



NEWFOUNDLAND  
AND LABRADOR

HEALTH  
BOARDS  
ASSOCIATION

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# NEWSNET

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## Canadian Patient Safety Institute (CPSI)

The CPSI CEO, Phil Hassen, visited the province on May 12, 2005 to present to three groups - CEOs, physicians and allied health professionals - on the Safer Healthcare Now initiative. Visit [www.cpsi-icsp.ca](http://www.cpsi-icsp.ca) for more details.

## Notes from the Executive Director



- CEOs of the new Regional Integrated Health Authorities (RIHAs), through their Vice Presidents, are conducting a review of the services currently offered by the NLHBA to determine what is needed for the expanded RIHA mandate. Recommendations will be made by the CEOs to the NLHBA Board at the Board meeting in September.

- John Peddle took part in the provincial government team that offered Trustee Governance orientation in St. John's on June 23 and 24 and in Corner Brook on June 27 and 28. Eastern Health is also providing additional Policy Governance education on June 22. Mr. Peddle will continue to participate in Board orientation for Health Authorities and others later in the year.

The NLHBA Board have approved a reporting structure in which the Board will have one standing committee, the CEOs' committee, with subcommittees of Vice Presidents, Medical Directors and so on, all of which will report directly to the CEOs.

- The CHA Leadership conference, *Lead, Follow or Get out of the Way*, was held in Saint John, New Brunswick on June 6 and 7 this year. Additional information and many of the conference presentations can be found at [www.cha.ca](http://www.cha.ca).

## Labour Relations

The following arbitration cases were heard prior to the restructuring becoming effective:

1. **Health Care Corporation of St. John's and NLNU - Eligibility for Maternity Leave Benefits**

When the current collective agreement was signed on July 22, 2002 there were several nurses who were on maternity leave and continued to be on leave after that date. One of the changes made to the current collective agreement was the provision for employees to take an additional nineteen (19) weeks of maternity/adoption/parental leave and earn benefits on this leave, such as service for step progression, annual leave, severance pay, etc. Prior to the agreement becoming effective on July 22, 2002, employees were entitled to the fifty-two (52) weeks of maternity/adoption/parental leave by way of changes to the *Labour Standards Act*; however, there was no requirement that benefits be awarded for those additional nineteen (19) weeks.

The union argued that any employee who was on maternity leave, as of the date the current collective agreement became effective, should be entitled to accumulate benefits on the additional nineteen (19) weeks of maternity/adoption/parental leave. The

employer argued that the leave was granted under the terms of the previous collective agreement and those would prevail.

The arbitrator upheld the employer's decision and denied the accumulation of benefits on the additional nineteen (19) weeks of maternity/adoption/parental leave.

2. **Masonic Park and NLNU**

Subsequent to the employer advising employees that there would be staffing changes, predominantly through attrition, and RN positions would be reduced, the union grieved that the employer had laid off nurses in violation of the collective agreement. The arbitration panel upheld the union's argument that the employer could only layoff for lack of work under the NLNU Collective Agreement. We have pursued this matter to judicial review partially on the basis that there was no evidence presented that there were any employees laid off as a result of the employer's decision to reduce the number of RN positions. This matter has been scheduled for a hearing on July 26, 2005.

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## Physician Recruitment—*Graduation, Recreation and Relaxation*

It is no surprise that success in physician recruitment and retention for Newfoundland and Labrador is highly correlated with our ability to stay in step with the career paths of MUN Medical Students. Keeping a close, supportive eye on what this group of potential recruits is planning throughout medical school and residency is a very wise and astute decision for our health authorities and our communities. The education system for physicians is not that complicated once you understand the process. Let's consider what just one part of the process, the Canadian Residents Matching Service (CaRMS), can tell us every year.

In 2005, sixty-two (62) of our medical students matched to residency training programs. Of the 16 who chose a career in Family Medicine, eleven (11/16) of them will stay right here at MUN for their specialty training. Equally important is the fact that we also have others staying to train with us in Internal Medicine (4/11), Obstetrics and Gynecology (3/5), Anaesthesia (4/4), Pediatrics (3/6) and several other specialty areas. Every year we see the same process repeat itself, logically identifying physicians who have decided to continue to live and study in Newfoundland. It is not unreasonable to think that many will also eventually decide to practice here with us. In fact, recruitment and retention statistics across Canada tell us that physicians are most likely to settle close to where they completed their training. No wonder really, as many residents have been attached to Memorial University for two degrees followed by a residency which could total anywhere from ten to thirteen or fourteen years. Of course people have established a personal life style! How we nurture, welcome and attend to this recruitment and retention opportunity is of vital importance.

It is clear that knowledge about the education process, complemented by timely, frequent and consistent



MUN Faculty of Medicine Class of 2005

contact, can highly influence the practice decisions of our graduates. In the 2005 graduating year alone, we have a strong recruitment possibility for 63 physicians ready to practice in the next two to six years. Our regional health authorities are well aware of the tremendous value a medical school provides to recruitment and retention and our energy is becoming more focused on making sure that relationships start early. This year we have access to yet another 34 MUN graduates who are now residents staying right here. This knowledge needs to be reflected in our strategy, our approach and our day-to-day activities. The other 28/63 who decided to continue training in other parts of the country will also be hearing from us. We have the tools and ability to consistently communicate with all of our 2005 graduates and that is proving to be a very worthwhile strategy for Newfoundland and Labrador.

## Group Purchasing

### ***Thrifty Car Rental Re-Awarded NLHBA Contract***

Group Purchasing recently called for tenders to supply rental vehicles on an as required basis for the employees of member organizations. The successful bidder once again was Thrifty Car Rental, a company that has provided excellent service to the NLHBA and our members for the past several years. Thrifty offers excellent contract rates, with no drop-off charges, for members traveling in the province. As well,

there are special discounts offered for employees traveling outside the province. To access the contract rate, members simply have to call Thrifty Car Rental direct, or contact our travel agency of record, Harvey's Travel, and mention that they are part of the Newfoundland and Labrador Health Boards Association.

### ***Purchasing Manager Announces Retirement***

Norm Parady, Manager of Purchasing with Eastern Health (formerly of

the Health Care Corporation of St. John's) has announced his retirement effective June 30<sup>th</sup>, 2005. Norm began his purchasing career with the Department of Health in 1968, and over the past 37 years has become a well-known and much-respected name in provincial purchasing circles. Norm is looking forward to long, leisurely days playing golf and relaxing with wife Ella. Group Purchasing wishes Norm all the best on his retirement...he will be greatly missed.

## Provincial Co-ordinator of Pastoral/Spiritual Care

- At the Pastoral Care Allied Health Group (PCAHG) Executive and Regional Representative teleconference, the strategic plan for Provincial Pastoral Care was adopted. This plan includes the perspective from the regional and the provincial level and also from the local/site level. All forty-three Pastoral Care Chairpersons were asked to complete a four-page site report. At this point 60% of the local site reports are in.
- The Regional St. John's Nursing Home Board Pastoral Care Committee made plans to create the new part time paid position of ecumenical chaplain for the Hoyles/Escasoni Home. The Hoyles/Escasoni committee received 11 applications and interviewed 4 candidates. The new ecumenical chaplain is Major William Hopkins and he started his new position May 23, 2005.
- Planning is underway for the Pastoral Care Week October 23 to 29, 2005 with the Pastoral Care Allied Health Group 2005 conference to be held in Gander on October 12 to 13, 2005. The theme is "Facing Life's Challenges".
- The Clinical Pastoral Education Unit is going wonderfully. This year we accepted the invitation of the Avalon Health Care Institutions Board to sponsor the May 2, 2005 to July 15, 2005. The eleven-week Unit is full with the maximum of six students a provisional teaching supervisor and an Instructor.
- The Provincial Coordinator of Pastoral/Spiritual Care led two workshops for clergy in the Carbonear area and the Clinical Pastoral Education students. The workshops were very well attended with 24 clergy registering and the 8 Clinical Pastoral Education students and instructor. The topics of the workshops were MIS Workload measurement and the Five Step Model for Praying for specific results for patients in the health care setting.
- Accepted the invitation of the Western Regional Integrated Health Authority to be the speaker at their Pastoral Care Professional Development Day held on June 8, 2005 at the Pepsi Centre in Corner Brook. The event was for all chaplains and clergy within the Western Regional Integrated Health Authority.

## Labour Relations *(continued from page 1)*

### 3. Grenfell Regional Health Services and NAPE (HP)

Several years prior to the grievance, the social worker was hired to work flexible hours of work. Within the past year, the employee indicated she no longer wished to work flexible hours of work and submitted a claim for overtime during occasions when she worked outside of what she considered her "regular hours of work".

The arbitrator partially upheld the grievance in that he ruled the employee was not entitled to overtime for the incidents cited, given that she did not provide sufficient notice to the employer that she no longer intended to work flexible hours of work. However, the arbitrator also ruled that the grievance was notice and that when the employee returned from maternity leave, she would not be required to work flexible hours of work.

We have submitted this matter to judicial review on the basis firstly that the employee was originally hired to work flexible hours of work and had committed to do so. There were no operational changes which diminished the employer's need to have this particular social worker work flexible hours of work. Secondly, we argued that, although the arbitrator deemed the employee to have the ability to give notice that she no longer intended to work flexible hours, the language makes reference to changing flexible hours of work by "mutual agreement".

### PROFESSIONAL DEVELOPMENT SERIES

The Labour Relations Department completed a series of three-day professional development sessions surrounding corrective progressive discipline and managing absenteeism. We completed these sessions at six locations throughout the province and each session received positive feedback from those in attendance. In preparation for this series of workshops we invested in a new video to use during the corrective progressive discipline workshop.

### COLLECTIVE BARGAINING

Government served notice on NLNU and AAHP towards the end of May 2005 that they wish to change the terms of the existing collective agreements. We have received numerous calls from employers inquiring when we will seek names of individuals to serve on negotiating committees. In reviewing this matter, it seems prudent to send out notices requesting names of potential negotiating committee members in mid to late August with the aim of commencing the formulation of proposals and employer positions in the Fall of 2005.

## Health Human Resource Planning - Provincial Turnover Rates

Evaluating turnover rates is essential for effective health human resource planning, including the recruitment and retention of staff. While employee turnover can have positive effects such as the introduction of fresh ideas and new practices, the negative effects can include lower efficiencies, reduced morale, reduced organizational performance, gaps in client care, and increased recruiting, hiring, and training costs.

Turnover is defined as the number of separations, or employees leaving an organization, expressed as a percentage of the workforce. Only separations considered permanent are captured in the information below. Temporary leave is excluded (i.e. maternity leave, education leave, secondments, etc.), as these are not considered employee separations. It is recognized

that there is considerable internal movement within most regions as well that can impact organizational operation.

Over the four-year period of 1999 to 2003, annual turnover for selected occupations ranged from four per cent to 33 per cent. The lowest turnover was for medical laboratory technologists and medical radiation technologists, both under 4.5 per cent while the highest was for audiologists and radiation therapists, at more than 25 per cent (caution should be noted as these latter two groups number under 20 employees provincially). Registered nurses and licensed practical nurses had average annual turnover rates of 6.4 and 4.8 per cent respectively. The following table shows the average turnover rates by occupation for fiscal years 1999 to 2002.

**Turnover Rates by Profession, Fiscal Years 1999 to 2002**

Occupation	Calendar 1999	Fiscal 2000/01	Fiscal 2001/02	Fiscal 2002/03	Average
Radiation Therapist	Not available	Not available	33.3%	33.3%	33.3%
Audiologist	25.0%	50.0%	0.0%	7.1%	27.4%
Nuclear Medicine Technologist	Not available	Not available	0.0%	23.1%	23.1%
Physiotherapist	27.0%	20.0%	14.7%	11.0%	18.2%
Occupational Therapist	17.7%	22.6%	12.9%	11.9%	16.3%
Psychologist (Clinical)	13.5%	16.9%	8.5%	13.6%	13.1%
Recreation/Develop. Specialist	Not available	3.4%	10.7%	17.9%	10.7%
Pharmacist	13.9%	13.7%	8.5%	3.7%	9.9%
Respiratory Therapist	Not available	17.6%	8.0%	4.0%	9.9%
Speech Language Pathologist	5.1%	12.5%	7.3%	12.2%	9.3%
Manager	Not available	Not available	9.2%	8.9%	9.1%
Prosthetist-Orthotist	Not available	9.5%	8.3%	8.3%	8.7%
Social Worker	8.1%	11.8%	8.6%	5.6%	8.5%
Electroneurophysiology Technol.	Not available	Not available	8.3%	0.0%	8.3%
Dietitian/Nutritionist	Not available	11.9%	5.7%	5.7%	7.8%
Cardiology Technologist	Not available	Not available	5.7%	8.6%	7.1%
Combined LX Technologist	Not available	Not available	7.1%	7.1%	7.1%
Registered Nurse	6.6%	7.5%	6.3%	5.5%	6.4%
Behaviour Management Specialist	Not available	Not available	0.0%	6.3%	6.3%
Licensed Practical Nurse	5.1%	4.4%	4.3%	5.3%	4.8%
Medical Radiation Technologist	4.9%	Not available	4.3%	3.9%	4.4%
Medical Laboratory Technologist	1.7%	Not available	6.0%	3.8%	3.9%

Occupations with rates of turnover of approximately ten per cent or higher tend to be small in number, and young, mobile health professionals. Most of these groups are trained out of province. Overall, turnover rates for occupational groups exceeding 250 in number provincially seem reasonable, although national

benchmarks and comparators on this topic are difficult to locate.

Note that provincial numbers mask local variations reported for some rural areas or sub-specialties. For more information contact the Human Resources Planning Unit.

Board of Trade Building, Suite 202  
66 Kenmount Rd  
St. John's, NL A1B 3V7

Tel: (709) 364-7701 Fax: (709) 364-6460  
Website: [www.nlhba.nl.ca](http://www.nlhba.nl.ca) E-mail: [admin@nlhba.nl.ca](mailto:admin@nlhba.nl.ca)

If you have any questions, concerns, or suggestions for our NewsNet, please contact Jeannie House, Director of Advocacy and Information at (709) 364-7701 ext. 320 or at [jhouse@nlhba.nl.ca](mailto:jhouse@nlhba.nl.ca)