

Hospitals Fact Sheet #1

HOSPITALS ORDERED CLOSED BY THE HSRC:

Brockville Psychiatric Hospital
Hotel Dieu-Grace Site (Windsor)
Hotel Dieu Hospital (Kingston)
Providence Continuing Care Centre, St. Vincent de Paul site (Kingston)
Hamilton Psychiatric Hospital
St. Peter's Hospital (Hamilton)
St. Joseph's Hospital (Chatham)
Northumberland HealthCare Corp., Port Hope site
St. Joseph's Health Centre (Peterborough)
St. Joseph's Hospital (Brantford)
St. Joseph's Health Centre (London)
London Health Sciences Centre, South St. site
London Psychiatric Hospital
St. Thomas Psychiatric Hospital
St. Bernard's Hospital
Wellesley-Central Hospital (Toronto)
Queen Elizabeth Hospital, Hillcrest site (Toronto)
Toronto: Doctors Hospital
Humber River Regional Hospital, Northwestern site (Toronto)
Orthopedic & Arthritic Hospital (Toronto)
Riverdale Hospital (Toronto)
Runnymede Chronic Care Hospital (Toronto)
Salvation Army Grace Hospital (Toronto)
Whitby General Hospital
Salvation Army Grace Hospital (Ottawa)
Pembroke Civic Hospital
Sudbury Memorial Hospital
Subbury General Hospital
Thunder Bay Regional Hospital, McKellar site
Hogarth-Westmount Hospital (Thunder Bay)
Lakehead Psychiatric Hospital (Thunder Bay)
Lakefield Hospital (private)
Sidbrook Hospital (private)
Grace Villa (private)
Dewson Hospital (private)

TORY HEALTH CARE: Cuts, Cuts and More Cuts...

- 35 hospitals ordered closed with more to come
- \$800 million cut from hospital budgets
- Length of hospital stay at an all-time low forcing patients out of hospital quicker and sicker than ever before
- Fees of up to \$41.56/day for Alternative Level of Care hospital patients waiting for placement

- 5780 acute care beds and 2445 chronic beds cut since 1994
- Thousands of hospital workers cut
- Half of psychiatric hospitals closed and 40% of all beds to be cut
- Patients on stretchers in emergency waiting for care and on, and on, and on . . .

SOME FACTS AND STATISTICS

- **FACT:**

The provincial government has cut hospital budgets by \$800 million: \$365 million in 1996/97. A further 6%, or \$435 million was cut in 97-98.

- **FACT:**

Length of Stay in hospitals is at an all-time low, forcing patients out quicker and sicker than ever before. In 1993/94, average length of stay for acute care was 7.0 days and for chronic care, 211. By 1997-98, these were cut to 6.4 and 141¹. More cuts are on their way.

- **FACT:**

Co-payments for Alternative Level of Care patients waiting for chronic or long-term care placement have been increased and exemption periods have been eliminated. These fees can be up to \$41.56/day or \$1264². Meanwhile, there are not enough beds in long-term care facilities and standards of care have been slashed. Waiting lists for long term care facilities are at 18,298³! These co-payments also apply to all designated chronic care patients in chronic units of acute hospitals or in chronic care hospitals.

- **FACT:**

Since 1994, 5780 acute care beds and 2445 chronic beds have been cut from the system with thousands more to come⁴. Most of the beds are still there but they are not in service. Closed beds and staff cuts are the key reasons that patients lie on stretchers in Emergency or are not admitted and ambulances are placed on re-direct.

- **FACT:**

Patients are suffering from the huge cuts in staff. In a recent provincial survey published by the University of Toronto, almost half of the people surveyed rated availability of staff and timeliness of getting things done as "fair" or "poor"⁵. The Health Sector Training and Adjustment Panel (HSTAP) reported over 26,000 layoffs in the hospital sector between June 1992 to May 1997. Prior to being closed down by the Harris government, HSTAP predicted that additional job loss associated with the HSRC recommended closure of 24 hospitals could be as high as 17,500. Since 35 hospitals have now been ordered closed, with more to come, thousands more hospital workers will be laid off.

- **FACT:**

Government health policy has been a disaster for psychiatric patients and people with mental health needs. By 1997, there were only about 5,200 beds left in the province's general and psychiatric hospitals for the seriously mentally ill. The government is closing another 40% of these beds over the next few years, or about 2,000 beds! Half of the provinces 10 psychiatric hospitals are to be closed. The number of psychiatric beds in general hospitals will drop from 28

beds/100,00 population to 21/100,00 by 2003. Longer term psychiatric beds will drop from 32 beds/100,000 to only 14 beds/100,000⁶.

- **FACT:**

A "very poorly planned" overhaul of Ontario's hospitals has left the sector with a \$1.7 billion debt that's sucking money away from patient services, " said Ontario Hospital Association President David McKinnon. **"Has the government actually saved money? The answer is 'No'"** when you look closely at the impact of these funding cuts on hospitals, **the alleged savings have been hidden in hospital debts.** "This growth in debt cannot really continue because growth in interest payments inhibits hospitals by preventing them from spending enough on new medical equipment, new communications technology and especially training in staff development." In addition, the \$2 billion in capital money set aside for restructuring may be only half of what hospitals need. **McKinnon said that hospital deficits could reach \$200 million annually in the next fiscal year and an accumulated debt of \$1.7 billion at the end of 1997-98⁷.**

The Coroner's Jury reviewing the death of 5 year old Kyle Martyn at Credit Valley Hospital on Feb. 12, 1998, made numerous recommendations that they hoped **"would help alleviate the serious problems in the Ontario health care system and result in improved health care services to all Ontario citizens. The public expects a certain level of health care and the Provincial Government must ensure that it is not compromised through underfunding."** Among numerous recommendations, the jury said: **That there be no further closure of long term or acute care beds until the provincial bed shortage is resolved and replacement beds are opened and that, under no circumstances should volunteers be situated at the triage desk or involved in obtaining patient complaint information.**

Dr. D. Anna Jarvis, Dept of Paediatrics, Division of Emergency Services, Hospital for Sick Children was asked to review the Emergency Chart. The following is a portion of her findings in her report filed with the Coroner Inquest: "In my opinion, Kyle Martyn's experience illustrates clearly a serious systemic problem with our current healthcare system. Patients admitted to hospital in Ontario are almost universally significantly ill and in need of medical, nursing and other professional re-evaluation and care. There are inadequate resources (personnel, space, equipment) to allow an appropriate triage process to be completed in a timely fashion. High new patient volumes result in excessive waits for initial triage and inadequate reassessment of triaged patients awaiting emergency medical care"

FOOTNOTES:

1. OHA: Key Facts and Figures, Public Hospitals Ontario, Average Length of Stay in Days, by bed types, Nov. 1998 from MOH 1990-92 Hospital Statistics 1993-98 Daily Census Summary
2. MOH Chronic Care Co-Payment Questions and Answers, Institutional Health & Community Services, June 1998
3. Placement Coordination Service statistics, Dec. 1997 produced by the MOH, as conveyed by OANHSS
4. OHA: Key Facts and Figures Nov. 1998, Beds staffed and in operation as of March 31, 1998 from MOH 1990-92 Hospital Statistics and 1993-98 Daily Census Summary
5. Hospital Report '98: An Ont Hospital Association initiative. Research conducted by the Univ. of Toronto Nov. 98
6. Mental health Care in Ontario, Family Fact Sheet #8, produced by OPSEU
7. Toronto Star, Jan. 29/99, A6 "Hospital overhaul 'poorly planned'

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