Submission

to the

Standing Committee on Finance and Economic Affairs

Pre-Budget Consultations 2016

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208 St Mary's River Drive
Sault Ste Marie, ON

Submitted by: Folgo Della Vedova
Past Chair and Rep of Sault & Area Health Coalition
36 Appaloosa Ave. Sault Ste Marie, ON
folgo.dellavedova@shaw.ca 705-9493008

Submission Objectives

My main submission objectives are to:

1. provide statistical evidence and personal accounts demonstrating a profound need to restore critical
   hospital care services in our community and across our province

2. implore your committee to provide adequate funding to our public hospitals and long-term care facilities and services

Patient Disclosures

The following patient disclosures and grave concerns have been revealed to the Sault and Area Health Coalition. These cases occurred in our community and are as recent as days, weeks and months old. They are typical of many ongoing patient health care experiences.

Case 1

Ray was told in May 2015 that he had an enlarged prostate requiring a surgical procedure and he would be placed on a wait list. When he could not urinate he was administered a catheter that is still with him to date. Each time he contracted an infection he was given antibiotics that often required changing as each one became ineffective. He is scheduled to have surgery in February 2016 hoping that it won't be postponed. If realized it would mean that he has been waiting for 10 months suffering from all those needless infections, discomfort and a real possibility of increased health risks.

Case 2

A volunteer at the hospital reported that she saw many patients who didn't get an opportunity to eat. She has seen some patients cry with hunger. Sometimes the patients couldn’t feed themselves because they were so weak. Sometimes the patients had tubes that were not long enough to allow the patients to reach the tray. No one checks to see if patients have eaten because no staff is assigned to feed patients. She saw food just go into the garbage. It is expected that family, friends or volunteers will assume feeding responsibility.

Case 3

A woman reports that her hospitalized husband had a prostate problem requiring a urine bag. At one point she had to call a nurse to say that it was completely full. She knew that there were not enough nurses around. Now her husband needs prostate surgery and was told there is about a 6-month wait period.

Case 4

Another woman came to us with her story. She said that her husband’s behaviour was so unusual and troublesome that she brought him to the hospital. The emergency doctor told her that he was in delirium crisis mode and would need to be temporarily placed in

an emergency lock-down room. They later moved him to a bed on a floor where he walked out of the room and began taking items out of the supply room; he thought he was in the garden taking some things apart. After 4 days he was discharged and placed in his wife's care. She is a senior citizen with health problems of her own and cannot take care of him properly.

Case 5

Gerald told us that his wife had bladder cancer and on September 11, 2015 she was taken to the cancer clinic. The cancer clinic said that she would be admitted to Wing 3B but at 6:00 p.m. she was sent to emergency because the clinic was closing for the day and there was no space on 3B. She waited 140 hours, from September 11th to the14th, in emergency for a medical bed on a floor. She was placed in a small alcove with a curtain across it while suffering from extreme diarrhea. Getting on and off a commode to access a bathroom down the hall was very difficult in her weakened condition. Also the lack of privacy made the situation almost unbearable. She was finally admitted Wing on 3B where at that time a stool sample showed that she had C-Difficile. She was not quarantined at the clinic or at emergency. She was in the hospital for 51 days. She couldn't go to ARCH (hospice) with C-Difficile. Once cleared she might have gotten there sooner but the stool sample they sent the last time for testing was too small to test. She eventually remained at ARCH for 14 days. The misery of her last days at SAH has made the grieving process very harder.

Case 6

A man stated that he suffered a heart attack on a Monday. There was a 100% blocked coronary artery and major blockage in others arteries. He was told that SAH had arranged that he would be going to St. Michael's Hospital in Toronto for surgery. Twice per day from Mon. to Thursday he was prepared by the SAH staff to go to St Michael's Hospital until on the last day he was removed from the transportation list because of a higher priority case. There was no transportation available even though St Michael's Hospital was ready to receive him.

Case 7

Another person stated that he I has to wait at least 6 months for hip replacement surgery.

Case 8

A senior citizen related that he is on a waiting list for a nursing home. He said, "I was told that it's about a 3 year wait!"

The Local Perspective and State of our Hospital

The citizens of Sault Ste Marie and area are appreciative and proud of our new hospital, its facilities and dedicated physicians and staff. We acknowledge that our provincial government has put tax dollars to good use in our community in this respect. However, we understand too, that new bricks, mortar and staffing alone comprise only part of the challenge to achieve quality health care that is universal, accessible, timely and effective.

The missing key components are adequate funding, staffing and resources from the Ministry of Health and Long Term Care to meet patients' needs.The patient cases described above are clear and real examples that the status quo in health care is not and has not been adequately and effectively meeting the needs of patients.

On December 17, 2014 it was announced that Sault Area Hospital (SAH), in response to a $10 million shortfall in provincial funding, would streamline its services and cut an equivalent of 35 full time positions and 7 part time positions by 2016. Thirteen of those eliminated positions are full time registered nurses (RN) and one part time RN. SAH stated its intent to close 20 acute care beds and cut down on admissions by establishing a medical outpatient clinic. At the end of December 2015, CEO Ron Gagnon reported that SAH had an operating deficit of $200,000.

Departments across the hospital have been cut including operating rooms, ICU, oncology, surgery, hemodialysis, infection control, patient care coordination, nursing and personal support. More than 59,000 hours/year of nursing and direct patient care have been cut and in 2015, 56 beds were slated for closure. This is despite the fact that SAH has been in a fairly constant state of over capacity according to Ron Gagnon, SAH president and CEO (sootoday.com Feb.18, 2015). The most recently announced cuts as of January 2016 at SAH include one full time RN and one Bone Health Nurse along with the funding to that program. In Wing 3C the 40 acute medical floor beds are now divided into 20 acute short stay beds and 20 beds scheduled for the overflow unit; that's an additional 20 less acute medical beds this year. It was also announced that as some Registered Nurses (RN) retire they would be replaced with Registered Practical Nurses (RPN). Wing 1B, a 30 medical bed unit, remains closed as these beds are, "non funded beds". The hospital continues to experience on a regular basis 10 to 30 patients waiting in ER for medical beds. And parking fees just increased by $1.00 (20%) making it a $6.00 fee. And parking fees just increased by $1.00 making it a $6.00 fee. Sault Area Hospital's president and CEO Ron Gagnon stated Monday January 18th, "The government's decision to cap Ontario hospital parking rates means health-care facilities must steer toward other means of securing dollars necessary to maintain standards of care". He further stated that, "hospital funding has changed dramatically pointing to no increase to base funding over the last four years and heading into the fifth year of frozen hospital budgets".

<u>Recommendations</u>

We are deeply disturbed at the devastating cuts we are seeing to needed public hospital care in our community. Therefore, the Sault and Area Health Coalition is calling on Ontario's government through the Standing Committee to:

1. stop the devastating cuts to our Sault Area Hospital (SAH)

2. stop the privatization of our local hospital services

3. restore our public hospital funding formula to at least the average of all the other provinces in Canada. Ontario currently ranks at the bottom of the country in public hospital funding per person and 8th of 10 provinces in hospital funding as a percentage of provincial GDP.

I thank the Chair and members of the Standing Committee on Finance and Economic Affairs for conducting these consultation hearings across the province and for including Sault Ste Marie on your busy schedule. I am appreciative and grateful for providing me an opportunity to speak before you and to present the given submission. I trust and am hopeful that the presentation and submission will carefully be taken into account as you prepare for your final recommendations to our provincial government.

Who We Are, What We Do and our History

The Sault and Area Health Coalition is a local chapter and member of the Ontario Health Coalition (OHC). I have been chair of the coalition from 2006 to 2015. The coalition has organized town hall meetings to provide our community with health related information and at the same time to glean personal stories, experiences and concerns that demonstrate a need for improvement to the health care system. The coalition has also organized public demonstrations to stop or reduce negative impacts on services and personnel in the health care system. We have contacted and communicated with our local MPP David Orazietti, Sault Area Hospital (SAH) CEO Ron Gagnon, the Seniors' Health Advisory Committee (SHAC), the Retired Teachers of Ontario (RTO/ERO) and various unions such as the Ontario Nurses Association (ONA), UNIFOR, Labour Council, CUPE and OPSEU.

The OHC is a non-profit, non-partisan public health care activist coalition and network. Its primary goal is to protect and improve our public health care system. It honours and strengthens the principles of the Canada Health Act and adheres to core values of equality, democracy, social inclusion, social justice and upholds the five principles of the Act: universality; comprehensiveness; portability; accessibility and public administration. Currently the Ontario Health Coalition represents more than 400 member organizations and a network of Local Health Coalitions and individual members.

The OHC strives to protect our public health system from threats such as cuts to services and health personnel, delisting and privatization. It contributes to a system of checks and balances that are essential to good decision-making.

Provincial and Federal Perspectives

Current legislation compels hospitals in Ontario to achieve annual zero deficit budgets. For several years now this has placed hospital CEOs under tremendous operating pressures to cut or reduce services, departments and front line personnel, all of which have had a negative impact on patient health care. In many cases cut services have become privatized, subject to user fees or moved far from one's home town. The end result to the patient is an increase in financial burden, more delays, much greater inconvenience and in some case being away from family and other personal support people.

We are now entering almost several consecutive years of hospital cuts – the longest stretch of hospital cuts in Ontario's history. The Ontario Health Coalition and local coalitions across the province have given evidence that Ontario has cut more beds and services than any other province in the country; Ontario has among the lowest nurse staffing levels;

patients are forced out of hospitals prematurely. Even though Ontario has a special tax to pay for health care, more and more hospitals are facing financial crises and are being forced to cut beds, services, departments and personnel.

A significant number of Ontario hospitals in larger communities are on code gridlock, which means that hospital beds are full. Surgeries have to be cancelled or postponed as there are no beds in which patients can recover. Emergency departments are full and there are patients in hallways in some cases for days. Ambulances have to wait to offload patients because the emergency departments are backed up. In many cases patients are discharged prematurely only to increase the risk of re-admittance and therefore an increase in health costs. There are communities in Ontario that risk loosing their hospitals.

Here are some statistics according to the Ontario Hospital Association survey from November 2014:

· On November 30, 2014 there were 4,165 patients designated acute or post-acute ALC.
· 45% of these patients – or 1,874 – were waiting for long-term care placement.
· Almost 1,000 of these ALC patients were waiting for another type of hospital bed – complex continuing care, rehabilitation, palliative care, convalescent care or mental health care
· Approximately 600 were waiting for home care.

About ¼ of ALC patients were waiting for hospital beds. Almost ½ were waiting for long term care but there were either no spaces or health care needs were too great for any of the space that were available.

As hospital services are moved out of hospitals they are no longer under the protection of the Canada Health Act. Many private clinics charge user fees for procedures such as cataract surgeries, colonoscopies, endoscopies, physiotherapy and lab work. This is in addition to billing OHIP. The result is that people are paying for health care services twice, in their taxes and also out of pocket.

According to the most recent data, 2014, from the Canadian Institute for Health Information, Ontarians have the lowest proportion of our health care publicly funded of any province in Canada. Hospital global funding increases have been set below the rate of inflation since at least 2008. Since 2012/13 global hospital budgets funding levels have been frozen. This means that global hospital budgets have been cut in real dollar terms (inflation-adjusted dollars) for about seven years in a row. This is the longest period of hospital cuts in Ontario's history.

Under the Canada Health Act, hospital and physician services are to be provided without financial barrier on equal terms and conditions to all Canadians. That means that the cost of illness and injury is to be shared by all Canadians, and care is to be provided through our public taxes so that people are not burdened when they are ill, injured or dying; when they are least able to pay.

The charts below demonstrate that Ontario ranks 8th of 10 provinces in hospital funding as a percentage of provincial GDP. They also illustrate that Ontario ranks at the bottom of the country in public hospital funding per person, neck-and neck with Quebec.

Ontario Hospitals Public Funding Per Capita 2014 (in 2014 $)	
Newfoundland	2,329.86
P.E.I.	1,938.93
Nova Scotia	1,892.15
New Brunswick	1,956.20
Quebec	1,424.15
Ontario	1,424.90
Manitoba	1,814.67
Saskatchewan	1,784.46
Alberta	2,208.77
British Columbia	1,652.42

Ontario Hospitals Public Funding As % of Provincial GDP 2014	
Newfoundland	3.24
P.E.I.	4.88
Nova Scotia	4.38
New Brunswick	4.54
Quebec	3.03
Ontario	2.74
Manitoba	3.71
Saskatchewan	2.37
Alberta	2.60
British Columbia	3.24

Ontario also provides the least amount of hospital nursing care of any province in the country. In July of 2014 The Ontario Nurses' Association (ONA) called for a review of hospital funding to ensure safe, quality patient care. It stated that the hiring of 17,000 more RNs is necessary for Ontario to catch up to the average RN to population ratio in Canada.

Provincial governments are expected to uphold the principles of Public Medicare for all, as enshrined in the Canada Health Act.

Sources of Information and Resources

Federal	- Media Releases from the Department of Health
	- Canadian Institute for Health Information (CIHI)
Provincial	- Media Releases from the Ministry of Health and Long Term Care
	- MPP David Orazietti
	- Ontario Hospital Association
	- Ontario Health Coalition
Municipal	- Media Releases from SAH CEO Ron Gagnon
	- SAH Annual Hospital Budget Reports, Strategic Planning Reports

Sample Websites for Sault Ste Marie and other Northern Ontario Communities

Sault Ste, Marie: https://www.sootoday.com/local-news/more-cuts-at-sault-area-hospital-updated-182118
https://www.sootoday.com/local-news/sault-area-hospital-moves-ahead-with-job-cuts-178242
http://www.saultstar.com/2015/01/22/union-says-cuts-will-hurt-health-care-hospital-argues-move-needed-to-deal-with-less-funding
https://www.ona.org/news_details/RN_cuts_SSM_20150121.html
http://www.cbc.ca/news/canada/sudbury/sault-ste-marie-latest-hospital-in-northeast-to-make-cuts-1.2921275
http://www.ontariohealthcoalition.ca/index.php/meeting-hears-sault-area-hospital-cuts-must-be-curbed/
http://www.marketwired.com/press-release/media-advisory-widespread-hospital-cuts-sault-ste-marie-timmins-north-bay-temiskaming-1984659.htm
https://www.facebook.com/ctvnorthernontario/posts/1078602895499164
http://saultonline.com/2015/01/sault-area-hospital-set-to-cut-over-40-jobs/
http://www.northernlife.ca/news/localNews/2015/03/18-hsn-cuts-Sudbury.aspx