



**ACCREDITATION  
AGRÉMENT**  
CANADA

# **Accreditation Report**

Qmentum Global™ for Canadian  
Accreditation Program

## **Newfoundland and Labrador Health Services**

Report Issued: December 22, 2025

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## About Accreditation Canada

Accreditation Canada is a global, not-for-profit organization with a vision for safer care and a healthier world. Our people-centred programs and services have been setting the bar for quality across the health ecosystem for more than 60 years. We continue to grow in our reach and impact. Accreditation Canada empowers and enables organizations to meet national and global standards with innovative programs that are customized to local needs. Accreditation Canada's assessment programs and services support the delivery of safe, high-quality care in health systems, hospitals, laboratories and diagnostic centres, long-term care, rehabilitation centres, primary care, home, and community settings. Our specialized accreditation and certification programs support safe, high-quality care for specific populations, health conditions, and health professions.

## About the Accreditation Report

The Organization identified in this Accreditation Report (the “**Organization**”) has participated in Accreditation Canada's Qmentum Global™ for Canadian Accreditation program.

As part of this program, the Organization has partaken in continuous quality improvement activities and assessments, including an on-site survey from November 16, 2025 to November 21, 2025. This Accreditation Report reflects the Organization's information and data, and Accreditation Canada's assessments, as of those dates.

Information from the assessments, as well as other information and data obtained from the Organization, was used to produce this Report. Accreditation Canada relied on the accuracy and completeness of the information provided by the Organization to plan and conduct its on-site assessments and to produce this Report. It is the Organization's responsibility to promptly disclose any and all incidents to Accreditation Canada that could impact its accreditation decision for the Organization.

## Program Overview

The Qmentum Global Program enables your organization to continuously improve quality of care through the sustainable delivery of high-quality care experiences and health outcomes. The program provides your organization with standards, survey instruments, assessment methods and an actioning planning feature that were designed to promote continuous learning and improvement, and a client support model for on-going support and advice from dedicated advisors.

Your organization participates in a four-year accreditation cycle that spreads accreditation activities over four years supporting the shift from a one-time assessment while helping your organization maintain its focus on planning, implementing, and assessing quality and improvements. It encourages your organization to adopt accreditation activities in everyday practices.

Each year of the accreditation cycle includes activities that your organization will complete. Accreditation Canada provides ongoing support to your organization throughout the accreditation cycle. When your organization completes year 4 of the accreditation cycle, Accreditation Canada's Accreditation Decision Committee determines your organization's accreditation status based on the program's accreditation decision guidelines. The assessment results and accreditation decision are documented in a final report stating the accreditation status of your organization. After an accreditation decision is made, your organization enters year 1 of a new cycle, building on the actions and learnings of past accreditation cycles, in keeping with quality improvement principles.

The assessment manual (Accreditation Canada Manual) which supports all assessment methods (self-assessment, attestation, and on-site assessment), is organized into applicable Standards and ROPs/RSPs. To promote alignment with the assessment manual (Accreditation Canada Manual), assessment results and

surveyor findings are organized by Standard, within this report. Additional report contents include a comprehensive executive summary, the organization's accreditation decision, locations assessed during the on-site assessment, required organizational practices results, and conclusively, People-Centered Care and Quality Improvement Overviews.

# Executive Summary

## About the Organization

Newfoundland and Labrador Health Services (NLHS) is a province-wide, integrated public health authority responsible for delivering safe, high-quality, people-centred care across a highly diverse geographic landscape. Formed through the consolidation of multiple regional entities, the organization operates through four distinct zones -- each with defined geographic boundaries -- to ensure care delivery is both locally responsive and strategically coordinated across the province. This zonal structure supports improved alignment of services, consistent standards, and enhanced access to care regardless of location.

The organization offers a wide spectrum of health services across multiple lines of business, ranging from acute and community care to public health, long-term care, mental health and addictions, clinical supports, corporate and digital services. These business lines form the operational backbone of the provincial system, enabling NLHS to deliver care that is integrated, comprehensive, and grounded in provincial priorities. The operating model is supported by a well-defined organizational structure and an Executive Leadership Team (ELT) responsible for system-wide leadership, governance collaboration, provincial health system implementation, evidence-based learning and evaluation, and the delivery of corporate services. The ELT provides both strategic direction and operational oversight in alignment with the Board of Trustees.

The 2024–2026 Strategic Plan outlines a provincial approach that places people-centred care at the foundation of the organization's mission. Engagement is a central pillar of this plan. NLHS has invested significantly in its Patient, Family & Community Engagement infrastructure, including the People-Centred Care (PCC) Framework, Patient and Family Advisory Councils, Community Advisory Councils, and Regional Health Councils. In 2025, the organization reported 165 active Patient and Family Experience Advisors engaged in approximately 85 structured activities, demonstrating a strong commitment to meaningful and authentic partnership with those receiving care. The establishment of the Office of Patient-Centred Measurement further strengthens this commitment by enabling the systematic collection, analysis, and application of patient-reported data to inform quality improvement and decision-making.

NLHS continues to advance several major provincial initiatives that reflect progress and innovation within the system. The CorCare initiative, provincial paramedicine modernization, the appropriate use of antipsychotic medications initiative, and the organization's response to the Office of the Auditor General's audit of long-term care facilities each demonstrate a proactive commitment to improving quality, safety, and system performance. These initiatives highlight both the organization's capacity to lead change and its dedication to addressing long-standing system challenges through coordinated, evidence-based approaches.

Despite important advancements, NLHS faces several pressing organizational challenges that are consistent with health organizations across Canada, but intensified by the province's demographic and geographic realities. Sustainability, system capacity, and population health represent the most significant pressures and require ongoing attention from leadership and partners. Recruitment and retention, aging populations, operational complexity, and the scale of transformation required to modernize care all contribute to these challenges. At the same time, the organization is actively working to respond through its provincial approach, expanded virtual care capacity, renewed models of care, digital transformation efforts, and strengthened performance measurement across service lines.

Overall, NLHS is positioning itself as a unified, strategically aligned, learning-oriented provincial health authority. Its governance structure, strategic direction, and commitment to engagement reflect a modernized approach to health system leadership. Through coordinated provincial planning, strong patient and community partnerships, and a clear focus on quality and sustainability, the organization is working to advance equitable, high-quality care for all residents of Newfoundland and Labrador.

## Surveyor Overview of Team Observations

Newfoundland and Labrador Health Services (NLHS) is a health system in the midst of significant transformation, where teams across NLHS are demonstrating resilience, collaboration, and a strong commitment to unified provincial approaches. A consistent theme across this report is the emergence of a more cohesive organizational culture -- one where cross-zone collaboration, shared learning, and standardized practices are increasingly embedded in daily work. Staff and leaders appear aligned around common goals, particularly in areas related to quality, patient safety, people-centred care, and planning for future models of service.

The review highlights meaningful progress in the adoption of integrated planning frameworks, structured decision-making processes, and clearer governance pathways. These approaches are supporting more transparent capital prioritization, stronger financial oversight, and improved alignment of operational and strategic priorities. The expansion of patient and family advisor involvement is contributing positively to decision-making and appears to be influencing improvements in experience and engagement. Staff also expressed pride in the organization's growing capacity in data and analytics, which is beginning to influence how risks are understood, how performance is monitored, and how future decisions are shaped.

Overall, the survey findings suggest that NLHS is developing the foundational elements of a more unified, predictable, and strategic system. While pressures remain, there is clear evidence that teams are leveraging provincial integration to reduce variability, strengthen systems, and build a shared, patient-centred culture.



## Key Opportunities and Areas of Excellence

The first of the NLHS four sequential Accreditation Surveys highlights several areas of excellence that demonstrate strong organizational capability and momentum. These include the maturing provincial quality and patient safety structures, robust emergency preparedness, incident command systems, increasingly sophisticated resource management practices, and the strong growth of people-centred care. The collective commitment to collaboration, inclusivity, and cross-functional teamwork stands out as a major asset, helping to build trust and stability through significant organizational change.

At the same time, the review highlights opportunities that, if addressed, will meaningfully strengthen performance across the system. Chief among these are workforce sustainability and the need to reduce reliance on overtime and agency staffing, which continue to strain finances and morale. Improved communication consistency -- across zones, portfolios, and leadership levels -- remains important for supporting understanding and engagement. Continued investment in data quality, centralized equipment, asset management, and risk literacy will further enhance decision-making. There is also a clear opportunity to deepen equity, diversity, and cultural safety efforts so that they are reflected consistently in all areas of care and planning.

These opportunities and areas of excellence illustrate a system that is progressing steadily, demonstrating strong foundational strengths while remaining aware of what is required to advance toward a more sustainable, equitable, and integrated provincial health system.

A key part of the survey was the engagement of Community Partners, with the following overview of the conversations held incorporated into this section of the report.

The Community Partner Focus Group held on November 19, 2025, was undertaken as part of the sequential accreditation process for Newfoundland and Labrador Health Services (NLHS). Its purpose was to better understand how effectively NLHS engages with community organizations and how well cross-sector collaboration is functioning across the province. The discussion brought together a diverse group of stakeholders, including representatives from municipal government, policing, education, Indigenous organizations, newcomer and settlement services, disability advocacy groups, youth service providers, drinking-water regulators, and community health coalitions. Their reflections provided a broad and candid perspective on NLHS's current relationships, its strengths, and the challenges that continue to shape the system.

Participants consistently conveyed a constructive and optimistic tone, grounded in a shared commitment to improving health outcomes. They expressed strong trust and appreciation for NLHS staff, particularly those working at the local level, describing them as approachable, professional, and genuinely committed to doing the right thing. Many noted that staff often go beyond expectations despite resource limitations, which has helped establish goodwill and a strong relational foundation between NLHS and its partners. Several examples highlighted effective collaboration already underway. Partners pointed to successful initiatives such as mobile mental health crisis response programs, on-site clinics and outreach services for newcomers and vulnerable youth, joint initiatives between education and health sectors, municipal collaborations focused on public health, and Indigenous patient navigation supports. These examples illustrated that when NLHS is able to work closely with community organizations, innovative models of care can take shape. Many participants also observed that NLHS's direction aligns well with the social determinants of health and the priorities outlined in the Health Accord, fostering optimism that current collaborations will continue to evolve. They also recognized NLHS's openness to new and non-traditional approaches, including integrated youth services and embedded community-based clinics.

Despite this, partners identified several system-level challenges. The most consistent concern was the presence of communication gaps, both internally within NLHS and externally with community partners. Many organizations reported difficulty identifying the right points of contact, accessing timely information, or navigating processes. This issue is closely linked to broader navigation challenges for vulnerable populations, who often depend on community agencies to help them access healthcare services. While staff were described as well-intentioned, participants noted that training in cultural safety, trauma-

informed practice, and engagement with marginalized communities could be strengthened. Concerns were also raised about the limited authority, resources, and infrastructure available to local leaders, which can impede collaborative work. Newcomer service providers emphasized challenges in credentialing and integrating internationally trained health professionals, while education partners noted inconsistent access to essential clinical information needed to support children in schools.

Amid these challenges, participants identified clear opportunities for improvement. Establishing stable and clearly defined points of contact across NLHS was viewed as a critical step toward simplifying communication and coordination. Strengthening organizational support for local leaders -- through dedicated partnership teams, standardized tools, and clear processes -- was also seen as beneficial. Expanding navigation supports, particularly within family care teams, Indigenous services, culturally grounded roles, and youth-focused programs, was identified as a key opportunity to improve access and equity. Participants strongly supported standardized, organization-wide training in cultural safety and trauma-informed practice, along with clearer pathways for consent and information sharing. They also emphasized the importance of advancing Regional Health Councils and community advisory structures to enhance governance, accountability, and community voice.

In summary, the focus group revealed a health system with strong interpersonal relationships and broad community goodwill. The issues raised were largely structural rather than relational, and therefore viewed as solvable. By strengthening communication, navigation supports, cultural competence, information sharing, and partnership infrastructure, NLHS has the opportunity to build on its strong foundation and further evolve into a more integrated, community-aligned health system for the people of Newfoundland and Labrador.

## People-Centred Care

The Newfoundland and Labrador Health Services (NLHS) organization has established a strong approach to People-centred care. More than 160 Patient and Family Experience Advisors (PFEA) have been recruited and these individuals participate in many capacities including policy review, membership on advisory/steering committees and creation of surveys. Recruitment is voluntary and the need for members is communicated through the website, notices and suggestions from NLHS staff. Individuals receive varying levels of orientation and training and are given numerous opportunities to participate. Most participate on numerous projects over several years. The upcoming launch of EPIC (medical record and health care management software) has required input from all levels of the system and PFEAs are playing a significant role.

Despite the impressive number of willing PFEAs, both the PFEAs and NLHS management recognize the need for better representation by members of Newfoundland and Labrador's diverse population. The organization would benefit from more input from the Indigenous community and from younger members of the community for example. It was recognized that time and geographic location can present a challenge. For this reason, many current PFEAs are retirees. There is reasonable representation across most health zones and managers from the different zones are enhancing the sharing of PCC handling information. However, it is apparent that there has been significant activity in legacy zones prior to amalgamation to a provincial system.

Provincial People-Centred Care Managers typically send out requests for PFEA participation and this is done by advisor-friendly communication (email, paper mail or other desired means). Managers invite based on expected PFEA interest or area of experience. PFEA projects may be requested from many departments/NLHS sources and leadership often includes requests for PFEA input as part of its policies. During this Accreditation Canada survey, members of the ART clinic and Patient Flow teams reported active and valuable involvement of PFEAs in decision-making and policy development. Members of PFEA focus groups demonstrated pride in their roles and genuinely believe they are contributing to improving the quality of care offered by the NLHS. In many cases, members believe they receive feedback regarding their input. However, several participants would have liked more feedback on their input. For examples, PFEA members had contributed to various policy reviews and did not know whether their work was incorporated into the policies. There is an opportunity for NLHS leaders to formalize a process for keeping PFEAs informed about the results of their participation.

In summary, the NLHS has made excellent progress applying People-Centred Care. The value of their PFEAs is apparent and these roles are expanding. The organization is encouraged to enhance the organization of PFEA information to facilitate deployment to optimal areas of need and to better identify gaps in PFEA representation (diversity). This also may allow more tracking of volume and type of projects currently handled by each PFEA. There is also an opportunity to improve communication from top leadership through to individual PFEAs. PFEAs and leadership within the program also noted the need to educate frontline providers and staff on the role of PFEAs. There are also opportunities to work with health training agencies and professional schools to ensure PCC and the roles of PFEAs are incorporated into their respective curriculums. Although they feel appreciated, PFEAs are not always clear on where their work goes and the impact it has on front line care.

## Quality Improvement Overview

The Newfoundland and Labrador Health Services (NLHS) Integrated Quality Management Program has evolved into a cohesive provincial structure that elevates quality, patient safety, and risk management practices across all zones. The strong but largely independent regional programs have now become an interconnected provincial system grounded in shared standards, aligned processes, and a culture of collaboration. This integration has allowed the organization to leverage collective expertise, reduce variability, and create a consistent framework that spans clinical programs, operational departments, and geographical regions.

An important achievement has been the establishment of a clear provincial Quality Accountability Structure. Supported by provincial leadership and informed by standardized quality review guidelines, an aligning taxonomy, and expanding education programs, the structure supports systematic monitoring, oversight, and continuous improvement. Zone Quality Councils ensure dual visibility at both provincial and zonal levels, strengthening the connection between local operations and provincial priorities. Tools such as the Quality Review Management portal, visual management boards, and standardized reporting templates have significantly improved consistency, transparency, and data-informed decision-making.

The transformation of Risk Management into a provincial discipline has been another major advancement. A single intake pathway, consistent categorization and triage processes, shared escalation pathways, and a provincial visual management system have markedly improved processing times and workload balance. Teams now benefit from a broader pool of expertise, and cross-zone collaboration enables faster learning and more robust reviews. As the framework continues to mature, efforts are underway to ensure its alignment with modern practices and the complex realities of a provincial system.

Lean Management principles have become embedded across the organization, driving operational efficiency and continuous improvement. Leader standard work, daily huddles, visual boards, and widespread Yellow Belt training have strengthened alignment and encouraged staff to identify opportunities for improvement. Hundreds of ideas have been generated and implemented, demonstrating strong engagement and a system that embraces experimentation, measurement, and learning. This momentum is increasingly shared across all zones as the integrated structure matures.

The organization has also made significant strides in cultivating a culture of Just Culture and psychological safety. Guided by a provincial coalition that includes patient and family partners and DEI representatives, the program has helped clarify expectations around accountability, reduce fear of blame, and support fair, transparent reviews. The harmonized disclosure policy and alignment with national guidelines further strengthen trust, compassion, and openness in responding to patient safety events.

Patient partnership is a defining feature of the integrated quality management environment. Patient Partners contribute to committees, program and policy development, accreditation activities, and strategic planning. Their perspectives have influenced key initiatives such as access platforms, facility design, and care pathways. Provincial work in patient relations is progressing toward a consistent complaint management system, streamlined processes, and a unified access line that will improve responsiveness and transparency. Patient stories and experiences are increasingly used to inform decisions, and teams consistently highlight the impact of patient and family voices on practice improvements.

Across the quality program, teams express a deep sense of pride in the strong provincial unity that continues to emerge. The ability to learn from one another, access diverse expertise, and address issues collectively has strengthened both the quality of reviews and the speed of improvement. Restorative approaches that originated in specific zones are now influencing provincial practice. Staff also take pride in the resilience and growth of new team members, many of whom have stepped into challenging conversations and leadership roles. The enthusiasm for data, measurement, and learning reflects a cultural shift toward a more mature, evidence-informed system.

At the same time, leaders acknowledge opportunities to further enhance the integrated quality management environment. Completing the provincial taxonomy alignment will unlock the full potential of

standardized reporting and benchmarking. Strengthening integrated risk management capabilities, improving risk literacy, and enhancing the clarity of escalation pathways will continue to support safe, proactive decision-making. As new provincial systems increase patient access to personal health information, the volume and complexity of patient feedback will grow, requiring robust processes and capacity. Continued support for change management, especially given the scale and pace of transformation, will be critical. Expanding improvement capacity across zones and strengthening frontline engagement remain important next steps.

Overall, the Integrated Quality Management Program reflects a system that has made significant strides in unifying structures, standardizing processes, and building a culture of collaboration, openness, and continuous learning. The collective expertise, strong relationships, and shared commitment across the province have positioned NLHS to drive sustained improvements in patient care, safety, and experience. The progress achieved to date, combined with the clarity of future priorities, highlights a program that is both proud of its accomplishments and deeply committed to advancing a high-performing, fully integrated provincial quality system.

## Accreditation Decision

Newfoundland and Labrador Health Services 's status continues to be:

*Accredited*

*The organization has succeeded in meeting the fundamental requirements of the accreditation program.*

### Locations Assessed during On-Site Assessment

The following locations were assessed during the organization's on-site assessment:

- Eastern-Urban Zone - 35 Major's Path
- Eastern-Urban Zone - 70 O'Leary Avenue (Former NLCHI)
- Eastern-Urban Zone - Health Innovation Acceleration Centre

<sup>1</sup>Location sampling was applied to multi-site single-service and multi-location multi-service organizations.

## Required Organizational Practices

Required Organizational Practices (ROP/RSP) and Required Service Practices (RSP) are essential practices that an organization must have in place to enhance client safety and minimize risk. ROP/RSP contain multiple criteria, which are called Tests for Compliance (TFC).

**Table 1: Summary of the Organization's ROPs/RSPs**

ROP/RSP Name	Standard(s)	# TFC Rating Met	% TFC Met
Workplace Violence Prevention	Leadership	6 / 8	75.0%
Patient Safety Education and Training	Leadership	1 / 1	100.0%
Medication Reconciliation as a Strategic Priority	Leadership	0 / 0	0.0%
Patient Safety Incident Disclosure	Leadership	6 / 6	100.0%
Patient Safety Incident Management	Leadership	7 / 7	100.0%
Client Flow	Leadership	5 / 5	100.0%
Preventive Maintenance Program	Leadership	4 / 4	100.0%
Infusion Pump Safety	Service Excellence for Assisted Reproductive Technology (ART) Clinical Services	0 / 0	0.0%
	Service Excellence for Assisted Reproductive Technology (ART) Laboratory Services	0 / 0	0.0%
Accountability for Quality of Care	Governance	5 / 5	100.0%
Suicide Prevention Program	Service Excellence for Assisted Reproductive Technology (ART) Clinical Services	5 / 5	100.0%
Maintaining an Accurate List of Medications during Care Transitions	Assisted Reproductive Technology (ART) Standard for Clinical Services	3 / 3	100.0%

**Table 1: Summary of the Organization's ROPs/RSPs**

<b>ROP/RSP Name</b>	<b>Standard(s)</b>	<b># TFC Rating Met</b>	<b>% TFC Met</b>
Client Identification	Assisted Reproductive Technology (ART) Standard for Clinical Services	1 / 1	100.0%
Information Transfer at Care Transitions	Assisted Reproductive Technology (ART) Standard for Clinical Services	5 / 5	100.0%



## Assessment Results by Standard

The following section includes the outcomes from the attestation (if applicable) and on-site assessments, at the conclusion of the on-site assessment.

### Core Standards

Qmentum Global™ for Canadian Accreditation has a set of core assessment standards that are foundational to the program and are required for the organization undergoing accreditation. The core assessment standards are critical given the foundational areas of high quality and safe care they cover.

The core standards are always part of the assessment, except in specific circumstances where they are not applicable.

### Emergency and Disaster Management

#### Standard Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review the table at end of this section.

#### Assessment Results

The Health Emergency and Continuity Management (HECM) program within Newfoundland and Labrador Health Services (NLHS) has evolved into a fully integrated provincial service responsible for ensuring system-wide preparedness, coordinated emergency response, and sustained continuity of care. Operating across more than 250 facilities in five geographically diverse zones, the program is anchored in an all-hazards approach that balances strong provincial oversight with the flexibility required to adapt to local realities.

HECM's governance structure is embedded within NLHS's executive and quality systems, with a provincial leadership team supported by zone-based coordinators who serve as direct links to site operations. This arrangement enables a consistent provincial framework while ensuring that emergency planning remains responsive to the specific needs, risks, and relationships of each region. The organization's approach acknowledges that emergencies can emerge in remote or resource-limited areas, making decentralized readiness and local partnership essential components of an effective provincial response.

The province's changing risk landscape continues to influence HECM's work. Climate driven events -- such as wildfires, flooding, severe storms, and air quality challenges -- have increased in frequency and complexity, requiring enhanced surge planning, supply chain resilience, and contingency planning for weather-dependent transportation routes. At the same time, ongoing infectious disease preparedness, and a growing reliance on mass notification and digital communication systems have broadened the scope of emergency management across the health system.

A key strength of the program is its extensive network of partnerships. Internally, HECM collaborates closely with clinical programs, public health, occupational health and safety, facilities and support services, communications, and risk management. Externally, strong relationships exist with first responders, Indigenous governments, municipal emergency management teams, and non-governmental organizations. These partnerships enable coordinated planning, rapid mobilization, shared problem-solving during crises, and they support a more holistic and culturally informed approach to preparedness.

HECM has significantly strengthened its Incident Command System (ICS) and Emergency Operations Centre (EOC) capabilities. Zone-level EOCs maintain a high state of readiness, with clearly defined roles, trained personnel, and standardized processes to support rapid activation. The provincial structure allows responses to scale from site to zone to a unified provincial command when required, ensuring an organized and efficient flow of information, resources, and decision-making.

The program has also advanced substantially in the standardization of emergency code plans, quick-reference tools, bilingual and culturally adapted signage, and province-wide templates. A coordinated exercise and debrief framework reinforces a culture of continuous learning, enabling improvements to be rapidly shared across zones. Multi-zone exercises, major event planning, and real-time responses to emergencies have all illustrated how the unified provincial model enhances situational awareness and operational coherence.

Engagement with patients, families, and communities remains a critical dimension of the program’s work. Efforts include public education on emergency procedures, involvement of patient and family advisors on planning committees, and approaches that are increasingly grounded in cultural safety—particularly for Indigenous populations. Facility design, emergency signage, ceremonial spaces, and communication practices reflect an awareness of diverse community needs and a commitment to respectful, person-centred planning.

Despite its strengths, the program continues to focus on several priority areas for development. These include standardizing business continuity across zones, completing province-wide Secure Building/Lockdown protocols, enhancing crisis communication frameworks, integrating new digital reporting and notification technologies, improving volunteer management and family reunification planning, and strengthening planning alignment with Indigenous populations. Strengthening data collection, real-time dashboards, and centralized reporting processes will further support decision-making and post-incident evaluation.

Overall, HECM represents a cornerstone of NLHS’s commitment to organizational resilience and safe, effective care delivery. With its maturing provincial framework, strong partnerships, established culture of readiness, and clear commitment to continuous improvement, the program is well positioned to respond to the province’s evolving risks while supporting patients, families, staff, and communities through any emergency or disruption.

**Table 2: Unmet Criteria for Emergency and Disaster Management**

There are no unmet criteria for this section.

## Governance

### Standard Rating: 92.7% Met Criteria

7.3% of criteria were unmet. For further details please review the table at end of this section.

### Assessment Results

The Board of Directors is composed of committed, highly engaged individuals who collectively reflect the geographic, cultural, and professional diversity of Newfoundland and Labrador. Its membership draws from legacy regional health boards as well as new appointees selected through an Independent Appointments Commission process. This composition ensures strong regional representation while bringing together a wide range of skills, perspectives, and lived experiences. Board members recognize the richness this diversity offers, while also acknowledging that the province's vast geography requires ongoing learning to fully understand the unique needs and realities of each region.

The Board's culture is defined by collegiality, respect, and clear role delineation between governance and operations. Members consistently describe the Board as thoughtful, active, and unafraid to ask complex or challenging questions. There is a high level of trust and transparency in the relationship with the executive leadership team, supported by well-structured communication channels and a shared commitment to organizational accountability. The clarity between governance and operational roles is considered a major strength, allowing the Board to focus on strategic priorities while relying on leaders to manage day-to-day decisions.

A comprehensive orientation program helps ground new members in the organization's structure, mandate, and strategic direction. This includes digital learning resources, in-person engagement with senior leaders, governance standards education, and a developing mentorship model. Regular education sessions, "Fast Facts," environmental scans, and daily updates ensure ongoing learning. While members value the depth and quality of the orientation, they also note that its volume can be overwhelming for those new to the system. As the Board matures, opportunities exist to streamline orientation materials and tailor onboarding more effectively.

Strategic alignment with the Health Accord is a defining feature of the Board's work. Members consistently express pride in the Accord's vision and its influence on provincial priorities, care pathways, and system transformation. The Board is actively engaged in the strategy refresh process, supported by environmental scans, public and patient engagement, and a full-day planning retreat to refine priorities. The transformation of the health system—from multiple regional authorities to a single provincial organization—has created both momentum and complexity. Members are proud of progress made in integrating zones, expanding virtual care, strengthening Family Care Teams, and improving access. At the same time, they are aware of the strain placed on staff and leaders by the scale and pace of change, highlighting the importance of sustaining momentum while avoiding burnout.

The Board is deeply committed to broad and meaningful stakeholder engagement. Regular travel to communities across the province provides firsthand insight into local needs and challenges. Meetings with municipal councils, foundations, and regional community partners contribute to informed decision-making and strengthen trust between the Authority and the public. Patient and Family Advisory Networks play an important role in amplifying patient experience, and the Board is increasingly integrating patient stories into its discussions, with video vignettes soon to become a standing practice. Members also recognize the need for improved two-way communication between the organization and the public, particularly as system changes accelerate and expectations evolve.

Indigenous relations continue to emerge as an important focus area. The Board has taken active steps to

engage Indigenous governments and organizations, recognizing the diversity of Indigenous peoples across Newfoundland and Labrador and the need for distinct, responsive approaches. While there is pride in the relationships that are beginning to form, members acknowledge the need to formalize an Indigenous anti-racism action plan, strengthen frameworks for engagement, and ensure consistent Indigenous perspectives in planning and oversight.

Quality and risk oversight is supported by well-developed structures, including comprehensive scorecards aligned to the Quintuple Aim, strong committee work, and robust reporting on safety, access, workforce well-being, and system risks. Leaders from across the organization regularly present to the Board and its committees, deepening members’ understanding of operational realities. Although the quality of reporting is viewed as strong, opportunities exist to streamline content to enhance clarity and reduce duplication.

Fiscal stewardship remains a central responsibility, carried out through detailed budget submissions, monthly financial reporting, and clear expenditure limits set by government. Members are attentive to ongoing financial pressures related to population aging, labour agreements, service expansions, and rising operational costs. There is concern about the introduction of new government-funded commitments that are not always aligned with approved budgets, reinforcing the need for diligent risk assessment and open dialogue with government.

Throughout their discussions, Board members expressed deep pride in the dedication and professionalism of staff and leaders across the province. They admire the resilience demonstrated by teams navigating significant transformation while maintaining focus on patient care, safety, and system improvement. At the same time, they acknowledge the burdens created by change and the importance of fostering a culture of openness, shared accountability, and psychological safety—particularly as public expectations and political pressures intensify.

Overall, the Board is functioning at a high level, supported by a strong governance framework, committed membership, and a clear strategic vision informed by the Health Accord. Its strengths include a diverse and engaged membership, robust orientation and education, strong relationships with leadership, and a deep commitment to equitable access and community engagement. Opportunities for enhancement include strengthening Indigenous partnerships, refining communication strategies, managing transformation fatigue, and ensuring continued alignment between government directives and resource capacity. Together, these insights reflect a Board that is proud of its progress, grounded in purpose, and committed to guiding a modern, integrated health system that meets the needs of the people of Newfoundland and Labrador.

**Table 3: Unmet Criteria for Governance**

Criteria Number	Criteria Text	Criteria Type
5.1.1	The governing body uses a recognized framework for acknowledging systemic racism.	HIGH
5.1.2	The governing body implements an action plan, in partnership with community partners, to address systemic racism in the organization.	HIGH

<b>Criteria Number</b>	<b>Criteria Text</b>	<b>Criteria Type</b>
5.1.5	The governing body monitors its action plan for addressing systemic racism.	HIGH
6.1.1	The governing body uses a recognized framework for acknowledging Indigenous-specific systemic racism.	HIGH
6.1.2	The governing body implements an action plan, in partnership with Indigenous partners, to address Indigenous-specific systemic racism in the organization.	HIGH
6.1.5	The governing body monitors its action plan for addressing Indigenous-specific systemic racism.	HIGH

# Leadership

## Standard Rating: 96.2% Met Criteria

3.8% of criteria were unmet. For further details please review the table at end of this section.

## Assessment Results

### Communication

The discussion on communications underscored the breadth, complexity, and strategic significance of this function within NLHS, particularly as the organization continues to transition into a unified provincial system. Attendees emphasized that communications now spans internal messaging, external relations, public engagement, digital infrastructure, privacy oversight, and data governance -- each playing a critical role in organizational performance and public trust. With only two dedicated internal communications staff supporting 23,000 employees and physicians, the team faces substantial demands. Nonetheless, notable progress has been made in strengthening internal connectivity. The weekly employee newsletter has become an important unifying tool, and planned improvements -- such as shifting to an Outlook-based distribution platform -- will allow better measurement of reach and engagement. Monthly CEO broadcasts continue to serve as an effective forum for transparency, connection to leadership, and real-time dialogue, with recordings linked through the newsletter to increase accessibility.

A significant challenge remains the presence of five legacy intranets across the organization. Work is underway to consolidate these into a single provincial intranet using ServiceNow, which will support improved targeting, streamlined workflows, consistent messaging, and more effective change management. Social media also plays an increasingly important role in both internal and external communications. Staff engagement is particularly strong on LinkedIn, while YouTube and Facebook remain valuable channels for reaching broader public audiences. Instagram is increasingly used for physician recruitment, with plans to stand up a formal organizational presence. These activities are guided by a consolidated social media policy now under development, supported by privacy experts to ensure appropriate, secure, and professional use.

The communications team collaborates closely with Human Resources on cultural initiatives aimed at fostering pride of work, celebrating staff, and reinforcing organizational values. Legacy zones, particularly the Western Zone, were recognized for excellent staff profiling initiatives that continue to influence provincial practices. Communications also plays an active role in strategic planning, ensuring alignment between communications approaches and organizational priorities.

Externally, the team manages a robust communications portfolio tied to major provincial initiatives including new facility openings, the Health Hub, Corner Brook Regional Hospital, mental health developments, ambulance integration, and upcoming urgent care expansions. Monthly CEO media availabilities have strengthened relationships with journalists, enhanced transparency, and created a predictable venue for proactive engagement. In addition to managing more than 350 media inquiries annually, the communications team supports NLHS's response to a large volume of Access to Information and Privacy (ATIP) requests, many of which originate through the freedom of information process. Legacy systems continue to limit immediate availability of some data, but ongoing digital modernization -- particularly the EPIC implementation, Oracle ERP, and data governance reforms -- is expected to improve reporting capabilities over time.

Proactive storytelling remains a priority, with Communications intentionally highlighting positive developments through initiatives such as Tech Tuesdays, Innovation Summit coverage, CorCare stories, Family Care Team videos, and feature articles. These efforts aim to balance the narrative around

healthcare and reinforce public confidence during a period of significant system transformation.

Public engagement emerged as a major theme in the discussion. The Public Engagement and Communications Office is coordinating a provincial approach that brings together the work of planning, quality, innovation, public health, and community advisors. This includes developing digital platforms for engagement, providing tools and support for leaders who wish to involve the public in decision-making, and promoting the importance of engagement across the organization -- particularly at the manager level. Participants emphasized that helping communities understand not only what decisions are made but why they are made is essential for building and maintaining trust.

Crisis communications capabilities have been tested repeatedly in recent years, including during wildfires requiring site evacuation, cyber incidents affecting personal health information, and severe weather events. A formal crisis communications policy, supported by templates, timelines, and an on-call system, has helped ensure coordinated, timely responses. Privacy plays a central role in such events, and the discussion highlighted the organization's strong privacy protocols, including risk assessments, breach management, patient-requested audits, VIP audits, and random access audits.

The privacy and data governance teams are deeply involved in major digital transformations -- CorCare, data consolidation, third-party linkages, vendor-of-record assessments, data residency and sovereignty considerations, and the development of an organizational archiving strategy. Although no legacy organization had a comprehensive data governance model, NLHS has now been tasked with building one, and there is significant pride in the progress made. Participants reflected on the need for the privacy and IT teams to grow substantially following CorCare implementation, due to the scale of new responsibilities and expectations.

Throughout the discussion, participants expressed pride in the remarkable progress made over the past two years -- highlighting branding successes, new website development, enhanced executive dashboards, and strong privacy leadership. There was an appreciation for how much has been accomplished with a "small but mighty team," and recognition that a major opportunity ahead lies in taking fuller control of the provincial narrative.

Ensuring consistent community messaging, addressing regional needs, strengthening public engagement, and continuing to build trust -- "earned in drops, lost in buckets" -- were identified as central priorities moving forward.

### **Human Capital**

An informative meeting was held with the Human Resources, Wellness, Safety, Diversity, and Workforce teams to explore the organization's progress, challenges, and emerging priorities within the Human Capital Priority Process. The conversation illustrated an organization steadily transitioning from the variability of its legacy structures toward a more cohesive provincial identity, while managing considerable workforce pressures, safety concerns, and a major cultural transformation.

Throughout the meeting, it was clear that the organization maintains a strong and realistic understanding of its human capital challenges. Staff workload pressures, burnout, vacancy levels, and variable communication practices remain central concerns across many service areas. Leaders acknowledged the need to stabilize staffing, strengthen psychological safety, and provide managers with more manageable spans of control, particularly in high-demand clinical environments. The physical and emotional demands of healthcare work were recognized as growing, necessitating more robust wellness strategies, improved workplace infrastructure, and consistent access to breaks and supports.

Despite these pressures, participants highlighted meaningful strengths and early successes. There is growing evidence of a more inclusive and accepting workplace culture, supported by initiatives focused on diversity, equity, reconciliation, and psychological safety. Staff surveys reflect strong feelings of belonging, and efforts around respectful workplace, expanded EFAP access, and enhanced safety protocols demonstrate a maturing focus on wellbeing. Leaders shared pride in the development of a provincial DEI and Reconciliation Council, the launch of a DEI Commitment Statement, and the success

of the first provincial DEI Summit -- initiatives that signal important cultural progress.

Retention and employee experience have taken on greater prominence, shifting the organizational mindset from recruitment alone to long-term workforce stability. Enhanced orientation, stronger onboarding, clearer development pathways, and more flexible work options are helping improve the employee experience. Initiatives such as the retention task force, culture walks, and workforce stability planning demonstrate a structured approach to keeping staff engaged and supported. "Grow-your-own" strategies, demographic forecasting, and strengthened relationships with education partners further position the organization to meet future workforce needs. Leadership capability emerged as a central theme. Leaders acknowledged the need for continued investment in foundational management training, consistent expectations, communication skills, and ongoing leadership development. Regular check-ins, communities of practice, and targeted programs for newer leaders were noted as positive steps. The importance of leadership visibility across a geographically dispersed system was underscored, with recognition that frontline staff feel more engaged when leaders are accessible, present, and communicating with clarity and consistency.

Safety and wellness were also significant areas of discussion. The organization has made progress in strengthening incident management and violence prevention processes, supported by improved analytics, public campaign readiness, and provincial coordination. At the same time, workplace violence continues to have a profound emotional and psychological toll. The meeting emphasized the need to improve follow-through, communication loops, and transparency related to incident reporting and resolution. Enhanced integration between safety, wellness, and HR teams was seen as a positive enabler for more cohesive staff support.

Workforce planning activities reflect increasing sophistication and alignment. With improved data quality and provincial visibility, the organization is now better positioned to identify trends, anticipate risks, and respond proactively. Vacancy stabilization efforts -- particularly within nursing and clinical roles -- were highlighted as points of pride. The organization's progress in classification, job evaluation, and harmonizing HR practices across zones also represents important steps toward greater equity and consistency. The meeting also identified opportunities for continued improvement. Building trust through more consistent, timely communication remains critical, particularly in a system of this size and complexity. Standardizing HR and safety policies across zones and ensuring equitable access to supports remain key priorities. Strengthening psychological safety, supporting leaders through change, and reinforcing accountability within safety and reporting systems were also noted as areas requiring ongoing focus. Continued integration of DEI principles into daily practice, greater cultural safety supports, and stronger partnerships with communities were highlighted as important next steps.

Overall, the discussion reflected a leadership group that is self-aware, aligned, and committed to continuous improvement. While the organization faces significant human resources challenges, it is responding with intentional strategies, growing provincial alignment, and a deepening focus on culture, wellbeing, leadership, and workforce stability. The strong sense of pride expressed by staff and leaders -- rooted in collaboration, inclusivity, and resilience -- underscores the foundation upon which NLHS can continue advancing the Human Capital Priority Process.

### **Medical Devices and Equipment**

The Newfoundland and Labrador Health Services (NLHS) organization has a thorough and effective system for managing their equipment. This is evident at their Fertility Services Centre. There is a clear, formal process for requesting and purchasing new equipment. This involves submission of a request with justification for need as well as estimated cost. There is a review which verifies the ability of NLHS personnel to operate, maintain and clean the equipment appropriately. Maintenance is managed by internal NLHS staff where possible and service contracts are arranged where equipment has special requirements.

Regular preventive maintenance (PM) and unexpected repair needs are tracked in a formal database which alerts staff to upcoming PM requirements. Unexpected repair requests are made through a "ticket"



submission process and the request can be flagged as urgent when appropriate. The database logs all maintenance events for each piece of equipment (Asset #) with relevant service information easily identified.

When equipment issues impact patient care, significant events are entered into the Clinical Safety Reporting System (CSRS). Event information, impact and level of harm are provided. Subsequent handling and resolution information follow the standard process for all incidents/adverse events.

Staff training relevant to NLHS equipment is carried out by either senior staff or by representatives of the equipment supplier. Checklists and competency assessments are documented and retained in the organizations file system. This process was demonstrated for the ultrasound Trophon sterilizer and Computer-Assisted Semen Analysis system in the andrology laboratory. Equipment Management processes are believed to be consistent across the Health Zones. However, the amalgamation of these zones is fairly new and communication among leaders of each zone continues to develop.

### **Patient Flow**

The NLHS team recognizes the challenges with its community's access to care and have identified a number of causal factors as well as their impact on the operation of healthcare facilities. The team proposed a simple model with the ultimate goal being to offer "the right care at the right time and in the right place. A comprehensive action plan has been developed for patient flow and this plan aligns with both the Health Accord NL and the NLHS strategic plan. The plan provides 26 actions focused on reducing occupancy of beds by alternate level of care (ALC) patients. Strategies include identification of patients that can be diverted to other treatment paths prior to admission to hospital; recognizing health issues that may be caught early and treated before deteriorating to a level requiring admission; and enhancing communication among various healthcare professionals to ensure more efficient transition of patients between treatment centres of varying care level.

Some activities have been completed; some have not been started; but most are in progress. Members of the organization are tracking some indicators and progress is being demonstrated including reports of reduced hospital stay by up to 5 days in some areas.

The organization also recognizes that access to care varies greatly among the 5 health zones and several initiatives are underway. A system of patient air transport is being implemented with access to both planes and helicopters. This will greatly facilitate the ability to get ill patients to required care centres before their case deteriorates beyond reasonable help.

There are initiatives to bring care (Traveling Clinics) to the rural areas so that patients may be treated close to home. Dermatology care is an example of this type of clinic and an impact has been seen on both the need for the patient to travel for care as well as a reduced impact on treatment demand at a primary care centre.

NLHS has established a "Control Room" which tracks an impressive volume of patient flow information in real time. The system continuously tracks current staffing level by department/area and as a proportion of expected need. Similarly patient volume is continuously monitored according to location and patient type. This data is monitored and visible on graphic monitors with images easily interpretable. Through this control centre, it is possible to see the relationship between demand and capacity at virtually any point in time. Although the available data is massive, the organization is encouraged to formalize a reasonable number of metrics for reporting at meaningful intervals.

There is evidence that the team is seeking input using Patient Care Advisors in numerous capacities as well as advocacy groups including "First Light" which supports indigenous people.

The NLHS organization is to be commended for their work thus far. The action plan appears to be on track and is guided by the principles of the NL Health Accord. The team is encouraged to formalize their promising initiatives, to increase the number metrics monitored and to communicate the impact of there actions to leadership and to the community.

## **Physical Environment**

The NLHS Fertility Services facility is managed by the Infrastructure and Support Services Department and an Accommodations Officer. These offices oversee management of facility temperature, humidity and air quality as well as maintenance, cleaning and waste disposal. The NLHS has been developing a comprehensive plan to address both the impact of the environment on community health as well as the impact of NLHS activities on the environment.

For example, upgrading and replacement of HVAC systems has reduced fuel consumption (and emissions) through efficient control of temperature and humidity regulation. System operation is reduced at times when buildings are not occupied and when environmental air is already in the desired range. The organization uses environmentally friendly methods to dispose of paper, cardboard, glass and aluminum cans. Local representatives expressed a developing trend toward sharing initiatives among leaders from other zones. Relevant leaders of different zones are encouraged to continue exchanging ideas so that effective environmental stewardship initiatives and processes can be disseminated across the NLHS.

With the new amalgamation of the 5 zones, there are challenges and opportunities. Programs in some zones have developed initiatives to reduce the impact of their operations on the environment.

## **Planning and Service Design**

The Planning and Service Design interview reflected a system that is becoming increasingly thoughtful, coordinated and mature in its approach to planning across Newfoundland and Labrador Health Services (NLHS). The team described a planning environment rooted in broad engagement, strong foundational analysis, and a clear commitment to aligning the organization with the priorities of the Health Accord, the government's mandate, and the evolving needs of communities across the province. They emphasized how the current strategic planning process is the most comprehensive and inclusive to date, integrating inputs from more than 2,000 team members, targeted outreach to equity-deserving groups, and meaningful involvement from unions, innovation partners, the medical school, and community organizations. This breadth of engagement is supported by environmental scanning, demographic assessment, and structured planning frameworks that guide how strategic issues are synthesized and translated into organizational priorities.

Throughout the discussion, the team described the pride they take in the strength of their engagement strategies and the central role of patient and family advisors in shaping plan development. They noted that the organization is increasingly comfortable involving patients early and consistently, recognizing that a richer diversity of voices leads to a more grounded and representative strategic direction. The emergence of structures such as Community Advisory Councils, Regional Health Councils, and the Strategic Health Network for Indigenous Health was presented as evidence of meaningful progress in bringing community perspectives to the forefront. These structures are helping to guide regional conversations, support local service design, and ensure that Indigenous partners shape the mechanisms and approaches that affect their communities.

There was also a clear sense of pride in the cultural shift occurring across NLHS as the organization moves away from an illness-centered model and toward a broader wellness-focused approach. The team expressed genuine optimism about the direction of NLHS and the growing alignment they see across programs, zones, and provincial structures. They highlighted the value of a more unified provincial lens and the emerging credibility of new integrated planning mechanisms. The implementation of CorCare and the broader digital transformation work were noted as major undertakings that reinforce systemwide alignment and provide important infrastructure for consistent planning and reporting.

At the same time, the team openly acknowledged challenges that require continued focus. Achieving consistent alignment across such a large, diverse provincial system remains difficult. Variability between zones, legacy cultures, and existing structures affects the ability to fully harmonize approaches and expectations. The group noted that translating strategy into day-to-day operations is still a maturing skill set across NLHS and requires more clarity in distinguishing strategic work from operational activities.

Ensuring staff across all levels understand and apply planning frameworks consistently is an ongoing task, particularly in areas with limited resources or competing pressures.

The speed and volume of change were also identified as areas requiring attention. With multiple major initiatives underway -- digital transformation, new planning frameworks, evolving governance structures, and the creation of new provincial programs -- there is a real risk of change fatigue. The team expressed concern about sustaining momentum while managing workload and maintaining engagement across both clinical and non-clinical teams. Managing the balance between government direction, community expectations, and operational feasibility is becoming increasingly complex and demands thoughtful prioritization.

The conversation also highlighted opportunities to further integrate planning across service, human resources, digital, and capital domains. While foundations have been established, the team recognized that greater cohesion is needed to ensure decisions are consistently aligned and sustainable across the province. Strengthening mechanisms for early and consistent engagement with Indigenous partners, PRA members, and local communities will further support this integration. Likewise, innovation -- while active and valued -- would benefit from more consistent structures to support spread, scale, and alignment with strategic priorities.

In summary, the Planning and Service Design team demonstrated deep commitment, pride and clarity about where NLHS is heading. They clearly value the voices of patients, staff, partners and communities, and they take significant pride in how far the organization has come in a short period of time. At the same time, they recognize the ongoing need for alignment, capacity building, and careful management of change. The progress to date provides a strong foundation, and the opportunities identified -- particularly those related to consistency, integration and sustainability -- represent important next steps in strengthening a unified provincial health system.

### **Principle-Based Care and Decision Making**

The discussion offered a comprehensive view of how principle-based care and ethical decision-making are woven into both the clinical and organizational fabric of Newfoundland and Labrador Health Services (NLHS). Participants described a mature and provincially connected ethics service that is accessible to clinicians across all zones, regardless of size, location, or available specialty support. Whether through formal consults, direct phone calls, or the monitored provincial intake inbox, staff consistently receive timely, respectful, and well-informed guidance when navigating ethically complex situations. The increasing volume and complexity of cases -- driven by patient needs, population changes, and evolving system pressures -- reflect the growing reliance on the ethics service across the organization.

A significant aspect of the conversation focused on NLHS's distinctive position within Canada's research ethics environment. Newfoundland and Labrador remains the only jurisdiction where research ethics oversight is embedded in legislation, ensuring independence and safeguarding against conflicts of interest. While this structure provides strong protection for participants and reinforces impartiality, it also creates challenges as the rest of the country moves toward centralized research ethics review models. The team is actively engaged in national harmonization efforts, including emerging approaches such as CanReview, while concurrently supporting the expansion of research activity and patient involvement across the province.

Ethics is deeply embedded in clinical operations. Consults frequently centre on capacity, complex care planning, aggressive behaviour, disclosure obligations, and system-level challenges. Recurrent themes from these consults inform ongoing guideline development, and the provincial resource library has become a widely used tool for frontline decision-making. Staff awareness and confidence are further supported through a strong education foundation that includes orientation sessions, posters, intranet materials, learning modules, provincial ethics weeks, certificate programs, and collaborative sessions with Memorial University and the College of Physicians and Surgeons. These initiatives collectively strengthen staff competence and normalize the use of ethics support in day-to-day practice.

The group also emphasized the expanding role of ethics in organizational, strategic, and governance decision-making. As NLHS continues its transformation from multiple regional authorities to a single provincial system, ethical frameworks increasingly shape decisions related to resource allocation, service standardization, virtual care, workforce deployment, and the introduction of new technologies such as artificial intelligence. Ethical considerations were particularly crucial during COVID-19, where consistent frameworks guided vaccine prioritization, remote-care decisions, and allocation of scarce resources. The continued integration of ethics into governance structures -- especially as the provincial Board strengthens its use of ethical reasoning -- was seen as essential for supporting fair, transparent, and values-aligned decision-making.

Participants repeatedly highlighted several key strengths of the program: the interdisciplinary membership of ethics committees; strong relationships with internal and external partners; the high responsiveness of the ethics team; and the meaningful integration of patient and community voices. Many expressed pride in the program's provincial cohesion -- despite geographic dispersion -- and its ability to provide consistent advice, unified guidelines, and coordinated education to thousands of staff across NLHS. The emphasis on cultural safety, Indigenous engagement, and respectful decision-making was also seen as a defining characteristic of the ethics service.

At the same time, the group identified opportunities for further growth. Increasing demand for ethics support is placing strain on existing resources, and additional capacity will be needed to sustain timely consultations and expand proactive work such as guideline development, committee support, and organizational ethics initiatives. There is also variability in staff awareness across the system, particularly in smaller or rural sites, indicating a need for more consistent outreach and integration. Strengthening the interface between local ethics committees and the provincial organizational ethics committee will help create clearer pathways and greater consistency across regions.

Looking forward, several emerging areas require enhanced ethics engagement. These include digital health expansion, virtual care, AI-supported decision-making, and complex social-determinants-driven issues such as housing insecurity. Participants noted the importance of ethics in addressing systemic gaps and advocating for vulnerable populations whose needs extend beyond traditional clinical care. There is also a need to prepare for leadership transitions within academic ethics partners, ensuring continuity of expertise and mentorship.

Overall, the conversation reflected deep pride in the maturity, responsiveness, and interdisciplinary strength of the NLHS ethics program. The team's commitment to principled, patient-centred decision-making -- and its ability to support both clinical and organizational dilemmas -- continues to be a vital asset for the provincial health system. With continued investment, strengthened partnerships, and a focus on emerging ethical challenges, the program is well-positioned to guide NLHS through ongoing transformation and the increasingly complex landscape of modern healthcare.

## **Resource Management**

The meeting with the Resource Management Team reflected an organization navigating significant financial pressures while steadily maturing its approach to both capital and operating resource management. As NLHS advances through its third year as a provincial authority, leaders described the complexity of managing a \$3.7-billion operating budget in the context of system overcapacity, persistent reliance on agency staff, elevated overtime costs, and the burden of substantial legacy debt. Despite these challenges, the discussion revealed a strong commitment to disciplined stewardship, transparent processes, and increasingly sophisticated frameworks for planning, prioritization, and fiscal oversight.

The operating budget cycle is structured and iterative, beginning with quarterly discussions between financial analysts and managers that cascade upward to directors and vice presidents. Monthly variance reporting provides leaders with timely visibility into emerging cost pressures, enabling early intervention and resource redeployment. Executive Accountability Rounds further reinforce oversight by facilitating deep, zone-level examinations of financial performance and operational risk. Leaders emphasized the use of structured cost-tracking mechanisms during emergencies, where dedicated accounts and project

codes are established immediately to capture event-related expenses and ensure direct traceability.

The organization's collaboration with government was also noted as a central part of financial stewardship. Regular engagement with provincial officials supports alignment on expectations, targets, and constraints. Given the scale of NLHS's share of the provincial budget, government looks to the organization to demonstrate efficiency, deliver on financial commitments, and show progress in modernizing financial systems and processes. Work is underway to consolidate legacy financial platforms and modernize financial technology, enabling more integrated, real-time financial management. Capital planning is becoming increasingly strategic and connected to clinical and population needs. Rather than relying on reactive or opportunistic investments, the organization is linking capital decisions more closely to long-term service planning, demographic shifts, and infrastructure condition. Facility assessments, lifecycle evaluations, and asset condition data are now being used systematically to identify risks, prioritize investments, and determine when renewal, replacement, or redevelopment is required. Comprehensive reviews of facility condition, conducted at regular intervals, are helping to create a clearer picture of the province's asset base and what will be needed to support future care models.

The capital request process is now driven from the ground up, with leaders across zones and programs submitting needs through a standardized intake each fall. These submissions are reviewed through an iterative, multi-level process involving clinical, operational, and infrastructure perspectives, ultimately feeding into a provincial capital prioritization process that is considered both defensible and aligned with organizational priorities. Governance bodies responsible for overseeing capital planning and infrastructure projects ensure transparent decision-making, alignment with strategic priorities, and strong oversight of project scope, budget, risk, and performance. Clear approval thresholds, expectations for project leadership, and structured oversight throughout all stages of a capital project reinforce accountability and ensure consistency across the province.

The Resource Management Team expressed pride in several areas: the growing integration of capital and operating planning; improvements in the defensibility and transparency of capital priorities; strengthened links between infrastructure planning and clinical service redesign; and improved analytic capacity to support decision-making. Teams also highlighted the evolution of asset management practices, with strong biomedical engineering functions and provincial programs for diagnostic equipment providing needed standardization and reliability. The growing use of data, predictive analytics, and proactive planning -- rather than reactive investments -- is shifting the culture toward a more strategic and sustainable model of infrastructure management.

At the same time, the meeting identified important opportunities. The continued reliance on agency staffing and overtime remains a major driver of financial instability and underscores the importance of workforce stabilization. Improving the availability and quality of utilization data is essential to support more evidence-based decision-making across both operating and capital domains. The absence of a centralized equipment inventory limits full visibility into lifecycle needs and replacement planning. As the organization transitions from legacy processes to unified provincial ones, support for change management, communication, and process standardization remains critical. The continued modernization of financial and capital systems will enable better integration, analytics, and transparency.

Overall, the meeting depicted an organization that is highly aware of its fiscal challenges but equally committed to strengthening planning, governance, and resource stewardship. Through more structured budgeting processes, integrated long-term capital planning, stronger governance, and clear fiscal controls, NLHS is building a more coherent and sustainable approach to resource management. The progress achieved to date reflects a system moving toward greater stability, transparency, and strategic alignment as it works to maintain high-quality care under significant financial pressures.

**Table 4: Unmet Criteria for Leadership**

<b>Criteria Number</b>	<b>Criteria Text</b>	<b>Criteria Type</b>
1.3.7	The organization measures, regularly monitors, and evaluates the effectiveness of its people-centred care efforts, and uses the results for improvement.	NORMAL
2.4.11	The organization engages with clients and families to verify that changes resulting in improved outcomes are sustained.	NORMAL
2.7.4	The organization uses defined performance indicators to regularly evaluate the effectiveness of its environmental stewardship initiatives, and uses the results to make improvements.	NORMAL
2.7.5	The organization regularly evaluates the impact of climate change on the organization and on the health of the community, and uses the information to adapt to and mitigate climate change.	NORMAL
2.7.6	The organization provides leaders and staff with education and training to build organizational capacity to support environmental stewardship initiatives, and adapt to and mitigate climate change.	NORMAL
4.1.5	<p>Workplace Violence Prevention</p> <p>4.1.5.1            There is a written workplace violence prevention policy.</p> <p>4.1.5.3            The policy names the individual(s) or position responsible for implementing and monitoring adherence to the policy.</p>	ROP

## Service Specific Assessment Standards

The Qmentum Global™ for Canadian Accreditation program has a set of service specific assessment standards that are included in the accreditation program based on the services delivered by different organizations. Service standards are critical to the management and delivery of high-quality and safe care in specific service areas.

### Assisted Reproductive Technology (ART) Standard for Clinical Services

**Standard Rating: 100.0% Met Criteria**

0.0% of criteria were unmet. For further details please review the table at end of this section.

#### Assessment Results

The NLHS Fertility Service program offers access to high quality treatment for infertility. The program includes 3 highly trained REI physicians with significant experience in fertility treatment. The program includes appropriate equipment for cycle monitoring and diagnostic investigation. A suitable sterilization process allows efficient and effective reprocessing of ultrasound probes. The nursing and physician teams have access to good policies and teaching tools to prepare patients for safe treatment. The program itself is limited by the lack of some relevant services for fertility treatment, however, the program has close relationships with other programs that currently fill those gaps. Blood hormone assay is a common and important component of cycle monitoring and patients are referred to the blood collection site adjacent to the fertility services space. The actual assay and reporting of results occurs a little further away at the Health Sciences Centre. The arrangement presents some challenges as blood results may be required in order to make treatment decisions and those decisions are often made hours later. Similarly, many patients require progression to in vitro fertilization (IVF) when intrauterine insemination (IUI) cycles are unsuccessful. Newfoundland and Labrador patients currently require referral out of province for treatment and that presents added costs to an already expensive process. There is funding support for patients but it is challenging to access the funding in the short term.

There is interest in bringing IVF services to St John's and the patients would benefit from this. Many do not access IVF because of this lack of local availability. The NLHS is encouraged to explore the potential to develop a facility capable of providing full fertility treatment options under one roof.

Despite the limited local treatment options, the NLHS organization does an excellent job of coordinating necessary treatment outside Newfoundland and Labrador. Cycle monitoring is carried out in St John's with daily results forwarded to the referral centre for decision-making. The communication between clinics is effective and outcomes are tracked and appear favourable.

#### Table 5: Unmet Criteria for Assisted Reproductive Technology (ART) Standard for Clinical Services

There are no unmet criteria for this section.

# Assisted Reproductive Technology (ART) Standard for Laboratory Services

**Standard Rating: 98.2% Met Criteria**

1.8% of criteria were unmet. For further details please review the table at end of this section.

## Assessment Results

The NLHS Fertility Services program includes an ART laboratory that provides semen analysis, semen processing, semen freezing and donor sperm handling (frozen anonymous from commercial sources only). The laboratory is led by a qualified Scientific Director and day-to-day operation is overseen by a senior technologist with suitable training. The equipment is suitable for the work provided and there is sufficient numbers of equipment units to accommodate service demands. Equipment Preventive Maintenance (PM) and daily Quality Assurance (QA/QC) is appropriate and well documented. Gamete storage tanks are fitted with suitable alarms and monitored appropriately. There is some challenges with storage space in the cryo room and some tanks may be reaching the end of recommended lifespan. Like many ART labs in Canada, the program stores many samples that may be considered “abandoned”. The NLHS fertility program is encouraged to work with other Canadian programs to develop national recommendations for the handling of “abandoned” stored gametes.

The laboratory tracks numerous relevant indicators and demonstrates excellent recoveries from semen processing. These are also associated with favourable pregnancy outcomes. It should be noted that many of the ART Lab standards consider the availability of IVF treatment and, therefore, significant standard components of standards have limited to no applicability.

**Table 6: Unmet Criteria for Assisted Reproductive Technology (ART) Standard for Laboratory Services**

Criteria Number	Criteria Text	Criteria Type
1.5.3	If clients cannot be reached after the storage period ends, a documented process for dealing with stored gametes or embryos is followed.	HIGH



## **Service Excellence for Assisted Reproductive Technology (ART) Clinical Services**

**Standard Rating: 100.0% Met Criteria**

0.0% of criteria were unmet. For further details please review the table at end of this section.

### **Assessment Results**

The NLHS Fertility Services program is supported by the broader NLHS organization. In this way, the program has the ability to manage numerous quality initiatives with available resources for tracking and adjusting to changing service needs. The program also makes very good use of Patient and Family Experience Advisors (PFEAs) that participate in projects on an ongoing basis. PFEAs are part of program working groups, that meet every other month and provide valued input into requested aspects of clinic operation and delivery of patient care. The program can access ethics programs, counseling resources and quality committees all of which advance the quality of care for their patients.

Like all NLHS staff, fertility program staff receive required general training and renewal of competency in WHIMS, emergency codes, privacy training and workplace violence training.

A new medical record management program (EPIC) is being introduced throughout the organization and the NLHS Fertility Services program is participating in this implementation. Although the initial introduction will be challenging, the project will ultimately improve access to and entry of patient medical information. In addition, there is a fertility-specific component which would store all patient information in one place as well as eliminate storage of paper charts.

### **Table 7: Unmet Criteria for Service Excellence for Assisted Reproductive Technology (ART) Clinical Services**

There are no unmet criteria for this section.

## **Service Excellence for Assisted Reproductive Technology (ART) Laboratory Services**

**Standard Rating: 100.0% Met Criteria**

0.0% of criteria were unmet. For further details please review the table at end of this section.

### **Assessment Results**

The laboratory department of NLHS Fertility Services Program works intimately with the clinical team. Together, they are supported by the broader NLHS organization. The laboratory is represented at joint meetings that occur regularly (every other month) and Patient and Family Experience Advisors (PFEAs) participate in these meetings. Ethical issues can be raised for input from ethicists provided by the broader NLHS organization. Laboratory outcomes are tracked, organized and captured by the NLHS quality management team.

Like all NLHS staff, the fertility program laboratory staff receive required general training and renewal of competency in WHIMS, emergency codes, privacy training and workplace violence training.

A new medical record management program (EPIC) is being introduced throughout the organization and the NLHS Fertility Services Program is participating in this implementation. There is a specific ART laboratory component of the EPIC system, and this will be of great benefit to the fertility services laboratory (particularly when IVF services are offered).

### **Table 8: Unmet Criteria for Service Excellence for Assisted Reproductive Technology (ART) Laboratory Services**

There are no unmet criteria for this section.