

Ontario Health Coalition

15 Gervais Drive, Suite 305, Toronto, Ontario M3C 1Y8

tel: 416-441-2502 email: ohc@sympatico.ca www.ontariohealthcoalition.ca

March 11, 2013

Chantale LeClerc, CEO
Champlain LHIN
1900 City Park Drive, Suite 204
Ottawa, ON
K1J 1A3

Dear Ms. LeClerc,

We are writing to express our deep concern about the decision to close the Riverside endoscopy unit at the Ottawa Hospital and cut approximately 1,500 cataract surgeries per year from the Riverside and General sites, along with the plan to cut 290 full-time equivalent nurses, health professionals and hospital support staff and the services they provide. We understand that The Ottawa Hospital is currently conducting a review of its outpatient services and will likely be proposing further cuts to and privatization of these services also.

We are concerned that these plans are ad hoc, without proper oversight and service coordination, without concern about for-profit privatization of non-profit hospital care, and without due attention paid to measuring and mitigating patient risk. It appears that sound process has been ignored, including public consultation and the ability for the public to make written submissions. We cannot find any alignment between the Integrated Health Service Plan (IHSP) for the Champlain LHIN and these cuts. Furthermore, we believe that the requirement that regional service plans comply with the Minister's plan for health care has also been abrogated.

The media has reported that Ottawa Hospital CEO Jack Kitts has made public the intent to cut these surgeries and endoscopies at the non-profit hospital, stating that they can be transferred to other entities (including for-profit clinics).

Ms. LeClerc, under the LHINs legislation, the Champlain LHIN is required to provide coordinated, efficient and effective services. Further, the decision to transfer services provided by a non-profit hospital to other entities is considered an "integration" under the Local Health Integration Networks Act (2006) – see Definitions and Sections 25, 26 & 27. Under the Act, your LHIN is required to adhere to basic planning processes, including service coordination, public notice of restructuring decisions (called "integrations" under the Act), public consultation and proper board discussion and decision-making. We believe that these provisions of the Act have either been ignored or abrogated in the case of the very significant cuts to the services at the Ottawa Hospital and the decision to privatize to for-profit corporations, hospital clinical services.

We are formally requesting disclosure of information and documents pertaining to the decision to close, cut, transfer and/or privatize these services as follows:

We understand that the Board of Directors of the Champlain LHIN did not pass a motion to approve an Integration Decision regarding the transfer of these services. Can you provide us with all or any documents that show what role the Champlain LHIN played in the decision to close, cut, transfer and/or privatize the services, including the endoscopies and cataract surgeries from the Ottawa Hospital? How was the LHIN's requirement to provide coordinated, effective and efficient services fulfilled in the decision to close, cut, transfer and privatize these services?

Specifically, could you provide us with a Board motion to approve an integration decision to close and transfer these services from The Ottawa Hospital to for-profit clinics and other entities?

Could you please clarify what entities have been contracted or are going to be contracted/otherwise required to provide these formerly non-profit hospital services and a full list of services to be cut, transferred and/or privatized to for-profit entities? If no plans have been made for other entities to provide these services, how is the LHIN planning for these services to be provided?

For clarity, could you also provide any evaluation conducted by the LHIN to determine the impact on hospital services of cutting 290 nurses, health professionals and hospital support staff? By our calculation this cut amounts to more than 500,000 hours of patient care, therapy and hospital support. Could you provide a list of services impacted?

Has an evaluation of patient risks as a result of these cuts been conducted, and what is the plan to mitigate these new risks?

Under the LHIN legislation the public may be provided with notice about the “integration” decision and given 30 days to make written submissions. The Ontario Ombudsman made very strong recommendations that LHINs improve their public consultation practices. From our discussions with area residents and community members, no one is aware of any consultation of the community members impacted by the decision to close and cut these services at the Ottawa Hospital, nor was anyone aware of any opportunity to send in their concerns in writing within a 30-day notice period. Please provide any documents showing when and how public notice was given prior to the finalization of the decision to close and cut the services as well as any documents informing the community that they have the right to make written submissions. Please also provide any documents that outline your consultation process regarding this integration decision.

Further, under the LHIN legislation, the health service provider (in this case, The Ottawa Hospital) is required to engage the affected community when making plans (Section 16(6)). Please provide us with any documentary evidence of “community engagement” by the Ottawa Hospital regarding these cuts, closures and transfers of services to for-profit clinics and other entities.

Additionally, under the LHIN legislation, any integration decision by the LHIN must comply with the Integrated Health Service Plan (IHSP) for the region. According to the IHSP for 2010 - 2013, the plan holds that care should be provided close to home (page 7), that patients know where to access care (page 8), that care should be provided in accordance with best practices for patient safety (page 17). We can find nothing in this plan that supports the closure, cuts, privatization and/or transfers of services proposed at the Ottawa Hospital. It is more *unclear* than ever, in fact, how and where patients are supposed to access the services that are being cut from the Ottawa Hospital. In addition, we are not aware of any full and complete listing of services cut, reduced or closed being issued publicly. How do the restructuring and cuts at the Ottawa Hospital comply with these specific commitments (listed above) in the IHSP?

On the Ontario Wait Times website, wait times at the Ottawa Hospital for cataract surgeries already exceed provincial targets. According to media reports, Ottawa-area clinics are reporting 6-month wait lists for endoscopies. Please provide us with any documents showing your evaluation of the proposal to cut and close these services in the non-profit hospital and its impact on the wait lists for the services cut from the Ottawa Hospital in your region.

Under the LHIN legislation, the LHIN is required to make plans for the local health system in accordance with provincial plans and priorities (Section 5 (b)). The provincial government has run repeated elections on a clear promise to uphold public non-profit health care. The Health Minister has never publicly mentioned privatizing surgeries or other clinical services to for-profit entities. In fact, in all public and written statements that we have seen, the Minister has committed to *non-profit* health care services. The for-profit privatization of surgeries, health professionals’ services and outpatient services is an abrogation of these oft-repeated promises. Could you please clarify who has approved the for-profit privatization of these services? If there has been no formal approval, we are requesting that the LHIN immediately issue a decision requiring the Ottawa Hospital not to transfer (or facilitate the transfer) of any clinical services to for-profit entities.

Finally, under the LHIN legislation, LHINs are prohibited from making integration decisions that result in the transfer of services from publicly-funded care to out-of-pocket or other private payment for care (Section 25(3)). The Ontario Health Coalition conducted a study in 2008 in which we called all of the for-profit clinics we could find in Canada. We found that the majority of these clinics charged the public health system and also charged user fees to patients. Many engaged in extra-billing and two-tier health care, even in violation of the Canada Health Act, in a bid to maximize their profits. What measures has the Champlain LHIN taken to ensure that patients will not face user fees and extra-billing in private clinics as a result of the cuts?

Finally, we want to emphasize our concern about the for-profit privatization of local non-profit hospital services. Higher costs, selling of unnecessary procedures, poor oversight, and serious quality issues have been repeatedly found at for-profit clinics. We should not need to remind you of the “gross cross-contamination” and poor quality of care including the use of unsterilized equipment found in an Ottawa private endoscopy clinic which resulted in letters sent to more than 6,000 patients suggesting that they get tested for HIV and hepatitis and a public health investigation. The oversight regime for these private for-profit procedures is not equivalent to that in public non-profit hospitals. We are deeply disturbed at the proposal to privatize clinical hospital care to for-profit corporations.

Thank you for your attention to this matter. We look forward to hearing your response to our concerns.

Kind Regards,

A handwritten signature in cursive script, appearing to read "Natalie Mehra".

Natalie Mehra
Director

cc. Hon. Deb Matthews, Minister of Health
Hon. Kathleen Wynne, Premier