

dialogue

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

Review existing P3 hospital mess before signing more deals – OPSEU

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Local 479 releases 14-page report detailing shortcomings of Ontario's first P3 hospital

The Royal Ottawa Mental Health Centre (ROMHC) was supposed to be the model of how a public-private partnership (P3) works when it opened last October – six weeks ahead of schedule. In a way, it has been a model, but not one the Ministry of Infrastructure Renewal planned.

The problem is that the ROMHC wasn't ready to be occupied six weeks ahead of schedule. Staff and patient safety was instead sacrificed to score points about the efficiency of the P3 program.

June 22 Local 479 held a press conference to unveil their review of Ontario's first P3 hospital. The 14-page report details failed hospital infrastructure, a dangerous work environment, and a private consortium looking to find profit any way possible.

While the government crowed about the hospital coming in on budget, the deal they signed was much higher than their original estimates. Planned to cost \$95 million in 2001, the final deal was signed at \$146 million. Changes to the unfinished wing of the hospital could take that figure higher.

In the 2003 election, Dalton McGuinty promised to end the P3 deals and return the Royal Ottawa and William Osler hospitals back under public ownership. However, in 2004, despite advice from Deloitte and Touche that the comparators with traditional develop-

ment were flawed, the McGuinty government signed the private deals to design, build, finance and maintain these hospitals.

Staff moved into the new facility October 27, 2006. At the time they found fire exits that led to dangerous construction areas, phones and fax machines that didn't work, security cameras that didn't function, sewage and diesel smells, washrooms where the taps didn't work, limited access to drinking water and temperature fluctuations throughout the "state-of-the-art" building.

Many of these problems are ongoing, including problems with surveillance cameras that have left hospital security scratching their heads over three recent thefts of computer equipment within a single week.

Private sector management means staff cannot move furniture without invalidating the warranty, nothing can be hung on the walls without paying an installation fee of \$15 per picture, and complaints about smells led to a \$500 air quality test billed back to the hospital's operating budget. Even a simple jug of water will cost program budgets \$5. Despite an agreement to maintain the building, program managers were surprised to learn they were required to budget \$3,000 each to cover upkeep costs. Assignment of costs continues to be unclear.

OPSEU is asking that the provincial government conduct its own review before signing more P3 deals. The union is also asking for stepped up inspection to ensure the health and safety of patients and staff. 30 more such projects have been announced over the next five years.

To read the full OPSEU Local 479 report, go to www.opseu.org

Ombudsman asks to extend mandate

The Ontario Ombudsman says that office should have a mandate to deal with complaints in the broader public sector, including public hospitals and long term care facilities. "Thousands of Ontarians are seeking our help in areas that our statute and our website make clear are outside our purview," writes André Marin. "These areas consume the bulk of provincial budgets, and more importantly, they represent the most serious contacts that Ontarians can have with their government. Yet they are immune from our scrutiny." Ontario is the only province in Canada that excludes public hospitals from the jurisdiction of the ombudsman. Four provinces extend the mandate to long term care homes. Despite no mandate, Marin received 2,400 pleas in the last year for help with municipalities, universities, school boards, hospitals, long term care facilities, and other organizations, such as police and children's aid societies.