HEALTH COUNCIL
BERMUDA

SUMMARY OF HEALTH SERVICE PROVIDER (HSP) CONSULTATION FEEDBACK

2025

Contact us

If you would like any further information about the Bermuda Health Council, or if you would like to bring a healthcare matter to our attention, we look forward to hearing from you.

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INTRODUCTION

PURPOSE:

Provide a high-level summary of the feedback received during consultation on the [Health Business Consultation Questionnaire (Principles)](#) survey.

BACKGROUND:

As per the [Bermuda Health Council (Health Service Provider) (Licensing) Regulations 2024](#), health service providers (HSPs or businesses) must obtain a license from the Health Council to operate a business providing health services. The licensing process, currently in its development phase, is based on the enforcement of standards of operation for the applicable HSP .

The Health Council is using a phased and consultative approach to the full enforcement of the legislation; this document provides a summary of the feedback on the first phase of this approach. For more information on any past or planned future phases, please review the public Consultation Sheet ([link](#)).

FEEDBACK SUMMARY:

The order of the feedback is aligned with the questions in the survey, and the summary of the feedback for each question is based on the most common themes.

PRINCIPLE 1: SAFETY

TOPIC: HOW HSPS CURRENTLY ENSURE HIGH STANDARDS OF SAFETY

ACCREDITATION AND COMPLIANCE

- external accreditation (e.g., Council on Accreditation, COLA, COA)
- regular self-audits, external audits, and policy attestation
- professional guidelines (e.g., ICF for coaching, INS for nursing)
- legislation (e.g., PIPA)

POLICIES, PROCEDURES, AND TRAINING

- staff manuals, clear policies and procedures, and internal training programmes
- monthly guidance sessions or ongoing professional development through workshops and certifications
- infection control protocols, confidentiality (HIPAA/PIPA), and regular policy reviews

EQUIPMENT AND FACILITY SAFETY

- adherence to manufacturer instructions for equipment use and maintenance
- safety protocols including:
  - burglar alarms
  - locked cabinets/drawers
  - disinfection of equipment between patients
  - emergency supplies up to date and ready
  - regular maintenance and cleaning services

CULTURE OF SAFETY AND INCIDENT MANAGEMENT

- having a "just" culture for incident reporting and a no-blame approach to encourage transparency
- participation in Health and Safety Committees, whistleblowing policies, and internal quality improvement initiatives were also highlighted

STAFF QUALIFICATIONS AND HIRING PRACTICES

- hiring only qualified and experienced staff, and offering in-house orientation and training
- ensuring active professional registration licensing by recognized professional bodies (e.g. Bermuda Nursing and Midwifery Council)

PERSONALIZED AND PREVENTATIVE APPROACHES

- structured risk assessments before client engagement
- use of the "Three I's": Investigate, Implement, Iterate, to adapt safety practices based on research

TOPIC: KEY ELEMENTS FOR ALIGNING REGULATORY FRAMEWORK WITH HIGH STANDARDS OF SAFETY

TAILORED, REALISTIC, AND LOCALLY RELEVANT STANDARDS

- realistic for Bermuda's context, not copied from the U.S., U.K., or Canada
- specific to the type and size of practice—avoiding one-size-fits-all requirements that overburden smaller or specialized providers

STRONGER ACCOUNTABILITY AND FOLLOW-THROUGH

- enforcement of penalties for non-compliance
- random checks by qualified examiners
- transparency and ethical conduct from both regulators and providers
- consistent follow-through and accountability

IMPROVED COMMUNICATION AND COLLABORATION

- more transparent and predictable processes
- stronger partnership between regulators and businesses
- committees or forums for like-providers to have a voice in decision-making
- recognition of all healthcare professionals, not just physicians

MORE SUPPORT AND RECOGNITION FOR ALL TYPES OF PROVIDERS

- policy recognition of the various types of mental health support services.
- streamlined approval and recognition processes for different academic attainments
- clear guidelines for youth mental health support to ensure consistency and safety.

FINANCIAL AND INFRASTRUCTURE SUPPORT

- increased reimbursement rates to help cover safety-related costs
- access to affordable equipment maintenance
- greater investment in technology to reduce errors and improve accountability

EDUCATION AND WORKPLACE SAFETY

- education for both patients and staff on safety policies
- visual aids (e.g., posted qualifications and safety standards)
- options for anonymous reporting of workplace bullying
- requirement of current OSHA or safety certifications.

PRINCIPLE 2: EFFECTIVENESS

TOPIC: HOW HSPS CURRENTLY ENSURE THEY ARE OPERATING EFFECTIVELY

USE OF DATA AND TRACKING SYSTEMS

- use of Electronic Medical Records (EMRs) or web-based systems to track patient data, monitor outcomes, and follow up with patients.

ACCOUNTABILITY AND ACCREDITATION

- external accountability to boards, donors, regulators, and accreditation bodies as drivers of effectiveness.
- accreditation and quarterly reviews, continuing education (CEs), and peer reviews were mentioned as tools for maintaining high standards.

CLIENT-CENTERED, EVIDENCE-BASED APPROACHES

- evidence-based clinical guidelines
- multidisciplinary teamwork
- regular recall appointments to monitor outcomes
- structured goal setting and feedback in coaching or care plans

COMMUNICATION AND COLLABORATION

- direct communication with physicians
- internal team coordination
- strong partnerships with schools, businesses, and community organizations
- telephone and in-person discussions to resolve issues

TRAINING AND STAFF MATCHING

- maintaining a team of competent staff and providing ongoing training supports high quality service.
- delegation to responsible staff and alignment between clients and staff was seen as key effectiveness measures.

PATIENT EDUCATION AND EMPOWERMENT

- educating patients to empower and support long-term wellness
- encouraging shared responsibility for outcomes
- avoiding over-reliance on medications by empowering patients to make lifestyle changes

INDICATORS OF SUCCESS

- low complaint rates, strong long-term relationships, and visible improvements in client outcomes were cited as evidence of effectiveness.
- commitment to the "Three I's: investigate, implement, iterate" to continuously enhance the patient experience.

TOPIC: IMPROVEMENTS TO GUARD AGAINST DISCRIMINATION WITHIN HEALTHCARE DELIVERY IN BERMUDA

CULTURAL COMPETENCY AND STAFF TRAINING

- mandatory cultural competency and bias training for healthcare staff.
- training focused on respectful care for minorities, guest workers, the aging population, and other underserved groups.
- ongoing DEI (Diversity, Equity, Inclusion) education, although one dissenting voice opposed DEI in healthcare altogether

ACCESS, AFFORDABILITY, AND INSURANCE EQUITY

- inequities between insured and uninsured patients and between private providers and BHB
- calls to expand access to affordable services through broader insurance coverage
- allowing more vetted outpatient and lab services to be reimbursed by government insurance
- offering equal subsidies to non-BHB outpatient providers to reduce or eliminate co-pays
- (proposal) universal patient registry and billing card system to streamline access and reduce bias in payment structures

SYSTEMIC AND STRUCTURAL IMPROVEMENTS

- greater transparency in care and inter-provider data sharing to reduce inefficiencies and redundancy
- standardized race and demographic data collection across departments and healthcare systems
- better use of PIPA to support integrated care instead of obstructing it
- increased regulatory oversight to prevent scope-of-practice abuse and improve patient safety

FINANCIAL AND INFRASTRUCTURE SUPPORT

- increased reimbursement rates to help cover safety-related costs
- access to affordable equipment maintenance
- greater investment in technology to reduce errors and improve accountability

EQUITY IN MENTAL HEALTH AND COMMUNITY SERVICES

- culturally appropriate mental health services with no financial or referral barriers
- greater community engagement to build trust and tailor services
- policy advocacy to address systemic inequities and social determinants of health

ETHICS, RESPECT, AND PATIENT VOICE

- treating all patients with dignity, regardless of insurance or income
- creating a formal complaint mechanism (e.g., designated office or email)
- ethical practices and education to promote fairness in delivery

ACKNOWLEDGEMENT OF CHALLENGES

- discrimination is hard to eliminate entirely
- smaller, compliant and trustworthy practices often fail due to lack of support and high taxes

PRINCIPLE 3: RESPONSIVENESS

TOPIC: HOW HSPS ENSURE THAT THEIR BUSINESS IS RESPONSIVE

TIMELY COMMUNICATION AND FOLLOW-UP

- phone, email, and VOIP systems
- 24-hour response windows
- same-day appointments for emergencies
- follow-up calls to check on care outcomes

STRUCTURED PROCESSES AND POLICIES

- formal policies and procedures outlining timelines for response and service delivery
- key Performance Indicators (KPIs) for wait times, turnaround of reports, and appointment availability
- client referral and scheduling systems with immediate contact following receipt

CLIENT FEEDBACK MECHANISMS

- client surveys / focus groups
- patient complaints processes

TECHNOLOGY AND ACCESSIBILITY

- use of patient/provider portals
- connected cell phones and web presence
- VOIP phone systems to ensure communication is seamless and accessible
- digital access to patient records on request

FLEXIBILITY AND STAFF SUPPORT

- allowing flexible scheduling to accommodate clients
- ensuring adequate staffing and respect for team roles and time
- ensuring each team member has access to communication tools

INDIVIDUALIZED AND INCLUSIVE CARE

- the ability to address patient needs clinically and financially
- having a diverse team (culturally, linguistically, and by age) to meet varying client expectations

AVAILABILITY

- some providers maintain extended or 24/7 hours, ensuring continuous access and quick handling of emergencies or complaints.

TOPIC: FACTORS CONTRIBUTING TO DELAYS IN CARE AND HOW THEY CAN BE ADDRESSED

STAFFING SHORTAGES AND RECRUITMENT BARRIERS

- immigration approval
- specialized fields have global shortages

ADMINISTRATIVE AND PROCESS INEFFICIENCIES / DELAYS RESULT FROM

- incomplete or incorrect referrals
- delayed discharge planning
- poor internal coordination or time management
- limited availability of appointment slots

COMMUNICATION BREAKDOWNS

- lack of follow-up from referring physicians
- poor transitions of care between different care settings
- no return calls or unclear coordination from other providers

INFRASTRUCTURE AND TECHNOLOGY GAPS

- lack of integrated technology (e.g., online scheduling, digital records) contributes to avoidable delays
- equipment malfunctions
- need for regular maintenance and updates

SYSTEMIC AND EXTERNAL LIMITATIONS

- delays in care are often tied to broader system issues (e.g.. lack of care at home programmes, specialized care beds)
- limited access to certain services for uninsured or underinsured patients
- Government inaction on health system gaps

RISING DEMAND AND CAPACITY LIMITS IN SPECIFIC CARE AREAS

- long waiting lists
- overwhelmed providers feeling burn-out

PRINCIPLE 4: CARING

TOPIC: HOW HSPS ENSURE THAT THEIR BUSINESS IS CARING

STAFF SELECTION AND TRAINING

- hiring compassionate, qualified, and empathetic staff is foundational
- professionals are chosen not just for skill, but for attitude and dedication to care.
- employing mid-level providers (e.g., nurses) who form the backbone of compassionate care delivery.

CLIENT-CENTERED AND PERSONALIZED APPROACH

- provide personalized care based on patient or client needs
- ensure initial contact warm and approachable (e.g., sharing contact cards, offering flexible scheduling)
- take time to listen, build rapport, and involve families only with patient consent

FEEDBACK AND CONTINUOUS IMPROVEMENT IS CAPTURED

- after-visit surveys
- patient/client feedback
- open discussion of compliments and complaints within the team to learn and improve
- websites and annual reports were referenced as public-facing transparency tools reflecting their caring ethos.

COMMUNICATION AND SUPPORT

- clear communication with patients, families, doctors, and pharmacists maintains caring engagement
- verbal reassurances, empathy, and clarity in how staff engage clients creates a caring environment

ORGANIZATIONAL VALUES AND PHILOSOPHY

- upholding their mission and values
- living out a clear service philosophy
- leading with example from senior staff or managers to set expectations

OPERATIONAL PRACTICES

- offering flexible treatment times
- maintaining a strong nursing layer for continuity and holistic care
- ensuring ongoing discussions about the patient experience among staff
- dedication and professionalism are upheld and maintained even with external and resource constraints.

PRINCIPLE 5: WELL-LED

TOPIC: HOW HSPS ENSURE THAT THEIR BUSINESS IS WELL-LED

CLEAR LEADERSHIP STRUCTURE

- an active Board of Directors
- defined management levels (e.g., senior nurse managers, clinical leadership, operations and finance leads)
- regular team or leadership meetings to maintain oversight and accountability

GOVERNANCE, ACCREDITATION, AND COMPLIANCE

- adherence to governance and accreditation standards
- implementation of policies and procedures
- regular policy updates with staff sign-off, especially in response to new regulations (e.g., anti-bullying laws)

COMMUNICATION AND TEAM ENGAGEMENT

- strong two-way communication between management and staff was widely cited.
- staff meetings foster a no-blame culture, encouraging open dialogue and collective problem-solving.
- some businesses emphasized verbal communication and rapport building with both staff and clients.

VISION, MISSION, AND STRATEGIC DIRECTION

- clear vision and mission to guide operations
- setting measurable goals and assessing progress
- emphasis on continuous improvement and client feedback to shape services

STAFF DEVELOPMENT AND TRAINING / INVESTMENT IN STAFF

- charge nurse and senior nurse manager training
- competency reviews and CME (Continuing Medical Education)
- ongoing professional development, including international education opportunities

QUALITY OVERSIGHT / MONITORING PERFORMANCE

- quality reviews
- workflow assessments
- understanding service demand to inform operational decisions

VALUES AND CULTURE

- a strong culture rooted in values, especially in family-run businesses
- pride of ownership, personal accountability, and emotional investment in the business's success
- creating a collaborative and well-rounded team

BROADER COLLABORATION

- collaborating across sectors, including non-healthcare professionals is leadership
- using external counselors and retreats to support leadership and team wellbeing

TOPIC: HOW HSPS ENSURE THEIR BUSINESS IS FINANCIALLY SUSTAINABLE

STRATEGIC FINANCIAL PLANNING AND BUDGETING

- annual budgeting, goal setting, and ongoing financial reviews as core strategies.
- monthly financial tracking, led by CFOs or qualified accounting teams.
- tools like SWOT analysis help guide informed financial decisions.

REVENUE DIVERSIFICATION

- multiple funding sources (e.g., grants, donations, billing insurance)
- earned income streams, such as monetized services aligned with their mission
- multi-year funding commitments to stabilize income

COST MANAGEMENT AND RESOURCE EFFICIENCY

- vendor comparisons and cost quotes
- limiting overspending
- reducing waste, especially in clinical supplies (e.g., reagents)
- overdraft facilities and maintaining insurance coverage for protection

FUNDRAISING AND DONATIONS

- thrift shops, events, and donor campaigns
- involving social workers to assess financial assistance needs
- collaborating with corporate donors and exploring new cost-saving initiatives

SERVICE AND PAYMENT FLEXIBILITY

- online payment options
- collaborations with banks, legal advisors, and insurance companies
- targeted services for families in probate or financial hardship

INNOVATION, PARTNERSHIPS, AND ADVOCACY FOR SUSTAINABILITY

- being nimble, responsive, and stakeholder-aligned
- engaging with government and insurance entities, though many note a frustrating lack of communication
- seeking innovative partnerships and proposing cost-saving ideas—though some feel unheard

PROFESSIONALISM AND COMPLIANCE

- keeping current with regulatory filings
- ensuring malpractice and property insurance coverage
- effective communication with doctors and administrators

CHALLENGES AND NEEDS

Respondents indicated they face no challenges with confidentiality and data protection, while noting they already prioritize confidentiality and have long-standing practices in place; even before regulations like PIPA. Respondents also admitted they need help or are not currently financially sustainable. Other challenges and needs raised are below:

TECHNICAL AND OPERATIONAL NEEDS TO MEET STANDARDS

- email and data encryption
- more user-friendly security systems
- better patient and staff education on confidentiality standards
- paper-based recording presents challenges with secure storage and physical space limitations
- improved record keeping, including transitioning from paper-based to electronic medical records or web-based case management apps
- limited collaboration and data sharing between providers

WORKFORCE-RELATED FINANCIAL STRAIN

- staffing cost; high overheads in clinical fields
- immigration delays hurt staffing continuity and income stability
- difficulty in retaining skilled workers adds to cost and gaps in care

FINANCIAL AND INFRASTRUCTURE CONSTRAINTS

- lack of funding to implement or maintain secure EMRs
- overcrowded facilities limiting private space for discussions
- lack of funding for preventative care or poor stakeholder engagement to assess true funding needs of providers

LEGAL AND REGULATORY COMPLEXITY

- keeping up with evolving data protection laws
- navigating ambiguity in PIPA regulations
- lack of clarity on what data can be shared for patient safety

INSURANCE AND GOVERNMENT FUNDERS REIMBURSEMENT CHALLENGES

- late reimbursements disrupt cash flow and make it hard to pay salaries and purchase supplies
- lack of penalties for insurers
- lack of trained staff in insurance companies to handle cases effectively

ADDITIONAL CONSIDERATIONS

TECHNOLOGY AND DATA UTILIZATION READINESS

- up-to-date equipment and devices
- use clinical registries for conditions like hypertension, diabetes, cardiovascular and renal diseases to improve public health planning

PREVENTION-FOCUSED CARE

- education and proactive health promotion
- shifting focus from reactive treatment to preventing disease before it occurs

EMPHASIZE LEADERSHIP AND INTEGRITY

- "well-led" should more explicitly highlight leadership, trust, and integrity
- respondents felt, leadership is the most important principle

TRANSPARENCY AND EMPOWERMENT

- transparency in care and communication processes
- client/patient empowerment, ensuring their voice is heard in their care or coaching journey

EXTERNAL STAKEHOLDER SUPPORT

- assess the level of support and responsiveness from regulators, insurers, and stakeholders, as these significantly affect all five current principles

PROPOSED SOLUTIONS

- streamline immigration and licensing processes
- expand role / scope for non-MD-led care with appropriate reimbursement
- encourage the hiring of additional staff that are not specialized to expand service offerings
- encourage the use of digital tools for improved scheduling, intake and case management procedures
- encourage more diligent document review and safe data handling
- encourage improved practice behavior around setting response timeframes with more regular client check-in's
- ensure providers are tracking communication via logs or portals
- introduce policy reform that supports new care models, improved funding, and access (e.g., hospital at home)
- encourage the implementation of prioritization systems for high-risk clients
- allow and encourage, where appropriate, the expansion of group offerings to reach more clients at once
- reinforce ethical, non-maleficent care; Implement the do no harm rule
- avoid over-reliance or inappropriate use of technology, encourage discernment
- improve communication from the Health Council, including email updates
- provide opportunities for dialogue and collaboration with health authorities on services and billing
- provide clear healthcare-specific PIPA guidelines
- provide public education on safe and professional data practices in at home care settings

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Achieving a quality, equitable and sustainable health system.