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**DRAFT**  
**Communications Plan**  
**Department of Health and Community Services**

<b><u>Consulted with:</u></b> D. Keats, HCS R. Thompson	<b><u>Date:</u></b> February 27, 2008 Revised: March 16, 2008	<b><u>Announcements:</u></b>
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**Issue:**

- Start of public hearings of the Commission of Inquiry on Hormone Receptor Testing on March 18, 2008
- Comments by NLMA Executive Director in the Telegram, March 15, 2008

**COMMUNICATIONS ANALYSIS****Public Environment**

- Issues related to health care have been prominent for the past several months, with ongoing attention by the media, general public, the Opposition and stakeholder groups.
- The most prominent issue that has created significant media and public attention are problems identified with Estrogen/Progesterone breast cancer testing (ER/PR). Public confidence in the health care system has most certainly been impacted.
- With public hearings of the Commission of Inquiry slated to begin on March 18, attention paid by the public, media and others will intensify.
- On Nightline on March 16, the host read comments by a patient impacted by the flawed ER/PR testing. This patient will testify during the first week of hearings and says she was probably put on the roster early because her life expectancy is limited and she may not have the opportunity to provide her comments otherwise.
- On Saturday, March 15, 2008, a front-page story in the Telegram featured comments by the executive director of the NLMA, Rob Ritter. A letter to the editor by Ritter was also printed in Saturday's paper. Highlights of his comments:
  - NLMA calling for sweeping investigation of health care system
  - Ritter said problem with ER/PR lab not an isolated incident
  - Ritter says a separate inquiry needed on where we are on all services
  - Says problems in retention of physicians are based far less on money and more on stress factors and fear of being in a precarious situation
  - Ritter: "How are we spending our money? Why are we waiting for crises and then throwing money at them, like we are with the buildings now, or are we trying to save nickels and dimes by cutting down on operations?"
  - The article also referenced the Maung report completed for this department in relation to decisions made on increased compensation for pathologists. The report, submitted (check date), references the challenges related to work load of pathologists, along with other matters.
- This concern with workload of pathologists is echoed in a Globe and Mail story on March 16, 2008: Hospital labs need major fix. President of the Canadian Association of Pathologists said the problems experienced in this province and in New Brunswick, where authorities announced last month an inquiry and review of 24,000 pathology tests would take place, reflect systemic problems across the country. This will raise questions on the compensation provided to pathologists, their workloads and perhaps how other lab testing may have been

impacted.

- Another Globe story on March 15 focused on four patients and how the problems with ER/PR testing have impacted them.
- Public confidence in the health care system may also have been impacted in recent weeks with questions being raised as to government's investment in hospital equipment and health infrastructure, the lack of sprinkler systems in some health facilities, and the "crumbling state" of the province's health facilities. Intense media coverage occurred during the weeks of March 3 and March 10, with attention as well in the opening week of the sitting of the House of Assembly.
- On February 22, 2008, the Minister of HCS held a news conference to announce a \$2.3 million investment to strengthen the health care system and to release further results from the ER/PR database being compiled by the Newfoundland and Labrador Centre for Health Information. Data changes occurred from previously reported information, see excerpt from news release below:
  - In May 2007, Eastern Health had reported that the total number of patients re-tested was 939 and of those patients, 176 were deceased by late 2006. The data compiled by NLCHI now shows that, overall, 1,013 patients have been re-tested and of those, 293 were deceased by late 2006. The number of deceased as of late 2007 is 322. In addition, it has been determined that for 44 patients, there is no documentation to verify that they were ever contacted. Of those, nine are now deceased and contact with the remaining 35 is in progress.
- Comments by media and callers to radio call-in shows included that the change in numbers with respect to ER/PR data raised questions as to whether or not the most recent data can be trusted at all. One question asked multiple times by media was the number of deceased patients whose ER/PR test results changed. At the time of the news conference, that information was not available and had not been extracted from the database.
- Media attention during January and February 2008 focused on Eastern Health's court application to keep the documentation related to a peer review process conducted in 2005 and 2006 from being made public. The court decided in mid-February that the reports completed did not qualify strictly as peer reviews and could be made public by the Commission if it wished.
  - Comments by the general public to radio call-in shows in particular questioned why Eastern Health was trying to "cover up" this information.
- In November 2007, it came to light that flawed record keeping at Eastern Health resulted in inaccurate public reporting of the number of tests which were sent to Mt. Sinai for re-testing. In addition, it was discovered that some patients may have been re-tested but were never notified of the results. As well, it was learned that some samples that should have been re-tested were not. The Minister of Health and Community Services made this announcement and while it did receive significant media attention, it did not get the broad and lengthy coverage seen in May 2007 (see below).
- In May 2007, it was discovered that Eastern Health withheld information from the media during the December 2006 news conference. The issue was brought to a national level in the media and dominated Question Period in the House of Assembly during the Spring of 2007.
- Opposition leader Gerry Reid and NDP leader Lorraine Michael linked the errors in testing with the reorganization of the health boards and the creation of what they have called four 'superboards'.

- In the 2007 spring sitting of the house, the Opposition called for the resignation of the current health minister and questioned the role of past health ministers in relation to ER/PR.
- Around the time the problems related to ER/PR testing became public, NAPE issued a news release calling on the Provincial Government to undertake an independent review of the health care authorities, stating that they are too large and have become "impossible to manage."
- The Provincial Government established a commission of inquiry into the issues around ER/PR testing and a Taskforce on Adverse Health Events. The commission began its work in July 2007 and is being led by Justice Margaret Cameron.
- In addition, many patients impacted by incorrect results of ER/PR testing have secured legal counsel and become part of pending class action lawsuits. Media coverage of this aspect of the issue included interviews in local papers with lawyer Richard Rogers, brother of Gerri Rogers, who is one of the patients involved in the class action and is high profile in the community and province as a breast cancer survivor.

### **Strategic Considerations**

- The Cameron inquiry and pending class actions will keep the issues associated with ER/PR front and center in the public domain in 2008.
- Public hearings for the Commission of Inquiry will begin March 18, 2008. The hearings are open to the public, will also be webcast on the Commission's website ([www.cihrt.nl.ca](http://www.cihrt.nl.ca)) and transcripts will be available on the website after 8:00 p.m. each day.
- Daily media coverage of the hearings is certain, increasing the intensity of the focus of the public, health care professionals, radio call-in shows and others on the issues related to ER/PR re-testing.
- The first week will see testimony by patients. Undoubtedly, their stories will be very compelling and poignant.
- It is also expected that while the Commission will focus on the problems experienced with ER/PR testing, as is its mandate, it is likely other/related concerns with the health care system will be raised during the course of the public hearings especially.
- It is recommended that the department/Minister not respond specifically to daily activities/testimony at the Commission's public hearings but to rather respond generally, as necessary, to reinforce the government's commitment in establishing the Commission, its hope that answers to questions on ER/PR testing will be secured through the Commission process, its recognition of the impacts on patients and their loved ones, and its anticipation of the report and recommendations of Commissioner Cameron.
- It must be noted that there will, however, be occasions where testimony at/related to the public hearings may raise questions concerning the safety of current health services and programs. Such occurrences will likely require specific response by the Minister to help ensure public confidence in the system is not further eroded. These situations will be assessed individually.
- Nervousness has no doubt been created in the public with respect to safety for patients and the management of health care. This nervousness has been reinforced by public comment by doctors, nurses, the NLNU, and most recently on March 15 with comments by NLMA executive director Rob Ritter (see notes above).
- A response to comments by Ritter must be considered carefully. The minister/department should not appear to be too defensive but must also offer reassurance to the public and

combat Ritter's comments that the problem experienced with ER/PR testing is not an isolated occurrence. The minister will surely be questioned on this during the next question period of the House of Assembly.

- Communications activities related to ER/PR testing and the Commission of Inquiry must be done in concert with strong, strategic communications on the department's successful implementation of initiatives and new commitments and investments, with a primary goal being the rebuilding of confidence in the health care system. Specific attention will be paid to highlighting the good things that are happening each and every day in health care, using opportunities such as speaking engagements, media interviews, news releases, and news events. Some examples of recent activities include a news release by the department on Operation Tooth, an address by the minister to the Rotary Club of St. John's East and regional media interviews on funding by the province for insulin pumps for children. Communications Directors of the Regional Health Authorities have also been asked to be strategic in highlighting good news items and to coordinate such activity with the department.
- A news release is scheduled for release on March 18, 2008 from the department. It will provide an answer to the question posed by multiple media at the February 22 news conference on the number of deceased patients whose test results converted, while also clarifying the role of the Commission (as requested by the Commission as it felt the minister had made comments at the February 22 news conference that misrepresented its role), and referencing the work of the task force on adverse health events. Questions will likely arise again as to why this data on test conversions was not previously available and the timing of the release will also be scrutinized, going out the morning of the day of the start of the Commission hearings.
- Also, questions around workload and compensation of pathologists will likely be raised in connection with recent coverage by the Globe and Mail (see notes above).

## **Target Audiences**

### *Internal*

- Employees, Department of Health and Community Services
- Premier's Office
- Cabinet Secretariat
- Cabinet ministers and government MHAs

### *External*

- Patients and their families impacted by ER/PR testing problems
- All those with standing at the Commission of Inquiry
- Residents of Newfoundland and Labrador
- Regional Health Authorities and staff
- Newfoundland and Labrador Health Boards Association
- Professional Associations – NLMA, ARNNL, NLASW
- Canadian Cancer Society of Newfoundland and Labrador
- Unions – CUPE, NAPE, NLNU, AAHP
- All health-related stakeholders
- Media – local, provincial, national
- Opposition

**Communications Objectives:**

- To promote the Provincial Government's commitment to getting answers as to why problems occurred with ER/PR testing from 1998 through 2005.
- To reiterate that the province established the Commission of Inquiry because of its concern with the problems related to ER/PR testing and for the patients and their families who were impacted.
- To restore public confidence in the health care system through strong, strategic communications on the department's successful implementation of initiatives and new commitments and investments.
- To balance and mitigate criticism and negative feedback that will undoubtedly be created with the high profile nature of the Cameron inquiry.
- To reinforce the record of this government's investments in health care.

**COMMUNICATIONS STRATEGY****Key Messages – The Commission of Inquiry**

- I am very pleased that the public hearings for the Commission of Inquiry are underway.
- It is crucial that patients, families and the people of this province understand what happened with respect to the problems experienced with hormone receptor testing and that is why our government created this Commission.
- On behalf of our government, I reiterate our unwavering commitment to a transparent and thorough process as we work to gain an understanding of exactly what happened with respect to hormone receptor testing.
- The impact of the problems with this testing on the lives of individuals and families is never far from my mind. I look forward to the answers the work of the Commission will provide for them, for the people of this province, and for our government.

**Key Messages – Comments by NLMA Executive Director**

- The comments of Mr. Ritter are surprising, given that they are coming now many months after our government announced the Commission of Inquiry into Hormone Receptor Testing.
- Neither the NLMA nor Mr. Ritter have ever communicated to me the need for an investigation of all aspects of the health care system.
- Every day physicians are positively impacting the lives of their patients and enhancing the wellbeing of the people of this province – and within a health care system that is being strengthened with an unprecedented level of funding.
- Any concerns raised about the delivery of health services and programs to the people of this province are treated very seriously and examined thoroughly. This was the case with the problems with ER/PR testing. Our diligence is reflected in our government's actions in appointing the Commission of Inquiry on Hormone Receptor Testing and the Task Force on Adverse Health Events.
- While our government takes very seriously the problems experienced with hormone receptor testing and have committed to ensuring we get the answers to why those problems happened, it would be unfortunate to let this overshadow the many good things that are happening every day as skilled and dedicated people all over Newfoundland and Labrador deliver quality health services and programs.

**Key Messages – Pathologists**

- Salaries for pathologists in this province are very competitive with those offered in the Maritimes, and we compete reasonably as well with other parts of Canada. In 2007 in fact we added a stipend ranging from \$50,000 to \$60,000 to pathologists' salaries which was a significant increase.
- While we recognize that other factors influence recruitment and retention, remuneration is certainly an important consideration.

**Background**

As of late December 2007, there were 3 vacancies in Eastern Health in Pathology. The total number of pathology positions within Eastern Health is 21.

**Key Messages – General**

- Our government is building on a record of strategic health care investments that are working to enhance the health and well-being of all Newfoundlanders and Labradorians.
- Over the past four years, we increased the annual health care budget by \$558 million and improved access to health care services by enhancing coverage of prescription drugs, investing in new technologies and reducing wait times.
- We have increased the overall budget for health care in each of the last three budgets, with a current budget of \$2.2 billion.
- Our vision is that of a health care system that is responsive and accountable to the people of Newfoundland and Labrador, while providing quality care and services now and for future generations.
- Through strategic investments, our government has furthered its commitments to reduce the waiting times for diagnostic and treatment procedures and place diagnostic and treatment equipment in regions of the province where it is most needed.
- Health promotion and prevention are critical to better health outcomes and keeping people healthy. To improve the health and well being of our people we have invested significantly in wellness promotion, cancer prevention and treatment, dental programs, as well as in strengthening mental health and addictions services.
- We are building on a record of strength, fulfilled commitments, and unprecedented investments in health care that enhance the well-being and health of our residents. Our commitments announced in Blueprint 2007 are consistent with our vision and our direction over the last four years and we are continuing to work to ensure quality health care for Newfoundlanders and Labradorians.

**Announcements/Activities**

- TBD

**Minister's Involvement**

The Minister of Health and Community Services will be the lead, with coordination with other departments and RHAs as necessary.

**Completed by: G. Power (1377)**