

karen.oldfield@nshealth.ca

January 9, 2023

Karen Oldfield
President & CEO Nova Scotia Health

Dear Ms. Oldfield:

I recently had the opportunity to meet with health care and nursing members who work at the Halifax Infirmary Emergency Department, after they reached out to the union with grave concerns about patient safety and their own working conditions.

What they described to me is quite simply the complete unravelling of the major trauma centre for the Atlantic provinces. What used to be a highly sought-after and respected area to work is now a revolving door of junior, inexperienced staff who are drawn to the department because of a \$5,000 recruitment bonus, but quickly leave when they realize they have no opportunity for mentorship or education and will be risking their license – and potentially patients' lives – because their patient load does not allow for them to meet their own standards of practice.

In one member's words: **"It's chaos. I fear for my license. We are understaffed almost every shift. I looked back at staffing levels over the past year. I believe we consider 16 staff to be 'fully staffed.' I counted 32 shifts where we were fully staffed. 32 shifts in a YEAR."** Safety reports are filed with their manager with no response, while the department continues to "hemorrhage staff."

The members are desperate for changes to be made within the department, and they have many ideas for how things can be improved. We have made a comprehensive list of their suggestions, ranging from immediate to longer-term, and shared them in a document appended to this letter.

However, the most pressing issue is the retention of experienced staff. In order to achieve this, the employer **must** offer financial incentive – otherwise, the department will continue to lose staff to other areas of the health care system, and their nurses to private travel nursing agencies, where they can earn two to three times their hourly wage, have the freedom to pick and choose when they work, and receive other perks, like paid parking. To be frank, who can blame them for making this choice?

Members tell me that if there was a stepped retention bonus program in place, as well as a "work short" hourly premium paid, much-needed experienced staff may be enticed to come back to work in the ED.

While money alone will not solve this problem altogether, it is worth noting that the department is typically fully staffed on holidays due to holiday pay. Financial incentives may very well stop the hemorrhaging and allow the ED to get through this period of crisis so that other, longer-term solutions can be implemented.

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Members also would like to see regular staff meetings with health care workers, nurses and physicians held so they can collaborate on issues that arise in the workplace (for some reason, that practice ceased a few years ago), and safety in the ED taken more seriously. Right now, there are broken or missing security cameras, inadequate security monitoring, and panic devices are attached to desks, rather than wearable devices being provided to staff. There are a lot of frustrated and angry people in the waiting rooms right now, and it is only a matter of time before someone is seriously injured: we need to ensure that every precaution is taken to prevent harm. Surely, if Sobeys can afford to hire an HRP officer to guard their entrance, Nova Scotia's largest emergency department can have an officer present, as well.

There are also a myriad of small changes that can be made to ensure patients and staff are made more comfortable: vending machines that work; keep the cafeteria opened so patients can purchase food when they're stuck waiting in chairs for 13+ hours; a coffee machine that dispenses cups, so nurses don't have to worry about patients taking loose cups to drink hand sanitizer and passing out in the bathrooms (yes, this happens); adding another TV and phone chargers for patients; and basic food needs for patients, especially on weekends and holidays (as one nurse says, "if a patient is ready for toast and tea at 3 a.m. for the first time in a week, then as the Trauma Centre for Nova Scotia, we should be able to provide that.")

These workers genuinely care about their patients. They want to be able to take pride in the work that they do. Let's give them the basic tools they need to accomplish that.

Please take the time to review the suggestions they are making for the HI emergency department. I would like to schedule a meeting with you as soon as possible to discuss the implementation of this plan and hope we can work collaboratively on this issue.

Yours truly,



Sandra Mullen
President

SM/lb
Attachment

- c. Anna Marenick, Vice President of People, Culture & Belonging
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Honourable Michelle Thompson, Health.Minister@novascotia.ca
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