

# Ontario Health Coalition

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For Immediate Release

## OHC Releases Cross-Province Report Appealing For Equity and Better Access

The Ontario Health Coalition released a report appealing for equity and improved access to hospital services in rural Ontario. The report "Toward Access and Equality: Realigning Ontario's Approach to Small and Rural Hospitals to Serve Public Values" is based on input received from more than 1,150 people who attended 12 hearings in regions across Ontario in March 2010. The coalition organized its own public hearings after the government's own rural and northern health panel, created after hospital closures in small and rural communities, refused to hold any public consultations. In total the coalition received 487 submissions into the state and future of local hospitals. Today's report has been written and submitted to the Ontario Health Coalition by a non-partisan panel including doctors, nurses, health professional, representatives of each region of Ontario, and representatives active in each political party.

Key recommendations include:

- Create a basket of services available in every hospital, including the smallest and amalgamated hospitals. These services include an emergency department, blood, x-ray, ultrasound, inpatient acute and complex continuing care beds, palliative care close to home, rehabilitation and others.
- Ensure that these services are provided, at optimum, 20 minutes in average road conditions and at most 30 minutes in average road conditions from residents' homes.
- Step up efforts to address shortages of nurses, physicians and health professionals.
- A moratorium on emergency department closures and revision of the closures of ALC/complex continuing care beds across the province.
- Phase out the LHINs within three years and create new local planning organizations with a new mandate that does not include closing rural hospitals.
- Restore democratic hospital boards and curb the powers of government-appointed hospital supervisors.
- Reform hospital performance measures to restore compassion and access to care as primary.
- Impose a hiring freeze on consultants and plan to increase hospital funding to meet the national average.

Quotes:

"We heard stories of poor care practices resulting from hospital bed cuts whereby patients are forced out of hospital too quickly in a bid to empty a hospital bed, then spend most of the rest of their lives in the emergency department with poor quality of life until they die," said Natalie Mehra, director of the Ontario Health Coalition. "In the worst instances, we heard of patients left waiting on stretchers in emergency departments for days without food, without enough nursing care, under bright lights, with no privacy. Whole communities have lost access to vital services and now must travel 100 km or more to access care. The cuts are neither serving small hospitals well, nor are they serving larger and regional

hospitals well; as patients are piling into already-overwhelmed hospitals in larger centres when their local services are cut. We have concluded that urgent change is required. We have put together a set of recommendations to restore the principles of access, compassion, equality and democracy in our health system.”

“Our panel has heard an overwhelming consensus that the millions of healthcare dollars spent to set up and operate the 14 LHINs could have been better invested in patient care. LHINs have not demonstrated improvements in care, only service cuts that leave huge gaps in service delivery,” said Barb Proctor, RN, and one of the panelists that traveled Ontario. “We heard over and over that individual citizens and municipal leaders trying to contact their LHIN with questions or input have been met with arrogance or received no response at all. The LHINs are viewed by rural and northern communities as “a firewall between the government and the people.”

“Closing services in small community hospitals downloads travel costs to patients,” noted Dr. Claudette Chase, another panelist. “It is my greatest concern that many patients cannot afford access to care when it is moved out of their local community.”

“The pride of people in the small communities we visited certainly is an inspiration to us all. We heard that we must not let the provincial government and its creature the LHINs destroy health care for those of us who do not choose to live in urban centres,” added Dr. Tim Macdonald, another panelist.

“We heard clearly the great frustration of communities removed from all control of local hospitals,” observed the Honourable Roger Gallaway, former MP and one of the panelists. “The McGuinty government has created a group of elites called CEOs who control hospitals even to the point of contriving their boards of directors. Communities now have no decision making function in community hospitals.”

“This is a wake up message that our health care system is in an ever-deepening crisis,” added Kathleen Tod, RN, another panelist. “Having spent half my nursing career working in a busy emergency department, I thought I had seen it all. After listening to the presentations across Ontario I realize it was not even close.”

“The coalition deserves thanks for its hard work in organizing the panels and for writing such a thorough report,” said France Gelinas, MPP and one of the panelists. “I am disappointed that the government’s own panel on rural and northern health care failed to consult the public about the future of their local hospitals and health system.”

For more information please contact:

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