



DISTRICT 14 NIAGARA

Presentation to the Committee to Review the LHIN

The Retired Teachers of Ontario/Les Enseignantes et Enseignants Retraites de l'Ontario (RTO/ERO District 14 Niagara) represents over 3,000 members in the Niagara Peninsula. Our district is one of over 40 districts in Ontario with a total membership of approximately 80,000.

Since the inception of the Hamilton Niagara Haldimand Brant (HNHB) LHIN, RTO/ERO District 14 Niagara has had representation in attendance at most Board Meetings. Because of our familiarity with the public workings of the LHIN, we feel we must use this opportunity to address the following points as we note how they affect the Niagara Peninsula sector which includes Grimsby, St. Catharines, Fort Erie, and Port Colborne:

- Decision making;
- Ongoing conversation among residents;
- Accountability
 - for public expenditures;
 - for health outcomes
- Access;
- Quality;
- Sustainability.

Decision Making

We appreciate the creation of LHIN's to "plan and decision-make for healthcare closer to home" rather than having decisions made outside the community. In theory the creation of a "Home Base" LHIN is positive. It empowers people within the community to make decisions for the community in which they live rather than have one, unfamiliar with the environs, decide on our behalf. Unfortunately, local decisions do not always have the positive effect on the whole community. In its own documentation, the HNHB-LHIN acknowledges that it covers a sizeable area. The complexity of the HNHB-LHIN is not advantageous to the successful implementation of decisions that would improve healthcare in Niagara. Since the HNHB-LHIN serves a large area with many disparities, our presentation focuses solely on the healthcare for Seniors in the Niagara Peninsula.

The HNHB-LHIN recognizes that there is a large and growing senior population within its boundary. A study would show that the majority of seniors currently within the HNHB-LHIN live in the Niagara Peninsula. In addition, the seniors moving to the area will choose the Peninsula rather than the Hamilton area. The presence of these new seniors places an immediate additional strain on required services within the Peninsula. The expectation is that even more services will be required as the senior population increases disproportionately to the rest of the province. Therefore, we would expect that funding would increase to match the unique needs of the area.

Possible solutions could include:

- Funding following seniors moving to Niagara;
- Expanding the satellite program that trains doctors in our area;
- Implementing a mandatory geriatric component in training for all health care personnel;
- Increasing geriatric services;

- Increasing services through the partnership with Hamilton Health Sciences;
- Changing the focus from NHS deficit problems to a focus on patients in desperate need of quality care.

Ongoing Conversation Between the LHIN and Residents

According to the vision for local planning and decision making, there is to be ongoing engagement and conversation among residents. There is no ongoing engagement or conversations at Board Meetings in our LHIN. Although our RTO/ERO regular representatives provide both a name and contact information when we sign in at the Board Meetings, we have never been invited to share our feedback about any issues. Usually our regular members are the only interested parties in attendance and we do appreciate the opportunity to learn what is happening in healthcare. We share the information with our members in Niagara.

We recommend that the government oversee all LHINs throughout the province in a way similar to the method in place in Erie St. Clair. That would mean that all LHINs in Ontario would:

- Provide opportunities for engagement and conversation within the community;
- Provide presentations and/or materials prior to a meeting to aid understanding of issues to be discussed (curiously, the LHIN has just announced that they intend to change their practice of keeping such information secret, and begin sharing it publicly);
- Provide the opportunity for those present to seek clarification;
- Encourage ongoing rapport through communication between LHIN members and those who provide contact information.

To provide information on what is happening regarding health concerns in our community we hold workshops. We have invited

members of the HNHB-LHIN, local CCAC, and other providers to carry out these workshops for our members. We would appreciate an opportunity to give input back to the HNHB-LHIN.

Accountability

- **for public expenditures and;**
- **health outcomes**

Although there may be improved accountability for bookkeeping for the purposes of balancing budgets our concern is more specific to patient outcomes. We are concerned about what happens when clients do not get the services that are supposed to be provided.

We recommend that the LHIN have a body where concerns can be expressed and that the LHIN act as an advocate on behalf of patients.

Access

It has been our experience that there is a discrepancy in wait times for cataract surgery. Some patients, in order to receive timely service, have had to go outside our LHIN. For elderly patients transportation is a serious impediment to access.

The CCAC healthcare workers are constantly being changed for a variety of reasons. Because of differentiated staffing one client may have to see several workers for assistance in the home. There have been incidents where two clients in the same home are being assisted by two different persons for the same thing.

We suggest that improvements be made so that more attention is paid to the grouping of patients within geographical areas; that, as more patients will be managed in their homes or long term care faculties, more funding will be needed for CCAC; more

training of PSWs; and that training be expanded to include more areas of care.

Quality

Hospital borne bacteria are of great concern to patients and their families. Although prevention policies have been developed, the LHIN should review those policies and make improvements where necessary based on best practices, and have the mandate to enforce that these procedures are being followed.

Sustainability

RTO/ERO has a long-standing position on P3 hospitals and privatization of services. We believe in universal, comprehensive, portable, accessible care administered and managed publicly. We believe in a health care system that operates for the benefit of all citizens of Ontario. Privatization and P3 hospitals are not congruent with these principles.

At the present time, according to the Canadian Institute for Health Information, Ontario has the highest share of private health care expenditures in Canada, (32.3% of total health expenditures). Private providers need to make a profit. That takes money away from the services that are direly needed by our citizens.

To allow the removal of services from hospitals into private clinics would dismantle our community hospital system. Cutting specialized services such as thoracic surgery, vascular surgery, and cardiac care as well as birthing and maternal care, mental health services, cataract surgery and hip and knee replacements from local hospitals and centralizing them into fewer regional centres, forces patients to travel greater distances for care. In addition, to transfer day surgeries, diagnostics and other services out of public hospitals into private clinics would further destabilize

our public community hospitals and our access to service while increasing costs to the taxpayer in order to provide revenue for the private providers.

P3 hospitals cost more in the long run because of higher interest rates and fees paid to the management company. These hospitals do not open with the full range of services that were promised. For example in St. Catharines, the new hospital which was supposed to replace the St. Catharines General became, for all intents and purposes, a regional hospital. Although it is supposed to have 410 beds, it only opened with 325 beds. Some departments are operating at a minimal level. There is a \$15 million shortfall in the Niagara Health System budget due to the higher costs. This has an impact on staffing levels and the delivery of services at all hospitals in the Region. The same holds true for the P3 hospitals in Brampton and Sault St. Marie.

In short, to close hospital services and expand private clinics is not supported by the evidence. There is a significant body of academic research showing poor quality, safety concerns, higher user fees, cream-skimming of the most profitable and easiest cases at the expense of local hospitals, higher costs and a host of other problems associated with the fragmenting of community hospital services into private clinics.

Conclusion

In conclusion we continue to monitor the LHIN on behalf of our members as we hope it will help improve the health care for seniors in the Niagara District. We appreciate this opportunity to express our views and hope that improvements can be made as we encourage our members to live healthy lifestyles.