

# HEALTH ACCORD NL BLUEPRINT

## OUR POSITION



### Submitted to:

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## Council's position on the Health Accord NL Blueprint

Council recognizes that transformational change in the Health Care system in Newfoundland and Labrador is required and is pleased to see that Government is implementing some of the changes recommended in Health Accord NL.

To truly operate a health care system that optimizes service delivery to the residents, the decision-makers must put the needs of tomorrow at the forefront, not the needs of the past. Accepting that as a starting point, the decision makers must also look at our geography and the unique challenges it presents in effective delivery of service. Health Care facilities must be geographically positioned to best serve the residents as a collective.

The Town of Gander has been consistent that this is not a competition between James Paton Memorial Regional Health Centre (JPMRHC) and the Central Newfoundland Regional Health Centre (CNRHC). As Mayor Farwell has repeated, 70%, or approximately 64,000, of Central NL residents live outside the urban centres, but will disproportionately feel the impacts of these decisions.

Any re-imagining of the existing system must take the following into account:

1. It must be designed in a way that accounts for the current and future demographics.
2. It must utilize the current infrastructure in a way that is practical and fiscally viable.
3. It must effectively interconnect the provincial health care facilities by utilizing existing transportation infrastructure. This includes the road network and air service network.

**Council supports many of the general principles outlined in the blueprint, but has concerns about the path set forward, including:**

1. **the possible elimination of obstetrical services at JPMRHC;**
2. **a provincial air ambulance system that does not contemplate Gander and the strategic location of infrastructure at Gander International Airport Authority (GIAA);**
3. **a moratorium on Capital Expenditures on Long Term Care (LTC) as stated on page 54 (section B) of the Blueprint;**
4. **lack of specificity around the proposed Centre of Excellence on Aging proposed for Gander;**
5. **lack of specificity around how critical health infrastructure in rural communities fit into the Community Hospital model;**
6. **the logistical challenge of having one regional hospital delivering services at two sites with no clear rationale around service delivery models (Blueprint action 17.1 (3b) section B Report); and**
7. **The Health Accord's reliance on recruitment and retention challenges as the foundation for recommendations around the re-imagined health system, such as the elimination of Obstetrical Services in Gander.**

## The possible elimination of Obstetrical Services at JPMRHC

Through extensive statistical analysis and in considering population growth trends, population density, regional demographics, and the geography of the central east region, it becomes alarmingly evident that obstetrical services should remain at JPMRHC.



**Action 18:** Realign core specialty health services in facilities to match the current and future needs of the population in the province to enhance continuity of care based on the changing needs in the community and on the changing demographics.

### Population and Growth Trends

As Central Newfoundland has a large and unique geographic distribution, the second largest regional population totaling 90,871, and no proposed community hospitals. The Town of Gander is firm that both regional hospital sites (JPRMHC and CNLRHC) must have all core hospital services, including:

- Medicine
- Basic lab testing
- Diagnostic Imaging
- Elder Care (restorative, dialysis, pharmacy)
- Mental Health
- 24-hour Emergency Room
- Surgery
- OBS

However, should the implementation contemplate delineation of service in only a single site, the decision should follow our overriding rationale that decisions should be based on the ability serve the needs of the population and demographics in the most effective manner. From 2001 to 2021, Gander's population increased by 23.1%, while the population of Newfoundland and Labrador decreased by 2.2% over the same period. (Source: Statistics Canada)

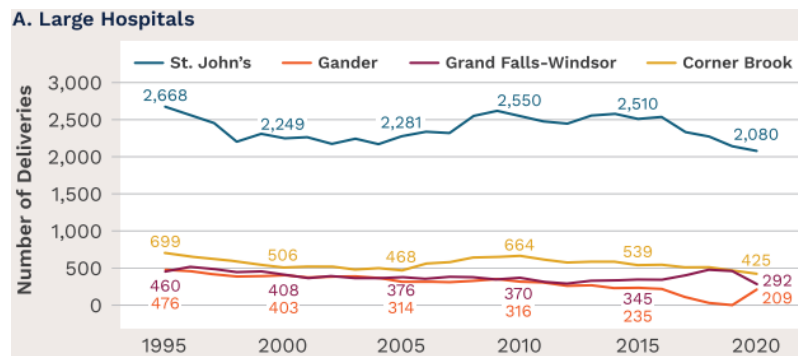
Planning must consider overall sustainability into the future. This must look beyond elderly populations. Youth development requires a health care model that is focused, effective and accessible. The rate of school aged enrollment from 2000-2021 has drastically declined in most areas outside of the Northeast Avalon, but Gander and surrounding communities have seen a slight increase. Investment in programming and infrastructure must follow sustainable communities and populations. Re-imagining the health care system requires accepting that decisions must be guided by population demands and not use investment in health for any purpose other than meeting the needs of the population. (Source: <https://nl.communityaccounts.ca//Default.asp> (Local Areas 45 and 43))

### Geography, Demographics and Population Density

According to the 2016 Census, 67.4% (61,223) of the regional population of 90,871 reside within a 100km radius of JPMRHC, compared to 49.8% (45,236) within a 100 km radius of CNRHC. There are some areas that are not effectively serviced by regional hubs within desired travel time such as the Connaigre Peninsula, Baie Verte Peninsula and Fogo Island. This geography requires unique solutions to ensure equitable health care to the residents of these areas.

With the possible elimination of obstetrical services proposed for JPMRHC, if an expecting mother residing in New-Wes-Valley goes into pre-mature labour at 35 weeks, she is expected to drive almost three hours to Grand Falls-Windsor to deliver her baby.

According to the NL Statistics Agency, in 2020 the number of births at JPMRHC was 235 and 255 at CNRHC. However, it is evident that the lower number of births at JPMRHC can be directly attributed to the diversion of obstetrical services from JPMRHC to CNRHC and is not an accurate reflection of the population needs.



This figure from Health Accord NL illustrates the same trend, which can be directly attributed to management decisions regarding diversion, rather than population needs.

A decision to locate OBS services in a single location must consider or capitalize on the transportation infrastructure and the strategic interconnectivity of the highway and air transportation networks.

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Gander poses two dominant advantages due to its strategic proximity. It is centred between the tertiary health centre in St. John's (333km) and the other regional health centre in Corner Brook (356 km).

Gander International Airport is a critical element of the transportation network, ensuring the road and air ambulatory networks are fully integrated. If a mother or baby experiences complications and must be air lifted to the Health Sciences Centre, being near Gander International Airport is critical. This could become the difference between a positive and negative health outcome for both mother and baby.

### Midwifery program

iv. Provincially, midwifery/family medicine maternity services should be developed in sustainable locations, based on criteria including volume, proximity to obstetrical backup, and needs of the local population.

In 2020, the province introduced the first registered midwifery clinic at JPMRHC, with a staff of four midwives. Since it's inception, two

of the midwives have resigned from Central Health, citing the closure of the Obstetrical Unit at JPMRHC as being the main reason. Midwives offer a vital service to families – a less clinical and less costly approach to childbirth and perinatal care. They cannot, however, practice without the support of a full Obstetrics team, as they need resources on site in the event of an emergency that requires medical or surgical intervention.

The Association of Midwives of NL has been vocal about their displeasure with Government's mismanagement of the Obstetrics Unit at JPMRHC.

[2 years after first clinic opened, N.L. midwives and clients say profession has been forgotten | CBC News](#)

The Health Accord NL previously stated, "ensure enhanced services for travel and accommodations at obstetrics locations for patients and their families who have to travel significant distances."

In this context, Gander possesses several competitive advantages that is not congruent with the recommendation to centralize obstetrics in Grand Falls-Windsor, eliminating the service in Gander. These include a large supply of hotel and extended stay accommodations within walking distance to the hospital and proximity to the Gander International Airport Authority.

### **2 years after first clinic opened, N.L. midwives and clients say profession has been forgotten**

But more than two years — and a pandemic — later, midwifery care has not grown beyond that Gander clinic, and the midwives who do practise at that clinic are unable to lead births because of staffing shortages and clinical diversions.

Deirdre Maguire, co-chair of advocacy organization Birth Justice N.L., said the closure of the Gander obstetrical unit — set to last until September — is the main challenge.

"We haven't seen any progress in expanding midwifery access. In fact, access to midwifery care is declining," explained Maguire. "What we're really worried about is that the provincial government's lack of investment in midwifery services is actually causing this much-needed profession to fail."

-CBC News June 14, 2022



## **A provincial air ambulance system that does not contemplate Gander and the strategic location of infrastructure at Gander International Airport Authority (GIAA)**

**23.4. Establish one provincial air ambulance system that would include bases in St. John's and Happy Valley-Goose Bay, medevac services for Labrador, helicopter services which fly 24 hours a day, seven days a week, and one-off out of province flights.**

### Interconnectivity through air transportation networks

Air connectivity and air ambulance is imperative in ensuring the regional centres are interconnected to the tertiary care centre (Health Sciences Centre). There is no denying that the Gander International Airport should be an integral part of the newly imagined health care delivery model. The presence of the International Airport allows for the most efficient transport of clients from Central Health to the Health Sciences Centre.

This interconnectivity goes beyond simply moving patients from community to regional to tertiary centres. An effective network also contemplates movement of supplies and human resources from one location to another. Gander International Airport is a vital link between central Newfoundland and Labrador and the tertiary centre. The presence of the airport could provide medical personnel efficient movement to mobile clinics, and efficient transportation for locum physicians. In addition to passenger planes, the

airport could provide a vital shipping link for medical supplies, equipment and samples destined for the provincial lab in St. John's. These are all factors that become essential in optimizing the efficiency of the entire system.

The Air Services Division of Transportation and Infrastructure is currently headquartered in Gander, providing the following services:

- Centralized aircraft maintenance
- Centralized aircraft dispatch, including existing air ambulance service
- Hangar Infrastructure

This creates an opportunity to expand upon the expertise and infrastructure at Government Air Services Branch to create a centre of excellence in ambulatory transportation networking, including the centralization of road ambulance maintenance and dispatch.

The Town of Gander proposes that a re-imagined health care system should strategically consider GIAA as a logical hub for visiting/travelling clinics, allowing efficient two-way connection of both patients and health professionals to a visiting clinic.

### **A moratorium on Capital Expenditures on Long Term Care (LTC) as stated on page 54 (section B) of the Blueprint**

f. Adopt a policy for a moratorium on the building of new large structure, institutional-based, long-term care facilities.

Lakeside Home Re-development and potential Long-Term Care facility expansion  
A policy for a moratorium on the building of new large structure, institutional based, long-term care facilities is a contradiction of the recommendations set forth (page 39) in a 2015 study: Central Health Long-Term Care Needs Assessment completed by Ernst & Young (EY). This study clearly recommended a new facility to replace the 102 beds at Lakeside Homes in Gander. EY recommended maintaining the current complement of PCU, nursing, respite, and palliative beds, and adding 56 new beds, making the new Lakeside Homes a 158-bed facility. This redevelopment would capitalize on economies of scale for cost efficiency.

Through the process of selecting a site for the development of a new 60 bed LTC facility in Gander, the province allotted land adjacent to the new facility for the future redevelopment of Lakeside Homes.

### **Lack of specificity around the proposed Centre of Excellence on Aging for Gander**

**17.7. Develop a Centre of Excellence on Aging in the regional hospitals in Central Health and Western Health with a geriatrics team, a stroke care unit, restorative care, a focus on reducing alternate level of care use, and partnerships with other health facilities and Community Teams in the region.**

The Health Accord NL Blueprint recommends the establishment of a Centre of Excellence on Aging in Gander with the presence of a geriatrics team, a stroke care unit and restorative care providers. It is unclear what other services would be offered to complement the Centre of Excellence on aging.

The Co-Chairs of Health Accord NL have acknowledged that there are only two geriatricians employed in the province and both of those specialists reside and practice in St. John's. Central Health has admitted for years that recruitment and retention is a problem. Does the newly formed provincial health authority have specific plans around the recruitment of geriatricians and other clinicians who specialize in geriatrics?

## Lack of specificity around how critical health infrastructure in rural communities fit into the Community Hospital model

The report suggests changes to service delivery model at various rural health centres. Council recognizes partner communities as critical pieces of the

regional health network, namely, New-Wes-Valley, Twillingate, Fogo and Lewisporte, which are in the primary catchment area of JPMRHC. Council remains concerned that any changes to the service delivery model must contemplate full integration between community care and regional hospital facilities and the tertiary centre.

How will rural communities feed into the regional health infrastructure to enhance the re-imagined healthcare delivery model?

With the labour shortages experienced in Community Care Centres located in rural communities, a great deal of Central Health clients are being referred to JPMRHC or CNRHC for follow-up. If this is the expected future trend, capacity and service delivery must be raised to accommodate the influx of diverted patients. According to information obtained from Central Health in December 2021, JPMRHC was operating at a daily occupancy rate of 100% and CNRHC at 95%. This brings to question, where can the additional capacity be accommodated, and how will the rural facilities be utilized in the proposed hub-and-spoke model?

## The logistical challenge of having one regional hospital delivering services at two sites with no clear rationale around service delivery models (Blueprint action 17.1 (3b) section B Report)

b. Regional hospitals are located in St. John's (with tertiary and secondary services across two sites), Gander/Grand Falls-Windsor (one centre across two sites), and Corner Brook.

The report proposes that Central NL will be comprised of:

- 2 Regional Hospital Sites



- 0 Community Hospitals
- 7 Community Care Teams

The Community Hospitals identified in the Health Accord include:

- Carbonear
- Clarenville
- Burin
- Stephenville
- St. Anthony
- Happy Valley-Goose Bay
- Labrador City

As Central Newfoundland has no proposed community hospital, it is the Town of Gander’s assumption that both regional hospital sites must have all community hospital services plus equitable distribution of specialty services.

Health Accord NL has defined community hospitals as providing the following services:

- Medicine
- Basic lab testing
- Diagnostic Imaging
- Elder Care (restorative, dialysis, pharmacy)
- Mental Health
- 24-hour Emergency Room
- Optional specialties
  - Surgery
  - OBS

The report is ambiguous about some details that cause concern. For example, the report states “Locate intensive care unit (ICU) programs in the three regional hospitals: St. John’s, Central Health, and Corner Brook.” It is unclear if ICU will be located in both regional centres in central NL or if it will be delivered at only one. If one, we feel additional transparency around specifics is required. Clarification is necessary, as this would have significant impacts on the viability of one site as a true regional centre. Again, if it is suggested that one site will be selected, we would repeat our argument that the location must consider macro factors such as demographics, proximity to transportation networks, etc. This is echoed throughout the Blueprint documents.

The central region does not have an identified community hospital thus, both regional centres must include all basic community hospital services and community speciality services; specifically, OBS and surgery.

Given the vast distribution of population within the Central Health region and the lack of any community hospital services, basic secondary acute care services such as OBS and surgery must be considered essential hospital services and cannot be classified as an unnecessary duplication of service. These services should be administered as one regional program delivered though two sites.

## Recruitment and retention challenges

The Health Accord's reliance on recruitment and retention challenges as the foundation for recommendations around the re-imagined health system, such as the elimination of Obstetrical Services in Gander.



**Action 40:** Create a strategic recruitment plan that will ensure health care providers are in place to offer stable direct care and services to patients/clients/residents and families in a rebalanced health and social system, while at the same time providing work-life balance for employees.



**Action 41:** Create strategies that will engage, stabilize, and retain the current and future health and social system workforce. Ensure strategies support inclusion of under-represented groups and quality of care in the provision of service.



Provide equitable access within an urgent care model in health centres based on distance from a hospital emergency department, geography, size of the catchment population, and availability of providers.

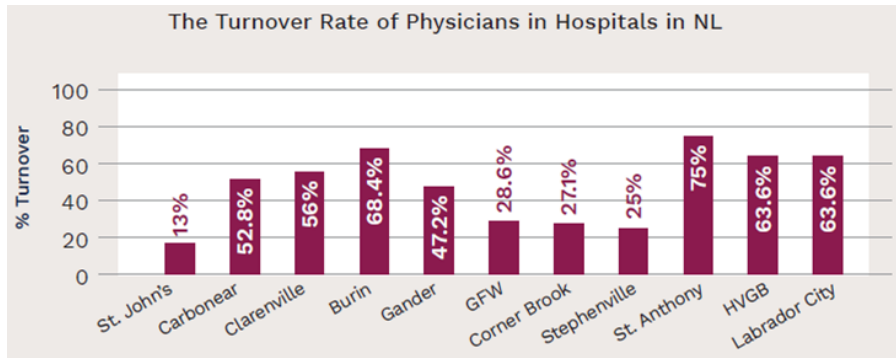
Health Accord NL stated, “a re-imagined system must treat the causes of a failed system not the consequences”.

The Town of Gander feels that turnover and poor physician retention statistics should not be justification for re-designing the system. This is a consequence of poor human resource policy, leadership, and organizational behaviour that requires action, but is not a cause of a problem that requires fixing by re-imagining the system.

Failed human resource policies and practices implemented by Central Health management has significantly contributed to a higher turnover rate at JPMRHC than experienced by other larger hospitals.

3

Big public spending  
on consequences,  
not causes



The inability of Central Health to recruit and retain health care providers is unacceptable rationale to discontinue services at JPMRHC (i.e., obstetrics). Service delivery decisions must be based on sound evidence considering the needs of the catchment area, population growth

trends, population density, and regional demographics. Following this will ensure that it is efficient and effective for both clients and healthcare providers.

Health care decisions based on politics/bias, result in an ineffective health care system. The 2018 external review of management and governance issues at Central Health identified that historical organizational behavior has led to many of the challenges and inefficiencies imbedded in the system, including recruitment and retention of medical staff.

"Issues of recruitment and retention are one of the areas of acute rivalry between the Gander and Grand Falls-Windsor areas. In the past there were ad hoc incentives that have contributed to a lingering sense of unfairness... the reviewer was told management might direct interested potential recruits to one place over another."

*Peter W. Vaughan, Central Regional Integrated Health Authority External Review*

"The primary indicator of success for Central Health in achieving its Strategic Plan will be focusing on leadership, engagement of staff, physicians and the community around a new attitude of working together. Infighting between the two major referral centres over many years has inhibited the region from achieving its full potential."

*Peter W. Vaughan, Central Regional Integrated Health Authority External Review*

Other jurisdictions in Canada are publicly sharing their physician recruitment and retention strategies online. Some include the following:

- [www.recruitment.nshealth.ca](http://www.recruitment.nshealth.ca)
- [www.practiceinbc.ca](http://www.practiceinbc.ca)
- [www.practicenwt.ca](http://www.practicenwt.ca)
- [www.healthforceontario.ca](http://www.healthforceontario.ca)

## Conclusion

To conclude, our Council recognizes the current health care crisis we are facing, and we appreciate the Health Accord NL's efforts in re-imagining health care in Newfoundland and Labrador. However, some of the suggestions and recommendations concern us greatly. We strongly believe health care services must be geographically positioned to best serve the residents as a collective, be designed in a way that accounts for current and future demographics and must also interconnect provincial health care facilities by utilizing existing transportation infrastructure. After review of the blueprint, our Council does not believe these factors are reflected in the document.