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NLIS 19

March 30, 2004

(Health and Community Services)

### Budget 2004 Outlines Health Blueprint for Reform

Elizabeth Marshall, Minister of Health and Community Services, today confirmed a new direction for provincial health and community services that was outlined in Budget 2004. The series of health reforms, aimed at protecting the sustainability of a publicly-funded system, will create a foundation for safe, quality and accessible health and community care.

"Provinces across the country, regardless of their financial situation, are grappling with the best way to meet the ever-increasing demands on the system in the absence of sustainable federal funding," said Minister Marshall. "Reforming our current practices isn't an easy road, but we must start now to ensure health care is where and when we need it, both now and in the future."

The four key initiatives include:

- Creation of regional integrated health authorities. Board integration will occur in the coming months, providing integrated and smaller corporate structures to better reflect the population base of our province.
- Development of a Location of Services plan to bring a balance of quality, accessibility and sustainability to our health services delivery system. Provincial standards will be developed to protect and ensure quality patient care, protect accessibility to care and ensure health authorities make evidence-based decisions to meet the health needs of each region.
- Development of a skill mix framework to ensure health and community services employees practice to their highest level of training.
- Adopt a best practices culture to continually evaluate the programs and services we currently deliver and build upon the achievements in other jurisdictions.

Initiatives will be rolled out over the coming 18 months, beginning with a new structure for regional integrated health authorities and the development of consistent provincial standards for health and community service delivery.

"Our health and community services system needs to evolve to ensure it's in-step with the most progressive practices across the country," added Minister Marshall. "We are going to take the appropriate amount of time to build a solid foundation for a sustainable system."

Media contact: Carolyn Chaplin, Communications (709) 729-1377

## **BACKGROUNDER**

### Health Blueprint for Reform

#### **Primary health care renewal**

Primary health care is the first point of contact consumers have with the health and community services system. Improving primary health care is an important part of affecting positive change in Newfoundland and Labrador's health care system. The government is committed to building a stronger foundation of front-line health and community services throughout the province.

Primary health care renewal will create networks that allow physicians, nurse practitioners, public health officials, social workers, occupational therapists, physiotherapists and other care providers to work together to provide comprehensive and accessible care to communities. Newly created health teams will provide a continuum of services from promoting wellness, mental health, prevention, testing and diagnosis to basic treatment and management of chronic diseases such as diabetes.

Patients will benefit through improved access to a continuum of family health providers who will provide care when and where they need it. Providing greater access to front-line health care will reduce the strain on hospitals and emergency rooms in our system.

In 2000, the federal government launched the Primary Health Care Transition Fund to assist provincial and territorial governments with transitional costs as they renew their primary health care systems. Newfoundland and Labrador's share of this funding is \$9.7 million. To date, seven proposals have been accepted. This year, the government will spend \$4.3 million to support the implementation of primary health care initiatives.

#### **Integrated governance structures**

Our health and community services system needs to evolve to ensure it is in-step with the most progressive practices across the country. The government will create new regional integrated health authorities (RIHA) to provide safe, quality and focused services that achieve the best health outcomes with minimum duplication and fragmentation.

Community health services will be combined with institutional and nursing home services to create a single, accountable authority to ensure people within their boundaries have access to the care they need.

Aligning our corporate structure with our population needs will improve long-term planning and allow us to direct more health care dollars where they are needed – in patient care.

Other Canadian jurisdictions have recently moved to regionalized governance structures. In 2001, British Columbia moved to five regional authorities and one provincial health service authority responsible for specialized referral service. Saskatchewan went from 32 regions to 12 in 2002, and Alberta went from 17 to nine in 2003.

The structure and funding allocations of the new RIHAs will be developed in the coming months. The existing 14 boards will continue to deliver existing services until a new structure has been defined.

### **Location of services**

Newfoundland and Labrador's demographics, population patterns and access to technology have changed, but the health and community services system has not been realigned to reflect these changes.

The government will begin a comprehensive initiative to develop a more flexible, co-ordinated approach to service delivery. A location of services plan will:

- Set consistent provincial standards that result in more fairness and equity;
- Better utilize enhanced technology to bring patients and those who treat them together more effectively;
- Create centres of health excellence to better recruit and retain highly-skilled professionals;
- Improve the quality and safety of the system through enhanced supports for health professionals and sufficient volume to maintain skills;
- Respect the natural pattern of how our population seek services.

Set criteria including provincial standards, population density, distance, physician distribution, specialty service distribution and geographical challenges will guide the development of the plan.

### **Best practices review**

To continue to build upon the good work of health care providers and administrators, our health and community services organizations must constantly demonstrate their ability to improve quality, control costs and demonstrate positive health outcomes.

The government will conduct periodic assessments of our current practices to benchmark itself against the best practices of other organizations and jurisdictions. Best practice reviews will include examination of clinical practice guidelines, workplace injuries, indicators for health outcomes and bed utilization rates.

### **Skill mix framework**

As the baby boomer generation begins to retire, we are predicting a shortage of nurses and other care providers. We want our employees to practice to their highest level of training to ensure appropriate health services are available in the future when people need them.

The government will evaluate our current care delivery model in both nursing homes and institutions in comparison with the best practices throughout the country and introduce personal care attendants, in keeping with other jurisdictions. This will allow nurses and personal care attendants to work to their best advantage in the system.

Media contact: Carolyn Chaplin, Communications (709) 729-1377

2004 03 30



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## News Releases

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NLIS 1

January 7, 2005

(Health and Community Services)

### Board representation named for new regional integrated health authorities

The transition to fewer regional integrated health authorities (RIHAs) grew one step closer to completion as provincial Health and Community Services Minister John Ottenheimer today named new board representation for all four RIHAs.

"Health boards are among the hardest working boards in the province. I would like to thank all current board members for their tireless contributions over the past years," said Minister Ottenheimer. "Their volunteer work has made a tremendous contribution to our health and community services system."

The size of the incoming boards will range from 15 members in the Central, Western and Labrador-Grenfell authorities to 18 members in the Eastern authority. Criteria including - gender balance, geographic representation, community involvement, experience and continuity - were used to select the board representation. In addition, the appointees are a blend of new representation and approximately 18 per cent of individuals currently serving with existing community and institutional boards.

It is expected that the incoming boards will meet this month to begin their strategic planning, develop budget proposals and continue with the implementation of the transition. The Department of Health and Community Services will continue to provide leadership to the regional health authorities. Existing boards will remain in place to continue with day-to-day operations until midnight of March 31, 2005 when the new regional integrated health authorities assume legal responsibility and the transfer of duties is complete. In the interim, all significant operational decisions will be made in consultation with, and with the concurrence of, the incoming chairs and board members.

"I look forward to working with the new boards as we work to improve the health of all our residents," added Minister Ottenheimer.

Incoming board members will serve three-year term appointments.

The appointment of board members is the most recent step in the transition to four regional integrated health authorities from the current 14 health boards. The announcement follows the appointment of board chairs. The CEO selection process is nearing completion and it is anticipated that new CEOs will

be named in the coming weeks.

A complete list of board appointments follows.

Media contact: Carolyn Chaplin, Health and Community Services, (709) 729-1377, 682-5093

## **BACKGROUNDER**

Board representation named for regional integrated health authorities

### **Eastern Regional Integrated Health Authority**

Joan Dawe (Chair) (E)	St. John's
Sister Charlotte Fitzpatrick	St. John's
Primrose Bishop (E)	St. John's
William Boyd	Mount Pearl
Ed Drover	St. John's
Dr. Alice Collins	St. John's
Frank Davis	St. John's
Barbara Roebothan (E)	St. John's
Hubert McGrath (E)	Patrick's Cove
Lewis Cole	Carbonear
Rowena Bryans (E)	Clareville
Dave Duffett	Catalina
Marjorie Gibbons	Forest Field, St. Mary's Bay
Ed Walsh	Marystown
Doreen Jackman	Grand Bank
David Hiscock	Brigus
Regina Bailey (E)	Shoal Harbour
Paul Colbert	Gull Island

### **Central Regional Integrated Health Authority**

Robert Woolfrey (Chair) (E)	Lewisporte
Bill Broderick	Baie Verte
Fred Ivany	Gander
Jeanne Dillon (E)	Gander
Cyril Farrell	Grand Falls-Windsor
Kevin Manuel	Lewisporte
Joan Barbour-Howse	Wesleyville
Rita Sullivan	Grand Falls-Windsor
Betsy Saunders	Glovertown
Daphne Woolridge	Grand Falls-Windsor
Barbara Butt	Springdale
Elizabeth Barlow	St. Alban's
Gerri Poirier	Twillingate
Kerry Noble	Gander
Paula Mills	Bishop's Falls

**Western Regional Integrated Health Authority**

Anthony Genge (Chair)	Corner Brook
Madonna Hynes	Codroy Valley
Regina Warren (E)	Corner Brook
Charles Pender	Corner Brook
Minnie Vallis (E)	Meadows
David Kennedy	Port Saunders
Tina Moores	Stephenville
Dianne Hewitt	Port aux Basques
Evelyn Organ	Deer Lake
Don Fudge	Rocky Harbour
Wayne Pye	Trout River
John Manuel	Corner Brook
Susan Fowlow	Stephenville
Tom O'Brien	Stephenville
Sheila Mercer	Deer Lake

**Labrador-Grenfell Regional Integrated Health Authority**

Larry Bradley (Chair)	Happy Valley-Goose Bay
Katie Riche	Natuashish
Reverend Jean Brenton-Hickman	St. Anthony
Lisa Dempster	Charlottetown
Eric Belben	L'Anse-au-Loup
Garry Furlong	Labrador City
Judy Way (E)	Flower's Cove
Mary Abbass	Happy Valley-Goose Bay
Ray Norman	Roddickton
Nick McGrath	Wabush
Garfield Flowers	Hopedale
Anastasia Qupee	Sheshatshiu
Debbie Singleton	Happy Valley-Goose Bay
Mary White	Nain
Janice Barnes	Labrador City

**NOTE: (E) denotes existing board member.**

**2005 01 07**

**10:45 a.m.**



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NLIS 2

January 21, 2005

(Health and Community Services)

### CEO named to lead Eastern Health Authority

Health and Community Services Minister John Ottenheimer and Joan Dawe, chair, Eastern Regional Integrated Health Authority (RIHA) today named George Tilley as the new Chief Executive Officer (CEO) to lead the Eastern RIHA.

"I have always maintained that we have exemplary leadership capacity in our province and I'm confident that Mr. Tilley's accomplishments and abilities will greatly benefit the incoming board throughout the transition to an integrated continuum of health services and into the future," said Minister Ottenheimer.

Joan Dawe participated in the selection process along with representatives of the Department of Health and Community Services and the Public Service Commission. "Mr. Tilley has extensive experience and demonstrated strong leadership qualities in his former position and the board and I are extremely pleased to have him join us as we prepare to undertake new challenges," added Ms. Dawe.

Mr. Tilley will assume his new responsibilities effective immediately. A native Newfoundlander, Mr. Tilley holds a bachelor of commerce as well as a masters of business administration from Memorial University of Newfoundland and is a certified health executive of the Canadian College of Health Services Executives. He is also a member of the board of directors of the Canadian Patient Safety Institute and the Association of Canadian Academic Health Care Organizations. Since 1982, he has held a variety of senior leadership positions within the health care system.

Since the fall of 2000 he has led our province's largest health organization during a period of change and growth to a position of leadership, both provincially and nationally. Under his leadership, the organization has attracted and developed a new level of professionalism and encouraged a renewed commitment from its staff. He has focused the Health Care Corporation of St. John's on becoming a centre of excellence that is recognized for innovation and quality care.

Mr. Tilley looks forward to the challenges and the opportunities that regionalization presents: "By focusing on the full continuum of health services, this new model of health service delivery will allow us greater opportunities to improve the health of our communities and create a more effective system. It will undoubtedly be an exciting time to participate in the design of a new approach and I look forward to working with the 12,000 talented and dedicated individuals who are a part of this new organization. This

is an exciting opportunity to work together, building upon our unique strengths to enhance the services we provide to the community."

Mr. Tilley will meet with the new board this weekend for their first board meeting.

Existing CEOs will remain in place to continue with day-to-day operations until midnight of March 31, 2005 when the new regional integrated health authorities assume legal responsibility and the transfer of duties is complete. In the interim, all significant operational decisions will be made in consultation with, and with the concurrence of, the new CEO.

As government continues to complete the transition the Department of Health and Community Services will engage the new CEOs in beginning the strategic planning with the new health authorities and finalizing the mandates of the regional authorities. Incoming CEOs, in consultation with their boards, will focus on shaping senior teams and the administrative structure for the regions, strategic planning, transition agreements and budget preparation.

On September 10, government announced the transformation of 14 provincial health boards to four regional integrated health authorities as a necessary step in renewing our health and community services system and meeting client needs. The new administrative structure will provide better co-ordination and planning for the health needs of regions and reduce duplication of services.

It is expected that the CEOs of the remaining regions will be named next week.

Media contact: Carolyn Chaplin, Communications, (709) 729-1377, 682-5093

2005 01 21

9:40 a.m.



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NLIS 3

March 30, 2005

(Executive Council)

(Health and Community Services)

## Alternate Health and Community Services Minister announced

Premier Danny Williams today announced that Tom Marshall, Minister of Justice and Attorney General, will assume responsibilities on an interim basis for the Department of Health and Community Services, as an alternate minister. Health and Community Services Minister John Ottenheimer is currently on medical leave.

"On behalf of the Cabinet and the government, I wish Minister Ottenheimer a speedy and complete recovery," said Premier Williams. "Minister Ottenheimer is a dedicated and hard working minister, and our thoughts and prayers are with him during his recuperation."

All general inquiries for the Minister of Health and Community Services should continue to go to that department, and all media inquiries should continue to be directed to Carolyn Chaplin, Director of Communications, Health and Community Services.

Media contact:

Elizabeth Matthews, Office of the Premier, (709) 729-3960, 690-5500

Carolyn Chaplin, Health and Community Services (709) 729-1377, 682-5093

2005 03 30

2:20 p.m.

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NLIS 1

April 11, 2005

(Executive Council)

(Health and Community Services)

## Loyola Sullivan to serve as alternate Minister of Health and Community Services

Premier Danny Williams announced today that, effective immediately, Minister Loyola Sullivan will assume responsibilities as alternate Minister of Health and Community Services (HCS), in addition to his responsibilities as Minister of Finance and President of Treasury Board.

John Ottenheimer, Minister of Health and Community Services, has been on medical leave since March 30. Minister of Justice and Attorney General Tom Marshall had served as alternate HCS minister on an interim basis while Minister Sullivan was out of the province.

Premier Williams added that Minister Ottenheimer is making good progress in his recovery. General inquiries for the Minister of Health and Community Services should continue to go to that department, and media inquiries should continue to be directed to Carolyn Chaplin, HCS Director of Communications.

Media contact:

Elizabeth Matthews, Office of the Premier, (709)729-3960, 690-5500, elizabethmatthews@gov.nl.ca

Carolyn Chaplin, Health and Community Services (709) 729-1377, 682-5093

2005 04 11

11:50 a.m.

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