April 10, 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/061/2019]

On March 20, 2019, the Department of Health and Community Services (the Department) received your request for access to the following records:

“I am requesting copies of all correspondence (including emails, inter-department communication and correspondence to the health authorities) on Pathology, Pathology services, Pathologists and centralizing services (i.e. closing of Carbonear Pathology to centralize at HSC) since 2016. I would also like copies of notes and all other correspondence that took place at meetings between Carbonear General Hospital staff and the Department of Health, as well as Eastern Health and the Department of Health specifically relating to the closure of Carbonear Hospital Pathology Department since 2016. And finally, I would like all correspondence and records of complaints and disciplinary action that has been communicated to the Department of Health and Community Services by the health authorities with regards to any and all pathology services since 2016 Thank you for your time.”

On March 20, 2019, this request was refined to reference turn-around times in pathology, specifically the Carbonear Hospital.

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 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 pages 8-9 and 12-13 have been withheld as non-responsive and under s. 40(1).

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).
From: Haggie, John
To: Power, Colleen (HCS)
Subject: Fwd: pathology closing URGENT
Date: Friday, January 25, 2019 2:39:50 PM

John Haggie,
MHA for the District of Gander.
Via Mobile device

Begin forwarded message:

From: "Parsons, Pam" <PamParsons@gov.nl.ca>
Date: January 25, 2019 at 12:41:12 NST
To: "Haggie, John" <JohnHaggie@gov.nl.ca>
Cc: "Anderson, Alicia" <AliciaAnderson@gov.nl.ca>, "Ryan, Devon" <DevonRyan@gov.nl.ca>, "Anthony, Ivy" <IvyAnthony@gov.nl.ca>
Subject: Fwd: pathology closing URGENT

Hello Minister Haggie,
Please see the message from a constituent.
Please tell me this isn’t the case..
Will wait to hear from you.
Thanks,
Pam

Pam Parsons, MHA
Harbour Grace Port de Grave District
1 Excel Place, Bay Roberts, NL
709-786-1372

Begin forwarded message:

From: "Crocker, Steve" <SteveCrocker@gov.nl.ca>
Date: January 25, 2019 at 11:26:53 AM NST
To: [Redacted]
Cc: "Parsons, Pam" <PamParsons@gov.nl.ca>
Subject: Re: pathology closing

Hi [Redacted]

I am looking into it.

Steve
Sent from my iPhone

On Jan 25, 2019, at 11:09 AM, [Name] wrote:

Good Morning,

I am writing this letter expressing my concerns over the closing of the Pathology Lab at the Carbonear General Hospital. I was told this week that this section of the lab will close in the near future and services will be transferred to St.John's.

This movement of service will increase the turnaround time of cancer diagnosis from approximately 3 or 4 days up to possibly 6 weeks or more. This is a vital service for the areas of CBN and surrounding areas. I have been in contact with the mayors of both Hr.Grace and Carbonear. I have expressed my concerns over the loss of this service. I hope this issue will receive immediate consideration.

I look forward to discussing this issue further.

Thank you.
From: Power, Colleen (HCS)
To: Parsons, Pam
Subject: Pathology closing URGENT
Date: Monday, January 28, 2019 10:42:37 AM

On behalf of Minister Haggie, I would like to acknowledge receipt of your 25 January 2019 e-mail in relation to the above-noted matter.
MEDIA CALL REPORT

Date: February 19, 2019

Media: [Redacted]

Context:
Reporter says she has feedback from locals on her story about the Carbunar pathology department. One thing that has been brought up numerous times is the wait times for results. But looking at 2017 and 2018 aren’t comparable to what it was like when Carbunar had a fully functioning Pathology Department.

She would like the following information for the past decade span, from 2008 to 2018.

Questions:
1. Turnaround times (the average turnaround time, the quickest and the longest) at Carbunar General from when sample is taken to when results are available for doctor to give to patient.
2. Number of employees within the Department of Pathology at Carbunar Hospital and a breakdown of their roles.
3. The roles of the two employees currently (or most recently) employed in the Carbunar Pathology Department, including job duties and descriptions.

Response Delivered:
Please see below turnaround times for pathology test results at the Carbunar General Hospital from 2013 to 2018. Data is unavailable prior to 2013 and in the level of detail requested.

<table>
<thead>
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</tr>
</thead>
<tbody>
<tr>
<td>CARBUNAR PATH</td>
<td>24.2</td>
<td>23</td>
<td>57.8</td>
<td>20.4</td>
<td>21.9</td>
<td>N/A</td>
<td>17.2</td>
<td>17.8</td>
<td>9.6</td>
<td>7.6</td>
<td>17.2</td>
<td>17</td>
<td>6.7</td>
<td>4.3</td>
<td>5.1</td>
<td>8.1</td>
<td>30.6</td>
</tr>
</tbody>
</table>

Please note that these numbers represent both urgent and routine testing. Urgent testing turnaround times would be shorter. It is important to note that these turnaround times meet the appropriate clinical cut-off requirements ensuring the reports are available for patients’ follow-up appointments.

An increase in turnaround times can be seen when the Carbunar pathologist went on leave and the work from Carbunar was moved into St. John’s without additional resources. Now that the pathology service is being permanently moved into St. John’s, an additional pathologist will be hired and as a result, we expect turnaround times to decrease correspondingly. The decision to relocate the pathologist position to St. John’s is in line with the Can-Canadian Quality Assurance Recommendations for Interpretive Pathology, November 2016, which states that pathologists should not work in isolation. Their offices should ideally be located in close proximity to other colleagues to facilitate the sharing of cases and inter-professional communication, where possible. In addition, as a result of the transfer of service to St. John’s, the quality of reports has been enhanced since results are being generated by pathologists who specialize in specific areas.

There had always been three employees in pathology at Carbunar General Hospital: a pathologist, a medical laboratory technologist (MLT) and a secretary. The pathologist presided over interpretation of tissue and other bodily fluids to determine the condition of a patient’s health. The secretary supported the pathologist and mailed reports. The MLT handled the specimens and prepared them for the pathologist’s review.

In consultation and approved by:
Corey Murray
Dr. Nash Danse
Ken Beard
Ron Johnson
Lynnette Oates
Background Information

- Eastern Health (EH) includes the Avalon Peninsula, west to Port Blandford (inclusive) and includes the Burin and Bonavista Peninsulas.

- The following medical facilities are located in the Carbonear area:
  
  **Carbonear General Hospital (CGH), Carbonear**
  This acute care facility currently staffs 72-beds and provides primary and secondary services including: General Surgery, Medicine, Outpatient Clinics, Emergency Department, Blood Collection, Lab Services, Diagnostic Imaging, X-ray Services and Satellite Dialysis. The following is a breakdown of the current bed complement: Medicine (48), Surgery (8), Intensive Care (6) and OBS (10). For fiscal year 2016-17, the occupancy rate was 81%. For the same time period, there were 179 births and 5,214 surgeries (433 inpatient and 4,781 day surgeries).

  **Carbonear Long Term Care (LTC) Home - Pte. Josiah Squibb Memorial Pavilion**
  This 228-bed facility is located adjacent to CGH. This four-story residence includes space for bariatric care, recreation therapy, complex care, physiotherapy, occupational therapy and spiritual care. There are also standout services for dementia patients, including a modern protective care unit, wander guard unit and dementia garden. Residents have access to a mixture of bedroom types, including private, semi-private and double rooms that are larger to accommodate those who wish to share. The facility opened in September 2016 (200 beds). In May 2018, an additional 28 beds opened. There are five people wait listed for placement one of whom one is currently in acute care.

  **Grace Centre**
  This is a provincial inpatient addictions treatment centre located in Harbour Grace for male and female adults aged 18 years and older. It is a voluntary program for individuals who require a more intensive, structured program than can be provided on an outpatient basis.

- Community Health Services are offered in Harbour Grace (Population & Public Health, Community Supports, Mental Health & Addictions, Intervention Services, and Child Health) and Bay Roberts (Population & Public Health, Community Supports, Mental Health & Addictions and Intervention Services).

- Officials from EH met with representatives from the towns of Carbonear and Harbour Grace on February 15, 2019 to discuss local concerns including the elimination of pathology services at CGH. (see Annexes A and B)
Potential Issues
Pathology Services

- Historically, EH offered a solo practice general pathology service at CGH. In the summer of 2016, [Redacted]  

- In order to assure the continuity of a pathology service for the site, all surgical specimens (biopsies and organ resections) were transferred to the HSC for assessment and reporting. Certain sections of the pathology service ( accessioning, sampling and processing of the small specimens) were retained at CGH because they could be performed by the technologist without oversight by a pathologist. The large and complex specimens and the previously processed small specimens (biopsies) were sent to the HSC for processing and reporting by the pathologists there, as these cases required the expertise of a pathologist or highly trained pathology assistant.

- [Redacted]  

At this time, a decision was made to move the entire pathology service to HSC, however the associated positions remained at CGH.

- [Redacted]

EH reviewed the long-term viability of sustaining a solo practice general pathology service at CGH.

- The decision to relocate the pathologist position to St. John’s is in line with the Pan-Canadian Quality Assurance Recommendations for Interpretive Pathology, November 2016, which states that pathologists should not work in isolation. Their offices should ideally be located in close proximity to other colleagues to facilitate the sharing of cases and inter-professional communication, where possible.

- Now that the pathology service is being permanently moved into St. John’s, an additional pathologist will be hired. Recruitment is ongoing for pathologist positions, and EH has successfully recruited six additional pathologists over the past 2 to 3 years.

- EH acknowledge that the average turn-around time (TAT) for routine CGH specimens has increased.
• However, current urgent and routine TATs are equivalent with all other pathology specimens at HSC and Clarenville. All specimens are processed based on timelines necessary for reporting (urgent and routine) driven by the clinical request. These turnaround times meet the requirements for appropriate and timely clinical care, ensuring the reports are available for patients’ follow-up appointments.

  s. 40(1)

• There are two pathologist positions in G.B. Cross Hospital in Clarenville (one position is vacant; however, recruitment is ongoing). Clarenville completes pathology services for the Clarenville area and the Burin Peninsula. Any overflow work while there is a vacancy would be transported to St. John’s.
Annex A – Questions from the Towns of Carbonear and Harbour Grace

Eastern Health Meeting
Friday, February 15, 2019 @ 1:30 pm
Long Term Care Facility Boardroom

Questions/concerns:

Pathology

Will the absence of pathologists at Carbonear General Hospital have an impact on general surgery procedures offered now?

NTV reported there would be no processing delays. What are the time frames for pathology reports from last year compared to 5 years ago?

It is understood that there are situations where a surgeon requires frozen sections and is it true that some specimens have to be processed immediately after surgery for results to be valid? Will this impact patient care?

If pathology is completed in St. John’s, who ensures the specimens are properly prepared for transport and in the condition required for analysis?

If a pathologist is on site, should this lead to quicker decisions? For example, how many pathologists are in Clarenville and Burin? How does their numbers of specimens and procedures compare to the Carbonear General Hospital?
How many pathologists are in St. John’s now and have any been hired? Will more be required to complete the pathology work in St. John’s if pathology is eliminated in Carbonear or has this decision already been made? If so, who makes that decision and can it be reversed? Appealed?

Was there interest by another pathologist in working in Carbonear?

Was there any consultation with the surgeons at our hospital before this decision was made?

Was there specific data used to make this decision?

If a specific piece of equipment was no longer operational in Carbonear, would this not be replaced and affected patients sent to St. John’s? This appears to be the trend residents are seeing which is affecting their faith and confidence in our hospital.

As a surgeon if you were seeking employment at a hospital, would you prefer to go to one who has a pathologist?

Also, as a patient, would you prefer to go to a hospital with a pathologist?

Are Eastern Health open to having an open meeting with concerned citizens? Why was public consultation not
March 1, 2019

Towns of Carbonar and Harbour Grace
C/O PO Box 999
256 Water Street
Carbonar NL A1Y 1C5

Dear Mayor Butt and Mayor Coombs:

We would like to thank you for the opportunity to meet on February 15, 2019 to discuss the concerns that you had over the recent challenges that we have faced. There were some key points from that meeting that we promised to provide to you a timely response.

First of all, much of our discussion centered on the change in pathology services. Please see attached report labeled Carbonar Pathology Service.

Another focus of the meeting was regarding the recent surgical diversion due to a gap in coverage for anesthesia. Anesthesia locum coverage has been secured for short term stabilization of the department at the Carbonar General Hospital. To ensure future stabilization, Eastern Health supports moving to a four physician anesthesia department from its current compliment of three. Eastern Health is currently preparing the business case for consideration to the Department of Health & Community Services. While it wasn’t a discussion at the meeting, we would like to update you regarding our internal medicine coverage. We have been successful in recruiting the third internal medicine physician with a fourth physician for this service coming in the summer.

A separate meeting was held February 27, 2019 between Eastern Health Executive and local Family Practice physicians to discuss short- and long-term solutions to address physician shortages and related concerns regarding primary care gaps. It was decided to form a small Family Practice Liaison Group which would support ongoing communication and collaboration. Immediate actions include posting an Expression of Interest which would enable community physicians to be supported in their clinics by Eastern Health salaried physicians and nurse practitioners, addressing issues related to patient care and clinic overhead. As well, Eastern Health committed support to the recruitment of locum physicians and provision of housing during short term locums. Eastern Health will also work with MUN Medical School and Division of Family Practice to strengthen the liaison and build Carbonar as an academic centre to onboard new physician graduates to work in the local area. Finally, Eastern Health plans to expand the hospitalist service to provide regular family practice clinics at Carbonar General Hospital to provide care for patients who currently do not have a family doctor.
We also propose the weekend of April 13th for a planning day workshop. In order to make the workshop effective we are looking to develop a planning team to include representatives from Eastern Health Medical Services, NL Medical Association (NLMA), College of Physicians and Surgeons of NL (CPSNL), Department of Health and Community Services (DHCS), local physicians and representatives from the municipal joint counsel. We have reached out to the NLMA to seek recommendations around facilitators to assist us with the workshop. This will be an excellent opportunity to determine how we can partner to ensure optimal services to our town.

Eastern Health remains committed to a Public Meeting to discuss Pathology and other issues of concern with the Town of Carbonear and/or Harbour Grace. Please provide potential dates at your earliest convenience.

Sincerely,

Ron Johnson,
Vice President, Information Services and Rural Health
Eastern Health

Attachments

cc  Cynthia Davis, CAO, Carbonear
     Ray Noel, Councillor
     Chris O'Grady, Councillor
     Danielle Doyle, Councillor
     Victor Jenkins, Councillor
     Amanda Hulan, Councillor
     David Kennedy, Councillor
Carbonear General Hospital Pathology Service

The Health Sciences Centre (HSC) in St. John’s is the major tertiary care site within the province, and as such, many specialty services are provided at this site. Subspecialty pathology consultative services for the entire province are provided at the HSC, and for several years, all cytology specimens (such as pap smears) for the Eastern Health (EH) region and Labrador have been processed and reported at the HSC. Over the years, the pathology service at the HSC has also provided support to the EH laboratories located in Clarenville and Carbonear for vacation coverage, medical leaves and/or vacancies in local pathologist positions.

In the summer of 2016, in order to assure the continuity of a pathology service for the site, all surgical specimens (biopsies and organ resections) were transferred to the HSC for assessment and reporting.

The entire surgical pathology operation in CGH includes accessioning, tissue processing, and reporting of surgical specimens. Initially, certain sections of the pathology service (accessioning, sampling and processing of the small specimens) were retained at CGH because they could be performed by the technologist without oversight by a pathologist. The large and complex specimens and the previously processed small specimens (biopsies) were sent to the HSC for processing and reporting by the pathologists there, as these cases required the expertise of a pathologist or highly trained pathology assistant.

At this time, a decision was made to move the entire pathology service to HSC, however the associated positions remained at CGH.

Eastern Health reviewed the long-term viability of sustaining a solo practice general pathology service at CGH. There were a number of advantages associated with transferring the service to HSC, including:

1. Oncologists and other treating physicians welcomed this service initiative which resulted in improvement of overall patient care.
2. The HSC pathology department consists of 15 anatomical pathologists (13 FTEs) and generally provides subspecialty-oriented practice such as: breast pathology, gastrointestinal pathology, skin pathology, genitourinary pathology, ear-nose-throat, etc. which covers the scope of surgical practice needs at the CGH.
3. Enhanced quality of tissue processing, grossing and reporting, and utilizing the modern standards of diagnostic reporting.
4. The pathologists reporting Carbonear cases can avail of second opinions, from both within and outside the department, as cases can be presented to other clinicians by the means of pathology rounds and tumor boards.
5. All cases, including those from Carbonear, are subject to ongoing quality assurance initiatives and peer review activities, which could not be achieved with a single technologist and pathologist.
6. The decision to relocate the pathologist position to St. John’s is in line with the Pan-Canadian Quality Assurance Recommendations for Interpretive Pathology, November 2016, which states that pathologists should not work in isolation. Their offices should ideally be located in close proximity to other colleagues to facilitate the sharing of cases and inter-professional communication, where possible.
7. The clinicians from CGH can easily reach and discuss cases with the signing pathologist in the same manner as would be done locally.

8. The surgical specimens from CGH are processed daily along with the other specimens from St. John’s hospital sites, resulting in comparable turn around times for all surgical pathology specimens.

9. There is a higher likelihood of success recruiting into a group pathology environment compared to a solo practice.

Eastern Health also considered the following:

1. We are presently transferring to the city those specimens that require special testing that is only provided in St. John’s. There is a daily courier service which transfers these specimens (blood and urine) from Carbnodear to St. John’s.

2. It is acknowledged that the average turn-around time (TAT) for routine CGH specimens has increased when services are provided from St. John’s, compared to local on-site service provision (See Table 1).

<table>
<thead>
<tr>
<th>TABLE 1: TURN AROUND TIMES BY QUARTER</th>
<th>Pathology Service provided from St. John’s</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1 Q2 Q4 Q3 Q1 Q2 Q4 Q3 Q1 Q4 Q3 Q2 Q1</td>
<td>2012-13 2011-12 2010-11</td>
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<tr>
<td>24.2 21.0 17.3 20.4 21.9 7.4 17.2 17.8 9.6 7.6 17.2 17.0 6.7 4.3 10.6</td>
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<tr>
<td>2013-14 Q4 Q3 Q2 Q1</td>
<td></td>
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<tr>
<td>5.8 6.1 4.8 6.3 4.3 7.7 4.0 3.6 3.7 4.0 4.6 3.8 4.0</td>
<td></td>
</tr>
</tbody>
</table>

3. Current urgent and routine TATs are equivalent with all other pathology specimens at HSC and Clareville (see Table 2). All specimens are processed based on timelines necessary for reporting (urgent and routine) driven by the clinical request. Urgent testing turnaround times are shorter. It is important to note that these turnarounds meet the requirements for appropriate and timely clinical care, ensuring the reports are available for patients’ follow-up appointments.

<table>
<thead>
<tr>
<th>TABLE 2: SPECIMEN VOLUME / AVERAGE REPORT TURN AROUND TIMES BY PRIORITY</th>
<th>Jan-Dec 2018</th>
<th>Jan-Dec 2017</th>
<th>Jan-Dec 2016</th>
<th>Jan-Dec 2015</th>
</tr>
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<tbody>
<tr>
<td>LIS Data</td>
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<tr>
<td>HSC Adult</td>
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<tr>
<td>Urgent</td>
<td>3,397</td>
<td>6.7</td>
<td>5,032</td>
<td>8.0</td>
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<tr>
<td>Routine</td>
<td>28,873</td>
<td>23.3</td>
<td>28,365</td>
<td>25.0</td>
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<tr>
<td>Carbnodear</td>
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<tr>
<td>Urgent</td>
<td>287</td>
<td>7.8</td>
<td>266</td>
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<tr>
<td>Routine</td>
<td>3,483</td>
<td>21</td>
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<td>Clareville / Burin</td>
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<tr>
<td>Urgent</td>
<td>171</td>
<td>7.4</td>
<td>152</td>
<td>5.1</td>
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<tr>
<td>Routine</td>
<td>5,055</td>
<td>11.8</td>
<td>4,820</td>
<td>12.1</td>
</tr>
</tbody>
</table>

4. Intraoperative consultations (frozen section service) have been exceptionally rare in Carbnodear ranging from 0 to 1-2 a year. Current surgical practice in Carbnodear doesn’t require
intraoperative consultations. Other clinical modality, such as radiological imaging is replacing the intraoperative consultations.

Turnaround times are affected by the workload volume received, and staffing levels (technical and medical). Now that the pathology service is being permanently moved into St. John's, an additional pathologist will be hired and as a result, we expect turnaround times for specimens to decrease correspondingly. Recruitment is ongoing for pathologist positions, and Eastern Health has successfully recruited six additional pathologists over the past 2 to 3 years.

All work is in support of providing the best possible patient care to the people of the Carbonar area.

Prepared by:

Dr. Nebojsa Denic
Clinical Chief, Pathology and Laboratory Medicine

Corey Murray
Regional Program Director, Pathology and Laboratory Medicine

Kenneth Baird
Vice President, Clinical Support Services

01 March 2019