

May 3, 2011

Doris Grinspun
Registered Nurses Association of Ontario
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Doris,

On behalf of the Ontario Hospital Association (OHA), I am writing to rebut the grossly inaccurate claims made by your organization in its submission to the Ontario Legislature's Standing Committee on Finance and Economic Affairs (SCFEA) regarding Bill 173, the *Better Tomorrow for Ontario Act (Budget Measures)*, 2011, specifically, Schedule 15.

As you know, Schedule 15 proposes an amendment to the *Freedom of Information and Protection of Privacy Act (FIPPA)*, which would exempt certain classes of quality care information from public disclosure.

In its submission, the RNAO suggests that because Ontario hospitals are not subject to oversight by the Ombudsman, that the proposed amendment to FIPPA would give Ontarians even less access to information. Not only is this untrue, it is entirely unclear how or why you attempted to make a connection between the Ombudsman and the availability of public information.

The proposed amendment in Schedule 15 or Bill 173 is about quality of care information only, and is limited to information provided to or prepared for a committee for the purpose of improving care.

Ontario hospitals have long demonstrated their willingness to make information readily available to the public. In fact, Ontario's hospitals operate in one of the most demanding health care accountability systems in all of Canada. Virtually every aspect of a hospital's performance is regularly subject to external, independent scrutiny, in a variety of ways, such as reviews by Ontario's Auditor General, accreditation processes, and public reporting initiatives.

Additionally, under Regulation 965 of the *Public Hospitals Act (PHA)*, hospitals are required to disclose critical incidents to the Medical Advisory Committee and administrator, as well as to the patient. Finally, under the PHA, hospitals are also held accountable to their Local Health Integration Networks (LHINs) via legally-binding agreements, which remain publicly available and very clearly outline their hospital service obligations, including quality of care.

Hospitals also continue to embrace new measures of accountability and transparency, most recently by welcoming the tenets of the *Excellent Care for All Act* and the *Broader Public Sector Accountability Act (BPSAA)*.

To be clear: even if the proposed amendment included in Schedule 15 were approved, hospitals would still be required to share a great deal of information about outcomes with the public. (For example, over 50 indicators on quality and patient safety are available on public websites like myhospitalcare.ca.)

The proposed amendment included in Schedule 15 does not, as you've claimed, protect financial records and/or any other hospital issues. In fact, those documents are specifically cited as being available for public disclosure by the FIPPA. To suggest otherwise is to ignore the facts in black and white.

Further, I remind you that the proposed amendment in Schedule 15 is an exemption, not an exclusion. This is an important distinction, because Ontario's Information and Privacy Commissioner would have the ability to review decisions made by hospitals with respect to the disposition of information requests and make remedial orders when deemed appropriate.

I was very surprised to see the RNAO not support Schedule 15, especially given its own *Policy Statement on Patient Safety*. You apparently don't recall that this statement commits the RNAO to supporting a move from a "culture of blame to a focus on the systemic challenges." It goes on to say that "traditional approaches to dealing with error have focused on individual responsibility, limiting open dialogue and sharing of concerns. In organizations where there is a culture of blame, staff is discouraged from speaking out about structures and policies that contribute to adverse events. Accountability can be strengthened within organizations through reporting practices and disclosure policies that foster a culture of openness and ability to share concerns."

This is what Schedule 15 proposes to accomplish. It is, in our opinion, in the public interest – an opinion shared by patient safety experts like the University of Toronto's Dr. Ross Baker.

Ontario hospitals unequivocally support openness and transparency and continuous quality improvements. I strongly encourage your organization to revisit its conclusions and recommendations as set out in your submission to the SCFEA in light of the foregoing information.

On an issue as important as Ontarians' health and safety, the "facts optional" approach your organization has taken to date is simply irresponsible. Ontarians deserve better.

Sincerely,



Tom Closson
President and CEO

cc: Pat Hoy, Chair, Standing Committee on Finance and Economic Affairs
Laura Albanese, Vice-Chair, Standing Committee on Finance and Economic Affairs
Toby Barrett, Standing Committee on Finance and Economic Affairs
Bob Delaney, Standing Committee on Finance and Economic Affairs
Kevin Flynn, Standing Committee on Finance and Economic Affairs
Helena Jaczek, Standing Committee on Finance and Economic Affairs
Norm Miller, Standing Committee on Finance and Economic Affairs
Leeanna Pendergast, Standing Committee on Finance and Economic Affairs
Peter Tabuns, Standing Committee on Finance and Economic Affairs
Sylvia Przedziecki, Clerk, Standing Committee on Finance and Economic Affairs