

OPSEU  
Hospital Professionals Division

**Mr. Brendan Kilcline:**

Thank you. Good morning.

My name is Brendan Kilcline. I work at the Kingston General Hospital as a Laboratory Assistant.

I'm very proud of the work that I do. I'm also with OPSEU. I'm very proud of my union. I'm on the Hospital Professionals Division Executive.

I'd like to make an initial remark. It's not that we are not against the stated aims of having truly locally accountable, integrated, networked health systems; This Bill does not achieve that. We have grave concerns that it is counterproductive to those aims.

First, I'd like to highlight who we are and what we do. We represent an incredibly diverse group of highly trained hospital professional practitioners in diagnostic, therapeutic and support services.

These are essential to the positive outcome of any medical intervention. It is a fact that employment stability ensures the best patient care.

Our experience with home care has been particularly disastrous for employment stability in the Kingston area.

The experience of the workers and the patients in that kind of purchaser-provider, competitive bidding environment has just been awful.

Elinor Caplan touches on just those things in her report. Again, despite what we're told about intentions, we believe that the structure of the bill itself leads to a certain inevitability about going down that road. It's not good for the workers and it's not good for the patients, and it doesn't get any more local than that. The front-line caregiver and the patient are as local as it gets.

We have considerable experience already with restructuring. We've had the Mike Harris Sinclair Commission restructuring, so we're quite well aware about what happens in restructuring and its problems. We are still recovering from that.

One of the effects of those restructuring exercises is that when people get moved around, they don't

necessarily find themselves in employment positions where all the skills and experience they spent many years obtaining are deployed as they were previously. Staff end up getting moved out of their particular areas of expertise and get placed back on the learning curve.

The learning curve is long and steep, and it just doesn't make sense to take people at the height of their expertise and reassign them in areas where they might have to reacquaint themselves with other subspecialties within their profession.

They're all professional, they're all capable of doing that, they're all licensed to do that, but the truth is, the degree of sub-specialization in our professions is extremely high. We feel that it's folly to institutionalize the constant moving, restructuring and relocation of services.

At least with the Sinclair restructuring, there was an end point, and we are still recovering from that. Workers are tired of endless amalgamations, mergers and privatization. They want to stay focused on their job, which is looking after the public.

If we look at the demographics in our professions—our professions are 80 per cent female. A very high percentage are approaching retirement age, and we have relatively few younger workers in the system.

Women are still primary caregivers in the home to children and elderly relatives. They are much more likely than men to put their careers on hold to address their family responsibilities, and they do not have the degree of labour mobility that perhaps men have. What this bill does, we feel, is institutionalize the moving of services from one place to another.

Many will not transfer with the service. They are close to retirement, so they will choose to change careers or retire, and that will be a huge loss of skills. Others will stay in their homes and commute much greater distances.

This presents a number of problems. During the ice storm most of our workforce was able to come in to work despite the conditions. This is because the majority of our workforce lives close to their place of work. When you start moving people around on a fairly frequent basis and relocate

services through the vast LHIN's area, workers invariably end up commuting longer distances, and fewer of them would be able to respond in that kind of circumstance, or in other disaster scenarios.

Instability gives rise to great recruitment and retention issues. How can we attract young women to our professions when they have this degree of instability in their working lives?

There are already severe shortages in our professions. Self-fulfilling prophecies occur when relocation of a services are contemplated. People don't wait when their employment appears insecure, they start seeking positions elsewhere.

These are highly trained professionals and they are in demand. When they get another position elsewhere (possibly in the United States,) they are difficult to replace. Programs actually fail because skilled staff move away. The program vanishes because the staff aren't there to deliver it.

There has to be a sensible and fair human resources strategy as a prerequisite not as an afterthought. The number one priority should be

labour stability. We have to have a fair human resources adjustment plan, in place, before anything else happens. Not as an afterthought. We don't deserve less. We demand no less.

On efficiency: Our hospitals are the most efficient in Canada. Our hospital public labs are the most efficient in Canada; in Kingston, the most efficient on the continent.

What we are very concerned about is that this bill will cause hyper-concentration of services. This is an all-your-eggs-in-one-basket approach. It is a dangerous approach.

There is a plateau on the efficiency curve. We are on it now. The increases in efficiency from further concentration of services is very minor, but risks increase substantially. The services are farther away from the point of delivery, from the communities they serve. Disasters do happen. Structures burn down, roads become impassable, diseases sweep through workforces. You end up with a hyper-concentrated delivery model, and there is no reserve capacity.

The structure of this legislation pushes service delivery in that way. It's dangerous to rush into poorly thought out structures.

The bill does not address the major cost escalators but attempts to squeeze the last drop out of already extremely efficient sectors, at great risk to the capacity of the system. The public and workers will not stand by and watch the province's most cherished program be mismanaged by ministers who seek to act first, plan later and leave the public and the front-line workers to pick up the broken bits.