



25 June 2025

RE: ATIPP Request Numbers: NL-092-2025-234 & NL-093-2025-234

Request Details

NL-092-2025-234

Number of patients that died while on a waiting list for either a diagnostic scan or a consultation with a specialist in fiscal year 2024-25.

- Break the data out by scan/consultation and case info – date the patient went on the waiting list, date for the meeting with a specialist or date for diagnostic scan (if scheduled), and date of cancellation.
- Note the government's target time for providing the consultation or scan in question. (Note: many hospitals/health regions were able to identify such cases as they track the reason for cancelled operations).
- Timeframe for this request is April 1, 2024 to March 31, 2025

NL-093-2025-234

Number of patients that died while on a waiting list for surgery or a procedure in fiscal year 2024-25

- Break the data out by scan/consultation and case info – date the patient went on the waiting list, date for the meeting with a specialist or date for diagnostic scan (if scheduled), and date of cancellation.
- Note the government's target time for providing the consultation or scan in question. (Note: many hospitals/health regions were able to identify such cases as they track the reason for cancelled operations).
- Timeframe for this request is April 1, 2024 to March 31, 2025

Technical Notes

Cause of Death

Cause of death for patients waitlisted for cardiac appointments, procedures, and surgeries is inclusive of all mortality events, which may result from accident, complex comorbidities, or non-related disease.

NL-092-2025-234 Consultation with Specialists

The Provincial Cardiovascular and Stroke Program is unable to access information regarding patients waitlisted for consultation with cardiologists and cardiac surgeons. The offices of attending specialists, rather than NLHS, manage referrals for patient consultation. The inquiring body would need to contact the attending specialists' offices for that information.

NL-092-2025-234 Diagnostic Scans

The Provincial Cardiovascular and Stroke Program is responsible for the management of the waitlist for echocardiograms, an important imaging and diagnostic tool for active and prospective cardiac patients. The administrative change to provincial oversight is recent; subsequently, the waitlist is currently undergoing a digitization and centralization process. Validated echocardiogram waitlist data are not yet available for this timeframe.

The Provincial Cardiovascular and Stroke Program is responsible for the administrative management of the waitlist for diagnostic cardiac catheterizations. National benchmark targets can also be applied to this population cohort.

NL-093-2025-234 Procedures or Surgeries

Percutaneous coronary interventions (PCIs) are minimally invasive procedures targeting obstructed coronary vessels and are performed in the cardiac catheterization lab. When a clinically significant lesion is detected during diagnostic catheterization, a PCI is typically performed during the same procedure to reduce delays in care and enhance patient outcomes.

The PCI waitlist reflects only a small subset of patients, typically those with complex disease that cannot be addressed at the time of diagnostic catheterization. These cases often require staged intervention and review by a multidisciplinary team. Since most PCIs are performed immediately following diagnostic imaging without prior booking, the waitlist significantly underrepresents overall PCI volumes. **The Provincial CVS Program confirms that the PCI waitlist offers no utility for the purpose of this ATIPP request.**

The Provincial Cardiovascular and Stroke Program is responsible for the management of the cardiac surgery waitlist. The waitlist exists as a live digital tracking system. Retrospective waitlist

data for patients referred for coronary artery bypass graft (isolated-CABG) surgeries are readily retrievable and can be matched to national benchmark wait times.

Patients who were reported as deceased while waitlisted for other cardiac surgeries are also included in this report. There are no national benchmark targets tracked for patients referred for cardiac surgery that is not an isolated-CABG (see above).

- The total number of waitlisted patients referred for cardiac surgery (excluding isolated-CABG) is not digitally stored retrospectively.
The total volume of this waitlisted patient cohort is thus calculated:
(Total patients waitlisted for cardiac surgery on 01 April 2024 + Prospective referrals up to 30 March 2025) – Known isolated-CABG waitlist and referral total

The Program also manages the referrals for transcatheter aortic valve replacements (TAVR), a minimally invasive process which replaces compromised aortic valves with a mechanical valve in the cardiac catheterization lab environment. This patient population is also represented in this report.

Waitlist Descriptions

This report tracked the cumulative total number of patients who were waitlisted on 31 March 2024 or subsequently waitlisted between 1 April 2024 and 31 March 2025 for:

- Diagnostic cardiac catheterization
- Isolated coronary artery bypass graft surgery (CABG)
- Transcatheter Aortic Valve Replacement (TAVR)

Patients from Newfoundland and Labrador patients on these waitlists were then cross-referenced with data from the Death Registry data.

Table 1. Number of patients referred for diagnostic cardiac catheterization, isolated coronary artery bypass graft surgeries, or transcatheter aortic valve replacement who expired while actively waitlisted during the 1 April 2024 to 31 March 2025 reporting period. Health Sciences Centre, St. John’s, NL.

	Waitlist Volume	Deceased Patients
Isolated Coronary Artery Bypass Graft	526	0
All other cardiac surgery categories	356	(<6)*
Transcatheter Aortic Valve Replacement	131	0
Diagnostic Cardiac Catheterization	3558	34

Data Source: APPROACH, Clinical documents

Date: 06 May 2025

*Where fewer than six individuals are represented, Sections 40(1) and 40(4)(a) of the *ATIPP* legislation prevents the disclosure of information relating to a medical, psychiatric or psychological history, diagnosis, condition, treatment, or evaluation as a presumed unreasonable invasion of a third party’s personal privacy.

Table 2. Patients waitlisted for cardiac surgery, excluding isolated Coronary Artery Bypass Graft procedures, between 1 April 2024 to March 31 March 2025 who deceased prior to the procedure. Health Sciences Centre, St. John's, NL.

	Number of patients who died while waitlisted*	No national benchmark target
Coronary Artery Bypass Graft and/or Valve replacement/repair	<6**	-

Data Source: APPROACH, Clinical documents

*Patients on the waitlist may have been placed on hold pending completion of clinical clearance and necessary diagnostic testing.

**Where fewer than six individuals are represented, Sections 40(1) and 40(4)(a) of the *ATIPP* legislation prevents the disclosure of information relating to a medical, psychiatric or psychological history, diagnosis, condition, treatment, or evaluation as a presumed unreasonable invasion of a third party's personal privacy.

Table 3. Patients waitlisted for diagnostic cardiac catheterization between 1 April 2024 to March 31 March 2025 who deceased prior to the procedure. Health Sciences Centre, St. John's, NL.

Diagnostic Cardiac Catheterization – Patient Risk	Number of patients who died while waitlisted	Percent patients waiting beyond national benchmark target
Emergent inpatients: Priority 1, 48 hour target wait time*	14	50.0%
Urgent inpatients: Priority 2, 7 day target wait time*	9	33.3%
Outpatients* Non-urgent outpatients: Priority 4, 90 day target wait time* OR Patients with indications that fall outside of risk stratification criteria (chart reviews for recommended wait times)	11	45.5%

Data Source: APPROACH, Clinical documents

*Wait times align with national standards as defined by the University of Ottawa Heart Institute

*All outpatients were collapsed to avoid data suppression

Note:

Patient physiological stability can impact decision to transfer or decision to treat

Patient co-morbidities will influence risk

Patient decision impacts decision to treat

All inpatients were receiving acute care at the time of their deaths



**NL Health
Services**

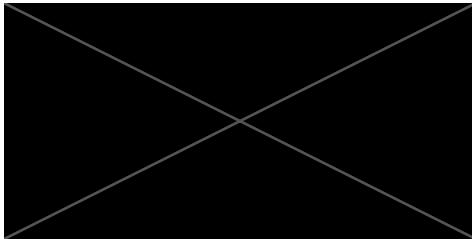
NL Health Services ATIPP Office

760 Topsail Road
Mount Pearl, NL
Canada, A1N 3J5
w: NLHealthServices.ca

Final Response to Applicant – Partial Disclosure

File #: NL-092-2025-045 and 093-2025-045

June 30, 2025



Dear Kristen Schulz,

Re: Your request under Part II of the *Access to Information and Protection of Privacy Act, 2015*

On May 22, 2025, Newfoundland and Labrador Health Services (NLHS) received your two requests for access to the following records/information:

***Please provide data on the number of patients that died while on a waiting list for surgery or a procedure in fiscal year 2024-25. Please break the data out by procedure/surgery and case info – date the patient was referred to a specialist, decision date, date for the procedure and date of cancellation. Please also note the government's target time for providing the procedure in question. (Note: many hospitals/health regions were able to identify such cases as they track the reason for cancelled operations).
The timeframe for this request is April 1, 2024 to March 31, 2025.***

***Please provide data on the number of patients that died while on a waiting list for either a diagnostic scan or a consultation with a specialist in fiscal year 2024-25. Please break the data out by scan/consultation and case info – date the patient went on the waiting list, date for the meeting with a specialist or date for diagnostic scan (if scheduled), and date of cancellation. Please also note the government's target time for providing the consultation or scan in question. (Note: many hospitals/health regions were able to identify such cases as they track the reason for cancelled operations).
The timeframe for this request is April 1, 2024 to March 31, 2025.***

I am pleased to inform you that a decision has been made by the head of the public body for NLHS to provide access to some of the requested information. Please see attached to this email two sets of records for your review. It is necessary to note that some of the information has been withheld as per Section 40(1) and 40(4)(a) of the ATIPP Act (2015):

40.(1) The head of a public body shall refuse to disclose personal information to an applicant where the disclosure would be an unreasonable invasion of a third party's personal privacy.

40.(4)(a) A disclosure of personal information is presumed to be an unreasonable invasion of a third party's personal privacy where the personal information relates to a medical, psychiatric or psychological history, diagnosis, condition, treatment or evaluation.

The data that was available has been provided. NLHS is under no obligation to create records of information that are not already currently available. Please see the documents provided for further discussion.

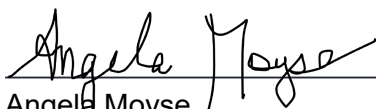
Please be advised that you may ask the Information and Privacy Commissioner to review the processing of your access request, as set out in section 42 of the Access to Information and Protection of Privacy Act, 2015 (the Act) (a copy of this section has been enclosed for your reference). A request to the Commissioner must be made in writing within 15 business days of the date of this letter or within a longer period that may be allowed by the Commissioner.

The address and contact information of the Information and Privacy Commissioner is as follows:

Office of the Information and Privacy Commissioner
2 Canada Drive
P. O. Box 13004, Stn. A St. John's, NL.
A1B 3V8
Telephone: (709) 729-6309
Toll-Free: 1-877-729-6309
Email: commissioner@oipc.nl.ca

If you have any further questions, please contact me by email at atipp@nlhealthservices.ca.

Sincerely:



Angela Moyse
Provincial Access to Information Officer
ATIPP Coordinator
NLHS

42. Access or correction complaint

- (1) A person who makes a request under this Act for access to a record or for correction of personal information may file a complaint with the commissioner respecting a decision, act or failure to act of the head of the public body that relates to the request.
- (2) A complaint under subsection (1) shall be filed in writing not later than 15 business days
 - (a) after the applicant is notified of the decision of the head of the public body, or the date of the act or failure to act; or
 - (b) after the date the head of the public body is considered to have refused the request under subsection 16 (2).
- (3) A third party informed under section 19 of a decision of the head of a public body to grant access to a record or part of a record in response to a request may file a complaint with the commissioner respecting that decision.
- (4) A complaint under subsection (3) shall be filed in writing not later than 15 business days after the third party is informed of the decision of the head of the public body.
- (5) The commissioner may allow a longer time period for the filing of a complaint under this section.
- (6) A person or third party who has appealed directly to the Trial Division under subsection 52 (1) or 53 (1) shall not file a complaint with the commissioner.
- (7) The commissioner shall refuse to investigate a complaint where an appeal has been commenced in the Trial Division.
- (8) A complaint shall not be filed under this section with respect to
 - (a) a request that is disregarded under section 21 ;
 - (b) a decision respecting an extension of time under section 23 ;
 - (c) a variation of a procedure under section 24 ; or
 - (d) an estimate of costs or a decision not to waive a cost under section 26 .
- (9) The commissioner shall provide a copy of the complaint to the head of the public body concerned.

52. Direct appeal to Trial Division by an applicant

- (1) Where an applicant has made a request to a public body for access to a record or correction of personal information and has not filed a complaint with the commissioner under section 42 , the applicant may appeal the decision, act or failure to act of the head of the public body that relates to the request directly to the Trial Division.
- (2) An appeal shall be commenced under subsection (1) not later than 15 business days
 - (a) after the applicant is notified of the decision of the head of the public body, or the date of the act or failure to act; or
 - (b) after the date the head of the public body is considered to have refused the request under subsection 16 (2).
- (3) Where an applicant has filed a complaint with the commissioner under section 42 and the commissioner has refused to investigate the complaint, the applicant may commence an appeal in the Trial Division of the decision, act or failure to act of the head of the public body that relates to the request for access to a record or for correction of personal information.
- (4) An appeal shall be commenced under subsection (3) not later than 15 business days after the applicant is notified of the commissioner's refusal under subsection 45 (2).

Eastern Zone Adult Surgery patients who deceased during 2024 2025, who had a waitlist status that were removed from waitlist due to reason of “Patient Expired”.

DENTAL SURGERY	40(1)
GENERAL SURGERY	31
GYNECOLOGY SURGERY	6
HEAD AND NECK SURGERY	15
NEUROSURGERY	40(1)
OPHTHALOMOLOGY	59
ORAL SURGERY	8
ORTHOPEDIC SURGERY	43
PLASTIC AND RECONSTRUCTIVE SURGERY	15
THORACIC SURGERY	40(1)
UROLOGY SURGERY	25
VASCULAR SURGERY	19
	40(1)

EZ Medical Imaging Patients who deceased during 2024/2025 while waiting for MI exam:

** excluding follow-up or surveillance appts; excludes inpatients; excludes patients who were self selecting / rescheduled their offered appt*

EH CT	40(1)
CT ANGIO	40(1)
CT Body	
CT Body Urgent	
CT Body Urgent With Contrast	8
CT Body With Contrast	51
CT Cardiac	40(1)
CT Chest	13
CT Chest Urgent	40(1)
CT Chest Urgent With Contrast	
CT Chest With Contrast	13
CT Chest/Abd/Pelvis Contrast	40(1)
CT Circle Of Willis	
CT Colonography	
CT ENT With Contrast	
CT Enterography	
CT Head	7
CT Head Urgent With Contrast	40(1)
CT Head With Contrast	6
CT Interventional	40(1)

CT Interventional HS	40(1)
CT Spine	9
CT Spine With Contrast	40(1)
CT Urogram	
EH DI INT	40(1)
Angiography	40(1)
CT Interventional HS	
Percutaneous Nephrostomy	
PICC Line In under Fluoro	
Ultrasound Biopsy	
EH MAM	40(1)
Mammogram & Breast Ultrasound	
Mammogram Routine	
EH MRI	40(1)
MRI Abdomen With Contrast	40(1)
MRI Cardiac	
MRI Head With Contrast	7
MRI Head Without Contrast	40(1)
MRI MSK Lower Without Contrast	
MRI MSK Upper With Contrast	
MRI Pelvis With Contrast	
MRI Spine Without Contrast	
EH NM	40(1)
NM Bone Mineral Density	11
NM Bone Scan	40(1)

NM Bone Scan Urgent	40(1)
NM Gastric Empty Scan	
NM H Pylori Breath Test	
NM MPI Dobutamine	
NM MPI Recall	
NM MUGA Scan	
NM Parathyroid Scan	
NM Pharmacological Stress Test	11
NM Renal Scan	40(1)
NM V/Q Lung Scan	
EH NMM PET	40(1)
Cardiac Viability PET CT	40(1)
Head & Neck Limited PET CT	
Whole Body Ext PET CT w CON	
Whole Body PET CT w Contrast	40(1)
EH US	
Ultrasound Abdomen	23
Ultrasound Aorta	40(1)
Ultrasound Breast	
Ultrasound Breast & Mammogram	
Ultrasound Echocardiogram	11
Ultrasound Extremity	40(1)
Ultrasound Interventional	9
Ultrasound Kidney	12
Ultrasound Pelvis&Transvaginal	40(1)

Ultrasound Portal Venous Dopp	40(1)	
Ultrasound Renal Art/Transplan		
Ultrasound Shoulder		
Ultrasound Soft Tissue Mass		
Ultrasound Thyroid		
Urgent Fasting Ultrasound		
Urgent Non Fasting Ultrasound		
Urgent Thyroid Ultrasound		
Total	40(1)	