

Notes for Patty Rout

LHINs Bill 36

Standing committee submission

Good morning, I am Patty Rout, a laboratory technologist at Lakeridge Hospital in Oshawa and chair both of the province-wide health care divisional council of OPSEU and the hospital professionals division.

I represent health care workers in all areas of health care, and as an OPSEU board member I serve workers in Haliburton, Barrie, Orillia, Peterborough, Oshawa, Cobourg and points in between.

I have traveled the province two winters in a row to discuss the impact of the LHINs with workers whose jobs and patients will be affected.

In this capacity I have been able to hear the concerns of thousands of health care workers about these LHINs.

I am pleased to be able to share the views of these workers with this committee.

We are opposed to the regionalization of care when it involves the movement of hospital services from public to private, and from near too far.

We oppose keeping services in constant flux, jobs that move from one hospital to another, and the uncertainty and fear that these so-called integrations cause.

In my own region of Durham, I have already seen how amalgamations and regionalized care have threatened services i.e. unequitable funding for multisite hospitals

Just before Christmas, we received word that the pediatric unit at the Rouge Valley Hospital in Ajax was being closed and that all services were being moved to Scarborough.

For families in Ajax, Pickering and points east, this represents a huge hardship.

While the distances are not large, it is a major problem for many people.

First, the highway between Pickering and Scarborough is one of the busiest truck routes in the

country. Imagine the gridlock at 7 AM and you are about to deliver a baby!

Second, not everyone has a car. Traveling from Ajax to Scarborough by public transit would literally take most of the day. It is just not an option for a mother with a sick baby.

Our Hospitals are part of our community, our tax dollars went to build these Hospitals and our tax dollars continue to provide for full service Hospitals.

As a result of this belief, hundreds of patients and workers attended a meeting in December in defense of these services being available locally.

Miraculously, the money was found, but for how long?

Our concern is that this is already happening. Services are being rationalized and moved around.

With the LHINs in place, this will happen more and more frequently as the LHINs are forced to ration and centralize services and contract out to the lowest bidder.

Ironically, the sector repeatedly targeted by the Minister of Health is the hospital sector.

It is ironic because the hospital sector has been the star performer in Ontario's health care system.

Ontario has fewer hospital beds per capita than any other province. The Hay Group's March 2004 study also said Ontario's hospitals are more efficient than others in Canada. The report shows that Ontario's hospitals have a lower potential for finding additional savings than others in Canada – a reminder of the efficiency measures already taken by our hospitals.

Now, once again, our members are being asked to cope with the chaos created when the whole system is amalgamated, merged, rationalized, and bent every which way in the interest of trying to squeeze every last possible dime out of the system.

I have not even mentioned the effect of competitive bidding on hospitals. Leah spoke about how it has devastated home care. Home care is simply not a career option any more, thanks to the competitive bidding system put in place by Mike Harris.

We don't want to see the same thing in hospitals.

We also wonder if this is really integration, or something else.

While the government presents the LHINs as a solution to the integration problems within the system, key parts of the system remain outside the model. Leah mentioned a few of these.

Here are some more examples.

- Ambulance service is left out despite problems interfacing with hospitals.
- Public Health is left out despite the lessons learned from SARS.
- Hospital laboratories are in, private labs are out.
- Psychiatric hospitals run directly by the Ministry will be out, divested ones will be in.
- Independent health facilities (IHF), a growing area of health care, run primarily by doctors, are out. This government has just approved \$20 million dollars from the federal government to go to Independent Health Facilities who provide diagnostic

imaging such as x-ray, ultrasound, and nuclear medicine.

- The regional laboratory plan for Eastern Ontario, known as EORLA – 16 labs going down to one, and other similar structures, are out, even though they provide services to hospitals.

How do you integrate a system when you leave so many important services outside?

This inconsistency will mean more fragmentation for some communities than presently exists.

Ironically, the LHIN legislation actually encourages transfers to these organizations that are outside the LHINs. Or was this the intention?

But for those workers affected, there are many huge questions that have not been sufficiently answered.

In the last round of hospital restructuring, the Health Services Restructuring Commission recognized the need for human resources adjustment plans to be negotiated with the unions.

This time, there is no human resources strategy at all.

I attended a LHINS workshop on Markham last year where this was a priority and still it is ignored in the legislation.

There is already a huge retention and recruitment problem for all health professionals and others and this legislation is going to make it worse.

We are already wondering who will do the work in a few years time, when so many of us are eligible to retire.

Constant chaos and threats of amalgamations and transfers don't help.

Who is going to relocate to a remote community when the rumour of having the service transferred to another center is going around?

The province must negotiate human resource adjustment plans.

It should also be willing to substantially fund these plans.

Human resources plans should have, at a minimum,

- Layoff as a last resort
- Measures to avoid layoff
- Voluntary exit opportunities
- Early retirement options
- Pension bridging
- Retraining options

A transitional fund should be put in place and a Health Service Training and Adjustment Panel should be resurrected.

This legislation should not go forward without a human resources plan.

Without health care workers you have no health care.

I will take your questions.