

And it's not even Groundhog Day

by BROCK WEIR

Groundhog Day isn't until next week, but, in the true spirit of the film, I feel I've already had my fill of déjà vu for the year.

Regular readers of this column will know that I'm not adverse to reruns ? after all, a true classic never goes out of style ? but some things are getting a little too repetitive for my taste.

Take recurring dreams, for instance.

Since the end of my undergrad, I've had two or three on the regular reverie schedule which, although I haven't taken the time to have them ?professionally? analysed, feel relatively inconsequential.

The first dream, one which varies little, involves going out for a swim at some sort of recreation centre (one I have never been to before) and, just before checking in at the main desk, a grander, glitzier secret pool is discovered at the bottom of an otherwise non-descript stairwell.

The second is more of a choose-your-own-adventure scenario. The first variant involves me arriving to a math lecture only to discover that it's the final exam day and, whoops, I hadn't once been to class. Scenario two is much the same, but instead of never having been to class, I came to the exam not knowing that the entirety of the course had been conducted virtually. (On DVD, no less, so it shows you how long this dream has been in the back of my mind).

Then there's a third one that pops up now and then involving something that, for many of us in our younger days, would have been a regular nightmare: the group project. Well, more specifically, the group project where, when the deadline is finally on the horizon, only a couple of people have done the work and the rest just show up for the glory.

That dream, in my mind, definitely has clearer origins than the other two ? simply because we've all been there!

And, in some ways, we still are.

Over the past three years (less a few weeks) we have been living through a giant group project fighting against an invisible enemy. We started off all in the same boat, heading in the same direction, armed with just as much knowledge as the next person.

But the more knowledge we gained on what we were fighting, the more divergent the paths became. Once we knew what we were dealing with, those of us inclined to do the heavy lifting did so. And those of us who were not? well, of course they didn't. And, with that lack of group effort, it seems we'll be in a never-ending cycle, one which is putting unprecedented pressures on the systems we hold so dear and trust to keep us healthy.

Addressing this offshoot problem also appears to be extending this group project mentality in that the people who are working the hardest have been often ignored in favour of outsourcing outcomes that require a little less elbow grease.

Consider, for instance, last week's announcement from the Ontario Government that some select surgeries and procedures could be carried out by private, for-profit clinics.

?When it comes to your health, the status quo is no longer acceptable,? said Premier Ford in a statement last week. ?Our government is taking bold action to reduce wait times for surgeries, all while ensuring Ontarians use their OHIP card to get the care they need, never the credit card.?

Added Anthony Dale, President & CEO of the Ontario Hospital Association, in the same statement: "The Ontario Hospital Association (OHA) welcomes the opportunity to work together with government and system partners to integrate Community Surgical Centres into Ontario's health care system and establish new partnerships between hospitals and community-based surgical clinics to help ensure access to care for patients. Given the hugely disruptive impact of the COVID-19 pandemic on hospitals, health human resources and wait times for services, it is essential that the expanded use of Community Surgical Centres into new areas of clinical activity take place in a planned manner with appropriate change management and risk management measures in place."

While I don't personally oppose the recently announced moves in and of themselves, and I am glad that such procedures will be covered by OHIP, I couldn't help but feel labelling this as "bold action" was anything but; it's a Band-aid solution to a problem that could have been tackled through ensuring our existing hospitals had the resources they need, human and otherwise, to tackle any of the backlog attributed to COVID.

Outsourcing is many things, but bold is not one of them "particularly when the GTA alone has scores of new and newer Canadians who are fully trained medical personnel but whose credentials are not recognized in this Province.

But, on that front, perhaps a glimmer of hope appeared on the horizon a short time later with a semi-related announcement that the Province will allow healthcare workers registered in other provinces and territories to immediately start working and caring for people in Ontario.

"As we connect people to move convenient care, we need to be bold, innovative and creative," said Premier Ford, once again using the "B" word of the week. "With our new 'As of Right' rules, Ontario is the first province in Canada to allow health care workers from across the country to immediately start providing care. That's the kind of innovative solution that will cut down unnecessary bureaucratic delays and help bring reinforcements to the frontlines of our healthcare system."

The announcement went on to add that "Ontario will also be helping hospitals and other health organizations temporarily increase staffing when they need to fill vacancies or manage periods of high patient volume, such as during the COVID-19 pandemic. In February, the government will introduce legislation that, if passed, will increase staffing levels on a short-term basis by allowing health care professionals, including nurses, paramedics, respiratory therapists, and others, to work outside their regular responsibilities or settings, as long as they have the knowledge, skill and judgement to do so."

All this is a small step in the right direction, but how enticed will exhausted existing hospital staff be to take over roles that they were not hired to do? Given how doctors and especially nurses have been treated by the incumbent government in recent years, how attractive will Ontario be for medical professionals in other provinces to uproot themselves with Bill 124 still in play?

All this when we have innumerable doctors and nurses already in Ontario, trained abroad, often in the lands of their birth. They are just waiting for a streamlined process to have their credentials recognized, ready to jump into the healthcare system at a moment's notice and leave mercifully behind the jobs they currently have simply to make ends meet.

That, in my view, is a truly "bold" idea so long in the making that it is neither creative nor particularly innovative.

The quickest solution isn't always the boldest one and without some truly bold moves, it feels we'll never move past the Groundhog Day of recurring issues.