

Newfoundland and Labrador Annual Report 2024-25

Working Together and Aging with Dignity Agreements Indicators

Newfoundland and Labrador and the Federal Government are committed to continuing to [work together](#) to improve health care access and services through the Canada-Newfoundland and Labrador *Working Together* and the *Aging with Dignity* bilateral agreements, [Working together to improve health care in Canada: Working Together bilateral agreements - Canada.ca](#) [Working together to improve health care in Canada: Aging with Dignity bilateral agreements - Canada.ca](#)

Newfoundland and Labrador has developed action plans to deliver improvements to its health care system in the following shared health priorities:

- Expanding access to family health services, including in rural and remote areas;
- Supporting health workers and reducing backlogs for health services such as surgeries and diagnostics;
- Improving access to quality mental health, substance use and addictions services;
- Modernizing the health care system with standardized information and digital tools so health care providers and patients have access to electronic health information; and
- Helping people in Canada age with dignity, closer to home, by supporting efforts to improve access to home and community care, and safe long-term care.

Selected Accomplishments

- The Family Care Teams (FCT) Health Policy Framework was released in November 2023 and sets out the key provincial policy directions and expectations for FCTs as a cornerstone component of a transformed primary health care system.
- A number of incentive programs in NL support family physician recruitment and retention and NL added five seats for International Medical Graduates to the Family Medicine Residency Program at Memorial University.
- Access to joint replacement surgery has been expanded through several initiatives including travelling orthopedic clinics, outpatient surgery programs, and the introduction of a new short-stay pilot.
- Doorways walk-in services, which provide rapid access to mental health and addictions counseling, are now available at 87 locations across the province.
- 100% of eligible residents in NL can now access their personal health record electronically, offering benefits including the ability to have consistent access to accurate information and more informed discussions with health providers.
- Initiatives to support aging with dignity include establishment of an Adult Day Program, additional recreational therapy resources in Long Term Care homes, and the opening of a new community-based hospice in Grand-Falls Windsor.
- Surgical task force established to address the surgical backlog and associated surgical waitlists. All recommendations accepted and being implemented.

Progress on initiatives and broader commitments are measured against targets which Newfoundland and Labrador publicly reports on annually.

Newfoundland and Labrador and the Federal Government will continue working together to improve access to health services and deliver tangible results to all residents across the province, including responding to the needs of Indigenous and other underserved and disadvantaged populations.

Annual Reporting for Working Together to Improve Health Care for Canadians Bilateral Agreement

Reporting on Four Priority Areas					
Indicator	Baseline	Target	Timeframe	Progress Report	Context for Update
Priority Area 1 – Family Health Services					
Headline Indicator					
Percentage of Canadians who report having access to a regular family health team, a family doctor or nurse practitioner, including in rural and remote areas	78% (CCHS 2023) ¹	90%	March 2026	No updated data available.	As of December 31, 2024, there were 48,997 patients on Patient Connect waiting to be contacted and connected to an FCT clinic and/or provider. This represents 8.9% of the NL population. ²

¹ A previous baseline reflected CCHS data from 2019-2021. Beginning in 2022, this indicator is based on a modified version of the question used from 2015 to 2021. The baseline has been updated to reflect the question and subsequent indicator results from 2023.

² Based on 2023 NL Population estimates provided by NL Digital Health Services.

Provincial Indicators					
Number of Family Care Teams	As of April 1, 2023, 8 Family Care Teams underway, and 11 under development.	Up to 35 Family Care Teams instituted	March 2026	As of August 31, 2024, 23 teams announced. 19 are fully/partially operational, and 4 are in planning stages.	
Number of residents rostered to a Family Care Team	As of April 1, 2023, 28,267 people rostered to a Family Care Team.	Between 100,00 to 200,000 people rostered to a Family Care Team	March 2026	As of December 31, 2024: 70,625 residents rostered to a Family Care Team.	
Priority Area 2 – Health Workforce and Backlogs					
Headline Indicators					
Size of COVID-19 Surgery backlog	21% fewer surgeries done monthly between March 2020 and September 2022, compared with 2019.	Exceed the number of surgeries completed monthly compared to 2019	March 2026	2% fewer surgeries done in 2023/2024 compared with 2019/2020.	NL data does not include high-volume of cataract surgeries performed in non-hospital facilities. While cardiac care is included in reporting data, the Provincial Surgical Backlog Task Force established to address

					surgical backlogs and wait times did not include cardiac care (which was under a separate initiative).
Net new family physicians, nurses, and nurse practitioners	<p>-0.88 net new physicians per 10,000 population (2021-2022)³</p> <p>0.59 net new nurses per 10,000 population (2022)⁴</p>	Increase net new family physicians, nurse practitioners and nurses ⁶	March 2026	No updated data available.	<p>Per physician supply data available from CIHI for 2023 in NL, there were:</p> <ul style="list-style-type: none"> • 12.4 per 10,000 Family Physicians (Canadian rate: 12.0) <p>Per nursing supply data from available from CIHI for NL in 2023, there were:</p> <ul style="list-style-type: none"> • 112.8 per 10,000 RNs (Canadian rate: 79.5) • 45.2 LPNs per 10,000 (Canadian rate: 35.7) • 4.8 per 10,000 NPs (Canadian rate: 2.2)

³ Reflects most up-to-date data available from CIHI. Baseline will be adjusted as more accurate baseline data (i.e. 2023/2024 data) becomes available. Note that original baseline included in the agreement reported on the count of doctors per 10,000 population in 2021. The measure used for this baseline has thus also been updated to better reflect the indicator, which seeks to measure “net new” doctors per 10,000. Updated count of doctors per 10,000 is also provided for context.

⁴ Includes RNs and LPNs. Reflects most up-to-date data available from CIHI. Baseline will be adjusted as more accurate baseline data (i.e. 2023/2024 data) becomes available. Note that original baseline included in the agreement reported on the count of registered nurses per 10,000 population in 2021. The measure used for this baseline has been updated to better reflect the indicator, which seeks to measure “net new” nurses. Updated count of nurses per 10,000 is also provided for context.

⁶ The department is working to finalize the Health Human Resource Plan. Targets will be identified when the plan is released.

	0.53 net new NPs per 10,000 population (2022) ⁵				As above, it is notable that the NL rates of physicians, RNs, LPNs, and NPs are greater than the Canadian rates
Provincial Indicators					
Percentage of non-urgent surgeries meeting benchmark (hip/knee replacements, 182 days)	As of September 30 in the 2 nd quarter, 2023: <ul style="list-style-type: none"> • 49% of hip replacement surgeries were performed within 182 days; • 38% of knee replacement surgeries were 	Greater than 50% non-urgent surgeries (hip/knee replacements) meeting benchmark of 182 days	March 2026	No updated data available.	

⁵ Reflects most up-to-date data available from CIHI. Baseline will be adjusted as more accurate baseline data (i.e. 2023/2024 data) becomes available. Note that original baseline reported on the count of nurse practitioners per 10,000 population in 2021. The measure used for this baseline has been updated here to better reflect the indicator, which seeks to measure “net new” nurse practitioners. Updated count of practitioners per 10,000 is also provided for context.

	performed within 182 days ⁷				
Net new Physician Assistants	Zero as of April 1, 2023	Pilot project to add 40 new Physician assistants	March 2026	Zero as of September, 2024	Pending action by CPSNL to regulate PAs
Number of seats in education training programs for physicians	35 as of April 1, 2023	5 seats per year resulting in 10 new graduates with return in service agreements in family medicine	March 2026	As of July 1, 2023, 5 new seats were added to Memorial University's Family Medicine Residency Training Program for International Medical Graduates.	
Priority Area 3 – Mental Health and Substance Use					
Headline Indicators					
Median wait times for community mental health and	67 days (2022/2023) ⁹	32 days	March 2026	51 days (2023/2024)	Median wait times does not include Doorways (which provides walk-in access to counseling).

⁷ Previous baseline reflected data available to Dec 2022, which was the most recently available data at the time the agreement was signed. Revised baseline reflects the most recently available baseline data given the time span of the agreement, which was signed in early 2024.

⁹ The baseline for this indicator that appears in the online bilateral agreement is 33 days (2021/2022). The updated dateline in this report of 67 days reflects the most recently available baseline data, given the time span of the agreement, which was signed in early 2024.

substance use services ⁸					
Percent of youth aged 12 to 25 with access to integrated youth services (IYS) for mental health and substance use	1 active site	At least two sites	March 2026	1 active site	<p>Funding announced in September 2024 to support calls for proposals for 2 more sites.</p> <p>CIHI reports that data from Newfoundland and Labrador, Ontario, Manitoba, and British Columbia show that 895 per 100,000 individuals aged 12 to 25 accessed Integrated Youth Services in 2022-2023.</p>
Percentage of Canadians with a mental disorder who have an unmet mental health care need ¹⁰	6% (CCHS, 2018) ¹¹	5%	March 2026	No updated data available.	

⁸ On April 1, 2023, Newfoundland and Labrador transitioned to a single provincial health authority and will be adopting a new provincial Health Information System in the near term. Wait time data collection varied across the former regional health authorities. Provincial changes will impact the current baseline and as such, Newfoundland and Labrador's target is tentative and may be revised to reflect the reporting changes.

¹⁰ The Canadian Community Health Survey (CCHS) underwent major redesign in 2022, including updated content and methodology. These changes will result in a revised baseline. Based on these changes, Newfoundland and Labrador's target is tentative and may be revised based on 2022 and 2023 data.

¹¹ Reflects the most up-to-date baseline data available from CIHI/CCHS and may be revised as more recent data becomes available.

Provincial Indicators					
Number of individuals attached to FACT/ACT teams	As of April 1, 2023, 1,167 people were attached to a FACT/ACT team.	Up to a 30% increase	March 2026	As of November 2024, 1,107 people were attached to a FACT/ACT team.	
Number of Doorways locations across the province	As of April 1, 2023, 69 sites across the province.	Increase Doorways locations by 5	March 2026	As of January 2025, 84 sites across the province.	
Priority Area 4 – Modernizing Health Data Systems					
Headline Indicators					
Percentage of Canadians who can access their own comprehensive health record electronically	As of 2023, 14% for NL. ¹²	At least 25%	March 2026	100% of eligible patients in NL can access their Personal Health Record (PHR) electronically. Eligibility criteria includes 16+ years of age, valid, non-expired MCP card, and government-issued photo ID or	

¹² This baseline is based on data from the Canadian Digital Health Survey, which includes a sample of 121 from NL and asks individuals whether they have accessed their personal health information electronically in the past. A previous baseline for this indicator (95% in 2022) also reflected results from the Canadian Digital Health Survey. The update for this indicator reflects the launch of the Personal Health Record in 2024 and provides actual information about individuals from NL who can access their Personal Health Record in NL as well the specific number of people who have created PHR accounts.

				driver's license. As of January 16, 2025, 112,126 PHR accounts have been created.	
Percentage of Family Health Service providers and other health professionals (e.g., pharmacists, specialists, etc.) who can share patient health information electronically	As of 2024, 18% for NL (physicians only) ¹³	Up to 35 Family Care Teams who can share patient health information electronically	March 2026	As of September 2024, 19 fully/partially operational Family Care Teams have access to shared electronic patient information through eDocs and HealtheNL.	
Provincial Indicator					
Transformation plan for a new health information system	Planning is underway	Begun implementation of the new plan across all health care sites	March 2026	To date, planning is on target for April 2026 launch date.	

¹³ Baseline reflects most recently available data and is for physicians only.

Annual Reporting for Aging with Dignity Bilateral Agreement

Reporting on Long-Term Care					
Indicator	Baseline ¹⁴	Target	Timeframe	Progress (As of 2024)	Context for Update
Priority Area 1 – Workforce Stability					
Expansion of the Care of the Elderly Training Program and Establishing a Geriatric Medicine Fellowship at Memorial University					
Increase number of physicians/residents completing Care of Elderly Training (COE)	Ten practicing physicians with COE training.	Increase to 30 trained physicians throughout the province	By 2027-28	As of July 2024, 15 practicing physicians have COE training.	
Recruitment and Retention					
Improve staff recruitment rates in Long Term Care (LTC)	In August 2023, 6% of LTC beds closed due to insufficient staff.	All LTC beds are available	By 2025-26	In September 2024, 2.3% of beds closed due to insufficient staff.	

¹⁴ Indicator reports in the Action Plan section of the online agreement reflect the most recent data that was available at the time the agreement was finalized. In many cases data available when the agreement was finalized covered 2021/2022. Baselines in this report have been updated to 2022/2023 to better reflect the timespan of the agreement, which was signed in early 2024.

Priority Area 2 – Long Term Care Standards					
Quality Improvement Initiatives in Long Term Care					
Decrease the percentage of residents who are prescribed inappropriate use of antipsychotics in LTC	CIHI report for 2023-2024 indicates NL is performing below average at 31.8% compared to the current Canadian average at 24.5%.	Meet Canadian average	By 2027-28	No updated data available.	
Decrease the percentage of residents experiencing pain in LTC	CIHI report for 2023-2024 indicate NL is performing below average at 12.3% compared to the current Canadian benchmark at 5.7%.	Meet Canadian average	By 2027-28	No updated data available.	
Decrease restraint use in LTC	CIHI reports for 2023-2024 indicate NL is performing below average at 11.5% compared to the current Canadian average at 4.9%.	Meet Canadian average	By 2027-28	No updated data available.	

Improve Quality of Life in LTC	Will be measured in 2024-25 (TBD)	TBD ¹⁵	By 2027-28	No updated data available.	Baseline measurement planned in 2024/2025
Reporting on Home and Community Care					
Indicator	Baseline	Target	Timeframe	Progress (As of 2024)	Context for Update
Priority Area 1 – Home and Community Care					
New LTC residents who potentially could have been cared for at home.	CIHI report for 2023-2024 indicates NL is performing above average at 7.2% compared to the current Canadian average at 9.6%.	Remain below the Canadian average	Annually through 2026-27	No updated data available.	

¹⁵ Work is currently underway to identify and pilot an appropriate survey.

Home care services helped the recipient stay at home.	CIHI report for 2023 indicate NL is performing above average at 89.5% compared to Canadian benchmark at 80.8%.	Remain above the Canadian average	Annually through 2026-27	No updated data available.	
Hospital stay extended until home care services or supports ready (median, in days)	CIHI report for 2023-2024 indicates NL is performing average at 8 compared to the current Canadian average at 8.	Decrease the number of days patients are waiting for home care services to 7 days	By 2026-27	No updated data available.	
Death at home or in community	CIHI report for 2022 indicates NL is 51.5% (partial data due to incomplete reporting) compared to Canadian average 51.6%.	Meet Canadian average	By 2026-27	No updated data available.	
Decrease caregiver distress	CIHI report for 2023-2024 indicates NL is performing above average at 28.5% compared to Canadian average at 39.8%.	Remain below the Canadian average and increase performance to below 29%	By 2026-27	No updated data available.	

Wait time for home care services	Data currently unavailable (work underway to obtain this data in 2025-26)	TBD once baseline data is available ¹⁶	By 2026-27		
Provincial Indicators					
Percentage patient days designated as alternate level of care days	24.2% of all patient days designated as alternate level of care days (2022-2023; national average is 17%).	Meet Canadian average	By 2026-27	No updated data available.	
Percentage of LTC residents admitted from acute care and not from community	CIHI report for 2023-2024 for NL, 56.1% of all individuals admitted to LTC are admitted directly from acute care. ¹⁷	50% of all individuals admitted to LTC are admitted directly from acute care	By 2026-27		

¹⁶ Technology currently in the process of implementation will support collection of wait time information.

¹⁷ Previously reported baseline based on internal data. Baseline has been modified to reflect CIHI indicator reporting.