

THE PULSE

Long Term Care *continued*.....

After the election, the Minister appointed Shirley Sharkee as a facilitator, but her Terms of Reference were unclear. In December, she made public her "Terms of Reference and Workplan". These are extremely broad, and cover the whole gamut of care and human resources issues. It remains far from clear that she sees her work as recommending a minimum care standard as promised by the Premier and the Minister. We are worried that this review is much like the Elinor Caplan review of homecare – the Minister claims that she is mandated to do the job promised, while she claims she is mandated to do something else.

Shirley Sharkee is slated to write an interim report for sometime in February. It is not clear if that report will be made public. Then she will write a final report in April.

Activities:

- The Ontario Health Coalition has organized "high level briefings" for all our constituent organizations on the issue of "Why is a minimum care standard our priority recommendation?". These started in Toronto on Friday with the central seniors' organizations, health professionals and unions and continued in cross-province briefings. If your organization would like a briefing, or if you would like a paper copy of our submission to Shirley Sharkee containing the research on this issue, please contact our office.
- Please fill in your nursing home petition and get it back to us asap!
- Upcoming release of reports on conditions in Ontario's nursing homes across the province.

Resources:

Available on our website at www.ontariohealthcoalition.ca (Click on Long Term Care in the left hand column)

- New! Submission to Shirley Sharkee outlining in detail the current situation in Ontario's LTC facilities and the research regarding minimum care standards
- Short Flyer on Minimum Care Standards
- Fact Sheet on Minimum Care Standards
- Fact Sheet on Non-Profit versus For-Profit LTC
- Ownership Matters: a 2002 Report on Long Term Care Facilities in Ontario
- Paul McKay's excellent investigative journalism series on nursing homes in The Ottawa Citizen

Brampton P3 *continued*...

In late January it was announced that the hospital CEO resigned, along with several hospital executives. In a debate on TVO's "The Agenda" between coalition director Natalie Mehra and Minister of Public Infrastructure Renewal David Caplan, and others, the Minister claimed that he asked the Provincial Auditor General to take a look at the P3s. Asked if that was an official public audit, the Minister did not respond. We are following up with the auditor's office.

Resources

- New Brampton P3 report and summary: "When Public Relations Trumps Public Accountability"
 - Report on the Royal Ottawa Hospital P3 by OPSEU
- Additionally, there are many reports, analyses and releases over the last few years on the Brampton and Royal Ottawa P3 hospitals, as well as the newer projects across the province on our website under "Public Private Partnerships".

Activities

February 7, 7 pm

Town Hall meeting in Brampton at the Lester B. Pearson Theatre, 150 Central Park Drive, across from the Bramalea City Centre Mall and in the Bramalea Civic Centre Building.

February 13, 7 pm

Royal Canadian Legion, 576 Brant St. Public meeting and briefing session in Woodstock regarding the P3 planned there.

COMMENT: *homecare continued*...

Revelations by the CCACs were becoming embarrassing to the Harris government. The Ottawa CCAC made public the significantly higher costs resulting from the government's directive forcing the CCACs to stop providing service directly and contract out. CCACs across Ontario were complaining about budget short-falls and problems with access. In a highly publicized case, the Kingston CCAC refused to take more patients causing a backlog throughout the hospital. Harris' response was a new piece of legislation that effectively wiped out all democracy in homecare, axing all community memberships in CCACs and allowing Cabinet to replace at will key Board members and CEOs. As was intended, the sector became totally secretive.

By the last year of the Harris government, the scope of homecare was being systematically cut. Home care was re-focussed entirely on post-hospital care. Home support services to allow the elderly to age in place were removed from public coverage. The dream of a system of long term care in the home was destroyed. This reduction in the scope of homecare coverage was completed in the first year of the McGuinty government. Literally tens of thousands of seniors lost their home support services. (Notably, the McGuinty government started to reverse itself on this last summer.)

In 2005, we updated our findings from the earlier reports, releasing "Market Competition in Ontario's Homecare System: Lessons and Consequences" in time for Elinor Caplan's review during the first moratorium on competitive bidding announced by George Smitherman. By this time, more than half of the homecare sector (which had expanded with steady budget increases every year) was taken over by for-profits. Competitive bidding succeeded in winning "market share" for its biggest boosters.

Our 2005 report found startling turnover levels among staff (ranging from 24 -70%), and loss of continuity of care that affected more than 20,000 clients in just a few months of that year. "Quality" in bidding was just a paper exercise. And "competition" had become, in fact, oligopoly, in which a few large companies controlled almost all of the contracts. Most disturbingly, the culture of the sector had begun to shift. Providers were competitors, not colleagues, and secrecy blanketed the sector. "Gag clauses" in the contracts that surely violate basic free speech rights, stop agencies and staff from speaking publicly. Non-profits took on the worst aspects of the for-profits, or lost bids. Large companies hired consultants to write bids and smaller community providers were cut out.

Today, Ontario's homecare is more expensive than other provinces'. The theory of competitive bidding is that it stifles inflationary wage and working condition pressures by creating job instability. This is true, and the destruction of quality of worklife has led to extraordinary turnover, loss of continuity of care, and an exodus of staff to the institutional sectors.

But the impacts on wages and working conditions do not result in overall lower costs - just cost shifting. The proponents of competitive bidding ignore the extraordinary costs of administration required to set up and maintain a competitive market. In order to maintain "competition", there need to be 8 - 10 companies operating in each area. That is 8 - 10 administrative structures, computer systems that need to talk with one another, bidding processes, pricing processes, oversight etc. In Ontario, there are duplications, redundant technology, and inefficiencies all through the system. In addition, profit taking eats further into wages and working conditions, as Professor Jane Aronson found in her Hamilton study. All of these costs take money away from care. In fact, Ontario's homecare dollars flow through no less than four sets of administration before one penny goes to care. Like in the U.S hospital system where studies have found 16 - 30% higher costs than Canadian hospitals largely due to administrative costs for billing and pricing, homecare in Ontario has become "bar code" medicine.

The Health Minister announced on January 28, that there is another moratorium on competitive bidding across Ontario. He noted that the Ministry has some policy work to do. This time we must make them listen. Competitive bidding is profoundly damaging to integration, democratic transparency, decent working conditions, continuity of care and cost. It needs to be stopped permanently. It is time to heal homecare.

Natalie Mehra, Director

The homecare reports outlined in this article can be found on the OHC website at www.ontariohealthcoalition.ca (Click on "homecare" in the left-hand column or use the search function)

