

**Notes
from the
Executive
Director**



• The NLHBA has been successful in an appeal to Canada Revenue Agency (CRA) on the tax status of physicians providing locum services. The decision essentially agrees that physicians providing locum services for the period in question in Newfoundland and Labrador did so as independent contractors, not as employees. This decision saves costs for both health boards and physicians; neither physicians nor Regional Integrated Health Authorities have to make deductions for employment insurance and Canada Pension for locum services in those circumstances since physicians were regarded as self-employed for that purpose. This decision has national implications and attracted widespread interest.

- Canada Revenue Agency has agreed that the new RIHAs will be able to use an existing business number, rather than open a new business number, meaning that only one T4 will be needed for all 12 months remittances from the four regional accounts for 2005. CRA's decision on this point also represents a considerable reduction in work hours and associated costs for RIHAs and facilitates a smooth transition process.
- **Restructuring:** the new RIHA CEOs are expecting to complete the interviews for their senior teams by the end of March
- **Orientation overviews** were given for each RIHA during their initial Board meetings
- **Weekly meetings** are being held with RIHA CEOs and the Deputy Minister to discuss issues of concern. On March 10, 2005 we met with NAPE, CUPE, AAHP and NLNU and there will be a future meeting with the NLMA.

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**Regional Integrated Health
Authorities: Board Chairs**

Left to right:

- Mr. Robert Woolfrey, Chair, Central Regional Integrated Health Authority*
- Dr. Anthony Genge, Chair, Western Regional Integrated Health Authority*
- Ms. Joan Dawe, Chair, Eastern Regional Integrated Health Authority*
- Mr. Larry Bradley, Chair, Labrador-Grenfell Regional Integrated Health Authority*

Provincial Co-ordinator of Pastoral/Spiritual Care

- The PCAHG, at its Executive Meeting, voted to proceed with a **Provincial Pastoral Care Strategic Plan**. This plan will include the perspective from the local/site, the regional, and the provincial level. All forty-three Pastoral Care Chairpersons were asked to complete a four-page site report. Four teleconferences were held for the regional reps and the chairpersons of pastoral care committees. We are developing a regional report including goals to find out what is needed in order to provide excellent Pastoral Care services in Health to people in all regions.
- 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".
- January 18, 2005 was the first meeting for the new Regional Pastoral Care Committee for the new Central Health Authority. The chairpersons of the Pastoral Care Committees in CEHCIB, CWHC, and HCSC are part of this new regional committee.
- The Pastoral Care Committee of Health and Community Services Eastern is working on developing stronger linkages between Eastern Health and Community Services staff and ministerial associations, community clergy, and denominational leaders to ensure Pastoral Care is available to clients. Planning is underway for a visioning day for clergy that will take place at Burin, Clarendville, and Bay Roberts. The committee is working on developing a communication packet for clergy. This packet would explain the work of Health and Community Services Eastern and explain the vision and advantage of a partnership between clergy and Health and Community Services Eastern staff. Forms are being developed for clergy to make referrals to HCSE staff and a form is being developed for HCSE staff to make referrals to clergy. A directory of clergy that can provide pastoral care services will be made available to HCSE staff.
- The Provincial Coordinator conducted an all day training day for the clergy, lay pastoral care visitors, and health professionals at the Dr. Hugh Twomey Health Centre in Botwood. Workshops included 'how to give Pastoral Care to persons with mental health issues' and 'MIS Workload measurement'.
- The newly formed St. John's Nursing Homes Regional Pastoral Care Committee is making plans to create the new part time paid position of ecumenical chaplain for the Hoyles/Escasoni Home. The Ecumenical Chaplain for the Hoyles/Escasoni Complex will be a part-time position.
- Accepted the invitation of the Avalon Health Care Institutions Board to sponsor the May 2, 2005 to July 15, 2005 Clinical Pastoral Education Unit. The eleven-week Unit is full, with the maximum of six students having been interviewed and accepted into the Unit.

Provincial Budget

Budget: the 2005 Budget was presented on Tuesday, March 21. The health system welcomed investments in existing acute care infrastructure and technology, new technology and drugs, public health and wellness, seniors' services and mental health and addictions services. Federal funds for reducing wait times were also applied to the addition of a third MRI in the province. However, the new Regional Integrated Health Authorities (RIHAs) will still be facing many challenges over the course of the next year.

NLHBA Board Recognition Dinner and Board Meeting, March 10 and 11, 2005

The outgoing NLHBA Board of Directors was invited to a Recognition Dinner at Murray's Pond Country Club in Portugal Cove on March 10. Gifts were presented to each outgoing Director in recognition of their many volunteer hours and dedication generously given to the health and community services system. Personal thanks and reminiscences were shared by Verdon Young, President, and John Peddle, Executive Director.

Health Human Resource Planning

Catherine Baker, Human Resources Consultant accepted a position with the Eastern School District, starting on February 21, 2005. Catherine has done significant work for the Human Resource Planning Unit in the 1½ years on staff, completing several reports and participating in numerous initiatives. The Human Resource Planning Unit and the NLHBA wish Catherine all the best in her new position.

Human Resource Indicator Report 1999 to 2003:

The report is scheduled for completion in Spring 2005. The draft report is comprised of separate parts to facilitate ease of distribution, verifications, and update. The report covers several major issues in provincial health human resources planning, including overtime, callback, workforce wellness, workforce movement, and retirements. The draft report was circulated to all health boards and several staff in the Department of Health and Community Services for review and feedback in February.

Vacancy Data:

The Human Resource Planning Unit continues to collect and analyze quarterly vacancy data. The fourth quarter 2004/05

vacancy survey was completed and results were distributed to all health boards. The first quarter 2005/06 vacancy survey will be captured on April 1, 2005. The average number of vacancies each quarter is approximately 1.6 per cent of the total workforce, however, the number of vacant positions at any point in time for any occupational group may vary considerably.

Learning Plans:

The Human Resource Planning Unit is actively involved with the development and implementation of learning plans initiatives for managers and professionals in the health system. A pilot project of the Program Evaluation Series offered through the Division of Community Health, Faculty of Medicine, MUN is currently underway in St. John's. Two of the three courses in this series have been successfully completed. The NLHBA Labour Relations department has developed courses in its Conflict Management Series for learning plans, including Corrective Progressive Discipline and Managing Absenteeism. This series will be offered in six provincial locations.

Brochures and registration

forms for Learning Plans initiatives are now available on the NLHBA website.

Federal Funding:

Human Resource Planning Unit staff facilitated the submission of several proposals to Health Canada for federal funding related to healthy workplaces and health human resource planning. The Department of Health and Community Services are actively engaged with Health Canada to complete a funding contract related to human resource planning allocation. A decision by Health Canada on health workplace proposals is pending.

Atlantic Health Education Planning/Training Study:

The Atlantic Health Education Planning/Training Study is currently underway, scheduled for completion in March 2005. Human Resource Planning Unit staff participate on the project steering committee. A key deliverable is a forecasting model for the supply of, and demand for, health human resources at the Atlantic level.

For more information contact the Human Resource Planning Unit.

Busy Winter and Spring for Group Purchasing

- Since January, all members have been busy working on a number of tenders that will be awarded this spring. Currently in the works are pharmaceutical tenders, valued at approximately \$12 million per year, a contrast media tender valued at approximately \$1.2 million annually and a tender for miscellaneous hospital supplies valued at approximately half a million dollars per year. A meeting of purchasing, pharmacy, diagnostic imaging and radiology has been scheduled for March so that all of these contracts can be finalized and awarded.
- In addition, we have recently begun work on tenders for hemodialysis, medical nutrition, and dietary (dishwashing) chemicals. These contracts, along with contracts for travel agency services, car rental and courier, will be on the agenda for late spring, into early summer.

Physician Recruitment

Planning Influences Physician Retention

Physicians are more mobile now than ever before, and the market is extremely competitive. Regional Integrated Health Authorities will need to do everything they can to retain physicians who are currently practicing as well as those newly hired to join us. We can plan to influence retention from the onset:

1. Know the details of the opportunity. Defining as you go is unfortunate, and can be responsible for losing the best candidate.
2. Always *prepare* for an interview. Take the extra time to arrange for additional meetings in order to include ambassadors of your community and your organization. The more opportunities your candidate has to feel a personal connection with someone at your location, the higher your rate of success will be.
3. During an interview visit, they should only need to see how they fit into the community and how their personality meshes with other members of their department. Ideally there are no surprises and it is merely a time to confirm what has already been discussed by phone interviews.
4. Collect feedback from all persons who made contact with the candidate during the interview visit. If something came up of importance to the physician that your organization or community just can't provide, tell them. Present the offer early and attach a deadline that frees you up to move on to another candidate if need be.
5. If there will be an extensive amount of time between the visit and actually starting to practice, maintain regular contact. Subscribe to your local newspaper on their behalf. Orchestrate calls from yourself and other physicians and community ambassadors.
6. Do as much for the candidate as you possibly can. Assist with applications for privileges, licensure, and provider numbers. Make things simple by providing information that will make their relocation easier (i.e., utility companies, cellular phone services, drivers license divisions and schools, extracurricular contact numbers, etc.). Once they are ready to start work, celebrate their arrival!
7. Building relationships is key in retention. Provide the survival policies and procedures like how to request time off, how to get reimbursed for CME, etc. Remember, that the spouse has >80% of an influence over family relocation decisions. Don't forget to make the spouse feel that they too are a part of the organization, include information for them like health insurance benefits, registering with a family physicians, employment contacts, etc.
8. Finally, scheduled follow-up over the first two years influences job satisfaction and therefore retention, because issues are resolved as they come up.

Source: *Association of Staff Physician Recruiters*

Labour Relations

- The labour relations department has conducted interpretation sessions in St. John's and Gander to review the changes to NAPE (HS), NAPE (LX), NAPE (HP) and CUPE (HS) collective agreements. Sessions have been scheduled in other areas of the province over the coming months.
- We are in the process of conducting a three-day education session across the province involving corrective progressive discipline and managing absenteeism in the workplace. These sessions have already been conducted in St. John's, St. Anthony and Clarendville with the remainder scheduled throughout the spring.

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