

# Health Reform Issues: What the People Say

The need for reform of the health system on several levels is beyond dispute and the public is well aware of many elements that require serious modernization. Many such issues have been documented in previous commentaries here.

In the September 10 edition of Brunswick News publications, Premier Higgs sent the warning of tough calls to be made in Health Care in NB. This can be interpreted as a warning shot across the bow. Next we could expect some changes to be outlined later either in the legislature or in a future budget or Throne Speech.

Many years ago I learned the value of MBWA, a concept not taught in MBA programs but learned early by executives with great instincts. Management by Walking Around is what has given us Costco, for instance, one of the most successful and dramatic innovations in retail in generations. Founder Jim Sinegal could be seen visiting many outlets in a single day, talking with people, getting feedback, giving feedback and encouragement.

This series of commentaries has generated a significant audience across the province and many have reached out informally to send feedback and encouragement. Not yet has there been a single substantial disagreement with the commentaries. On the contrary, from the general public, health professionals, both active and retired, the response has been not only positive but “thank you for saying what we cannot say because we are not allowed.

Response to the pieces on Emergency Departments has been fairly consistent; people know that if they go with chest pain or major trauma, generally they will be cared for with efficiency and skill with all the stops being pulled out.

But that huge volume of cases that would be non-life threatening, a large volume of upset, cynicism, frustration with service. For most of those arriving with these conditions, they are there because of failure of the primary care system to provide response leaving them with no options. The after hours clinics are not a substitute for good Urgent Care.

Related to that is the significant number who do not have access to a family doctor. No one knows just how many such patients there are but estimates run from 30,000 to 70,000. Add to that the number who are being inappropriately treated at the primary care level, such as those hundreds of people with undetected Dementia or undiagnosed chronic disease, and we have a problem.

Other major themes that repeatedly come from readers are staff recruitment, retention and workplace culture. Said one informed reader involved in health care: there is no shortage of staff; only a shortage of competent management! She then went on to cite several illustrations. Response to the workplace  
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toxicity in healthcare commentary, supportive response came from workers, managers, persons with HR experience.

The in-hospital care of frail elders is a repeated theme; it is an area in which the health authorities have been woefully slow to respond, failing to adopt ideas already tested in other jurisdictions. Expressions and reports of most unsatisfactory care included care at the Emergency Departments as well as in the Acute Care Units. Observations included very long waits, lack of responsiveness of staff to basic issues of care, medication administration concerns.

Governance of the health system, particularly health authorities, is a repeated theme in which these organizations are seen as a large part of the problem but not part of a solution. To the man on the street the health authorities are just another large bureaucratic enterprise of government; impersonal, irrelevant.

To those with specific concerns the question posed is: have you taken your concern to the Health Authority? To the patient representative (apparently each major hospital has a Patient Representative) and the government has a Seniors Advocate. But accessing those entities is not something that any respondents had known about nor considered.

Government must embark on a process of reform of this complex and most important part of our economy. But where, in this complex maze of hospitals, doctors offices, diagnostic facilities, would you start. If budget reduction is the prime goal, government can continue the “slash and burn” that it has done in many fiscal cycles. That has enabled health authorities, in any given fiscal year, to turn in decent financial performance, but has left the public with a health system that fails thousands of people annually.

The informed, strategic approach would be to initiate the program changes that