

Inside

- **Pharmaceutical Contracts**2
- **NLHBA—A Charitable Organization**.....2
- **NL Pharmacy Network**...2
- **Pregnancy & Fixed-term position**2
- **LPNs & medications**.....2
- **HR Allied Health Group**.....2
- **Health & Safety—Organizational Commitment**.....3
- **New President CMHA**.....3
- **Pastoral Care**.....3
- **HR Planning**.....4
- **Communities as Recruitment Partners**.....4

**Notes
from the
Executive Director**



The 2003 First Ministers' Accord on Health Care Renewal: the main points were reluctantly accepted by the provinces, who were clear that the money on offer is not enough to sustain the current health system. Heavy publicity by the Federal Government may also have raised public expectations above what is possible to achieve. Provinces need further details on issues such as indicators in order to assess provincial requirements.

The 2003 Federal Budget's five-year financing plan for the health system followed the Health Accord with base funding composed of already-announced money plus a package of new funding.

The Physician Arbitration Board finished its hearings on February 14 and we are anxiously awaiting the award.

Due to limited finances, the NLHBA Board recommended a review in order to bring services in line with revenue, most likely resulting in changes in NLHBA services.

The 2003 First Ministers' Accord on Health Care Renewal: the main points were reluctantly accepted by the provinces, who were clear that the money on offer is not enough to sustain the current health system. Heavy publicity by the Federal Government may also have raised public expectations above what is possible to achieve. Provinces need further details on issues such as indicators in order to assess provincial requirements.

The 2003 Federal Budget's five-year financing plan for the health system followed the Health Accord with base funding composed of already-announced money plus a package of new funding.

The Physician Arbitration Board finished its hearings on February 14 and we are anxiously awaiting the award.

Due to limited finances, the NLHBA Board recommended a review in order to bring services in line with revenue, most likely resulting in changes in NLHBA services.

Incentive Helps Members

For the past several years, the NLHBA and Holiday Inn have had an incentive program which has served to increase business for the hotels and provide valued rebates for Association members. The 2002 shared rebate is \$9,452.00, distributed proportionally to our members. The newly negotiated program for 2003 could see a rebate as high as \$12,000.

**P.O. Box 8234
Stn. "A"
St. John's, NL
A1B 3N4
Tel: (709) 364-7701
Fax: (709) 364-6460**

**Suite 202
Board of Trade Building
66 Kenmount Rd
St. John's, NL
A1B 3N7**

Website: www.nlhba.nf.ca
E-mail: admin@nlhba.nf.ca



**Provincial Pastoral Care
Co-ordinator Moving On**

With great regret the NLHBA is saying goodbye on March 31, 2003 to Bill Bartlett, the Provincial Coordinator for Pastoral/Spiritual Care. Best congratulations to Bill on his new position, Executive Secretary for the United Church Conference of Newfoundland and Labrador. The many people involved in Pastoral/Spiritual Care across the province and all of us here at the NLHBA offices will miss his warm personality as a colleague and his energy and commitment to the program. We all wish him the very best for the future.

The Newfoundland and Labrador Pharmacy Network

The Newfoundland and Labrador Centre for Health Information (NLCHI) is nearing the end of the first phase in developing a comprehensive provincial pharmacy network. This network will provide integration capabilities between the community and institutional pharmacies, Newfoundland and Labrador Prescription Drug Program, emergency rooms, physician offices and other authorized health professionals. Check the NLCHI web site www.nlchi.nf.ca for more information.

Pharmaceutical Contracts Awarded

Pharmaceutical contracts, valued at \$20.1 million, were awarded on January 13 and 14, 2003. The weighted average percentage of price change was between an increase of 166.24% to a decrease of 55.3% by product group, for an overall change of plus 4.9%. Volume change was an increase of 19.4% for a value of \$3.4 million. The largest increase in volume was for cancer drugs at 181.44%. However, the weighted average percentage of price change for this product group showed a decrease of 4.47%.

NLHBA—A Charitable Organization

On February 9, 2003 the Association made application under federal regulations to register as a charity under the standard that our activities and purpose provide tangible benefit to the public. The purpose of the application is to access substantial discounts with regards to the acquisition of computer hardware and software. While some members are registered, those who have not already done so, should also apply.

Can an Employee's Pregnancy Influence Selection to a Fixed-Term Position?

A recent arbitration award found that the Calgary Health Authority was correct in denying a nurse a temporary position on the basis that the duration of her pregnancy would not make her available for the full term of the position. While the union argued that the nurse had been discriminated against on the basis of gender, contrary to human rights legislation and the collective agreement, the board accepted the employer's position that availability was a bona fide job requirement. The union filed an application for judicial review to the Alberta Court of Queen's Bench. Here it was found that the board of arbitration erred in its decision that availability was a bona fide occupational requirement and further that the employer did not apply the appropriate test as to whether it was impossible for the employer to accommodate the grievor without undue hardship. The board's award was quashed and the court remitted the grievance to a newly constituted board of arbitration for determination.

Should LPNs Administer Medications?

The Labour Relations Department is currently in arbitration on a number of issues, some of which will have a significant impact on the operation of all health boards. One such case deals with a grievance submitted at St. Patrick's Nursing Home by the NLNU, alleging that the administration of medications by LPNs is a violation of their collective agreement resulting in an erosion of work of the NLNU bargaining unit. Several employers and other bargaining groups have observer status at this hearing. Additional dates have been scheduled and employers will be advised of the outcome.

Human Resources Allied Health Care Group

A working group comprising HR managers from each region has been appointed as a reformed Human Resources Allied Health Care Group to facilitate the planning, development, research and exchange of human resource policy and practice among member organizations. In addition the group will provide consultation and put forth recommendations to the NLHBA on human resource policy and related initiatives. The group will be meeting quarterly with member representatives from every region.

Health & Safety: It's an Organizational Commitment

Having reviewed the Winter Edition of the NLHBA NewsNet, I was very disappointed to read an article "Health and Safety by Any Other Name". As an individual who has been involved in Occupational Health and Safety initiatives for over 15 years I believe this article presented an inaccurate and outdated view of health and safety related initiatives in our health care system and did a disservice to the competent, professional and innovative people who are addressing these complex issues. While we have our challenges and have room for quality improvements, the health care system takes a much more strategic and sustained approach to occupational health and safety than it did 15 years ago.

I know from discussions with other health boards that good things are happening in our Provincial health care system to create safer workplaces and further employee wellness. Within our organization, the Health Care Corporation of St. John's, the approach to occupational health and safety has been strategic, comprehensive, integrated and sustained. We have progressed significantly in our efforts to further incorporate health & safety in our organizational culture. How have we done so far? In the past two years we have had a 23% decrease in our WCC lost time hours, a 7% decrease in absenteeism and have been recognized for our excellence in Disability Management by the National Institute for Disability Management and Research. These accomplishments can be attributed to the excellent work that has been demonstrated by our staff.

Some of the examples of effective initiatives that have been developed include:

- A Comprehensive Occupational Health & Safety Strategic Plan
- Positive recognition from WHSCC for effort in the Work Safe Program

- Enhanced efforts to promote a safety culture
- Transitional work opportunities for injured/ill employees
- Establishment of a Joint Union/Management Return to Work Coordinator
- Dedicated Ergonomic Equipment funding to assist people to return to work
- Musculoskeletal Injury Prevention
- Comprehensive Policy on Duty to Accommodate
- Comprehensive Claims Management
- Joint Committee Structures
 - Case Conference Committee
 - Wellness Advisory Committee

We have come a long way from the views presented in the aforementioned article, but significant challenges remain. The absenteeism and injury rates in our provincial system are significantly above the national average and we need to work hard to continue our efforts to reach these levels and beyond. But rather than take a cynical and defeatist approach to these challenges we need to encourage leadership and organizational support, education and sharing of best practices.

We clearly have an opportunity to achieve the vision that the health care system can be a safe and healthy environment in which to work. In setting this vision we provide the motivation for everyone in our organization to create and sustain worthwhile and credible approaches to health and safety issues. Creating a long term cultural change is what health and safety (by any other name) is all about.

Stephen Dodge
Vice President Human Resources
Health Care Corporation of St. John's

Pastoral Care

The NLHBA will bring in two Canadian Association for Pastoral Practice and Education (CAPPE) Teaching Supervisors from Toronto to supervise two Clinical Pastoral Education (CPE) programs this spring. The Rev'd Floyd Green, CAPPE Teaching Supervisor, will supervise six chaplain interns in an eleven week program, May 19th.-August 1, 2003, at the Health Care Corporation of St. John's. The Rev'd Colin MacKinnon, CAPPE Teaching Supervisor, will supervise six chaplain interns in the eleven week program, May 12-July 25th. 2003, in the Central East Health Care Institutions Board in Gander. The programs are being set up by the Provincial Coordinator for Pastoral/Spiritual Care.

Rev. Bill Bartlett thanks all of the Health Boards in Newfoundland and Labrador for their financial support and encouragement over the past six years during the development of the innovative provincial pastoral care program. He also expresses thanks to the staff of the NLHBA for their support.

Congratulations!



Congratulations to Karen McGrath, Executive Director, Health and Community Services Central, on her well-deserved election as the new National President of the Canadian Mental Health Association.

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

Human Resources Planning

In mid 2001 the Provincial Health and Community Services Human Resource Planning Steering Committee conducted a large study which focused on four major issues related to new graduate preparedness for the workplace, including perceptions of preparedness, adequacy of orientation, satisfaction with the program, and perspectives on future workplace needs. 1178 surveys were distributed to new graduates who took positions in the public health system, employers in the public health system, and directors of selected educational programs. For further details refer to "New Graduate Preparedness Report, June 2002" at <http://www.nlhba.nf.ca/hr/reports.htm>. Highlights of the report include:

- For laboratory technologist, practical nursing, pharmacy and physiotherapy professional groups, more than 50% of employer

respondents felt that graduates were prepared for the current workplace.

- New graduates in all categories surveyed, with the exception of social work, felt they were adequately prepared to meet employer expectations.
- Most new graduate groups felt more prepared to meet employer expectations than employers felt they were.
- For most professional groups, over half of employer and student respondents reported that the orientation was adequate. Social work was an exception to this finding.
- New graduates were most dissatisfied with the overall cost of their programs.

While perspectives on future changes needed in education programs varied, common themes emerged related to increased clinical experience, improved ability of graduates to work in teams, and improved technology/computer skills.

Our Communities as Recruitment Partners

Some Ontario communities have hired recruiters to organize the welcoming of physicians. In some locations, the practice has been so positive that they have extended the approach to visiting locums, all residents completing rotations in their health boards and even students in clinical clerkship. The committee for Trent Hill in Ontario has such a committee with all types of community representatives actively participating in issues related to physician and nursing recruitment. Their email says it all welcomedoc@redden.on.ca In the midst of such stiff competition within Canada, the geographic location of Newfoundland and Labrador now forces us to use all of our natural talents to remain competitive.

Would community involvement work in Newfoundland and Labrador? Not surprisingly, some communities like Port aux Basque have always welcomed physicians simply because "it's the right thing to do." Their hospitality has taken many creative forms, from delivering a tree at Christmas along with a turkey dinner, introducing children to the fun of Halloween or the adults to a Screech-In. Indeed, even the practical introductions at the school, local bank and church groups find their way into their hospitality efforts. They have found that an invitation to dinner at a colleague's home or a dinner party at a local restaurant are great ways to break the ice. Other cultural treats such as skiing, fishing, outdoor skating, sailing, jigging

or trouting can be welcome adventures to a new family settling into a new town and, often, a new culture.

Today, physicians are a very marketable commodity. Their services are precious to any community. As Regional Health Boards we can play an important role in establishing community committees by developing the mandate and providing supports. This is one way to ensure that we are all working towards solving the physician retention problems of rural Newfoundland and Labrador. Please consider establishing a Community Recruitment Committee where you live. Start the process by contacting Scarlet Hann, Provincial Physician Recruitment Coordinator, (709) 777-6031 or shann@mun.ca.

Medical Students Enjoy WHCC Hospitality



Thanks to Dr. Ken Jenkins, medical students enjoyed a meal and refreshments following a ski trip to Marble Mountain.