



**NEWFOUNDLAND AND LABRADOR  
MEDICAL ASSOCIATION**

**NLMA Raises Patient Safety Concerns About CorCare Rollout at Rural Category B Hospitals**

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**St. John's, NL** — The Newfoundland and Labrador Medical Association (NLMA) is raising serious patient safety concerns related to NL Health Services' planned rollout of the CorCare health information system in rural Category B hospitals across the province.

While physicians support modernizing the health system, the current approach NL Health Services is adopting at Category B sites risks reducing access to care, increasing emergency department pressures, and putting patients at risk. This could be mitigated with a modest and temporary adjustment.

In many rural communities, physicians provide emergency department services for NL Health Services at Category B hospitals and their own family medicine clinics that are often located in the same building.

These physicians are being directed by NL Health Services to implement CorCare simultaneously in both the emergency department and their own family practices for clinical charting. Physicians are also being told by NL Health Services that they must significantly reduce the number of patient appointments they can book in their family practices during the implementation phase of CorCare. This reduction in access is expected to drive more patients to already-busy and understaffed emergency departments.

“Physicians at Category B sites are not asking to delay CorCare in emergency departments, which are NLHS-run services. They are asking for a delay in implementing CorCare in their own family medicine clinics only,” says NLMA President Dr. Cynthia Slade.

“This is a patient safety issue. If family physicians are forced to cut appointments in their family practices, patients won't disappear, they will go to the emergency department for primary care resulting in longer wait times and delays in assessment and treatment,” she explained.

An extension to implementing CorCare in Category B family practices would allow physicians to maintain access in their primary care clinics and avoid diverting patients unnecessarily to emergency departments. It would also allow physicians to become familiar with using CorCare in the emergency department, before transitioning their family medicine practices to CorCare.

NL Health Services says it will fund additional physician hours to help staff emergency departments and manage anticipated increases in emergency and inpatient volumes during go-live. However, this does not mitigate the risks for primary care clinics and it may not mitigate the risks for emergency departments.

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“In many rural communities, there are no additional physicians on standby to staff those ER shifts even if the funding is approved,” says Dr. Slade. “NLHS has acknowledged this reality, yet the rollout plan remains unchanged.”

NL Health Services has already demonstrated flexibility by granting CorCare implementation extensions to physicians in four Central Newfoundland communities, even where practices are located inside NLHS-owned facilities. It has also made CorCare adoption optional for physicians in community-based practices across the province that are located outside NLHS facilities.

“A delay in rolling out CorCare at family practices in Category B sites is a reasonable, low-risk adjustment that can prevent unnecessary harm. It would improve access to primary care appointments rather than forcing patients into emergency departments to receive primary care. Unfortunately, NL Health Services is unwilling to change its current approach despite making accommodations for others. This creates avoidable risk for rural communities where access is already fragile,” says Dr. Slade.

“Doctors want CorCare to succeed. But success should never come at the expense of patient safety, especially when there is a practical, time-limited solution on the table.”

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**Media Contact:**

Jon Carpenter

Please text: 709-691-0928

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