

dialogue

March 13, 2008

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

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Ministry appoints committee to implement interprofessional care

Feb. 29 the ministry established an interprofessional care committee to oversee implementation of an action plan released last summer.

Interprofessional Care: A Blueprint for Action In Ontario calls for greater education in interprofessional care, a review of professional standards of practice, changes to the Regulated Health Professions Act, resolution of complex liability coverage, and overall cultural change in the workplace.

The plan argues there is mounting evidence that interprofessional care offers such benefits as increased access to health care, improved outcomes for individuals with chronic disease, less conflict among caregivers, better use of clinical resources, lower rates of staff turnover and greater ability to recruit caregivers. While the plan makes no claims and presents no evidence that it saves money, it often implies as

much, suggesting the motives may have more to do with making do with “finite human and financial resources.”

Interprofessional care is defined as “the provision of comprehensive health services to patients by multiple health caregivers who work collaboratively to delivery quality care within and across settings.” Team-based initiatives are often justification for taking activities from one professional group and reallocating them to less qualified — and less costly — professions.

Caregivers, as defined by the committee, can also include unregulated health caregivers, the patient, family, friends and community volunteers — raising the question as to whether the model is pushing patients into more unpaid care, or whether it is simply an acknowledgement that such caregivers already provide 80 percent of required in-home care.

The plan suggests incentives could be offered to encourage interprofessional care, including preferred provider status to home care agencies who practice such care — assuming competitive bidding will be restored.

It also suggest that changes may need to be negotiated in collective agreements to facilitate these changes — sharpening the often insistent demand of employers for greater “flexibility.”

The Interprofessional Care Implementation Committee is to provide ongoing coordination, dialogue and decision-making. The Blueprint recommended a three-year mandate. Appointed to the committee are Dr. Peeter Poldre from Sunnybrook Health Sciences and Jackie Schleifer-Taylor from St. Michael’s Hospital.

For more information, check out the HealthForce Ontario web site at www.healthforceontario.ca.

Paramedics fight for equity with police and firefighters

Paramedics across the province are engaging in a joint campaign to gain the right to retire at age 60 with full pension, something their counterparts in police and fire services already have. Last fall, the Ontario Municipal Employees Retirement System (OMERS) voted against a proposal to give paramedics equity with the two other public safety occupations. Paramedics from OPSEU, CAW, CUPE and SEIU have been meeting across the province

during February and March as part of an overall action strategy aimed at municipal politicians.

Nurses leave despite freeze on contracts

Health Minister George Smitherman may have stepped in to save the VON and St. Joseph’s Home Care in Hamilton, but the continuing uncertainty has nurses leaving none-the-less. The two agencies have recently lost about one-quarter of their nurses, making it difficult to take referrals of patients from hospitals and other acute care providers. Most who have left have

gone to other health sectors, leaving an even bigger gap in home care. St. Joseph’s has not taken new referrals for several weeks, and is asking the CCAC to cut back its market share for home nursing services in Hamilton.

PublicValues.ca

PublicValues.ca is a new online news-magazine presenting news about the fight to preserve public services. Published by *Straight Goods*, the new web site has support from the National Union of Public and General Employees (NUPGE) and other labour organizations. A French version is also available.

VON contracted to broker SE LHIN home supports

The South East LHIN has contracted the VON to administer a pilot support program to seniors that is independent of the Community Care Access Centres (CCACs).

The VON will administer a three-year \$17.4 million program to provide supports to keep seniors in their home.

It doesn't mean the VON staff will be providing the service. Dubbed the SMILE program – Seniors Managing Independent Living Easily – the program will serve as a broker for such services as transportation, laundry, shopping, running errands, or around the house chores.

“That might mean compensating a neighbour or local business for a home care service, or tapping into services from an existing community support service agency,” says Georgina Thompson, Chair of the SE LHIN.

Housekeeping services used to be provided by many CCACs prior to years of budget shortfalls. The new service means much of this work will be picked up by the voluntary or commercial non-union sector.

It is an odd move for a LHIN that is supposed to integrate services, rather than create new parallel structures.

In Brief

Malpractice to be placed on web site

Next year Ontario residents will be able to find out whether their doctor has any malpractice judgments and criminal convictions. The **College of Physicians and Surgeons of Ontario** will be collecting this information and begin posting it on a website June 1, 2009. The information will be among heightened disclosure required from doctors when they annually renew their license, including out of court settlements and declarations of substance abuse... The College of Physicians and Surgeons is also asking the Ministry of Health and Long Term

Revised workshops to help members understand hospital budgets

The Ontario Federation of Labour has recently revised its two-day workshop for affiliate members with an interest in their hospital's fiscal advisory committee (FAC). These workshops focus on legal entitlements and strategies as well teach the basics of reading a hospital budget. The first workshop is scheduled for June 11-12 in Toronto.

Conducted in locations across the province, hundreds of union members from the province's health care unions participated. The response to the workshops was overwhelmingly positive.

The revised workshops will give more time for members to work together to explore strategies and legal entitlements. There are also some new policy updates with changes at the Local Health Integration Networks.

The Public Hospitals Act makes it mandatory for hospitals to establish a FAC. Membership on that committee must include at least one staff nurse; however, OPSEU and other unions have made inroads at individual hospitals to establish other occupations on this committee.

The purpose of the FAC is to make recommendations to the hospital board with respect to the operation, use and staffing of the hospital. When working properly, the committee provides access to detailed financial information and a forum to advocate for change.

If you are active on your hospital's FAC, or are trying to get on your FAC, this workshop may be valuable to you. Depending on demand, there may be additional workshops scheduled in the fall.

Please contact Rick Janson at head office (contact info on front page) to indicate whether you are interested in attending the June workshop or one at a future date. Some funding may be available to support locals in sending members to this event, although space is very limited. Respond early to avoid disappointment.

Care to give them the ability to inspect private health facilities following the death of **Krista Stryland** in hospital shortly after receiving liposuctions surgery in a private clinic. ...**Emerald Matthews** was recently fired as a patient by her London-area doctor after canceling several appointments and delaying an x-ray – behavior typical of her depression. The incident raises questions of how the mentally ill and others with chronic illnesses will be able to find appropriate medical care. **The Canadian Medical Association** has guidelines suggesting patients should have the chance to find a new family doctor before a physician terminates treatment. Perhaps it is time for something more than a “guideline.” .. The **Registered Nurses Association of Ontario** (RNAO) is asking the public to e-mail **Dalton McGuinty** to say they don't want Ontario signed on to the **Trade, Investment and Labour**

Mobility Agreement (TILMA). Ontario and Quebec have begun discussions on a similar agreement to one between BC and Alberta that gives corporations new rights at the expense of government's ability to act in the public's interest... Bargaining surveys have been sent out by e-mail to Hospital Professionals Division members. Locals are encouraged to share the surveys with members who don't have e-mail access. ... The **South West LHIN** has reported a surplus of \$1.4 million at a time the two major hospitals in the London area cannot find long term beds to discharge patients. With no beds to spare, **London Health Sciences** and **St. Joseph's Health Care** have had to cancel surgeries and emergency care patients are waiting as long as 24 hours to be admitted. Ambulances are also having a difficult time delivering patients to the two hospitals under the circumstances.