

Manitoba Nurses' Union

**Submission to the External Review of Manitoba's Regional
Health Authority System**

September 1, 2007

The Manitoba Nurses' Union welcomes this opportunity to contribute to the review of Manitoba's Regional Health Authority system. As representatives of over 11,000 Manitoba Nurses, the MNU receives a significant amount of information and feedback concerning the successes and challenges in the province's RHAs. In addition, the structure and functioning of the RHA system has a significant impact on the working conditions of the MNU's members. It is hoped that this submission will ensure that the perspective of Manitoba's front-line nurses' are taken into account in the review process.

Benefits of the Regional Health Authority System

Manitoba's Regional Health Authority system has been a positive development from the point of view of the Manitoba Nurses' Union. It has simplified relationships with employers by centralizing the human resource function. Rather than dealing with each individual facility in all cases, Labour Relations Officers are able to deal with fewer people. This has also resulted in more consistency in policies, rather than each facility having its own policies and procedures.

General areas where improvements have been realized through regionalization include:

1. Increased consistency in employee relations

With the centralizing of many functions that came with regionalization, there has been an increasing consistency in the application of policies and standards that affect nurses. It has also made it easier, from the Union's perspective, to monitor and enforce employment standards and the provisions of the collective agreement.

2. Simplified HR structure, reporting

From the perspective of the MNU, the centralizing of human resources functions has made it much easier for our leadership and staff to resolve issues and maintain relationships with employers. Whereas previously it was necessary to deal with each individual facility to address issues now, in many cases, issues at a number of facilities can be resolved simultaneously, through the RHA Human Resources department.

3. Employment flexibility for some nurses

Because most of the RHAs represent a single employer, rather than each facility being its own employer, this has provided nurses in most RHAs some flexibility in being able to transfer positions within the RHA, while maintaining their seniority and their relationship with their employer. In a time of acute shortage of nurses, this flexibility is valuable both from the employer and employee perspective.

Issues with RHAs in Manitoba

While the overall concept of regionalization has been a positive one, there are still significant issues that remain to be resolved in the implementation.

1. Accountability

Consolidating management functions by region works best where there is adequate accountability, specific standards, and procedures in place to ensure that standards are maintained at individual facilities. This is perhaps the biggest issue identified by leaders in all RHAs. There is a strong feeling that there is no accountability on the part of RHAs to staff, patients the government or Manitobans.

While nurses are increasingly governed by reporting requirements and nurse staffing is determined by staffing models and formulas, there are no such metrics and reports by which nurses, other

RHA employees or the public can examine the performance of RHAs. While some RHAs have made their strategic plans, missions and values available on the internet there is no information by which Manitobans can judge whether the plans, missions and values have actually guided decision-making at the RHA.

For example, the WRHA lists 5 values on its website: Caring, Excellence, Innovation, Collaboration and Accountability. Indeed, these are all important values. Less clear is how the RHA is doing in adhering to these values. The significance of stating such values is limited if there is no effort made to reconcile activities and outcomes to these values. There are a large number of nurses and Winnipeggers who would question the WRHA's adherence to these values. Is this because of poor communication of how the WHRA's activities relate to their values, or because there is genuinely no attention paid to them in day to day operations? Both reflect organizational issues and an accountability deficit.

2. Administrative Excess

While the conclusion has been drawn by some that our health care system is not underfunded but undermanaged, this should not be taken to mean in the sense that there are not enough managers. The main question, which relates to the previous point, is how **well** is the system being managed? In many cases RHAs are being managed poorly by too many people.

Given the importance of front-line staff to patient care, MNU leaders have expressed the perception that in many cases resources are dedicated to maintaining and expanding management and bureaucratic functioning at the expense of patient care.

3. Lack of inter-RHA coordination

Due to the widely dispersed population of the province, not all services can be expected to be supplied in all RHAs. As a result there is a significant transfer of patients from one region to another. Our members have identified a number of areas where this process can be improved by increased coordination and communication.

Using the example of patient transfers or medivacs, it has been noted that in many cases patient appointments are made without consideration of the cost and hardship involved with patient transfers. In one case, a patient was transferred via two ambulances and a plane for an appointment with a specialist in Winnipeg. The specialist examined the patient for less than one minute, and then requested that the patient see him again next week. When the nurse pointed out to the doctor what had been involved in getting the patient to Winnipeg, the doctor admitted he had not considered this, and arrangements were made for the patient's surgery at a later date, and for surgical assessment to occur in the patient's home hospital.

Another issue in the transfer process is that patients are often processed through emergency departments, rather than being admitted directly. This, obviously, contributes to existing crowding and wait-time issues in emergency departments, as well as greatly increasing the cost of transfer due to delays in admitting.

Ideally it would be more appropriate to utilize the RHA system to coordinate specialist appointments and, where possible, group multiple appointments and tests together, over the course of one or two days if necessary, and to utilize the services of local physicians in cooperation with specialists. Using the Telehealth system to provide remote consultations when necessary would assist in this process.

4. Facility management and leadership

The centralization of the management of health regions has resulted, in many cases, with a lack of management and leadership at the facility level. A common concern among nurses is the lack of

nurse managers to provide continuity of leadership and an understanding of the concerns of the specific facility, and the issues arising from providing direct patient care. In these cases, facility-based nurse managers have been replaced by regional managers that attend facilities on a periodic basis. Nurses find that this does not adequately provide for the needs of individual facilities, particularly in an environment where adequate staffing is not provided for.

5. Inconsistent implementation of regionalization

The benefits of regionalization have been compromised because of the significant number of facilities that remain to be transferred. It should be a priority to complete the transfer of facilities, rather than maintaining a hybrid system that fails to maximize the potential benefits of regionalization. Most of the benefits identified by nurses can only be realized and maximized in an environment when the RHAs are allowed to fully manage the facilities in the region, which is not currently the case in many RHAs.

6. Inadequate consistency between facilities and regions

Despite the fact that one would expect increased consistency between facilities through regionalization it appears that, in many cases, there is still a great deal of inconsistency in standards and practices from facility to facility. Some of these issues were raised by the MNU at the end of last year with respect to Long Term Care. This included a wide variance in patient safety across facilities, as well as widely divergent quality standards, with some facilities providing adequate supplies and equipment while, in the extreme, some facilities were rationing and encouraging the re-use of critical safety supplies such as latex gloves.

Obviously some of the problems relate to the previous point: It is difficult to expect the RHA system to achieve consistency when, in many cases, significant numbers of facilities are not included within the regional structure.

7. Lack of clarity in relationships among RHAs and between RHAs and the Province

The Winnipeg Regional Health Authority is, by far, the largest and most influence RHA in Manitoba. This creates issues because it is perceived by nurses and the public that the WRHA dictates what occurs in the health system across the province. This has been observed too in the exploration of issues for inclusion in the Nurses' Recruitment and Retention Fund. While the committee has some rural representation, the working group which developed ideas for review at the committee included no rural representation. While ideas were generated that were relevant to rural facilities, there was no process to involve other RHAs in developing or reviewing proposals prior to their being presented before the committee.

It seems clear that the Province, or another Province-wide organization, needs to take responsibility for leadership in coordinating matters that affect the entire province, while RHAs can design and administer programs reflective of local needs.

Once again we thank the committee for the opportunity to share the perspectives of Manitoba's nurses. The performance of Manitoba's Regional Health Authorities is of critical importance to our members, whose primary concern is the health and well-being of their patients and of Manitobans. Given the importance of this review, we welcome the opportunity for further dialogue as the review process continues.