

dialogue

June 27, 2008

An update on issues
affecting health care in Ontario

Caplan appointed new minister of health

Architect of flawed hospital privatization scheme takes over the helm of one of the province's most cherished public services

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Dalton McGuinty's minister of privatization is now the minister of health. June 20th George Smitherman was promoted to a super ministry combining energy and infrastructure renewal, McGuinty unexpectedly giving Caplan the health ministry.

Caplan is best known as the minister who facilitated dozens of new hospital projects as public-private partnerships, a highly controversial arrangement where facilities are designed, built and managed for-profit by large private sector consortiums.

The day of the appointment, OPSEU joined with CUPE and SEIU in pledging to draw a line in the sand to defend publicly funded and delivered health care.

Caplan's appointment is also controversial given his mother, former health minister Elinor Caplan, has been actively campaigning to restore the discredited competitive bidding system in home care.

"The privately-funded and operated hospitals Caplan is already responsible for will be a drain on health care for a generation," said OPSEU President Warren (Smokey) Thomas.

Caplan's appointment comes at a time when many issues are coming to a head, leading some to suggest that he will become the fall guy for many unpopular decisions resulting from George Smitherman's time at health.

They include:

- A decision on staffing standards in long term care: Shirley Sharkey's report on the issue was released this month. The report abandons the idea of staffing standards entirely, instead deciding upon care on a home-by-home basis. Despite recent high-profile deaths, Sharkey recommends loosening the regulatory environment. An implementation committee has been struck, indicating Ontario is abandoning its promise to introduce such standards.
- Home care agencies have been given contract extensions of up to two years while the government picks up the pieces of the competitive bidding system. While successor rights looked likely under Smitherman, Caplan may be much cooler to the idea. If competitive bidding resumes with no substantive changes, the government will be under pressure from communities across Ontario.
- Hospital accountability agreements are creating turmoil across the province. Five hospitals have now been placed under supervision by the ministry of health after they failed to balance their budgets. Much attention has been focused on Rouge Valley Health System, where the deficit has been used to justify 220 job cuts and the loss or transfer of more than 60 beds. In Kingston the government sent a strong signal that it would not tolerate hospital CEOs who campaign for more funding – especially during an election. June 25th the ministry removed Kingston General Hospital CEO Joe De Mora from his \$450,000 a year post. Many view this not only as retribution for De Mora's campaign, but as a signal to other cash-strapped hospital CEOs.
- A ministry commissioned report is recommending ending hospital testing of community lab work. This was a flashpoint last year, when the Muskoka area fought against such a plan, anticipating samples would go to Gamma Dynacare's central facility in Brampton. Medical professionals warned against the length of time it would take to send tests out of region, the likelihood of lost or damaged samples, and the increased difficulty they would have accessing results. St. Joseph's Healthcare also closed public lab collection facilities in the City of Hamilton despite complaints from the public.
- Lab consolidation also continues to be a hot issue as the Eastern Ontario Regional Laboratory Association continues its slow crawl towards amalgamation of 19 labs at 16 hospitals in the Champlain LHIN. Despite growing evidence it will never save money or make service delivery more efficient, the ministry is encouraging others to follow through the hospital annual planning submission process. *More/2*

Caplan (from page 1)

- The Local Health Integration Networks (LHINs) are also getting restless, creating havoc over what some are describing as “whacky decisions.” In Windsor the LHIN is looking at placing long term care residents in retirement homes, where the only regulation to protect them would be the Landlord Tenant Act. In the Central East LHIN, they have introduced a contracting-out quota for hospitals amounting to 1 per cent of their operating budget. This is in a region where hospitals

collectively ran up a deficit of \$26 million last year.

In addition to these issues, Smitherman leaves Caplan holding the bag as the spread of C-Difficile is placing the ministry under growing scrutiny. Nineteen hospitals are now reportedly dealing with the infection leading to at least 260 deaths in the province.

In Owen Sound the Grey Bruce Health Unit strike continues into its third month, leaving 27 OPSEU office and clerical workers out on the pavement. Questions

are emerging as to what critical work is not being done by the health unit to protect the public in the region.

Caplan may also have another significant labour disruption on his hands as more than 3,000 SEIU home care workers employed by the Red Cross are poised to strike late summer or early fall.

Caplan has already made his first unpopular decision: to deny the Ombuds’ request to investigate hospital-based complaints. Ontario is the only province where the Ombuds office does not have that right.

Demonstrations continue over Rouge Valley cuts OPSEU case first challenge of 2006 legislation establishing LHINs

Demonstrations continue over cuts to care at Rouge Valley Health System.

Late March the hospital announced its deficit reduction plan would include cuts or transfers of more than 60 beds and the loss of 220 jobs. The plan also included taking all mental health beds from the Ajax-Pickering hospital and moving them to Scarborough’s Centenary hospital.

June 6 a handful of protestors held an information picket outside Cobourg’s Northumberland Hills Hospital, the site of the Central East LHIN board meeting. The LHIN had chosen the location — 73 km from Ajax — to discuss the implementation report on cutting mental health services in Ajax while adding beds in Scarborough.

June 18 supporters filled the Durham Regional Council Chambers as the municipality discussed whether to allow an emergency resolution to withhold capital funding from RVHS. While many Councillors were clearly angry over the cuts and the manner in which they took place, the resolution came up a vote short of the two-thirds needed to deal with the motion at that meeting. The resolution is now scheduled to be debated in September and only requires a simple majority to pass.

June 23 more than 100 union members from CUPE, OPSEU and ONA held a noon-hour demonstration outside of Scarborough Centenary hospital.

Meanwhile, all eyes are turning to the July 11 Judicial Review filed by OPSEU.

OPSEU’s case revolves around the lack of consultation prior to the Central East LHIN board approving the cuts. The issue was not made public until the hospital board approved the deficit plan March 25th. Three days later the LHIN rubber stamped the decision — prior to any con-

sultation of the community or even the LHIN’s own Mental Health Steering Committee.

Meanwhile, the Ontario Nurses Association has initiated its own legal case, arguing the hospital failed to consult its Fiscal Advisory Committee before taking the deficit reduction plan to its board. The ONA case is to be heard in September.

The fight at Rouge Valley is being watched closely across the province. OPSEU’s case is the first challenge of the 2006 legislation establishing the LHINs.

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