Commentary: Why Tinkering is bad!

Tinkering Will not resolve health and long term care issues:

The health and long term care system in NB has been so lacking in provincial focus and direction for so long that no amount of tinkering will fix it! The system, in economic terms, represents 50% of provincial spending and employs or is the main source of income for tens of thousands of New Brunswickers. That the system is at a "choke point" should come as no surprise to any who seriously understand the system for this has been predicted for decades. The problem has been, over many years, that the decisions to shift and reorganize the system, in the last 25 years, have been made largely at political level where decision-makers cannot possibly have sufficient understanding to understand the long term impact of short term decisions.

The current "crisis" involving staff shortages, overtaxed emergency departments, growing numbers of people in hospital awaiting nursing home placement is simply a reflection of failure to make key decisions about programs, systems and structure, such decisions having been initiated over 30 years ago. The systems that we have in NB have been described by experienced, knowledgeable people as "broken" for years and despite much rhetoric and positioning, there appears to be no repair of what is broken.

There are at least 15 factors, all representing "points of system brokenness", that lead to the disarray that now is our system, and tinkering with any one in isolation of a plan to repair the others is sure to lead to further disarray. The process of getting into a nursing home, for instance, lacks consistency and organization across the province. Government has renewed many nursing homes while many older units still still exist having been designed on an old, outmoded model. No one wants to spend the rest of their lives in a small room with one or more other elders. When I first saw this model of care at York Care Centre, now a provincial centre of excellence, I was shocked; knowledgeable people referred to it as "warehousing the elderly". Those old facilities, designed as if they were "old, cheap hospitals" need to be replaced so that all who need nursing home care in NB have access to the same quality facility.

Homes for Special Care, of which there are many in the province, operate differently with different standards depending on many factors including ownership, location, training of key staff, and much more. Many of these homes have vacant beds as do some of the nursing homes. But to simply try to transfer patients from hospitals to some of these facilities would be an insult to the patient and the family.

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