



# dialogue

January 18, 2007

A bi-weekly update on issues  
affecting health care in Ontario

**OPSEU's full presentation on Bill 140**
[http://www.opseu.org/bps/health/longterm/  
index.htm](http://www.opseu.org/bps/health/longterm/index.htm)

## Bring back minimum staffing levels in long term care – OPSEU

**16**

Understaffing in long term care homes is affecting patient care and placing worker's safety in jeopardy.

**It's not too late!**  
Contact your MPP and demand staffing minimums in long term care.

The Ontario government's Standing Committee on Social Policy was told Jan. 16 that the McGuinty promise of staffing minimums must be fulfilled in Bill 140, the new long term care act.

Debbie MacDonald, Chair of OPSEU's long term care sector, told the committee of her own injury working at Sherwood Park Manor in Brockville. MacDonald was injured by a resident in 1998, ripping her arm out of its socket, tearing her rotator cuff, shattering a disk in her neck and severing a nerve in her right arm. For 10 minutes she cried for help before staff were able to respond to her distress. MacDonald had to leave the bedside care she loved to do due to her permanent injuries. She now serves as a clerk in the home.

OPSEU President Leah Casselman told the committee injuries like MacDonald's would be less common if long term care homes were required to maintain staffing levels closer to those of other provinces and U.S. states.

In 2001 PriceWaterhouseCoopers found Ontario to have the worst level of care among sample jurisdictions it examined.

While most provinces and U.S. states legislate minimum levels of care in their homes, Ontario eliminated a legislated minimum of 2.25 hours of care per day per resident in 1995. At the time, the Liberals vowed to restore the minimum. The same promise was reiterated in the 2003 election, and the legislature's

public accounts committee was told in 2005 that the Ministry was working on establishing a "floor" for staffing hours.

Bill 140 was introduced last fall without the promised staffing standards. The day of the hearing the government released the first figure on staffing levels in six years, claiming Ontario long term care residents were receiving 2.86 hours per day of care. Critics suggest the figure may be suspect — based on unaudited voluntary reporting. The number is also below the 2.95 hours of care needed just to prevent harm, according to a comprehensive U.S. study.

Patty Rout, Chair of OPSEU's Health Care Divisional Council, presented a lengthy list of concerns with sections of the bill, including transparency, fines, inspection and screening. Public hearings on the bill continue next week.

## OPSEU faces challenges ahead with McGuinty's health care agenda

OPSEU has a full agenda of health care concerns this coming year. A partial list would include:

- Protect member rights of Community Care Access Centre workers who face a new amalgamated employer Jan. 1. Representation issues will have to be decided using the rules of the recently amended *Public Sector Labour Relations Transition Act*;
- Utilize Justice Campbell's final SARS report to lobby for needed changes in the way Ontario responds to health care emergencies — especially workers' health and safety;
- Respond to Bill 140, the *Long Term Care Homes Act, 2006* (see story above);
- Push for member interests as the McGuinty government embarks on a process to establish a 10-year strategic plan for health care;
- Fight *Ambulance Act* regulations requiring all paramedics to have a Class F license — even if they never drive the ambulance;
- Meet with LHINs regarding labour issues and to reduce the impact of impending integrations;
- Lobby against competitive bidding in home care. This year the moratorium on competitive bidding will be gradually lifted, creating a new wave of contract and staff turnover;
- Oppose the province's plan for more than 30 privatized hospitals;
- Campaign to retain jobs and pensions for workers in the former provincial psychiatric hospitals. Employers plan to divest member work to community agencies and other hospitals;
- Work with the Ontario Health Coalition to retain health services at small rural hospitals;
- Protect members amid lab amalgamations and back office transformations;
- Support legislation requiring use of safety engineered sharps;
- Bring workers' concerns to the province's flu pandemic planning process;
- Plan to bring health care issues into the next provincial election.