



Community Health Care Professionals

February 2007

BPS Sector 17



OPSEU to help staff work through transition despite flawed ministry plan

By Leah Casselman, President
OPSEU

When the government put the CCAC alignment project in the hands of the existing CCAC executive directors and boards, they did so knowing the task at hand was nearly impossible given the time frame.

If the ministry had attempted the project itself, it would have had a revolt on its hands. Give it to the CCACs, and it could point criticism at their failures.

In October, Ontario Association of CCACs CEO Jim Armstrong gave the first public clue that things weren't exactly going smoothly. While Jan. 1 has been treated as the absolute date for the new amalgamated CCACs to take charge, Armstrong told a public forum that January was "probably" the date this would take place. Probably?

The CCAC alignment project did not get off the ground until March 2006. Individual CCACs had to have their transition plans in place by September. The new amalgamated CCACs were supposed to get their transition plans to the ministry by the end of October. In November the structure for the new CCACs was decided upon. The new executive directors had one month – the December holiday season – to interview and hire six senior staff. That's on top of notifying every staff member across the province where their place of work will be before Jan. 1st, 2007.

Then there's the nagging problem of deficits. The hospitals were strongly encouraged by the province to empty their beds by sending more patients into home care. To everybody's surprise, they complied, and 20 of 42 CCACs were suddenly reported to be on track to run deficits by the end of the year. OPSEU was all over this story, talking to CCACs, the OACCAC, and the media. We did a telephone survey of every CCAC in the province. In the end the province came through, but



OPSEU President Leah Casselman

disguised their bail out of the CCACs as an enhancement of their emergency room strategy.

This fall OPSEU staff and representatives of the OPSEU Health Care Divisional Council have been visiting CCAC locals and giving updates on changes to the health care system and to home care in particular.

I was present when we brought CCAC members to Toronto on Sept. 25 to talk strategy. On the defensive, the CCAC alignment project made a point that nobody would lose their job – at least until after the amalgamation. We will hold them to that promise and do everything we can to protect jobs.

If home care is the next essential service, as Roy Romanow said, then we owe it to ourselves and our families to ensure CCACs are adequately funded and organized to provide the quality health care we need.

CCACs face restraint despite deficit bail-out

This year CCACs have had more than amalgamations to contend with – in September the Hamilton Spectator reported that 20 of 42 CCACs could be facing deficits by the end of December. The 14 new amalgamated CCACs took over services Jan. 1, 2007.

Under the guise of dealing with the emergency department situation, the province announced \$145-million in new funding Oct. 27, 2006, of which \$35-million was earmarked for expanding service in home care. However, the extra funding was likely more of a bailout than a capacity-building exercise. CCACs in debt were reportedly told the cheque was in the mail.

The story broke after the Hamilton CCAC told staff that 9400 units of care per week had to be cut as soon as possible. To facilitate the cuts, the CCAC paid overtime and brought in additional relief to evaluate individual case management files. If cuts could not be made, the Hamilton CCAC was likely to run up a \$3.6-million deficit by the end of the year. By law, CCACs are not allowed to run deficits. Hamilton’s situation was compounded by an 18 per cent increase in hospital referrals this year.

The Hamilton CCAC situation prompted local hospitals to publicly question whether they could continue with the government’s wait times initiatives given after-care was not likely to be available in the community for patients after such surgeries as hip and knee replacements.

The situation in Hamilton prompted OPSEU to survey all 42 CCACs. We asked the CCACs whether they were likely to run a deficit by the end of the year, and whether they were maintaining wait lists as a result of budget restraint. Most refused to cooperate with the survey – including the Hamilton CCAC. When asked about increases in hospital referrals, the Elgin CCAC claimed this was information given only to the Ministry of Health. Many indicated they were maintaining waiting lists as a result of lack of funding. While physiotherapy was the most common service patients were wait-listed for, CCACs reported that waits also existed for personal support, occupational therapy, speech language, nutrition, and social work.

The crisis also prompted questions in the legislature, with Hamilton MPP Andrea Horwath pointing out that the Oct. 27, 2006 funding was “too little, too late.”

While the \$35 million may have helped solve the deficit problem, members such as those at Hamilton CCAC say employers are still practicing restraint. The

amalgamations may actually be making the situation worse, with CCACs across the province not replacing retiring and departing staff in the final months leading to the transfer.

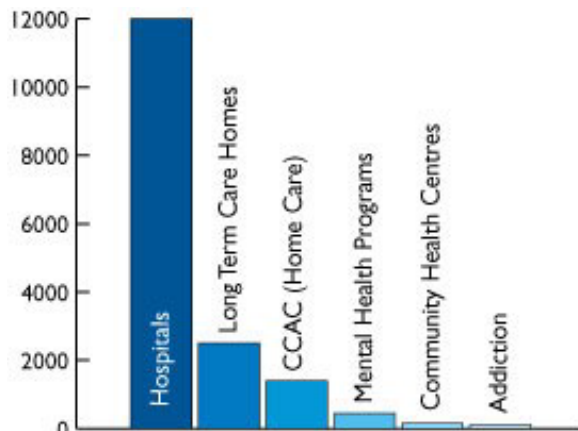
The Hamilton VON has been told it will only receive compensation on the basis of how the home care visit is categorized. If an RN does a visit the CCAC feels an RPN could handle, the VON will only be compensated at the RPN rate. This may lead to a realignment within agencies to down skill the staff complement. At a time when the government extols the virtues of more full time nurses, agencies may be pressured to layoff RNs and hire more RPNs.

While the government talks about the importance of home care – especially in the context of relieving pressure on hospital beds – the funding has not followed. In the past four years the home care sector has received smaller increases than any other major sector categorized under the Local Health Integration Networks (see attached chart).

Once the new CCACs are amalgamated, the moratorium on competitive bidding is expected to be slowly lifted over the next three to four years as existing contracts expire. The lifting of the moratorium could increase financial pressures as for-profit agencies look to make up for years of lost profits.

In the last year of competitive bidding prior to the moratorium, the Ontario auditor noted some CCACs were complaining of large cost increases in the new bids. One CCAC complained it was forced to sign a contract that increased the cost per nursing visit by 48 per cent.

**“too little,
too late.”**



Base Funding by Sector of LHINs Health Providers in Millions of Dollars, 2005-6

The Future of CCAC Direct Service Staff

When Elinor Caplan issued her 2005 review, she said CCACs should not employ direct patient care staff. Nine CCACs across the province still employ direct care staff, mostly therapists.

When Caplan spoke to labour representatives in 2005, she said direct care staff would not be replaced as they voluntarily left the employ of the CCACs. However, no layoffs would take place.

However, Caplan still saw anomalies – particularly in the north – where CCACs would still be providing direct care.

In the province's response to Caplan, it dropped any reference to her recommendation "in the interim, CCACs not to hire or replace staff for service delivery."

Instead, the Ministry said it will continue to require CCACs to explain each circumstance where they deliver direct services. This recommendation and these business cases will be considered in ministry planning.

The response also says "divesting the CCACs of any role in providing direct service has human resources,

associated costs, and potentially, labour relations implications," suggesting that the ministry wasn't in any rush to create new headaches.

The province is also less likely to rush into divestment of these last direct care staff given shortages of therapists across the province. No CCAC is likely to rock the boat if it means fewer therapists to do home care visits.

In the short term, it appears as if the status quo will continue for undivested staff. However, with fourteen new CCACs emerging in January, a lot will depend on the direction set by the new boards and executive directors.

With a four-year rollout planned for the end of the moratorium on new agency contracts, change in the near future appears unlikely, particularly with an election looming in Oct. 2007.

Sector 17 Strategy Development Day

With the upcoming threat of CCAC mergers and LHIN incorporation (Jan. 1, 2007), OPSEU held a strategy development meeting Sept. 25, 2006 at the Delta Chelsea in Toronto. The day was well attended by representatives from each CCAC local with onsite clerical support/therapy/case management staff, staff reps, OPSEU organizers and the BPS Executive. Leah Casselman was able to meet briefly with the group to listen to concerns and reiterate OPSEU's intentions to support all involved in this process.

The day started with an introduction from Lois Boggs (Sector 17 chair) helping set the agenda. Following a round of introductions, Rick Janson, campaigns officer, helped the group focus on changes within the healthcare field, with a presentation of "**The Health**

Care Puzzle" – **A Provincial Health Care Overview**. He covered the history of: 1) Integration of the LHINS, back office transformations, consolidation of lab services, CCAC mergers; 2) Accountability Agreements; 3) Private for Profit delivery and 4) Private/Public Partnerships. He tied all of this together with OPSEU's

past, present and possible future response to each of these areas. Catherine Bowman presented an update on the CCAC mergers and hinted Executive Directors (EDs) for each area should be named within the week. Organizer Ed Ogibowski updated everyone on PSLRTA Legislation- Rules of the Game and PSLRTA Process and Bill 136. Handouts on PSLRTA/Bill 136 were given to all in attendance (available from OPSEU upon request).

In the afternoon, Janet Wright, our new Sector 17 negotiator, discussed how crucial it is for stewards to remain vigilant in their locals at this time of upheaval and that employees, going into job related management meetings, have union representation. Following Janet, small working groups were made according to future LHIN boundaries and

organizers worked with each group (comprised of different OPSEU locals and staff reps) to strategize on how to deal with the mergers at their own local level and look at the type of resources required to fulfill strategy plans. Strategies were brought back to the main



Organizing staff work on strategic planning for the sector

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group to share these ideas and suggest additional supports. At the end of the session, we received an update from Marcia Gillespie regarding the CCAC OMERS-HOOP Pension issue. This is still being decided in the courts and a Class Action Suit with Sue McSheffrey, as a representative, has been filed. With the wrap-up at the end of the day, Lois Boggs (Executive President) and Catherine Bowman both stressed the importance of **regular communication** with our local members, community partners and communities on what is happening in the healthcare field and with our provincial MP's on Provincial Health

Care System concerns and recommended advocating for ourselves by **implementing our local strategic plans**. Possible resources/opportunities to facilitate this include: lunch 'n learns, flyers, memos, letters, formal/informal communication and upon request, Janson will visit your local to deliver "**The Health Care Puzzle**" **presentation**. For more information on scheduling a presentation for your local contact: Rick Janson, OPSEU Campaigns Officer, email: rjanson@opseu.org or 1-800-268-7376, ext. 8383 (toll-free).

From Thunder Bay to Cobden... Health Care Divisional Council meets with Locals

Locals across the province held special meetings last fall to discuss the government's health care agenda.

Billed as the "Health Care Puzzle," the meetings have included a PowerPoint presentation on major trends in the health care system. They are also an opportunity for locals to meet directly with members of the Health Care Divisional Council.

"The health care system is in such a state of flux. We've been scrambling to update the presentations," said Rick Janson, OPSEU Campaigns Officer.

"The McGuinty government has been very active on health care," said Janson. "OPSEU members were telling us they were feeling overwhelmed by the number of campaigns we were running. In reality, it's all part of one big picture, and we needed to find a way of articulating that."

Topics in the presentation varied from location to location, including:

- The latest developments on the Local Health Integration Networks,
- The high cost of privately- developed and run public hospitals,
- How the government has created a hierarchy of cuts in its guidelines for the hospital annual planning submissions,
- The Deloitte review of mental health transfers,
- The CCAC alignment project,
- The government's response to the Caplan Review of CCAC procurement,
- The review of public health,
- The lack of minimum staffing standards in the new long term care act.

Members also heard about OPSEU initiatives on their behalf, including discussions with the ministry around the development of human resources adjustment plans for workers affected by LHIN integrations.

"Given the amalgamation of CCACs, members in Sector 17 had particularly strong turnouts to the meetings we scheduled," said Janson.

Locals initiated presentations in Thunder Bay, Owen Sound, North Bay, Deep River, Cobden, Ottawa, Casselman, Brockville, Kingston, Bracebridge, Barrie, Whitby, Toronto, Hamilton and Cambridge.

If you would like to arrange a presentation at your local, please contact Rick Janson at 416-443-8888 ext. 8383 or toll free 1-800-268-7376.



The Health Council meets CCAC locals in Renfrew and Pembroke as part of the province-wide tour.

Pension Class Action Update

There were three meeting dates during October and November to prepare for discovery. This sworn testimony is given in the presence of lawyers and representatives from each side and the court reporter. There is no judge present.

These discoveries are so that each side understands the case better. Sue McSheffrey is the representative for OPSEU's case and Roman Herman is being called for the Ministry. If any other Ministry staff is required for questioning (people more involved in 1996 -1997), we will apply for a court order.

Preparation work for this is considerable and the legal team has been going through the 200-plus documents that our side will be submitting. Lawyers may also be contacting people from the CCACs on our list in doing this work. The CCACs involved are: Hamilton, Renfrew, Grey- Bruce, Eastern Counties, Huron, Perth, London- Middlesex, Peterborough, Near North, Sudbury- Manitoulin, Kingston and Ottawa. The class



Sue McSheffrey

is described by the order as those employees who were OPSEU or AAHP:O members, who will experience a loss of pension benefits as a consequence of the transfer of their employment to CCACs.

Late news:

OPSEU was the only union to proceed with the class-action suit on behalf of CCAC employees with respect to their pensions. On May 9, 2005 the judge certified the class, allowing it to go forward to trial.

ONA was invited to participate four years ago and declined. On December 22, 2006 they filed a virtually verbatim copy of our statement of claim and are now seeking to join the process. As a result, they have created a delay causing the courts to postpone our scheduled January dates for discovery.

Local Updates September - November 2006

Local 548 VHA Toronto

The contracts with the CCACs were extended for one year. They are currently waiting for Request for Proposals process to unfold. Demand setting for the collective agreement is set for April 2007.

Local 489 Eastern Counties CCAC

Ratified a three- year collective agreement. Case Managers/PT/OT all got 6-3-3 per cent, MSW/ SLP got 3-3-3 per cent, Mileage increased to 41cents per km. Layoff language clarified and improved.

Local 481 Renfrew County CCAC

Ratified a 3 year CA 3-3-3 per cent increase, mileage to 41cents per km., Improved benefits included orthodontics and crowns. Layoff language improved.

Local 158 Elgin CCAC Discharge planners from hospital now combined employees of CCAC – Given their own collective agreement as there was some dissent as discharge planners have shift work and Case Managers do not. Seniority was combined.

Local 274 Hamilton CCAC

Wait lists in place for all therapies, nursing and homemaking – nursing service only post hospital discharge – PSW wait list since November '05 – CCAC in deficit situation -

Local 269 VON Hamilton-Wentworth

Started to reduce nursing hours as less referrals received from CCAC. More referrals made to Wound Clinics. Still have wait list for CCAC homemaking services

Local 492 Paramed Home Health Care

New collective agreement ratified. Includes wage increases with retention bonus on CCAC hours, improved travel allowance, improved shift premium and on-call payments. Collective agreement expires Dec. 31, 2007.

Are you getting “dialogue”?

News bulletin published every second week by
Health Care Divisional Council

OPSEU has six sectors that make up the health care cluster. Increasingly, issues that affect one sector often spill over to another.

For example, when Bill 8 brought accountability agreements to the hospital sector, it didn't take long before legislation was introduced to have Local Health Integration Networks (LHINs) establish similar accountability agreements with the other sectors.

When the government puts pressure on hospitals to shorten lengths of stay, often the patients end up in home care or long term care, but the budgets don't. Hamilton CCAC alone received an 18 per cent increase in referrals from the hospital this year.

This summer the OPSEU Health Care Divisional Council established “**dialogue,**” a one-page newsletter published every second Thursday. It features stories that cross over all sectors as well as address individual sector issues. The newsletter is posted on line as a PDF. Anyone in health care with a valid e-mail in OPSEU's database will receive a link to the file along with a short description of what's in the latest edition.

If you are not receiving notification, look for it on the OPSEU web site. The new edition is posted on the OPSEU home page every second Thursday. Back issues are posted on the Health Care Divisional Council web page.

Locals should print copies of the latest “**dialogue**” and post them on union bulletin boards. Mobilizing will be much easier if members are kept up-to-date.

Feedback on the newsletter has been very positive. At the recent meetings with locals around the province, it is clear that there is interest in the “**dialogue,**” but not enough members know about it yet. It may need some “talking up” at the local level, and stewards may wish to periodically hand-deliver copies to members with the encouragement to follow it on-line.

The publication is also intended to be a two-way vehicle. Send us your remarks, or suggestions for topics. We will follow-up in future editions.

If you would like to receive notification of each new “dialogue,” please ensure your regional office has entered your correct e-mail address to your Unionware member file.

12-Month Planners here

The Health Care Divisional Council has issued 12-month planners to all members in Sectors 1, 8, 10, 11, 17, and 18.

The 32-page planners are pocket sized, with enough room to write in all your critical dates for the coming year.

Dates for convention, the broader public sector (BPS) conference, and other key health care events are pre-printed into the calendar. More than 30,000 of the planners have been sent out to the regional offices for distribution.

The planners also include quotes and other information about some of the recent developments in health care.

It's a planner, it's a call to action!

CCAC Info Coming

On Jan. 1, 2007, 40 CCACs were realigned, creating 14 new entities. This realignment is a result of the LHINs being established across the province.

Because of these changes, there will representation votes between OPSEU and other unions in the months ahead. A special newsletter will come out on a regular basis to keep CCAC members up to date on the progress.

Watch for the **Realignment Report, dialogue** and further Sector 17 newsletters. Keep yourself informed.

Elsewhere in OPSEU

Union rights for college part-timers: A question of quality

Do you ever stop and think back to your carefree days at college? Do you recall a professor who had an impact on your education? Do you teach part-time at a college or perhaps your child is attending college? Did you know that over **17,000 part-time faculty and support staff at Ontario Colleges do not have the right to unionize?**

The Ontario Public Service Employees Union has launched the '**I Believe in Fairness**' campaign to amend the *Colleges Collective Bargaining Act* and make it legal for college part-timers to unionize. Part-timers at Ontario's 24 colleges are barred by law from joining a union. That means no job security, benefits, no grievance procedures – NO RIGHTS! College part-timers are not even covered by the basic *minimum* protections of the *Employment Standards Act*. The treatment of our part-timers is an issue of **Quality Education**. Part-time faculty tend to teach larger classes than full-timers. They are not paid for course preparation, student evaluation or out of class contact and both suffer as result. Part-timers receive little, if any professional development and few opportunities for input in curriculum development. A pervasive feeling of insecurity means most part-timers most quickly become discouraged and seek other work. Turnover is high and many good teachers are lost every semester.

Students pay the price!

We need your help to stop this injustice. Visit our website. Join the campaign. Help us get MPP cards signed and spread the word about this issue in your workplace.

www.collegeworkers.org.

**I believe in
FAIRNESS**
for part-time college workers!

Your Sector 17 Community Health Care Professionals Executive

Chair: Lois Boggs, Client Services Representative, VON Hamilton, Local 269;

Vice Chair: Sue McSheffrey, Physiotherapist, CCAC Renfrew County Local 481;

Treasurer: Deborah Sanowar, Physiotherapist, CCAC Sudbury Manitoulin, Local 675;

Newsletter Editor: Cindy Brown-Edmondson, Occupational Therapist, CCAC Peterborough, Local 315;

Membership Coordinator: Louise Mulligan -Roy, Social Worker, CCAC Eastern Counties, Local 489;

Bargaining Rep: Debbie Friday, Client Services Coordinator/Supervisor, VHA Home Healthcare, Local 548;

Campaigns Rep: Lucy Morton, RPN, VON Hamilton, Local 269;

Secretary: Judy Cowan, Case Manager, CCAC Renfrew County Local 481

Staff: Janet Wright, Bilingual Negotiator OPSEU
To contact the sector go to
www.opseu.org/bps/health/community/contact.htm and fill in the form.

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www.opseu.org/bps/health/community/index.htm

www.opseu.org

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