

# **ONTARIO NURSES' ASSOCIATION**

**SUBMISSION**

**ON**

**Additional proposed regulatory changes related to the Integrated  
Community Health Services Centres Act, 2023**

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## Introduction

The Ontario Nurses' Association (ONA) represents over 68,000 registered nurses (RNs) and health-care professionals, and over 18,000 nursing student affiliates. Our members provide care in hospitals, long-term care (LTC) facilities, public health units, the community, clinics, and industry. ONA has deep concerns regarding the announced expansion of for-profit clinics under the *Your Health Act*. Given the reduced quality of care associated with for-profit clinics, ONA believes this regulation is insufficient in guaranteeing quality assurance and patient safety.

## Quality of care in for-profit clinics

With the passing of Bill 60, titled the *Your Health Act*, the province revealed their intent to expand private surgical and diagnostic clinics. On January 17, 2024, the Health Minister announced that in the spring the government will take additional steps to expand the number of surgical and diagnostic centres that perform MRI/CT scans, GI endoscopies and orthopedic surgeries. Increased reliance on for-profit clinics poses a substantial challenge to quality care. It is well documented that for-profits provide inferior care compared to non-profits.

To generate income for shareholders, for-profits often cut corners to reduce costs. In Ontario, most COVID-19 deaths that occurred in long-term care (LTC) homes were in for-profit homes.<sup>1</sup> Rather than using funds to ensure adequate staffing levels, these homes prioritized their bottom line. Inferior care associated with profitization is not unique to Ontario. An analysis of the global Healthcare Access and Quality (HAQ) Index shows that health-care systems with more for-profit services are associated with a poorer quality ranking.<sup>2</sup> Data comparing mortality rates between for-profit and non-profit facilities in the United States shows that for-profits are associated with a higher risk of mortality. In for-profit dialysis centres, there were 2,500 premature deaths in one year alone in the United States.<sup>3</sup>

The Ontario government's decision to expand for-profit clinics jeopardizes quality care for Ontarians. And the need for quality inspection becomes even greater.

## Lessons from long-term care

The accreditation process has been ineffective in providing quality care in LTC homes. Accreditation Canada accredits many long-term care facilities in Canada including facilities in Ontario. Yet, their oversight did not stop the horrors seen in LTC homes during the

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<sup>1</sup> Stall, N. et al., (2020). *For-profit long-term care homes and the risk of COVID-19 outbreaks and resident deaths*. [For-profit long-term care homes and the risk of COVID-19 outbreaks and resident deaths | CMAJ](#)

<sup>2</sup>Lee, S. et al. (2021). *Increased Private Healthcare for Canada: Is That the Right Solution?* Health Policy, Vol. 16 (3). [Increased Private Healthcare for Canada: Is That the Right Solution? - PMC \(nih.gov\)](#)

<sup>3</sup> Devereaux, P., et al. (2002). *Comparison of mortality between private for-profit and private not-for-profit hemodialysis centers: A systematic review and meta-analysis*. JAMA 288(19). [Comparison of mortality between private for-profit and private not-for-profit hemodialysis centers: a systematic review and meta-analysis - PubMed \(nih.gov\)](#)

pandemic. The staggering death rates and heart-breaking living conditions in LTC suggest that accreditation on its own does not guarantee quality care. Accreditation did not ensure there were sufficient staffing levels, personal protective equipment (PPE) available or accountability processes needed to protect LTC residents.

According to reports, Accreditation Canada considers LTC homes as its clients.<sup>4</sup> The facilities pay for an assessment and can choose whether to publicly release the details of the findings.<sup>5</sup> Accreditation Canada does not have the authority to fine homes that fail to provide quality care. This oversight structure is distressingly inadequate.

Given the poor outcome of accreditation in LTC, it is necessary that the inspecting bodies tasked with maintaining quality care in surgical and diagnostic clinics are more effective. Integrated Community Health Services Centres (ICHSCs) must be subject to thorough and sufficient inspections. Inspectors must publicly release reports relating to the quality of care provided, and inspecting bodies need the regulatory powers required to ensure compliance.

### **Public funding calls for public accountability**

ONA maintains that Bill 60 and subsequent regulations under this legislation are ill-advised and must be repealed in their entirety. Since the government is choosing to ignore nurses and health-care professionals and implement Bill 60, the government must address the fundamental concerns ONA has about this legislation. In its [submission](#) on proposed regulations under the *Integrated Community Health Services Centres Act, 2023*, ONA suggested that newly formed ICHSCs under Bill 60 be held to the same standards as public hospitals regarding accountability, oversight, and transparency. In its [submission](#) to the government, ONA also recommended that sections about the inspecting bodies be amended to include the College of Nurses of Ontario (CNO) as an inspecting body in all settings where nurses work to ensure the highest quality of care for Ontarians. The proposed regulatory amendment to part XI of O. Reg. 114/94 adds ICHSCs to the list of Acts governing health facilities not subject to the College of Physicians and Surgeons of Ontario (CPSO) out-of-hospital premises inspection program. Instead of strengthening the quality of care by granting inspecting rights to CNO, the government is rescinding the ability of CPSO to inspect ICHSCs.

Through these proposed regulations, the Ministry of Health is negating its responsibility to provide quality health care to Ontarians and watering down care delivery. Although funded by taxpayer dollars, such facilities will have no real accountability to the public or the Ministry of Health.

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<sup>4</sup> Laucius, J. (2021). *New standards are being created for LTC homes — and the public is asked to weigh in*. Ottawa Citizen. [New standards being created for LTC homes; public asked to weigh in | Ottawa Citizen](#)

<sup>5</sup> Ibid.

## **Complaint process**

The current complaint process under Accreditation Canada primarily focuses on assessing compliance with accreditation standards rather than on the quality of care. Accreditation Canada does not have the authority to take various actions such as issuing warnings or imposing restrictions on the practice, nor does it provide public access to information regarding complaints, disciplinary actions and outcomes of the facilities it accredits. ONA recommends that Section 19 (3) of Bill 60 be amended. This section allows ICHSCs to establish internal processes at the clinics as the mechanism for handling complaints, again exempt from public access to information. What authority will Accreditation Canada really have to enforce quality and care standards if ICHSCs have their internal processes?

ONA demands that the Ministry of Health lead the oversight and quality assurance of ICHSCs with a publicly accessible system with a record of all complaints submitted to the Ministry of Health to allow public scrutiny and review. This measure promotes transparency, accountability, and public engagement in evaluating complaint-related matters in these privately owned surgical centres.

## **Conclusion**

ICHSCs across Ontario are not required to disclose any information about investors in these private surgical and diagnostic centres, and the lack of a publicly accessible system with a record of all complaints will result in prioritizing profits over patient care, eroding public trust in the health-care system. Bill 60 and subsequent regulations under Bill 60 do not address our health-care system's real challenges. These include an acute shortage of nurses and health-care professionals. ONA recommends that the government implement policies addressing the root causes of the shortage of nurses and health-care professionals: uncompetitive wages and untenable working conditions that deplete the workforce. We also recommend that the government repeal Bill 60 and subsequent regulations under this legislation and adequately fund our public hospitals to expand access to surgical care. There is no shame in accepting when the government has made a mistake, and that's what Bill 60 is – a mistake.