

February 6, 2006  
Bill 36

Good Afternoon,  
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Local 345  
Peterborough Regional Health Centre

My name is CarolAnn Bolton. I have worked at Peterborough Regional Health Centre for 25 years, currently as a Ward Clerk in the Birthing Suite. I am the President of OPSEU Local 345 which represents 250 clerical staff, half of whom are part-time and almost all are women.

Our members have been providing clerical and support services – some for more than 30 years. Members of Local 345 live in and around the Peterborough area which includes many townships, as do many of their families. This places us in the unique position of being both employees and patients for the health care services provided in our hospital.

The LHIN is called the Central East Health Integration Network. It is the second largest LHIN in Ontario with a population of 1.5 million people. Travel time in our region from Haliburton in the north to Scarborough in

the south is 203 km or 2.5 hours, depending on the weather.

PRHC currently serves 4 counties with a population of approx. 350,000 people.

We have a very large geriatric population, many of whom have no access to a family physician. Many residents are living in poverty. How can our most vulnerable handle the extra traveling time to access the health care that they require? Would this not reflect a two-tier system? Those that can afford to travel will get timely health care and those that cannot will get delayed or substandard care.

This Regional Hospital is the largest employer in this region employing 2000 staff, plus 600 volunteers. In 2004-05 we had 85,018 Emergency visits. We have the busiest Emergency department in Ontario.

As health care workers we know that the system is not broken but is severely under funded and has been for over a decade. Last week Dr. Gary Hill, an Emergency Room physician, wrote a letter to MPP Jeff Leal detailing the conditions and appalling state of the Emergency Room at PRHC. Dr. Hill has been working there for 14 years and he states the situation has never been worse. The editor of the Peterborough Examiner identified our health services as a “Decade of Shame”. “Patients who lie for days on narrow gurneys in the

busy, brightly lit hallways of the Peterborough Regional Health Centre – that’s the shameful stain on local health care that just won’t go away.”

The problem is PRHC doesn’t have enough beds and it doesn’t get enough funding for the ones it does have. A detailed Ministry of Health review found Peterborough needed 480 beds in 2005 but it gives funding for about 330 beds. With that formula patients in the hall is a given. The hospital actually has 50 more beds that are partially funded but every time one is used the hospital goes a little further into debt. The Ministry of Health recognized how badly underserved this community is when it approved construction of a new PRHC, scheduled to open in 2008 with 489 beds. Our current bed status is 335 beds.

Can anyone here explain then why the new, two-year budget imposed by the ministry is supposed to slash another \$2.3 million out of annual hospital spending? There is no logic, but one would have to question if this is a deliberate creation of crisis for our health care system to justify the drastic changes that will be imposed under LHINs Bill 36.

From a health care worker’s perspective I must state Bill 36 scares the hell out of me. We have survived the restructuring commission, layoffs, Bill 136 and SARS. The proposed LHINs structure will create chaos across

the health care system by moving services around within the region and opening the door to privatization and competitive bidding.

In our hospital new initiatives are being introduced that will down-size our workforce. They are voice transcription, automated staff scheduling and payroll system, and back office transformation. During the past year the hospital has issued layoff notices and services have been lost all in the name of “being accountable” as the hospital had a deficit. The services lost are the Day Hospital and the Prenatal Clinic. We no longer offer childbirth classes. The Public Health Unit now provides this service but at twice the cost to the patient.

The Rehabilitation Day Hospital was a multi-disciplinary comprehensive service offered to patients in the four counties served by Peterborough Regional Health Centre. Its primary mandate was to assist persons with complex neurological and physical rehabilitation needs to remain independent in their own homes, rather than to become hospitalized or to take up a bed in a long term care facility. Patients presented with a variety of diagnoses including: stroke (54%), other neurological diagnoses: including brain cancer and the effects of chemotherapy and radiation, seizures, etc. (19%), Multiple Sclerosis (14%), acquired brain injury (10%).

I can speak from experience for the excellent care provided by the Day Hospital. In December 2002 my husband suffered a stroke at the age of 46 and following his hospital stay utilized this out-patient service with much success. Had my husband suffered his stroke today the degree of his recovery would be questionable as he would not have had the rehabilitation and care provided by the Day Hospital. Although he had been on a waiting list for CCAC, it was over six months before he was contacted by them.

As of September 2005 this service was eliminated from the hospital before it could be established in the community. We were reassured by hospital administration that in a short period of time the CCAC would provide this program. Last week, five months later, the Director of the CCAC, Stephen Kay, advised that funding from the government has not yet been established, but he was hopeful it would be in place in another three months. This is unacceptable! The community raised these concerns at a public forum in the spring of last year. Hospital and CCAC administrators and our local MPP were all present. All acknowledged the need to keep this service intact but have failed to do so. How long must those most vulnerable wait to receive the care and support they so desperately need? Another shame.

Last year the Women's Health Care Centre, currently a department of PRHC, was an identified service to be eliminated in the balanced budget proposal. This threat is still there. Last year alone WHCC had 21,940 contacts. Women without family doctors were able to see a nurse practitioner for routine physical, cervical health, birth control. Abortion services, counseling for sexual abuse, sexual assault, eating disorders are also provided. The lack of family physicians is a critical issue for women in Peterborough. The development of Family Health Teams has been a slow and inadequate process to date. Due to an overwhelming outcry from the women and men in this community, Women's Health Care Centre was left out of the balanced budget scheme.

Seamless and transparent transfer of service from the hospital to the community has not been a reality in Peterborough. How could the Ministry and the hospital even think that closing WHCC and the Day Hospital before the establishment of replacement services in the community would be acceptable?

What I do know about the LHINs as detailed in the present legislation is that they will be controlling our future. They will determine the funding and delivery within our region. This means permanent instability for patients and workers as services/programs are continually restructured, transferred, and contracted

out. Where is the strategic plan? Why haven't the public or health care workers been allowed to give any input? Why aren't the LHINs accountable to the public? What will happen to the current Board of Directors at our hospital? What will their local role be? The Minister of Health has an enormous amount of control over the LHINs and the LHINs are a highly centralized control centre for the Minister.

What will be the economic impact on our community when the largest employer in the region eliminates staff or contracts out the jobs resulting in lower wages and no benefits? Money from good paying jobs that once flowed into the community will be no more.

Can you tell me who will look after our hardworking, dedicated and professional workers when they are told they no longer have a job, or due to competitive bidding they have to reapply for their job at a lower wage rate? What will happen to their pension plans? What does the Human Resource Plan look like? Currently health care workers are doing more with less. Our hospital is dirtier, staff morale is extremely low, staff are ill due to injuries and burn-out, workload has increased, expectations of the staff are higher.

Nursing shortages became so critical that extra money from the government for incentives for nurses became available, but nothing for the support staff. Yet the

support staff, especially the clerical staff that uses computers, is faced with constantly changing programs and need educational upgrading but due to the fast-paced changes is never given an opportunity to enhance their skills.

With the construction of our new hospital, members from our community have made generous donations. The question is being asked whether these dollars will actually go towards services and equipment in our own hospital or will they be transferred to another community? With the possible transfer of services going to other hospitals I know of several community members who have called the Foundation to pull their donations.

As the legislation stands now there are many important questions that must be answered. Providing answers for these questions is a responsibility that you must fulfill.

In summary, the LHIN Bill 36 is flawed and must be rejected in its present form. The impact of this legislation on health care workers will be devastating. Health Care is the provision of care by people!

There must be a human resources plan and it must include

- layoff as a last resort

- measures to avoid layoff
- voluntary exit opportunities
- early retirement options
- pension bridging and protection of pension funds
- retraining options

A transitional fund should be established. Similar to the private sector, a Health Service Training and Adjustment Panel should be resurrected.

Stop this legislation now! Involve the public – do a proper provincial strategic plan. Put protections in place for health care workers. If you don't take care of your workers you have no health care system.