



November 22, 2010

Susan Sourial
Committee Clerk
The Standing Committee on Social Policy
Room 1405, Whitney Block
Queen's Park, Toronto ON M7A 1A2

Dear Ms. Sourial,

Re: ONA Submission on Bill 122, An Act to Increase the Financial Accountability of Organizations in the Broader Public Sector

The Ontario Nurses' Association (ONA) is the union representing 55,000 front-line registered nurses and allied health professionals and more than 12,000 nursing student affiliates providing care in Ontario hospitals, long-term care facilities, public health, the community and industry.

ONA has been raising the long-standing issue of hospitals and Local Health Integration Networks (LHINs) relying on consultant recommendations to cut services and nursing jobs. We have also been urging the government to be transparent and accountable with respect to disclosure of information and documents related to public funding and the delivery of health care services.

We find that Bill 122 is a step in the right direction to expand transparency, disclosure and accountability for government funding. However, we make a number of recommendations to expand the coverage under Bill 122 and to ensure all health sectors are transparent and accountable. We welcome this opportunity to provide comments on Bill 122, *An Act to Increase the Financial Accountability of Organizations in the Broader Public Sector*.

Our submission will make recommendations in three broad areas:

1. Expand health sector organizations subject to the *Freedom of Information and Protection of Privacy Act* (FIPPA).
2. Correct anomalies in the criteria for consistent coverage under Bill 122.
3. Eliminate exclusions for boards of public health and long-term care homes from coverage under Bill 122.

Expand health sector organizations subject to the *Freedom of Information and Protection of Privacy Act* (FIPPA).

Bill 122 expands FIPPA to cover hospitals. We support this decision in the name of transparency and the disclosure of information in a publicly-funded organization that is in the public interest. We believe the public, and staff working within hospitals, are entitled to greater transparency and disclosure of information in our public hospitals.

However, we do not understand why the government has not gone farther to include Community Care Access Centres (CCACs) and long-term care homes to be subject to FIPPA. We believe that inclusion of other health care organizations, in addition to hospitals, as subject to FIPPA is important in the context of the government's transformation agenda in the health care sector – “creating a *comprehensive and integrated* system of care that is shaped *with* the active leadership of communities and driven *by* the needs of the patient.”ⁱ The government's transformation agenda is based on “investments in home care, community-based health services and long-term care so that people have the opportunity to receive care in their homes and communities, rather than in queuing up in hospitals.”ⁱⁱ Transformation, however, is inextricably linked with expanding transparency and accountability.

Public access to information in CCACs and in long-term care homes is equally as important as public access to information in hospitals. The government's rationale for increasing transparency and accountability in hospitals applies equally to CCACs and long-term care homes. If the government is committed to building a transparent and accountable health care sector, then institutions such as CCACs and long-term care homes that make up important parts of the continuum of care should also be subject to FIPPA. Moving patients and funding from hospitals to community care and into long-term care homes means extending the same rules of transparency and accountability.

While we commend the government for making hospitals subject to FIPPA, we urge the government to also make CCACs and long-term care homes subject to FIPPA. Fairness, transparency and accountability in the public interest for public funding must guide government action.

Correct Anomalies in Public Funding for Consistent Coverage under Bill 122.

Broader public sector organizations are defined in Bill 122 as a designated broader public sector organization *and* a publicly funded organization. In this area of our submission, we deal with anomalies in the first part of this definition – what constitutes a designated broader public sector organization.

Hospitals and CCACs are specifically included as designated broader public sector organizations. Also included is “every publicly funded organization that received public funds of 10 million dollars or more in the previous fiscal year....” Publicly funded organizations that received 10 million or more in public funding will include health care organizations such as larger Community Health Centres (CHCs) but will exclude smaller CHCs. This anomaly, based on the amount of public funding, seems at odds with the intended purpose of Bill 122, which is to improve transparency and accountability in publicly funded organizations.

We believe the solution to this anomaly is to name the health sector organizations that are designated broader public sector organizations or to remove the artificial limit of 10 million or more dollars.

We recommend that the Standing Committee consider either naming specific health sector organizations that are designated broader public sector organizations (such as is done for hospitals and CCACs) or removing the artificial limit of 10 million or more dollars in Bill 122 to ensure consistent treatment for health sector organizations.

Eliminate exclusions for boards of public health and long-term care homes as “publicly funded organizations”

“Publicly funded organizations” include “every authority, board, commission, committee, corporation, council, foundation or organization that received public funds in the previous fiscal year...” but does not include a board of health and a long-term care home.

Boards of health receive seventy-five per cent of their funding from the Government of Ontario and some public health programs such as the Healthy Babies, Health Children program receive 100 per cent of their funding from the Government of Ontario.

In addition, the Ontario Public Health Standards (OPHS) and Protocols establish the minimum requirements for fundamental public health programs and services to be delivered by Ontario’s 36 boards of health, which include assessment and surveillance, health promotion and policy development, disease and injury prevention, and health protection. The OPHS and Protocols are published by the Minister of Health and Long-Term Care, pursuant to Section 7 of the *Health Protection and Promotion Act*. The Protocols that accompany the OPHS provide direction on how boards of health must operationalize specific requirement(s) identified within the OPHS.

Clearly, public health boards receive the majority of their public funding (certainly more than \$10 million in funding) from the Government of Ontario and also receive specific direction on the programs and services to be delivered directly from the Minister of Health and Long-Term Care. We see no valid rationale for the exclusion of boards of health from designation as publicly funded organizations.

We recommend that the Standing Committee include boards of health as publicly funded organizations.

Also excluded from the definition of publicly funded organizations are long-term care homes. This is surprising to us. Long-term care homes receive significant public funding (certainly more than \$10 million) from the Government of Ontario, are regulated and inspected by the Ministry of Health and Long-Term Care, and are subject to accountability agreements in the same way as hospitals and LHINs are subject to accountability agreements.

We see no valid rationale for the exclusion of long-term care homes from designation as publicly funded organizations.

We recommend that the Standing Committee include long-term care homes as publicly funded organizations.

Conclusion

We have made a number of recommendations for amendments to Bill 122 to include long-term care homes and boards of health as publicly funded organizations, to ensure consistency among health sector organizations such as CHCs as designated broader public sector organizations, and to expand the health sector organizations subject to FIPPA to include CCACs and long-term care homes in addition to hospitals.

While we have not made specific recommendations, we are concerned that Bill 122 does not provide for consultation on the directives that the Minister of Health and Long-Term Care may issue to hospitals regarding reports on the use of consultants or on the guidelines that the Management Board of Cabinet may make with respect to the procurement of goods and services by publicly funded organizations.

We are also concerned that the definition of “consultant” specifically excludes consultants used in “an employment agreement” without defining this term. We do not believe it is appropriate for hospitals and other designated broader public sector organizations to use this lack of definition as a way to avoid obligations to report on the use of consultants as provided for under Bill 122. This should be defined.

Finally, we are concerned that Bill 122 does not provide specific guidelines for enforcement in the case of violations of the provisions of the Bill.

Ontario nurses support greater transparency and improved accountability for public funding for health sector organizations. Our recommendations are provided to the Standing Committee to ensure consistency and inclusivity in transparency and accountability in the public interest.

Thank you for consideration of our recommendations.

Sincerely,

ONTARIO NURSES' ASSOCIATION



Linda Haslam-Stroud, RN
President

lhs/lw

C: ONA Board of Directors
Mary Lowe, Chief of Staff, Ontario Health Minister Deb Matthews
Vanessa Burkoski, Ontario Chief Nursing Officer

ⁱ Speaking notes for former Minister of Health and Long-Term Care, George Smitherman, September 9, 2004 St. Lawrence Market, North Building. “Transformation must begin with a new way of thinking and behaving. It must be allowed – and should be encouraged – to permeate the culture and daily routines of every health care institution.”

ⁱⁱ Ibid.