

Ontario Health Coalition

2016 Pre-Budget Briefing

Where We Stand: Ontario's Ranking in Public Service and Health Care Expenditures & Cuts

Ontario's government is making budget choices that cut and privatize public services and health care. These are choices, not necessities. Here's how we compare relative to other provinces and jurisdictions on some key measures.

The Notable Trends Are:

1. Ontario ranks at the bottom of the country for hospital beds per 1000 population (Chart 1).
2. Ontario ranks near the bottom of the entire OECD for hospital beds per 1000 population (Chart 2).
3. Ontario is at the bottom of the country for nurse to patient ratios (Chart 3).
4. Ontario and Quebec continue to compete for last place in hospital funding per person (Chart 4).
5. Ontario is second last in the country for public hospital funding as a percentage of provincial GDP (Chart 5).
6. Ontario is near the bottom of the country for public hospital funding as a percentage of all provincial program funding (Chart 6).
7. Ontario's hospitals are running over capacity. In many instances bed occupancy rates exceed 100% (Chart 7).

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Priority Recommendation: Stop Devastating Hospital Cuts & Restore Funding to Average of Other Provinces

Hospital global funding increases have been set below the rate of inflation since at least 2008. Since 2012/13 global hospital budget funding levels have been frozen. In sum, this means that global hospital budgets have been cut in real dollar terms (inflation-adjusted dollars) for 9 years in a row. This is the longest period of hospital cuts in Ontario's history and there is no end in sight. The evidence shows that the hospital funding formula and austerity measures that have cut global hospital budgets in real dollar terms for almost a decade, have resulted in a dramatic reduction in needed services. By key measures, Ontario now ranks at the bottom of comparable jurisdictions in key measures of hospital care levels.

As a result, hospitals large and small in every geographic region of Ontario are cutting needed services. Hospitals are now at dangerous levels of overcrowding; staffing levels have dropped precipitously; and patients are suffering as they are forced to wait longer and drive further to access care and are discharged before they are stable.

A sampling of recent cuts:

- North Bay – 30 – 40 beds closing and 140 staff positions to be cut.
- Brockville – 17 Registered Nurses cut affecting departments across the hospital.
- London – up to 500 surgeries including hip, knee, gall bladder and others cancelled until next fiscal year due to inadequate funding of surgery budgets.
- Woodstock – hip, knee and other surgeries cancelled until next fiscal year.
- Trenton – virtually all surgeries cut and closed down along with half the remaining acute care beds.
- Minden – the hospital CEO is speculating openly about closing the Minden hospital.
- Niagara – five entire hospitals to be closed and replaced with one.
- Windsor -- >45 nurses and staff positions to be cut affecting departments across the hospital.
- Kitchener-Waterloo – 68 staff positions to be cut affecting departments across the hospital.
- Midland – at risk: birthing, cafeteria, OR closure 2 days per week, ICU beds to be cut, along with beds and other services.

The Ontario Health Coalition is deeply concerned about the cuts to our province's public hospitals and has focused on one key recommendation for the 2016 Ontario Budget:

Recommendation: The hospital cuts must be stopped immediately. Hospital funding must be restored to the average of the other provinces in Canada and funding must go to restoring and improving service levels to meet population need.

**Chart 1:
Ontario Ranks at the Bottom of
the Country – Hospital Beds Per
Population**

Hospital Beds Per 1000 (population) By Province 2013-14	
Newfoundland & Labrador	4.6
New Brunswick	3.8
Saskatchewan	3.6
Nova Scotia	3.4
Manitoba	3.3
PEI	3.3
British Columbia	3
Alberta	2.8
Ontario	2.3
Average other provinces	3.5

Source: Canadian Institute for Health Information, *Data Table: Hospital Beds Staffed and in Operation 2013-14*. Population statistics from Canadian Institute for Health Information, *National Health Expenditures Database 2015*.

**Chart 2:
Ontario Ranks Near Bottom of entire OECD –
Hospital Beds Per Population**

OECD Hospital Beds Per 1000 Population 2013	
Japan	13.3
Korea	11.0
Germany	8.3
Austria	7.7
Hungary	7.0
Poland	6.6
Czech Republic	6.5
France	6.3
Belgium	6.3
Slovak Republic	5.8
Luxembourg	5.1
Estonia	5.0
Finland	4.9
Greece	4.8
Switzerland	4.7
Slovenia	4.6
Norway	3.9
Australia	3.8
Italy	3.4
Portugal	3.4
Iceland	3.2
Israel	3.1
Denmark	3.1
Spain	3.0
United States	2.9
Ireland	2.8
New Zealand	2.8
United Kingdom	2.8
Canada	2.7
Turkey	2.7
Sweden	2.6
Ontario	2.3
Chile	2.2
Mexico	1.6
OECD Average	4.8

Source: OECD, *Health Statistics 2015* at
http://stats.oecd.org/Index.aspx?DataSetCode=HEALTH_REAC

**Chart 3:
Ontario Ranks at Bottom of Country –
Nurse to Patient Ratios**

	Nursing Inpatient Services Total Worked Hours per Weighted Case				
	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012
NFLD	52.2	53.26	54.48	55.9	52.9
PEI	83.48	N/R	62.19	62.46	61.66
N. S.	56.79	57.34	U	U	54.95
N.B.	54.98	55.46	56.26	57.29	58.13
Quebec	49.73	50.06	50.82	50.73	52.47
Ontario	44.98	44.76	43.71	42.81	42.88
Manitoba	54.41	54.27	53.87	53.06	53.97
Sask.	49.37	51.42	51.28	52.95	54.18
Alberta	54.12	54.65	54.52	54.24	54.36
B.C.	44.24	45.27	45.03	45.87	46.27
NWT	U	83.05	88.51	69.48	N/R
Yukon	48.84	48.97	50.25	56.31	54.51
Weighted Average	48.59	48.8	48.36	48.2	48.98

Source: Canadian Institute for Health Information, 2013.

**Chart 5:
Ontario 2nd Last in Country –
Public Hospital Funding as a
Percentage of Provincial GDP**

Public Hospital Funding as % of Provincial GDP 2015	
PEI	4.73 %
New Brunswick	4.45 %
Nova Scotia	4.31 %
Newfoundland & Labrador	3.82 %
Manitoba	3.59 %
British Columbia	3.35 %
Quebec	2.97 %
Alberta	2.67 %
Ontario	2.64 %
Saskatchewan	2.38 %
Average of the other provinces	3.59 %

Source: Author's calculations from CIHI, *National Health Expenditures Database 2015*

**Chart 4:
Ontario & Quebec Compete
For Last Place in Hospital Funding**

Public Hospital Funding Per Person, 2015 Current \$	
Newfoundland & Labrador	\$2,406
Alberta	\$2,245
Prince Edward Island	\$1,995
New Brunswick	\$1,971
Nova Scotia	\$1,907
Manitoba	\$1,818
British Columbia	\$1,797
Saskatchewan	\$1,761
Ontario	\$1,419
Quebec	\$1,382
Average of the other provinces	\$1,920
Difference between Ontario and the average of the other provinces	Ontario funds hospitals at \$501 per person less

Source: Author's calculations from CIHI, *National Health Expenditures Database 2015*

**Chart 6:
Ontario Near Bottom of Country –
Public Hospital Funding as Percentage
of All Provincial Program Funding**

Public Hospital Funding as % of All Provincial Program Funding 2014	
Nova Scotia	20.72 %
British Columbia	19.44 %
New Brunswick	18.95 %
Alberta	18.91 %
Newfoundland & Labrador	18.61 %
Manitoba	17.94 %
PEI	17.56 %
Ontario	15.34 %
Saskatchewan	14.73 %
Quebec	11.16 %
Average of other provinces	17.56 %

Source: Author's calculations from CIHI, *National Health Expenditures Database 2015*

Chart 7: Ontario's Hospitals Over Capacity - Hospital Bed Occupancy Rates

Sampling of hospital bed occupancy rates (final quarter 2013)

- Napanee/Lennox/Addington: 123%
- Sault Ste Marie area: 114%
- Toronto Hosp. for Sick Kids: 110%
- Toronto Central: 110%
- London Health Sciences Centre: 108%
- Exeter South Huron: 106%
- Burlington Joseph Brant: 106%
- Hamilton Niagara Haldimand Brant: 106%
- Niagara Health System: 104%
- Windsor Hotel Dieu Grace: 101%
- Erie St. Clair: 101%
- Oakville Halton Health: 101%
- Mississauga Halton: 101%
- The Ottawa Hospital: 101%
- Barry's Bay St Francis: 101%
- Thunder Bay Regional: 100%
- Newmarket Southlake Reg.: 100%

From Ministry of Health data accessed by Jonathan Sher, London Free Press. See:

<http://www.torontosun.com/2014/03/07/ont-health-ministry-data-on-hospital-overcrowding-riddled-with-errors>

Chart 8: The Consequences of Emergency Department Overcrowding

The Consequences

- Patient suffering, dissatisfaction and inconvenience
- Poor patient outcomes
- Increased morbidity and mortality
- Poor quality of care
- Contribution to infectious disease outbreaks
- Violence aimed at hospital staff and physicians
- Decreased physician and nursing productivity
- Deteriorating levels of service
- Increased risk of medical error
- Negative work environments
- Negative effects on teaching and research

Source: Physician Hospital Care Committee Report to the Ministry of Health and Long-Term Care, Ontario Medical Association and Ontario Hospital Association Tripartite Committee, Improving Access to Emergency Care: Addressing System Issues, August 2006.