

REES' Pieces

I'll stay away from negativity

This month I've more than doubled my efforts with regard to my column. I started early and was lamenting about the condition of health care in the province and how it is in shambles. The more I researched, the more I wrote. It became so long, you will find it elsewhere on this page.

Now I am back at the drawing board, trying to figure out what words of wisdom, I can generate. I promise, in this version I will try to stay away from a lot of negativity.

However, I have one matter to get off my chest. It's just over 100 days, when we will be marching to the polling booths to cast our vote in the Federal Election in mid-October. I know retirement of Bill Casey after 30 years service was a blow to Liberal aspirations, but I can't figure out why they haven't called a nomination meeting.

Time is a wasting. The conservatives chose Scott Armstrong, back when there was snow on the ground; the Green Party has selected Jason Matthew Blanch, who has carried the party flag previously. The NDP are still searching and licking their wounds after Lenora Zann, resigned her MLA seat to sit as an Independent in the provincial legislature. Within minutes of announcing her independent status at an anniversary party to celebrate 10 years as the MLA for Truro-Bible Hill- Salmon River-Millbrook she announced she was going to seek the Liberal Nomination to replace Bill Casey.

Whenever the nomination meeting is held she will be up against James Hardiman who announced his nomination candidacy in mid-May. Matthew Rushton, who was Liberal Candidate in Colchester South in the 2017 provincial election is rumoured to be seeking the nomination, but has not filed papers.

Colchester Council is watching closely the application for a Construction and Demolition Materials site for Middle Stewiacke to handle a large volume of Asbestos material. Citizens are out-raged and concerned about airborne asbestos particles from many trucks travelling through their communities.

One has to be concerned about the Department of Environment possibly giving approval to the site, when there already is the Waste Management Facility in Kempton. When it comes to demolition of buildings, asbestos is a major concern. Maybe management at Department of Environment has not read the latest bulletins about Dangers of air-borne asbestos. Wonder, who knows who for them to turn a blind eye.

The Canadian Snowbirds surely turned on the after-burners as they put on a magnificent show in front of 4,400 attendees in Debert on June 19th. The turnout of a large crowd in mid-week even astonished organizers and those who track crowds for similar shows.

Not sure how official and reliable the information is, but I've been told, for the size of the host community, the June 19th event in Debert ranks amongst the largest crowd in Canada. Sure larger metropolitan areas would draw a larger crowd, but for community on just over 1,000 residents, Debert appears to be a record holder.

Maybe this will entice organizers to bring the show back to Debert in a few years.

We won't know until mid or late July the success of the joint collaborative effort by Cumberland and Colchester Counties to be the first Canadian Federal Constituency to get approval for the installation of high speed Broadband internet service in one initiative. Staff of both counties and their chosen ISP supplier / contractor are putting the finishing touches on the proposal which is due in Develop Nova Scotia office on June 28th.

The initiative has been in the works for just over a year. The two counties are hopeful they will have a shore in the record books for their successes. They have already made history, simply from the standpoint how well they worked together and the speed at which it happened.

With this exercise under their belts, they should start looking around for other major projects which can be tackled jointly.

If their broadband project is successful, they will be provincial leaders and would make excellent "ambassadors" to show the rest of the province how to become the "most connected" province in Canada.

I'm keeping my fingers crossed.

Maurice

Letters to the editor

This is an open forum for your opinions and comments.

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A New Way for Healthcare

Healthcare in Nova Scotia is in shambles. Throwing more money at it will solve nothing. A new plan could cost less money and improve service.

Here's today's report card: **Nova Scotia Health Authority** is broken. Janet Knox's leaving provides an opportunity to hire an administrator to do it right ensuring the management team is inclusive of the various professions not weighted to one at the expense of others, particularly the Doctors.

In health care the most dangerous problem facing Nova Scotia is Obesity. We need a team of nutritionists and life-style specialists to deliver improvements in general health which will reduce costs.

The "clogging up" of Emergency Departments could be eliminated overnight by imposing a \$20 fee. We would see an immediate drop of visits for a sniffle, hang-nail, or to read the magazines. A coding on the health card would provide exemption information.

The province will not be able to recruit enough doctors to serve the province correctly and to the satisfaction of taxpayers. We must choose or develop a different model that not only delivers health care but eliminates justified complaints.

The province should continue to recruit as many doctors as possible utilizing some of them in a different way.

Let's look at **Medical Clinics**. Take a map of Nova Scotia drawing a circle, radius 40 Km (25 miles) around each existing medical clinic and hospital. This will show gaps and underserved areas.

Over time let's change from "medical clinic" to "community health centre". Rural areas where doctors are retiring will be #1 Priority.

The province should be divided into five regions - Cape Breton; mainland Nova Scotia east of HRM; Metro, and West of Halifax. Then hire a non-medical professional administrator to manage / oversee existing Medical Clinics and future **"Community Health Centers"** in each region.

"Community Health Centers" look no different than existing medical clinic, but may not have a doctor on-site. Staff will comprise: Nurse Practitioners (NP); RN's, and LPN's, who will be supplemented by a team of oversight doctors and technicians or specialists who will deliver programs for dental, foot care, mental, addictions, nutrition, pre-natal, baby care, terminal illnesses and whatever else is

required.

The program or service specialists would be full time, but not be assigned to one health centre. They would visit health centers as scheduled or when needed.

The center's NP's and RN's will work with oversight doctors accessible via tele-medicine. Possibly some doctors who closed their practice because of age, or "burnout", might like to continue working a few shifts a week, but remotely by phone and video services. Their years of experience would contribute to the best tele-medicine team possible. They could do it from home, although more than one in a room would be preferred.

In a Community Health Center setting, the community provides the facility. A volunteer board / committee of 4-6 people will administer the building, do fundraising and provide linkages with the community and to senior management. Each "community health center" must include an apartment for inclement weather and other purposes to be outlined later.

When I spent a week in the Truro hospital in November 2016, all the doctors who attended me were working full-time, living where they wanted; travelling from hospital to hospital. Not one had a medical practice. As today's doctor recruitment team delivers successes, some could be "travelling doctors" who work on a schedule to visit the community health centers. Initially, a recruited doctor should be permitted to work, wherever he / she wants except HRM.

If you have read this far, some will be curious where I'm heading and other's will say: **"What No Doctor. That is totally unacceptable"**.

As rural doctors retire, "clinics" change to "community health centres". Retiring doctors give 15-18 months notice. Within 90 days conversion starts. Provincially the first conversions to health centers will be areas where doctors are retiring.

Can health care be delivered without a full-time doctor on-site?

In this province medical service is already provided without a physician present. In Parrsboro and other areas overnight Emergency Clinic service is provided by the paramedic/registered nurse/oversight physician team. This could be expanded to daytime with staffing as previously suggested.

Up north and in other countries - Australia for example

- primary health care is provided by: **"Outpost nursing"** registered nurses who have the experience, skills and willingness to work in very challenging conditions. Challenging means increased responsibility from working in smaller rural communities.

Nurse practitioners (NP's) are registered nurses who have additional education and nursing experience, which enables them to: Autonomously diagnose and treat illnesses; Order and interpret tests; Prescribe medications and perform medical procedures.

NPs treat the whole person in an approach including: Addressing needs relating to a person's physical and mental health; Gathering medical history; Focusing on how an illness affects a person's life and family; Offering ways for a person to lead a healthy life and teaching persons how to manage chronic illness. NPs are educators and researchers who can be consulted by other health-care team members.

NPs first appeared in Canada in the 1960s. Early on, NPs provided care in rural and remote areas. By the 1970s, interest in the NP role increased and more education programs began. Today, NPs are an important part of the health-care system.

NPs bring value to Canadians and the health-care system. Studies about the benefits and patient experiences tell us NPs: Involve patients in decisions about their care; Improve access to primary health care; Reduce pressures on the health-care system; Are valued and trusted by patients and Provide high-quality management of chronic illness (e.g., diabetes, high blood pressure).

Some larger community health centers in small towns could have resident doctors, using NPs to reduce workload preventing "burn-out".

Time will tell the required open hours, but initial planning should be 12-16 hours a day, seven days a week.

Each community health centre must have an adjoining apartment, offering overnight accommodations for up to four people. The centre is prepared for inclement weather or specialists travelling long distances, enabling them to see patients in evenings or early morning. If "health centres" included other services rural areas would receive improved health care.

As a health centre evolves, CCA's / PCW's for the area would be assigned to the health centre requiring less travel as they would work within the 40 Km radius.

The Shoreline Journal

Here's where to find us:

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Bayside Pharmacy
Dominion Chair Factory Store

BIBLE HILL:
C.W. Fraser Pharmacy
MacQuarries Pharmacy
Kennedy's Deli - Ryland Ave

DEBERT:
Debert Mini-Mart

FIVE ISLANDS:
Masstown Market Five Islands

GLENHOLME:
Double "C" Truckstop

GREAT VILLAGE:
Wilson's Gas

MAITLAND:
Frieze & Roy General Store

MASSTOWN:
Masstown Market
MTM Retail Gas (Petro-Can)

MILLBROOK:
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NORTH RIVER:
Grant's Grocery

PARRSBORO:
CrossRoads Co-op
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TRURO:
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The overall goal is to deliver better primary health care; enlarge program availability permitting access to more services locally, except surgery or more serious treatment. Another benefit is those needing healthcare will be satisfied and complaining will stop.

The next priority is to eliminate OBESITY. It will pay dividends. General health will improve and costs will reduce. Obesity causes a lot of other problems.

Maurice Rees, with over 55 years journalism experience, is publisher of The Shoreline Journal, Bass River.

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