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**Notes
from the
Executive Director**



Budget 2004 was released by the provincial government on March 30 and it was a belt-tightening budget for the health and community services system, with no extra dollars to cover the costs of inflation, increased demands or demographic change.

The only increases are designated for the cost of already-negotiated salaries and benefits in the coming year. Since Health Boards have been instructed to factor in the repayment of their accumulated debts, rising costs not under their control together with debt repayment will inevitably mean a reduction in services.

Restructuring: The Budget document specifies that “integrated governance which joins community health services with acute health care services can produce the best overall approach to health care delivery”. Government will establish guidelines for the location of services and the number and location of Regional Integrated Health Boards. The NLHBA welcomes the Government response to the need for decisions in this area and looks forward to working with Government on the process of board integration.

Physician Recruitment

Western Health Care Corporation Hosts 2nd Annual Ski Social (first appeared in *The Pulse*)

Neither snow, wind, or blizzard could keep the medical students away on the weekend of February 6, 2004, when approximately 50 medical students braved Mother Nature by making their way across the Island to the scenic west coast for their annual ski weekend at Marble Mountain.

As the snow swirled and the wind howled, everyone relaxed at a social hosted by Dr. Ken Jenkins at his residence in Steady Brook on Saturday evening, Feb 7th, where students were welcomed by Administration, the Board Chair and local medical staff. The Chinese Buffet received rave reviews, and even the small group who were stranded at Dr. Jenkins’ due to the storm had no com-

plaints.... “Trapped in Paradise”... was how one of the stranded described their snowy ordeal. All in all, the evening turned out to be a great success.

Big, big thanks to all who attended, and special thanks to Robyn Hutchings for the topnotch organization, and to Scarlet and Glendine for their valued assistance. There will be many other opportunities to meet as we are looking forward to an ongoing, working relationship with medical students.



Thank You!

As this edition goes to press, Health Boards are reaching the end of the second week of the NAPE and CUPE strike. Many thanks go to managers, non-union management support and essential employees, who are working so hard to keep the health and community services system going for the benefit of their patients, clients and residents during the strike.

Group Purchasing

A New and Improved Group Purchasing Online Tendering System (GPOTS)

Following months of research and input from member boards, the Group Purchasing department, in conjunction with local technology company zedIT, have developed several improvements to the online tendering system that will be implemented in the coming months. Most importantly, the improved system will require that vendors indicate both latex content and scent content when placing bids on open tenders. This information will then be readily available to members, helping to prevent exposure to both patients and staff who may have sensitivities to these products. The upgrades will also streamline the current system, which should improve the vendor experience and generate more relevant reports for use by the members. It is expected that the new system will be fully tested and in place by August.

Pharmaceutical and Laboratory Contracts Awarded

The past few months have been extremely busy ones for the Group Purchasing Department. January brought the analysis and awarding of Pharmaceutical contracts valued at over \$10 million annually. This round of contracts presented the Group with the opportunity to take advantage of several new generic drugs, resulting in significant savings to our health care system. In March, the awarding of the Laboratory contract series, valued at \$1.3 million annually, saw savings of approximately \$200,000 per year over the last round of contracts.

Provincial Co-ordinator of Pastoral/Spiritual Care

- The Provincial Pastoral Care Directory is now complete and will help communication and sharing of resources across the Province. It will be updated every six months and includes a list of 300 resource persons who could provide assistance or lead educational events and workshops on various Pastoral Care topics.
 - Planning is underway for the Pastoral Care Week October 17 to 23, 2004
 - Planning for the Pastoral Care Allied Health Group Conference and Annual General Meeting October 27 to 28, 2004 in St. John's is underway.
 - A Clinical Pastoral Education Unit is being planned for the spring/summer of 2004. Clinical Pastoral Education (CPE) is an experience based program accredited by the Canadian Association for Pastoral Practice and Education. A unit is twelve (12) weeks in duration and is limited to six (6) students with one (1) instructor Conducting Interviews for Clinical Pastoral Education. Rev. Colin MacKinnon will be the teaching supervisor for the unit beginning May 10, 2004 in Grand Falls-Windsor.
 - The Provincial Pastoral Care MIS Workload Measurement Committee has been resurrected.
- The Provincial Co-ordinator working with Regional Pastoral Care Representatives and Ann Vivian Beresford has been conducting meetings; reviewing the terms of reference and developing new workable recording forms for clergy.
 - The Provincial Co-ordinator led a training for clergy, staff, and lay people at the Curtis Memorial Hospital in St. Anthony. The morning session and training was for area clergy and the Pastoral Care Committee on hospital visitation and praying for the sick. The evening session was a training for lay visitors on how to do a Pastoral Care visit in a hospital and effectively pray for the sick. An afternoon session was held for Hospital staff on "The role of Pastoral Care in the Health Care Environment". The Pastoral Care Committee was led through a vision casting process in which they decided to form a Regional Pastoral Care Committee in addition to the Curtis Memorial Hospital Pastoral Care Committee.
 - The Provincial Co-ordinator conducted a Mental Health in-service training for clergy at Grand Falls-Windsor for Central West Health Corporation, focusing on Pastoral Care for addicts and alcoholics and Pastoral Care for persons who have been sexually abused.

Update - Labour Relations

Negotiations

All health sector negotiations commenced on Sunday, March 21, 2004. Subsequently, during the early part of the week of March 22nd both NAPE and CUPE served notice of their intention to strike on April 1, 2004. In the initial phase of negotiations progress was made with the NAPE Health Professionals (HP), NAPE Hospital Support (HS) and CUPE Hospital Support (HS) collective agreements. However, from the outset NAPE Lab and X-Ray (LX) collective bargaining stalled. During our initial meeting on March 21st the union indicated they were not prepared to address any of the employer interests inclusive of local issues as all were deemed by the union to be concessions. Likewise the union issues that were presented which were non-monetary presented significant challenges for the employers operationally and we indicated the employer had limited flexibility in addressing these issues.

With respect to the NAPE (HS) negotiations, the parties spent a considerable amount of time re-drafting the language of Clause 15.08 - Incapacitated Worker in hopes of making it easier to read

and as well clarifying the intention of various provisions within the article. A similar attempt was made to revise Clause 16.01; however, talks broke off prior to there being any agreement on changing this language. As well, a package was put together early in the negotiation process addressing all outstanding issues surrounding temporary employees. The issues covered unavailability of temporary employees, recall guidelines, pre-booking temporary employees, weekends off and availability of phone numbers, restructuring of departments, etc. The issues were presented as a package whereby the parties had to agree on a position on all of the items. When talks broke off the package was still outstanding in that all items had not been agreed to by the parties.

By March 29th it was clear that the local issues which could be resolved at the respective bargaining tables had been resolved and NAPE requested a meeting with the President of Treasury Board to discuss outstanding local issues. With respect to NAPE (LX) there was an agreement in principle of implementing the pay equity agreement whereby employees receiving pay equity

adjustments would have this adjustment rolled onto an appropriate salary scale. Flowing from the discussion on NAPE (HS) local issues there was a commitment given to provide sick leave benefits to temporary employees who had a bonafide illness and were discharged from hospital. Presently the collective agreement prevents sick leave for temporary employees during the period of hospitalization upon proof of admission of discharge.

Over the past number of days NAPE and CUPE, as well as government, have outlined their position on the outstanding issues. It appears that under either scenario the parties are apart by approximately 7% over either a four or five-year term. Government has indicated it will obtain changes to the sick leave and severance pay articles as they relate to new employees hired.

There is an essential employee committee in place between NAPE and NLHBA to address essential employee issues which cannot be resolved at the local level. If you have any issues or difficulties with essential employees, please contact Geoff Williams, NLHBA.

Scholarship for Graduate Program in Health Administration

The deadline for this year's Scholarship applications was March 31. The Scholarship Committee meeting has been delayed by the NAPE and CUPE strike, but the announcement of the Scholarship winner/s will be made in May.

NLHBA Boardroom:

As part of our ongoing review of the Association, the NLHBA Boardroom has been leased to another organization as of March 31.

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

Wash Your Hands Poster Competition

“Wash Your Hands” School Poster Competition

Congratulations for designing the winning posters to Jessica Breen of Dunne Memorial Academy, St. Mary's, for the primary/elementary category and Brent McCarthy of Roncalli Central High School, Port Saunders, for the junior/senior high category. The winning students were presented with cheques for \$50, with \$500 going to their schools. Funding is being arranged for printing the winning posters for use in health promotion activities in the provincial schools.



Jessica Breen receiving her award from Nathan Gosse



Principal Charlie Dillon accepting the award for Dunne Memorial Academy from Nathan Gosse

Note: Photographs of the award presentation to Brent McCarthy and Roncalli Central High School are not yet available.

Health Human Resource Planning

The Value of Exit Surveys

An exit survey can be used by various organizations. Exit Surveys are essentially a continuous improvement tool that identifies an employee's perception of an organization including why they may be leaving. Some of these reasons may be influenced by the employer and represent an opportunity to reduce turnover. The Final Report of the Health and Community Services Human Resource Planning Steering Committee recommended “Health Boards implement a standard exit survey to capture information on reasons why employees leave health boards.”

Preliminary research suggests that the best approach is an exit survey interview, at which time a simple form is completed. This would be conducted by the Human Resources Department for every employee leaving the organization. The intention of the interview is made clear and the employee is given a chance to offer suggestions on what features of the organization they felt were most positive, and as well how the organization may improve.

Good forecasting relies on the ability of planners to identify reasons why employees leave health boards besides the more quantifiable patterns of retirement. Knowing these reasons can help health boards devise strategies to reduce turnover by improving retention of health professionals.

Reducing turnover decreases costs associated with advertising, hiring, orientation, and increases workforce stability. Exit surveys can identify current strengths that could help market the organization as well as opportunities for improving working conditions and morale, leading to better retention of health professionals. Monitoring trends is necessary to keep abreast with new developments and effectively plan for the future.

For more information contact the Human Resource Planning Unit.

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