

News Releases

Government of Newfoundland and Labrador - Canada

[Government Home](#)

[Search](#)

[Sitemap](#)

[Contact Us](#)



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.



[Home](#) | [Back to Government](#)

[Contact Us](#)



All material copyright the Government of Newfoundland and Labrador. No unauthorized copying or redeployment permitted. The Government assumes no responsibility for the accuracy of any material deployed on an unauthorized server.
[Disclaimer/Copyright/Privacy Statement](#)

News Releases

Government of Newfoundland and Labrador - Canada

[Government Home](#)

[Search](#)

[Sitemap](#)

[Contact Us](#)



NLIS 1

April 15, 2005

(Health and Community Services)

NOTE TO EDITORS: Health ministers to meet in Toronto

Loyola Sullivan, acting Minister of Health and Community Services, will attend the provincial and territorial meeting of health ministers in Toronto, Ontario, April 15 and 16.

The ministers will share information and updates on the implementation of the First Ministers' Health Accord signed in September 2004 by Premier Williams and all other first ministers. Items to be discussed include a national pharmaceuticals strategy, aboriginal health blueprint and wait time reduction.

"Our recent Budget outlined strategic health investments to achieve meaningful reductions in wait times through the delivery of 43,344 additional key diagnostic procedures, surgeries, as well as cancer treatments," said Minister Sullivan. "I look forward to actively participating in this weekend's discussions and sharing our government's plans to improve access to health services with my colleagues."

Budget 2005 provided a substantial increase of \$113 million in health care funding, bringing the total provincial investment to \$1.75 billion. This represents a seven per cent increase over last year's budget.

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

2005 04 15

10:20 a.m.



[Home](#)

[Back to Government](#)

[Contact Us](#)



All material copyright the Government of Newfoundland and Labrador. No unauthorized copying or redeployment permitted. The Government assumes no responsibility for the accuracy of any material deployed on an unauthorized server.
[Disclaimer/Copyright/Privacy Statement](#)

News Releases

Government of Newfoundland and Labrador - Canada

[Government Home](#)

[Search](#)

[Sitemap](#)

[Contact Us](#)



NLIS 3

May 16, 2005

(Health and Community Services)

Government tables new *Medical Act* to increase accountability and public protection

Proposed new legislation to govern the practice of medicine in the province will increase public protection and strengthen the authority and accountability of the Newfoundland Medical Board (NMB) with respect to doctors who practice medicine in the province, acting Minister of Health and Community Services Loyola Sullivan announced today.

"Changes to the existing *Medical Act* reflect government and the board's commitment to ensure that adequate safeguards are in place to protect the public interest in the regulation of the province's medical practitioners," said Minister Sullivan. "The proposed legislation would create a disciplinary process that inspires confidence and is fair and accountable to patients, physicians, the board and general public."

Features of the proposed legislation stem primarily from the recommendations of the OxyContin Task Force report released in August 2004, as well as consultations with the NMB, the self-regulating body for the province's medical profession, over the last several months.

The OxyContin Task Force concluded that other equivalent legislation governing self-regulating professions in Canada had a more comprehensive discipline section than that contained in the province's *Medical Act*. It recommended amendments to the *Act* including: definition of "reasonable cause" to begin an investigation; outline the board's responsibility to act on complaints; specify rights of complainants; mandate a physician's duty to report; outline authority of the board to copy medical records and documents related to investigations; stipulate time frames and require the board submit an annual report to the minister.

Under the proposed *Medical Act 2005*, the NMB would be re-named and continue as the *College of Physicians and Surgeons of Newfoundland and Labrador (CPSNL)*, a title consistent with the majority of medical licensing authorities in Canada.

The proposed legislation would establish new disciplinary procedures and governance structures within the medical licensing body including the creation of a Complaint Authorization Committee (CAC) to initially review all allegations of conduct that could be subject to sanction or discipline, unlike the current system where the registrar determines the course of action in response to an allegation. In addition, allegations referred for hearings would proceed to a new disciplinary panel independent of the CPSNL and the CAC. Discipline hearings would also be open to the public in most cases.

The new disciplinary process parallels the system for other self-governing professions in the province such as pharmacists and lawyers.

The proposed legislation would also require physicians to report any 'conduct deserving sanction' of their peers, including professional misconduct, incompetence, incapacity, unfitness or breach of a physician's Code of Ethics.

Other key highlights include a requirement of the CPSNL to submit an annual report to the minister; mandatory use by physicians of a tamper-resistant prescription pad for the prescribing of all narcotics and an extension of the existing right held by practicing physicians to incorporate to provisionally licensed physicians.

The proposed *Medical Act 2005* represents the most substantive changes to the legislation in over 30 years and repeals the existing *Act*. Minister Sullivan noted that government will continue to work with the CPSNL to ensure this statute remains current and responds to changes in the working environment of the province's physicians.

"The proposed changes to the *Medical Act* represent significant improvements in the effectiveness and accountability of what will become the College of Physicians and Surgeons of Newfoundland and Labrador," said NMB registrar Dr. Robert Young. "The proposed new discipline process will give the college a better ability to investigate and resolve issues such as the ones discussed by the OxyContin Task Force."

Dr. Young said the new *Medical Act* brings the province in line with other jurisdictions in Canada. "The board welcomes government's commitment that the new *Medical Act* is a living document which will be updated regularly."

This proposed legislation is part of the government's comprehensive response to fight the abuse and misuse of OxyContin and other prescription drugs. Budget 2005 allocated \$1.7 million to implement key recommendations of the Task Force, including a new methadone maintenance program and medical de-tox service in St. John's, more addictions counsellors, four new detoxification beds at the Humberwood Treatment program in Corner Brook, a methadone-training program for physicians and an adolescent day treatment program at the Recovery Centre in Pleasantville. Government also confirmed an investment in a provincial pharmacy network to make medication histories available on-line to attending physicians and pharmacists.

Once passed in the House of Assembly, the *Medical Act 2005* will take effect on July 1, 2005.

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

BACKGROUNDER

Medical Act 2005 to increase accountability, public protection

Government is increasing public protection with a proposed *Medical Act 2005* that would strengthen the authority and accountability of the Newfoundland Medical Board (NMB) in regulating the practice of medicine in the province.

The proposed legislation would repeal the existing *Medical Act* and, if passed, take effect on July 1, 2005. The new *Medical Act* improves the accountability and effectiveness of the province's medical regulatory authority through changes in governance and the disciplinary process. The new disciplinary process will now be consistent with the process adopted by other self-governing professions in the province.

Governance

Under the new *Medical Act*, the Newfoundland Medical Board will continue as the College of Physicians and Surgeons of Newfoundland and Labrador (CPSNL), a name consistent with the majority of medical licensing authorities in Canada. The college system emphasizes the responsibility of physicians for self-governance as members of the college in contrast to the current system, in which physicians are licensed by a 12-person board.

CPSNL will be governed by a council comprising:

- Seven (7) members elected by physicians licensed to practice medicine in Newfoundland and Labrador;
- Four (4) members appointed by the minister, at least three of whom must not be medical practitioners and one of whom is selected from nominations made by Memorial University's Board of Regents; and,
- Two (2) members, appointed by the minister, who are medical practitioners, taken from a list submitted by the Newfoundland and Labrador Medical Association.

Discipline

The proposed legislation would establish a new complaints process and disciplinary model involving a physician's conduct in the practice of medicine. The new disciplinary model would be consistent with best practices across the country and in keeping with other self-regulating professions.

The proposed legislation contains provisions for a graduated disciplinary process including provisions for the registrar, with the consent of all parties, to settle complaints without engaging the formal complaint process using alternate dispute resolution (e.g. mediation).

Highlights of the new complaints process:

- All allegations brought to the college by patients or other individuals alleging that the conduct of a physician may deserve sanction would be investigated, provided they are made in writing. Allegations may also be lodged by the CPSNL registrar.
- Allegations that can't be resolved with the consent of the parties would be reviewed by a Complaints Authorization Committee (CAC) consisting of three council members; two (2) of whom are physicians and one (1) of whom is not a medical practitioner. The registrar is not a member of the CAC.
- The CAC will have several options in addressing complaints: it may dismiss an allegation, refer it for further investigation, counsel or caution the physician or refer the matter to a hearing before an adjudication tribunal.
- If the CAC determines that an allegation requires further investigation, the CAC would have the full powers of a commissioner under the *Public Inquiries Act*. This means the CAC may summon witnesses and require the production of documents necessary to fully investigate the matter.
- Once an allegation is referred for a hearing, it formally becomes a complaint.
- *The Act* would establish a disciplinary panel, a new body independent of the council. The panel comprises 15 members including ten (10) medical practitioners, appointed by the CPSNL Council; and five (5) persons who are not medical practitioners, appointed by the minister.
 - The adjudication tribunal hearing complaints referred by the CAC would consist of three members (two physicians and one non-medical practitioner) of the disciplinary panel.
- Hearings before the adjudication tribunal will be held in public.
- A complainant has the right to appeal to the Trial Division of the Supreme Court if the CAC dismisses a complaint.
- Decisions of an adjudication tribunal can be appealed to the Trial Division of the Supreme Court by either the CPSNL or the respondent.

Greater Accountability

- The CPSNL would have the regulatory authority to prescribe time limits for dealing with each stage of the complaint process. If the college does not enact regulations imposing time limits within a reasonable time, the minister would also have the authority to do so.
- The CPSNL would be required to submit an annual report to the minister before July 1 each year.
- The CPSNL will hold an annual meeting which may be attended by all licensed medical practitioners in the province to review annual financial statements, appoint auditors and address other matters as established in the college by-laws.
- Discipline hearings will be held in public, with prior notification of the date and place of the hearing.
- The legislation proposes that a summary of discipline findings will be published in a newspaper of general circulation and/or a local newspaper within 14 days of the finding being issued in cases where a physician's license is suspended, required to be surrendered, or when restrictions or conditions are placed on continued practice.

2005 05 16

12:10 p.m.



[Home](#)

[Back to Government](#)

[Contact Us](#)



TOP

All material copyright the Government of Newfoundland and Labrador. No unauthorized copying or redeployment permitted. The Government assumes no responsibility for the accuracy of any material deployed on an unauthorized server.
[Disclaimer/Copyright/Privacy Statement](#)

News Releases

Government of Newfoundland and Labrador - Canada

[Government Home](#)

[Search](#)

[Sitemap](#)

[Contact Us](#)



NLIS 12
June 30, 2005
(Executive Council)
(Health and Community Services)

NOTE TO EDITORS: Premier to announce health services improvements for Burin Peninsula

Premier Danny Williams and Health and Community Services Minister John Ottenheimer, along with Clyde Jackman, MHA for Burin-Placentia West, will hold a news conference on Monday, July 4, to announce improvements to health services for the Burin Peninsula. They will be joined by Eastern Health President and CEO George Tilley and Cyril Dodge, Chair, Burin Peninsula Health Care Foundation.

WHEN:

Monday, July 4
9:30 a.m.

WHERE:

Education Room (located on hallway past main lobby)
Burin Peninsula Health Care Centre
Burin

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 06 30

4:00 p.m.



[Home](#) | [Back to Government](#) | [Contact Us](#)



All material copyright the Government of Newfoundland and Labrador. No unauthorized copying or redeployment permitted. The Government assumes no responsibility for the accuracy of any material deployed on an unauthorized server.
[Disclaimer/Copyright/Privacy Statement](#)

News Releases

Government of Newfoundland and Labrador - Canada

[Government Home](#)

[Search](#)

[Sitemap](#)

[Contact Us](#)



NLIS 1

July 4, 2005

(Executive Council)

(Health and Community Services)

Government invests \$1.05 million in medical equipment for Burin

Premier Danny Williams and Health and Community Services Minister John Ottenheimer, along with Clyde Jackman, Parliamentary Secretary to the Minister of Education and MHA for Burin-Placentia West, today announced a \$1.05 million investment toward a new CT Scanner to service over 23,000 residents of the Burin Peninsula. The Premier, Minister Ottenheimer and Mr. Jackman joined Eastern Health Chair Joan Dawe and Cyril Dodge, Chairperson, Burin Peninsula Health Care Foundation at the Burin Peninsula Health Care Centre for the official announcement.

"Patients and care providers will see tremendous benefits from improved access to new and expanded diagnostic technology," said Premier Williams. "A new CT Scanner will improve our ability to recruit and retain physicians; allow residents of the Burin Peninsula to travel less to obtain these important services and further our commitment to improving access to key health services. We are proud to partner with the health care foundation on such a worthwhile endeavour."

"Strategic investments like these allow us to bring state-of-the-art treatment options to patients closer to where they live," said Minister Ottenheimer. "It demonstrates our commitment to give people better access to services that can lead to better patient outcomes."

The \$1.55 million initiative (\$1.15 million capital investment for equipment and \$400,000 investment in one-time renovation costs) will be cost-shared with the Burin Peninsula Health Care Foundation (BPHCF) which has committed \$500,000 towards the purchase and installation of the new CT Scanner.

"The Burin Peninsula Health Care Foundation is committed to raising \$500,000 for this CT Scanner," said Cyril Dodge, chair of the foundation. "The lead sponsor is CAW Local 20 at the Cow Head Kiewit Offshore Facility, Marystown. This project was spearheaded by CAW members Henry Moores, Wayne Brake, President David Locke and supported by Kiewit Offshore Ltd. On behalf of the foundation board, I express congratulations and thanks to all CAW Local 20 members who are so generously donating \$5 per week for the CT Scanner. Likewise, our MHA Clyde Jackman has been a strong supporter of this project and we thank him."

The new machine will be located in the Burin Peninsula Health Care Centre and will become operational in 2006. The scanner will deliver an expected 1,800 exams annually.

"This is an exceptional day for all residents of the Burin Peninsula as this new equipment will service the entire peninsula. It reminds us of what we can achieve when we focus on our entire area as a unique location," said MHA Jackman. "It demonstrates that there are no limits to success when we work together for a common purpose."

"This is an excellent example of the great work that can be achieved when we work in partnership with our provincial government and our foundations," said Eastern Health President and CEO George Tilley. "I'm so proud of this announcement today and proud that as a new organization we are making great strides in improving health care services in the more rural areas of the Eastern Health region."

Premier Williams also announced that a community health needs assessment for the Burin Peninsula would be completed. The needs assessment will allow Eastern Health to gain a better appreciation

for the health issues facing all the people in this region, which in turn will serve as a basis for making future decisions about health services in the region.

"Our government recognizes that rural areas such as the Burin Peninsula have unique challenges in accessing appropriate primary health care and other health services. We thank Eastern Health for their support in reviewing the health services of the Burin Peninsula to determine how best to meet the health needs of the region," added Premier Williams.

Today's announcement enhances government's recent Budget initiatives to reduce patient wait times across the province. Budget 2005 provided over \$23 million to improve access to key services including MRI, CT, cardiac and other key diagnostic procedures, surgeries, as well as cancer treatments.

There are currently 10 CT Scanners in the province located in St. John's (3), Carbonear, Clarenville, Gander, Grand Falls-Windsor, Corner Brook, St. Anthony and Happy Valley-Goose Bay. With this new equipment, the province will have one machine per 47,000 residents.

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 07 04

9:45 a.m.



[Home](#)

[Back to Government](#)

[Contact Us](#)



All material copyright the Government of Newfoundland and Labrador. No unauthorized copying or redeployment permitted. The Government assumes no responsibility for the accuracy of any material deployed on an unauthorized server.
[Disclaimer/Copyright/Privacy Statement](#)

News Releases

Government of Newfoundland and Labrador - Canada

[Government Home](#)

[Search](#)

[Sitemap](#)

[Contact Us](#)



NLIS 3

September 12, 2005

(Executive Council)

(Health and Community Services)

(Transportation and Works)

Site preparation to begin for Clarenville long-term care facility

Premier Danny Williams, along with John Ottenheimer, Minister of Health and Community Services; Tom Rideout, Minister of Transportation and Works; and Ross Wiseman, Parliamentary Secretary for Health and Community Services and MHA for Trinity North, today announced that site preparation is ready to commence for the long-term care facility in Clarenville.

"The ground-breaking of this facility is a major step forward in our overall plan for long-term care in the province," said Premier Williams. "We are on target with the timing of this project and this demonstrates that our government will achieve its mandate to provide excellent health care and quality of life for seniors in the province."

The government has invested \$1.4M this year for the design and preparation of the site. The new facility will have 44 residents and the existing health centre will provide laundry, food services, materials management and other support functions to the new facility. Budget 2005 provided \$4.3 million to upgrade long-term care facilities across the province.

"Our first priority is ensuring that the people of this province receive the highest quality health care," said Minister Ottenheimer. "Our aging population and shifting demographics support a greater need for care and accommodations for seniors in the Clarenville area. This facility is being constructed in a location where residents are close to their families and home communities."

The Department of Transportation and Works awarded a contract to Cougar Engineering and Construction, St. John's, valued at \$1,122,350 to carry out site preparation work for the long-term care wing, including hospital extension, relocating the high voltage switch gear and electrical transformer and extending visitor and hospital parking.

"A project of this magnitude requires a significant amount of time to appropriately plan," said Minister Rideout. "Government has handled the planning process very effectively, and I am extremely pleased that we are now in the position to break ground on this new facility. As work is commenced in the next couple of weeks, residents will begin to visually see the results of government's commitment to an increased quality of health care for citizens in the Clarenville area."

The new facility is part of government's Blueprint plan for health care to provide long-term care for seniors in regions where there is an identified need as well as to upgrade current facilities to ensure seniors receive the highest quality of care. The Clarenville region was one in particular that was identified as an area where a long-term care facility was needed.

"I am thrilled that the government's plans for long-term care in this region are being realized today," said Mr. Wiseman. "This new facility will have a monumental impact on the health and well being of seniors in the region and their families for years to come."

Joan Dawe, Chairperson for Eastern Health, is pleased to see work begin on this new facility. "Meeting the needs of our new region is vitally important to Eastern Health and we are pleased to see construction begin on this new facility that will provide quality health care and support the long-term health care needs of the seniors in this region."

Work is expected to start by mid-September and completion of the site preparation is anticipated by November 15.

Media contact:

Elizabeth Matthews, Office of the Premier, (709) 729-3960, elizabethmatthews@gov.nl.ca
Tansy Mundon, Health and Community Services (709) 729-1377, 685-1741
Lori Lee Oates, ABC, Transportation and Works, (709) 729-3015, 690-8403

2005 09 12

10:50 a.m.



[Home](#) | [Back to Government](#)

[Contact Us](#)



All material copyright the Government of Newfoundland and Labrador. No unauthorized copying or redeployment permitted. The Government assumes no responsibility for the accuracy of any material deployed on an unauthorized server.
[Disclaimer/Copyright/Privacy Statement](#)

News Releases

Government of Newfoundland and Labrador - Canada

[Government Home](#)

[Search](#)

[Sitemap](#)

[Contact Us](#)



NLIS 6

September 22, 2005

(Health and Community Services)

Progress being made in addressing health wait times

Health and Community Services Minister John Ottenheimer today provided an update on progress being made in addressing wait times for medical procedures in the province. Further to its investment of \$23.2 million in Budget 2005 to improve access to key services, government is acting aggressively to ensure that people who are suffering from serious health problems don't have to wait longer than necessary for the appropriate diagnosis and treatment.

"Our government is committed to improving access to quality health care and to updating the public in a timely manner on the progress that is being made," said Minister Ottenheimer. "I am pleased to report that we are already seeing a significant reduction in the number of people waiting for cardiac procedures and that our wait times are consistent with other jurisdictions. I am encouraged by this progress and am confident that as our new diagnostic equipment becomes operational, we will continue to see progress in addressing wait times."

Cardiac care and cancer treatments are two of the areas where access to services has improved. The wait list for cardiac surgery has decreased from approximately 250 cases earlier this year to 100 cases to the end of August. This can be attributed to a number of factors, including a new aggressive wait list management system at Eastern Health. In addition, the use of new technologies, drugs and alternate medical procedures is resulting in improvements in wait times and less reliance on this procedure for cardiac patients. As of August 2005, the provincial elective cardiac surgery wait time for new patients is three months, which is consistent with wait times in other jurisdictions.

Minister Ottenheimer noted that for emergency and urgency cases, patients receive immediate attention.

Through more advanced diagnostic procedures, patient awareness and education, there has been an increase in early detection of cancers. Through a new chemotherapy home infusion pilot project implemented in March 2005, eligible patients can have their chemotherapy initiated in a hospital and then return home while the therapy is being administered. This eliminates the need for hospitalization for 48 to 72 hours and patients can continue with their daily life. To date, 26 patients have been eligible for the program. The result is a better quality of life for the patient and improved access for patients requiring acute care services.

Government invested an additional \$113 million in health care funding in Budget 2005, bringing our total provincial investment in healthcare to \$1.75 billion, representing a seven per cent increase over last year's budget. Through the purchase of equipment, modernization of diagnostic and medical equipment and the expansion of select services in all of the province's major health care centres, government has added 43,344 MRI, CT, cardiac and other key diagnostic procedures, surgeries, as well as cancer treatments. A second MRI has been purchased for St. John's, delivering 2,500 new exams a year and reducing wait times by four months; while two existing CT Scanners at the Health Sciences Centre and St. Clare's Hospital will be replaced, delivering 4,000 more exams a year and shortening wait times to two weeks. In addition, government recently announced a \$1.05 million investment towards the purchase of a new CT Scanner to be located in the Burin Peninsula Health Care Centre, delivering an expected 1,800 exams annually once the equipment becomes operational in 2006.

Minister Ottenheimer noted that installation of new diagnostic equipment is continuing. "The two new

CT scanners are currently being installed at the Health Sciences Centre and St. Clare's Hospital in St. John's and are expected to be operational by October 2005, while the new MRI in St. John's is expected to be operational early in the new year," said Minister Ottenheimer. "Our investment in these new pieces of medical equipment will help to improve access to diagnostic procedures once the equipment is operational."

The minister added that the department is currently recruiting a provincial wait time coordinator and is completing baseline assessment of wait times in the province. "Government is working in partnership with health care boards and health care professionals in identifying challenges that exist in the health care system and working toward addressing them," said Minister Ottenheimer. "Through further collaboration and investment, along with increased health promotion, we will continue to advance our vision for a reformed health care system."

In addition to its investment in acute health care, government allocated \$2.4 million in Budget 2005 to support a wellness strategy to focus on communities and populations for the prevention of disease, promotion of health and protection of the public.

One of the commitments of the 2004 First Ministers' (FMM) Health Accord signed in September 2004 by Premier Williams and all other first ministers was to improve access to health services in priority areas such as cancer, heart, diagnostic imaging, joint replacements and sight restoration. Provincial and Territorial Ministers of Health will meet with their federal counterpart next month in Toronto to highlight progress to date.

Media contact: Tansy Mundon, Communications, (709) 729-0928, 685-1741

2005 09 22

1:05 p.m.



[Home](#) | [Back to Government](#) | [Contact Us](#)



All material copyright the Government of Newfoundland and Labrador. No unauthorized copying or redeployment permitted. The Government assumes no responsibility for the accuracy of any material deployed on an unauthorized server.
[Disclaimer/Copyright/Privacy Statement](#)

News Releases

Government of Newfoundland and Labrador - Canada

[Government Home](#)

[Search](#)

[Sitemap](#)

[Contact Us](#)



NLIS 5

September 29, 2005

(Health and Community Services)

Minister announces \$223,632 to strengthen Newfoundland and Labrador's health care workforce

Ujjal Dosanjh, federal Minister of Health, today announced a federal contribution of \$223,632 to Newfoundland and Labrador's Department of Health and Community Services as the first in a series of collaborative initiatives to strengthen the province's efforts in health human resource planning.

"Last September, when first ministers signed the 10-Year Plan to Strengthen Health Care, they agreed to continue and accelerate their work on health human resources," said Minister Dosanjh. "With the ultimate goal of reducing wait times, targets and time lines for improvement were also agreed upon. This funding will assist efforts in Newfoundland and Labrador to ensure citizens receive timely access to quality care."

The contribution comes from the Pan-Canadian Health Human Resources Strategy (HHR Strategy), which annually receives \$20 million in federal funding. The HHR Strategy seeks to create a stable health care workforce with the right number and mix of health professionals, and a renewed and revitalized health system that provides care to Canadians when they need it, wherever they live in this country.

Newfoundland and Labradorians will use these funds to build on existing provincial planning efforts and initiatives concerning the health workforce.

The provincial Minister of Health and Community Services, John Ottenheimer, says Newfoundland and Labrador is working to meet the FMM commitment to develop targets for training, recruitment and retention of health human resources. All premiers pledged to report to the public on progress by December 31, 2005.

"These targets, along with constructive and long-term planning will ensure we can respond to the need for health care workers today and in the future," said Mr. Ottenheimer. "These new initiatives will improve the recruitment, retention, training, and deployment of various health professionals, and increase the evidence-base and the capacity to plan. We are extremely pleased that Health Canada is on board as a funding and planning partner in health human resources."

This contribution promotes the objectives of the Pan-Canadian HHR Strategy through numerous activities being undertaken by the Newfoundland and Labrador Department of Health and Community Services. These activities include:

developing province-wide standards related to HHR data, and continuing the collection of this data to strengthen the evidence-base for HHR planning;

developing best practices for the recruitment and retention of physicians in Newfoundland and Labrador, coordinated through the office of physician recruitment;

implementing a Resident Assessment Instrument/Minimum Data Set (RAI/MDS) in one organization to establish the collection of nursing workload data which will facilitate better planning and deployment of the nursing workforce;

implementing a regional one-week training program for supportive care workers in order to enhance

the provision of community mental health services in the province; and

assisting regional integrated health authorities to develop and sustain quality professional practice environments for registered nurses and licensed practical nurses to positively impact nurse retention and client outcomes.

These activities reflect the commitment of both governments to ensuring a health care workforce that will allow Newfoundlanders and Labradorians to receive care from the right professional, offering the right service, in the right place, at the right time. The two governments look forward to collaborating on further initiatives under the HHR strategy to address these objectives.

Media contact:

Carole Saindon
Health Canada
(613) 957-1588

Tansy Mundon
Department of Health and Community Services
Newfoundland and Labrador
(709) 729-1377

Adèle Blanchard
Office of Minister Dosanjh
(613) 957-0200

Public Enquiries:
(613) 957-2991

Health Canada news releases are available on the Internet at <http://media.health-canada.net>

2005 09 29

10:30 a.m.



[Home](#) | [Back to Government](#)

[Contact Us](#)



All material copyright the Government of Newfoundland and Labrador. No unauthorized copying or redeployment permitted. The Government assumes no responsibility for the accuracy of any material deployed on an unauthorized server.
[Disclaimer/Copyright/Privacy Statement](#)

News Releases

Government of Newfoundland and Labrador - Canada

[Government Home](#)

[Search](#)

[Sitemap](#)

[Contact Us](#)



NLIS 5

November 9, 2005

(Health and Community Services)

Improving access to treatment therapies for breast cancer patients

In order to improve access to treatment therapies for cancer patients, Health and Community Services Minister John Ottenheimer today announced that government will introduce a new drug – Herceptin - to the Provincial Systemic Therapy Formulary to treat selected patients with early stage breast cancer (Stages 1, 2 and 3). The drug is currently used to treat patients with metastatic breast cancer.

"Government recognizes that advances in medical research result in new treatment therapies for cancer patients and we are committed to providing these patients with the most current and beneficial treatment possible," said Minister Ottenheimer. "Recent research on Herceptin has demonstrated its effectiveness in the treatment of early stage breast cancer for selected patients and we are therefore pleased to make the treatment available for breast cancer patients in our province."

Government will invest \$2,030,000 annually to add Herceptin to the Provincial Systemic Therapy Program to cover treatment costs for approximately 40 patients. The Provincial Systemic Therapy Program is administered by Eastern Health, which is responsible for the introduction of and utilization of intravenous systemic therapy drugs for all cancer patients in the province.

Dr. Kara Laing, Director of Medical Oncology and Head of the Provincial Systemic Therapy Program with Eastern Health said she is very pleased with today's announcement. "The benefits seen with the addition of Herceptin to adjuvant therapy for breast cancer is one of the most significant advances in cancer care that we have ever seen. We are now able to offer this important treatment to our patients here in Newfoundland and Labrador," said Dr. Laing. Canada is one of the first countries to now have this therapy available to breast cancer patients and this will improve cure rates for patients across our country."

Recent research from clinical trials for patients with HER-2 positive invasive breast cancer demonstrates that those patients with early stage breast cancer who received Herceptin in combination with chemotherapy had a significant decrease in risk for breast cancer recurrence and death compared with patients who received the same therapy without Herceptin. Patients are considered "HER-2 positive" if their cancer cells overexpress, or make too much of, a protein called HER-2, which is found on the surface of cancer cells. Herceptin slows or stops the growth of these cells, and it is only used to treat breast cancers that overexpress the HER-2 protein, which is approximately 20 per cent of breast cancers. These tumours tend to grow faster and are generally more likely to recur than tumours that do not overproduce HER-2.

Today's announcement enhances government's Budget initiatives to strengthen cancer services across the province. Budget 2005 provided over \$16 million to reduce wait times for cancer care, give patients greater access to chemotherapy and radiation and improve early detection of cancer with new diagnostic equipment including mammography and endoscopy units, ultrasounds, an MRI and CT Scanners. A further \$1.55 million was invested in April 2005 to improve cancer services in the central region.

Media contact: Tansy Mundon, Communications, (709) 729-1377, 685-1741.

2005 11 09

2:15 p.m.



[Home](#) | [Back to Government](#)

[Contact Us](#)



All material copyright the Government of Newfoundland and Labrador. No unauthorized copying or redeployment permitted. The Government assumes no responsibility for the accuracy of any material deployed on an unauthorized server.
[Disclaimer/Copyright/Privacy Statement](#)

News Releases

Government of Newfoundland and Labrador - Canada

[Government Home](#)

[Search](#)

[Sitemap](#)

[Contact Us](#)



NLIS 6

November 9, 2005

(Transportation and Works)

(Health and Community Services)

Cancer clinic at Grand Falls-Windsor moving ahead on schedule

Trevor Taylor, Minister of Transportation and Works, and John Ottenheimer, Minister of Health and Community Services, today announced that a contract has been awarded for the construction of a cancer clinic at the Central Newfoundland Regional Health Centre in Grand Falls-Windsor and that the project is moving ahead on schedule.

Bluebird Investments Limited, Grand Falls-Windsor, has been awarded a contract valued at \$1.2 million to construct the clinic, which will be comprised of an extension to the Central Newfoundland Regional Health Centre.

Minister Taylor said: "I am extremely pleased that a contract has been awarded for the construction of this facility. This is a very important piece of social infrastructure for this area I am glad to see that it is continuing on schedule. I look forward to seeing this clinic become a reality."

Initial start-up and preparation for interior work will commence by mid-November, with outside construction commencing in the spring of 2006. The new cancer treatment area will provide greater privacy to patients and enhanced space for patient care in a more aesthetically-pleasing environment. The clinic has been designed to include eight treatment spaces, two of which have bed capacity, along with three exam rooms and necessary support facilities. The extension will provide for a 4,380 square foot clinic and a 505 square foot Atrium of Hope.

"In less than a year from now, cancer patients in the central region will be able to avail of a new cancer clinic that will result in an enhanced level of care while receiving treatment," said Minister Ottenheimer. "Our government recognized the need for this important facility and we are pleased to further our continued commitment to providing quality health care for residents in all regions of our province."

"This announcement comes as welcome news to residents in the central area," said Windsor-Springdale MHA Ray Hunter. "I am extremely pleased that government has followed through on its commitment to make this facility a reality. This cancer clinic represents a tremendous improvement in the delivery of health care services for this region."

The project is on schedule and is expected to be completed in September 2006.

Government announced \$1.55 million in April 2005 to improve cancer services in the central region of the province, including the construction of an extension to the Central Newfoundland Regional Health Centre for a new cancer treatment area in Grand Falls-Windsor and the re-development of space at James Paton Memorial Hospital for a new cancer clinic in Gander, a project which is also on schedule. At 2,000 square feet, the new cancer clinic in Gander will be triple the size of the existing clinic and will have a total of seven treatment spaces, representing twice the current number of treatment spaces. The clinic will have a better environment for patients, their families and staff, and will have new ventilation, heating and a family room. The new clinic is expected to be completed in March 2006.

Media contact:

Tracy Barron, Transportation and Works, (709) 729-3015, 691-1963

Tansy Mundon, Health and Community Services, (709) 729-1377, 685-1741

2005 11 09

2:35 p.m.



[Home](#)

[Back to Government](#)

[Contact Us](#)



TOP

All material copyright the Government of Newfoundland and Labrador. No unauthorized copying or redeployment permitted. The Government assumes no responsibility for the accuracy of any material deployed on an unauthorized server.
[Disclaimer/Copyright/Privacy Statement](#)

News Releases

Government of Newfoundland and Labrador - Canada

[Government Home](#)

[Search](#)

[Sitemap](#)

[Contact Us](#)



NLIS 5

November 18, 2005

(Health and Community Services)

NOTE TO EDITORS: Minister to address delegates at cancer control strategy forum

Health and Community Services Minister John Ottenheimer will address delegates at a stakeholder forum to guide the development of a cancer control strategy for Newfoundland and Labrador. The minister will address the group on Monday, November 21 at 7:00 p.m. at the Delta Hotel, St. John's. Media representatives are invited to attend.

The forum is a joint initiative by the Canadian Cancer Society, Eastern Regional Health Authority and the Department of Health and Community Services. The two-day event will bring together a broad range of stakeholders as well as cancer patients and survivors to guide the direction of a cancer control strategy for the province.

Media contact: Tansy Mundon, Communications, (709) 729-1377, 685-1741

2005 11 18

3:00 p.m.



[Home](#)

[Back to Government](#)

[Contact Us](#)



All material copyright the Government of Newfoundland and Labrador. No unauthorized copying or redeployment permitted. The Government assumes no responsibility for the accuracy of any material deployed on an unauthorized server.
[Disclaimer/Copyright/Privacy Statement](#)

News Releases

Government of Newfoundland and Labrador - Canada

[Government Home](#)

[Search](#)

[Sitemap](#)

[Contact Us](#)



NLIS 7

December 20, 2005

(Health and Community Services)

NOTE TO EDITORS:

Minister to outline province's current health wait times

Health and Community Services Minister John Ottenheimer will outline the province's current wait times in relation to the pan-Canadian benchmarks announced December 12 at a news conference to take place at 11:00 a.m. tomorrow (Wednesday, December 21) in the Media Centre, Ground Floor, East Block, Confederation Building. The minister will be joined by Susan Gillam, CEO for Western Health; George Tilley, CEO for Eastern Health; and Dr. Robert Williams, VP – Quality, Diagnostic and Medical Services, Eastern Health. Media representatives are invited to attend.

In September 2004, first ministers committed to establish evidence-based benchmarks for medically acceptable wait times in priority areas including cancer, heart, diagnostic imaging, joint replacements, and sight restoration by December 31, 2005. Provinces and territories announced 10 common benchmarks within the five priority areas on December 12, 2005. All provinces and territories are committed to achieving these benchmarks by March 31, 2007.

Media contact: Tansy Mundon, Communications, (709) 729-1377, 685-1741

2005 12 20

11:50 a.m.



[Home](#) | [Back to Government](#)

[Contact Us](#)



All material copyright the Government of Newfoundland and Labrador. No unauthorized copying or redeployment permitted. The Government assumes no responsibility for the accuracy of any material deployed on an unauthorized server.
[Disclaimer/Copyright/Privacy Statement](#)

News Releases

Government of Newfoundland and Labrador - Canada

[Government Home](#)

[Search](#)

[Sitemap](#)

[Contact Us](#)



NLIS 2

December 21, 2005

(Health and Community Services)

NL on track to meet national wait time benchmarks

Health and Community Services Minister John Ottenheimer today provided an update on government's continued efforts to improve access to health care services in the province. The minister was joined by Susan Gillam, CEO for Western Health; George Tilley, CEO for Eastern Health; and Dr. Robert Williams, VP – Quality, Diagnostic and Medical Services, Eastern Health, where he outlined the province's current wait times in relation to the pan-Canadian benchmarks announced December 12, 2005.

"Our government is making significant progress in reducing wait times for health care services and we welcome the recently announced national benchmarks as a significant step forward for residents of Newfoundland and Labrador," said Minister Ottenheimer. "All provinces/territories have committed to achieve meaningful reductions in priority areas by 2007. That being said, Newfoundland and Labrador is already at or near the national benchmarks in many areas and I am confident that all partners will work collaboratively to achieve these benchmarks sooner."

In keeping with government's commitment to openness and transparency, the department will report, on a quarterly basis, on wait time progress, beginning in February 2006.

This first set of pan-Canadian benchmarks is based on available research and clinical evidence. They do not apply to emergency procedures as patients requiring emergency care will continue to be treated on a priority basis. Additional benchmarks will be developed as further research is undertaken and new clinical evidence is produced. A wait time begins with the booking of a service, when the patient and the appropriate physician agree to a service and the patient is ready to receive it. Benchmarks are not 'care guarantees' or legal obligations to individual patients.

Service Area	Pan-Canadian Benchmarks announced December 12, 2005	Newfoundland and Labrador Wait Times (current)
Cancer		
Curative Radiotherapy	Within 4 weeks (28 days) of being ready to treat.	84 percent of all cases have commenced treatment in 30 days.
Cardiac (Coronary bypass surgery)		
Level 1 Level 2 Level 3	Within 2 weeks (14 days) Within 6 weeks (42 days) Within 26 weeks (182 days)	87 percent of all coronary artery bypass surgery cases completed in 182 days. Data has not been collected according to these new national urgency levels.
Sight Restoration		
Cataract	Within 16 weeks (112)	Provincial range is from 54.3 percent in Eastern

	days) for patients who are at high risk	to 96 percent in Central of all cases completed in 90 days. Data has not been collected according to risk category.
Hips & Knees		
Hip Fracture	Fixation within 48 hours	Data collection currently underway for hip fixation.
Hip Replacement	Within 26 weeks (182 days)	Provincial range is from 92 percent in Western to 100 percent in Central of all cases completed in 182 days.
Knee Replacement	Within 26 weeks (182 days)	Provincial range is from 70 percent in Eastern to 100percent in Central of all cases completed in 182 days.
Diagnostic Services		
Mammograms	Women aged 50-69 every two years.	Approximately 20,900 women aged 50-69 years had at least one screening mammogram procedure in the previous two years at one of the provincial breast screening centres. Additionally, thousands of mammograms for screening purposes are performed in hospitals each year.
Cervical Screening	Women, starting at age 18, every three years to age 69 after two normal pap test.	In 2003, the province launched the provincial Cervical Screening Initiatives Program with a staged implementation strategy. Currently provincial guidelines recommend annual cervical screening. In 2004/05, 43 percent of women aged 18-69 years in NL had a pap test.

Minister Ottenheimer said while benchmarks will allow patients to monitor the province's progress, other changes are needed to enhance how wait times are measured, monitored and managed. Currently there is no provincial centralized wait list since all regions manage wait times in different ways. The minister acknowledged that physicians, other health professionals, managers and policy makers are all working together to reduce wait times.

The department recently hired a provincial wait times coordinator and is completing baseline assessment of wait times in the province. Government is working in partnership with health authorities and health care professionals in identifying challenges that exist in the health care system and working toward addressing them. Through further collaboration and investment, along with increased health promotion, government will continue to advance its vision for a reformed health care system.

Minister Ottenheimer added: "Patients can also play an active role in helping to reduce wait times by becoming informed about their options, talking to their health care providers about changes that can affect the timing of their treatments, and by living an active and healthy lifestyle to prevent the need for care."

Government invested an additional \$113 million in health care funding in Budget 2005, bringing the total provincial investment in healthcare to \$1.75 billion, representing a seven per cent increase over last year's budget. \$23.2 million was invested to improve access to key services. Through the purchase of equipment, modernization of diagnostic and medical equipment and the expansion of select services in all of the province's major health care centres, government has added capacity for

43,344 MRI, CT, cardiac and other key diagnostic procedures, surgeries, as well as cancer treatments.

In September 2004, first ministers committed to establish evidence-based benchmarks for medically acceptable wait times in priority areas including cancer, heart, diagnostic imaging, joint replacements, and sight restoration by December 31, 2005. Provinces and territories announced 10 common benchmarks within the five priority areas on December 12, 2005. All provinces and territories are committed to achieving these benchmarks by March 31, 2007.

Media contact: Tansy Mundon, Communications, (709) 729-1377, 685-1741

BACKGROUNDER

(As distributed at the Provincial/Territorial announcement on December 12, 2005)

Provinces and Territories Establish Wait Time Benchmarks

Substantial progress is being made to improve access to health care across Canada. Canadians now have more information than ever before about wait times in their communities and today governments are establishing a first set of evidence-based benchmarks for selected health services.

Provinces and territories are committed to establishing benchmarks for diagnostic imaging, such as MRI and CT scans, but there is not yet enough clinical evidence currently available. To fill this gap, provinces and territories are seeking advice from some of Canada's leading experts. While new evidence is being produced, each jurisdiction can set its own access targets, including some for MRI and CT scans. Benchmarks for breast and cervical screening are also being established because of the important contribution they make to detecting cancer and keeping people healthy.

Commitments in the 10-Year Plan

The 10-Year Plan to Strengthen Health Care, reached by First Ministers in September 2004, commits jurisdictions to reduce wait times in priority areas, recognizing the different starting points, priorities and strategies across the country. One of the main commitments is to establish evidence-based wait time benchmarks for cancer and heart treatments, diagnostic imaging, joint replacement and sight restoration. Multi-year targets to work towards the benchmarks will be established by each jurisdiction by the end of 2007. A second commitment is for each jurisdiction to establish comparable indicators of access to health care professionals, diagnostic procedures, and medical treatments.

As described in the agreement entitled "Asymmetrical federalism that respects Quebec's jurisdiction," which accompanies the 10-year plan, Quebec applies its own wait time reduction plan in accordance with the objectives, standards and criteria established by the relevant Quebec authorities.

What is a benchmark?

Wait time benchmarks are evidence-based goals that each province and territory will strive to meet, while balancing other priorities aimed at providing quality care to Canadians. Benchmarks express the amount of time that clinical evidence shows is appropriate to wait for a particular procedure. They are not care guarantees or legal obligations to individual patients. For provinces and territories as the managers of Canada's health systems, benchmarks are policy tools that can help to identify pressures affecting the delivery of care, to assess priorities for improving care, and to inform decisions about how best to allocate resources. The ultimate objective is timely and appropriate care for Canadians.

Urgency levels

The benchmarks for cardiac bypass surgery reflect three urgency levels that have been well validated by clinicians. For example, a Level I patient could have been admitted to a hospital with a small to moderate heart attack and be at risk of another larger attack. A Level II patient could have been admitted for a small to moderate heart attack and have a low to moderate risk of a recurrent attack. A Level III patient could have mild to moderate symptoms that are stable.

The benchmark for cataract surgery does not apply to all patients – only those individuals who are at high risk. For example, cataracts may be impairing the ability to treat other eye diseases or significantly impairing the ability to function without assistance.

As each province and territory works towards the common benchmarks for cardiac bypass surgery and cataract surgery, they will refine criteria for the various urgency levels to reflect their own situations.

In all cases, emergency patients will continue to be seen as soon as possible.

What is a target?

While evidence-based benchmarks apply to the whole country, targets are set by each province and territory. As agreed to in the 10-year plan, they are the interim goals set over a period of time to guide jurisdictions as they work towards the benchmarks.

What is a wait time?

To establish benchmarks, measurements are needed – we need to know when the clock starts and stops.

A wait time begins with the booking of a service, when the patient and the appropriate physician agree to a service and the patient is ready to receive it. The appropriate physician is one with the authority to determine the needed service. A wait time ends with the commencement of the service.

Using benchmarks along with other steps to improve access

Benchmarks will allow Canadians to see how well their provinces are improving access to selected health services, but they are not a cure for reducing wait times. Other changes are needed to enhance how wait times are measured, monitored and managed.

Provinces and territories are working to meet these benchmarks by:

- Using information technology to collect data on wait times and measure progress;
- Improving the way services are delivered to make them more efficient and patient-focused;
- Managing access using consistent ways to assess the needs of patients and how urgently they require care;
- Clarifying how health service organizations and health providers are responsible for enhancing access to care;
- Evaluating access to health services and health outcomes to help determine where resources should be directed for the most effective results; and
- Communicating clear information to the public so that Canadians can track wait times for services that affect them and measure the progress that all jurisdictions are making.

Illnesses covered by the benchmarks

Some benchmarks set goals for procedures that address one illness, such as repairing hip fractures or removing cataracts. The hip and knee replacements help patients with degenerative osteoarthritis and those with inflammatory conditions, such as rheumatoid arthritis. Cardiac bypass surgery treats patients with blocked arteries that deliver oxygen to the heart. Patients with tobacco-related coronary artery disease and complications of diabetes will also benefit from the cardiac benchmarks. The single benchmark for radiation therapy applies to a long list of cancers, including breast, lung, brain, cervical, prostate, and thyroid cancer as well as leukemia. The two benchmarks for breast and cervical cancer screening acknowledge the important contribution played by early detection. Altogether, the 10 benchmarks being established today deal with illnesses that affect millions of Canadians and their families.

What is a comparable indicator?

Indicators are used to measure how well a health system is performing. Comparable indicators have the additional benefit of allowing comparisons across health systems.

Provinces and territories are establishing comparable indicators, along with the Canadian Institute for Health Information, to track how well they are improving access to care. The focus is on the health services that now have common benchmarks, such as cardiac bypass surgery, radiation therapy for cancer, and cataract surgery.

Using these indicators, each province and territory will be able to report on access to selected health services. For example, each jurisdiction will be able to identify wait times for hip and knee replacements, and the public will be able to compare results across Canada.

What does this work mean for patients?

Provinces and territories have made many of the system-wide changes required to improve access to care. Faced with the growing demand for health care services as a result of population growth, aging, new drugs, technologies and incidence of chronic diseases, governments continue to renew their health care systems to provide quality, patient-centred care. For example, Canadians are benefiting from new models of care that make providers more accessible as well as innovative initiatives designed to prevent illness and promote healthy life styles. Benchmarks will add to these achievements by giving Canadians a way to track the steady progress that each province and territory is making.

What can patients do?

Patients can become informed about their options, speak with their health providers about changes that can affect the timing of their treatment or access to health services, be prepared for surgery on short notice in case an earlier opening becomes available, and make healthy choices to prevent the need for care and improve the results of medical procedures.

2005 12 21

11:30 a.m.

[Home](#)[Back to Government](#)[Contact Us](#)

All material copyright the Government of Newfoundland and Labrador. No unauthorized copying or redeployment permitted. The Government assumes no responsibility for the accuracy of any material deployed on an unauthorized server.
[Disclaimer/Copyright/Privacy Statement](#)

News Releases

Government of Newfoundland and Labrador - Canada

Government Home

Search

Sitemap

Contact Us



BUDGET 06

The Right Choices:
Momentum for Growth and Prosperity

GOVERNMENT OF NEWFOUNDLAND AND LABRADOR

NLIS 7

March 30, 2006

(Health and Community Services)

The Right Choices: Improving Our Health

The Williams government is helping people stay healthy through improved access to health care services, Health and Community Services Minister Tom Osborne announced today. Budget 2006 unveils more than \$180 million in new health care funding, bringing government's total investment to \$1.96 billion – representing a 10 per cent increase over last year.

"This new health care investment responds to the current changes and increasing pressures in our health care system – a rapidly-aging population, outdated health infrastructure, new technology and drug treatments, and growing public expectations," said Minister Osborne. "These initiatives aim to improve our health and deliver better health care sooner."

Highlights of the targeted investments include – \$52 million for new health care infrastructure and renovations and repairs to existing health care facilities; \$15.6 million to strengthen cancer prevention and treatments; a \$4.8 million injection in the Provincial Drug Program and \$3.7 million to support healthy lifestyles and better health outcomes.

Through Budget 2006, government is also adding over \$60 million to the province's four health authorities' base budgets to reflect increased operating costs and respond to program cost and utilization pressures.

Preventing and Treating Cancer

In Newfoundland and Labrador, 2,200 new cases of cancer will be diagnosed this year, some of which could be avoided through early detection. In response to an unexpected increase in demand for radiation treatment, aging equipment and the desire to improve patient outcomes, Budget 2006 dedicates \$15.6 million in new funding to prevent and treat cancer. Highlights of the investment include:

- \$3.3 million to begin construction on two new bunkers to house two new radiation machines at the Dr. H. Bliss Murphy Centre in St. John's. Further investment will follow in next year's budget to purchase the equipment, which is expected to be operational in late 2007. The overall investment for this project is \$10 million;
- \$1.5 million to strengthen resources in preventing cancer and expand the Cervical Screening Program into the Eastern and Labrador-Grenfell regions. Through increased public education, the program will aim to increase cervical screening rates by 25 per cent this year;
- \$750,000 for a new breast screening centre in Grand Falls-Windsor and to expand the existing breast screening centre in St. John's along with program enhancements for breast and other cancers;
- \$6.4 million to introduce three new cancer treatment therapies for colorectal cancer and a new treatment therapy for multiple myeloma;
- A further \$620,000 to add three new drugs to the Newfoundland and Labrador Provincial Drug

Program – Eprex, Aranesp and Tarceva. Eprex and Aranesp are used to treat anemia associated with certain cancers, while Tarceva is an oral agent used to treat lung cancer that has failed to respond to standard first-line chemotherapy; and,

- \$3 million to add the drug Herceptin to the Provincial Systemic Therapy Formulary to treat selected patients with early stage breast cancer (Stages 1, 2 and 3).

"We are committed to improving cancer services and the quality of life for people living with cancer in our province. Through increased investments in prevention and working with stakeholders on a new Provincial Cancer Control Strategy, we will help educate the public on the importance of early detection with a goal of reducing cancer rates over the long term," said Minister Osborne.

Improving Access to Health Care Services

Building on government's continued commitment to improving health care services in the province, Budget 2006 includes \$11.3 million to increase the subsidized rate for personal care homes, add new drugs to the Newfoundland and Labrador Prescription Drug Program for persons suffering from Alzheimer's Disease, reduce the home support wait-list for new clients and respond to the growing need for renal dialysis in the province.

Although there is currently no cure for Alzheimer's, some drugs have proven to be effective for select persons suffering from this disease. Government will cover the costs of Aricept, Reminyl and Exelon under the Newfoundland and Labrador Prescription Drug Program under special authorization.

Recognizing the important role that personal care homes play in providing care and accommodations to our province's seniors, and the need to provide further support to seniors who choose to live in personal care homes, government has allocated \$6 million this year to increase the personal care home subsidy rate from \$1,138 per month up to \$1,500 per month effective July 1, 2006 and provide additional subsidies to address the current waitlist.

There are approximately 200 people identified to receive first-time home support services in our province in addition to those who currently have some form of home support. Government will reduce the wait-list for home support for seniors and persons with disabilities through a \$2.7 million investment in Budget 2006. This investment will reduce the burden of care-giving in changing family environments and provide assistance to seniors and persons with disabilities to live independently.

An additional \$1.5 million is provided in Budget 2006 to respond to growing demands for dialysis services in the province. Government is also proceeding with three new renal dialysis units in Burin, Happy Valley-Goose Bay and St. Anthony. The units are expected to be operational within 18-24 months.

Budget 2006 also provides \$350,000 in new funding to enable our people, for the very first time, to benefit from in vitro fertilization procedures without having to leave the province.

Investing in Children and Youth

Government will invest more than \$5.4 million in Budget 2006 to address program priorities to support children and youth in the province. Highlights of the investments include:

- \$4.1 million to improve the effectiveness of the children's dental health program to ensure that children are able to take full advantage of the program;
- \$651,900 to increase the rate paid to caregivers of children in care by 15 per cent over the next three years, beginning with a five per cent increase this year. Alternate family care providers, who care for persons with developmental disabilities, will also receive an increase of 15 per cent over the next three years at a cost of \$227,000. The rate supports room and board, supervision, personal care and social supports and increased funding for children living with relatives and for the youth services program;
- \$350,000 to provide coverage of pediatric enteral nutrition (medically-approved nutritional supplements) for children with severe bowel diseases, such as Crohn's and Colitis. This investment will eliminate the financial burden on families and allow for the provision of

medically-necessary treatment to children outside the hospital environment;

- In light of the high rate of suicides in Aboriginal communities, government will cost-share a two-year \$240,000 suicide prevention initiative with Health Canada. Budget 2006 includes \$60,000 to support research for suicide prevention intervention programs, and to develop training programs for mental health and other community workers; and
- Develop models for the integration of mental health services related to adolescent and young adult suicides, and develop a protocol for crisis intervention in Aboriginal communities experiencing a high rate of suicides.

Go Healthy

Government is serious about educating all Newfoundlanders and Labradorians on the benefits of an active and healthy lifestyle. To that end, Budget 2006 targets \$5.2 million to encourage physical activity and promote healthier lifestyles. This includes:

- A further \$1.3 million will be directed to support implementation of the provincial wellness plan - *Go Healthy*. This investment builds on last year's record \$2.4 million investment in wellness. The plan's first phase will be implemented over the next three years and will focus on some key areas including healthy eating, physical activity, tobacco control, and injury prevention;
- \$1 million to extend the physical education equipment program to students in the intermediate grades. The program was introduced last year for the province's high school students and funding this year will be used to purchase equipment for students in grades 7-9. The new physical education curriculum promotes life-long, healthy living, from kindergarten to senior high. It is about helping students foster positive attitudes about the importance of being active and physically fit for life;
- \$500,000 to the Kids Eat Smart Foundation, an organization that works with schools and community groups to establish nutritious breakfast, lunch and snack programs in schools. This will effectively double the existing grant to the organization; and,
- Effective April 1, a one cent increase per cigarette, and five cent increase per gram on loose tobacco will be implemented in keeping with government's commitment to smoking cessation and eliminating youth smoking.

Fighting Addictions and Improving Mental Health

Government has invested \$2 million in the last two years towards mental health initiatives, demonstrating its commitment to providing mental health consumers with the resources they need to continue to access services which enable them to live healthy and fulfilling lives.

Budget 2006 builds on the priorities of the new policy framework – *Working Together for Mental Health* – released last fall, by committing a further \$1 million to enhance primary mental health services in the province.

To strengthen resources to assist persons struggling with gambling and other addictions, Budget 2006 also includes \$1 million in new funding to add nine new addictions counsellors in the province for primary prevention and treatment, and to respond to needs identified in the Gambling Prevalence Study released last fall. An additional \$1.1 million will be spent this year to construct a new provincial addictions treatment centre in Corner Brook as part of a \$3 million project. The new centre will provide enhanced treatment for persons with addictions, including non-medical detox services which will allow for seamless transfer from detox to treatment.

Strengthening Public Health

Government recently announced \$4.6 million in Budget 2006 to strengthen the province's public health system; enhance animal health service delivery; and expand the capacity of the Emergency Measures Organization. The investment includes:

- \$800,000 to add to the antiviral stockpile that will allow us to respond to a pandemic;
- \$365,000 to hire regional health emergency professionals for each region;

- \$1.5 million to hire 39 public health nursing positions over the next two years;
- \$344,800 to create new public health positions within the Department of Health and Community Services;
- \$1.3 million to enhance animal health services; and,
- \$290,000 to enhance the Emergency Measures Organization.

Media contact: Tansy Mundon, Communications, (709) 729-1377, 685-1741

2006 03 30

2:20 p.m.



[Home](#) | [Back to Government](#)

[Contact Us](#)



All material copyright the Government of Newfoundland and Labrador. No unauthorized copying or redeployment permitted. The Government assumes no responsibility for the accuracy of any material deployed on an unauthorized server.
[Disclaimer/Copyright/Privacy Statement](#)

News Releases

Government of Newfoundland and Labrador - Canada

[Government Home](#)

[Search](#)

[Sitemap](#)

[Contact Us](#)



NLIS 3
July 7, 2006
(Health and Community Services)

Minister officially opens new cancer centre in Gander

Health and Community Services Minister Tom Osborne today officially opened the new cancer centre in Gander. Minister Osborne was joined by Minister Kevin O'Brien, MHA for the Gander District; Dave Diamond, chief executive officer, Central Health; Pat Pilgrim, chief operating officer of Cancer Care, Eastern Health; and Eric Jerrett, chair, Dr. H. Bliss Murphy Cancer Foundation.

"Our government is committed to investing in the prevention and treatment of cancer and we are working in cooperation with the Newfoundland and Labrador Division of the Canadian Cancer Society, the regional health authorities and other community agencies on the development of a new Provincial Cancer Control Strategy," said Minister Osborne. "Our government continues to make significant investments to improve the lives of those living with cancer. The new cancer centre will increase capacity for cancer services for residents in the central region and will provide enhanced services for those requiring treatment."

The new cancer centre, located in the James Paton Memorial Hospital, will accommodate seven patients at one time, versus four patients prior to the renovations and will provide a more aesthetically-pleasing environment for cancer patients. Enhancements to the centre include privacy curtains for treatment areas; handicap accessible washrooms; an expanded treatment space with a waiting area and family room; and, additional office space for oncologists. Services provided at the centre include specialty clinics by visiting medical and radiation oncologists from the Dr. H Bliss Murphy Cancer Centre as well as chemotherapy services and supportive nursing care. In addition to this new facility, capacity for cancer services in central region will also increase in Grand Falls-Windsor when a new cancer centre is completed later this year.

"As a client-focused organization, we understand how physical surroundings can lift patients' spirits during the course of treatment," said David Diamond, CEO, Central Health. "We are pleased to join with our partners to redevelop the Gander Cancer Centre and ultimately, to improve the quality of life for cancer patients in this region."

The Government of Newfoundland and Labrador provided \$350,000 to renovate a new cancer centre in Gander. The Dr. H. Bliss Murphy Cancer Care Foundation raised more than \$60,000 from community and corporate donors to purchase treatment equipment and furnishings for the new space. The cancer centre is operated by Eastern Health, as part of the provincial cancer care program, in partnership with Central Health.

"Eastern Health is committed to providing the people of this province with quality cancer care and medical treatment as close to home as possible," said Pat Pilgrim, COO, Cancer Care, Eastern Health. "This new modern facility will enhance privacy for our patients and their families and provide a warm and friendly environment that is familiar and comfortable for them."

"Eric Jerrett, chair, Dr. H. Bliss Murphy Cancer Care Foundation thanked everyone who generously contributed to this project. "The outpouring of support from this community over the past six months has resulted in over \$60,000 being donated for the purchase of medical equipment and furnishings for the Cancer Centre Gander. The philanthropic spirit in this community was surpassed only by the motivation and determination to have a new cancer centre."

"I personally am proud of the commitment of this government in investing in the lives of the individuals and families who are impacted by cancer," said Kevin O'Brien, Minister of Business and MHA for Gander. "The Gander Cancer Centre, with these new enhancements, will now serve as a resource that will positively impact this region and its residents in a big way."

Government invested \$15.6 million in Budget 2006 to prevent and treat cancer including \$3.3 million to construct two new bunkers to house radiation equipment at the Dr. H. Bliss Murphy Cancer Centre in St. John's; \$1.5 million to expand the Cervical Screening Program into the Eastern and Labrador-Grenfell regions; and, \$750,000 for a new breast screening centre in Grand Falls-Windsor and an expanded breast screening centre in St. John's, as well as program enhancements for breast and other cancers. Government also invested an additional \$1.2 million to construct a new cancer centre in Grand Falls-Windsor, which is scheduled to open in September of this year.

Media contact:

Tansy Mundon, Health and Community Services, (709) 729-1377, 685-1741

tansymundon@gov.nl.ca

Stephanie Power, Central Health, (709) 292-2629

Leona Barrington, Eastern Health, (709) 777-1339, 728-7935

leona.barrington@easternhealth.ca

Brenda Lockyer, Executive Director, Cancer Care Foundation (709) 687-8622

2006 07 07

10:35 a.m.



[Home](#) | [Back to Government](#) | [Contact Us](#)



All material copyright the Government of Newfoundland and Labrador. No unauthorized copying or redeployment permitted. The Government assumes no responsibility for the accuracy of any material deployed on an unauthorized server.
[Disclaimer/Copyright/Privacy Statement](#)

News Releases

Government of Newfoundland and Labrador - Canada

[Government Home](#)

[Search](#)

[Sitemap](#)

[Contact Us](#)



Health and Community Services

January 16, 2007

New Physician Recruitment Web Site Launched

A new Web site is now available to facilitate physician recruitment in the province. The Web site provides a listing of job opportunities across the province, and speaks to the benefits of living and working as a physician in Newfoundland and Labrador.

"We are committed to improving the recruitment and retention of physicians in Newfoundland and Labrador and we have invested \$6 million this year to sustain current recruitment initiatives," said the Honourable Tom Osborne, Minister of Health and Community Services. "The new physician recruitment Web site will help us to gain a competitive edge in the recruitment of physicians to our province by providing accessible, current and comprehensive information to potential candidates, nationally and internationally."

The Web site, www.nlphysicianjobs.ca, contains a current inventory of job opportunities as well as a mechanism for physicians to apply on-line. Job opportunities range from locum positions to permanent general practitioner and specialist positions, with the range of opportunities in the four Regional Health Authorities and in private practice. The Web site also provides a summary of how the provincial health care system operates and promotes the province's culture and lifestyle benefits. Additionally, physicians interested in learning more about practising in the province can submit their contact information and be connected with a physician colleague in Newfoundland and Labrador.

The Web site, operated by the Provincial Office of Recruitment, was funded by a grant from Health Canada in the amount of \$41,900. This grant also includes funding for the development of a guidelines document to standardize best practices in recruitment in the four Regional Health Authorities.

"We currently have 980 physicians in active practice in the province - a seven per cent increase since March 2003," said Minister Osborne. "This demonstrates that our recruitment strategies, and those of the Regional Health Authorities, are working. However, we recognize that to improve physician recruitment and retention significantly and to remain competitive, we must ensure that our strategies are progressive and sustainable over the long term."

In addition to the Web site, government invests \$6 million annually in several established recruitment and retention strategies including \$150,000 for the Office of Provincial Recruitment; \$4.6 million for retention bonuses for salaried physicians; \$935,100 for an annual bursary program with return in service agreements; \$300,000 for travelling fellowships for specialties not offered in the province; an enhanced clinical skills, assessment and training program for International Medical Graduates (IMGs); and the introduction of a five-year project to standardize the assessment, preceptorship, orientation and hospitality offered to IMGs, in conjunction with the federal government.

Minister Osborne added: "Through investments in information communication technology, our government is improving access to health care services in all areas of the province. At the same time, we are earning a reputation as a leader in health care innovation which will no doubt make our province an attractive one in which to practice medicine."

- 30 -

Media contact:
Tansy Mundon
Director of Communications
Department of Health and Community Services

709-729-1377, 685-1741
tansymundon@gov.nl.ca

2007 01 16

9:15 a.m.



[Home](#)

[Back to Government](#)

[Contact Us](#)



All material copyright the Government of Newfoundland and Labrador. No unauthorized copying or redeployment permitted. The Government assumes no responsibility for the accuracy of any material deployed on an unauthorized server.
[Disclaimer/Copyright/Privacy Statement](#)

News Releases

Government of Newfoundland and Labrador - Canada

[Government Home](#)[Search](#)[Sitemap](#)[Contact Us](#)

Health and Community Services

February 16, 2007

Media Advisory: Minister to Attend Second Forum on Cancer Control Strategy

The Honourable Ross Wiseman, Minister of Health and Community Services, will address delegates at the second stakeholder forum to guide the development of a cancer control strategy for Newfoundland and Labrador on Monday, February 19, at 9:00 a.m. at the Capital Hotel in St. John's.

This two-day forum is a joint initiative by the Canadian Cancer Society, Eastern Health and the Department of Health and Community Services and will guide the direction of a cancer control strategy for the province.

Media contact:

Tansy Mundon

Director of Communications

Department of Health and Community Services

709,729-1377, 685-1741

tansymundon@gov.nl.ca

2007 02 16

12:15 p.m.

[Home](#) | [Back to Government](#)[Contact Us](#)

TOP

All material copyright the Government of Newfoundland and Labrador. No unauthorized copying or redeployment permitted. The Government assumes no responsibility for the accuracy of any material deployed on an unauthorized server.
[Disclaimer/Copyright/Privacy Statement](#)

News Releases

Government of Newfoundland and Labrador - Canada

[Government Home](#)

[Search](#)

[Sitemap](#)

[Contact Us](#)



Health and Community Services
February 23, 2007

Province Moving Forward with Provincial Cancer Control Strategy

Progress is being made in the development of a new cancer control strategy for Newfoundland and Labrador. Representatives from the Department of Health and Community Services, the Regional Health Authorities, the Canadian Cancer Society and other key stakeholders gathered for a provincial stakeholder forum on February 19-20 to begin development of an action plan for a provincial cancer control strategy. The forum was attended by approximately 110 individuals.

"The time has come for our province to pull together our resources and our knowledge base to build a comprehensive strategy to reduce the incidence and impact of cancer in Newfoundland and Labrador," said the Honourable Ross Wiseman, Minister of Health and Community Services. "This strategy, once completed, will encompass the views of key stakeholders and build on our Budget 2006 investment of \$15.5 million in cancer prevention and treatment."

Following the first forum in April 2005, a committee was created to begin the process of developing a long-term, comprehensive approach to cancer control. The committee formed working groups to identify the current strengths and gaps in cancer control and their impacts. Ten directions for action were identified in nine areas including: surveillance and informatics, clinical practice guidelines, promoting a healthy population, identifying individuals and families at increased risk, access to services, coordinating care, living with cancer, education and training for cancer related issues, and a provincial cancer control collaborative.

It is estimated that approximately 2,300 people will be diagnosed with cancer and 1,330 people will die of cancer in Newfoundland and Labrador this year. Additionally, factors such as a rapidly aging population and high rates of obesity and physical inactivity will result in an increase in the incidence of cancer in the province. In the absence of a plan to stop the progressing trends in cancer prevalence, the current cancer rates may increase by as much as 56 per cent in 20 years.

"There is plenty of evidence from other countries that comprehensive strategies reduce the impact of cancer," stated Peter Dawe, Executive Director, Canadian Cancer Society. "We have the knowledge to improve our own outcomes, now we have to apply that knowledge."

"As a partner in this consultative process, we are glad to see a blueprint for cancer control under development and we are encouraged by the high level of commitment to the process from all the partners," said Patricia Pilgrim, Eastern Health's Chief Operating Officer with responsibility for cancer care.

"The next step is to take these 10 priority directions and develop a full action plan for cancer control in Newfoundland and Labrador," said Minister Wiseman. "We anticipate having a provincial strategy developed by summer of 2007 to coordinate and sustain cancer control in our province over the long term."

In keeping with its commitment to cancer prevention and treatment, government invested \$15.5 million in Budget 2006 in new funding for cancer screening and treatments. This includes \$1.5 million to expand the Cervical Screening Program into the Eastern and Labrador-Grenfell regions and upgrade to Liquid Based Cytology; \$750,000 for a new breast screening centre in Grand Falls-Windsor and to expand the existing breast screening centre in St. John's along with program enhancements for breast and other cancers; \$6.4 million to introduce three new cancer treatment therapies; and, \$3.3 million for two new bunkers to house two new radiation machines at the Dr. H.

Bliss Murphy Centre in St. John's. Additionally, government invested \$3.7 million in Budget 2006 to implement the Provincial Wellness Plan.

- 30 -

Media contact:
Tansy Mundon
Director of Communications
Department of Health and Community Services
709-729-1377, 685-1741
tansymundon@gov.nl.ca

2007 02 23

12:05 p.m.



[Home](#) | [Back to Government](#)

[Contact Us](#)



All material copyright the Government of Newfoundland and Labrador. No unauthorized copying or redeployment permitted. The Government assumes no responsibility for the accuracy of any material deployed on an unauthorized server.
[Disclaimer/Copyright/Privacy Statement](#)

News Releases

Government of Newfoundland and Labrador - Canada

[Government Home](#)

[Search](#)

[Sitemap](#)

[Contact Us](#)



Budget07

Vision. Action.

Health and Community Services
April 26, 2007

Promoting a Healthy Society

Over the last three and a half years, the Williams Government has made strategic investments to improve the overall health and well-being of the population. Through a continued focus on health promotion, prevention and improving access to health and community services, the Provincial Government is working to promote a healthy society for all residents of Newfoundland and Labrador. The overall budget for health and community services is \$2.2 billion, representing a 10.3 per cent increase over last year.

"Budget 2007 demonstrates government's continued commitment to improve health and community-based services through a focus on our province's children, improving access to health care services and strengthening mental health and addictions," said the Honourable Ross Wiseman, Minister of Health and Community Services. "Given the vast geography of our province and our disbursed population, our challenge is always to provide timely access to health care services as close to a resident's home as possible. It is with this in mind that we have once again enhanced and strengthened health care services in all regions of our province."

Investing in Our Province's Children

Many different factors affect a child's health and well-being, including economic and social conditions, along with the need for a safe and protective environment. Addressing children's issues is a priority for the Provincial Government.

Through an investment of almost \$6.5 million this year, and over \$9 million annualized, the Provincial Government will strengthen the Child, Youth and Family Services (CYFS) system by:

- Targeting professional development and training, including the development of a new orientation program for social workers;
- Adding new positions to the system, including social workers and support staff;
- Hiring additional lawyers to support the legal requirements of CYFS;
- Undertaking the necessary legislation, program and policy reviews;
- Implementing operational and organizational changes, including improvements to the Client Referral and Management System (CRMS);
- Introducing quality assurance initiatives; and,
- Enhancing monitoring, evaluation and planning for system changes for the future to ensure best practices are implemented across the system.

There are currently 100 children under the age of 18 who could benefit from the use of insulin pump therapy to effectively manage their diabetes. An additional 30 children are diagnosed annually. Budget 2007 includes almost \$1.4 million to provide insulin pumps and supplies for children with Type

I diabetes under the age of 18.

Through an investment of \$396,100, the Provincial Government will enhance pre-school therapeutic speech language pathology services, resulting in increased and earlier support to families and improved developmental outcomes for children.

Vaccines are still the first and best line of defence to reduce the impact of diseases in children. Budget 2007 includes \$1.5 million to continue three vaccines to treat pneumonia, meningitis and chicken pox.

Easter Seals Newfoundland and Labrador provides programs and services to children with physical disabilities to ensure that youth have equal opportunities to live, learn, work and play. Easter Seals House, a new facility to be located in Pippy Park in St. John's, will provide children with increased opportunities to learn life skills, benefit from new therapies, meet and overcome challenges in a safe and supportive environment and to be themselves. The Provincial Government recognizes the importance of the facility and will invest \$175,000 for Easter Seals House, matching the net proceeds from ticket sales at a fundraising event held by Easter Seals earlier this week. These proceeds will assist with the cost of the \$2 million project.

Improving Access to Health Care Services

As a result of past investments in hospital equipment to increase capacity and improved access, the Provincial Government is currently within the national wait-time benchmarks between 80 to 100 per cent of the time. In keeping with its commitment, the Provincial Government will provide \$2 million to improve access to health services, including extended hours of operation for the MRI in St. John's and Corner Brook, improved pre-hospital care in St. John's, enhanced mammography and CT services in Carbonear, and expanded endoscopy services in Gander and Grand Falls-Windsor.

Through a \$22.3 million investment this year for new diagnostic and capital equipment, the Provincial Government will purchase two new linear accelerators for the Dr. H Bliss Murphy Cancer Centre, cardiac cath lab equipment and monitors at the Health Sciences Centre, Bi Planar Angiography machine, and a new X-ray machine for the Carbonear General Hospital. In addition, the Provincial Government will purchase CT Scanners for diagnostic imaging at Western Memorial Regional Hospital in Corner Brook and Sir Thomas Roddick Hospital in Stephenville.

Approximately \$11.5 million will be allocated to the regional health authorities to address utilization pressures and to invest in new initiatives. Highlights of this investment include the establishment of a new medical flight team for the provincial air ambulance service, enhanced social work services on Fogo Island and at the Grand Falls-Windsor dialysis unit, expanded services in Corner Brook for dialysis and stroke care, and an enhanced laboratory service in St. Anthony.

To support continued improvements in information and communications technology to enhance the delivery of health care services throughout the province, Budget 2007 includes \$2.65 million over two years, matched by Canada Health Infoway, to provide telehealth services for chronic disease management. Specific areas to be supported include diabetes management, oncology, mental health, nephrology and neurology. An example of the services to be deployed is the use of video technologies to support satellite dialysis clinics across the province.

Investing in Infrastructure

In recognition of the need to replace or renovate health care infrastructure, the Provincial Government will invest almost \$67 million this year for capital projects, including:

- \$3 million for design and site work for a new health centre in Lewisporte;
- \$1.3 million to redesign and redevelop the Forensic Inpatient and Developmentally Delayed

- units at the Waterford Hospital, St. John's;
- \$600,000 to begin planning for a new health centre in Flower's Cove;
 - \$23.6 million to continue completion of a new 236-bed long-term care facility and four dementia duplexes with 40-bed capacity in Corner Brook (operational in fall 2009);
 - \$14.5 million to continue completion of a new 44-bed long-term care facility in Clarenville (operational in summer 2008);
 - \$3 million to begin construction of a new 50-bed long-term care facility in Happy Valley-Goose Bay (operational in 2009-10);
 - \$4.5 million to begin design and site work for a new 28-bed health centre in Labrador West (operational in spring 2011);
 - \$7.2 million to construct a new health centre in Grand Bank and to redevelop the Blue Crest Nursing Home (operational in spring 2008);
 - \$3.2 million for construction of a new Provincial Addictions Centre in Corner Brook (operational in summer 2008);
 - \$2.6 million for a new office building to be constructed adjacent to the Labrador Health Centre in Happy Valley-Goose Bay (operational in spring 2008); and,
 - \$3.1 million for continued redevelopment of the James Paton Memorial Hospital in Gander.

Budget 2007 includes \$637,000 to provide new and effective treatment therapies under the Newfoundland and Labrador Prescription Drug Program. New drugs include Remodulin for the third-line treatment of primary pulmonary hypertension, and Femara and Arimidex for first-line treatment in certain patients with breast cancer.

Strengthening Mental Health and Addictions

The Provincial Government recognizes that a person's mental health is as important as his/her physical health. To this end, the Provincial Government has invested \$5.7 million over the last three years to enhance mental health and addictions services in the province, released a Mental Health and Addictions Policy Framework and ensured passage of a new *Mental Health Care and Treatment Act*. Budget 2007 includes an additional \$1.6 million to strengthen mental health and addictions services in the province. This includes \$800,000 to implement the framework for the new *Mental Health Care and Treatment Act*. Also included is \$800,000 to continue with implementation of the Mental Health and Addictions Policy Framework.

A further \$575,000 will be invested to address problem gambling in the province, including enhancement of prevention and treatment services, creation of a public awareness campaign and funding for research.

There are currently 7,300 residents of Newfoundland and Labrador over the age of 15 who are at risk of developing an eating disorder. Though a new investment of \$228,800, the Provincial Government will establish a new Provincial Eating Disorders Program, providing an outpatient day treatment program operating five days a week.

Valuing Care Providers

The Provincial Government values the important role that care providers play in delivering health and community services throughout the province. Budget 2007 includes funding to strengthen public health positions, increase the rate paid to foster families and alternate family care givers, and support professional development for nurses in the province.

"Budget 2006 committed to hiring 39 public health nursing positions over two years to strengthen public health capacity in the province. Approximately \$1.6 million has been allocated this year to fund the annualized cost of positions approved last year and to hire the remaining 13 new positions this year, including six in Eastern, three in Central, two in Western and two in Labrador-Grenfell health regions."

In keeping with the commitment from last year to increase the rate paid to foster families, youth services and children living with relatives, and alternate family care givers by 15 per cent over three years, beginning in April 2006, Budget 2007 includes \$936,000 to increase the rate paid by five per cent this year.

The Provincial Government will cost-share \$1 million with regional health authorities to support an eight-week graduate orientation program to support nurses in frontline practice.

"Through continued strategic investments we will enhance and strengthen our health care system so that we prepare for the coming years, while ensuring it is sustainable well into the future," said Minister Wiseman.

- 30 -

Media contact:
Tansy Mundon
Director of Communications
Department of Health and Community Services
709-729-1377, 685-1741
tansymundon@gov.nl.ca

2007 04 26

2:15 p.m.



[Home](#)

[Back to Government](#)

[Contact Us](#)

[TOP](#)

All material copyright the Government of Newfoundland and Labrador. No unauthorized copying or redeployment permitted. The Government assumes no responsibility for the accuracy of any material deployed on an unauthorized server.
[Disclaimer/Copyright/Privacy Statement](#)

News Releases

Government of Newfoundland and Labrador - Canada

[Government Home](#)

[Search](#)

[Sitemap](#)

[Contact Us](#)



Health and Community Services
May 22, 2007

Media Advisory: Minister to Announce Details on Review into ER/PR Testing in Eastern Health

The Honourable Ross Wiseman, Minister of Health and Community Services, will hold a news conference today (Tuesday, May 22) at 12:30 p.m., to announce details on an independent review of the estrogen and progesterone receptor (ER/PR) breast cancer testing system at Eastern Health. The news conference will be held in the Media Centre, Ground Floor, East Block, Confederation Building.

- 30 -

Media contact:
Tansy Mundon
Director of Communications
Department of Health and Community Services
709-729-1377, 685-1741
tansymundon@gov.nl.ca

2007 05 22

10:55 a.m.



[Home](#)

[Back to Government](#)

[Contact Us](#)



All material copyright the Government of Newfoundland and Labrador. No unauthorized copying or redeployment permitted. The Government assumes no responsibility for the accuracy of any material deployed on an unauthorized server.
[Disclaimer/Copyright/Privacy Statement](#)

News Releases

Government of Newfoundland and Labrador - Canada

[Government Home](#)

[Search](#)

[Sitemap](#)

[Contact Us](#)



Health and Community Services
May 22, 2007

Government to Undertake Judicial Commission of Inquiry on Estrogen and Progesterone Receptor Testing for Breast Cancer Patients

In order to maintain confidence in the provincial estrogen and progesterone receptor (ER/PR) breast cancer testing system at Eastern Health, the Honourable Ross Wiseman, Minister of Health and Community Services, today announced that the Provincial Government will undertake a Judicial Commission of Inquiry on estrogen and progesterone receptor testing for breast cancer patients.

On Friday, Eastern Health CEO George Tilley apologized for the confusion that has ensued over this issue and stated that 'at no time did Eastern Health withhold any personal information from any of the patients impacted by our decision to retest for ER/PR' and that 'Eastern Health has acted and will continue to act in the best interest of our patients.'

"Government recognizes it is of the utmost importance for those directly involved and the general public to understand what happened to ensure that this situation does not reoccur," said Minister Wiseman. "Through an independent review, we will endeavor to get those answers. It is critical that patients and their families are assured that government takes this matter very seriously and that any questions they have are addressed in an open and transparent manner."

A Judicial Commission of Inquiry will be established by the Provincial Cabinet under Section 3 of the *Public Inquiries Act, 2006*. Cabinet will appoint a commissioner, set the terms of reference for the inquiry and authorize an appropriate budget. Once the commissioner's report is completed, it will be submitted to the Minister of Health and Community Services and will be released publicly.

The review will address six key questions:

1. What went wrong with the ER/PR tests that resulted in a high rate of conversions when re-tested?
2. Why was the problem with the tests not detected until 2005? Could it have been detected at an earlier date? Were the testing protocols during that period reasonable and appropriate?
3. Once detected, did the responsible authorities respond in an appropriate and timely manner to those categories of people who needed re-tests and those who were being tested for the first time?
4. Once detected, did the responsible authorities communicate in an appropriate and timely manner with the general public about the issues and circumstances surrounding the change in test results and the new testing procedures?
5. Are the testing systems and processes currently in place reflective of "best practice"?
6. Does Eastern Health currently employ an effective quality assurance system to provide maximum probability that the testing problems will not reoccur?

The Commissioner will provide recommendations as necessary and appropriate to address the questions for the inquiry as identified above. The minister will announce further details regarding the Commission of Inquiry, including the appointment of a commissioner.

Minister Wiseman added, "I look forward to receiving the commissioner's report which will answer the

many questions that have arisen with respect to this issue."

- 30 -

Media contact:
Tansy Mundon
Director of Communications
Department of Health and Community Services
709-729-1377, 685-1741
tansymundon@gov.nl.ca

Backgrounder – ER/PR Testing for Breast Cancer Patients

- This issue is not about breast cancer screening. At no time has there been a question of accuracy of mammograms or biopsy results to diagnose breast cancer.
- Estrogen and progesterone testing (ER/PR) takes place after a breast cancer diagnosis to determine whether cancer cells have estrogen or progesterone receptors. Breast cancers that are either ER-positive or PR-positive (or both) may respond to hormone therapy, such as the drug Tamoxifen. Hormonal therapy, chemotherapy and radiation are considered to be adjuvant therapies. The aim of adjuvant therapy is to decrease breast recurrence rates and improve overall survival rates. Adjuvant therapies are generally additional treatments given after potentially curative surgery.
- Eastern Health first became aware of a problem with ER/PR test results in May 2005 and immediately conducted an internal review. In July 2005 it made a decision to retest all negative ER/PR tests done between May 1997 and August 2005 to ensure that if there was one patient who could benefit as a result of a change in their test result and subsequent treatment change that it was important that this be done. Eastern Health also suspended their own testing at that time.
- The process to retest and conduct external and internal reviews in the lab took about one year to complete. Once test results came back, the results were assessed to determine if a recommended treatment change was necessary. The assessments were conducted by a panel of experts in cancer care, including oncologists, pathologists and surgeons. The first test results were received by Eastern Health in October 2005. All test results were received by February 2006.
- There were a total of 939 patients with ER negative reports. Of the 763 patients reviewed, 317 patients had a change in result. Of that number, 117 of the patients had a resulting change in treatment. A further 176 patients, of the total 939, originally reported as negative are deceased.
- Eastern Health contacted each patient who was affected by the ER/PR test review or their family physician to make sure they received all the information and support they required. They were told either one of three things:
 - That their tissue had been retested and there was no change in the original results;
 - That their tissue had been retested and that Eastern Health was recommending a change in their treatment; or
 - That although there was a change from their original test result, no change in treatment was recommended.

- There was full disclosure to patients and their families once test results became available. Unfortunately, test results came back at different times and there was a delay in the retesting process which led to some patients feeling they were not informed in a timely fashion. Ultimately, Eastern Health's primary concern was notifying all affected individuals.
- Eastern Health held a media briefing in December 2006. At the time the focus was on the 117 patients who had a change in test result and a change in treatment plan and this was communicated to the media. Unfortunately, the media were not provided with the number of test results that had changed (317).
- Eastern Health has committed to retest results for the 176 patients who are deceased and to ensure that all patients' families are contacted for follow up.
- Eastern Health apologized on Friday for the confusion created by not disclosing all of the information to the media in December. Although the media were not informed, the 317 patients who were directly impacted were informed of their individual circumstances.
- Eastern Health has implemented a number of measures to provide a high standard of ER/PR testing for new breast cancer patients. These measures include a quality management program, seeking national accreditation for the laboratory and ensuring all technologists and pathologists receive special training. In addition, as a measure of quality control, a random sample of tests are sent to Mount Sinai to ensure the accuracy of Eastern Health test results. Eastern Health resumed ER/PR testing in St. John's on February 1, 2007.

2007 05 22

1:30 p.m.



[Home](#) | [Back to Government](#)

[Contact Us](#)



All material copyright the Government of Newfoundland and Labrador. No unauthorized copying or redeployment permitted. The Government assumes no responsibility for the accuracy of any material deployed on an unauthorized server.
[Disclaimer/Copyright/Privacy Statement](#)

News Releases

Government of Newfoundland and Labrador - Canada

[Government Home](#)

[Search](#)

[Sitemap](#)

[Contact Us](#)



Executive Council

May 30, 2007

Provincial Government Prepares for Commission of Inquiry and Announces New Task Force on Health System

Premier Danny Williams announced today that Robert Thompson will effective immediately assume the role as Secretary to Cabinet for the Management of Health Issues. In this role, Mr. Thompson will chair a task force on the management of adverse health events and the related dissemination of public information. This task force will extend beyond hormone receptor testing and will examine how the health system identifies, evaluates, responds and communicates in regard to adverse events in the health system which may compromise the health of patients in Newfoundland and Labrador.

In this position, Mr. Thompson will assume responsibility for preparing the provincial government for full and open participation in the upcoming Commission of Inquiry on Hormone Receptor Testing.

"The revelations of the last two weeks have no doubt affected public confidence in how the health system in our province operates and how the public is kept informed on issues of importance," said Premier Williams. "As such, today I am announcing that we have appointed the province's most senior public servant to provide leadership in the management of adverse health events, and to also work to ensure that government's participation in the Commission of Inquiry is fully accountable and transparent."

Mr. Thompson will undertake all preparations for the inquiry from the province's perspective and will make recommendations to Cabinet on how government can respond to issues raised by the inquiry.

"I look forward to Mr. Thompson's leadership in his new role and am confident that his work will assist in helping to restore faith in our health care system," added the Premier.

-30-

Media contact:

Elizabeth Matthews

Office of the Premier

709-729-3960, 709-351-1227

elizabethmatthews@gov.nl.ca

Biography

Robert Thompson

Secretary to Cabinet for Health Issues

Robert Thompson has served for the last three and a half years as the Clerk of the Executive Council and Secretary to the Cabinet. Prior to that he served as Deputy Minister of the departments of Health and Community Services, and Tourism, Culture and Recreation. In his career with the provincial government, he has also served as Assistant Secretary to Cabinet for Economic Policy and has held management positions with the Intergovernmental Affairs Secretariat, the Department of Education, the Department of Career Development and Advanced Studies, and the Department of Rural, Agricultural and Northern Development.

Mr. Thompson is a graduate of Memorial University of Newfoundland (Political Science), with graduate studies at York University (Public Administration) and Memorial University (Business Administration). He serves as a Director of the Canadian Policy Research Networks, and he is the

Chair of the Board of Directors of Shallaway: Newfoundland and Labrador Youth in Chorus. He has served on the boards of Canada Health Infoway Inc., the Canadian Tourism Commission, the Atlantic Canada Tourism Partnership, the Special Celebrations Corporation, the Credit Union Stabilization Fund and the St. John's Downtown Development Corporation. Mr. Thompson resides with his wife, Wanda, and their daughter, Emily, in St. John's.

2007 05 30

10:30 a.m.



[Home](#) | [Back to Government](#)

[Contact Us](#)



All material copyright the Government of Newfoundland and Labrador. No unauthorized copying or redeployment permitted. The Government assumes no responsibility for the accuracy of any material deployed on an unauthorized server.
[Disclaimer/Copyright/Privacy Statement](#)

News Releases

Government of Newfoundland and Labrador - Canada

[Government Home](#)

[Search](#)

[Sitemap](#)

[Contact Us](#)



Executive Council
June 14, 2007

The following statement was issued by the Honourable Danny Williams, Premier of Newfoundland and Labrador. It was also read in the House of Assembly:

I rise in this Honourable House today to announce that the Honourable Justice Margaret A. Cameron will be appointed as commissioner of the Judicial Commission of Inquiry on estrogen and progesterone receptor testing for breast cancer patients.

Justice Cameron is highly qualified to lead this important inquiry. She was first appointed to the Trial Division of the Supreme Court in September 1983, becoming the province's first female and youngest ever Justice of the Supreme Court of Newfoundland and Labrador. Prior to her appointment to the bench, she worked for the provincial Department of Justice from 1975, having served as an associate deputy minister for the department for two years. She served in Unified Family Court Division until 1985 and was appointed to the Court of Appeal in May 1992.

Justice Cameron will officially begin her work as commissioner on July 3, 2007 and will deliver her final report to the Minister of Health and Community Services on July 30, 2008.

Further details including the Terms of Reference, regarding the inquiry will be publicly announced in the coming weeks as Justice Cameron takes on her duties as commissioner.

I am sure I speak for all Honourable Members when I say that we are pleased that Justice Cameron has agreed to take on this important inquiry and we look forward to receiving her final report next year. Ultimately, we are committed, through this process, to ensuring that the public's confidence in this area is restored and that all necessary details are disclosed in an open and transparent manner.

2007 06 14

1:45 p.m.



[Home](#)

[Back to Government](#)

[Contact Us](#)



All material copyright the Government of Newfoundland and Labrador. No unauthorized copying or redeployment permitted. The Government assumes no responsibility for the accuracy of any material deployed on an unauthorized server.
[Disclaimer/Copyright/Privacy Statement](#)

News Releases

Government of Newfoundland and Labrador - Canada

[Government Home](#)

[Search](#)

[Sitemap](#)

[Contact Us](#)



Health and Community Services

June 20, 2007

Centre for Health Information Act Proclaimed

Health and Community Services Minister the Honourable Ross Wiseman today announced the proclamation of the *Centre for Health Information Act*. The act establishes the Newfoundland and Labrador Centre for Health Information as a statutory corporation responsible to the minister through a board of directors.

"For the past 10 years, the centre has significantly improved the quality and quantity of health information available to health providers, government, the regional health authorities, researchers, and the public," said Minister Wiseman. "The centre is also well-known for establishing Newfoundland and Labrador as one of the national leaders in the development of the electronic health record. Granting the centre free-standing status will enable it to build on its successes to date and enhance its ability to further develop the electronic health record."

The evolution of the centre's unique mandate to provide health information and develop the electronic health record warrants the centre having its own legal structure and arms-length status. As an arms-length organization, the centre will have enhanced access to federal funding and revenue through private partnerships. This will enable it to attract and obtain additional investment dollars to further develop and implement the provincial health information infrastructure.

"The centre has enjoyed significant support from the Provincial Government, the regional health authorities, the professional and regulatory bodies representing this province's health professionals, and Canada Health Infoway" said Bill Fanning, chair of the centre's board of directors. "Without this support Newfoundland and Labrador would not be recognized for the knowledge and skills it has contributed to the development of the electronic health record in Canada. I would particularly like to thank Eastern Health and its CEO, George Tilley, and Elizabeth Davis, CEO of the former Health Care Corporation, for their commitment to the vision of the centre."

To ensure continuity of the appropriate security and privacy to safeguard personal health information, the act includes health information regulations which provide additional protection of individuals' personal health information.

Since its establishment in 1996, the centre has been part of Eastern Health. It supports the development of data and technical standards, maintains key health databases, prepares and distributes health reports, and supports and carries out applied health research and evaluations. Its mandate also includes the development of a confidential and secure provincial electronic health record. The centre has 54 employees in its offices at 28 Pippy Place in St. John's and the Taylor Building in Harbour Grace.

- 30 -

Media contacts:

Tansy Mundon
Director of Communications
Department of Health and Community Services,
709-729 1377, 685-1741

Ruth Marks
Communications Manager
Newfoundland and Labrador Centre for Health
Information
709-752-6110, 728-3663

tansymundon@gov.nl.ca

ruthm@nlchi.nl.ca

2007 06 20

10:30 a.m.



[Home](#) | [Back to Government](#)

[Contact Us](#)



All material copyright the Government of Newfoundland and Labrador. No unauthorized copying or redeployment permitted. The Government assumes no responsibility for the accuracy of any material deployed on an unauthorized server.
[Disclaimer/Copyright/Privacy Statement](#)

News Releases

Government of Newfoundland and Labrador - Canada

[Government Home](#)

[Search](#)

[Sitemap](#)

[Contact Us](#)



Executive Council

July 4, 2007

Terms of Reference Established for Inquiry on Estrogen Progesterone Testing for Breast Cancer Patients

The Honourable Danny Williams, Premier of Newfoundland and Labrador, today announced that the Terms of Reference have been established for the Judicial Commission of Inquiry on Estrogen and Progesterone Hormone Receptor Testing for Breast Cancer Patients, under Part 1 of the *Public Inquiries Act, 2006*.

"It is vital that patients, families and the public understand what happened with respect to hormone receptor testing for breast cancer patients," said Premier Williams. "The terms of reference for this inquiry set out the critical questions that the inquiry will attempt to answer to ensure that this situation does not happen again. I am confident that Justice Cameron, the commissioner for the inquiry, will ensure accountability and transparency throughout the process and that the conclusion of this inquiry will help to restore public confidence in our health care system."

The inquiry will not express any conclusion or recommendation regarding civil or criminal responsibility for any person or organization.

Premier Williams announced on June 14, 2007 the appointment of Justice Margaret A. Cameron as commissioner of the Judicial Commission of Inquiry on estrogen and progesterone receptor testing for breast cancer patients. Justice Cameron officially began her work as commissioner on July 3, 2007 and will deliver her final report to the Minister of Health and Community Services on July 30, 2008.

Justice Cameron will provide further details to the public regarding process and timelines next week.

- 30 -

Media contact:
Elizabeth Matthews
Director of Communications
Office of the Premier
709-729-3960, 351-1227
elizabethmatthews@gov.nl.ca

BACKGROUNDER

Terms of Reference for Commission of Inquiry on Hormone Receptor Testing

The Commission of Inquiry shall:

- Inquire into why the estrogen and progesterone hormone receptor tests done between 1997 and 2005 in the Newfoundland and Labrador health system resulted in a high rate of conversions when re-tested;
- Inquire into why the problem with the estrogen and progesterone hormone receptor tests was not detected until 2005, whether it could have been detected at an earlier date, and whether testing protocols during that period between 1997 and 2005 were reasonable and appropriate;

- Inquire into whether, once detected, the responsible authorities responded and communicated in an appropriate and timely manner to those women and men who needed re-tests and those who were being tested for the first time;
- Inquire into whether, once detected, the responsible authorities communicated in an appropriate and timely manner with the general public and internally within the health system about the issues and circumstances surrounding the change in test results and the new testing procedures;
- Advise whether the estrogen and progesterone hormone receptor testing systems and processes and quality assurance systems currently in place are reflective of "best practice"; and
- Make the recommendations that the commission of inquiry considers necessary and advisable relating directly to the matters of public concern referred to in paragraphs (a) to (e).

The commission of inquiry shall not express any conclusion or recommendation regarding the civil or criminal responsibility of any person or organization.

The commission of inquiry shall terminate its work and deliver the final report to the Minister of Health and Community Services, who shall be the minister responsible for the commission of inquiry, on or before July 30, 2008.

2007 07 04

10:00 a.m.



[Home](#) | [Back to Government](#)

[Contact Us](#)



All material copyright the Government of Newfoundland and Labrador. No unauthorized copying or redeployment permitted. The Government assumes no responsibility for the accuracy of any material deployed on an unauthorized server.
[Disclaimer/Copyright/Privacy Statement](#)

News Releases

Government of Newfoundland and Labrador - Canada

[Government Home](#)

[Search](#)

[Sitemap](#)

[Contact Us](#)



Health and Community Services
October 24, 2007

Media Advisory: Health Minister to Speak at Cancer Agencies' AGM

The Honourable Ross Wiseman, Minister of Health and Community Services, will speak at the annual general meeting of the Canadian Association of Provincial Cancer Agencies on Thursday, October 25. The event will take place at the Fairmont Newfoundland Hotel, with Minister Wiseman scheduled to speak at 8:30 a.m.

The Canadian Association of Provincial Cancer Agencies represents provincial and territorial cancer agencies and programs. Its mission is to support the reduction of the burden of cancer through effective leadership, collaboration, communication and advocacy for cancer control.

- 30 -

Media contact:
Glenda Power
Director of Communications
Department of Health and Community Services
709-729-1377, 685-1741
glendapower@gov.nl.ca

2007 10 24

10:45 a.m.



[Home](#) | [Back to Government](#)

[Contact Us](#)



All material copyright the Government of Newfoundland and Labrador. No unauthorized copying or redeployment permitted. The Government assumes no responsibility for the accuracy of any material deployed on an unauthorized server.
[Disclaimer/Copyright/Privacy Statement](#)

News Releases

Government of Newfoundland and Labrador - Canada

[Government Home](#)

[Search](#)

[Sitemap](#)

[Contact Us](#)



Health and Community Services
November 2, 2007

Minister to Provide Update on ER/PR Re-Testing

The Honourable Ross Wiseman, Minister of Health and Community Services, will hold a news conference today (Friday), at 11:00 a.m., to provide an update on the estrogen and progesterone receptor (ER/PR) breast cancer re-testing process. The news conference will be held in the Media Centre, Ground Floor, East Block.

Media contact:

Glenda Power

Director of Communications

Department of Health and Community Services

709-729-1377, 685-1741

glendapower@gov.nl.ca

2007 11 02

10:05 a.m.



[Home](#)

[Back to Government](#)

[Contact Us](#)



All material copyright the Government of Newfoundland and Labrador. No unauthorized copying or redeployment permitted. The Government assumes no responsibility for the accuracy of any material deployed on an unauthorized server.
[Disclaimer/Copyright/Privacy Statement](#)

News Releases

Government of Newfoundland and Labrador - Canada

[Government Home](#)

[Search](#)

[Sitemap](#)

[Contact Us](#)



Health and Community Services
November 2, 2007

Health Minister Provides Update on Work of Secretary to Cabinet (Health Issues) on ER/PR RE-testing Process

The Honourable Ross Wiseman, Minister of Health and Community Services, today provided an update on the work being undertaken by the Secretary to Cabinet (Health Issues), in collaboration with regional health authorities, to prepare for the Commission of Inquiry on Hormone Receptor Testing.

"On May 22 of this year, the Provincial Government announced that it would undertake a Commission of Inquiry as an important and necessary measure to ensure a thorough review and understanding of what exactly happened with respect to the problems encountered with ER/PR testing for breast cancer patients," said Minister Wiseman. "In addition, we created a task force to examine how the health care system responds to adverse health events. As a result of these measures we have identified inadequacies within Eastern Health's record-keeping system."

As part of the preparation for the commission process, the Newfoundland and Labrador Centre for Health Information (NLCHI) was asked by the Provincial Government to develop a comprehensive database to ensure a thorough understanding and documentation of key dates and results. The database is designed to include the total number of ER/PR tests sent to Mount Sinai for re-testing; determine whether or not any breast cancer patients tested between May 1997 and August 2005 need re-testing at Mount Sinai but were not included in the initial round of re-testing; and confirm that all patients who were re-tested in 2005-06 were contacted. NLCHI is the crown corporation charged with developing and maintaining a wide range of health statistics and information systems and offers a wealth of expertise regarding database management in the health system.

"While the database is not yet complete, there are emerging results which I feel are important to be shared with patients and the public,"

said Minister Wiseman.

In December 2006, Eastern Health reported that 939 patients with original ER/PR tests between 1997 and 2005 had been re-tested at Mount Sinai Hospital. The main criterion for being selected for re-testing was that the original test result was negative for estrogen and progesterone receptivity. The work thus far on the new database shows that approximately 1000 cases were sent to Mount Sinai Hospital for re-testing. Despite the increase in the total number of cases, and with the exception of the 15 cases noted below, almost all the extra cases were retested in the original 2005-06 period and assessed when the results came back from Mount Sinai.

There are 15 new cases which were sent for re-testing in the last three months. Three of these patients have been confirmed negative, meaning no requirement for a change in their treatment. Results have not yet been returned for the other 12 cases, however, in 10 of these cases, the patients' physicians determined they should be treated as positive and they received Tamoxifen or another adjuvant therapy, meaning their course of treatment will not change. Further information is being pursued on the patient records of the remaining two cases.

"Contact with these patients and their physicians has begun," said Minister Wiseman. "One of the key learnings is that record keeping at Eastern Health is clearly inadequate in this area and I have made it

clear to them that this situation must be addressed immediately. As a result of problems identified with record keeping through our review, it is possible that the total number of cases may change as the database exercise is completed. We are committed to ensuring that the patients, the public and the commission continue to receive information as it becomes available so that public confidence is restored in the system."

"It is important to note that the ER/PR testing protocols in place today are on par with the best processes in the country, and patients should have confidence that they are receiving quality of treatment today," added Minister Wiseman.

The database development process has also been used to ensure that all re-tested patients have been contacted with their final results. To date, six patients have been identified for which there is no documentation of contact. Eastern Health is calling these patients to confirm the earlier contact or, if necessary, to provide the re-test results.

"Our government will remain diligent in ensuring the ER/PR re-testing process is satisfactorily completed," said Minister Wiseman. "Furthermore, we will keep the Centre for Health Information engaged with Eastern Health to ensure high-quality and effective management of their health data."

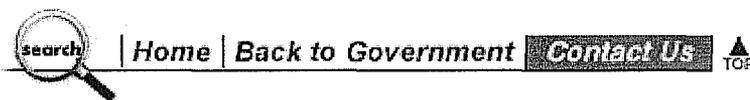
"The Commission of Inquiry on Hormone Receptor Testing was briefed yesterday on the results to date from the new database," said Minister Wiseman. "We anticipate that these matters will be studied by the commission and will contribute to a thorough examination of the events related to ER/PR testing."

- 30 -

Media contact:
Glenda Power
Director of Communications
Department of Health and Community Services 709-729-1377, 685-1741
glendapower@gov.nl.ca

2007 11 02

12:45 p.m.



All material copyright the Government of Newfoundland and Labrador. No unauthorized copying or redeployment permitted. The Government assumes no responsibility for the accuracy of any material deployed on an unauthorized server.
[Disclaimer/Copyright/Privacy Statement](#)

News Releases

Government of Newfoundland and Labrador - Canada

[Government Home](#)

[Search](#)

[Sitemap](#)

[Contact Us](#)



Executive Council
November 8, 2007

Premier Announces Senior Appointment

The Honourable Danny Williams, Premier of Newfoundland and Labrador, today announced the appointment of Don Keats as Deputy Minister of the Department of Health and Community Services.

"Mr. Keats' professional background and extensive experience in the health sector make him a strong addition to our team of dedicated public service employees," Premier Williams said. "We welcome him back to the provincial public service and look forward to his contributions."

Mr. Keats' appointment became effective November 5. He will serve in the position on an interim basis until a permanent appointment is made. He succeeds Robert Thompson, who had been serving as Deputy Minister on an acting basis since May 30, in addition to his duties as Secretary to Cabinet for Health Issues.

"With this appointment, the Department of Health and Community Services has a Deputy Minister full-time and Mr. Thompson can be devoted full-time to his position as Secretary to Cabinet for the important health issues management file," Premier Williams said.

-30-

Media contact:
Elizabeth Matthews
Director of Communications
Office of the Premier
709-729-3960, 693-7291
elizabethmatthews@gov.nl.ca

Biography

Don Keats

Mr. Keats has an extensive background in senior executive leadership in health care and the public sector. His career has included roles as Chief Executive Officer (CEO) of three former provincial health corporations: Central West, General Hospital, and Grand Falls and District. Mr. Keats has also served as CEO of Queensway-Carleton Hospital in Ontario, Assistant Deputy Minister of the Department of Health and Community Services, and Assistant Deputy Minister with the Nova Scotia Department of Health. He holds the degrees of Master of Health Services Administration from the University of Alberta and Bachelor of Commerce from Memorial University. Mr. Keats' background includes service on the boards of the Newfoundland and Labrador Hospital and Nursing Home Association, the Canadian Health Care Association and the Newfoundland and Labrador Centre for Health Information. His past accomplishments include recognition as one of the top health care executives in North America.

2007 11 08

2:30 p.m.



[Home](#)

[Back to Government](#)

[Contact Us](#)



TOP

All material copyright the Government of Newfoundland and Labrador. No unauthorized copying or redeployment permitted. The Government assumes no responsibility for the accuracy of any material deployed on an unauthorized server.
[Disclaimer/Copyright/Privacy Statement](#)

News Releases

Government of Newfoundland and Labrador - Canada

[Government Home](#)

[Search](#)

[Sitemap](#)

[Contact Us](#)



Health and Community Services
February 22, 2008

Media Advisory: Minister to Provide Update on ER/PR Database

The Honourable Ross Wiseman, Minister of Health and Community Services, will provide results on the ER/PR database project today at 11:45 a.m. in the Media Centre on the Ground Floor, East Block, Confederation Building. The minister will be joined by Pat Pilgrim, Chief Operating Officer with Eastern Health.

The news conference will be preceded by a technical briefing for the media at 10:30 a.m. in the Media Centre.

- 30 -

Media contact:

Glenda Power
Director of Communications
Department of Health and Community Services
709-729-1377, 685-1741
glendapower@gov.nl.ca

2008 02 22

8:30 a.m.



[Home](#) | [Back to Government](#)

[Contact Us](#)



All material copyright the Government of Newfoundland and Labrador. No unauthorized copying or redeployment permitted. The Government assumes no responsibility for the accuracy of any material deployed on an unauthorized server.
[Disclaimer/Copyright/Privacy Statement](#)

News Releases

Government of Newfoundland and Labrador - Canada

[Government Home](#)

[Search](#)

[Sitemap](#)

[Contact Us](#)



Health and Community Services
February 22, 2008

Update Provided on ER/PR Database Minister Outlines \$2.3 Million Investment to Strengthen Health Care System

The Honourable Ross Wiseman, Minister of Health and Community Services, today released results of the Estrogen Receptor/ Progesterone Receptor (ER/PR) database compiled by the Newfoundland and Labrador Centre for Health Information (NLCHI). The minister also provided details of a \$2.3 million investment by the Provincial Government for an array of measures to strengthen the health care system, including the establishment of a Quality Network team to ensure best practices across the system.

In May 2007, the Provincial Government appointed Robert Thompson as Secretary to Cabinet for the Management of Health Issues. In this role, Mr. Thompson has responsibility for preparing the Provincial Government for full and open participation in the Commission of Inquiry on Hormone Receptor Testing. This work included the engagement of the Newfoundland and Labrador Centre for Health Information to develop a database to ensure a thorough understanding and documentation of key dates and results related to ER/PR testing by Eastern Health and how patients were contacted about the re-testing process. The database is now substantially completed.

"We have examined the database created by the Centre for Health Information and it reinforces a critical lesson for us on the inadequacy of the previous record keeping of Eastern Health related to the problems with ER/PR testing," said Minister Wiseman. "The database compiled is the most comprehensive one that exists and I am pleased that the Commission of Inquiry will now have this information as a resource for its use in examining the issues related to ER/PR testing. Our goal is that the people of this province have the best understanding possible of what happened with respect to hormone receptor testing for breast cancer patients."

The most recent database includes data changes from previously reported information. 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. As well, Eastern Health undertook a province-wide information campaign to ensure broad public awareness and provide contact information for patients.

"Both the health authorities and government are learning some good lessons here and to take action to ensure that the patients of our health care system are never faced with a situation again like we have experienced with ER/PR testing," said Minister Wiseman. "Even though the work of the commission is underway, there are specific areas where we can take action now."

"Our government will immediately establish a Quality Network team which will be led by my department to assess quality assurance initiatives, infection control programs, patient safety, risk management programs and best practices within our four regional health authorities," said Minister Wiseman. The Quality Network team will work to assess processes and ensure standards across the health care system.

"Our government is also committing \$2.3 million today to enhance data management capabilities and quality assurance measures within Eastern Health and the regional health authorities," said Minister Wiseman. "This investment is a necessary one that will build on our lessons learned as we move forward."

To enhance data management, \$2.1 million will be invested for the consolidation of clinical information systems within Eastern Health, a plan for consolidation of similar systems in other regional health authorities, a needs assessment for electronic document tracking systems for each health authority, and funding for five new data management professionals throughout the system. These investments will help improve response times and completeness of data when searching for patient information in the future, and ensure that more tools are available when managing a response to an adverse event.

"The funding provided by the Provincial Government will assist Eastern Health in its ongoing efforts to improve our data management and the overall quality of care that we provide," said Pat Pilgrim, Chief Operating Officer for Cancer Care, Quality/Risk Management with Eastern Health. "Our staff has been fully engaged with the Centre for Health Information throughout this review process, and the experience has been a valuable one for our organization."

"Enhanced data management is a critical component as we look at the lessons we've learned. In addition, we also recognize the fundamental necessity of comprehensive quality assurance programs," said Minister Wiseman. "That is why our government is initiating province-wide accreditation for all laboratories and diagnostic imaging services – a measure that I know will be embraced by our four health authorities. We are allocating \$100,000 for the necessary planning for the establishment of an accreditation system."

The Provincial Government has also approved an additional \$175,000 per year for Eastern Health to follow through on education, training and quality assurance activities related to ER/PR testing. In particular, this funding will allow for pathologists and technologists to participate in relevant training programs each year, and allow for external reviewers to visit the Eastern Health laboratory to assess current practice against best practices elsewhere.

"I am confident this array of actions by our government will strengthen our health care system as we continue to work to ensure the provision of quality health care services and programs for the people of this province," said Minister Wiseman.

- 30 -

Media contact:

Glenda Power
Director of Communications
Department of Health and Community Services
709-729-1377, 685-1741
glendapower@gov.nl.ca

BACKGROUND

\$2.3 Million Invested for Enhanced Data Management and Quality Assurance

Data Management

- The Provincial Government is investing \$2.07 million for the following items:
 1. \$1.3 million will be allocated to Eastern Health to allow for consolidation of clinical information systems onto a single platform (laboratory, diagnostic imaging, medical records, admissions, nursing order entry, pharmacy and patient care inquiry). As the other regional health authorities are at different stages in clinical consolidation, a plan will be developed to ensure clinical consolidation in all areas of the province as soon as possible.

2. \$500,000 will be allocated for all regional health authorities to conduct an Information Management Capacity Assessment, which is the first step towards implementation of electronic document management systems.
 3. \$270,000 will be allocated for new data management personnel.
- The Provincial Government and the regional health authorities will establish a new policy that whenever there is an adverse event that requires communication, testing or treatment for a group of patients, a single official is to be charged with clear organization-wide responsibility for directing patient contact and data management. This official must have access to an appropriately skilled data management professional trained to use or design an information system which can acquire comprehensive data for all events in the response process, provide timely reports, and can be audited

Quality Assurance and Monitoring

- The Provincial Government has approved \$175,000 per year for Eastern Health to implement education, training and quality assurance activities in immunohistochemistry (IHC). In particular, this funding will allow for pathologists and technologists to participate in relevant training programs each year, and allow for external reviewers to visit the Eastern Health IHC laboratory to assess current practice against best practices elsewhere.
- The province and regional health authorities have agreed to mandatory accreditation of laboratories and diagnostic imaging services. An allocation of \$100,000 will allow for a plan for the establishment of an accreditation system.

2008 02 22

11:50 a.m.



[Home](#)

[Back to Government](#)

[Contact Us](#)



All material copyright the Government of Newfoundland and Labrador. No unauthorized copying or redeployment permitted. The Government assumes no responsibility for the accuracy of any material deployed on an unauthorized server.
[Disclaimer/Copyright/Privacy Statement](#)

News Releases

Government of Newfoundland and Labrador - Canada

[Government Home](#)

[Search](#)

[Sitemap](#)

[Contact Us](#)



Health and Community Services

March 18, 2008

Minister Provides Additional Information on ER/PR Database

Today the Honourable Ross Wiseman, Minister of Health and Community Services, provided additional information on the database compiled by the Newfoundland and Labrador Centre for Health Information (NLCHI) on estrogen and progesterone receptor (ER/PR) re-testing.

"Our government engaged the Newfoundland and Labrador Centre for Health Information in order to ensure we have the most comprehensive database possible that captures relevant information on ER/PR testing between 1997 and 2005," said Minister Wiseman. "At the time of the update I provided in February, the question was posed as to how many patients who underwent re-testing and are now deceased had changed results. This information at that time had not been extracted from the database but I felt it should be answered prior to the conclusion of the database project."

Of the 1,013 patients whose results were sent for re-testing, 322 are deceased and 691 are living; this information was provided in the last update. Additional analysis shows that the number of deceased patients whose test results changed is 108, and the number of living patients whose results changed is 275.

"To understand these numbers, it is essential to remember that a changed ER/PR test result does not necessarily mean that appropriate cancer treatment was delayed, as physicians tell us that this test is one factor among many that help determine course of treatment. Nor do these numbers indicate that there is a relationship between an inaccurate ER/PR test and progression of the disease or death," said Minister Wiseman. "In addition, the source for identifying the number of deceased patients was the Provincial Mortality Database, which does not specify cause of death."

"I also want to take this opportunity to ensure clarity around the role of the Commission of Inquiry," said Minister Wiseman. "While its mandate does not include an examination of the circumstances of individual patients involved in the ER/PR re-testing process, its areas of focus will look at why there was a high rate of conversion of test results, why the problems were not detected earlier than 2005, whether the response by officials was timely and appropriate, and if current ER/PR testing and quality assurance processes reflect best practices. I look forward to receiving the report of the commissioner and the answers that the work of the commission will provide."

Minister Wiseman also noted that with the conclusion of the database project, the Secretary to Cabinet for Health Issues, Robert Thompson, would be advancing work related to the Task Force on Adverse Health Events (see Terms of Reference in backgrounder), which was established by the Provincial Government. It is expected that further details on the direction of the task force will be provided in the coming weeks.

- 30 -

Media contact:

Glenda Power
Director of Communications
Department of Health and Community Services
709-729-1377, 685-1741
glendapower@gov.nl.ca

BACKGROUNDER

Terms of Reference for Task Force on Adverse Health Events

1. Scope: to examine and evaluate how the health system identifies, evaluates, responds and communicates in regard to adverse events within the health system; to examine relevant best practices in other jurisdictions; to propose a mandate, structure and budget for the establishment of a health quality council in Newfoundland and Labrador, and to make such recommendations as may be appropriate.
2. Consultation: private consultation with health authorities and experts; regular dialogue with committee of health authority safety/quality officials; public invitation for submissions; meetings as necessary with relevant stakeholders; and a symposium on adverse health events.
3. Report date: June 30, 2008.

2008 03 18

2:15 p.m.



[Home](#)

[Back to Government](#)

[Contact Us](#)



All material copyright the Government of Newfoundland and Labrador. No unauthorized copying or redeployment permitted. The Government assumes no responsibility for the accuracy of any material deployed on an unauthorized server.
[Disclaimer/Copyright/Privacy Statement](#)