WHAT SEIU LOCAL 1.ON MEMBERS NEED TO KNOW ABOUT LHINS BUT WERE AFRAID TO ASK

1. Q. What is a LHIN?

A. A Local Health Integration Network is a crown agency appointed to run the health care system in one of 14 districts in the province. These non-elected agencies will make decisions about how and where health care will be delivered within these regions.

2. Q. What do Local Health Integration Networks do?

A. The 14 LHINS across Ontario will be responsible for planning, integrating and funding all health care services in their areas. They will oversee all hospitals, long-term care facilities, Community Care Access Centres, addiction services, community health centres and community support services.

3. Q. Will this bring health service decisions closer to the local level?

A. That's exactly what the government wants you to think. Despite the fact that LHINs will allocate money to various health care providers, the MOHLTC will have greater control of health care delivery across Ontario.

4. Q. How were LHIN boards formed?

A. Each LHIN board member is appointed by the government. There were no elections and no public imput. The government has the power to replace Boards.

5. Q. What powers will LHINs have over our health care?

A. Each LHIN will set service accountability agreements for each health care delivery organization, (Hospital, CCAC, etc.) This includes performance goals, value for money, and related human resources.

LHINs can move a service or program from one hospital to another hospital. This means less local access to health care services.

LHINs can integrate and co-ordinate services of hospitals, home care and nursing homes and decide who does what. For example a LHIN could transfer long term acute care from a hospital to a private nursing home, or transfer a specific program to another hospital.

LHINs can transfer health services in a LHIN district to another person or entity or tell a provider to cease operating or to wind up its operations. For example, a LHIN can determine Hospital A will no longer have an OB department.

6. Q. What is integration?

A. Integration includes amalgamations, transfers, mergers, and even the wind up of certain services. This can happen voluntarily, between two health care providers, or it can be forced by either the LHIN or directly by the Minister of Health. The LHINs have a permanent mandate to seek integrations, meaning health care will be in a perpetual state of flux. Integrations are all about saving health care dollars and not about better quality health care.

7. Q. What is an "accountability agreement"?

A. An accountability agreement is drafted between the LHIN and the Ministry of Health. Accountability agreements will spell out performance goals and objectives, standards, targets and measures, reporting requirements, a spending plan, a "performance management process" and whatever else the Ministry would like to throw in. If an agreement cannot be reached, the Minister can simply impose one. These accountability agreements represent very significant control by the Ministry of Health over local health delivery.

8. Q. What is a "service accountability agreement"?

A. These are contracts between the LHIN and the health care provider, which will include private for-profit companies. These contracts include the ability of the LHINs to request plans, financial statements, and anything else other than personal health information. However, there is no requirement built into the legislation to make these agreements public.

9. Q. What is competitive bidding?

A. Competitive bidding puts health services up for tender. Presently, home care contracts are awarded in this way. Home care contracts turn over every three years. If your agency/company loses a bid, you lose your job. You may or may not get another job with the winning agency. If you do, it is often at lower wages, with fewer or no benefits, and no pension. The result is an exodus of skilled workers from the sector, higher costs for the taxpayer, and declining care for patients. Despite the evidence, the provincial government continues to support competitive bidding in home care, and will allow the LHINs to use competitive bidding to sell off sectors of our health services particularly non-clinical services.

10. Q. Why does SEIU Local 1.on fear competitive bidding?

A. When Elinor Caplan did her 2005 review of competitive bidding in the home care sector, she said competitive bidding would not only be used in home care, but would be adapted for the LHINs. Health Minister George Smitherman -- in a taped conversation (2005) — described a very similar situation whereby, through the LHINs, health services would be bid on. While the Minister is coy about his claim that competitive bidding has not been written into this legislation, it hasn't been excluded either.

11. Q. Say What? Now you have my attention. Can the LHINs really privatize health care services?

A. Absolutely. There is nothing in the legislation that requires the LHINs to preserve public not from profit healthcare. The government can tell a public hospital to cease performing any non-clinical service and integrate it by transferring it to a prescribed person or entity.

LHINs can transfer health services from public to private for-profit companies, such as all dietary services in a hospital to Aramark, or all payroll services of a hospital, CCAC, or an addiction treatment centre to a private payroll company.

12. Q. What are non-clinical services?

A. Essentially all services that are not related to direct hands on patient care or clinical functions.

Services such as dietary, housekeeping, materials handling, laboratories, medical transcriptions and payroll are prime candidates for being put out to tender to private for profit corporations.

13. Q. How will the LHINs lead to further privatization?

A. There are no restrictions on the LHINs to fund or give preference to public not-for-profit health providers. Competitive bidding could be used by the LHINs to open the door for more private companies to deliver public health care, taking resources from the front line and placing them in their bottom line. The LHINs can also take services out of hospitals, and place them in community based facilities where the patient may be required to shoulder some or all the expense. The Canada Health Act, for example, does not protect any services transferred to the home care sector, since home care is not covered under the Canada Health Act.

The McGuinty government has already delisted physiotherapy and eye examinations from OHIP coverage. More health care services could be delisted under the LHINs. Worse still, given each LHIN will be different; services in one part of the province could be funded, while the same services in another part of the province could require the user to pay.

14. Q. Some of us have been through hospital amalgamations and resulting union representation votes before. With this new legislation will union representation votes happen every time there is integration?

A. It seems that the current Liberal government would rather see unions fight each other than fix the problems that plague our health care system.

A transfer of a particular health program could trigger a union representation vote, if different unions represent workers at different locations.

15. Q. Sorry, I'm not familiar with union representation votes. How does all this work if an integration order for your healthcare program is given.

A. *The Public Service Labour Relations Transitions Act* says a union representation vote must be held when public institutions merge. The Liberal government has extended this Act to include:

1. LHIN transfers of all or part of a health service.

2. LHIN integration of all or part of a health service.

3. LHIN or the MOHLTC orders the amalgamation of two or more persons or entities.

16. Q. Are there any circumstances where PSLRTA would not apply?

A. Yes. Where a successor employer is deemed to be not a health services provider or the primary function of that person or entity is not the provision of services within or to the health care sector, such as dietary, housekeeping, laboratories, etc. Presumably in this case the successor employer provisions of the Ontario Labour Relations Act would apply This in turn could still trigger a union representation vote, but under different rules.

All this, in any event, will lead to chaos in labour relations and will adversely affect the quality of patient care.

17. Q. Will the LHINs mean more funding?

A. No. Funding, remains under total control of the government. In fact, the government has to find at least $55 million per year to pay for the LHINs bureaucracy. That's less money for front line service. It will not add one single direct patient caregiver to health care. LHINs were created to contain health care costs.

18. Q. What is Health Force Ontario?

A. HFO was set up by the Ministry of Health and Long Term Care to develop a Health Human Resources strategy in May, 2006.

The emphasis is on a creating health care teams who will "work in a mobile, international and opportunity-laden market." In other words the right number and mix of personnel in the right place at the right time with the right skills.

HFO's aim is to maintain and develop a competitive work force.

HFO is creating new roles such as:

- Physican Assistant
- Surgical --- Assist
- Pharmacy Assistants
- Nurse Eneloscopist
- Enhanced roles for Physiotherapists

The government claims every graduate (RN and RPN) will have a full time job opportunity.

HFO like the LHINs were created to contain health care costs. No where does HFO mention any role for service or clerical workers or PSWs.

19 Q. Is there anything the union can do to fight for and protect our jobs?

A. The Collective Agreement forces the Employer to disclose all relevant documentation regarding decisions that may be made and promotes dialogue with the Employer to include your union , prior to a decision being made