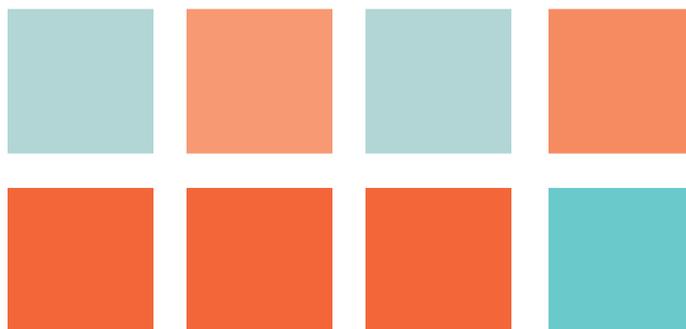


RNAO SPEAKING NOTES:

**Bill 122: *Broader Public Sector
Accountability Act, 2010.***

November 22, 2010



Good afternoon. My name is Doris Grinspun, and I am the Executive Director of the Registered Nurses' Association of Ontario (RNAO). RNAO is the professional organization for registered nurses who practise in all roles and sectors across Ontario. Our mandate is to advocate for healthy public policy and for the role of registered nurses in shaping and delivering health services.

I am pleased to speak with you today about Bill 122, the Broader Public Sector Accountability Act. RNAO welcomes legislation that seeks to improve financial accountability and transparency of hospitals, Local Health Integration Networks or LHINs, and other publicly funded organizations. Bill 122 complements the recently enacted Bill 46, the *Excellent Care for All Act*, which promotes evidence-based best practices and makes health-care organizations and executives accountable for providing high-quality, patient-centered care. RNAO is world-renowned as a leader in evidence-based best practices, and we look forward to actively participating and contributing to decisions regarding evidence-based best practices in Ontario.

RNAO applauds the government for broadening the *Freedom of Information and Protection of Privacy Act* in Bill 122 to include hospitals.

This crucial step towards accountability is one that the RNAO called for in *Creating Vibrant Communities*, our platform for the 2011 provincial election, and in our submission last spring on Bill 46. Today, the RNAO will propose amendments that will strengthen Bill 122 while being consistent with Minister Matthews' stated objective to raise the standard of accountability and transparency for hospitals, LHINs and other broader public sector organizations. These amendments are detailed in RNAO's written submission. I will highlight several proposals in the time we have remaining.

First of all, long-term care homes are exempted from the Bill's definition of a 'publicly funded organization'. With the government's 'Aging At Home' strategy and efforts to find more appropriate care in the community, especially for hospital patients classified as Alternate Level of Care or 'ALC', there is little justification for distinguishing between acute care and long-term care for the purposes of Bill 122. RNAO strongly urges the standing committee to remove long-term care homes from the Bill's list of exempted publicly funded organizations, in order to ensure accountability for cost-effective, high-quality care and to protect the rights of long-term care home residents.

Second, as public sector organizations, LHINs must be accountable for the funds they spend by providing accurate and accountable reports to the ministry.

However the current wording in Bill 122 is ambiguous, and only indicates that the LHINs will report – full stop. Bill 122 falls short in that it lacks details about what the LHIN reports should contain, to whom they should be reporting and precisely how the reports will be made transparent and accessible to the public.

RNAO recommends, in the strongest possible terms, that the reports which LHINs prepare be sent to the Minister of Health and Long-Term Care, tabled in the legislature, and posted on the Ministry of Health and Long-Term Care website.

Third, like many Ontarians, members of RNAO were disturbed to learn in the Auditor General’s “Special Report on Consultant Use in Selected Health-care Organizations” of hospitals having deficiencies with respect to their planning, acquisition, approval, payment and/or contract management of consultants. With increasing pressure being put on hospitals to balance their budgets, and decision makers considering cuts to staffing, programs, services and bed closures, it is unacceptable for scarce public funds to be used to engage expensive consultants to lobby the government funder.

The RNAO has consistently raised concerns about some consulting firms who are earning large fees while recommending a sharp U-turn to the past by promoting RN replacement and re-implementing the failed model of functional nursing, sometimes referred to as “team nursing”.. This consultant-pushed and cost-driven model is all about fragmenting and down-skilling patient care, cutting expenditures in the short-run and, as the literature clearly points out, represents a giant backward step for high quality nursing care and positive patient outcomes. At a time when hospitals are strapped for cash, senior executives must use best evidence to make their decisions. This is especially significant with the recent passing of the *Excellent Care for All Act*, which promotes evidence-based best practices. Evidence on nursing models of care delivery conclusively show that fragmentation of care leads to serious errors, deficient clinical and health outcomes, and poor health system experiences for patients and staff. Evidence also shows that using Registered Nurses results in improved clinical and financial outcomes in the short, medium and long terms.

Following the advice of private consultants rather than credible peer-reviewed scientific evidence, RNs continue to be sacrificed to balance hospital budgets at the peril of patient outcomes and system effectiveness.

RNAO again urges the standing committee, in the strongest terms, to ensure transparency and accountability for cost-effective, high-quality health care, by mandating the public distribution and posting of reports submitted by hospitals to LHINs, and by LHINs to the Ministry.

In order to improve accountability and ensure transparency in the health-care system, the public must have full access to information on the expenditure of public money. While this includes making hospitals subject to public scrutiny under the *Freedom of Information and Protection of Privacy Act* and ensuring public oversight of hospital consultancy contracts, it also means granting the Ontario Ombudsman authority to investigate public complaints against hospitals and other health organizations.

Currently, Ontario is the only province in which the Ombudsman does not have jurisdiction over hospitals and long-term care homes despite receiving many serious complaints from those facilities. A high quality health-care system must be accessible, equitable, integrated, patient centred and focused on population health as well as transparent.

The Ontario Ombudsman's authority has not been modernized in over 30 years, and the province has fallen behind in the oversight of organizations, which provide critical public services.

Commonly referred to as the “MUSH” sector – they include Municipalities, Universities, School boards, and Hospitals, as well as long-term care homes, police, and children’s aid societies. The Ombudsman of Ontario's authority with respect to this sector is the most limited in Canada and I can’t emphasize enough that RNAO urges the standing committee to extend the *Ombudsman Act* to include hospitals and long-term care homes.

The amendments that RNAO is proposing to Bill 122 support the government’s stated objectives to raise the standard of accountability and transparency for hospitals, LHINs and other broader public sector organizations. On behalf of over 30,000 Registered Nurses in Ontario, I would like to thank the Standing Committee for the opportunity to have input into this important legislation, which affects nursing and the access to health care for the public that we serve.