

dialogue

An update on issues
affecting health care in Ontario

August 21, 2008

Niagara Health System unveils plan to rationalize core hospital services

Two smaller community hospitals to be turned into clinics

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Niagara Health System has unveiled an extensive clinical services plan that will rationalize many core hospital services in the region.

The plan has drawn fierce opposition in smaller communities where hospitals will be reduced to the status of a community clinic, losing both surgical and emergency services.

The Mayor of Port Colborne has already said that his municipality will go the Hamilton Niagara Haldimand Brant LHIN with their own alternative plan.

Residents at Niagara Falls are equally upset that their hospital will be losing obstetrics and pediatrics, leaving women to travel to St. Catharines to deliver and care for their children.

Much of the services consolidation will be transferred to the new P3 hospital in St. Catharines, which isn't expected to be completed until 2013.

Highlights of the plan include:

- Locate cancer care, nephrology, cardiac catheterization, women's and children's health, and acute mental health care at the new St. Catharines hospital;
- Delivering emergency services only at the Niagara, St. Catharines and Welland hospitals;
- Establishing a 10 bed stroke center at the Greater Niagara General Hospital;

- Move the Diabetes Centre and Complex Continuing Care to Port Colborne;
- Deliver most surgeries at the St. Catharines site, with some specialized surgeries going to Niagara Falls and Welland.

Dr. Jack Kitts, president and CEO of the Ottawa Hospital has been asked by the LHIN to review the hospital's plan. No decision has been made on public consultation.

Upon unveiling the plan in mid-July, the hospital offered only two weeks of public input before the plan was submitted to the LHIN. Input did not include any public forums.

Much of the plan rests on the NHS receiving \$65.5 million for new services, such as inpatient rehabilitation beds, inpatient mental health beds, and a new satellite dialysis service.

The proposed changes must come as a surprise to the LHIN, given it had asked for a plan to balance the hospital's budget, not produce a shopping list of new expenses.

The hospital says it has produced \$31.9 million in savings, and through the plan, expects to balance its budget by the time the new hospital opens in five years.

The hospital justifies the rationalization of services, claiming that 90 per cent of the population will be within 30 minutes of the new St. Catharines P3 hospital. The detailed report states

that the calculated travel time does not include traffic lights, stop signs, construction and other normal traffic impediments. It also assumes residents would have access to a car.

The hospital suggests an intercommunity transportation system would be necessary, however, there isn't any detailed plan or costing.

The plan also assumes unspecified investments in community-based services that it plans to move out of the hospital.

The NHS has also not estimated the cost of renovating all of its sites to accommodate the changes, nor has it negotiated with the new P3 consortium to make changes to the hospital plan it had submitted for project bids.

Niagara Falls has already said it will hold stakeholder meetings, and other municipalities are likely to follow.

Amid the turmoil surrounding the clinical services plan, NHS announced that Plenary Health was the winning consortium to build the new 375 bed P3 hospital in west St. Catharines. Final contracts are expected to be signed within two months.

Plenary Health will design, build, finance and maintain the building for a 30 year period. Plenary Group has offices in Australia, Canada and Singapore, and arranges financing through the German Deutsche Bank.

Muskoka Algonquin Healthcare pulls plug on community lab testing

Muskoka Algonquin Healthcare has told its lab staff that community-based testing will be discontinued in six months.

The hospital sent an August 18 memo to staff telling them the decision was taken by the ministry of health, the hospital and North Simcoe Muskoka Local Health Integration Network (LHIN).

The hospital's role was a surprise given earlier this year hospital CEO Barry Lockhart had told the media that "our preferred model is still to maintain the service delivery model that we have."

The announcement brings to an end a decade-long pilot project between MAHC and Gamma Dynacare.

No layoff notices have yet been issued, but it is expected the announcement will make worse an already difficult staffing situation at the hospital. MAHC

has struggled to maintain staffing levels in the lab during the summer.

The end of community-based testing will mean lab samples ordered from local doctor's offices will likely have to be shipped to Gamma Dynacare's main facility in Brampton.

Given weather conditions that frequently close highways in the region during winter months, there is concern about local access to timely medical lab results.

With community-based lab testing making up most of the work at MAHC, the lab's ability to maintain the present range of hospital-based testing will also be severely challenged.

Last year departing health care professionals said uncertainty about the future of the lab was a factor in their departure.

The May report on the pilot projects indicated average cost of tests per

patient was \$33 in the private labs, \$22 in a public hospital lab. It also pointed out numerous benefits of maintaining public testing before concluding the pilots must end due to conflicts of jurisdiction with the LHINs.

It is not yet known whether the province is pulling the plug on all of the pilot projects. Perth, Fergus, Orangeville, New Liskeard, Napanee, Winshester, Kenora, Pembroke, Atikokan, and Parry Sound are also working under similar pilots.

The threat to lab services comes two years prior to the G8 leaders meet at Deerhurst Resort in Huntsville.

OPSEU has written to the North Simcoe Muskoka Local Health Integration Network asking that the public be consulted before any changes are finalized by the hospital and the LHIN.

OPSEU represents 24 full-time and 19 part-time lab workers at MAHC.

ONTARIO HEALTH COALITION

Listen Up McGuinty

5-CITY ALL OUT MASS PROTEST
Toronto/Windsor/Kingston/Sudbury/Thunder Bay

Support Public Healthcare

- Stop cuts to hospital services
 - Stop P3s
- Stop homecare competitive bidding
- Regular minimum care standards for nursing homes
 - Stop privatization and two-tier extra billing

Saturday, September 27 / Beginning at 11 am

For more information, go to www.web.net/ohc/

Rouge Valley layoffs backfire as Ajax mental health services struggle to continue

Despite paying out costly severance packages, the Rouge Valley Health System is trying to hire back limited staff on a casual basis to try and keep mental health services going at the Ajax hospital.

Inpatient acute care for mental health patients is being discontinued at the hospital, unofficially scheduled for October. With little incentive to stick around, many professionals chose to walk out the door and not come back.

The concerns are amplified by a need for additional mental health

staff at the Scarborough site of the RVHS.

One psychiatrist has already left, while two others have drastically reduced their hours. Four registered nurses were gone by July, while a fifth left before severance packages were offered. Two more RNs are expected to leave this week. One social worker has left and another has given notice. Several registered practical nurses and administrative staff have also left.

Many outpatients have been left scrambling for treatment in the wake of the exodus, some showing

up at Scarborough Centenary only to be told they live outside the hospital's catchment area.

March 25 the hospital announced its plan to cut 20 mental health beds at the Ajax hospital and cancel nine more acute care mental health beds under construction. OPSEU took the Central East Local Health Integration Network to court after it approved the plan without community consultation. No decision has been issued in the case. OPSEU continues to call for a suspension of the present cuts and the appointment of a supervisor to take over the hospital.

Hamilton St. Joseph's cuts services again

The annual downsizing of Hamilton St. Joseph's continues this year with cuts to the Charlton Avenue rehabilitation unit and the elimination of the Stoney Creek Baby's Best Start program – a pre and post natal health and nutrition counseling service. A consumer health program and other unspecified bed closures and program cuts aim to shave \$10.7 million from the hospital's \$500 million annual budget.

Last year the hospital cut the last three of its community lab collection sites despite protest from the community.

Meanwhile, as CEO Kevin Smith downsizes the hospital, he continues to escalate his own salary, reported in this year's sunshine list as \$580,881 plus \$59,317.85 in taxable benefits for 2007. That's an increase of close to \$50,000 more in salary and perks over 2006.

Tell us your wacky LHIN story

All across the province inexperienced LHINs are running roughshod over local health providers. Most have forgotten their mandate to consult the community as they come up with increasingly wacky ideas. Here are just some recent examples of wacky LHIN decisions:

- The Central East LHIN has come up with a contracting out quota. It is asking hospitals in the LHIN to give up one per cent of their budget to a community agency of their choice to deliver whatever service the hospital so chooses. Now that's direction!
- The South West LHIN has been wringing its hands over what to do with a \$1.7 million surplus while demanding the Strathroy Hospital close its entire fourth floor to save \$2.2 million and balance its budget. Hmm... what to do with that \$1.7 million?
- Short of long term care spaces, the Erie St. Clair LHIN is looking at putting alternative level of care patients into retirement homes, where they would be visited by home care workers. The nice thing about retirement homes is that they are only governed by the Landlord Tenant Act, and such, don't have to mess around with all those sticky quality of care regulations real nursing homes face.

Tell us your own wacky LHIN story and we will send it out in future editions of Dialogue. E-mail your story to rijanson@opseu.org

In Brief

Hospitals must publicly report C Difficile by Sept 30

Plus: Shocking Leisureworld Memo / Are Kincardine and Deep River hospitals in violation of the Canada Health Act? / Smith fails to understand democracy in Midland / FAC workshop set for October 8-9 in Toronto / Emergency Ontario Health Coalition meeting

The Ministry of Health has introduced a new regulation to require hospitals to report on quality care indicators. Hospital will be required to place data up on their web sites, beginning September 30, 2008 with reporting on **C Difficile**.

Mortality rates, MRSA and VRE will have to be reported by December 31, 2008, while **surgical site infection, central line infection, ventilator-associated pneumonia** and **hand hygiene** will have to be reported by April 30, 2009 ...

A shocking August 14 **Leisureworld** memo is making the rounds in cyberspace. The memo threatens staff with disciplinary action, including dismissal, for hoarding incontinent pads for their residents. Hoarding has become common practice in homes that ration the supply of adult diapers. The memo says that front line staff have been complaining that there are not enough of the products on hand – a complaint Leisureworld calls not acceptable and not true. In capital letters, the memo says “HOARDING OF SUPPLIES IS THEFT.” Meanwhile the **Ombudsman** is investigating Ministry enforcement and monitoring of standards of care in the province’s nursing homes. Nursing homes are supposed to keep incontinent supplies readily accessible – not under lock and

key... The board of the **South Bruce Grey Health Centre** has confirmed its intention to contract out its physiotherapy departments despite community protest. **Kincardine** is the first hospital in the GBGHC to lose in-house physio – all sites are expected to follow, **Walkerton** expected to be next.. Meanwhile the Kincardine Municipal Council has called for a stakeholder meeting September 24 to discuss the erosion of services at the hospital and possible de-amalgamation from the GBGHC... In **Deep River** the hospital has announced it will charge a fee for service for any physiotherapy out-patients who do not have private health insurance. OPSEU is investigating whether this is a contravention of the **Canada Health Act**. ...**Kevin Smith**, the well-rewarded CEO of Hamilton St. Joseph’s, has offered a compromise after 2,400 members of the **Midland hospital** were disenfranchised from electing board members to the new amalgamated hospital. Smith was appointed by the province to sort out the amalgamation of the **Huron** and **Penatang** hospitals with **Mental Health Centre Pentanguishene**. He has proposed an appointed citizen’s committee in the new structure – hardly a

satisfactory response. Smith, evidently, has still not learned the difference between appointed and elected, and why this matters to community members... A two day **FAC workshop** is now confirmed **October 8-9** at the OFL building in Toronto. Cost for the workshop is \$130, which includes lunch for two days. The workshop gives members the tools they need to feel confident and knowledgeable representing the union at the hospital’s fiscal advisory committee. If your local would like to send participants, please contact **Duncan MacDonald** toll free at the OFL 1-800-668-9138 ext 668 (416-443-7668 Toronto) or by e-mail at dmacdonald@ofl.ca ... the **Ontario Health Coalition** is holding an emergency meeting **September 11** to discuss the escalating cuts that are taking place at hospitals across the province. The meeting is intended to share information and begin a fight back campaign. Meanwhile plans continue towards the Sept. 27 all-out health protests in Toronto, Sudbury, Kingston, Thunder Bay and Windsor. **Toronto area locals** are invited to attend an **OFL/OHC joint meeting September 8** at OPSEU’s Wellesley offices to plan mobilization activities for the rally.