



# **Central Health External Review 2018**

## **Action Plan**

*2018-2019 Q3 Update*

*December 31, 2018*

## ACTION PLAN

### Central Health External Review and Recommendations

#### Introduction

On May 17, 2018 the Honourable John Haggie, Minister of Health and Community Services, released the Central Regional Health Authority External Review Report. It included 32 recommendations to address governance, leadership, clinical management, relationships, succession planning, and community engagement; and an additional 4 ‘other issues’ recommendations, bringing the total recommendations to 36.

An Implementation Steering Committee (ISC) was created to oversee implementation of the report recommendations. Committee membership includes the Central Health Board Chair, who serves as the Chair of ISC; representatives from Central Health’s Board of Trustees; Memorial University’s Faculty of Medicine; and the Department of Health and Community Services; with external review lead Dr. Peter Vaughan acting as an advisor. The President and CEO, as well as a support from the Senior Management Team, sits on the committee.

The committee met initially to review the recommendations, assess the status of each recommendation, and develop an action plan to move the recommendations forward. The committee now meets on a quarterly basis to monitor and update the status of the recommendations.

Directly responding to the external review recommendations, the action plan has three goals:

1. Support Central Health in cultivating and fostering a culture that lives its values of compassion, accountability, respect, equity, and safety.
2. Enable the continued development and implementation of a person- and family-centred care approach, regional programs and services, collaborative practice, and respectful workplaces.
3. Serve as the basis for regular reporting to the Department of Health and Community Services, and the public.

#### NOTE

In developing the action plan, you will note that there are several activities listed for each of the recommendations that are aimed to address the intent of the recommendation. Where there was a need to have additional information regarding the intent of the recommendation, Dr. Vaughan was consulted and the interpretation of the intent of the recommendation is contained in this action plan.

A legend is developed to align with the status of the actions: Green - actions that are completed, Blue - actions that are in progress, and Black - actions that are yet to be commenced. Worthy to note, some of the actions in the action plan are newly developed initiatives/strategies, while others originated before the external review. For instance, some of the actions include initiatives Central Health began before the external review (e.g. organizational culture of civility and respect, programmatic approach to clinical

services across the RHA, Primary Health Care collaborative care, new Central Health website implementation of recommendations from security review, etc.). Many of these actions are listed as ongoing while other actions listed are commencing based upon the timeline identified in the plan. A Lead individual has been identified for each recommendation. This individual has accountability for the actions list and is responsible to report back to the committee on the status of the actions.

It should also be noted that the Central Health External Review Report completed by Dr. Vaughan does not have recommendations listed in a sequential number and their recommendations reflect the sections of the report where recommendations are noted. For instance, there are no recommendations in section 1, 2 or 8 of the report. To be consistent with the recommendations of the external review, the numbering aligns with the recommendation numbering as identified in the report.

<b>GOVERNANCE</b>
<b>Recommendations</b>
<b>3.0 (1) Government should incentivize collaboration between the municipalities of Grand Falls-Windsor and Gander.</b>
<b>Interpretation</b> Dr. Vaughan clarified that this recommendation should be focused on developing robust Primary Health Care (PHC) Networks in Gander and Grand Falls-Windsor. These networks would have a full team of health care professionals (physicians, social workers, nurses, dietitians, etc.) focused on the needs of the community. He further explained that money to support the Primary Health Care Network will help make this happen. The need to move away from institutional focus and to focus on the needs of the population was identified.
<b>Lead</b> VP Patient Services and Chief Nursing Officer
<b>Actions</b>
Establish Community Advisory Committees (CACs) in Gander and Grand Falls Windsor.
Engage with HCS senior leadership to ensure alignment between CH PHC plans/initiatives and provincial vision for PHC.
Engage with Shalloway Primary Health Care Network to identify alignments and opportunities.
Involve Gander and Grand Falls-Windsor in next environmental scan (community health needs assessment) as part of next strategic planning process.
Review all PHC initiatives, and identify ways to involve stakeholders (e.g. municipalities, CACs, Memorial University Faculty of Medicine, etc.).
<b>3.1 (2) The Board should focus its role on oversight of management – healthy tension is desirable.</b>
<b>Lead</b> CEO
Note: Actions under this recommendation should be reviewed with actions under recommendation 3.6.
<b>Actions</b>
Introduce new CEO report to the board format.
Review current Board orientation binder and sessions.
Explore provincial orientation binder and sessions.
Develop tools for Board Trustees (e.g. client relations referral cards, speaking points, etc.).
Re-administer the Accreditation Canada Governance Standards self-assessment and governance functioning tool and develop action plan.
Board chair to lead discussion with Trustees about roles and characteristics of a governance board.
Following discussion, develop survey for consensus on Trustee roles and responsibilities.
Develop educational needs survey for board members.
<b>3.2 (3) The Board develop a communication strategy a) internally for staff and physicians, and b) externally with communities to increase transparency of the Board decision-making process.</b>
<b>Lead</b> Director of Corporate Communications
Note: Actions under this recommendation should be reviewed with actions under recommendation 3.1 and 3.4.
<b>Actions</b>
Update RHA communications plans to include consideration of the role of the Board in significant communication initiatives (e.g. service/program changes, crisis communications, etc.).
Include significant Board decisions in internal and external communications plans.
Discuss development of a Stakeholder Relations Committee of the Board.

<b>3.3 (4) Medical Staff Bylaws changes are required to remove CEO as final authority for approval of credentialing and privileging of physicians. The responsibility for credentialing and privileging of physicians should be a Board responsibility based on the recommendations of the RHA Credentials Committee.</b>
<b>Lead</b> VP – Medical Services
<b>Actions</b>
Contract with legal counsel to draft proposed changes to current medical staff by-laws to remove the CEO as final authority for approval of credentials.
Amend the Medical Staff By-Laws
<b>3.4 (5) Amend Board Bylaws to open meetings to the public beyond the annual meeting. In camera meetings should be confined to matters pertaining to finance, legal and human resource issues only.</b>
<b>Lead</b> Chief Transformation Officer/Governance Committee of the Board
<b>Actions</b>
Consult with legal re: public disclosure of agendas, minutes, reports, etc.
Governance committee of the board to review current Board bylaws.
Develop new agenda format for board meetings.
First open board meeting to be held before December 31, 2018.
<b>3.5 (6) The Board should devote at least one meeting annually to risk assessment and risk mitigation.</b>
<b>Lead</b> Chief Transformation Officer
<b>Actions</b>
Update the board on current risk management and mitigation policies and practices in place at the RHA as outlined in the Central Health Risk Management Plan 2018-2020.
Review compliance statement provided by the CEO to the Board and increase reporting from once a year to quarterly.
Ensure that risk mitigation initiatives are reported quarterly to the Board through the organization's new balanced scorecard.
<b>3.6 (7) The Board invest in governance training such as the Institute of Corporate Directors program.</b>
<b>Lead</b> CEO
<b>Actions</b>
Review orientation binder and education sessions provided to the Board in 2016-2017.
Explore Institute of Corporate Directors (ICD) corporate membership.
Board members to enroll in Directors Education Program session offered by the ICD – <i>Overseeing Strategy: A Framework for Boards of Directors</i> .
Partner with the DHCS to deliver Board education on the <i>RHA Act</i> and the Board's role in patient safety.
Develop education needs assessment survey.
Work with other RHA's to develop provincial approach to board orientation.
<b>3.7 (8) The Board hold management accountable for measurable improvement in organizational culture civility and respect.</b>
<b>Lead</b> VP Human Resources
<b>Actions</b>
Promote and support Excellence Canada's Guarding Minds sessions and survey.
Continue to promote and support <i>Trust Your Canary</i> civility and respect sessions.
Continue to support and advance the LEADS Framework.

Continue with development of balanced scorecard, and include cultural indicators (e.g. numbers of harassment claims, exit interviews etc.).
Identify best practices for tools and indicators of culture.
Identify best practices for tools and indicators of culture to support implementation of the Wellness Plan.
Participate in new provincial (all RHAs) AON employee engagement survey.
<b>LEADERSHIP</b>
<b>4.1 (9) All physician leaders should complete the Physician Manager Institute (PMI) leadership program. While physicians gain tremendous knowledge in medical school to become skilled physicians, management leadership skills are often learned on the job which is not the best way to address issues of increasing complexity especially HR issues and conflict resolution.</b>
<b>Lead</b> VP Medical Services
<b>Actions</b>
Provide input to the Steering Committee on the development of the Advanced Physician Management and Leadership program.
Support physicians to participate in the Gardiner Institute Physician Management and Leadership Program.
Include requirement to complete physician leadership education in all physician leader job descriptions.
Support physicians to participate in the <i>Crucial Conversations</i> sessions.
<b>4.2 (10) All hiring should be posted and completed through Human Resources. Hiring should be based on defined competencies (knowledge, skills, management experience). There is nothing more destructive to morale than the perception that a position has been awarded on anything other than merit.</b>
<b>Lead</b> VP Human Resources
<b>Actions</b>
Direction to Human Resources reaffirmed that all job competitions, with the exceptions of management realignments and union-approved postings (e.g. less than 13 weeks, etc.), must be posted.
Any exceptions to the postings of job competitions must have prior written approval by Senior Leadership.
<b>4.3 (11) There should be a full-time Vice President of Medicine for the RHA. The recruitment process should be open, transparent and free of perception of bias.</b>
<b>Lead</b> CEO
<b>Actions</b>
Contract with a physician advisor to assist with the implementation of recommendations focused on medical staff and medical staff by-laws.
Discuss posting for full-time Vice President, Medical Services once a permanent CEO is hired.
<b>4.4 (12) Human Resource leadership should make a concerted effort to be visible, get out of their offices and talk to and listen to staff where staff work on a daily basis.</b>
<b>Lead</b> VP Human Resources
<b>Actions</b>
Review current departmental structure and approach to HR operations.

<b>Status Legend:</b> <b>Green – Completed</b> <b>Blue – In progress</b> <b>Black – To be completed</b>
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Explore regional business partners approach.
Schedule and promote regular HR business partner visits to all Central Health facilities.
<b>4.5 (13) Develop a Central Health medical co-leadership model with the assistance of Memorial University Medical School and the Newfoundland and Labrador Medical Association (NLMA).</b>
<b>Interpretation</b> This recommendation is interpreted to be a clinical co-leadership model. Note: Actions under this recommendation should be reviewed with actions under recommendations 5.6.
<b>Lead</b> VP Medical Services
<b>Actions</b>
Consult with Memorial University, RHA's and other stakeholders to explore approaches in clinical co-leadership.
Request Newfoundland and Labrador Centre for Applied Health Research to conduct a CHRSP review of clinical leadership models.
Survey current Central Health administrative directors and physician leaders to identify what works and what changes need to be considered to advance a regional approach to the provision of clinical services.
Develop consensus on roles, responsibilities, and accountabilities for physicians, administrative directors, and clinicians in a co-leadership model.
<b>CLINICAL MANAGEMENT</b>
<b>5.0 (14) Implement a primary health care collaborative care (family physician, midwifery and obstetrical support) model of obstetrical care regionally building on the successful primary care model at CNRHC.</b>
<b>Lead</b> VP Medical Services/VP Patient Services and Chief Nursing Officer
<b>Actions</b>
Continue to recruit for obstetrician for JPMRHC.
With the goal of having obstetricians, family physicians, and midwives work collaboratively in a PHC model of care:
<ul style="list-style-type: none"> <li>o continue to work with the midwifery consultant to recruit and implement a midwifery model in Gander.</li> <li>o identify resources (e.g. first assists) required to support C-sections.</li> <li>o work with family physicians in Gander area to identify individuals interested in providing primary care obstetrical services and labour and delivery support at JPMRHC.</li> <li>o support and facilitate process for family physicians interested in providing primary care obstetrical services.</li> </ul>
<b>5.1 (15) Engage Memorial University expertise to undertake a qualitative and quantitative evaluation of the Ottawa Model of Care focused on communication, patient safety and outcomes. *</b>
<b>Lead</b> VP Patient Services and Chief Nursing Officer
<b>Actions</b>
Central Health and NLCHI complete evaluation work in this area.
Review models of nursing care.
Meet with the facilitators, educators, and union about proposed change in the nursing model of care.
Update job descriptions based upon a revised nursing model of care.
Identify realignments/reassignments to support a revised nursing model of care.
Provide education on realignments and reassignments for staff.
Review existing composition of nursing leadership councils.

Implement the revised nursing model of care, using a continuous improvement process, with a focus to improve communication and patient outcomes.
<b>5.2 (16) Seek assistance from Memorial University Medical School to develop a Peer Support Network for Central Health physicians.</b>
<b>Lead</b> VP Medical Services
Note: Actions under this recommendation should be reviewed with actions under 3.6.
<b>Actions</b>
Identify physicians to avail of physician peer coaching training to be offered by Memorial University’s Faculty of Medicine.
Solicit input from physicians regarding the resources they require to be clinically supported in their practices.
Develop and implement a revised and robust orientation program for physicians.
Building on the work of MUN, NLMA, Shalloway Family Practice Network, and the College of Physicians and Surgeons of NL, begin development and approach to support physicians in their workplaces.
<b>5.3 (17) Work with Memorial University Medical School and the Newfoundland &amp; Labrador Medical Association to offer courses in Professionalism and Ethics for medical staff as part of a Continuing Medical Education curriculum.</b>
<b>Lead</b> VP Medical Services
<b>Actions</b>
Meet with Memorial University Faculty of Medicine professionalism working group to better understand initiatives/actions being explored to address areas of professionalism and ethics.
Complete <i>Trust Your Canary</i> sessions on civility and respect with physician leaders.
Encourage physician leaders to establish <i>Trust your Canary</i> sessions with physicians in their work areas.
Initiate discussion with other RHA’s and interested stakeholders to advocate for the College of Physicians and Surgeons Newfoundland and Labrador that professionalism ethics and education be considered as an ongoing requirement for licensure.
Encourage physicians to participate in educational offerings on professionalism and ethics.
<b>5.4 (18) Review the clinical management reporting structure to clarify accountability and reduce span of control.</b>
<b>Lead</b> VP Patient Services and Chief Nursing Officer/VP Human Resources
<b>Actions</b>
Survey managers with respect to committee membership and burden of committees.
Survey managers with respect to span of control and factors influencing their ability to carry out their management accountabilities.
Clarify role delineations for managers with both operational and program responsibilities.
Identify core accountabilities for all managers.
Review current reporting structures based upon direct and indirect reports and adjust where possible. Where adjustments are not possible, recommendations to address identified issues to be considered in the 2019-2020 budget process.
<b>5.5 (19) Combine Medical Advisory Committee into one Regional Medical Advisory Committee (RMAC) Minutes should have Consent Agendas (matters related to pre-reading and approval) and businesses focused on Action Items not verbatim discussions.</b>
<b>Lead</b> VP Medical Services
<b>Actions</b>
Review the current membership and accountabilities, as defined in the current medical staff bylaws of the Regional MAC to determine if adjustments are required.
Revise agenda and approach to regional MAC committee meetings, based upon committee accountabilities.
Following consultation with physicians, update medical staff bylaws to reflect changes with respect to medical staff

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structure.
<b>5.6 (20) Central Health work with the Department of Health and Community Services to evolve a programmatic approach to clinical services across the RHA.</b>
<b>Lead</b> VP Patient Services and Chief Nursing Officer/VP Medical Services
Note: Actions under this recommendation should also be reviewed with the work of recommendation 4.5 re: co-leadership
<b>Actions</b>
<a href="#">Work collaboratively with DHCS and other RHAs on the evolution of a Provincial Model of Clinical Services.</a>
Develop a plan to implement regional clinical chiefs for all clinical programs offered at Central Health.
<b>5.7 (21) Central Health in consultation with the DHCS should develop an evidenced based decision making tool for implementing change in clinical services</b>
<b>Lead</b> Chief Transformation Officer
<b>Actions</b>
Review and modify Central Health’s decision-making tool to include consideration of change management strategy.
<a href="#">Review literature on change management, and formally adopt a change management strategy.</a>
Educate all leaders on the formal change management strategy, process, and procedures.
<b>RELATIONSHIPS</b>
<b>6.0 (22) A clinical management on-call system is needed to support point of care staff after-hours and on weekends.</b>
<b>Lead</b> VP Patient Services and Chief Nursing Officer
<b>Actions</b>
<a href="#">Develop guidelines for staff with respect to routing of issues to clinical on-call managers and administration on-call managers.</a>
<a href="#">Initiate clinical on call.</a>
<b>6.1 (23) Locate senior management offices equally between CNRHC and JPMRHC facilities.</b>
<b>Interpretation</b> Dr. Vaughan clarified that this recommendation does not refer to the number of senior management members in Gander and Grand Falls-Windsor.
<b>Lead</b> VP Finance and Infrastructure
<b>Actions</b>
<a href="#">Identify space within the region to relocate the offices of the CEO and VP Medical Services from Corporate Office.</a>
<a href="#">Once appropriate space has been identified within the region, relocate CEO and VP Medical Services offices.</a>
<b>6.2 (24) The senior leadership team including CEO, individually and regularly as a routine party of their daily activities walk through facilities engaging staff, listening to staff and clinicians and develop action items to incorporate into senior leadership agendas for discussion, action and follow up.</b>
<b>Lead</b> CEO

<b>Actions</b>
Establish staff meetings/forums on a regular basis at all levels in the organization.
Review and revise, as appropriate, the leadership rounds process currently implemented in acute care to include a feedback loop to staff. Issues identified and not resolved to be placed on the agenda for action by senior leadership team.
Extend the leadership rounds process to all sectors of the organization.
Revise management job descriptions to include accountability for leadership rounds.
<b>SUCCESSION PLANNING</b>
<b>7.0 (25) Central Health should develop and implement an evidence-based, data-driven long-term health human resources strategy for all health professions.</b>
<b>Lead</b> VP Human Resources
<b>Actions</b>
Continue the work on the comprehensive succession plan, as part of the overall Human Resources Plan.
Engage with other RHAs for succession planning lessons learned and successes.
Review areas/programs where vacancies exist and are difficult to recruit, and develop a plan in conjunction with the program management team.
Investigate the use of an external resource to assist with the development of a plan.
<b>7.1 (26) Central Health should develop and implement an evidence-based, data-driven long-term health human resources strategy for all health professions.</b>
<b>Lead</b> VP Human Resources
<b>Actions</b>
Adopt a policy direction to engage with educational institutions (high school and post-secondary) to educate students on opportunities for employment in the health field and in Central Health.
Work with educational institutions to provide clinical placements for students.
Managers, including physician leaders, to make personal contact with students to address issues that may arise during clinical placements and identify appropriate potential job opportunities within the region.
Human Resources group to meet with DHCS Workforce Planning Division to review provincial bursary and recruitment incentive programs.
Develop an inventory of bursaries/sponsorship opportunities available provincially, and make this information available to staff and the general public.
<b>7.2 (27) Human Resource leadership should develop and implement a plan to be more visible to staff.</b>
<b>Lead</b> VP Human Resources
Note: Action under this recommendation should be reviewed with actions under recommendation 4.4
<b>Actions</b>
Continue regular Labor Management and Professional Practice meetings.
Explore resources required for a regional model of HR Business Partners.
Meet with Directors and Managers to identify how to most effectively increase visibility of HR team.

<b>COMMUNITY ENGAGEMENT</b>
<b>9.0 (28) Develop an RHA Patient Navigator position to assist patients and families chart their way through the healthcare system.</b>
<b>Lead</b> Chief Transformation Officer
<b>Actions</b>
Review literature on types and roles for patient navigators.
Solicit input from Central Health patient advisor group and CACs for ideas with respect to the role of a patient navigator.
Review the nature and type of patient complaints received by Central Health to determine, and along with the literature review, determine the type/focus of navigation position to be considered.
Develop a job description, and identify the cost of implementing a patient navigator position.
<b>9.1 (29) Engage towns of Grand Falls-Windsor and Gander in joint planning session for health services including the articulation of plans for access to collaborative community-based care.</b>
<b>Lead</b> VP Patient Services and Chief Nursing Officer
Note: Actions under this recommendation should also be reviewed with the work of recommendation 3.0 re: collaboration between the municipalities.
<b>Actions</b>
Reach out to Municipalities Newfoundland and Labrador to participate in events (e.g. sponsor networking session at AGM or offer keynote speaker at conferences).
Reach out to Town of Gander and Town of Grand Falls-Windsor to have quarterly meetings.
Host community stakeholder sessions in GF-W and Gander during environment scan process.
Create a time-limited email account and a mailing address to solicit public input.
<b>9.2 (30) Strengthen Community Advisory Committee relationship with the Board by having the Chair of each CAC attend the Board Meeting to report on current issues.</b>
<b>Lead</b> VP Patient Services and Chief Nursing Officer
<b>Actions</b>
CACs Co-chaired by a member of the Board of Trustees.
CACs submit minutes of meetings to be included in the Board package, with Board members speaking to issues at Board meetings.
CACs come together once a year to share their activities with other CACs.
<b>9.3 (31) Engage the Community Advisory Committees in the development of a recruitment and retention strategy for healthcare professionals</b>
<b>Lead</b> VP Patient Services and Chief Nursing Officer
<b>Actions</b>
Review the terms of reference for CACs, and incorporate additional objectives of working with Central Health to assist in recruitment and orientation efforts where appropriate.
Work with CAC members to formalize an information package for potential recruits that can be shared during the recruitment process.
Provide information to CACs regarding contact information for potential recruits (e.g. where to access/inquire about job vacancies, etc.).
Members of CACs to identify community activities to welcome health care professionals to communities.

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<b>9.4 (32) Update Central Health website to a more user-friendly resources for accessing resources.</b>
<b>Lead</b> Director of Corporate Communications
<b>Actions</b>
Redevelop website.
<b>OTHER ISSUES</b>
<b>10.0 (33) Paramedics responsible for security in Emergency Departments and Hospitals. Paramedics are not trained in security measures. The reviewer raised this with Board members and staff during the review.</b>
<b>Lead</b> VP Human Resources
<b>Actions</b>
Eastern Health to review and identify recommendations, with respect to enhancing security and emergency management services within Central Health.
Identify funding options for the provision on-site security services at both regional referral centers.
Finalize contract to provide on-site protection services.
Realign an existing management position to include responsibility for regional protection services.
Communicate the duties and responsibilities of onsite security to employees, physicians, volunteers, and the public.
Manager of Security, Emergency Management Systems and Business Continuity hired.
<b>10.1 (34) Paramedics required to be stationed at “The Junction” have no bathroom facilities.</b>
<b>Lead</b> VP Patient Services and Chief Nursing Officer
<b>Actions</b>
Review statistics regarding placement of ambulances at “the junction” and reason for relocation.
Review staffing complement of paramedics for hospital-based ambulance service in Baie Verte and Springdale.
Identify options to mitigate relocations to “the junction”.
<b>10.2 (35) Infection Prevention and Control reports to management without senior authority to require clinical attention.</b>
<b>Lead</b> VP Patient Services and Chief Nursing Officer
<b>Actions</b>
Meet with Infection Prevention and Control staff to identify areas of concern with the current organizational reporting structure.
Following discussion with Infection Prevention and Control staff, confirm and or realign reporting structure.
<b>10.3 (36) The reviewer heard many longstanding individual Human Resources complaints symptomatic of the culture deficit noted in the review.</b>
<b>Lead</b> VP Human Resources
<b>Actions</b>
Separate the EFAP function from the Respectful Workplace Program.
Continue to offer the Working Minds training for managers and employees.
Assign program responsibility for psychological health and safety to one individual within the Employee Wellness portfolio.
Review the current Respectful Workplace, Harassment, and Bullying policy to align, where possible, with the Government of Newfoundland and Labrador Workplace harassment policy.

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Participate in education sessions offered by DHCS to increase workplace harassment investigators. clarify
Encourage the practice of beginning all meetings with a patient/family/employee story/experience that espouses Central Health values.
Incorporate values-based approach into the interview process for new employees.
Develop a plan/strategy to promote and celebrate Central Health values.
Include cultural sensitivity and diversity awareness training as part of cultivating and supporting a safe and respectful workplace.
Design and deliver a workshop for managers on accountability.

## Glossary – Acronyms

AON employee engagement survey - A survey based on the *AON Engagement Model*; a model of the business impact of engagement, employee engagement itself and the factors of the work experience that lead to higher engagement. In addition to measuring employee engagement, it also measures 16 work-experience dimensions: Career & Development, Collaboration, Customer Focus, Decision-making, Diversity & Inclusion, Empowerment/ Autonomy, Enabling Infrastructure, Employee Value Proposition (EVP), Manager, Mission/Values, Performance Management, Rewards & Recognition, Senior Leadership, Talent & Staffing, Work Tasks and Work/Life Balance.

CACs - Community Advisory Committees.

CH - Central Health.

CHRSP - The Contextualized Health Research Synthesis Program of Memorial University of Newfoundland and Labrador. Working in partnership with the provincial healthcare system to identify questions of urgent importance, CHRSP synthesizes existing research evidence and contextualizes findings to support evidence-based decisions in the Newfoundland and Labrador healthcare system.

CME - Continuing Medical Education.

DHCS - Department of Health and Community Services.

EFAP - Employee and Family Assistance Program.

Excellence Canada's Guarding Minds - A resource (survey and summary reports) to help assess, protect and promote psychological health and safety in their workplaces.

Gardiner Institute - An association within the Faculty of Business Administration, Memorial University, that delivers current and relevant professional development programs that advance the business and leadership knowledge and/or skills of organizations and existing or aspiring supervisors, managers, executives and entrepreneurs.

ICD - Institute of Corporate Directors.

LEADS Framework - A leadership capabilities framework representing an innovative and integrated investment in the future of health leadership in Canada. It provides a comprehensive approach to leadership development for the Canadian health sector, including leadership within the whole-system, within the health organizations, and within individual leaders.

MUN - Memorial University of Newfoundland and Labrador.

NLCHI - The Newfoundland and Labrador Centre for Health Information.

NLMA - Newfoundland and Labrador Medical Association.

PHC - Primary Health Care.

Regional MAC - Central Health Medical Advisory Committee.

RHA - Regional Health Authority.

Trust Your Canary - A guide/training for leaders with goal to cultivate a respectful and productive workplace environment, author: Sharone Bar-David.