



# **SUMMARY OF HEALTH SERVICE PROVIDER (HSP) CONSULTATION FEEDBACK: INSPECTION CRITERIA**

**2026**

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# TABLE OF CONTENTS

<b>PURPOSE</b>	<b>01</b>
<b>BACKGROUND</b>	<b>01</b>
<b>FEEDBACK SUMMARY</b>	<b>01</b>
<b>PRINCIPLE 1: SAFETY</b>	<b>02</b>
<b>PRINCIPLE 2: EFFECTIVENESS</b>	<b>04</b>
<b>PRINCIPLE 3: RESPONSIVENESS</b>	<b>06</b>
<b>PRINCIPLE 4: CARING</b>	<b>07</b>
<b>PRINCIPLE 5: WELL-LED</b>	<b>08</b>
<b>ADDITIONAL CONSIDERATIONS</b>	<b>09</b>

# SUMMARY OF CONSULTATION FEEDBACK

## Purpose

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

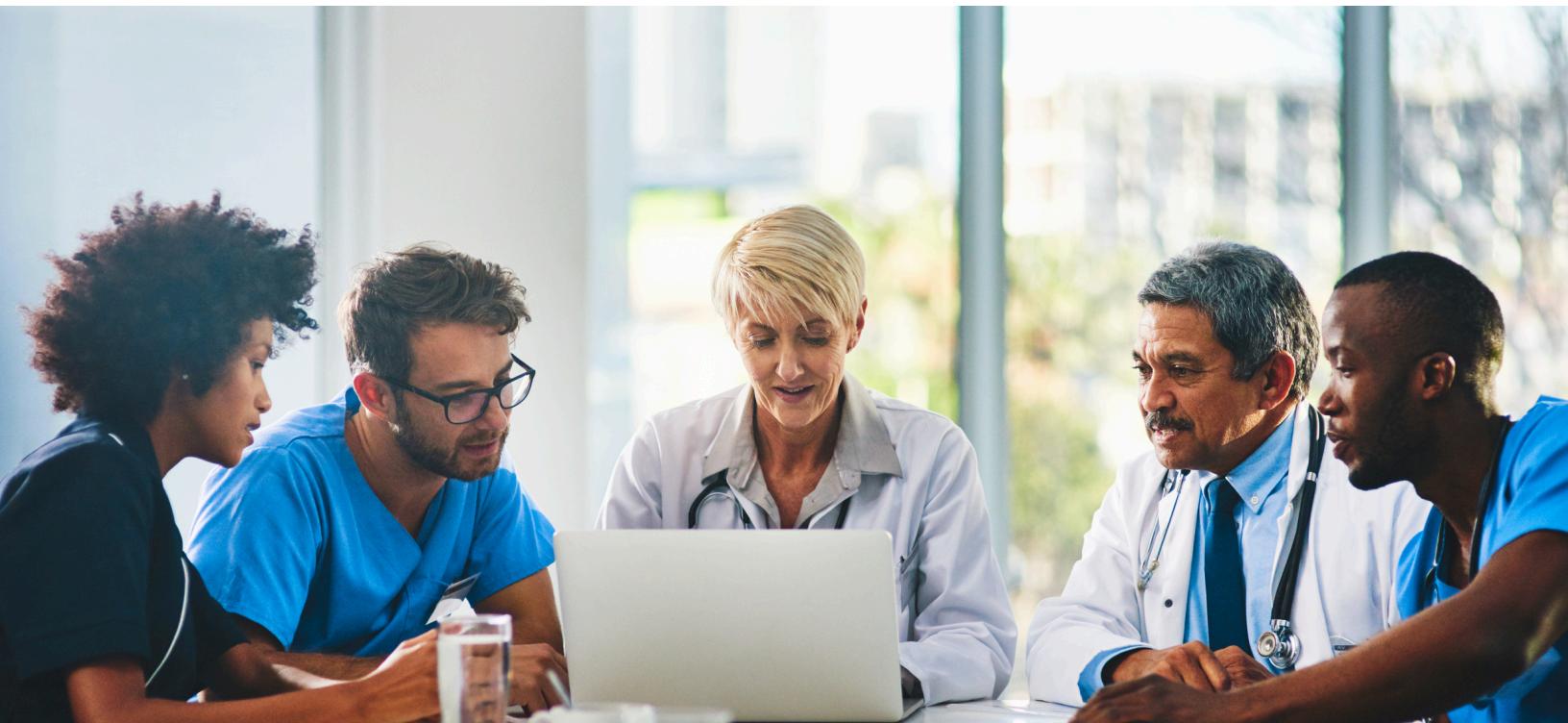
## Legislation

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 second 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

## Feedback on the proposed inspection criteria regarding the principle of safety

### Clarity of Expectations

- What constitutes a “safe” environment for patients.
- Too general and open to interpretation.

### Infection Control and Hygiene

- Hygiene, sterilization protocols, and infection control, especially in clinical or therapeutic settings.
- More explicit references in the safety criteria, given the ongoing public health concerns.

### Emergency Preparedness

- Stronger inspection expectations around emergency preparedness, including fire safety, disaster planning, and how providers respond to patient emergencies or medical crises.
- Smaller or home-based HSPs may need additional support in the form of guidance sheets or templates to comply with the standards.

### Professional Competency and Qualifications

- Ensure checks on professional qualifications and up-to-date registrations (especially for solo providers) as part of safety standards.
- Ensure client safety and minimize risks related to incompetence or unlicensed practice.

### Environmental Hazards

- Physical safety, such as poor lighting, unsafe furniture, slippery floors, or cluttered spaces, which could cause harm to patients, especially seniors or people with mobility issues.

### Abuse, Neglect, and Reporting

- Emotional and psychological safety.
- Preventing, identifying, and reporting suspected abuse or neglect.
- Confidentiality, mandatory reporting policies, and trauma-informed practices.

## Summary of additional information on how HSP's currently ensure their business is safe

### Use of Protocols and Checklists

- Internal protocols, safety checklists, or SOPs (standard operating procedures) for maintaining a clean and safe environment. This includes daily cleaning routines, equipment sterilization logs, and staff check-ins for safety concerns.

## Professional Development and Training

- Require ongoing professional development for staff, particularly in areas like CPR, infection prevention, mental health first aid, and client de-escalation.
- Document staff training sessions and retain certificates on file.

## Emergency Readiness

- Fire drills, evacuation plans, back-up power solutions, and first aid kits in visible locations.
- Annual reviews of emergency protocols.

## Confidentiality and Secure Information Storage

- Secure storage of patient records and strong digital safeguards (e.g., password-protected files, locked cabinets, or use of encrypted health platforms).
- Confidentiality and secure information as a core aspect of “safety,” particularly for vulnerable clients.

## Screening and Vetting

- Background checks for staff, employment screening, and vetting of third-party partners as routine practices that support client safety.
- Formal onboarding process for all HSP's includes a code of conduct and safeguarding training.

## Risk Assessments

- Conduct regular risk assessments, either internally or through insurance audits, to identify hazards in their physical space or operational processes.
- The assessments are helpful as adjustments (like fixing tripping hazards or updating signage) were made based on these reviews.

## Trauma-Informed and Culturally Safe Practices

- Create emotionally and psychologically safe environments through trauma-informed care models, cultural competency training, and client feedback loops to adjust service delivery.



## PRINCIPLE 2: EFFECTIVENESS

### Feedback on the proposed inspection criteria regarding the principle of effectiveness

#### Affordability vs. Effectiveness

- Affordability is more relevant to population health management than to individual effectiveness, unless financial barriers directly impact care delivery has been taken into consideration.

#### Communication and Documentation

- Clear and structured communication with patients and across care teams, accessible information, evidence-based treatment plans, and proper documentation of care decisions and outcomes.

#### Data Collection and Reporting

- Stronger integration of outcome reporting, peer review, and multidisciplinary team meetings.
- Collect data on serious complications and feedback as markers of effectiveness.

#### Client-Centered and Ethical Care

- Ensure care is tailored to the needs of individuals, rooted in ethical practice.
- Care should be responsive to feedback and have outcomes monitoring.

#### System Limitations

- Delayed insurance payments, which restrict a provider's ability to deliver or sustain services.

### Additional information on how HSPs currently ensure their business is effective

#### Using Tools That are Goal-Oriented and Have Measurable Outcomes

- Structured goal setting.
- Progress tracking with clients.
- Gathering client feedback regularly to improve services.

#### Adherence to Best Practice Standards

- Evidence-based treatments, professional standards (e.g., ICF coaching competencies), and regular assessment of treatment outcomes.

#### Digital Tools and Systems

- Electronic medical records (EMRs) or other digital systems to track follow-up and clinical progress.
- Not all providers are currently structured with systems in place, and effectiveness models are still being developed.

## Partnerships and Collaboration

- Strategic alliances with schools, businesses, and community-based services are critical to expanding the effectiveness and relevance of care, especially in youth development and coaching models.

## Client Relationships and Continuity

- Long-standing relationships with clients and care teams.
- Minimizing complaints and receiving positive feedback.

## Commitment to Continuous Improvement

- Internal quality reviews, peer reviews, and quarterly evaluations to ensure standards are maintained.

## Access to Labs and Diagnostics

- Certain services are not accessible to all insured clients due to coverage limitations, which negatively impacts effectiveness and can delay accurate treatment.

## Systemic Barriers and Role Limitations

- Non-physicians (e.g., health coaches or social workers) may not be formally recognized in the effectiveness framework, even though they provide essential services.



# PRINCIPLE 3: RESPONSIVENESS

## Feedback on the proposed inspection criteria regarding the principle of responsiveness

### Challenges with Inspecting Responsiveness

- Timely communication or service availability are difficult to meaningfully inspect.
- Responsiveness is often subjective or context specific.

### Support for the Criteria

- Proposed indicators (e.g. wait times, communication protocols, service availability,) are relevant and appropriate for assessing responsiveness in health businesses.

## Additional information on how HSPs currently ensure their business is responsive

### Prompt Communication and Follow-Up

- Responding to referrals and inquiries within 24 hours, using calls and emails as their main tools.
- Daily activity logs and consistent follow-up calls to check progress.

### Service Accessibility and Emergency Flexibility

- Same-day appointments for emergencies and maintaining flexible scheduling to accommodate client availability ensures businesses are responsive.

### Feedback and Complaints Handling

- Providers monitor client experiences through verbal communication, complaint channels, or daily interactions.
- Information collected is used to adjust providers' service offerings.

### Technology and Multichannel Communication

- VOIP phones, connected cell phones, and online presence. All these tools help providers stay accessible and responsive.

### Internal Coordination and Culture

- Team-wide awareness and respect for both staff and patient needs is essential for timely and compassionate service delivery.

### Equity and Respect

- True responsiveness must account for the client's full experience, including age-friendliness, cultural relevance, and accessibility.

# PRINCIPLE 4: CARING

## Feedback on the proposed inspection criteria regarding the principle of caring

### Clarity and Depth of “Caring” as a Concept

- “Caring” needs clearer benchmarks.
- Suggested wording: How do you ensure patients feel safe, heard, or respected? — ensuring that the criteria should focus on the patient's experience, not just service presence.

### Support for Inspection Criteria

- Inclusion of caring as a principle, with emphasis on empathy, compassion, and communication as key indicators.

## Additional information on how HSPs currently ensure their business is caring

### Hiring and Training with Empathy in Mind

- Importance of recruitment processes that ensure HSPs are hiring dedicated, empathetic professionals.
- Ongoing staff training to ensure compassionate service delivery.

### Client-Centered Approach

- Offer personalized care.
- Adjust services based on client needs.
- Create a safe, trusting space through open communication.

### Values and Mission-Led Care

- Operate according to a clearly defined mission and set of core values.

### Cultural and Clinical Diversity

- Ensure linguistically, culturally, and age-diverse teams were mentioned to better meet client needs and ensure inclusive care.

### Leadership by Example

- Model caring behavior in leadership and have clear expectations for how staff treat clients.
- Ensure expectations are reinforced through open feedback loops and real-time course correction.

### Operational Practices that Reflect Caring

- Flexible scheduling.
- Prompt responses to complaints.
- Review the client experience in regular staff meetings.
- Collect and share both compliments and concerns to learn as a team.

## PRINCIPLE 4: WELL-LED

**Feedback on the proposed inspection criteria regarding the principle of well-led**

### Terminology Concerns

- Discomfort with the term “well-led.”
- “Management” or emphasizing that leadership should be framed as trust, vision, and accountability, not just structure.

### Support for Leadership-Focused Criteria

- Leadership is the most important principle.
- Transparent governance, clear policies, and accountability across the organization.

**Additional information on how HSPs currently ensure their business is well-led**

#### Formal Leadership and Governance Structures Include

- A Board of Directors.
- Management layers including nurse managers, clinical leads, and finance/operations heads.
- Regular team and leadership meetings.

#### Policies, Procedures, and Oversight

- Written policies and guidelines.
- Staff sign-offs on updates (e.g., when laws change).
- Workflow and quality reviews to ensure high standards.

#### HSP have Clear Visions and their Cultures include

- Having a mission and being values-driven.
- Promoting a no-blame environment for learning and improvement.
- Interacting with clients and staff regularly to ensure alignment.

#### Investment in Leadership and Professional Growth

- Participation in CME (Continuing Medical Education).
- Leadership retreats and wellness counselling.
- Mentorship and training for senior staff.

#### Family-Owned Business Mode

- There are benefits in the unique characteristics of a family-run business; such as: emotional investment, continuity, and pride in ownership guide leadership practice.

#### Collaboration Across Sectors

- Interdisciplinary collaboration with healthcare and non-healthcare partners is a hallmark of well-led organizations.

# ADDITIONAL CONSIDERATIONS

## Feedback on Financial Sustainability

### Question: How do HSPs ensure financial sustainability of their business?

- Budgeting, cost containment, and resource planning (e.g. “Don’t overspend,” “Careful budgeting,” “Yearly business budget and goal setting with staff”).
- Strategic mix of grants, earned income, and insurance billing to maintain continuity and resilience.
- Financial risk management practices: malpractice insurance, overdraft protection, and qualified accounting teams.
- Diversified revenue streams through: Multi-year funding commitments (e.g. from government or insurance), Fee-for-service billing, Fundraising (e.g. thrift / pop-up shops, events, corporate/individual donations).
- Technology and procurement strategies (e.g., getting the best quote from vendors, avoiding waste).

## Barriers to Financial Sustainability for HSPs

- Lack of meaningful engagement from insurers and government as a barrier to innovation and sustainability.
- Staffing challenges, especially with immigration delays, high overheads, and a shortage of qualified local applicants.
- Delayed insurance reimbursements, noting that while claims should be paid in 30 days, they often take months, affecting cash flow and service delivery.
- Structural imbalances in reimbursement rates or recognition by government and payors.
- Lack of communication from the government despite efforts made to suggest cost-saving proposals.

## Feedback on Data Protection and Confidentiality

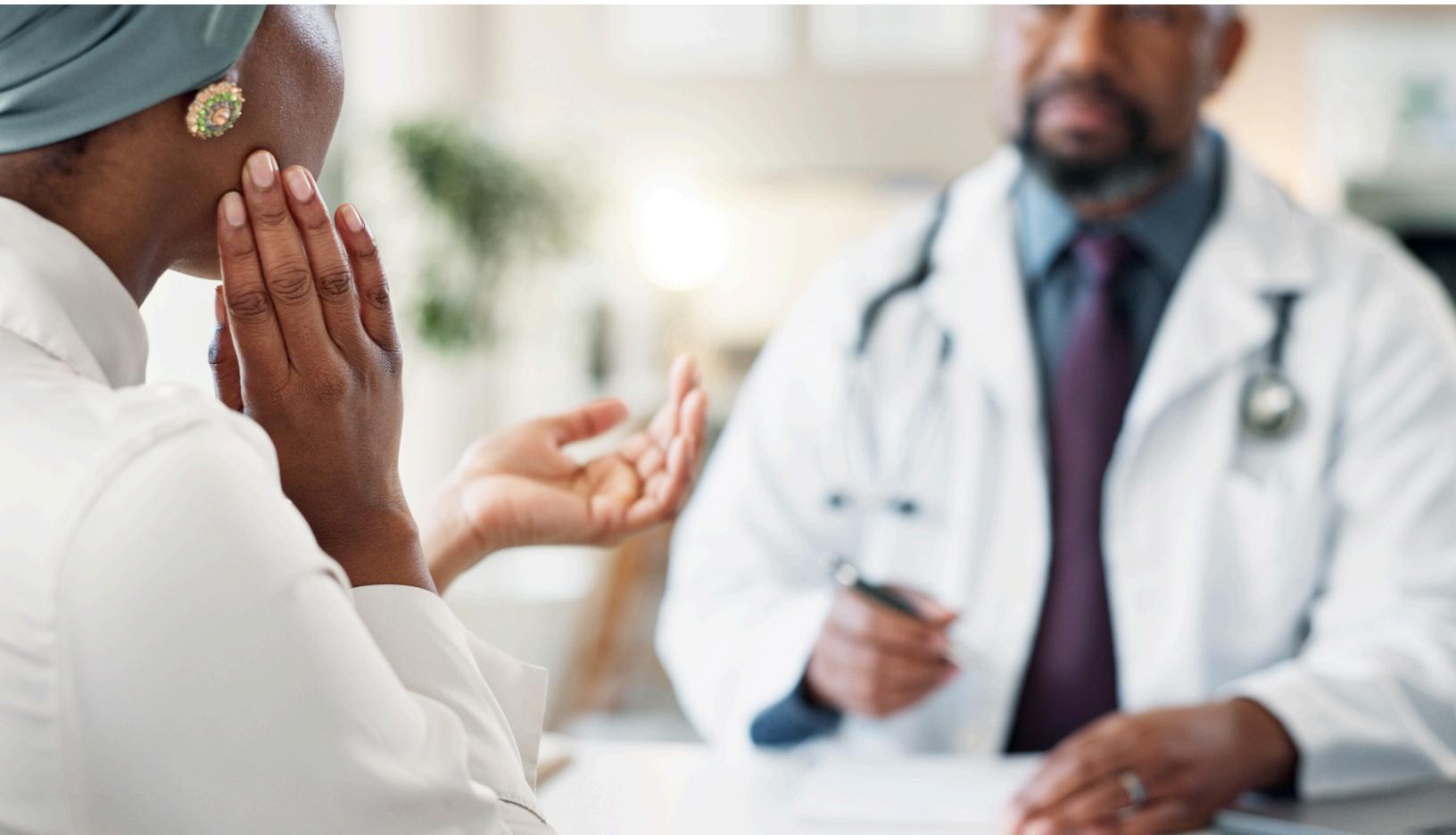
### Question: Are there challenges HSPs face in maintaining data protection and confidentiality standards? If so, what are they?

- Confidentiality regardless of technical barriers.
- The need to explore data encryption and email security, indicating that compliance with evolving laws (like PIPA) requires ongoing attention.
- Misinterpretation of PIPA as a barrier to integrated care and information sharing.
- Physical space constraints and lack of funding support required to upgrade to EMRs or maintain adequate storage, leading to risks in overcrowded services.
- Mistreatment of health professionals.
- Industry specific challenges such as:
  - Treating certain staff as assistants rather than trained professionals.
  - Lack of public understanding around the need for structured and secure recordkeeping.
  - Public education on healthcare matters.
- Continued reliance on paper-based systems and a lack of electronic medical records.

## Feedback on Additional Principles

Question: Considering the 5 principles presented, are there other major principles that should be included?

- Proposed additional areas for inclusion:
  - **Technology as a principle:** Up-to-date devices and EMRs; capacity to track chronic disease data for public health planning.
  - **Use of Technology with Discernment:** Avoiding over-reliance or misapplication.
  - **Data as a principle for Registry Development:** For conditions like hypertension, diabetes, and renal disease; ensuring data is available for national planning.
  - **Do No Harm:** As an ethical underpinning.
  - **Trust & Integrity:** As a foundational value, for provider-patient relationships.
  - **Transparency:** Particularly around services offered, care expectations, and billing.
  - **Prevention-Focused Care:** Emphasizing upstream interventions and education, not just treatment.
  - **Support for Providers:** Emphasizing that provider well-being and support should be recognized in the inspection model.
  - **Stakeholder Engagement:** Measuring how supported providers feel by regulators, insurers, and government, highlighting that HSPs do not operate in isolation.



A photograph of a female doctor in a white coat and a blue surgical mask. She is gesturing with her right hand, palm facing forward. A stethoscope hangs around her neck. The background is slightly blurred, showing another person in a similar setting.

## BERMUDA HEALTH COUNCIL

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