

Merry  
Christmas

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**ANNUAL GENERAL MEETING**



President  
Verdon Young

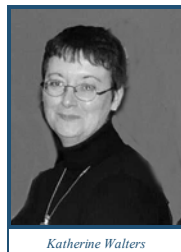
The well-attended 2002 NLHBA Annual General Meeting was held after the regular NLHBA Board meeting on Friday, November 15, in the main Boardroom at the NLHBA offices. Verdon Young, Chair, Central West Health Corporation, was installed as the NLHBA President. The past President, Des Dillon, Chair, Health and Community Services Central, was warmly thanked for his significant contributions to the health system during his term of office. It was also an occasion for celebrating individual successes in the health system with presentations to the winners of the 2002 Article of the Year competition and also presentations of three Scholarships for Graduate Programs in Health Administration. The Annual Report was released on this occasion and can be accessed through the NLHBA offices or on the website [www.nlhba.nf.ca](http://www.nlhba.nf.ca)

**Article of the Year, 2002**

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Katherine Walters



Kim Larouche



Denise Haskell

- 1<sup>st</sup> Place:** Katherine Walters, *Increasing our Capacity to Gather Client Feedback; A Quality Improvement Opportunity*
- 2<sup>nd</sup> Place:** Kim Larouche, *Home Care for Everyone*
- 3<sup>rd</sup> Place:** Denise Haskell, *Living Large on the Rock: Obesity in Newfoundland*
- Hon. Mention:** Cheryl Faseruk, *A Goal in Mind*



## Notes from the Executive Director



### Group Purchasing

- ▮ **The Romanow Report** was released on November 28, 2002 and was for the most part greeted enthusiastically for its focus on a publicly funded health system and its recognition that more federal funding is needed. We look forward to working with the provincial and federal government in working through the details of its implementation.
- ▮ **Canada Customs and Revenue Agency** now has three reviews going on in the health system:
  - **GST/HST calculations**
  - **Rulings that physicians doing locum work are employees of Health Boards – this is under appeal**
  - **Rulings that personal care workers employed by clients of a Health and Community Services Board are considered to be employees of the Board – this is also in the appeal process**
- ▮ **Physicians in the province** withdrew their services for 17 days in October. They returned to work after an agreement was reached on conditions for participating in binding arbitration.
- ▮ **Recent amendments to the *Labour Standards Act*** are expected to cost millions of dollars for the health system.

**Tenders for Series 1- Pharmaceuticals**, valued at \$21.3 millions, closed November 12, 2002 and were downloaded from the GPOTS server in Toronto without any difficulties. Bidder information is currently being evaluated in preparation for Group meeting scheduled for January 13 and 14, 2003 to renew related contracts. An initial review of the data shows an increase in volume with some decrease in cost. A detailed analysis will be made following the January meetings.

### Scholarships for Graduate Programs in Health Administration

**Gail Downing**  
**Julie Nicholas**  
**Sandra Gear**

**Avalon Health Care  
Institutions Board**  
**Central East Health Care  
Institutions Board**  
**Avalon Health Care  
Institutions Board**



**[www.nlhba.nf.ca](http://www.nlhba.nf.ca)**

- **When do the CEOs & Medical Directors meet next?**
- **Who are the communications contacts?**
- **How many LPNs are expected to retire in 2004?**
- **Where can I read the latest NLHBA press release?**
- **Where can I find a listing of job vacancies in the province?**

*Check out our web site*  
**<http://www.nlhba.nf.ca>**



*Gail Downing*



*Julie Nicholas*



*Sandra Gear*



## Health and Safety by Any Other Name



**Health and Safety Programs, Wellness Programs, Ergonomics Programs, Injury Prevention Programs, Return to Work Programs, Injured Worker Programs, Disability Management Programs....am I missing something, or are all of these programs a great deal alike in nature, purpose and implementation? In my experience in health care, the only place where all of these pieces are discussed together is in the accreditation process. Wouldn't it be interesting if only we could pull all this great energy, time, knowledge and funding together and come up with one resourceful comprehensive program. In reality the common thread here is controlling the environment enough to make sure we continue to work in healthy safe environments. So many ways to do the same thing; so many words to build programs around.**

**Just for interest sake, let's talk about Health and Safety. Now if we address the sacred "elements" of a health and safety program, we are already half way to making sure that we know what happens in the workplace. We are religiously monitoring and measuring what happens and this forces us to notice all risks, doesn't it? where a risk shows up.**

**I'm not sure if it matters. Perhaps we find it on the health and safety inspection checklist, or the ergonomic hazards checklist or the return to work adaptation checklist. Any form will do, I guess, as long as we have prevented people from getting hurt. But oh! the paper work and the time and the resources and the disjointed approach to doing business.**

**Take an example, perhaps a broken gerichair that does not allow staff to position themselves adequately to do a smart lift. What sheet ticks that? What program fixes the problem? Come to think of it, it certainly sounds like the Ergonomics Program better tell the Preventative Maintenance Program to tell the Health and Safety Program that they missed a risk in their inspection and that the Disability Management Program is upset because they have an injured staff person returning to work on that floor and the Disability Management Program had been monitoring the injury statistics on transfers and knew there was a problem. In fact they advised that the Injury Prevention Program had better start a Back Safety Program before this happens yet again.**

**Oh, what a cartoon I could create if I could draw! Perhaps our accreditation process could teach us a thing or two?**



## Physician Recruitment: An Edge Lost



**The long term benefits of building relationships at MUN Medical School are becoming more and more important. Things have just changed in Canada. Our provisional licence will no longer carry us through physician shortages with Ontario, Quebec and some Maritime provinces introducing similar initiatives.**

**Ontario has just announced a definite plan to place 2,200 international medical graduates in their province into approved positions by 2011. They have removed the hurdles by creating 110 new post-graduate training positions (like the few special funded positions we have), a 'fast track assessment program' (like our CSAT, only they expect 5 years of returned service) and an IMG resource office as a centralized application centre (like our recruitment office). All of this is in response to a task force of the College of Physicians and Surgeons of Ontario to overcome barriers and expand opportunities for IMG's who want to practice in Ontario. In fact, Ontario appears to have replicated our model, but on a much larger scale.**

**Encouraging our own residents and students to consider Newfoundland and Labrador as a place to practice is time well spent. In recent months, the Medical Directors of our Regional Health Boards are spending more time talking to residents and students. One-to-one meetings are more common, even with first year students originating from a particular region. The feedback from resident/students on the opportunity to talk to our Medical Directors and regional recruitment staff has been very positive. Thanks to the insight of our Medical Directors, this initiative has potential for very positive outcomes.**

## Arbitration news

Did you know that for the first eleven months of 2002 the LR Department concluded 41 arbitration files? Fourteen proceeded to arbitration and eleven resulted in favourable decisions for our members.

Decisions are still pending in four cases.

To see the most recent decisions, log on to [www.nlhba.nf.ca](http://www.nlhba.nf.ca)



## Pastoral Care



The Canadian Association of Pastoral Practice and Education (CAPPE) will be hosting an inter-

national joint conference in 2003, along with its AGM, at the Sheraton Centre in downtown Toronto from Sunday, February 23 to Wednesday, February 26. It will be the international joint conference of the National Association of Catholic Chaplains, the Association of Professional Chaplains, the Canadian Association of Pastoral Practice and Education, and the National Association of Jewish Chaplains. Approximately 1,500 religious and spiritual care providers from the four associations will gather for this unique educational event. It will be the first time in the history of pastoral and spiritual care that associations in the United States and Canada will come together for their national conventions. The conference is entitled, "Charting the Future: 2003 An EPIC Experience" - EPIC stands for Empowerment, Presence, Integrity and Compassion. To find out more about the conference, please visit the CAPPE website, [www.cappe.org](http://www.cappe.org).

## Putting HR stats into perspective

The worked-to-earned ratio is the percentage of time an employee is physically present at work. People are absent from work because of annual leave, sick leave, leave due to injuries, statutory holidays, etc. The provincial average (fiscal year 2000/01) for most Allied Health groups such as Audiologists, Occupational Therapists and Social Workers ranged from 80 to 85 per cent (i.e. absent for 15 per cent of their paid hours). The provincial average for Registered Nurses (RNs) was 78 per cent, while for Licensed Practical Nurses (LPNs) it was 74 per cent. Figures from individual Health Boards (used to generate the provincial average) ranged from 74 to 93 per cent for RNs and 68 to 81 per cent for LPNs. Facility-level and department-level analysis reveals even more variability. To put things in perspective, if you took five-weeks annual leave, nine statutory holidays and five sick days, you would still be physically present on the job 85 per cent of the time. It would take ten additional weeks of leave to fall to 65 per cent! Higher use of sick leave and workers compensation leave are generally responsible for lower ratios. Please contact any member of the HR Team to learn more about worked-to-earned ratios.

## A Christmas Blessing



The Joy and Hope of the Advent and Christmas season once again permeates the very fibre of our individual lives, homes and communities. Our work places are enlivened by carols, festive colours and greetings of love and peace. The staff of the NLHBA wish you, your families and friends, health, happiness and the genuine spirit of goodwill!

[www.nlhba.nf.ca](http://www.nlhba.nf.ca)  
Nearly 40,000 hits since 2000

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](mailto:jhouse@nlhba.nf.ca)