31 October 2018

The Honourable Cameron Friesen
Minister of Health, Seniors and Active Living

Dear Minister:

Re: Free Press article 5 October 2018

You state that the *nursing overtime hours have decreased 29 per cent since the peak period, which you count as a win.* You also said you weren't *"aware of any problems finding nurses to hire in Manitoba."* and *"any nurse who wants to work within the WRHA will find a job, though it may be a bit different than what they were accustomed to before."*

"So we're standing up against misinformation that the opposition parties are peddling by suggesting that nurse overtime is at some record level. They're just wrong. It's false and the public deserves to be in possession of correct information." "I would say at this point in time (it's) so far, so good."

I am a trifle confused. The situation being discussed was the current state in the Neonatal Intensive Care Unit at St. Boniface Hospital, not the province of Manitoba. We could expand the horizon to embrace the complete Maternal Child program, but for now I would like to clarify some "misinformation" on your part.

I have worked in the NICU for more than 30 years. In those decades I have never seen the amount of voluntary and mandatory overtime that is occurring. Several variables have conspired to produce our current crises:

We are funded for 22.8 beds and are licensed for 30 with an additional 4 observation unit and 2 isolation beds. We operate over census 77% of the time with projections of a 21% increase since 2010-2011, the last funding adjustment. (Bouchard, 2018)

Since last year we have experienced a 42% increase in babies born with symptoms of drug addiction and withdrawal. This requires nurses to support not only the infant, but the mother (Bouchard, 2018), and often in a 4-patient assignment.

St. Boniface Hospital is seeing an increase in deliveries, 10-15% of all deliveries required admission to the NICU. Our population is showing a 5.8% increase in immigrant population with a corresponding higher fertility rate and increasing maternal age (35-39).

Advanced maternal age and associated co-morbidities leads to more admissions into the NICU. (Bouchard, 2018)

The population in the NICU requires a mixture of experience in the nursing staff. Currently 47% of staff are novice level, 15% are mid-level and 38% are trained to attend high risk deliveries, take charge of the unit, or care for critically ill ventilated infants. (Bouchard, 2018)

Training for the expert level usually begins in your second year of employment and takes 2-3 years to complete. It takes many more years to be comfortable with the critical thinking and actions required. This is specialized training for the NICU venue. To say a nurse can apply and assume any position posted is to discredit the years of study and dedication to excellence. This could, potentially, put the public at risk from a nurse in a unit for which her training has no frame of reference. Are you planning on asking doctors to practice outside their areas of expertise?

Last month we looked forward a few days into the assignment and staffing. We needed 14 nurses, we had 9. We needed 8 nurses for ventilated patients, we had 3, and we had no one qualified to take Charge of the unit and no one to be the resuscitation and observation unit nurse. The only option is to hope someone(s) voluntarily agrees to work 16 hours or to mandate them, repeatedly. Realize this is 5 nurses who don't get to go home to their family, who end up being up for over 24 hours, who have school commitments or other jobs to attend to. In one instance a Supervisor told staff their 14-year-old child can watch younger siblings from 0330, when one parent leaves for work, until the nurse is home after the 0745 shift ends. This situation has escalated with our province's health care adjustments.

The NICU nurses had minimal input into the new rotations. As a result, we lost 25 positions. Compounding this shortage are nurses on maternity, education and sick leave. The consequence is a unit that is chronically short-staffed with no alternative resources. We have been staffing our unit with overtime and mandating. (Bouchard, 2018)

Our casual nurses are less inclined to pick up shifts in the NICU knowing the high probability of mandatory 4-8-hour overtime.

The Perinatal Morbidity and Mortality Committee has reviewed cases of lengthy admissions due to delays in admission to the NICU (diversions and lack of beds for labour) and "cannot confirm without a doubt that neonatal deaths (4) were directly related to understaffing issues". (Bouchard, 2018)

Staff exhaustion and moral distress are not a sustainable way to deliver health care.

Do I understand this distress and exhaustion? Yes Sir, I do. In the space of 9 days I personally worked 3 sixteen-hour shifts, then 20 hours, then 12 hours and one more 16-hour. I would like to say this is anomalous, but it has become the "New Normal" in the NICU.

I come from many generations of nurses and midwives. All of which have served with distinction and passion. Nursing is not a job, it is a Calling, but pardon me if I currently am struggling to find *"I would say at this point in time (it's) so far, so good."*

Perhaps is was a misquote and what you meant to say was "So far FROM good"

We care for Manitoba's (Ontario, Saskatchewan, Nunavut and the United States) smallest and most fragile population with a fierce dedication to do our upmost. We are well acquainted with life and death and know the difference between good and not good; and this, Sir, is not good.

We need Safe working conditions, lives depend on it.

With respect,

[redacted]

St. Boniface General Hospital Neonatal Intensive Care Unit

[redacted]

Cc:

Wab Kinew, MLA, New Democratic Party Leader of the Official Opposition

Dougald Lamont, MLA, Manitoba Liberal Party Leader

Darlene Jackson, Manitoba Nurses Union President

[1] [1] Bouchard, Martine. 2018. Funding Requirements to Meet Chronic Overcapacity in St. Boniface Hospital's NICU – Business Case. Letter to Real Cloutier, Interim President & CEO, WRHA.