

## **Speaking Notes**

**Vicki McKenna, RN  
First Vice-President, Ontario Nurses' Association**

**Bill 41 - *The Patients First Act, 2016***

**Standing Committee on the Legislative Assembly**

November 23, 2016  
1:45 p.m.

Committee Room 1  
Queen's Park, Toronto



*Check against delivery*

- Thank you. Good morning. I'm Vicki McKenna, a registered nurse and First Vice-President at the Ontario Nurses' Association or ONA. Joining me today is Lawrence Walter, ONA's Government Relations Officer.
- ONA is Canada's largest nursing union, representing 62,000 registered nurses and allied health professionals, as well as more than 14,000 nursing student affiliates, providing care in hospitals, long-term care facilities, public health, community care access centres, the community, clinics and industry.
- ONA represents approximately 3700 employees in 10 of the 14 provincial Community Care Access Centres or CCACs.
- The vast majority of our members are frontline health care professional staff: Registered Nurses, Nurse Practitioners, Registered Practical Nurses, Care Coordinators, Social Workers, Occupational Therapists, Physiotherapists, Long-Term Care Placement Coordinators, Rapid Response Nurses, Nurse Clinicians, Advanced Practice Nurses, Nurse Educators, Consultants (such as palliative, wound care, etc.) and allied health professionals.
- In previous submissions to the Ministry, ONA documented the high costs of care under the current competitive bidding procurement model.

- We demonstrated the duplication of services and management structures in the delivery of home care services and the lack of continuity of care for patients and their families.
- The Auditor General in her 2015 Annual Report similarly documented issues of duplication and omission in the CCACs who administer contracts with about 160 private sector service providers to provide home care services, and commented on the resultant commercial confidentiality in that model so that the true costs are left unsubstantiated.
- In our submission on the Patients First discussion paper, we proposed an alternative model for the integration of home care delivery into public, non-profit CCACs whereby efficiencies and client quality would be realized.
- The government chose to go in a different direction by dismantling the CCACs and transitioning the frontline care staff into the Local Health Integration Networks or LHINs, while maintaining the proliferation of contracts for the delivery of home care services to a multitude of private mainly for-profit home care companies under existing procurement contracts.
- Bill 41 is the government's operationalization of that decision.

- Because of the government's decision, ONA took the position that in order to maintain continuity of care, the transition of staff we represent must maintain existing collective agreements as well as the existing labour relations regime.
- Bill 41 provides that the labour relations transition will be managed under the sale of business provisions of the Labour Relations Act and the Pay Equity Act to allow for this transition of ONA-represented staff to take place.
- We have also been advised regulations will be introduced, if Bill 41 passes, to ensure staff are covered under the existing labour relations regime under which CCAC staff are currently covered.
- The primary issue for ONA is gaining a solid understanding of how the structural transition proposed in Bill 41 will actually result in administrative and management savings that can be reinvested in frontline care as the Minister insists is at the core of the transition.
- Under Bill 41, home care services would continue to be provided by the more than 160 current service providers under contract as noted by the Auditor.
- Further, as the Auditor noted, "home care used to serve primarily clients with low to moderate care needs, but now serves clients with increasingly more complex medical and social-support needs."

- This proposed model for transition in Bill 41 seems to ignore all of the evidence that has been raised regarding duplication and inadequate home care service provision, while also underestimating the growing demand for home care services requires significant upgrades in resources and capacity.
- Home care agencies which are not providing adequate service and/or not fulfilling their contract obligations in the current CCAC model will continue to be rewarded with patients being assigned to them under the model transitioned to the LHINs.
- This duplication and omission significantly increases the workload and follow up required by the Care Coordinators who seek to ensure patients are receiving timely, consistent quality home care services.
- Our members tell us about referrals sent by Care Coordinators that are not fulfilled in a timely fashion, often as a result of retention and recruitment issues in the private provider agencies.
- However, there appear to be no repercussions for the private service providers.
- How will this transition to the LHINs make change if there is no change to the contracting of service providers under the proposed home care delivery model in Bill 41?

- ONA's vision is quite different: we support the delivery of quality home care services in a public non-profit entity.
- That is why we are generally supportive of the initial transition of home care coordination to the public non-profit LHINs, although we know that the LHINs face issues of capacity as they move to take on home care coordination.
- The next step to complete our vision is to transition the delivery of home care services to the same public non-profit entity.
- Others have advocated for moving care coordination into some 445 primary care organizations across Ontario, rather than the LHINs. ONA firmly disagrees.
- Such a move would continue to fragment care and duplicate services between primary care and home care agencies.
- The services need to be consistent throughout the province regardless of the employer of the Care Coordinator.
- This was one of the goals of Bill 41. Care Coordinators working for more, not fewer employers, will not promote consistency.

- CCACs/LHINs provide good jobs with competitive wages, benefits and pensions that promote retention and recruitment of these valuable health care providers.
- In the current structure, Care Coordinators who are on leave, vacation or sick have a co-worker who can back them up during absences.
- Small primary care providers will not have a similar ability. CCACs/LHINs can also provide surge and emergency coverage that cannot be provided by small primary care providers.
- In the meantime, under the proposed transition of home care services in Bill 41, the LHINs will be tasked with creating a combined management and administrative structure.
- It must be noted that the multiple layers and number of CCAC management positions were not reduced with the merger of the 43 CCACs into the current 14, as was expected.
- In this new proposed restructuring into the LHINs, we would expect significant reductions in management positions and that savings be reinvested in frontline care.

- The Deputy Minister has suggested that efficiencies might produce administrative and management savings in the range of 5 to 8 per cent of the management and administration budgets of the former two entities.
- However, all indications at the moment in terms of enhancing capacity in the LHINs point to an expectation that the changeover practices may actually increase costs and add administration and management staff.
- As a result, we are not optimistic that the obvious inefficiencies and wasteful costs will be properly addressed given the continuation of the managed competition model.
- Simply replacing the CCAC management structure with a new LHIN management structure is not going to reduce this waste of resources from duplication and the siphoning off of profits by private providers.
- Our vision in which the LHINs directly employ all of the frontline staff responsible for home care delivery would be a much better use of limited resources and would eliminate the needless and wasteful expenditure of resources on the contracting process.

- It would also result in much better continuity of care and set consistent standards across the system given the consolidation rather than fragmentation of service delivery.
- Further, dispensing with the current fragmentation of services between the CCACs/LHINs and the contracted private service providers would allow for public accountability and transparency for clients and families, rather than restrictions and barriers imposed by commercial confidentiality.
- Ontario's managed competition model simply does not work and tinkering with the structural location from CCACs to LHINs will not lead to the fundamental renewal of home care services for our patients that they deserve.
- LHIN renewal is a first step.
- For that reason, while we are generally supportive of Bill 41, structural change alone is not a sufficient precondition for a renewed public home care system where profit and waste are removed.
- Thank you and we look forward to your questions.