



**HEALTHCARE  
FOR ALL**



## **COPE ONTARIO HEALTH CARE REPORT (October 2022)**

**COPE Ontario has instituted a regular health care report for COPE members four (4) times a year. The health care report will keep COPE members updated on the changes occurring in health care and the impact of changes on COPE health care workers.**

**The next issues of the COPE Health Care Report for 2022 will be in December. In 2023 the Health Care Report will be quarterly.**

### **Privatization of Healthcare in Ontario – Part 2**

On August 18, 2022, the new Minister of Health Sylvia Jones announced the Ford government's "Plan to Stay Open, Health System Stability and Recovery" which includes investments in private clinics surgeries, legislation to permit the transfer of some hospital patients to long-term care and the governments commitment to hire 6,000 more healthcare

workers as well as a five-point plan to provide the best possible care to patients and residents. Minister Jones also stated that the “status quo” is no longer acceptable. The Plan to Stay Open includes temporarily covering the costs of examination, application, and registration fees for internationally trained and retired nurses, so they can resume or begin caring for patients sooner.



The government further indicated that they are “considering options for further increasing surgical capacity by increasing the number of publicly funded surgical procedures performed at “independent health facilities” and by “investing more to increase surgeries in existing private clinics.”

By transferring some surgical procedures out of public hospitals to private clinics, this means that a public hospital system already experiencing severe shortages of doctors, nurses and healthcare workers runs the risk of escalating staff shortages to even a higher level. Private surgery clinics in Ontario accept a patient’s OHIP card for the surgical procedure but are able to charge patients for other things such as meals, physiotherapy, and more. Patients often leave a private clinic following a simple surgical procedure owing hundreds and sometime thousands of dollars which they must pay.

The Shouldice Hospital, one of Ontario’s private hospitals which specializes in hernia operations, require patients stay in hospitals for three (3) nights post-operatively. This surgical procedure is covered by OHIP. In most public hospitals patients having a hernia operation are discharged the day of their operation.

Thirty to forty per cent of Ontario’s health care system is already privatized, including services delivered by physicians, laboratories, and many walk-in clinics.

**The Canada Health Act (CHA )** of 1984 sets out criteria and conditions that provincial and territorial health insurance plans have to meet in order to receive the full cash contribution for which they are eligible under the Canada Health Transfer.

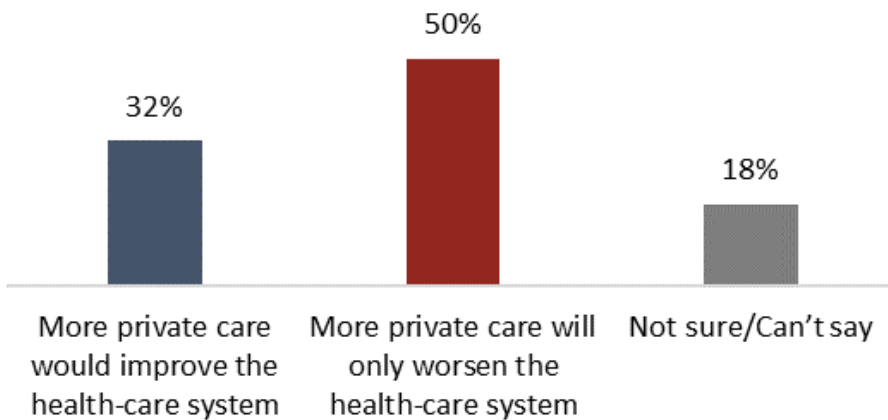
**It is important to remember that the role of publicly funded health insurance is to ensure that no Canadian is denied health service because of an inability to pay. For profit health care undermines the Canada Health Act and results in unequal access to quality health care.**

Toronto emergency physician Dr. Lisa Salamon said that the Ontario government should focus on supporting and retaining healthcare workers instead of considering privatization to solve the province’s staffing crisis.

Expanding the privatization of health care leads to increases in staffing shortages driving skilled health care workers from public hospitals to private clinics.

A recent poll conducted by Angus Reid a non-profit Institute in September of 2022---found that half of Canadians reject the idea of more private care, and another half are less certain.

**When you think about health care where you live, what is closer to your view?  
(All respondents, n=2,279)**



One thing is clear, Canadians are concerned about the future of healthcare. Three in five (61%) say care in their community is poor or terrible.

When Minster Jones was asked if there would be further privatization of the provincial healthcare system, she responded by saying “all options are on the table.”

Research has clearly shown that the further privatization of health care will result in health care workers moving from the public health care sector to the private health care sector. A short while ago Health Minister Sylvia Jones claimed that the health care system in Ontario was fine. However, if one looks at the actual situation in health care in Ontario, it is clear that hospitals have been closing emergency departments, and critical care units due to lack of staff, and that wait times for surgical procedures and diagnostic tests are expanding.

### **Home Care Privatization:**

In 1996, Ontario’s former government under Premier Mike Harris began the privatization of homecare. The Harris government brought in for-profit companies to bid for services against the non-for-profit organizations such as the Victorian Order of Nurses (VON), Red Cross, and others. Over a number of years, for-profit organizations took over more and more homecare services. In 2015, Ontario’s Auditor general reported that 62% of public funding for the Community Care Access Centres (CCACs) went to private home care companies.

Home care is also in crisis and the current provincial government is pushing ahead with privatizing the last public parts of homecare.

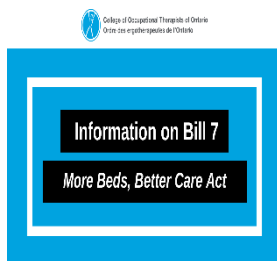


## Long-term Care Privatization:

The Ford government has announced that they will be building another 30,000 new and renovated long-term care beds. The majority of these beds have been awarded to for-profit companies including chains where thousands of long-term patients died during the pandemic. Research indicates that for-profit long-term care homes hire fewer full-time staff, opting instead to hire casual and part-time staff in order to avoid providing staff decent salaries and health and welfare benefits.

## Bill 7, More Beds, Better Care Act, 2022:

The Ford government has also introduced **Bill 7, More Beds, Better Care Act, 2022** which allows



Alternate Level Care (ALC) patients from hospitals to be moved into long-term care facilities without the consent of patients. **Bill 7** received royal assent and became law on August 31, 2022. **Bill 7**, includes giving a placement co-ordinator the right to “determine the patient’s eligibility for a long-term care home, select a home and authorize their admission to the home.” This would allow the transfer of the patient to a LTC home after staff make “reasonable efforts to obtain the

patient’s consent” and prevents facilities from using physical restraints to forcibly remove a patient. **Bill 7** also authorizes a patient’s personal health information to be used and disclosed without the patient’s or their substitute decision maker’s consent so long as doing so is in furtherance of its stated objective. On August 14, 2022, the Ontario government of Ontario released its **Regulations for Bill 7**. The regulations state that a hospital patient can be sent to long-term care homes 70 kilometres away from their home, family and support networks. In Northern Ontario the Regulation permits a patient to be sent to a home up to and beyond 150 kilometres. The Ford government is also authorizing hospitals to charge patients four hundred dollars (\$400.00) a day or \$2,800.00 per week should a patient refuse to accept the transfer. **Bill 7** does not prevent hospitals from charging ALC patients a co-pay, similar to what they would be paying in a nursing home, as an inducement to get them to leave. Under current rules, hospitals can charge patients up to \$1,800 for a stay that is not required. This is the same daily, non-OHIP rate that out of country patients are charged.

The government’s own summary of **Bill 7** states:

**“This new provision authorizes certain actions to be carried out without the consent of these patients. The actions include having a placement coordinator determine the patient’s eligibility for a long-term care home, select a home and authorize their admission to the home. They also include having certain persons conduct assessments for the purpose of determining patient’s eligibility.”**

Minister of Long-Term Care Paul Calandra has stated that **Bill 7** is not to force patients out, but it enables them to have “conversations” with patients. **Bill 7** also fails to address the staffing

crisis in hospitals, specifically in emergency departments and critical care units staffed primarily by specialized registered nurses and health care professionals. It should also be noted the long-term facilities are experiencing crisis-level staffing shortages.

It is well known that the pandemic exposed horrific conditions of care and living in some long-term care homes. Despite numerous promises, accountability for the operators exposed for providing substandard care has not occurred. No long-term care homes have been fined for failure to provide adequate care and no licences have been revoked. Annual inspections of all homes have not been reinstated. Furthermore, the majority of ALC patients are not waiting for long-term care. Many ALC patients are waiting for another type of hospital care such as rehabilitation, complex continuing care, palliative care, mental health beds, etc. A smaller number are waiting for homecare.

According to Dr. Vivian Stamatopoulos, a long-term care advocate and professor at Ontario Tech University, the new legislation is “morally repugnant.”

The Ontario Long Term Care Association has stated that the bill does not address staffing issues.

According to Natalie Mehra the Executive Director of the Ontario Health Coalition “this legislation overrides the fundamental human rights of frail vulnerable elderly patients.”

The Ontario Health Association has stated there are about 5,800 patients in hospitals who could be transferred to an alternate level of care if beds were available.

Current data indicates that the long-term homes that have vacancies are for-profit facilities who are attempting to meet their occupancy targets in order to maintain their funding from the province.

**Bill 7** overrides years of jurisprudence on patient consent and privacy in healthcare.

## **Ontario Has the Fewest Hospital Beds of any Province in Canada:**

### **Hospital Beds Per 1000 (population) By Province**

Newfoundland & Labrador 4.6

New Brunswick 3.8

Saskatchewan 3.6

Nova Scotia 3.4

Manitoba 3.3 PEI 3.3

British Columbia 3

Alberta 2.8

**Ontario 2.3**

**Average in other provinces 3.5**

For many years Ontario has funded its hospitals at the lowest rate in Canada in order to force downsizing.

### **Average Wait Times in Hospitals:**

Data released by Health Quality Ontario (HQO) part of Ontario Health, indicates patients waited an average of 20.7 hours to be admitted to the Hospital from the emergency department in July. The target which was met for just 24% of patients is eight (8) hours. The new data also shows that patients waited an average of 2.1 hours to have their first assessment by a doctor.

### **Chief Nursing Officer of Canada Appointed:**

Minister of Health Jean-Yves Duclos appointed Leigh Chapman as the federal Chief Nursing Officer of Canada on August 23, 2022, tasking her with helping what the government called the



ongoing “**health care crisis**.” Dr. Chapman’s career has spanned twenty (20) years. Most recently she was the Director of Clinical Services with Inner City Health Associates in Toronto. Her work there encompassed strategic, operational, and clinical oversight of the nursing program for the care of people experiencing homelessness who were affected by COVID-19 in Toronto. Dr. Chapman also has a Master of Science in Clinical Health Sciences from the Nursing

Graduate Program at McMaster University. Dr. Chapman’s work will supplement the work already being done by chief nursing officers at the provincial and territorial level.

### **Hospital Sector Update:**

Several COPE collective agreements have been resolved for the next period of time up to and including March of 2024, e.g., Smooth Rock Falls Hospital and the Smooth Rock Falls Detoxification Centre, and Dryden Regional Health Sciences Centre March 31, 2023

Thunder Bay Regional Health Sciences Centre is proceeding to interest arbitration.

Sensenbrenner Hospital and London Health Sciences Centre are currently in negotiations.

The **Canadian Union of Public Employees (CUPE)** and the **Service Workers International Union (SEIU)** have been bargaining centrally with Hospital Employers. An arbitration award is pending and will affect approximately 70, 000 health care workers in the hospital sector primarily service and clerical worker and Registered Practical Nurses.

The **Ontario Public Sector Employees Union (OPSEU)** paramedical workers received an interest arbitration award on July 7, 2022. The new collective agreement is for the period April 1, 2022, until March 31, 2025. This award affects approximately 12, 536 employees in 59 different hospitals

The wage increases awarded were 1% in each year of the collective agreement, as per **Bill 124**, effective April 1, 2022, 2023 and 2024.

The **Ontario Nurses Association (ONA)** The current hospital central agreement expires March 31, 2023.

## **Home and Community Health Care Update:**

Bargaining is occurring with several of the Home Care programs.

COPE Local 550 the Toronto Central LHIN collective agreement expired on July 7, 2021. The parties will be met with a Conciliation Officer on October 3, 2022. A second meeting has been scheduled for December 7, 2022.

Bargaining between several Counselling Centres and COPE has either been completed or is currently underway.

## **Public Health Update:**

Bargaining with the Public Health employers and COPE Locals will be commencing later this year.

## **Canadian Red Cross Society Emergency Management: (New COPE Bargaining Unit)**

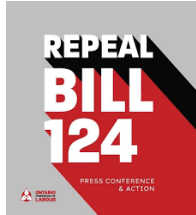
The Emergency Management workers, specifically all Coordinators, Assistant Coordinators, Clerk and Response Administrators employed by the Red Cross Society Emergency Management Ontario zone voted to join COPE Local 343 in July of 2022.

The new COPE Local 343 members provide emergency and disaster services in partnership with first responders, emergency managers, public officials and in collaboration with other voluntary sector organizations. These services may include emergency lodging, reception and information, emergency food, emergency clothing, personal services, and family unification.



# Bill 124, Protecting a Sustainable Public Sector for Future Generations Act, 2019

**Bill 124** which was passed by the Ford government in 2019 limits all public sector workers, including healthcare and educational workers limits wage increases to one percent (1%) for a three (3) year period, but exempts police and firefighters, both male dominated sectors. **Bill 124** became law prior to the onset of the pandemic. This wage restraint legislation has resulted



in healthcare, education and public sector workers leaving their public sector jobs resulting in staffing crises in the public sector especially in the healthcare and education sector. It is difficult to imagine that the staffing crisis in healthcare and education will be resolved as long as Bill 124 in place.

A constitutional challenge has been filed by approximately forty (40) unions, including COPE Ontario alleging that **Bill 124** violates the **Charter of Rights and Freedoms** that guarantees freedom of association.

## COPE HEALTH CARE SECTOR MEETINGS:



COPE Ontario is holding regular health care Sector meetings. The next health care meeting is scheduled for November 30<sup>th</sup>, 2022 from 6 pm until 7:30 pm.

If you would like to attend the regular healthcare sector meetings, please notify [Pina @copeontario.ca](mailto:Pina@copeontario.ca) and she will send you the zoom meeting link for the November 30<sup>th</sup>, 2022, meeting.