NEWFOUNDLAND AND LABRADOR HEALTH BOARDS ASSOCIATION

SUMMER 2002

NEWSNET

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Did you know that last year our health system used 14,041,100 surgical gloves?

WARM WELCOME FOR MEDICAL STUDENTS: A HOSPITALITY APPROACH

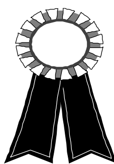
At least 40 Newfoundland and Labrador students per year enter MUN medical school – a great opportunity to engage in long-term human resource planning and recruitment for our health system. These future physicians have a working, living knowledge of Newfoundland and Labrador, our geography and our lifestyle.

Recruitment activity starts in the first year with cards of welcome from Health Boards, summer jobs sponsored in the home community, periodic refreshments and displays introducing Health Boards. In second year the process picks up speed, with medical students becoming interested in financial assistance and return in service possibilities very early in the academic program. Health Boards wisely meeting with students at this stage of their program are able to discuss future career plans. Each student has an individual set of interests and financial concerns to discuss privately with Medical Directors. The more flexible our incentive and career planning options, the more attractive we make Newfoundland and Labrador as a graduate's first choice.

Make it personal: Recruitment of our medical students will not be easy as they are already aware of their world value as confirmed by headhunters from all over the world networking in our medical school. We must make our own recruitment interest obvious in every year of medical school and every time we receive students at our health care sites.

Students say that a good personal and clinical experience in a community has a great deal of influence on choices made in the future. Some Health Boards have used this feedback to improve student housing, provide site orientation and involve community hospitality in welcoming these future physicians to our rural sites. A perfect example of valuable networking is seen in one Health Board where the Medical Director spends a lunch hour with students rotating through his facility. Taking a personal interest in our medical students, understanding their concerns and planning future positions with them in mind are very positive steps for physician recruitment and improved retention in this province.

Hospitality Approach: The NLHBA Provincial Physician Recruitment Office is actively promoting this hospitality approach to recruitment. A guideline for Health Boards has been developed to tease out these cost-effective opportunities and establish practice opportunities for our future graduates. You will hear more about how to get this momentum started as the summer unfolds, readying ourselves for yet another 40 potential students to recruit!



Congratulations to Ms. Joan Dawe
Chair—Health & Community Services St. John's Region, on being awarded Newfoundland and Labrador's Public Service Award of Excellence for 2001.

This year **John Peddle, Executive Director**, is the Chair of the Canadian Healthcare Association's (CHA) CEOs Forum, with CEO representation from provincial/territorial health associations across Canada. The Forum provides advice and input to the CHA Board on national issues and to CHA staff for all CHA presentations for national projects, such as the Romanow Commission and the Senate Committee on the Standing Senate Committee on Social Affairs, Science and Technology (the Kirby Committee).

STRATEGIC HEALTH PLAN

Over the past few years, the NLHBA has been lobbying intensively for this. The Department of Health and Community Services has now almost completed the Plan and expects to unveil it in June. The NLHBA Board supports the general goals of the Plan and looks forward to the final version.

TENTATIVE AGREEMENT REACHED WITH NURSES

Health care administrators, nurses and indeed the general public breathed a sigh of relief on April 20, 2002 when, following many months of talks, a tentative agreement was reached with the Newfoundland & Labrador Nurses' Union.

Significant issues addressed in this tentative agreement are:

- A 3-year agreement expiring June 30, 2004
- A 15 percent salary increase with the following implementation
  - July 1, 2001 5%
  - July 1, 2002 2.5%
  - Jan 1, 2003 2.5%
  - July 1, 2003 2.5%
  - Jan 1, 2004 2.5%
- Funded educational leave refinanced with $325,000
- Maternity/adoption/parental leave benefits extended to 52 weeks from the previous language of 33 weeks.
- Letter of understanding dealing with organizational workload studies contained in the previous agreement renewed with $50,000 allocated for studies.
- Parties agreed upon the final roll-up of pay equity being January 13, 2002. Pay equity was negotiated in the 1995 collective agreement. A roll-up of pay equity represents approximately 1.75% salary increase for a Nurse I.

The ratification process by the nurses is currently ongoing throughout the province.

HUMAN RESOURCE PLANNING – FOCUS ON REGISTERED NURSES

Statistic (Year 2000)	Our Province	Canada
Total number of RNs	5,592	232,412
RN average age	39.7 years	43.3 years
Population per RN	100 people/RN	133 people/RN
Percentage diploma trained	79%	76%
Percentage of RNs Full-Time vs. Part-Time	73% vs. 27%	55% vs. 45%
Primary area of responsibility	91% Direct Care	86% Direct Care
Place of work	72% Hospital 10% Community Health 11% Nursing Home 7% Other	64% Hospital 12% Community Health 11% Nursing Home 13% Other
Percentage of RNs in Urban vs. Rural areas	68% vs. 32%	82% vs. 19%
Percentage of general population in Urban vs. Rural areas	46% vs. 54% (Only the N.W.T. & Nun. are more rural)	78% vs. 22%

Source: HR Planning Committee and CIHI

- 65 retirements estimated in 2002, steadily increasing by approximately 10 more each year. Total estimated retirements 2000 to 2015: 1600 RNs.
- Province-wide benchmarking of overtime, sick leave, and other earned hours at the *unit level* will be made possible by statistics collected for 2000/2001.
- EI Maternity claims have remained steady at 219 annually from 1996 to 2000, EI Regular Benefit claims have dropped by three-quarters from 570 (1996) to 114 (2000) and EI Sick Benefit claims have nearly doubled from 65 (1996) to 120 (2000).

To find out more facts on RNs and other groups please contact the HR Team at 364 7701 or visit our web site: www.nlhba.nf.ca/hr

INNOVATIVE GROUP PURCHASING ONLINE TENDERING SYSTEM (GPOTS)

The NLHBA helps Health Boards to source commodity (e.g. pharmaceutical, radiology products, laboratory, linens) and service contracts (e.g. couriers, car rental, corporate travel) at the best possible prices. The purchasing department has a budget of approximately $200,000 annually and obtains quotes on goods worth about $40-million a year.

Alex Howse, Director, Group Purchasing, and his team deal with 116 product groups and 6,500 to 7,000 SKUs. They're typically seeking two-year contracts on half of those every year. On average, they tackle about 14 product groups every three months. In the past, each contract series meant mailing the requests for quotes (RFQs) to the appropriate parties in the supplier data base which contains about 300 firms. Those RFQs had to be created, printed, collated and mailed to the suppliers. In most instances, each RFQ generated three to four tenders, each of which then had to be entered into the database. "We'd spend days, per series of RFQs, walking around a table to coordinate the paper," remembers Howse. "Some of the packages we mailed were 1.25 inches thick."

Thanks to GPOTS, the NLHBA's purchasing department now mails single-sheet notifications to the appropriate suppliers who can then visit www.nlhba.nf.ca if they want to submit an RFQ online.

Because the RFQs come into the system electronically, all of the data entry has been eliminated.

The notification process and the online submissions will do away with about four months of work for the two full-time and one part-time employees every year.

This will give the department the opportunity to do more value-added work. They will take on additional products and programs to support the members. "Staff love it already," says Howse. "Coordinating the paperwork and the data entry was extremely routine and time-consuming."

Today, the www.nlhba.nf.ca site posts all tenders open for bidding in its GPOTS section. Recognized suppliers who have requested and been issued user identification codes and passwords have access to the GPOTS secure areas. "I don't expect we'll get RFQs from too many firms that we haven't heard of, but you never know," says Howse. "I'm always amazed at how many people have time to search the Web and who know our industry." Upon request, recognized suppliers are issued user identification codes and passwords, which give them access to the site's secure areas. GPOTS posts the contracts awarded for 90 days as well as all of the bids received. "Before we had to respond individually to each request by mailing or faxing the information, which was time-consuming," says Howse.

The GPOTS system is already saving the NLHBA and its suppliers time and effort, while increasing efficiency. It's also reducing the NLHBA's paper, printing and mailing costs, while giving staff the opportunity to put their skills to better use.

(Article first published in *purchasing b2b*, May 23, 2002)

CLINICAL PASTORAL EDUCATION (CPE) AT THE HEALTH CARE CORPORATION OF ST. JOHN'S APRIL 29 – JULY 12, 2002

The Rev'd. Bill G. Bartlett, as the former Director of Pastoral Care at the Waterford Hospital, introduced the first program there in 1984, and it has been offered continuously since that date. Bill, now the NLHBA Provincial Coordinator for Pastoral/Spiritual Care, will offer a CPE Program again this year at the Health Care Corporation of St. John's (HCCSJ), located in the Health Sciences Centre, Janeway Child Health Centre, St. Clare's Mercy Hospital, and the Waterford Hospital. Bill's ministry has been within parishes, as Director of Pastoral Care at the Waterford and General Hospitals in St. John's, and Director of Pastoral Education at St. Michael's Hospital in Toronto.

Program Goals: to assist the chaplain intern gain self-knowledge and to understand who he/she is in relationship with others; to teach skills in pastoral/spiritual care; and to reflect psychologically and theologically about life. The CPE Program includes spiritual formation, group supervision of pastoral/spiritual work, individual supervision with the chaplain intern, personal and professional concerns seminars, a wide variety of didactic sessions, and interdisciplinary participation in clinical work and worship opportunities. The six chaplain interns will be involved in clinical work for 50% of the 40-hour week and will become members of the interdisciplinary health programs and teams.

Participants Ms. Amanda Barnes, Halifax; Ms. Stella M. Evans, St. John's; Maj. Lorraine Fudge, Gander; Sr. Bridget Patterson, Clarenville; Ms. Jacintha Penney, Sunnyside; and Capt. Colleen Wells, St. John's.

HEALTH, SAFETY AND THE HEALTH BOARD AGENDA

Workplace, Health and Safety legislation introduced in January 2002 offers an education initiative aimed at empowering health and safety committees. Committees are challenged to increase their role in monitoring health and safety in the workplace, including assisting in identifying risks, participating in workplace inspections and expecting 30 day turn around on health and safety recommendations. Committees adopting this enhanced role will be in a position to influence the safety culture of a workplace.

To prepare for the new committee role, Health Boards need to re-examine the business of health and safety within each site. Health Boards, as employers, need to recognize that the voice of health and safety advocates has just gained considerable authority under the law. Of course, in the health system, we believe that we always pay attention to the common sense of health and safety. Perhaps management of our safety programs will confirm that our commitment is such that few 30 day recommendations will be necessary.

During the mandatory committee training, members have been asked to assist employers: to adopt a health and safety policy; to agree on committee activity through their terms of reference; to determine a means of identifying hazards in the workplace; to develop inspection protocols; to review relevant injury statistics; to build early/safe return to work practices and to follow-up on all formal recommendations. It is believed that such increased interest will place health and safety where it needs to be, on all corporate agendas.

CHA NATIONAL HEALTHCARE LEADERSHIP CONFERENCE, HALIFAX, MAY 27—28, 2002

Trustee and Director representatives attended this conference as part of ongoing trustee/director development from the national perspective.

FALL CONFERENCE

In view of continuing budget restrictions, the NLHBA Board has decided there will be **no 2002 Fall Conference**. In Fall 2002 the Board will make a decision on a possible 2003 Fall Conference.

MEDICAL SERVICES

Next meetings scheduled for :

June 13th—15th
June 20th—22nd
June 27th—29th

HEALTH AND SAFETY REVIEW QUESTIONS FOR HEALTH BOARDS

- Does the manager appointed to the Health and Safety Committee have adequate authority within the organization to address reports of risk?
- Does the appointment provide the manager with sufficient profile to negotiate resolutions that impact multiple managers?
- Does the manager have direct line reporting to senior management on urgent health and safety issues?
- Is there a standing agenda item at senior management for health and safety inspections and recommendations?
- Are supervisors responsible for developing safe work practices and procedures; and do they provide training and ensure compliance to these standards?
- Is orientation, training and inspection adequately documented for a due diligence defense?
- Is the committee's role in hazard identification, workplace inspection and early/safe return to work clearly stated in the Terms of Reference of the committee?

Health Boards are encouraged to contact the WHSCC Prevention Division to determine baseline data. Request statistical analysis of past injury experience, ask for committee support, schedule a safety audit, access their ergonomic services and attend training programs. The challenge for employers is to be ready for the insights of well educated health and safety advocates.

FIRST ROUND OF COLLECTIVE BARGAINING FOR NEW HEALTH PROFESSIONALS BARGAINING UNIT

Applications were made by Health and Community Services/ Integrated employers to the Labour Relations Board to create a bargaining unit structure more suitable for the operations and culture of these employers. The Board ordered the establishment of a number of new Health Professionals bargaining units made up of professional classifications within each employer, and also the establishment of new HS bargaining units, consisting of support staff, for each respective employer.

NAPE was voted bargaining agent for all health professionals bargaining units and the collective bargaining process has begun with the exchange of initial proposals.

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.nf.ca