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For Immediate Release

Attn: Assignment Editor

Thousands of Patients Lining Hospital Hallways in Brampton “Code Gridlock” Just the Tip of the Iceberg: Coalition Calls for Long-Term Plan to Reinvest & Rebuild Hospital Bed Capacity

Toronto – A memo obtained by the NDP, released in the media today, reveals that more than 4,300 patients stayed on stretchers in hospital corridors and the like for significant lengths of time, often waiting 40 – 70 hours for a bed, as the Brampton Civic hospital grappled with “Code Gridlock” for 65 days this year. This is just the tip of the iceberg. Ontario hospitals in every medium-to-large sized town in Ontario report that they are full, often running at dangerous levels of overcrowding amounting to 100 percent capacity (every single bed full at all times) or even higher.

There is an almost-total consensus among governments and health policy leaders internationally that levels of crowding exceeding 85 percent capacity lead to bottlenecks and blocked emergency departments, take ambulances off the road in offload delays, increase incidence of hospital-acquired infections, increase violence, and lead to inadequate care. It is also irrefutable that overcrowded emergency departments lead to higher rates of patient mortality. Yet the majority of Ontario’s hospitals are routinely running at more than 85 percent capacity almost all the time and many are running at 100 – 120 percent or even higher.

“The rates of overcrowding in Ontario’s hospitals are unheard of in the developed world,” reported Natalie Mehra, executive director of the Ontario Health Coalition who has done a comparative analysis of hospital beds, nursing and funding levels, available here: <http://www.ontariohealthcoalition.ca/wp-content/uploads/Pre-Budget-Briefing-Feb-2016-1.pdf>

“The temporary beds announced by Minister of Health Hoskins last week are welcome, but the fact that they are temporary and there is no plan to come anywhere near to addressing the crisis that has been caused by 10-years straight of real-dollar budget cuts to Ontario’s hospitals remains a grave worry. Even when we add the temporary 1,200 beds to Ontario’s existing number of hospital beds, Ontario still ranks dead last of all provinces in Canada in the number of beds per capita,” she noted. “The bottom line is this: Ontario’s hospital funding is among the very lowest in Canada, and, after decades of cuts we have the fewest hospital beds left in the developed world. We also have a severe shortage of long-term care beds. These are the leading factors the current hospital crisis.”

Late last week, a spokesperson for Minister of Health told the media that Minister Hoskins is in discussions with the Minister of Finance and Treasury Board to extend the extra funding. This is welcome news, and his government should listen to him. Concrete progress is urgently needed.

“The government is now recognizing the problem, but that recognition is only partial; they are still blaming patients rather than too-deep cuts and taking only temporary measures that will not be enough to address the crisis,” said Mehra. “The government’s plans, as laid out in the budget, are clear: the plan is to announce a short-term boost to health care funding leading into the election in June and to reduce that funding the year after the election. This is dangerous for patients and staff alike. That’s why we are calling for a plan to rebuild hospital bed capacity in Ontario to meet population need.”

For more information: Natalie Mehra, executive director Ontario Health Coalition 416-441-2502 or 416-548-4202.

Background

Ontario's government has been given repeated warnings that the hospital cuts have gone too far. The Ontario Health Coalition has spent the last 10-years fighting hospital cuts and closures. In fact, the coalition has given cross-province submissions in every pre-budget consultation for year warning about the cuts; raised the issue in multiple letters to the Minister and in meetings with key policy staff; held repeated rallies outside pre-budget consultations and outside the Legislature; released annual "austerity indexes" listing cuts. The coalition also released a major report "Code Red: Ontario's Hospital Cuts Crisis" in 2015 warning that Ontario's hospitals are living in a permanent state of crisis, having been pushed by years of cuts into levels of overcrowding that are dangerous for patients and staff. With the report, the Coalition released an interactive map of Ontario showing 51 hospital sites out of just over 200 hospital sites across the province that are marked as "Code Red" denoting significant hospital cuts or threat of closure. At that time, at least one in four of Ontario hospitals was experiencing significant cuts or closure. Last spring, the coalition held a voluntary referendum asking Ontarians to vote to stop hospital cuts and privatization. Almost 100,000 people voted to stop cuts and privatization. In January 2017, the coalition held a special press conference warning of the bed crisis in Ontario's hospitals last winter. Today, the situation has worsened. The coalition has also held regular "Days of Action" over the last three years, busing thousands of residents in to the Ontario Legislature to try to stop major cuts and closures of their local hospitals.

Myth Buster

The current PR line that is being used is that a sudden "surge" of patients over the last year has led to the hospital overcrowding crisis. This is not supported by the data that has been obtained by the NDP through repeated Freedom of Information requests. In fact, in addition to the well-documented shortage of long-term care beds in Ontario, there are 3 hospital trends that have contributed to the current situation:

1. The number of hospital beds (and staff and services) have been cut to crisis levels. As a result of decades of hospital bed cuts, Ontario ranks last among all provinces in Canada in the number of hospital beds per capita. Among developed nations, only Chile and Mexico have fewer beds than Ontario. When the 1,200 temporary beds announced by the Minister of Health eight days ago are added in, Ontario still ranks at the bottom of Canada and third from the bottom of the OECD.
2. Small and rural hospitals have been gutted, pushing more patients into larger town and city hospitals that are already overrun. Those hospitals that were amalgamated in the restructuring of the 1990s- early 2000s have acted to save their larger sites by centralizing services and cutting the smaller sites. As a result entire small towns' hospitals have closed or been gutted, and patients have been forced to seek more and more services in larger centres. It is no surprise, therefore, that there is unused capacity in a number of small town hospitals while larger hospitals are increasingly overrun.
 - a. Hospital funding has been cut to crisis levels. Despite years of propaganda geared to cover for cuts and support privatization, funding for Ontario's hospitals has been shrinking as a proportion of health spending since at least the 1980s. Overall public health care spending has been shrinking since at least 2000. By every measure – on a per-person basis, as a percentage of GDP, as a percentage of the provincial budget -- Ontario's hospital funding ranks near or at the bottom of all Canadian provinces. In further evidence of the cuts: Ontario has the fewest nurses (RN & RPN) per weighted case (average patient) in Canada and that gap is growing. Ontario has the highest rate of hospital readmissions in Canada and that gap is growing also.

This evidence, sourced from the Canadian Institute for Health Information, Canada's crown corporation in charge of health data in Canada, using government figures, and the OECD data, are here:

<http://www.ontariohealthcoalition.ca/wp-content/uploads/Pre-Budget-Briefing-Feb-2016-1.pdf>

There is no evidence to support the contention that Ontario should have less cost per capita because it has higher population density. All European nations have higher population density than Ontario and yet have far more hospital beds. In addition, while Ontario's south may have high population density, Ontario's north has extremely low population density. Further, there are higher costs in cities with tertiary and quaternary hospitals with higher costs of living and higher specialization rates. There are higher costs in rural areas where patient transport adds costs. The fact is that the relationship between population density and health care costs is not well studied.