

Merging Healthcare Institutions (Bill 25)

Good Intentions Gone Awry

The road to Hell, as they say, is paved with good intentions. That was the thought that came to me when I heard about Bill 25, intended to further integrate services for the public.

While everyone agrees that further integrating services is a very laudable objective, I have my doubts about how essential, or even useful, institutional mergers will be in achieving this objective.

Real concerns

Since the Rochon reform, there have been mergers at most institutions, with the result that we now have large hospital centres, many regional hospitals, and health centres, not to mention RLTCs combined with CLSCs... But what real impact have these mergers had on improving public health care? We don't actually know. On the other hand, we do know that they have had an impact on employees in terms of decreased motivation, extreme insecurity and discouragement. Add in plans for cutbacks and retirements, and the least we can say is that personnel in the healthcare system are being asked to cope with a tremendous amount of upheaval. How can they now be expected to welcome the changes proposed in Bill 25?

"If we want to offer integrated services, we have to put a number of elements in place. We need case managers. We have to make doctors and pharmacists part of our network. We have to decide where the entry to this network will be. Whether we have one or three boards of directors becomes a secondary consideration."

Céline Bureau, Co-ordinator of the network of integrated services for the elderly (RESPA) in Sherbrooke. *Le Devoir*, November 15/16, 2003

I remember very clearly that nurses supported the shift to ambulatory care when it was brought in: caring for patients in their homes and in walk-in clinics and shorter hospital stays seemed like desirable objectives. In the end, the investment that was to support such front-line services is still cruelly lacking, and many nurses were left feeling very bitter after their hospitals were closed.

Now they are being asked to give up their CLSCs to a local authority, a merger of several institutions. It must be remembered that caregivers are first and foremost human beings, with their own hopes and their own views of their profession that give meaning to their lives. CLSCs are popular with nurses! There are no shortages in CLSCs! Many will say that is because of the working hours, but I feel that it is mainly because the CLSC concept, based on community intervention, prevention, home care, perinatal care, health at school and in the workplace and the creation of the Info-Santé service, was very much in line with our profession's values from the outset. Not to mention that CLSCs encour-



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aged the sort of interdisciplinary approach favoured by nurses. CLSCs have served as incubators for innovations, and have clearly focussed on local needs. Info-Santé, a project initiated by CLSC nurses in the Outaouais, extended to Quebec City and Montreal and then to the entire province, is the best example. Today, CLSCs are less popular because they have less funding, and are now being told that the way of the future is for them to merge with the local hospital!!

If we have learned anything from the past, it is that launching a reform without first establishing the conditions for success creates a great deal of unease and insecurity that could destabilize the system even further. For instance, why does the Minister not announce that CLSC programs will be protected and not rolled into an overall budget? Will CLSCs, which have always hired nurses with undergraduate degrees or at least certificates in community health, see their qualification criteria buried beneath a human resources management superstructure that values only seniority?

I repeat: the consequences of these mergers go beyond a mere administrative exercise. Planners always underes-

timate employees' emotional and cultural attachment to and identification with an institution.

Primarily an administrative restructuring

It seems to me that the proposed restructuring is first and foremost a response to the goal of simplifying dealings with unions, and a step toward Bill 30, which will both force unions to merge and encourage decentralized bargaining. Services have already been integrated in many regions. Only in Montreal is this process just beginning. And that is to be expected, given that most of its hospitals serve people outside the region or even throughout the province as a whole.

“These structures in themselves do not solve everything. If they are not to be a waste of effort, the mergers must be accompanied by major investment and projects that will motivate people.”

Michel Clair, Chair of the Clair Commission.
Le Devoir, November 15/16, 2003.

Many proposals for integrating care and services have been put forward in recent years, in Montreal and elsewhere. For instance, there was the SIPA project (“system of integrated care for older persons”); the Notre-Dame-de-Grâce CLSC; RESPA, an integrated network of services for the

elderly, in Sherbrooke; a care network for asthmatics, a tertiary cardiology network, the HIV-AIDS mentorship project and others. All these projects succeeded because they were based primarily on a clear understanding on the part of health professionals of these client groups' needs and on collaboration among the administrations concerned.

The key to making changes is first of all to reform ways of thinking. And next comes money. The funding of healthcare institutions, doctors' remuneration, and start-up funding for projects to integrate services must be consistent with the underlying objectives. FMGs (family medicine groups) are an excellent example. Capitation funding, integrating the envelope for doctors' remuneration into the operation of healthcare institutions, or even program funding, would do more to help integrate services than would merging institutions. But perhaps that will be the next step. In the meantime, caregivers are surely saying to themselves that they don't have the money they need to provide care. And remember that if we make things too difficult, more caregivers are likely to take early retirement. To date, administrative reforms have created a sense of insecurity, a result unlikely to foster the integration that the Minister is so keen to see. ❁

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