



City of Richmond

Report to Council

To: Richmond City Council
From: David McLellan
General Manager, Urban Development
Date: May 22, 2002
File: 0150-20-HEAL1-01
Re: Bill 29 - "The Health Sciences Improvement Act"

Staff Recommendation

That the report on Bill 29 – "The Health Sciences Improvement Act" be received for information.

David McLellan
General Manager, Urban Development

Att. 1

Staff Report

Origin

Council at their February 25, 2002 meeting heard a delegation (Attachment 1) regarding the above noted legislation and directed staff to comment on the matter.

Findings of Fact

On May 7, 2002 an announcement was made that out of a total of up to 700 displacements across the Vancouver Coastal Health Authority, there are 103 displacements scheduled in Richmond. Some of those are positions already vacant, some new positions are being posted, 63 people have expressed interest in voluntary options for retirement or departure. So the number of layoffs which will come over the next several weeks and months in Richmond could be 30 or less staff members. Details regarding the proposed cuts are included in Ms. Hewlett's latest submission to Council.

Analysis

City staff have considered the submission by Marnie Hewlett, R.N. and investigated the concerns with Administration staff at Richmond Health Services.

They acknowledged that these are very challenging times for the staff with the current fiscal restraint policies and that health services staff are understandably concerned about their future job security as a result of the introduction of Bill 29. City staff have been assured that despite the current fiscal challenges Richmond Health Service are committed to ensuring that safe delivery of care is not compromised.

Our understanding is that the government introduced Bill 29 in order to improve the quality of care for the citizens of British Columbia by promoting more efficient use of our health care resources and increasing the flexibility of Health Employers to ensure proper management of tax dollars, facilities and resources. Richmond Health Services acknowledges that there are sweeping changes associated with this new legislation and that some of the statements made by Ms. Hewlett reflect the concerns of many staff. Some of the information contained in Ms. Hewlett's submission dated January 19, 2002 raised concerns, including:

- there has never been language which prevents the closure of hospitals and facilities;
- there has been no decision to close Delta Hospital and if this were to happen the impacts of such a closure would be carefully reviewed;
- while some housekeepers are not being backfilled there are policies surrounding how positions should be redeployed to ensure that patient care area cleaning standards are maintained;
- the transfer of staff under Bill 29 would not be arbitrary as represented in the submission. Staff would need to have appropriate skill levels;
- while the alternative for an employee refusing a permanent transfer is resignation, this is not the case for temporary transfers;

- there is no current plan to introduce a means test for home care nurses. Means testing, however, for long term care and access to home support workers has been in place since the inception of the provincial long term care program in 1978;
- achieving shorter lengths of stay continues to be an objective of the B.C. health care system, despite success in this area through the introduction of a variety of initiatives such as expansion of ambulatory care procedures and increased rather than decreased reliance on community programs.

Financial Impact

No budgetary impact.

Conclusion

This report has been submitted to Council in response to the referral at the February 25, 2002 meeting.



David McLellan
General Manager, Urban Development

DJM:djm

SL
BY M. HEWLETT ON
FEBRUARY 25, 2002
ITEM 26(1)

January 19, 2002
2245 180th Street
RR#3 Surrey, BC
V3S 9V2

0150-20-HEAL-01

Mayor Brodie and City Councillors;
City of Richmond

Ladies and Gentlemen;

I am a Registered Nurse who has worked at the Richmond Hospital for 21 years and I believe that the new legislation of Bill 29 "The Health Services Improvement Act" passed on January 28, 2002 will have a huge impact on the way we provide health services to this community

It is important for Richmond City Council to understand the contents of this Bill and the privatization aspects, and what this will mean to Long Term Care, Community services and Acute care.

As public officials, I believe you need to understand what this could mean to the residents of Richmond when these changes are implemented. There is a sense of urgency for me to do this presentation because the changes are happening very quickly.

I would respectfully request a time at your next council meeting on February 25, 2002 to do a presentation and a call for a resolution from the City of Richmond to protect our public health care system.

Sincerely;

Marnie Hewlett RN

Phone # 604 542-1307

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e-mail-marnie2k@hotmail.com



Resolution

**Respectfully presented to Richmond City Council
February 25th 2002**

by Marnie Hewlett, a Registered Nurse from Richmond General Hospital

Whereas, health care is a fundamental right of every human being without distinction of race, gender, age, religion, sexual orientation, political belief, economic or social condition.

Whereas, British Columbians support the original vision of a truly comprehensive public health care system through support for Medicare and the principles of the Canada Health Act.

Whereas, the provincial government has recently announced a three-year freeze on health care spending.

Whereas, health care workers are critical to the effective delivery of health care services and that decent wages, working conditions and training opportunities are essential to high quality patient care and the retention and recruitment of health care workers.

Therefore be it resolved, that Richmond City Council exclaim their wholehearted support for Medicare and the principles of the Canada Health Act.

Be it resolved, that Richmond City Council lobby the federal government to expand healthcare funding to the province.

Be it resolved, that Richmond City Council oppose any attempts by the for-profit health care industry to commercialize or privatize any public health care services.

Be it further resolved, that Richmond City Council call on the provincial government to lift the three-year freeze on health care spending and ensure that health-care costs are not off-loaded to the municipality of Richmond and ultimately individuals and families in the community.

And be it finally resolved, that Richmond City Council call on the provincial government to repeal Bill 29 which gives sweeping authority to health employers to close hospitals, shut beds, contract out services to private businesses, and lay off nurses and other health-care workers.

Good evening Mayor Brodie and City Councillors;

I want to thank-you for the opportunity to come here to speak to you tonight on such an important topic as health care. My name is Marnie Hewlett and I am a Registered Nurse. I have worked at Richmond Hospital on the 4th floor (orthopaedics, gynecology and urology) and have delivered health care in this community for 21 years.

As a care-giver in this community, I am concerned about the cuts to health care that have been proposed by this government. I believe that the current crisis in health care is one of serious under funding with the intent to cause people to become dissatisfied with the current system and then start a campaign of how things would be better if we paid for the services.

The freeze on health care budgets and the changes to contracts and the threat of privatization under Bill 29 with the added complication of the new language in the budget which talk about decreasing length of stays in hospital and a "means test" for home care will impact on the health of the residents of Richmond.

The first concern I have is that if neighboring health authorities make decisions to cut hospital services the result will be that potentially those patients will be accessing the adjacent hospitals. In other words, if Delta hospital closes and the Emergency department at Peace Arch Hospital closes, the closest hospital for Delta/ Tsawwassen will be Richmond Hospital. Richmond already services the airport and has a large catchment area. This will mean more people trying to access less services with a delay in necessary treatment and longer waiting times in our Emergency department and for surgeries. Those surgeons who work out of Delta hospital will have to use the operating rooms and wait for surgical beds at Richmond resulting in longer times in diagnosis for cancer and delayed early intervention.

My second concern is that this government has been talking about centres of excellence and this could potentially mean that certain services provided in this community will be moved out of the area with the resulting burden on people to travel to those centres for care. Peace Arch Hospital is talking about whether or not they will be keeping their Labour/Delivery unit which currently has approximately 800 births a year. The community there has struggled for years to develop their hospital to be a centre of excellence for the residents and there is a projected increase in population in the area around that hospital which will result in a need for more services not less. We know that all the services in Richmond are under review and we are just waiting for the announcements which we have been told are coming as early as next month.

The worst part of the new plan in health care is the impact of Bill 29 which was passed on January 28th 2002. This Bill contains language that changes the contracts of health care workers and takes away specific language that prevents closing of hospitals and facilities; but the most important language in this Bill deals with the ability to privatize Long Term Care, Community, Emergency departments, Pre admission departments and Kidney Dialysis. The only services protected so far are "in-patient clinic services" which means that every department in the hospital can be contracted out. Housekeeping, laundry, dietary, laboratory, physiotherapy etc.

can be tendered out to a "for profit" employer.

The result of the health care freeze has already had an impact on housekeeping services at our hospital. The first cuts came before Christmas when the employer decided that they would not back fill housekeeping and cuts to laundry supplies. There would be no replacement of anyone calling in sick. So instead of 1 housekeeper per floor there could be 1 for 3 floors. The result was that when I went to work the garbage cans were full of dirty dressings, dirty diapers and vomit. I don't have to tell you how important it is that we keep our hospitals clean. The laundry and other supplies are now on a cart in the hall and the nurses have to run for everything impacting on how I do my work.

This government keeps comparing these support services to hotel workers. Hotel workers do not deal with biological hazards and toxic waste and taking them away increases nurses' workloads and interferes with the time that they can spend at the bedside caring for their patients.

The only comparison I believe is possible is around the September 11 incident in the US and there was a look at the difference between the airport security in the US and Europe. In the US the security workers are low paid, under skilled and there is a high turnover of staff who have no do not feel responsible because they know that they will be gone as soon as they become too expensive. In Europe they have highly paid, highly trained staff who are retained and feel that they belong to the system. The result was that in Europe there were less opportunities for missing things. The results of cutting skilled health workers could have the same impact with serious results.

The temporary reassignment language under Bill 29 is most interesting as well and designed to make a group of health care professionals feel unsafe and make it harder for them to deliver safe, effective patient/resident/client care in this province and all under the guise of putting patients first.

The language allows the employer to send nurses wherever and whenever the employer decides they are needed and if they refuse they are deemed to have resigned. Gordon Campbell said that he had to do something about those inflexible contracts because you couldn't transfer a nurse from one floor to another. I want you to know that it is not my union contract that stops me from going from one floor to another -above me is paediatrics and below me is palliative care both of which require a specialty training. If I go to either of those places I could kill someone.

The other part of this reassignment language says that the employer can send me as many times as they like anywhere they want-so I could end up going to a different unit, hospital or work site every day. How efficient do they think nurses are going to be working in those conditions? The employer can also send me outside the 50 km range for 30 days every 4 month period 3 times a year without my consent and if I refuse I will have been deemed to have resigned. This doesn't take into account that nurses work best in teams and they need to know where to access emergency equipment in a hurry and that there are very few areas of nursing that aren't a specialty.

We heard in the budget that there is a call for shorter length of stays in the hospital, the "means test" for home care and longer waiting for the elderly for long term care beds. This province

already has the shortest length of stay in acute care beds than any other across Canada and the reason for that is that we have a system that allows for patients to be cared for in their homes with a home care nurse. Now, with this new plan, you will be sent home sooner and if you don't pass the "means test" you don't have access to a nurse unless you can pay. The result will be that people will go without necessary home care and the result will be a higher risk of complications and readmission.

Long Term Care can be contracted out or sold and the impact is that there will be increased costs and waiting for elder care in this community. We have one "for-profit" employer in Richmond -Courtyard Gardens-this excellent facility charges \$4000.00 per month for a resident in the care part of the facility and I hear that the going rate in these facilities is anywhere between \$2000.00 and \$6000.00 per month. How many of us have aging parents who will be needing this care in the next few years?

One other issue around privatization is that once our public services are no longer considered protected public services under NAFTA they are gone forever and we will never get them back again.

The background material is the presentation that the BC Nurses' Union presented to the Select Standing Committee on Health with some solutions to the problems in health care and a resolution for your consideration. I hope that you will support our public system of health care and call for a stop to this under funding and under mining our very important service. Health care is a fundamental need for every human being and it should not be available to only those who can afford it.

Thank-you for your time