



dialogue

December 14, 2006

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

Report of the Auditor General of Ontario

www.auditor.on.ca/en/reports_2006_en.htm

Letter re Birthing Unit at Stevenson

www.opseu.org/bps/health/support/dec06smitherman.htm

Auditor raises concerns about CT radiation exposure

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For the first time, the broader public service was subject to the annual review of the Auditor General of Ontario.

The change in scope allows the auditor to look at value-for-money issues in the health care sector.

Headlines were made Dec. 5 when Auditor Jim McCarter strayed into safety issues around CT Scans — something critics say is beyond his legislative scope.

McCarter's report stated physicians at the sample hospitals were unaware radiation levels associated with the CT scans were much higher than conventional x-rays. For example, the report notes, one CT Scan of an adult's abdomen or pelvis is about the equivalent of 500 chest x-rays.

More alarming, in almost half the studied cases, appropriate settings for children were not used, exposing them to levels the equivalent of up to 4,000 x-rays. Children exposed to radiation are at greater risk of developing radiation-related cancer later in life. At two of the hospitals examined, 58 children received more than one scan, 14 had at least three, and one child had six.

Dosimeters not worn

The auditor also found that the majority of interventional radiologists at one hospital failed to wear dosimeters, making it impossible to tell whether these workers exceeded the annual maximum radiation dose established under the Occupational Health and Safety Act.

The auditor acknowledged the three visited hospitals had general radiological policies based on the ALARA (As Low As Reasonably Achievable) principle, making the overall risks for patients generally low.

At two of the reviewed hospitals, getting a diagnostic referral from the Workplace Safety Insurance Board of Ontario (WSIB) meant patients got two-tier treatment. Hospitals are paid for services rendered to WSIB patients. For example, hospitals are paid about \$1,200 from WSIB for each MRI examination. At one facility, WSIB out-patients received their MRI within an average of five days, while other outpatients waited an average of 25 days. The fast-tracking may be related to the province's directive to hospitals to increase outside revenues in the annual planning submission.

This year diagnostics were identified for targeted funding as part of the province's wait times strategy, yet the auditor found CTs underutilized at one facility noting funding and staffing shortages.

Other findings in the 2006 report:

- There are 300,000 more OHIP cards than people in Ontario;
- While Ontario has about 1,000 independent health facilities (IHF) — most performing diagnostics — the auditor revealed there is no process for determining which services should be provided by IHFs versus hospitals;
- The auditor also said the government failed to look at whether facility fees paid to IHFs were reasonable compared to the volume of service completed.

Next year the auditor intends to look at long term care facilities.

Stevenson Memorial re-examines plan to close birthing unit

Under pressure, the Stevenson Memorial Hospital board decided Dec. 8 against closing the Alliston facility's birthing unit, referring the issue back to an ad-hoc committee.

The original plan, submitted to the Ministry of Health, had been to cease delivering babies at the hospital as soon as Dec. 15.

While the hospital claimed the closure was due to its inability to attract obstetricians, the board learned the hospital had deliberately stopped its recruitment efforts back in August.

On Dec. 4 Health Minister George Smitherman defended the planned closure of the birthing unit, stating to the legislature "it is not practical to provide this in every quarter. All of the evidence, all the clinical data, is so clear that it is necessary to provide these services on a platform where there is volume."

The Minister's requirement for a "volume" of services should send a chill to every rural hospital, especially if applied to other clinical services.

OPSEU wrote to the Minister Dec. 6, urging him to postpone the closure until it could be reviewed by the Central LHIN. The Central LHIN had made equity of service to rural areas one of its health priorities.

**SEASON'S GREETINGS
NO DIALOGUE DECEMBER 28**

Approved for Distribution by Leah Casselman, President