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CANADA

Ottawa Hospital's operating-room deal with private corporation worries unions, experts

By **Megan Ogilvie** Health Reporter

Kenyon Wallace Investigative Reporter

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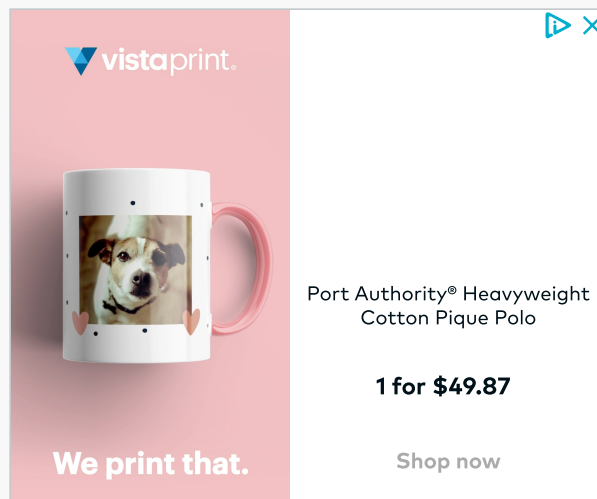
Health system experts and hospital-worker unions are raising concerns about the lack of transparency related to a controversial arrangement in which [The Ottawa Hospital is leasing operating and recovery rooms to a private corporation](#).

Health policy lawyers are also questioning whether the partnership is violating provincial law, while union leaders say they have unanswered questions regarding patient safety and potential staff poaching.

Beginning last weekend, The Ottawa Hospital (TOH) began an agreement to lease operating space at its Riverside Campus to a private group of surgeons known as the Academic Orthopedic Surgical Associates of Ottawa Inc. (AOAO).

The agreement lets AOAO use two operating rooms and a recovery room on Saturdays for six months, according to CUPE 4000, the union that represents the hospital's housekeeping, clerical and food services staff, as well as orderlies and Registered Practical Nurses (RPNs).

TOH has said procedures done by AOAO are covered by OHIP, but did not respond to followup questions from the Star regarding the arrangement, or answer requests to speak with a hospital executive on the matter.



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Late Thursday, TOH provided a statement to the Star on behalf of AOA that said the new group is made up of 26 orthopedic surgeons and was formed “as a new model of care to help reduce the surgical backlog and provide much-needed care.”

The statement confirmed AOA is renting operating rooms at TOH's Riverside Campus on Saturdays “only to perform orthopedic procedures, such as hip and knee replacements,” and that the group “has purchased its own equipment to perform these surgeries.” The AOA said it performed 10 joint surgeries on its first Saturday.

‘Standard practice’

In its statement, the AOA said patient safety remains “the top priority,” that all patients are registered as TOH patients and “all services are billed through OHIP, as per standard practice.”

The AOA said this arrangement is a “cost-recovery model.”

Much remains unclear about the partnership, however, such as how patients are chosen for the Saturday surgeries and how much AOA is paying the hospital. The Star sent AOA and its lawyer these and other questions Thursday but did not hear back by press time.

The lack of details surrounding this arrangement — one that the Ministry of Health told the Star is “innovative” in helping to lower wait times for joint replacement surgeries — has health system experts calling for greater transparency.

They say such partnerships demand close scrutiny, with one expert calling the arrangement “irregular” given that Ontario hospitals can perform scheduled surgeries on weekends with their own staff.

“Surgeons are paid by OHIP; we don't have to form business partnerships and contract with hospitals and hire nursing staff ... if that's happening, that's irregular,” said Dr. David Urbach, head of the department of surgery at Women's College Hospital and a health services researcher with an expertise in surgical waits. “This doesn't sound like the typical operations of a hospital.”

Urbach said he doesn't understand why details about this partnership are not available, and added that if the arrangement at TOH is a solution for long wait times for joint replacement surgeries, he'd “love to know about it.”

“These are questions in the public interest because we have a public health system; we're all invested in the public health system.”

Minister defends ‘innovative models’

Colleen Flood, a university research chair in health law and policy at the University of Ottawa, agreed that details must be made public: “We need to do something around long wait times. But if this is a way to funnel money to a private clinic, or an ideological way for a private clinic to enter the public system, we need to know ... This is public money.”

NDP MPP Joel Harden (Ottawa Centre) cited the AOA deal in a question raised in the Ontario legislature Thursday about what the government is doing to reduce surgical backlogs for all. Health Minister Sylvia Jones responded, saying there are some “innovative models that are happening in the province of Ontario that are leading to successes.”

“This is an opportunity for people who have been waiting far too long to get those necessary surgeries to happen in community and in a timely manner,” Jones said. “It is a good-news story and we will continue to invest in those innovative models.”

CUPE 4000 said it met with hospital management on Wednesday for a bimonthly labour-management meeting and learned that AOA has a service agreement with TOH that lets it purchase supplies from the hospital, such as intravenous saline solutions and linen, and that it is supplying its own anesthesiologists.

Rob Gauthier, acting president of CUPE 4000, said the union was also told by hospital management that in the event of an emergency during a Saturday surgery, such as a bad reaction to anesthesia, 911 would be called, since there are no nurse response teams working at TOH on weekends.

Gauthier said the union has concerns that AOA could be “poaching” staff from TOH; if that is happening, he said, it could be contributing to worker burnout.

“If we have a nurse who's working Monday to Friday or doing their 12-hour shifts and now they're picking up additional work with another employer, they're burning themselves out even more,” he said.

A hospital employee who previously spoke to the Star on the condition of anonymity out of fear of losing their job said Registered Nurses (RNs) at the campus are being offered a flat rate of \$750 per day to work with AOA; RPNs are being offered \$550 and clerical staff \$600. Nurse unions say these payments are about double what an average RN or RPN would make on a regular eight-hour shift.

A second employee, also speaking to the Star on the condition of anonymity for fear of workplace repercussions, said there was no recruiting process or official job postings for the work with AOA.

The hospital previously told the Star it was “out of our purview” to comment on payment details. The hospital did not address the Star’s questions about possible “poaching” of hospital staff to work Saturdays.

Veteran lawyer says response ‘nonsensical’

Perry Brodtkin, who worked as a staff lawyer with the Ministry of Health for close to 20 years (now retired), saw potential legal concerns with the agreement between TOH and AOA. He said leasing space to AOA could put the hospital in contravention of the Public Hospitals Act, if it did not get approval from the Minister of Health.

[Section 4 of the Act](#) states that no land, building or other premises that are part of a hospital can be sold, leased or mortgaged without the minister’s approval. Jones’s office told the Star earlier this week that the hospital “does not require approval from the minister” because the operating rooms “remain a part of the hospital, and the services being provided in the operating rooms are insured hospital services.”

“But that’s what a lease means. The hospital gets to retain ownership,” Brodtkin says. “The ministry’s response is nonsensical.”

Brooke Shekter, a lawyer at TTL Health Law, said one of the main intentions of the Ontario legislation “is to keep these hospitals public.”

“Which is why this provision says you can’t lease a part of the hospital without the approval of the Minister,” Shelter said. “The words of the Public Hospital Act are clear and plain.”

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