

SECTOR 11 HEALTH CARE SUPPORT NEWSLETTER



An update on issues affecting Hospital Support Workers of Ontario

CHAIRS REPORT - Jill McIllwraith

The position of Chair is to work with the Executive to formulate a working plan for each year of the term. The Chair and the Executive meet quarterly to plan the agenda for the concerns of Sector 11.

This can include planning campaigns, working with the organizing department, recruiting new locals, supporting on going health care issues and lobbying government to improve working conditions for our members.

The Sector Executive have been working on central bargaining as mandated by the Locals last November. We are in the initial planning stages of a proposal to the Board to have a pre-bargaining conference. We also have just been notified that Senior Negotiator Ruth Hamilton has been assigned to this Sector.

The executive also attended a lobby day at Queens Park on April 16 on the Safety Engineered Medical Devices and Workplace Violence.

Violence in the workplace has become a major topic in Health Care. Statistics show that health care jobs are high on the list of jobs that experience violence too often.

Our members need to be educated on this issue to better protect themselves in the workplace.

Check our page on the OPSEU website for updates

www.opseu.org



Our Aims and Purposes

- ✓ Develop and promote demands for bargaining
- ✓ Co-ordinate union activities on a sector divisional basis
- ✓ Participate with other union groups to promote and support the aims, purposes and goals of the union

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LEAN In Healthcare

LEAN is the latest iteration in work organization schemes being rolled out in health care workplaces. Coming on the heels of Total Quality Management, Continuous Quality Improvement, Re-engineering, etc., lean claims to be different. How? Because it “engages the front line staff” and because “it changes the culture”.

LEAN was developed by the Japanese auto giant, Toyota, and is now endemic throughout the manufacturing sector world-wide. It has been gradually introduced into Canadian health care workplaces over the past five years.

LEAN proponents claim that because of the aging population, the doctors/nurses shortage, long wait lists, etc., it is imperative that lean be introduced, so that health care can do more with what it has - do more, faster, better and with less cost. By incorporating lean principles, work processes will be restructured to eliminate waste. They say that workers like it because it “empowers” them and because it “engages and trusts” them.

The way LEAN works is that management first identifies a problem that needs fixing, for example creating faster turnaround times in the laboratory. Then it establishes Kaizen groups, or teams. Kaizen is a Japanese word that means “continuous improvement”. With a Kaizen team, instead of management deciding what changes are to be made in the work process to improve productivity, it focuses on getting the workers who know the job to identify changes in the work processes that would eliminate waste.

The teams are trained on major sources of waste in the work process, eg waiting, transporting, over-processing, inventory, etc and on the desired outcomes, eg. increased capacity, faster cycle time, cost reduction, etc. Team leaders are trained to do peer coaching to elicit full involvement from team members.

Often, to obtain “buy-in” and eliminate “resistance”, management establishes a small pilot project to deal with the naysayers and to show that it simply builds on what health care workers want e.g. better service for patients, increased collegiality amongst staff, elimination of silos, and a culture that listens to and respects workers.

Many of the pilots described sound like simple common sense, for example, mapping the work process in such a way as to eliminate needless walking around, or organizing supply cupboards in an ergonomic fashion and establishing procedures to ensure that things in the cupboard actually worked and were returned to the cupboard.

LEAN poses a danger to health care workers for several reasons. It is seductive, in that it attempts to exploit the key characteristic held by all health care workers, that is, the desire to help people.

By forcing workers to think about eliminating waste from their work processes, lean involves them in an ever-increasing process of work intensification - faster pace, heavier workloads, increased stress and greater risk of injury. Many of the ideas that workers put forward will be of benefit to the workers and will improve the service - but those that are implemented are the ones that also serve the management agenda of driving down labour costs.

It is management that decides what problems need to be acted on, that decides what solutions will be implemented, that decides how the resulting savings or excess capacity will be used. It is important to note that there is considerable research on LEAN in the manufacturing context that shows that it is all about work intensification.

In addition to just saying “No”, the notion of a culture of safety, health and wellness may be one of the primary ways that health care workers can fend off or influence employer attempts to introduce LEAN into our workplaces.

Demanding workplaces that are properly ergonomically designed, work paces that are manageable, workloads that are properly resourced and designed in such a way to prevent injury, illness and violence, and work content that is varied in content, is a way of confronting lean efforts to streamline and quicken.

This is an edited version of a report on LEAN management by Moya Beall, OPSEU Negotiator, who attended a Health Care conference sponsored by Insight Information.

Authorised for distribution:

Warren (Smokey) Thomas, President, OPSEU