

Healthcare in Halton gets broken into three parts

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There are five guiding principles for LHINs in this announcement. The first two, equitable access based on client need and giving patients a choice are popular themes, summarized by George Smitherman, the Minister of Health when he says "Ultimately the patient will be the big winner".

The third principle promises measurable, results driven outcomes based on strategic policy formulation, business planning and information management. This, according to Ted Chudleigh, MPP for Halton, provides the Ministry of Health with a business-based justification for diverting health care funding to other jurisdictions despite the fact that the greatest population growth will be primarily in Halton Region.

The fourth principle states that it will provide "People-centred, community-focused care that responds to local population health needs," implying that the community of healthcare consumers will have a strong voice in determining what their healthcare needs are and how they are delivered.

The reality is very different according to Shelley Martel, NDP Health Critic. "I am very concerned that this government is pushing forward its transformation rhetoric when the LHIN model is still unknown." The model is unknown to Ontario healthcare consumers because there have been no public consultations or public dissemination of information, and none appear to be planned before the April 1 implementation date.

Accountability is of paramount importance after the unbridled waste and gross mismanagement by various levels of government in the past decade. The Ministry of Health has covered this off

with the fifth guiding principle, "Shared accountability between providers, government, community and citizens". It seems that accountability does not apply to the people of Ontario who, Mr. Chudleigh noted, have had no input into the development of the new system.

The LHIN boundaries were established based on hospital registration statistics. These were developed after the hospital restructuring that was a product of the same Ministry of Health operating under the previous government. While the boundaries are not yet clearly defined, here is what it will mean to Halton Region.

Burlington - included in the Hamilton Niagara Haldimand Brant LHIN;

Oakville and Milton - included in the Mississauga Oakville LHIN;

Halton Hills - included in the Central West LHIN along with parts of Toronto, Vaughan and Mississauga, and all of Brampton, Caledon and Orangeville.

Maps can be viewed on the government website www.gov.on.ca/transformation/lhin.

There are several pieces of information that are needed to intelligently assess the impact of this proposed change. Ratios will help determine if this is a step forward or back for Halton Region. Key information for each LHIN such as population, number of doctors and number of hospital beds all factor into the equation. Both Mr. Chudleigh and Mr. Jackson feel that healthcare service levels for Halton Region residents will definitely decline under the LHIN system.

Each LHIN will be managed by a full-time paid director and two part-time directors, all recruited by Queens Park and appointed by an Order-In-Council. The timetable released December 15 by the Ministry of Health

states that the 14 LHIN CEOs will be hired by March 1 with the first board meetings (all members appointed by the province) by mid-March and Action Plans implemented by October 1.

On January 16 the government issued a directive to dissolve the 16 District Health Councils on March 31; for thirty years the DHCs had been forums for healthcare providers to communicate amongst themselves and with the Ministry of Health. This role will be assumed by the new LHINs effective April 1. Laid off DHC staff have been encouraged to seek jobs in the LHIN structure where their accumulated knowledge will be critically important, but this means that the 108 full-time DHC employees will be paid severance pay of about \$20 million even if they are then hired by the LHIN.

Is this also to be a replacement system for the existing Community Care Access Centre (CCAC) structure? The Ministry of Health says no, the CCACs will continue to act as service providers. 42 CCACs were established across Ontario several years ago, the LHIN system divides Ontario into 14 units none of which has the same territorial boundary of any CCAC. Many healthcare provider contracts with CCACs have been extended to March 31 based on directions from Queen's Park.

Since Halton Region has, under the LHIN structure, ceased to have an identity, it seems likely that the Halton CCAC (which will report to three of the fourteen LHINs as of April 1) will be eliminated if the Ministry of Health applies its own principle of sound business based outcomes (Principle three). A Halton physician who cannot be identified feels that over the next three years there will be one CCAC for each LHIN.

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