

Health Reform Issues: What the People Say

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 the budget.

Then public policy expert Donald Savoie released his book that outlines Canadian democracy in peril. Governments have gotten a long way from listening to the people.

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

Years ago in leading large hospitals, I learned the value of Management by Walking Around (MBWA), a leadership skill learned early by executives with great instincts. MBWA is what has given us Costco, for instance, one of the most 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.

My commentaries have generated a significant audience across the province and many have reached out informally to send feedback and encouragement. There not 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.”

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.

Response has come unsolicited from people who frequent Emergency Departments and their responses suggest inconsistent levels of efficiency and staff response which does not seem to be attributed to the “busyness” of the service area.

The huge volume of urgent cases creates 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. After-hours clinics and Telecare are no substitute for good Urgent Care.

Related to that is the significant number who do not have access to a family doctor. There is lack of clarity as to how many such patients there are with estimates running from 30,000 to 70,000. Add to that the number who is 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.

Ken McGeorge, BS,DHA,CHE is a career health care executive and now consulting, based in Fredericton, NB, Canada. Please visit www.KenMcGeorge.com to learn more.

The province has invested hundreds of thousands of dollars annually for nearly two decades in Primary Care Reform with little to no results to date that are apparent to patients.

Staff recruitment, retention and workplace culture has generated response worth noting. Said one informed reader involved in health care: there is no shortage of staff; but management processes are a problem. The commentary on workplace toxicity in healthcare brought informed responses from a variety of personnel including nurses, other workers, managers, persons with HR experience.

The in-hospital care of frail elders is a repeated theme as an area in which the health authorities have been woefully slow to respond, failing to adopt ideas already tested in other jurisdictions. Seniors and Caregivers report unsatisfactory care at the Emergency Departments as well as in 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 seem to be viewed as a large part of the problem but not part of a solution. To the man on the street the health authorities are an arm of government; impersonal, irrelevant.

I often pose the question: have you taken your concern to the Health Authority? To the patient representative; to the government Seniors Advocate. But accessing those entities is not something that many respondents had known about nor considered. Those who did were not anxious to do so.

Government must embark on a process of reform of this complex and most important part of our economy. But where do they start? With institutions, doctors offices, diagnostic facilities, organization structures? If budget reduction is the prime goal, government can continue the “slash and burn” as before. That has enabled health authorities 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 in which the needs for system efficiency and the needs of patients mesh. Governments in NB have not exactly had a stellar record in the last 20 years of fixing real problems. This is where Prof. Savoie’s thinking comes into play: civil servants, health authorities, and government must hear the messages from the people and act on them.

For instance, small rural hospitals have struggled for years as volumes and service population declines. But it is not necessary at all to open the wounds of threatening to close rural hospitals; that will only inflame and guarantee loss of seats in the next election. What an informed strategist could do is work with rural communities in creating a Rural Health Strategy which would have wins for small communities while creating a more effective rural health system. We should learn from the past and avoid the negative talk, listen to the customer, be firm and focused.

Ken McGeorge, BS,DHA,CHE

Career health services executive and columnist with the Telegraph Journal. Email: kenmc1@bellaliant.net

Ken McGeorge, BS,DHA,CHE is a career health care executive and now consulting, based in Fredericton, NB, Canada. Please visit www.KenMcGeorge.com to learn more.