a skilled workforce that is dedicated to the health and well-being of the people of the province. The plan identifies a framework built around five strategic directions that is designed to enhance the stability of the health workforce and improve services to the residents of the province.
Key Messages
Department of Health and Community Services
Improved Access for Transition-Related Surgery
February 12, 2019

Summary:
Existing Regulations require transgender individuals seeking transition-related surgery to undergo an assessment at the Centre for Addiction and Mental Health (CAMH) in Toronto. This issue, and the scope of what is covered by the Medical Care Plan (MCP), are of great concern to the local transgender community. These issues have been the subject of a Citizens Representative Complaint and a Human Rights Complaint.

Q. Why is the CAMH requirement still in place?
Q. Why does the Province not cover all necessary procedures?

Key messages:
• We recognize that the requirement to travel to CAMH in Toronto for a surgical readiness assessment has hindered access to these services.

• We are working with local medical providers, physicians and the transgender community to develop a local surgical assessment process.

• We are revising the list of transition-related surgeries covered by MCP to ensure that coverage is fair, adequate and sustainable.
Health and Community Services
Physician Recruitment and Retention
February 12, 2019

Summary:
As of March 31, 2018, there were 1231 physicians in the province - our highest number ever. The Canadian Institute for Health Information (CIHI) reports that in 2017 we had 255 physicians per 100,000 population; well above the Canadian average of 234 and the second highest among provinces, with Nova Scotia leading at 257. There are approximately 95 current vacancies in the province (68 specialist and 27 family medicine).

Q: Why are there so many physician vacancies?
Q: What is government doing to improve physician recruitment and retention?

Key Messages:
• While we do have difficult-to-fill physician vacancies, it is important to note that in our province the number of physicians per capita is well above the Canadian average and second only to Nova Scotia among all provinces.
• That said, we work closely with Regional Health Authorities (RHAs) to anticipate such vacancies and address them when they occur.
• Recruitment, particularly in rural and remote areas, is a complex issue requiring multiple strategies. Our strategies include:
  - Funded expansion of medical school class from 60 to 80 including residency positions;
  - Bursaries and training incentives for difficult-to-fill positions;
  - Retention bonuses for physicians working in rural areas;
  - Dedicated physicians recruiters in RHAs and the use of recruitment firms; and
  - Targeted recruitment of students and practicing physicians in Canada and abroad.
KEY MESSAGES:
As of December 31, 2018, 94 per cent of the recommendations are in progress or have been completed (17 per cent). All 36 recommendations are targeted to be implemented by Winter 2020.

Central Health implemented a new executive structure in January 2019 to support the changes that are occurring throughout the organization.

Staff are being engaged in the process, an essential factor for the success of these organizational changes.

SECONDARY MESSAGING:
• An Implementation Steering Committee is established and an action plan for implementation has been developed.
• The Steering Committee is providing regular updates to HCS on the progress.
• 13 recommendations are targeted to be completed by Spring 2019.

BACKGROUND INFORMATION:
The final report was received by HCS in May 2018. The review provided recommendations for improvements in the areas of Governance, Leadership, Clinical Management, Relationships, Succession Planning, and Community Engagement. 32 recommendations were identified for these areas, and an additional four recommendations were also presented which addressed operational and human resource issues at Central Health.
KEY MESSAGES:
Clients with Level I care needs continue to be placed in personal care homes. Clients who meet clinical and financial eligibility can receive a subsidy to assist with the cost of living in a personal care home.

Seniors have the right to choose the care options they are clinically and financially eligible to receive.

SECONDARY MESSAGING:
• Personal care homes are an important component of our health care system.
• Government must ensure that resources are available to clients in most need.
• The regional health authorities prioritize individuals for subsidy such that those with lower care needs may wait for a financial subsidy; the wait time for a subsidy for clients with low care needs is 2-3 months.

BACKGROUND INFORMATION:
• Individuals seeking placement in a personal care home must be clinically assessed by the regional health authority to determine if the person has care requirements that can be appropriately and safely met in that setting. Clients with Level I, II and Enhanced Care needs are suitable for placement in a personal care home.

• The Department of Health and Community Services is working with an external consultant to project the current and future need for personal care home services.

• As of December, 2018 there were 152 clients waiting for placement in a personal care homes, the vast majority of these clients are waiting for home of choice.
KEY MESSAGES:
Co-locating acute mental health services with other acute care health services will assist in reducing the stigma associated with mental illness. The selected location affords the best opportunity on the site to provide a “healing” environment.

The HSC and surrounding properties are currently susceptible to potential flooding in extreme weather events, however the additional infrastructure which will be put in place with construction of the new hospital will better protect the whole area.

We have made a commitment that there will be no disruption in Hostel services, and to that end, Eastern Health have recently issued a Request for Proposals seeking a private sector partner to provide Hostel services once the Agnes Cowan Hostel is torn down.

SECONDARY MESSAGING:
• Our investments in mental health and addictions to date have netted many positive results, such as the elimination of waitlists for mental health services in such places as on the Burin Peninsula and in HV-GB. The new mental health facility will be yet another positive step forward.
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s. 35(1)(g)