

Kicking Tires Healthcare Style!

With some good weather, there has been opportunity to engage with people from a variety of communities around NB. My political friends call summer the time for “kicking tires”, or re-connecting with friends. Around the BBQ people talk. For the most part, they are really happy with the care they receive when they present to their doctor or the Emergency Department when the symptoms are obvious. Heart disease is treated with great skill and if you should require surgery at the Provincial Centre, there is none better. Joint replacement surgery, fractures, all done by gifted surgeons with capable nursing support. Cancer Care is terrific with centres of expertise in Moncton and Saint John.

But the issues of not having access to a family doctor, sitting for hours waiting in the Emergency Department to be seen, treatment inconsistencies in the Emergency Room, acute care for the elderly, and long wait times for routine surgical interventions is really bothersome. We hear it in Moncton, Fredericton, Saint John, and from smaller rural areas. The public is tiring, yes, even cynical, about ever seeing improvement. That is why the public gives the NB Health System a “C” grade in the NB Health Council surveys.

It is not good enough to say “all provinces are having these problems”. That is just avoidance of courage to deal with real issues that matter to the public. If blame can somehow be deflected to some national trend or some demographic shift, that takes the responsibility off the Health Authority Boards, Administrations, Professional groups and government. This is not good enough.

Previous commentaries have outlined issues of governance of the NB Health System and even posed the question of public utility status. During the decades that New Brunswickers have seen these problems worsen we have had a succession of governments for whom re-election seems to have been priority. There has never been, in recent memory, a serious examination of the appropriateness of the current governance model for health relative to government.

At the top of the chain for both health authorities is a board of directors who have approved vision and mission statements and plans that read very well, using language common to health planners. The words, the aspirations, and some of the tactics and strategies are well outlined. Yet those worsening issues of concern to the public remain.

Generally-accepted governance principles supporting such organizations include a strong emphasis on accountability; without accountability properly executed, any organization stumbles and, in time, fails. The Guide to Good Governance published by the Governance Centre of Excellence explains the various levels of accountability that must exist in hospital and health organizations.

Accountability simply is the requirement to explain and accept responsibility for carrying out an assigned mandate in light of agreed upon expectations. So the Board is accountable to the Minister of Health who, in practical terms, must have support and direction from the premier for major decisions and strategies.

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.

But the Health Authority CEOs are hired or fired by the Premier's office, albeit through the Minister; normally the CEO would be accountable to a board of directors.

This convoluted accountability model would seem to render the role of the board as superfluous.

Then the real action in a health authority is governed by the Medical Staff organization which has no direct accountability to the Board, the Administration, or the Government. It is through that organization that organizations of clinical services is supposed to be outlined and administered, yet each physician is an independent practitioner with his/her own relationship with Medicare and the Department of Health, either through the fee for service or salary structure.

Physicians have always enjoyed and have guarded carefully a preferred position in the hospital system in which they are granted clinical privileges (the privilege to admit, discharge, order diagnostic tests, and administer treatment as per their level of training and certification). There is no conventional accountability relationship which would be common in conventional business organizations.

So even if the Health Authority Boards wanted to do something about the overcrowding in Emergency Departments (such as introducing Urgent Care Centres), they have no clear path to make that happen with accountability lines as confused as they are.

Even if they seriously wanted to deal with the long waits for various critical surgical interventions, they have to work through a maze of service and department heads, who are not employees either of government or the health authority, to make the changes required.

What might some of the required changes involve? Forging different working arrangements with highly specialized staff such as Radiologists, surgeons, anaesthetists. Models that exist in some other Canadian Centres and many US Centres might be examined.

Other changes might involve replacing After Hours Clinics with Urgent Care Centres staffed by a mix of doctors, nurse practitioners, physician assistants, and nurses. Integrating EMTs and Emergency Departments into closer professional working relationships would be another service improvement to explore.

"Everybody's responsibility is nobody's responsibility" and that leadership truism explains much of what ails the health system. When problems are as numerous and complex as they are in the health and long term care system, clear vision and direction combined with clear accountability are essential.

So if the Governance basics of the organizations are not properly assessed and repaired, the public will just have to get accustomed to muttering and stewing in their cynicism....for another decade!

The best healthcare takes place in a culture of discipline, vision, firm direction, accountability and collaboration. All else feeds mediocrity!

Ken McGeorge, B.S., D.H.A., C.H.E.; retired career health executive, consultant, and TJ columnist July 16, 2019

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.