

Recommendations to the Standing Committee on General Government Bill 160, *Strengthening Quality and Accountability for Patients Act*

GENERAL

Unifor supports the principle of improving transparency and accountability in the health care system. However, Bill 160 has been introduced as an omnibus health care bill with far-reaching implications. The bill contains key sections that did not receive any proper consultation with health care workers in the province prior to their introduction into legislation. There are several areas of concern for Unifor contained in this bill.

Unifor is Canada's largest private sector union, with more than 315,000 members across the country working in every major sector of the Canadian economy.

In Ontario, Unifor represents 160,000 active members, including more than 25,000 health care workers, 9,000 of whom work in long term care. Unifor also represents thousands of retired workers across Ontario, who are engaged in campaigns to strengthen our health care system, including long term care.

SCHEDULE 1 - Ambulance Act

Recommendation: Amendments should be made related to exemptions to the Act and any plan to implement fire medics on a temporary or permanent basis should be reconsidered.

- The ability for regulations "exempting any class of persons, services, conveyances, vehicles or equipment" from any provisions of this Act is incredibly broad and enables Cabinet to make changes without any consultation.
 - For example, the mention of exemptions for the purpose of pilot projects we know refers to planned pilot projects involving fire medics in municipalities. Unifor is strongly opposed to establishing these pilot projects as well as the use of fire medics and needs to be further consulted on this issue.
- There should be more clarity with regard to the expansion of treatment by paramedics outside of hospitals and directing ambulances to non-hospital destinations.

SCHEDULE 5 - Long-Term Care Homes Act

Recommendation: Amendments should be made related to confinement.

Recommendation: Staffing and a minimum care standard should be incorporated into this Schedule.

- Violence in long-term care homes must be addressed, as it is a safety issue for both residents and staff.
- This schedule repeals references to secure units and restraints for residents, while bringing these concepts together with a new term of “confinement.”
 - The schedule does not define the term “confinement” in the amendments. Instead of being left to be defined in regulation, the term should be defined in legislation with further consultation.
- Amendments to the Long-Term Care Homes Act should address the issue of staffing.
 - This would entail including the elements contained in Bill 33, *An Act to amend the Long-Term Care Homes Act, to establish a minimum standard of daily care*. This would establish a minimum care standard of an average of 4 hours per resident per day, focusing on the direct, hands-on nursing and personal care for residents.
 - There also must be transparency in reporting, accountability and enforceability of these staffing standards.

SCHEDULE 9 - Oversight of Health Facilities and Devices Act

Recommendation: This schedule should be repealed.

- Repealing the Private Hospitals Act is problematic because this legislation prevents the establishment of private hospitals, while the Independent Health Facilities Act – which is not perfect by any means – governs private clinics.
- Under the proposed new Act, the ability to introduce a whole range of new private clinics is widened, which Unifor opposes. Based on this Act, there would be no limitation on private, for-profit ownership or foreign ownership of private clinics.

SCHEDULE 10 – Retirement Homes Act

Recommendation: This schedule should be repealed.

- Unifor is opposed to amendments to the act that allow for the legal “confining” of residents in retirement homes. This schedule would allow the confinement of residents in private, mostly for-profit retirement homes that are not regulated in the same way as long-term care homes.
- Retirement homes are not and should not fulfill the role of de facto long-term care homes resulting from the lack of space for residents in those facilities. Retirement homes provide a distinctly different role when it comes to the types of services they provide for residents.
- The rationale for legally enabling retirement homes to confine residents is questionable and should be re-considered.