

Strategic Plan 2024+26



**NL Health
Services**

NL Health Services Board of Trustees

Newfoundland and Labrador Health Services (NL Health Services) is governed by a voluntary Board of Trustees. Each member brings their own unique background and experience to help ensure the delivery of safe, high-quality care for our patients, clients, residents, and families within our region. (Starting top row L-R).



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Message from the Board Chair

With pleasure and the endorsement of my fellow trustees, I present the 2024-26 Strategic Plan for NL Health Services. NL Health Services is a category one entity under the **Transparency and Accountability Act**. This strategic plan was prepared in accordance with requirements under the Act and with full consideration of the strategic direction of the Government of Newfoundland and Labrador and the recommendations/Calls to Action of the Health Accord, NL. This plan outlines the vision, mission, values, and strategic priorities for years two and three of our typical three-year planning cycle. The Strategic Plan for 2024-26 builds on foundational work completed to develop our 2023-24 one-year plan which helped guide the transition to one provincial health entity.

The amalgamation of Central Health, Eastern Health, Labrador-Grenfell Health, Western Health and the Newfoundland and Labrador Centre for Health Information into NL Health Services occurred one year ago. Since then, we have been working diligently to establish ourselves as a provincial health authority, while ensuring that our patients and families continue to receive consistent, quality care. The collaboration and comradery displayed by our employees, physicians, and volunteers as they navigate this new structure has been remarkable. Although there is still work to be done to finalize the organizational structure, I firmly believe there is no better team of people to facilitate the integration of our programs and services than those of NL Health Services.

Together, we continue to consider the different approaches to health care that are required in our unique, geographically vast province. By incorporating the local voice through our Community Advisory Committees, Patient and Family Experience Advisors, Indigenous communities, and beyond, we strive to deliver care that truly meets the needs of our people. As a Board of Trustees, we are committed to addressing the diversity of health issues that exist, driving our health authority to be inclusive of the beliefs and cultures of all people of our province, and striving towards a goal of health equity.

The Strategic Plan being presented is a continuation of the 2023-24 plan and represents an extension of work identified to transition to NL Health Services. Our strategic priorities – Transformation, Our People, Access, and Quality - which had been identified in consultation with our health professionals, leadership, managers and various partners including our communities – will remain our priorities over the next two years, with Equity added as an additional priority area of focus.

This letter and my signature below indicate the Board of Trustees' accountability for the preparation of this Strategic Plan and for achieving the objectives outlined therein.

Robert Andrews KC

Board Chair

NL Health Services Executive Team



David Diamond,
Chief Executive Officer



Lynette Oates,
Chief - Public
Engagement and
Communications



Joanne Pelley,
Vice President and
Chief Operating Officer
– Central, and Provincial
Chief Nursing Officer



Ron Johnson,
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Vice President and
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– Eastern Rural



Teara Freake,
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Transition



Scott Bishop,
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Transformation
Well-being



Cassie Chisholm,
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Transformation
Health Systems

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Overview

Newfoundland and Labrador (NL) Health Services brings together four regional health authorities – Eastern Health, Central Health, Western Health, Labrador-Grenfell Health – and the Newfoundland and Labrador Centre for Health Information (NLCHI). The creation of NL Health Services was announced by the Provincial Government in Budget 2022, following recommendations from Health Accord NL. The transition to a single provincial health authority was undertaken to integrate and streamline provincial programs and services across the province to become more efficient and effective in our health-care delivery across the province.

NL Health Services provides a broad range of programs and services to the people of Newfoundland and Labrador through a large suite of facilities, clinics, and community services, delivered within the five zones: Central, Eastern-Rural, Eastern-Urban, Labrador-Grenfell, and Western.



Delivering health services
to more than **510,550**
Newfoundlanders and Labradorians



Approximately
22,174 employees,
1,165 physicians, and
1,844 volunteers



Operating in **5** geographic
zones throughout
Newfoundland and Labrador



Approximate budget
\$3 billion

Please visit nlhealthservices.ca/our-organization/ for more information on NL Health Services and its mandate and lines of business. Additionally, a glossary of terms is in Appendix A.

Lines of Business

The **Provincial Health Authority Act** outlines the mandate and responsibilities of NL Health Services (see Appendix B).

NL Health Services accomplishes its mandate through four lines of business:

- Promoting Health and Well-Being
- Providing Supportive Care and Rehabilitative Services
- Treating Illness and Injury
- Advancing Knowledge and Transforming Health Systems

The lines of business are outlined in Appendix C and Regional Profiles in Appendix D.

Values

The core values of NL Health Services: **Innovation, Compassion, Accountability, Respect, and Excellence (I CARE)** represent a guiding framework for all employees, physicians, volunteers, and leadership. Our values enhance our people and family-centred care philosophy, where the person we serve, and their family are at the heart of every decision we make and every action we take. Values influence all decision making and encourage us to strive for excellence as we support the health and well-being of the people of Newfoundland and Labrador.



▶ Innovation

We are creative and collaborative. We use the talent and ideas of our employees and partners in seeking solutions.

▶ Compassion

We are kind, caring and committed to people-centred care.

▶ Accountability

We are honest, transparent, responsible and serve with integrity. We build relationships based on open communication.

▶ **Respect**

We are inclusive, embrace diversity and advance reconciliation. We provide care in ways that are fair and reflective of the knowledge, values, beliefs and cultures of the people we serve.

▶ **Excellence**

We deliver safe high-quality care and measure our performance in pursuit of continuous improvement.

Vision / Mission

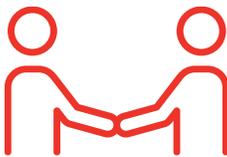
NL Health Services works collaboratively with residents, communities, and partners throughout the province, as they play a pivotal role in achieving this vision and mission.



Vision

Health and Well-Being.

Every **Person**. Every **Community**.



Mission

Working together to improve health outcomes through an innovative, integrated and sustainable health system.

Planning Process

The organization transitioned from five health entities to one provincial health authority at the beginning of a typical three-year planning cycle, as determined by the **Transparency and Accountability Act**. To allow for flexibility, and to guide the transition, the inaugural strategic plan for NL Health Services outlined objectives and indicators for the first year as a new organization, with a plan to build on this foundational work for 2024-26.

Using the Quintuple Aim as a guiding principle, the organization focuses on enhanced care experiences and outcomes, better health, health equity, workplace well-being, and value for money in the planning process and the development of all strategies and frameworks.

2024-26 Strategic Plan Planning Process

Building on the significant engagement, document review and other work completed to develop the 2023-24 Strategic Plan (see Appendix E), the planning process for 2024-26 involved a more specific, targeted engagement process and environmental scan to validate priorities, objectives, and indicators and identify gaps and/or concerns with the path set forward by the inaugural strategic plan.

► Environmental Scan / Engagement

Given a typical planning cycle is three years, the environmental scan and engagement used to inform the one-year plan continued to provide the basis for the 2024-26 Strategic Plan. This included the extensive public/stakeholder engagement process involved with Health Accord NL, and the recommendations therein; the Community Health Assessments (CHAs) completed by each legacy organization¹; a strategic planning survey and a branding survey administered to all employees, physicians, and volunteers; and validation from Patient Family Experience Advisors, Leadership and the Board of Trustees.

The environmental scan completed in 2023-24, which drew on a multitude of sources to assess the local, provincial and national context, was updated to inform the 2024-26 Strategic Plan. This included a review and consideration of the Integrated Risk Management-Strategic Risk Profile, performance data such as Treasury Board Submissions, and updates on Health Accord NL, the Learning Health and Social System, Strategic Health Networks, and Health Transformation Tables.

► Leadership Engagement

Multiple sessions were held with leadership groups to obtain feedback on the success with the 2023-24 Strategic Plan and the path forward for the 2024-26 Strategic Plan. To balance provincial and local priorities, sessions were held with Chief Operating Officers of each zone. Additionally, those identified as leading the work included in the 2023-24 Strategic Plan were provided with an opportunity to adjust objectives, indicators, and/or measurements to ensure that the information presented was accurately reflecting their work. As well, a survey was administered to Executive, Senior Directors, and Directors in the organization so that the broader leadership group had the opportunity to provide input into the plan that will guide the last two years of the three-year planning cycle. Follow-up sessions were also held with leadership groups in areas where gaps were identified.

¹ Community Health Assessments engage community members in health-care service planning through collecting, analyzing, and presenting information to assist in understanding and improving the health of a population. As a result, top community priorities were identified for each legacy organization and incorporated into the development of organizational priorities for the province.

► Community and Partner Engagement

Engagement completed by the Board of Trustees with specific community groups and zones was leveraged to enhance the planning process. Information gathered in these sessions was used to remain apprised of community concerns and priorities and is reflected in the two-year plan. An engagement session was held with Patient and Family Experience Advisors to ensure the patient voice remained reflective in the new plan. Patient and Family Experience Advisors across all zones came together to validate current priority areas and to identify any gaps or concerns for consideration in the 2024-26 Strategic Plan.

There were also a number of targeted engagement sessions with internal departments/programs such as Community Engagement and External Relations, Health Transformation, Research and Innovation, Medical Services, Mental Health and Addictions, and Public Health to bring context from their specific program areas and their circle of partners.

► Board Engagement

Board members of NL Health Services were engaged through a series of surveys and/or one-on-one interviews to seek feedback and illicit further discussion to help identify gaps or priorities that should be considered in the 2024-26 plan and to validate the content that had previously been gathered.

Key Stakeholders and Primary Clients

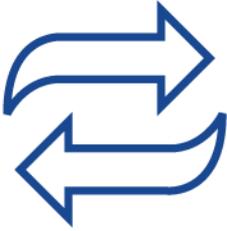
NL Health Services' primary clients are the people of Newfoundland and Labrador, who avail of its services and programs across the continuum of care. Clients cover the entire life span, from prenatal to children and youth, adults and seniors, to end-of-life care. They range from the healthy population to those with specific health needs, such as individuals with acute illness and/or chronic disease. In addition, NL Health Services provides tertiary-level programs and services for the people of Saint-Pierre-et-Miquelon and those who travel to the province to access services.

Partnerships are integral to NL Health Services' vision, values and operations, from direct program and service delivery to policy and advocacy. To effectively and efficiently meet the needs of clients, in keeping with the lines of business, the Board of Trustees, staff, physicians, advisors, and volunteers within NL Health Services work collaboratively with a broad range of partners.

NL Health Services continues to be committed to creating opportunities to strengthen its relationships with Indigenous partners including Miawpukek First Nation, Mushuau Innu First Nation, Nunatsiavut Government, NunatuKavut Community Council, and Qalipu Mi'kmaq First Nation, Sheshatshiu Innu First Nation, as well as other local organizations.

Strategic Issues

1



TRANSFORMATION

2



OUR PEOPLE

3



ACCESS

4



QUALITY

5



HEALTH EQUITY



Strategic Issue 1:

Transformation



Transformational change is necessary for NL Health Services to be effective and successful in addressing both complex, longstanding and novel problems. It requires new collaborations, structures, behaviours, and change management with sustainable expectations being at the forefront.

Following recommendations from Health Accord NL, transformative change began with the transition to a single provincial health authority, NL Health Services. As a new organization, NL Health Services is paving new pathways through integration, innovation and sustainability mechanisms and structures in pursuit of the Quintuple Aim- enhanced care experiences and outcomes, better health, health equity, workplace well-being, and value for money.

The transition to Epic, a fully integrated modernized Provincial Health Information System (HIS), will be a key enabler of transformational change. This will ensure continued commitment to nationally recognized best practices, including cyber security best practices.

Transformation Goal

By March 31, 2026, NL Health Services will have improved health outcomes in Newfoundland and Labrador through the implementation of innovative and sustainable transformation initiatives.

Transformation



Goal Indicators

- ▶ Established 12 Strategic Health Networks in clinical services that will benefit from enhanced focus
- ▶ Established 12 Service Integration Teams in key areas to provide an avenue for provincial coordination and collaboration
- ▶ Completed the consolidation of a provincial air and road ambulance system
- ▶ Improved access to innovative healthcare solutions to improve patient care
- ▶ Improved stroke outcomes by increasing access to endovascular clot retrieval (EVT)
- ▶ Completed all tasks required for go-live readiness of Epic
- ▶ Improved sustainability of NL Health Services

Objective 1

By March 31, 2025, NL Health Services will have implemented innovative and sustainable transformation initiatives.

- ▶ Identified the 12 clinical services that will benefit from the implementation of a Strategic Health Network² and established 8 of them
- ▶ Established 6 Service Integration Teams³
- ▶ Initiated the consolidation of a provincial air and road ambulance system including amalgamating community and private operator ambulances into NL Health Services
- ▶ Commenced 40 translational research studies for patient recruitment
- ▶ Initiated 8 innovation challenges that focus on health transformation priorities
- ▶ Completed hiring and begun training of the Epic project team
- ▶ Operated within the approved government operating expenditure budget
- ▶ Developed an environmental sustainability strategy which serves to protect the environment and mitigate potential organizational risk

Objective 2

By March 31, 2026, NL Health Services will have further implemented innovative and sustainable transformation initiatives.

² As one of the main transformational pillars identified in the new organizational structure of NL Health Services, SHNs are built around clinical, social, or operational areas that may span the continuum of care or multiple service areas. Areas chosen to be an SHN would benefit from integration and/or enhanced focus to identify evidence-based solutions to achieve targeted, measurable, and sustainable improvements in health outcomes and service delivery.

³ In areas that are zone-based, Service Integration Teams provide provincial coordination around operational issues, risk and quality improvement activities, implementation activities, and an avenue for zone counterparts to exchange information, problem solve, and collaborate on issues of mutual relevance.

Strategic Issue 2:

Our People



NL Health Services' greatest resource is our people, the employees, physicians, and volunteers who work together to provide safe, quality care throughout Newfoundland and Labrador. Our success depends upon the strength of our people. Innovative recruitment and retention strategies to attract and retain staff and physicians are essential.

Providing a healthy workplace that is inclusive, psychologically and physically safe, runs with optimal staffing and volunteer levels, and delivers opportunities to learn and grow is key to retaining and recruiting talent. It is also inextricably linked to a quality patient experience.

Aligned with the Quintuple Aim, NL Health Services will be steadfast in its efforts towards workplace well-being to support a healthier, safer, and more sustainable workforce.

Our People Goal

By March 31, 2026, NL Health Services will have retained and recruited employees and physicians while supporting a safe, engaged, inclusive, and equitable work culture.

Our People



Goal Indicators

- ▶ Reduced vacancies in select employee and physician groups
- ▶ Reduced barriers for employees moving positions throughout NL Health Services
- ▶ Implemented initiatives to improve the overall work experience and retention of employees
- ▶ Continued implementation of the Just Culture Program

Objective 1

By March 31, 2025, NL Health Services will have implemented initiatives to retain and recruit employees and physicians to meet the current and future health care needs.

- ▶ Increased number of new hires that resulted from targeted recruitment efforts
- ▶ Developed and implemented an evidence informed retention strategy
- ▶ Reduced number of agency nurses by 30%
- ▶ Worked with union partners to negotiate transition agreements
- ▶ Established a baseline of employee and physician perceptions of select dimensions of Health Standards Organization (HSO) Workforce Survey™ on Well-Being, Quality, and Safety:
 - Overall work experience
 - Your health, safety, and well-being
 - Equity, Diversity, and Inclusion
- ▶ Increased the number of leaders completing Just Culture training by 30%

Objective 2

By March 31, 2026, NL Health Services will have further implemented initiatives to retain and recruit employees and physicians to meet the current and future health care needs.



Strategic Issue 3: **Access**



Improving access is not just about decreasing wait times, it is about having the right intervention, for the right client, at the right time and place. NL Health Services also strives to provide equitable access to care, irrespective of one's socio-demographic characteristics.

Individuals and families also need to be empowered with the skills and ability to understand and navigate the health-care system, as well as to understand their own individual, and community, roles in the pursuit of better health.

In alignment with the needs of the people of the province, work continues using innovative approaches to improve access to the most appropriate level of care and service, with attention to primary care, mental health and addictions and our aging population. NL Health Services also remains committed to improving access to select health care services that have been pre-determined as provincial and national priorities (cardiac care, diagnostic imaging, sight restoration, joint replacement, and cancer treatment). These areas have measurement tools in place so that the public understands how well their system is performing in improving access.

Access Goal

By March 31, 2026, NL Health Services will have improved access to care, particularly in remote and rural locations of the province, by completing work intended to better balance community-based and hospital-based service delivery.

Access



Goal Indicators

- ▶ Improved quality of care for older adults
- ▶ Established 30 Family Care Teams
- ▶ Decreased Alternate Level of Care days
- ▶ Reduced wait times for surgery based on national benchmarks
- ▶ Reduced volume of surgical backlog in high priority categories
- ▶ Reduced wait times for diagnostics priority areas
- ▶ Improved access to services in remote and rural locations
- ▶ Increased access to mental health and addictions services

Objective 1

By March 31, 2025, NL Health Services will have implemented initiatives to better balance community-based and hospital-based service delivery.

- ▶ Established two Acute Care for Elders (ACE) units in hospital
- ▶ Increased use of virtual care in the emergency department, primary health care, and pre- and post-operative care
- ▶ Increased volume of hip and knee replacements performed by 20%
- ▶ Increased volume of coronary artery bypass graft (CABG) surgeries performed by 10%
- ▶ Develop and Implement Central Intake for Orthopedics and Ophthalmology to improve access and reduce wait times
- ▶ Decreased wait times for magnetic resonance imaging (MRI) scans
- ▶ Decreased wait times for radiotherapy
- ▶ Increased availability of point of care tests in remote sites
- ▶ Decreased wait times for inpatient adult addictions treatment by 10%
- ▶ Increased number of individuals attached to Flexible Assertive Community Teams (FACT)/Assertive Community Teams (ACT) in keeping with standardized client to clinician ratios
- ▶ Increased percentage of individuals accessing e-mental health and addictions tools by 20%

Objective 2

By March 31, 2026, NL Health Services will have further implemented and evaluated initiatives to better balance community-based and hospital-based service delivery.



Strategic Issue 4: **Quality**



Quality is an integral priority for NL Health Services and is consistently woven throughout the entire organization. NL Health Services strives to continuously use evidence and engagement with the community as partners to inform and improve policy, practice, and outcomes. Furthermore, persistence in learning processes with a focus on appropriateness, sustainability, and value-based care is critical to NL Health Services' ability to provide quality health services.

As defined in the Health Accord NL, a learning health and social system is a mechanism in which science, education, informatics, incentives, and culture are used for continuous improvement, innovation, and equity. NL Health Services is committed to delivering the highest level of quality safe care and will do so through establishing a Learning Health and Social System which follows the approach outlined in the Pan-Canadian Health Data Charter and its principles for managing health data, such as supporting data literacy.⁴ NL Health Services will continue to build meaningful partnerships and embed a people-centred care approach.

Quality Goal

By March 31, 2026, NL Health Services will have enhanced clinical care and service excellence by applying knowledge generated through research, data, and engagement and partnership with patients, families, and communities.

⁴ Source: <https://www.canada.ca/en/health-canada/corporate/transparency/health-agreements/shared-health-priorities/working-together-bilateral-agreements/pan-canadian-data-charter.html>

Quality



Goal Indicators

- ▶ Actioned a Learning Health System to enable evidence-driven transformation
- ▶ Increased number of intersectoral partnerships intended to support evidence-driven transformation
- ▶ Decreased percentage of patients experiencing unintended harm during hospitalization
- ▶ Improved hospitalized standardized mortality ratio (HSMR)
- ▶ Improved patient reported experiences in priority areas
- ▶ Enhanced appropriateness of care
- ▶ Implemented an evidence informed performance measurement and monitoring framework, with a focus on quality, access, and sustainability

Objective 1

By March 31, 2025, NL Health Services will have implemented initiatives to enhance clinical care and service excellence.

- ▶ Increased number of rapid learning and improvement initiatives
- ▶ Increased number of leaders who have completed educational opportunities related to the creation of a Learning Health and Social System⁵
- ▶ Introduced structures, processes and resources to strengthen decisions, quality improvement and learning through high quality evidence, methods, and data
- ▶ Established a baseline of employee/physician perceptions of the overall patient safety dimension of Health Standards Organization (HSO) Workforce Survey™
- ▶ Minimum of 70% of patient and family experience advisors' responses scored an average of 4 or above on the Patient and Family Experience Advisor Meaningfulness Survey
- ▶ Increased meaningful involvement of Community Advisory Committee members
- ▶ Implemented standardized care pathways in priority areas to support optimal outcomes and enable care in the most appropriate location

Objective 2

By March 31, 2026, NL Health Services will have further implemented and evaluated initiatives to enhance clinical care and service excellence.

⁵ As defined in the Health Accord NL Report, a learning health and social system is one in which science, education, informatics, incentives, and culture are aligned for continuous improvement, innovation, and equity. Best practices are seamlessly embedded in the delivery process, individuals and families are active participants in all elements, and new knowledge is generated as an integral by-product.

Strategic Issue 5:

Health Equity

Equity is the absence of unfair, avoidable, or remediable differences among groups of people, whether these groups are defined socially, economically,



demographically, or by other dimensions of inequality (e.g., sex, gender, ethnicity, disability, or sexual orientation). Health equity is achieved when everyone can attain their full potential for health and well-being and are not disadvantaged by social, economic, and environmental conditions. Health and health equity are determined by the conditions in which people are born, grow, live, work, play, and age, which are referred to as the social determinants of health. These

determinants include both ‘downstream factors’ such as living and working conditions, as well as ‘upstream factors’ such as economic inequality and structural racism. These upstream factors, or structural determinants of health, are influenced by social norms and institutional power that shape the distribution of power and resources. Targeted actions on the social determinants of health can help to reduce health inequities. Achieving health equity requires acknowledgement that some people have unequal starting places, and different strategies and resources are needed to correct the imbalance and make health possible. Health equity is achieved when disparities in health status between groups due to social and structural factors are reduced or eliminated.

NL Health Services acknowledges that many groups in NL experience health disparities and we are committed to increasing organizational capacity for health equity by building a foundation for action, establishing and using a strong knowledge base, and collaborating with non-health sector partners. These actions are in line with the recommendations outlined in the Health Accord NL. NL Health Services is committed to the Quintuple Aim, which includes improving health outcomes and achieving health equity for Newfoundlanders and Labradorians.

Health Equity Goal

By March 31, 2026, NL Health Services will have advanced health equity through the integration of health equity into its policies, programs, and practices as well as through collaboration with other sectors.

Health Equity



Goal Indicators

- ▶ Improved care experiences for those who experience inequities
- ▶ Improved processes and tools for health equity data collection, monitoring, and use
- ▶ Reduced inequities in access to clinical trials across Newfoundland and Labrador
- ▶ Strengthened partnerships with Indigenous Peoples and communities to support culturally safe and equitable care

Objective 1

By March 31, 2025, NL Health Services will have implemented initiatives to advance health equity.

- ▶ Increased number of patient and family experience advisors who have lived/grounded expertise of inequities
- ▶ Increased number of well-being grants and initiatives targeting social determinants of health
- ▶ Increased number of Regional Well-Being Networks in which NL Health Services is an active partner
- ▶ Increased number of NL Health Services policies which incorporate a health equity/inclusion lens
- ▶ Increased number of staff availing of equity, diversity, and inclusion education and learning opportunities
- ▶ Enrolled 1,500 clients in clinical trials
- ▶ Opened three decentralized clinical trials for patient recruitment in two or more NL Health Services zones
- ▶ Increased access to cultural healing spaces within NL Health Services facilities

Objective 2

By March 31, 2026, NL Health Services will have further implemented initiatives to advance health equity.

Appendix A: Glossary of Terms

TERM	DEFINITION
Alternate Level of Care (ALC) Days	Alternate Level of Care (ALC) refers to patients who are in hospital even though they no longer need hospital care. Beds occupied by ALC patients are not available to other patients who need hospital care. ALC days are the days a patient is assigned to ALC. High ALC rates indicate that patients are not being cared for in an ideal setting (such as their home, assisted living or residential care) and can contribute to congested emergency departments and surgery cancellations. ALC days is a health system performance indicator tracked by the Canadian Institute for Health Information (CIHI).
Acute Care of the Elderly (ACE) Units	Newfoundland and Labrador is in the early stage of creating Centers of Excellence in Aging to enhance care delivery to older adults in a structured way across the care continuum. Acute Care of the Elderly (ACE) Units are an important new service program area in the larger model. Through an interdisciplinary team approach, ACE units aim to support the identification of frailty in acute care settings, reduce patient length of stay, prevent deconditioning and social isolation, and minimize readmissions.
Community Health Assessments	Community Health Assessments engage community members in health care service planning through collecting, analyzing, and presenting information to help understand and improve a population's health.
Epic	Epic is a widely used health information system that helps health care organizations manage various aspects of patient care, including electronic health records, billing, patient scheduling, patient registration, and lab results among other functionalities. NL Health Services is transitioning to Epic, which will improve the efficiency and effectiveness of health care delivery in the province. Epic provides a unified, integrated system to manage patient care across all departments, improving communication and workflow.
Health Accord NL	Health Accord NL was a task force established in November 2020 by the Government of Newfoundland and Labrador to reimagine health care in the province. In February 2022, Health Accord NL submitted its final report titled Our Province. Our Health. Our Future. A 10-Year Health Transformation . In June 2022, a companion Blueprint report was released, outlining implementation recommendations and timelines.
Health Information System	A health information system (HIS) is a fully integrated package built around an integrated patient record. It covers a broad functional scope and a variety of care settings and services throughout the province, including: acute care; long-term care; ambulatory clinics; specialty cancer care and cardiac care;

	emergency rooms and urgent care centers; same day surgery and operating centers; labs and medical imaging; mental health facilities; community services; research; etc.
Hospital Standardized Mortality Ratio (HSMR)	The hospital standardized mortality ratio (HSMR) is the ratio of the actual number of in-hospital deaths in a region or hospital to the number that would have been expected, based on the types of patients a region or hospital treats. HSMR is a health system performance indicator tracked by CIHI and provides a starting point to assess mortality rates and identify areas for improvement to help reduce hospital deaths.
Integrated Risk Management-Strategic Risk Profile	Integrated Risk Management is a continuous, proactive, and systematic process to understand, manage, and communicate risk with an organization-wide perspective. It requires an ongoing assessment of risks at every level of the organization, aggregation at the corporate level, effective communication to appropriate stakeholders, and commitment to ongoing monitoring and review. IRM utilizes the aggregated results and integrates risk management into decision-making at all levels of the organization. The IRM-Strategic Risk profile is a document that identifies NL Health Service’s key organization-wide risks.
Just Culture	Just Culture is the concept of designing, implementing, and supporting a fair and just learning culture within an organization. Just Culture entails managing behavioural choices and designing safer systems to prevent errors.
Learning Health and Social System	A learning health and social system is one in which science, education, informatics, incentives, and culture are aligned for continuous improvement, innovation, and equity. Best practices are seamlessly embedded in the delivery process, individuals and families are active participants in all elements, and new knowledge is generated as an integral by-product. ⁶
Quintuple Aim	The Quintuple Aim is a framework for health care improvement that includes enhancing the care experience, reducing health system costs, improving population health, promoting care team well-being and advancing health equity.
Regional Well-Being Networks	Regional Well-Being Networks were recommended by Health Accord NL and are designed to improve well-being by working with regional stakeholders to identify challenges and effectively deliver solutions. Networks integrate regional services that influence the social determinants of health and health outcomes, such as: social programs; social and health systems; arts and cultural programs; community sector, non-profit and volunteer groups; and private sector businesses.
Service Integration	Service Integration Teams (SITs) support programs delivered

⁶ The Agency for Healthcare Research and Quality (2019). About Learning Health Systems. Retrieved from <https://www.ahrq.gov/learning-health-systems/about.html#:~:text=Defining%20a%20Learning%20Health%20System,knowledge%20is%20put%20into%20practice.>

Teams	through a zone-based leadership model where Strategic Health Networks are not in place. SITs offer a mechanism for provincial coordination around operational issues, risk and quality improvement activities, and implementation activities. They provide an avenue for zone counterparts to exchange information, problem-solve, discuss day-to-day operational issues, and collaborate on issues of mutual relevance.
Strategic Health Network	Strategic Health Networks (SHNs) are inter-professional groups with a provincial scope and mandate to drive clinical and operational improvements in health outcomes and service delivery. SHNs bring people together across professional groups and geographic locations or zones, to apply a provincial, strategic, and evidence-based lens to address identified issues and reduce unwanted variation in practices, processes, and outcomes and to support quality, consistency, and system sustainability.
Translational Research	Translational research applies the findings from empirical research to real world settings to improve patient care.

Appendix B: Mandate

The NL Health Services mandate is derived from the **Provincial Health Authority Act** and its regulations. NL Health Services is responsible for the delivery and administration of health services and community services in Newfoundland and Labrador, in accordance with the above-referenced legislation and other relevant legislation and regulations. The Provincial Health Authority Act outlines the responsibility of health authorities as the following under sections 19 and 20:

Responsibilities of authority re: health and community services

1. The authority is responsible for the delivery and administration of health and community services in the province in accordance with this Act and the regulations.
2. In carrying out its responsibilities, the authority shall
 - a. promote and protect the health and well-being of persons in the province and develop and implement measures for the prevention of disease and injury and the advancement of health and well-being;
 - b. assess health and community services needs on an ongoing basis;
 - c. develop objectives and priorities for the provision of health and community services which meet the needs of the province and which are consistent with the objectives and priorities established by the minister;
 - d. manage and allocate resources, including funds provided by the government for health and community services, in accordance with this Act;
 - e. ensure that services are provided in a manner that coordinates and integrates health and community services;
 - f. collaborate with other persons and organizations, including federal, provincial and municipal governments and agencies, to coordinate health and community services in the province and to achieve provincial objectives and priorities;
 - g. collect and analyze health and community services information for use in the development and implementation of health and community services policies and programs for the province;
 - h. provide information to the residents of the province respecting
 - i. the services provided by the authority,
 - ii. how they may gain access to those services, and
 - iii. how they may communicate with the authority respecting the provision of those services by the authority;
 - i. monitor and evaluate the delivery of health and community services and compliance with
 - i. standards,
 - ii. objectives, and
 - iii. guidelines established or adopted under paragraph 5(1)(b)
 - j. develop and maintain standards of care for the delivery of provincial programs;
 - k. oversee accountability for health outcomes through monitoring and reporting on quality, safety and performance;
 - l. in conjunction with the minister, implement a provincial strategy for recruitment and retention of health professionals;
 - m. comply with the direction for the delivery and administration of health and community services set by the minister;
 - n. report to the minister on matters related to the delivery of health and community services when requested; and
 - o. comply with directions the minister may provide.

Responsibilities of authority re: information management

1. The authority is responsible for:
 - a. providing assistance and support to individuals, communities, other health service providers and policy makers at federal, provincial and regional levels to enhance the health and well-being of persons in the province through the planning and delivery of health and community services by
 - i. developing, operating and managing a comprehensive and aligned information system that fully integrates and uses data and health information from all components of the health and community services system for the delivery of health-care and health system planning,
 - ii. developing data and technical standards and keeping them up-to-date,
 - iii. managing provincial health data and information assets,
 - iv. preparing health reports and conducting applied health research and evaluation, and
 - v. providing health analytics and decision support services;
 - b. protecting the privacy of individuals whose personal information or personal health information is collected, used, disclosed, stored or disposed of by the authority in accordance with the **Access to Information and Protection of Privacy Act, 2015** and the **Personal Health Information Act**;
 - c. monitoring and evaluating the development, operation and management of an information system and compliance with
 - i. standards,
 - ii. objectives, and
 - iii. guidelines established or adopted under paragraph 5(1)(b);
 - d. providing the minister with information, when requested, to enhance the health and well-being of persons in the province through the planning and delivery of health and community services; and
 - e. carrying out other responsibilities prescribed by the regulations.
2. The information system referred to in subparagraph (1)(a)(i) shall
 - a. protect the confidentiality and security of personal information and personal health information that is collected, used, disclosed, stored or disposed of by the authority;
 - b. provide accurate and current information;
 - c. be efficient and cost-effective; and
 - d. be flexible and responsive to the changing requirements of the system.
3. In carrying out its responsibilities the authority shall comply with directions the minister may provide.

Appendix C: Lines of Business

NL Health Services provides a continuum of programs and services for the people of Newfoundland and Labrador. These programs and services are based in acute care, long-term care and community settings. Inherent in all lines of business is the need for learning and education in its broadest context. An interdisciplinary team of health professionals, support staff and partners provide the care and services required to meet the mandate of NL Health Services.

NL Health Services accomplishes its mandate through four lines of business:

- Promoting Health and Well-Being
- Providing Supportive Care and Rehabilitative Services
- Treating Illness and Injury
- Advancing Knowledge and Transforming Health Systems

It is important to note that programs and services may fall under one or more headings above. Provincial programs and services will work collaboratively across all zones to support the delivery of integrated, high-quality health-care services. It is recognized that there may be further realignment of programs and services within NL Health Services during the life of this Strategic Plan. Lines of business are delivered within the context of current legislation, where applicable. The lines of business are outlined in detail below.

Promoting Health and Well-Being

NL Health Services implements measures that promote and protect population health and help prevent disease and injury. The primary initiatives in this line of business include population health assessment, surveillance and epidemiology; growth and development in the early years; health promotion; health protection; and disease and injury prevention.

► Population Health Assessment, Surveillance and Epidemiology

Population health assessment, surveillance and epidemiology ensure programs and services are informed by population health data and respond effectively to current and evolving conditions that contribute to the public's health and well-being. Population health assessment is the process of assessing the changing strengths, vulnerabilities, and needs of communities. Surveillance is the process of collecting health data to track diseases, the health status of populations, the determinants of health, and differences among populations. Assessment and health surveillance include the information collected to inform all public health work. They rely on the science of epidemiology, which focuses on describing health and disease in populations rather than in individuals. Epidemiology contributes information essential for understanding the determinants of health and for developing and evaluating public health programs.

► Growth and Development in the Early Years

Supporting growth and development in the early years incorporates programs and services to optimize the well-being of children, youth and families in a variety of settings (home, school, community) through the creation and reinforcement of supportive environments and practices during the preconception to early years of children's development.

The major categories of service include but are not limited to:

- Maternal child health care
- Services to families of infants, preschool and school age children who have or are at risk of delayed development

► Health Promotion

Health promotion is the process of implementing a range of social and environmental interventions that enable people and communities to increase control over and to improve their health. Health promotion programs and services involve the work of many internal and external partners working together to focus on:

- Building healthy public policy (e.g., smoke-free policies)
- Strengthening community action (e.g., Regional Wellness Coalitions)
- Creating supportive environments (e.g., safe walking routes within communities)
- Supporting development of personal skills (e.g., child and family health programs)
- Re-orienting health services to focus on prevention and early intervention (e.g., through engaging the public and partnerships with community agencies, such as self-management programs and youth outreach services)
- Re-orienting health services to focus on population health as well as individual health outcomes (e.g., addressing the determinants of health and health inequities)
- Supporting health service delivery (e.g., Healthy Baby Clubs, Child Health Clinics)

Health promotion activities are integrated throughout all lines of business within NL Health Services.

► Health Protection

Health Protection involves the protection of individuals, groups and populations through expert advice and effective collaboration to prevent and mitigate the impact of infectious disease, environmental, chemical and radiological threats. Health protection involves using the latest evidence to advance knowledge and guide practice and uses surveillance data to monitor the health of the population. Health protection includes the regulatory framework, programs and services for the control of diseases and protection from public health threats. Health protection is delivered within the context of current legislation, where applicable.

The major categories of service include but are not limited to:

- Communicable disease prevention and control
- Environmental public health support
- Emergency preparedness and response

► Disease and Injury Prevention

Many illnesses can either be prevented or delayed and injuries avoided. Prevention services offer early intervention and best available information to members of the public to prevent the onset of disease, illness and injury, and/or the deterioration of well-being. Actions include programs and services that are focused on eradicating, eliminating or minimizing the impacts of disease and disability. Programs and services vary depending on the incidence or potential for disease, illness or injury identified in specific areas.

The major categories of service include but are not limited to:

- Health surveillance
- Screening (e.g., breast, cervical, colorectal, and prostate)
- Noncommunicable disease and injury prevention
- Chronic disease prevention and management

Providing Supportive Care and Rehabilitative Services

NL Health Services provides broad ranging supportive care services across the continuum of care and lifespan within legislation, provincial guidelines, organizational policies, and resources. This includes the provision of residential care options, community-based support, special

assistance and continuing care, home support, personal care home and nursing home care for individuals based on assessed needs. These services are provided in select locations and in some cases may be subject to clinical and/or financial assessment. There is occasionally a relationship with other Provincial Government agencies for subsidized funding to supplement programs. Supportive care promotes the safety, health and well-being of the individual by supporting the existing strengths of the individual, family and community. The main categories within this area are listed below:

► Individual, Family and Community Supportive Services

Individual, family and community supportive services make up a considerable component of the work of the organization. These include:

- Services to clients with physical/development disabilities or other cognitive impairments
- Services to clients experiencing psychosocial concerns (e.g., disruption of family functioning, lack of social support, mental health or substance use concerns, violence)
- Adult protection services
- Home support services
- Health-care supplies and equipment (e.g., oxygen, ostomy supplies, bathing supports, and drug cards)
- Home care, respite, convalescent, and palliative/end-of-life care

► Long-Term Care and Residential Services

Long-term care and residential services encompass an extensive range of the organization's supports and partnerships including:

- Long-term care homes
- Seniors' cottages and congregate living
- Protective community residences
- Personal care homes
- Alternate family care
- Cooperative Living
- Therapeutic residences
- Hostel accommodations

► Rehabilitative Services

The organization offers a variety of rehabilitative services for individuals following illness or injury. These services are offered in selected locations through a referral process and include:

- Post-acute nursing services both in clinic and home settings
- Rehabilitation services such as physiotherapy, occupational therapy, speech-language pathology, audiology and social work
- Rehabilitation centres and inpatient programs
- Restorative care (inpatient post-acute) program

Treating Illness and Injury

NL Health Services investigates, treats, rehabilitates and cares for individuals with illness or injury. The clinical intent is to apply interventions that will reduce the severity of an illness or injury, preserve and improve the health of the individual, provide comfort measures and to educate and inform patients. Additionally, we provide care at the beginning of life (newborn care) and at the end of life (palliative care).

Services are offered in a variety of locations throughout the province, depending on factors such as the level of care required (primary, secondary or tertiary), access to health professionals and access to appropriate facilities. Certain services are self-referred, while others require a referral from a health professional. These services are provided by multidisciplinary teams of health professionals, through a variety of inpatient and outpatient settings. The main categories within this area are listed below:

▶ **Primary Health Care**

Primary health care is typically an individual's first point of contact with the health-care system and can encompass a range of community-based services essential to maintaining and improving health and well-being throughout an individual's lifespan. Both salaried and fee-for-service physicians and salaried nurse practitioners work within one of the organization's facilities or operate their own independent offices to provide primary health care. There are also a growing number of primary health-care projects in which physicians, nurse practitioners, and other health professionals work in a coordinated manner to offer care.

▶ **Ambulatory Care**

Services include day procedures, surgical day care, endoscopic services, diagnostic and laboratory services, specialist clinics both regular (e.g., medical and surgical) and visiting (e.g., nephrology), diabetes education, cardio-pulmonary services, nutritional services and a variety of clinical support services.

▶ **Emergency Care**

Services consist of hospital emergency services including emergency room services and the monitoring of community-based, private provider and hospital-based emergency medical services. In addition, patient transport provides both ground and air transport of patients, conducted by both public and private operators and includes ambulance and client transport for medical services.

▶ **Medical Services**

Services include internal medicine, family medicine, psychiatry, pediatrics, obstetrics, nephrology, neurology, dermatology, medical oncology including chemotherapy, physiatry, gastroenterology, cardiology, intensive care, renal dialysis, and palliative care.

▶ **Mental Health & Addiction Services**

Services range from health promotion-based programs to diagnosis and treatment (inpatient, outpatient and residential) to follow-up services. There are strong links with community-based partners such as advocacy groups, self-help groups, employment and housing. Services are offered to those who are experiencing mental health problems, mental illness or difficulties with alcohol, drugs, gambling, or are affected by someone else's use.

▶ **Surgical Services**

Services include anesthesiology, general surgery, orthopedics, urology, ophthalmology, otolaryngology, obstetrics and gynecology, colposcopy, vascular and dental.

▶ **Tertiary Hospitals**

Tertiary hospitals provide primary-, secondary- and tertiary-level services. These hospitals are academic health-care facilities that accept referrals and transfers from all parts of the province for both inpatient and outpatient services. The majority of these specialty services are listed in

the footnote⁷.

Advancing Knowledge and Transforming Health Systems

NL Health Services is dedicated to advancing research, education and knowledge dissemination. The organization will continue to utilize evidence-based practices to transform the health system into an efficient and effective model of service that positions NL Health Services as a leading Canadian health-care organization. The main categories within this area are listed below:

► Education

The organization plays a key role in ensuring that the next generation of health professionals has opportunities to gain relevant educational experience. Education of the next generation of health-care providers is offered through affiliation agreements with numerous educational institutions within the province, across the country and further abroad. These arrangements enable students to study and participate in fieldwork experiences. Staff and physicians are encouraged to seek the best information and knowledge from multiple sources and to incorporate evidence into their practice. Continuing education for NL Health Services' staff, physicians, volunteers, and advisors is offered throughout the organization in various formats. NL Health Services also partners with other government departments and community agencies to offer training to health professionals and the public. In addition, the Centre for Nursing Studies and Western Regional School of Nursing offer Practical Nursing, Bachelor of Science in Nursing and various continuing education programs.

► Research and Innovation

NL Health Services is committed to ensuring that the issues faced in daily practice bring about research and innovation to find creative health-care solutions. The Patient Research Centre provides for the coordination and implementation of clinical trials and all zones support applied health research projects. Research and innovation are collaborative endeavours and overall success depends upon partnerships with patients, staff, suppliers, the academic community, funding agencies, private enterprise, the technology sector, and many others that wish to improve the health and well-being of people in this province.

► Planning and Performance

The organization regularly assesses its performance as part of the strategic planning and accreditation processes, as well as through an array of planning, evaluation, and quality improvement frameworks and practices. By employing an integrated approach to quality and using data to measure outcomes, the organization is able to determine where to focus its efforts to transform service delivery and provide exemplary high quality care experiences and best possible outcomes for all Newfoundlanders and Labradorians.

► Data and Information Services

Includes the delivery of a full range of information products and services in support of health system management including health analytics, data access, applied health research,

⁷ Medical, surgical and radiation oncology; cardiac and critical care; specialized diagnostics – laboratory medicine, imaging, nuclear medicine, pathology; children and women's health – specialty pediatrics, gynecology, obstetrics, pediatric critical care, perinatology; medicine – allergy & immunology, emergency medicine, endocrinology & metabolism, family medicine, gastroenterology, general internal medicine, geriatrics, hematology, nephrology, pharmacy, respirology, rheumatology; surgery – anesthesia and perioperative medicine, cardiac surgery, dentistry, general surgery, neurosurgery, ophthalmology, orthopedics, otolaryngology, plastic surgery, thoracic surgery, urology, vascular surgery; psychiatry - child/adolescent psychiatry, geriatric psychiatry, adult and general psychiatry, forensic psychiatry.

evaluation, performance improvement, clinical efficiency, data and information management, business intelligence, decision support, and data quality and standards. Data and information services support health system management and transformation through information, obtained through health analytics, evaluation and business intelligence, as part of a comprehensive approach to supporting system transformation that also includes an emphasis on building capacity in the system for continuous quality improvement.

► Digital Health Services

Services include the delivery of information technology and eHealth services applied in the health-care system to provide quality care. A key area of service, eHealth, refers to all of the electronic, communication and technology tools used to share health and administrative information provided across NL Health Services. eHealth tools provide more accurate and reliable data and are designed to facilitate better sharing and interpretation of health information among health professionals involved in a person's care regardless of location. In turn, improved access to this information supports improved health-care delivery, decision-making and policy development.

Major programs include but are not limited to:

- HEALTHe NL, the provincial electronic health record
- eDOCSNL, a program that supports the implementation, adoption and use of the provincial electronic medical record solution in participating health-care provider offices across the province
- Virtual care, a suite of services used to connect individuals to health-care providers who are not located in the same community, as well as to overcome other barriers to accessing in-person care. Services include telehealth, home-based telehealth, remote patient monitoring, telepathology, and virtual emergency room services, among others.

► Transformation

NL Health Services is committed to transforming the provincial health-care system into a more sustainable and well-balanced system that meets the needs of the population now and in the future. A health transformation framework will outline the resources and supports for transformation including a health advisory council, transformation office, strategic health networks, and service integration teams.

Strategic Health Networks (SHNs) are inter-professional groups with a provincial scope and mandate to drive clinical and operational improvements in health outcomes and service delivery. SHNs bring people together, across professional groups and geographic locations or zones, to apply a provincial, strategic, and evidence-based lens to address identified issues and reduce unwanted variation in practices, processes, and outcomes and to support quality, consistency, and system sustainability.

Service Integration Teams (SITs) will be established to support programs that are delivered through a zone-based leadership model where SHNs are not in place. SITs will offer a mechanism for provincial coordination around operational issues, risk and quality improvement activities, implementation activities, and provide an avenue for zone counterparts to exchange information, problem-solve, discuss day-to-day operational issues, and collaborate on issues of mutual relevance.

Appendix D: Zone Profiles

Labrador-Grenfell Zone

Please visit the [website](#) for a full listing of facilities with contact information.

Hospitals/ Health-Care Centres

- [Labrador West Health Centre](#)
- [Labrador Health Centre](#)
- [Charles S. Curtis Memorial Hospital](#)
- [Labrador South Health Centre](#)
- [Strait of Belle Isle Health Centre](#)
- [White Bay Health Centre](#)

Long-Term Care

- [John M. Gray Centre and Complex](#)
- [Happy Valley-Goose Bay Long-Term Care Home](#)

Population Served

Approximately **34,930** people reside in the Labrador-Grenfell Zone, including three Indigenous groups: Innu, Inuit, and Southern Inuit.

Geographic Boundaries

The Labrador-Grenfell Zone covers Labrador and all communities north of Bartlett's Harbour on the Northern Peninsula.

Western Zone

Please visit the [website](#) for a full listing of facilities with contact information.

Hospitals/ Health-Care Centres

- [Sir Thomas Roddick Hospital](#) in Stephenville
- [Western Memorial Regional Hospital](#) in Corner Brook
- [Dr. Charles L. LeGrow Health Centre](#) in Port aux Basques
- [Bonne Bay Health Centre](#) in Norris Point
- [Calder Health Centre](#) in Burgeo
- [Rufus Guincharde Health Centre](#) in Port Saunders
- [Humberwood Addictions Treatment Centre](#) in Corner Brook

Long-Term Care

- [Corner Brook Long-Term Care Centre](#) in Corner Brook
- [Bay St. George Long-Term Care Centre](#) in Stephenville Crossing
- [Western Long-Term Care Home](#) in Corner Brook
- [Corner Brook Protective Community Residences](#) in Corner Brook (There are four separate bungalows)

Population Served

Approximately **73,415** people reside in the Western Zone.

Geographic Boundaries

The Western Zone's geographical boundaries are from Port aux Basques southeast to Francois, northwest to Bartlett's Harbor, and on the eastern boundary north to Jackson's Arm.

Central Zone

Please visit the [website](#) for a full listing of facilities with contact information.

Health-Care Centres / Long-Term Care by Location

Baie Verte, Green Bay, Buchans

- A.M. Guy Memorial Health Centre
- Baie Verte Peninsula Health Centre
- Green Bay Health Centre
- Valley Vista Senior Citizen's Home

Gander Area

- James Paton Memorial Regional Health Centre
- Lakeside Homes
- Gander Long-Term Care

Grand Falls-Windsor Area

- Carmelite House
- Central Newfoundland Regional Health Centre
- Grand Falls-Windsor Long-Term Care

Lewisporte, Exploits, Coast of Bays

- Connaigre Peninsula Health Centre
- Dr. Hugh Twomey Health Care Centre
- Lewisporte Health Centre
- Protective Care Residence

Isles of Notre Dame, Kittiwake Coast

- Bonnews Lodge
- Dr. Y.K. Jeon Kittiwake Health Centre
- Fogo Island Health Centre
- Notre Dame Bay Memorial Health Centre

Population Served

Approximately **88,610** people reside in the Central Zone.

Geographic Boundaries

The Central Zone extends from Charlottetown in the east, Fogo Island in the north, Harbour Breton in the south, to Baie Verte in the west.

Eastern – Rural Zone

Please visit the [website](#) for a full listing of facilities with contact information.

Hospitals/ Health-Care Centres

- Bonavista Peninsula Health Centre
- Dr. A. A. Wilkinson Memorial Health Centre
- Placentia Health Centre
- U.S. Memorial Health Centre
- Burin Peninsula Health Care Centre
- Carbonear General Hospital
- Dr. G.B. Cross Memorial Hospital
- Newhook Clinic

Long-Term Care

- [Dr. Walter Templeman Health Care Centre](#)
- [Golden Heights Manor](#)
- [Bonavista Bungalows Protective Community Residence](#)
- [Carbonear Long-Term Care Facility \(Pte. Josiah Squibb Memorial Pavilion\)](#)
- [Dr. Albert O'Mahony Memorial Manor](#)
- [Clarenville Protective Community Care Residence](#)
- [Blue Crest Nursing Home](#)
- [Lion's Manor](#)

Population Served

Approximately **119,497** people reside in the Eastern Rural Zone.

Geographic Boundaries

The Eastern Rural Zone includes Bell Island, Bonavista Peninsula, Burin Peninsula, Clarenville and area, Conception Bay Centre/Holyrood, Placentia area-Cape Shore, Southern Shore, St. Mary's Bay and Trinity-Conception.

Eastern – Urban Zone

Please visit the [website](#) for a full listing of facilities with contact information.

Hospitals/ Health-Care Centres

- [Dr. L.A. Miller Centre](#)
- [Health Sciences Centre](#)
- [Janeway Children's Health and Rehabilitation Centre](#)
- [St. Clare's Mercy Hospital](#)
- [Waterford Hospital](#)

Long-Term Care

- Caribou Memorial Veterans Pavilion
- Agnes Pratt Nursing Home
- [Salvation Army Glenbrook Lodge](#)
- [Pleasant View Towers](#)
- [Saint Luke's Homes](#)
- [St. Patrick's Mercy Home](#)

Population Served

Approximately **206,779** people reside in the Eastern Urban Zone.

Geographic Boundaries

The Eastern Urban Zone includes the Northeast Avalon/St. John's metro region which is comprised of:

1. Bauline, Pouch Cove, Flatrock
2. Conception Bay South, Foxtrap, Manuels
3. Petty Harbour-Maddox Cove
4. Logy Bay, Middle Cove, Outer Cove, Torbay
5. Mount Pearl
6. Paradise
7. Portugal Cove- St. Philip's
8. St. John's

Appendix E: The Planning Process

The year one planning process included the following phases:

1. Establish the Context: Jurisdictional Scanning and Engagement Activities:

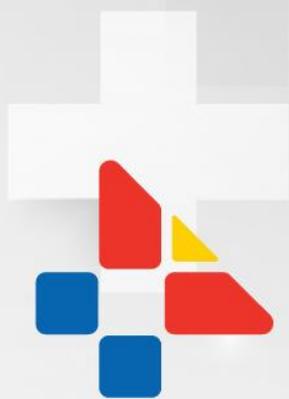
- a. Sources reviewed - general:
 - i. Health Accord NL recommendations
 - ii. Contextualized Health Research Synthesis Program research prioritization
 - iii. RHA & NLCHI Transition documents / communication / governance / internal data
 - iv. Current RHA & NLCHI strategic directions / work ongoing
 - v. Strategic directions of government
 - vi. Quintuple aim for health-care improvement
 - vii. PHA quality framework (draft)
- b. Sources reviewed - prior engagement activities:
 - i. Community Health Assessments
 - ii. Results from other existing surveys & engagement sessions
 - iii. Transition questionnaire for the Board of Trustees
 - iv. Input from the executive management committee
 - v. Input from Patient and Family Experience Advisors.
 - vi. Branding survey results
 - vii. Strategic planning survey results

2. Validate Strategic Priorities:

- a. Strategic planning committee
- b. Executive management committee
- c. Board of Trustees
- d. Patient and Family Experience Advisors

3. Plan Development / Implementation (2023-2026)

- a. Establish planning cycle
- b. Establish working groups
- c. Assign leads for strategic goals
- d. Monitor progress
- e. Facilitate engagement



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