

# **Beyond Limits**

## **Ontario's Deepening Hospital Cuts Crisis**

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## **Mission and Mandate**

Our primary goal is to protect and improve our public health care system. We work to honour and strengthen the principles of the Canada Health Act. We are led by our shared commitment to core values of equality, democracy, social inclusion and social justice; and by the five principles of the Act: universality; comprehensiveness; portability; accessibility and public administration. We are a non-profit, non-partisan public interest activist coalition and network.

To this end, we empower the members of our constituent organizations to become actively engaged in the making of public policy on matters related to our public health care system and healthy communities. We seek to provide to member organizations and the broader public ongoing information about our health care system and its programs and services, and to protect our public health system from threats such as cuts, delisting and privatization. Through public education and support for public debate, we contribute to the maintenance and extension of a system of checks and balances that is essential to good decision-making. We are an extremely collaborative organization, actively working with others to share resources and information.

## **Who We Are**

The Ontario Health Coalition is comprised of a Board of Directors, committees of the Board as approved in the Coalition's annual Action Plan, Local Coalitions, member organizations and individual members. Currently the Ontario Health Coalition represents more than 400 member organizations and a network of Local Health Coalitions and individual members. Our members include: seniors' groups; patients' organizations; unions; nurses and health professionals' organizations; physicians and physician organizations that support the public health system; non-profit community agencies; student groups; ethnic and cultural organizations; residents' and family councils; retirees; poverty and equality-seeking groups; women's organizations, and others.



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# Hospital Crisis Deepens:

## Another Year of Cuts for Ontario's Hospitals

A year has passed since the release of *Code Red: Ontario's Hospital Cuts Crisis*, Ontario Health Coalition's revealing report on the mounting cuts in Ontario's hospitals and their adverse affects on patient care. In the past years, there has been no improvement. In fact, the cuts have deepened. Today, Ontario's hospitals have been cut beyond limits. The evidence shows that no peer jurisdiction has undertaken such radical cuts to community hospitals.

Canada's Health Act entitles every Canadian citizen to publicly funded health care services, based on the principles of universality, comprehensiveness, portability, accessibility and public administration.<sup>1</sup> However, eight consecutive years of real-dollar cuts to community hospitals' global budgets has put hospitals in the position of making decisions based on dollars, instead of what is the best for patient care and the health of the community.<sup>2</sup>

Ultimately, patients and their families suffer. Lack of funding has lead to the delay of vital surgeries, elimination of front-line hospital staff, departmental cuts in various units, and threatened closure of entire hospitals.

- The data from the Canadian Institute for Health Information (CIHI) has revealed that Ontario's hospital readmission rate has increased from 8.3 to 9.1 per 100 patients since 2009-2010 through 2013-2014.<sup>3</sup> This is an increase of 9.6% in just over four years.<sup>4</sup> Ontario is above the national average, which is 8.9%, in re-admissions compared to Canada as a whole.<sup>5</sup>
- Patients are forced to travel longer distances, as integral services are cut and transferred to farther hospitals.
- Ontario has continually seen a decrease in nurse to patient ratios, which threatens the quality care of patients.
- Ontario's hospitals are now dangerously overcrowded and understaffed, yet bed closures, staff lay-offs and service cuts continue. This overcrowding leads to poor patient outcomes, increased morbidity and mortality, infectious disease outbreaks, increased risk of medical errors and high patient dissatisfaction.
- Virtually every service cut from local hospitals is privatized, subject to new user fees, or moved further away.

Furthermore, the massive number of cuts in the past years is leading to an increase in user fees and extra-billing of patients. Private clinics bill OHIP while charging patients in addition with two-tier user fees. Many of these patients are seniors who live on a limited income. Patients face early discharge to home care, or often, to home care wait lists where, too often, they do not receive the community care they need and instead have to face rationed, expensive and privatized health care. These trends are clearly against all principles of the Canada Health Act.

# Purposeful Underfunding Forced Dismantling of Community Hospitals:

## Ontario Hospital Funding Among Lowest in Canada

The cuts to Ontario’s hospital global budgets are a result of provincial budget choices, not necessities. By every measure, most or all provinces in Canada fund their hospitals at a better rate than Ontario.

The evidence shows that Ontario and Quebec are funding their hospitals far less per person than the rest of the provinces. For the last several years, Ontario and Quebec have been virtually tied in last place in Canada for hospital funding, for below the average of the other provinces.

**Table 1: Ontario & Quebec Compete for Last Place in Hospital Funding**

<b>Public Hospital Funding Per Person, 2015 Current \$</b>	
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*



As of 2015, Ontario's public hospital funding as percentage of provincial gross domestic product is second lowest in Canada at 2.64% and considerably below the provincial average of 3.59%.

**Table 2: Ontario 2<sup>nd</sup> Last in Country- Public Hospital Funding as a Percentage of Provincial GDP**

<b>Public Hospital Funding as % of Provincial GDP 2015</b>	
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*

As a measure of the provincial budget --that is, spending on all public programs and services— Ontario's funding for public hospitals shows as low relative to our peers. We are 8<sup>th</sup> out of 10 provinces in hospital funding as a share of total funding for all public services.

**Table 3: Ontario Near Bottom of Country- Public Hospital Funding as Percentage of All Provincial Program Funding**

<b>Public Hospital Funding as % of All Provincial Program Funding 2014</b>	
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*

As a result of decreased provincial funding and massive bed cuts, large numbers of Ontario’s hospitals, are in “code gridlock”, which means that hospital beds are at full capacity. In fact, a sampling of bed occupancy rates from the final quarter of 2013 reveals that hospital beds are not only full, but are beyond capacity. Currently, Ontario only has 2.3 hospital beds per 1000, which is significantly lower than many provinces’ averages of 3.5 hospital beds per 1000.<sup>6</sup> This means Ontario has 16,440 less hospital beds than the average.<sup>7</sup> Ontario has cut more than 18,000 hospital beds since 1990.<sup>8</sup>

**Table 4: Ontario Ranks at the Bottom of the Country – Hospital Beds Per Population**

<b>Hospital Beds Per 1000 (population) By Province 2013-14</b>	
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 of 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*.

**Table 5: Ontario Ranks Near Bottom of entire OECD –Hospital Beds Per Hospital Beds Per Population**

<b>OECD Hospital Beds Per 1000 Population 2013</b>	
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

**Table 6: Ontario Hospitals Beyond Capacity <sup>9</sup>**

<b>Sampling of Hospital Bed Occupancy Rates (Final Quarter 2013)</b>	
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 Regional	100 %

Source: OECD, *Health Statistics 2015* at [http://stats.oecd.org/Index.aspx?DataSetCode=HEALTH\\_REAC](http://stats.oecd.org/Index.aspx?DataSetCode=HEALTH_REAC)

The continuous lack of funding has forced hospitals to cut vital front line and support staff, which include nursing, social work, lab, cleaning and other support and health professionals' services important to patient care. These cuts have negatively impacted Ontario's nurse-to patient ratio, making it the worst in Canada. Ontario has significantly lower nursing hours per patient than other provinces, at a rate of 42.81 hours per hospital weight case, compared to the national average of 48.2 hours per hospital weighted case.<sup>10</sup> This includes registered nurses' and registered practical nurses' care.

**Table 7: Ontario Nurse-to-Patient Ratio Worse in Canada**

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

Source: Canadian Institute for Health Information, 2013.

## **2016 Budget: Eight consecutive years of real-dollar global budget cuts**

Ontario's government has been claiming that it has increased public hospital funding this year by 2.1 per cent. This would not be sufficient to meet population growth and health care inflation levels, even were it true. But the truth is that most of Ontario's hospitals are not getting anywhere near a 2.1 per cent funding increase. The fact is that Ontario's 2016 budget leaves Ontario's hospitals the ninth consecutive year of real-dollar global hospital budget cuts unless the government changes course.

To be clear, in the 2016 Ontario Budget, global hospital funding is not increasing by 2.1 per cent. It is increasing by 1 per cent.

Ontario's government had frozen hospital funding for the last four years with 0 per cent increases for global budgets. It has now moved off of the freeze but the fact remains that the 2016 budget prescribes another year real-dollar budget cuts for most hospitals because funding does not keep pace with inflation. Given the losses over the last decade and the deep hole that many hospitals now find themselves in, another year of real-dollar cuts will only deepen Ontario's hospital cuts crisis.

At the same time as setting real-dollar global funding cuts, Ontario's government has changed the hospital funding formula. As a proportion of total hospital funding, global funding (which covers overhead costs and general hospital operational costs) has been shrinking. Today, global funding is only 1/3 of hospital budgets. The hospital global funding crunch accounts for a great deal of the hospital cuts that we are seeing across Ontario.

### **Change to funding formula squeezes community hospitals**

Ontario's government has changed the hospital funding formula. The government has been steadily shifting money for procedures like cataract and hip & knee surgeries to force these services to be centralized into fewer towns. The government is purposely underfunding community hospitals to force them to reduce the scope of services that they provide. Each hospital has to specialize in fewer and fewer services. Birthing units, mammography, complex continuing care beds, acute care beds, operating rooms, and all kinds of other services are closing down from a combination of real-dollar cuts to global funding and shifting monies that are tied to procedures. Patients have to drive from town to town to access care. The result? Across Ontario community hospitals have been gutted.

In addition, the new funding formula is taking money out of communities to shift it to high-growth areas, even if the hospital budgets in the communities' losing funding are already too low to meet their needs. Currently, the new funding formula means:

- Approximately 1/3 of hospital funding goes to global (overall) hospital budgets.
- The other 2/3 is made up of HBAM funding (Health Based Allocation Method --which takes money from some communities to move it to high growth areas) and pay-for-procedure funding (which is specified for cataract, hip & knee surgeries and other volume-based procedures and unused portions must be returned if volumes are not met). Note: even for high-growth areas, HBAM funding does not meet population growth and inflation needs.

There is other hospital funding that is specifically directed to cover post-construction operating costs and special funding envelopes directed specifically for specialized care such as organ transplants or children's hospitals, but that funding only goes to those select procedures in those select hospitals.

## What is the Bottom Line?

Ontario hospitals are being cut. Across the board, hospital budgets' global funding increase this year is less than 1 per cent. This is far below the consumer rate of inflation which is projected to be 1.8 per cent this year and 2 per cent in 2017 (and the health care inflation rate is significantly higher than general consumer price index increases). This follows four years of 0 per cent funding increases. It is the ninth consecutive year of real-dollar hospital cuts, meaning that hospital global funding increases have not even met the rate of inflation. This forces local hospitals to cut ever more services.

A minority of hospitals – usually larger hospitals and those in high growth areas and those that have highly specialized services like provincial childrens' hospitals or those that do organ transplants – will get a 2.1 per cent funding increase this year. Even so, this rate is not enough to meet their population growth and inflationary costs.

In addition, the provincial government is continuing with its funding formula changes to force the dismantling of community hospitals as we know them, to force specialization and centralization of care into fewer locations with patients forced to travel further for services.

# Disproportionate Cuts

## Small, Rural, Northern & Amalgamated Hospitals Hit with Debilitating Cuts

### *Northern Hospitals*

Northern and small town hospitals in Ontario are experiencing a disproportionate amount of cuts. Across the northeast, hospitals from Timmins to Sault Ste. Marie, Sudbury and North Bay have seen enormous cuts.

For example, Matthews Memorial Hospital on St. Joseph's Island is at risk of closing their emergency department. The current plan, if not stopped, is to close the 24 hour emergency department and to open an Urgent Care Unit, which is essentially a walk-in clinic, from 7 a.m. to 7 p.m.<sup>11</sup> Matthews Memorial Hospital provides 24 hour emergency services to a catchment area from Echo Bay to Bruce Mines, including St. Joseph Island and traveling patients across central Algoma.<sup>12</sup> In 2015, 133 ambulance calls were received after 7 p.m. at Matthews Memorial Hospital. If their emergency department is closed, patients will have to drive an hour to Sault Ste. Marie.

However, Sault Area Hospital is suffering from these cuts as well, with devastatingly long wait times in the emergency department. Patients, on average, wait 28 to 30 hours in the emergency department, with 1 in every 10 patients waiting over 48 hours.<sup>13</sup> 15 to 20 patients are often seen waiting for inpatient beds and some reports of admitted patients reveal a wait time of 146 hours, which is equivalent to 5.8 days.<sup>14</sup> Due to the consistent overcrowding, patients are seen in stretchers along the hallways, in lounges, and in storage areas with no access to call beds and oxygen outlets.<sup>15</sup>

### *Small Community Hospitals*

Small hospitals have been the victims of devastating and disproportionate cuts, In some communities, entire hospitals have been closed down. In others, hospital services have been gutted, leaving once proud and vibrant community hospitals mere skeletons of their former selves, robbed of all but a few core services. For example:

- Sydenham District Hospital in Wallaceburg is also at risk of losing their entire emergency department.<sup>16</sup>
- Georgian Bay General Hospital (GBGH) in Midland is at risk of closing their entire obstetrics unit, along with the proposed reduction in medical and intensive care unit beds, and the number of surgeries.<sup>17 18</sup>
- Next door, Penetanguishene's hospital lost all its inpatient services two years ago..<sup>19</sup>
- Niagara-On-The-Lake Hospital closed down all inpatient services in 2015.
- For instance, North Bay Regional Health Center in North Bay is currently facing numerous cuts to the hospital which have led to proposed elimination of services.

There is no policy to support the closure of rural hospitals. The government does not have a mandate to pursue this plan. There is no effective transportation system, no plan to mitigate

increased patient risk, and no methods of addressing the difficulty in access resulting from these deep cuts. Community hospitals are essential in the safety and effectiveness of acute care services and community health. The moratorium on hospital closures and policy should be reinstated and redeveloped to restore community hospital services across the province.

## Cuts Reported in Large Urban Centres

This year, the impact of insufficient hospital funding has also impacted hospitals in large urban centres. There have been cuts across the board in these hospitals, ultimately negatively affecting patient care. As a result of these cuts, the prominent trends have appeared in hospitals located in large urban centres:

- Cancelled surgeries due to lack of funding or no beds for patient recovery.
- Closure of Operation Rooms, even though operation room is vitally needed.
- Emergency room overcrowding.
- Bed and entire department closures regardless of community need.
- Crisis-level overcrowding.
- Systematic closure and privatization of outpatient services
- Layoffs of vital health professionals and support staff.
- Extremely high workloads.
- Patients discharged when they are too frail.
- Code Gridlock.
- High rate of readmissions.

The scale of these cuts is unprecedented. Despite irrefutable evidence that these hospitals are running at extremely high levels of overcrowding, cuts are continuing:

- Hamilton Health Sciences eliminated 100 full-time jobs due to a \$30 million budget deficit.<sup>20 21</sup> They are considering closing one entire hospital within the next ten years.<sup>22</sup>
- London Health Sciences planned to make \$32 million cuts to balance its budget. These cuts occurred in various departments, including vascular cardiology, mental health, intensive care, oncology, and stroke rehabilitation. In 2015, 97 full-time nursing health care and support staff positions were eliminated, which is equivalent to 190,000 hours of patient care and support lost per year.
- In Hamilton, St. Joseph's Health planning to cut 136 jobs and closing two clinics in an attempt to balance \$26 million budget deficit. In addition, six respiratory rehabilitation beds were eliminated and community health services were discontinued. Furthermore, the organization has planned to eliminate four RNs in neonatal intensive care, a unit with vulnerable, unstable and unpredictable infants that require skills within the RN scope. However, this decision was stopped by a strong public outcry.<sup>23</sup>
- In Windsor, cuts are proposed to every department and floor. More than one hundred and sixty Registered Nurse positions are being eliminated<sup>24</sup>



## Cuts Reported in Mental Health Services

Mental health services have recently faced cuts, devastating for an already vulnerable population. For example:

- In Northern Ontario, the Mental Health Rehabilitation Unit was slated for closure at North Bay Regional Health Center.<sup>25</sup>
- Health Sciences North in Sudbury experienced departmental cuts across the Ontario, including in-patient psychiatry, mental health services and the emergency department.
- In Hamilton, St. Joseph's Health System is closing their east end general psychiatric clinic, which serves 30% of total visits in the region for patients with addiction, depression, anxiety and psychiatric disorders. The hospital officials are aware that this consolidation of 2757 King St. E services to St. Joe's West 5<sup>th</sup> psychiatric hospital will pose transportation challenges for patients, fewer staff, and patient hardships.<sup>26</sup>
- In London, cuts to emergency department services have seriously impacted patients with mental illness. London Health Science's Emergency Department currently reached its capacity, resulting in staff converting a classroom in Victoria's Hospital into an emergency ward for the mentally ill.<sup>27</sup> Another night, 22 mentally ill patients were waiting for open beds in the psychiatric ward, where another 22 patients who no longer needed to occupy a bed were unable to offer the beds because no one in the community were ready to look after them. The crisis center reached capacity within 24 hours of opening because there is not enough mental health care centers in the community.<sup>28</sup> Patients with mental illness had to sleep on the ER floor due to hospital being overcrowded.



# **Beyond Limits:**

**List of Hospital Cuts & Closures Across Ontario  
2012-2016**

## Northern

### Health Sciences North

### Sudbury

#### Cuts Reported in 2015

- 4 surgical beds to be cut.<sup>29</sup> These cuts are on top of years of bed cuts that have increased hospital overcrowding to dangerous levels. Hospital staff report that the hospital is frequently running above full capacity with patients on stretchers in hallways waiting for beds.
- Cuts to vital patient support services, including hospital cleaning.
- Cuts across hospital departments, including in-patient psychiatry, day surgery, the surgical units, obstetrics, mental health services, oncology, critical care and the emergency department.
- The staffing cuts to date equate to 85,000 hours of nursing and direct patient care per year. We expect to hear more of the cuts to health professionals' services soon.<sup>30</sup>
- RPN positions eliminated.<sup>31</sup>
- 35 full-time equivalent non-management positions or 1% of unionized positions and 6.4 full-time equivalent management positions or around 3% of total management employees to be cut.<sup>32</sup>

#### Cuts Reported in 2012

- \$3.5 million deficit.<sup>33</sup>
- 60 beds to be cut. These would be the last beds remaining in the Memorial site.<sup>34</sup>
- 30 beds to be cut at the Functional Assessment and Outcome Unit at the Sudbury Outpatient Centre (formerly the Memorial site). Planned cut of
  - remaining 30 beds.<sup>35 36</sup>

## Lake-Of-The-Woods District Hospital

### Kenora

#### Cuts Reported in 2015

- Reported deficit of more than \$1.1 million.<sup>37</sup>
- The hospital closed five beds, reducing the amount of beds from 76 to 71.<sup>38</sup>

## Matthews Memorial Hospital

### Richards Landing

#### Cuts Reported in 2016

- Proposed closure of emergency department.<sup>39</sup>
- Proposal to have an "Urgent Care Center", which is essentially a walk-in clinic, open for 12 hours a day.<sup>40</sup> Without an emergency department, there is no hospital. This proposal threatens the future of Matthews Memorial Hospital.

### Cuts Reported in 2016

- Cuts to outpatient laboratory services began February 16. The services will only be provided to patients receiving direct care and visiting NBRHC associated clinics. 25% of outpatient services will be impacted.<sup>41</sup> Two part-time and 3 full-time technician positions to be eliminated.<sup>42</sup>
- 354 positions cut and dozens of beds eliminated in the last three years (2013-2016).<sup>43 44</sup>

### Cuts Reported in 2015

- \$50 million cut over the last 3 years, resulting in cuts to nursing, emergency, cleaning, portering, cataract surgery, psychiatric care and forensic units.<sup>45</sup>
- \$5.1 million cut from its budget.<sup>46</sup>
- Closure of Mental Health Rehabilitation Unit announced.<sup>47</sup>
- 60 beds closed, dramatically affecting patient care.<sup>48</sup>
- 8 surgical beds and 8 medical beds to be cut.
- 158 full-time equivalent positions cut, including allied health workers such as social workers, dietitians, occupational therapists, as well as nurses and cleaning staff.<sup>49 50</sup>
- 55 full-time and 20-part-time positions cut, in addition to 25 non-union jobs already cut.<sup>51</sup>
- 94 full-time and 34 part-time hospital employees cut in the last three years.<sup>52</sup>
- Staffing equivalent to 80,000 hours of direct patient care per year to be cut.

### Cuts Reported in 2014

- \$7 million in cuts planned.<sup>53</sup>
- 60 beds to be cut to trim an \$18 million deficit<sup>54</sup>, including 22 acute care beds and 37 complex continuing care/specialized mental health beds.<sup>55</sup>
- 34 positions to be cut.<sup>56</sup>
- Downsized its fleet of vehicles and telecommunications by 50%.<sup>57</sup>

### Cuts Reported in 2013

- 40 nursing positions eliminated to counter a \$14 million deficit (equivalent to 80,000 hours of patient care per year).<sup>58</sup>
- 20 nursing positions to be cut in assessment, rehabilitation, and mental health units.<sup>59</sup>

### Cuts Reported in 2016

- One part-time Bone Health Nurse position cut due to a cease in funding.
- Child life professional position eliminated. This role is vital to children, as they are the ones who help children through uncomfortable procedures and describes the process of care to them in suitable language. This decision was made without consultation with paediatricians, and was not announced.
- 2 full-time registered nurse positions cut in Maternity Unit and Surgical Day Care.
- Due to cuts, it takes nurses 15 to 20 minutes to respond to a patient's call bell.
- On February 17, 2016, SAH CEO reported that their performance for time taken to get patients that have been admitted to their bed is among the worst in Ontario.<sup>60</sup>
- Continuous problems in the Emergency Department:<sup>61</sup>
  - Average wait time in the neighbourhood is approximately 28 to 30 hours.
  - 1 in every 10 patients waits over 48 hours for a bed.
  - There are frequently 15 to 22 patients waiting for inpatient beds.
  - There have been reports of admitted patients waiting 140 hours (5.8 days) for a bed.
  - Due to overcrowding, patients have to stay in stretchers along hallways, in lounges, and in storage areas with no access to call bells and oxygen outlets.
  - In January, 10 to 30 patients were seen waiting in the emergency room for beds on a regular basis.
- Despite these continuous problems, Wing 1B, a 30 bed medical unit, remains closed as of February/March, because they are "non-funded" beds.<sup>62</sup>
- On March 14<sup>th</sup>, 40 bed acute medical unit converted into a 30 bed acute medical/short stay unit and 10 overflow beds.
- Patients are frequently discharged early, regardless of the appropriate care services in their community and home. Premature discharge leads to hospital readmission.<sup>63</sup>
- Due to staffing shortages, food delivery staff only have a few minutes to distribute all the meal trays on the floor. There is often not enough time to set up all the trays for patients, resulting in patients going hungry.<sup>64</sup>

### Cuts Reported in 2015

- Closure of 56 beds proposed, including 20 in acute care.<sup>65</sup>
- 59,000 nursing and direct patient care hours per year to be cut,<sup>66</sup> across the hospital, including operating rooms, intensive care unit, oncology, surgery, hemodialysis, infection control, patient care coordination, nursing and personal support, and others.
- 35 full-time and 7 part-time positions to be cut due to a \$10 million shortfall.<sup>67</sup>

# Northern Ontario

- One infection control nurse, 2 full-time oncology nurse navigators, and 4 patient care coordinators have been eliminated.<sup>68</sup>
- Over 45,000 hours of hands-on nursing care cut per year.<sup>69</sup>

## Cuts Reported in 2014

- The hospital is chronically overcrowded. It is the second most crowded hospital in Ontario with an occupancy rate of 114%.<sup>70</sup>

## Cuts Reported in 2013

- Matthews Memorial Hospital de-amalgamated from Sault Ste. Marie and joined Blind River District Health Centre in 2013.<sup>71</sup>

## **St. Joseph's Care Group**

Lakehead Psychiatric Hospital

Thunder Bay

### Cuts Reported in 2012

- 28 geriatric unit beds closed and cut 22,000 hours of direct patient nursing care.<sup>72 73</sup>

St. Joseph's Hospital

Thunder Bay

### Cuts Reported in 2014

- 11 RPN positions to be cut.<sup>74</sup>

**St. Joseph's Continuing Care Centre of Sudbury**

Sudbury

### Cuts Reported in 2014

- 2.8 full-time equivalent RPN positions (equates to 5,600 hours of patient care per year) to be cut.<sup>75</sup>

**Temiskaming Hospital**

New Liskeard

### Cuts Reported in 2014

- 50% of operating room time to be closed. 18,000 hours of nursing care to be eliminated. Cleaning and cafeteria to be reduced.<sup>76</sup>
- Cut one full-time position from the sterile processing department.<sup>77</sup>

# Northern Ontario

## Thunder Bay Regional Health Sciences Centre

Thunder Bay

### Cuts Reported in 2015

- Deficit of \$6 million.<sup>78</sup>

### Cuts Reported in 2014

- Cut 5.5 full-time nursing positions from the emergency department (equivalent to 11,000 hours of patient care per year).<sup>79</sup>

## Timmins and District General Hospital

Timmins

### Cuts Reported in 2014

- 26 beds and 40 full-time positions to be cut due to a \$4.5 million deficit.<sup>80</sup>
  - 10 positions to be cut through attrition and reduced hours.
  - 12-15 positions to be cut through early retirement.<sup>81</sup>
- Announced cuts of 26 beds.<sup>82</sup>



## Eastern

### Almonte General Hospital

Almonte

#### Cuts Reported in 2015

- 6 full-time and 4 part-time registered practical nurses were cut (equivalent to 10,000 hours of patient care lost per year).<sup>83</sup>

### Brockville General Hospital

Brockville

#### Cuts Reported in 2015

- Deficit reported to be around \$1.8 million to \$1.9 million.<sup>84</sup>
- Maternity unit (birthing) threatened with closure due to deficit.<sup>85</sup>
- Reduction of more than 26 full-time positions announced in July, including registered nurses, registered practical nurses, personal support workers and support service jobs, equivalent to 16,000 hours of hands-on care cut.<sup>86</sup>
- Major direct care cuts to intensive care unit, operating room, complex care, palliative care, emergency, the stress test clinic, day surgery, diagnostic imaging, medical/surgical, and the switchboard.<sup>87</sup>
- Services impacted by cuts: ACU, OR, ICU, Med Surg, Complex Care, Palliative Care, Emergency, Stress Test Clinic, Nurse Practitioner, Diagnostic Imaging, Switchboard, Day Surgery.
- Cut nursing positions:
  - ICU –one full-time RN eliminated (existing charge nurse role) 1.2 FTE.
  - Outpatient Clinic – 1) elimination of part-time Nurse Practitioner .5 FTE 2) reduction in hours to 2 part-time RNs totalling .4 FTE.
  - Rehab/Palliative Care – elimination of one part-time RN .4 FTE.
  - Emergency – reduction in hours to 5 part-time RNs 4.2 FTE.
  - Surgical Services – elimination of one full-time RN, elimination of one part-time RN, 6 part-time RNs reduction in hours 2.4 FTE.

#### Cuts Reported in 2012

- Reported deficit of \$1.6 million with a projected shortfall of \$2.2 million.<sup>88</sup>

### Bruyere Continuing Care Inc.

Élisabeth Bruyère Hospital

Ottawa

#### Cuts Reported in 2015

- 30 cleaners and 12 dietary staff positions to be cut.<sup>89</sup>

# Eastern Ontario

## Cuts Reported in 2012

- 28 jobs, cafeteria hours, and laundry services to be cut. This is to eliminate a 3.1 million deficit.<sup>90</sup>
- 120-150 positions to be cut between 2012-2014<sup>91</sup>; including 20 personal care attendants who worked in rehabilitation and palliative care.<sup>92</sup>
- Closure of 10 geriatric rehabilitation, 10 stroke rehabilitation, and 5-10 palliative beds proposed.<sup>93</sup>

## **Campbellford Memorial Hospital**

Campbellford

## Cuts Reported in 2013

- Forecasted deficit between \$360,000 and \$492,000 and planned staff cuts.<sup>94</sup>

## **Children's Hospital of Eastern Ontario (CHEO)**

Ottawa

## Cuts Reported in 2015

- 50 nursing positions to be cut due to a \$6.7 million budget shortfall for 2015-16.<sup>95</sup>
- 2-3% of its 1,750-staff labour force to be cut to cover a budget shortfall.<sup>96</sup>
- Hospital departments affected by these cuts include neonatal intensive care, pediatric intensive care, ambulatory care, in-patient surgical and medical units.<sup>97</sup>
- Proposed cuts will equate to 90,000 hours of RN care per year loss for pediatric patients.<sup>98</sup>
- Cut 15 positions, 10 of which are in management

## **Hôpital Montfort**

Ottawa

## Cuts Reported in 2012

- Reported a \$1.2 million shortfall.<sup>99</sup>

## **Northumberland Hills Hospital**

Cobourg

## Cuts Reported in 2016

- The equivalent of 13.17 full-time equivalent positions and direct patient care and support services to be cut as part of a restructuring plan. The planned cuts could affect nursing staff, laboratory staff, physiotherapists, respiratory therapists, hospital support workers, housekeeping, maintenance, and clerical workers.<sup>100</sup>

## Cuts Reported in 2014

- Closure of public cafeteria on weekends proposed.<sup>101</sup>
- Reduction of ambulatory clinic and operating room hours proposed.<sup>102</sup>

## Cuts Reported in 2011

- 26 beds to be cut.
- Diabetes Education Centre, outpatient physiotherapy, and occupational therapy to be closed, forcing thousands of patients to drive to Peterborough or Ottawa for physiotherapy or find a private clinic in Oshawa. As a result of the community fightback, many of the cuts were rolled back, but not all were stopped.

## **The Ottawa Hospital**

Ottawa

## Cuts Reported in 2015

### March Cuts

- \$26 million in cuts, including 35 full-time positions to be eliminated in the first round of cuts. Planned cuts include the following<sup>103</sup>:
  - 13 full-time vacant positions.
  - 5.2 full-time equivalents in nursing (10,400 hours of patient care per year).
  - 9.1 full-time equivalents in unionized administration/support.
  - 4.2 full-time equivalents in other health professionals.
  - 3.2 full-time equivalents in non-unionized admin.<sup>104</sup>

### May Cuts

- 87.96 full-time equivalent positions to be cut in an effort to cut \$12 million. Of these positions, 25.83 are vacant positions that were eliminated, according to hospital.
- The net positions cut include<sup>105</sup>:
  - 13.56 full-time equivalents in unionized administrative and support services.
  - 32.57 full-time equivalents in other health professionals (physiotherapy, clinical nutrition, social work).
  - 3 full-time equivalents in nursing.
  - 13 full-time equivalents in non-unionized administrative positions.

## Cuts Reported in 2014

- Closed the endoscopy clinic<sup>106</sup> at the Riverside site. Some of these services were privatized to for-profit clinics.
- Shortened the discharge of mothers from 48 hours to 24 hour after delivering a baby, therefore, increasing risk of neonatal mortality and morbidity.<sup>107</sup>

# Eastern Ontario

- Recommended discharge is 36 hours.<sup>108</sup>

## Cuts Reported in 2013

- Deficit of \$31 million.<sup>109</sup>
- Cut services at the endoscopy unit<sup>110</sup> at the Riverside site.<sup>111</sup>
- 290 jobs to be cut. These include 90 nursing jobs, 100 administrative positions, 100 health professionals (e.g., social workers, psychologists, physiotherapists).<sup>112</sup> This proposal could mean a cut of 4,000 cataract surgeries per year, decreased cafeteria hours, and reduced outpatient services.<sup>113 114</sup>

## Cuts Reported in 2012

- 16 beds to be cut due to a \$23 million deficit.<sup>115</sup>
- 1,600 cataract surgeries per year to be cut.<sup>116</sup>
- 96 jobs to be cut, including 66 support staff, 4 nursing jobs, and 24 therapist/technologist positions.<sup>117</sup>

## **Perth and Smiths Falls District Hospital**

## **Perth & Smiths Falls**

### Cuts Reported in 2014

- Cuts to hip, knee and cataract surgeries, the day hospital, palliative care, physician recruitment and non-emergency surgery proposed.<sup>118</sup>

### Cuts Reported in 2013

- 12 beds to be cut, which include 6 beds at each site to find 6% in savings. Proposed cuts include physiotherapy and more than three full-time positions at the hospital.<sup>119</sup>
- Pulmonary rehabilitation program to be eliminated.<sup>120</sup>
- Physiotherapy and day hospital services to be cut.<sup>121</sup>

### Cuts Reported in 2012

- \$4 million to be cut, affecting day hospital services, domestic/sexual assault program, diagnostic imaging, nursing, support services, paramedical and office staff.<sup>122</sup>

## **Pembroke Regional Hospital**

## **Pembroke**

### Cuts Reported in 2015

- Closed 5 medical and 2 paediatric beds due to a budget deficit.<sup>123</sup>
- Outsourcing of sterilization of surgical instruments to a Toronto company proposed. Unfortunately, the experience with this company is not positive,

# Eastern Ontario

with blood and bone matter found on instruments returned from this service.<sup>124</sup>

## **Peterborough Regional Health Centre**

Peterborough

### Cuts Reported in 2012

- Hospital announced it had accumulated \$90 million in capital debt.<sup>125</sup>

## **Providence Healthcare**

Kingston

### Cuts Reported in 2013

- 80-90 full-time and part-time jobs to be cut in spring, which is equivalent to approximately 60 full-time jobs.<sup>126</sup>
- Hospital departments that may be affected include nursing, housekeeping, clinical & support services, and food services
- Reduction of in-patient wards to 120 beds<sup>127</sup> announced with the target of only 104 beds by spring 2014.

## **Queensway-Carleton Hospital**

Queensway-Carleton Hospital

Ottawa

### Cuts Reported in 2012

- Faced a budget shortfall of over \$2 million.<sup>128</sup>

## **Quinte Healthcare Corporation**

### Cuts Reported in 2015

- 86 staff positions to be cut, mainly registered nurses, across all sites<sup>129</sup>
- 33 full-time and 12 part-time registered nurses to be cut (equivalent to 100,000 of hands-on care lost).<sup>130</sup>
- 9 non-union jobs were cut, and approximately 30 unionized jobs may be cut.<sup>131</sup>

### Cuts Reported in 2013

- Quinte sought to cut a \$15 million.<sup>132</sup>
- Proposal to cut a total 25 beds in Picton, Trenton and Belleville.<sup>133</sup>

### Cuts Reported in 2012

- Cuts to outpatient physiotherapy proposed.<sup>134 135</sup>

# Eastern Ontario

## Belleville General Hospital

Belleville

### Cuts Reported in 2013

- 11 beds to be cut, leaving 198 remaining.<sup>136</sup>

## Prince Edward County Memorial Hospital

Picton

### Cuts Reported in 2014

- 3 beds to be cut.<sup>137</sup>

### Cuts Reported in 2013

- 9 beds to be cut, and endoscopy programs cancelled.<sup>138</sup>
- Closure of entire maternity ward in August.<sup>139</sup>

## Trenton Memorial Hospital

Trenton

### Cuts Reported in 2015

- 2,400 surgeries in Trenton in urology, gynaecology, and dentistry cut.<sup>140</sup>  
Patients now must have to travel to Belleville for these surgeries.

### Cuts Reported in 2013

- 5 inpatient beds to be cut and the laboratory and outpatient physiotherapy eliminated.<sup>141</sup>

## Renfrew Victoria Hospital

Renfrew

### Cuts Reported in 2014

- Birthing and obstetrics units closed. Resulted in 7 nurse layoffs and 2 beds cut.<sup>142</sup>

## St. Francis Memorial Hospital

Barry's Bay

### Cuts Reported in 2015

- 1 registered nurse to be cut.<sup>143</sup>

## Toronto

### Centre for Addiction and Mental Health – CAMH

Toronto

#### Cuts Reported in 2016

- RN cuts announced.<sup>144</sup>

#### Cuts Reported in 2015

- 20% reduction in funding of The Toronto Drug Treatment Court (run out of CAMH), which previously had a budget of \$750 000.<sup>145</sup>
- 3 ½ staff positions cut throughout the years.<sup>146</sup>

#### Cuts Reported in 2012

- Physiotherapy services eliminated.<sup>147</sup>

### Holland Bloorview Kids Rehabilitation Hospital

Toronto

#### Cuts Reported in 2012

- Lack of federal and provincial funding left hospital heavily reliant on private donations for equipment.<sup>148</sup>

#### Cuts Reported in 2010

- The hospital posted a \$1.1 million deficit in spring.<sup>149</sup>

### Humber River Regional Hospital

Humber River Regional Hospital originally had three hospitals sites, Keele, Church and Finch, however, it has been reconstructed into one site, the Wilson site.

### Humber River Regional Hospital – Church Site

Toronto

#### Cuts Reported in 2016

- The site closed on October 2015. Services lost included emergency, geriatric and mental health services. It temporarily re-opened in March 2016 for dialysis, out-patient physiotherapy and Community Care Access Center wound and skin clinic. The North West Toronto Family Health group will move to this site.<sup>150 151</sup>

# Toronto & GTA

## Humber River Regional Hospital – Keele Site

Toronto

### Cuts Reported in 2016

- Site permanently closed.<sup>152</sup> 50 beds closed offering psychiatric and acute mental health services.<sup>153</sup>
- All mental health programs and services moved to Wilson site.
- Physiotherapy, CCAC, and dialysis services moved to Church Site.<sup>154</sup>

## Humber River Regional Hospital – Finch Site

Toronto

### Cuts Reported in 2016

- Converted to “Urgent Care Centre”, this is not a hospital. This is equivalent to a walk-in clinic.<sup>155 156</sup>

## MacKenzie Richmond Hill Hospital

Richmond Hill

### Cuts Reported in 2012

- Outpatient mental health program services reduced.<sup>157</sup>

## Mount Sinai Hospital

Toronto

### Cuts Reported in 2016

- 59 RN positions cut.<sup>158</sup>

## Ontario Shores Centre for Mental Health Sciences

Whitby

### Cuts Reported in 2015

- Additional 12 beds in the Psychiatric Rehab B inpatient unit to be cut.<sup>159</sup>

### Cuts Reported in 2014

- 13 beds in the Psychiatric Rehab B inpatient unit to be cut.<sup>160</sup>

### Cuts Reported in 2013

- 47 positions cut.<sup>161</sup>
  - 31 full-time positions.
  - 16 part-time positions.
- Decreased hours at dental clinic (from 4 days/week to 2 days/week).



## Cuts Reported in 2010

- 52 positions cut, affecting areas in adolescent inpatient services and the dual diagnosis service unit.<sup>162</sup>
- 14 personal care aides on forensic unit to be cut.<sup>163</sup>

## **Rouge Valley Health System**

Rouge Valley Centenary Hospital

Toronto

## Cuts Reported in 2013

- Cataract surgery services cut.
  - Patients must travel to private clinics, The Scarborough Hospital Birchmount Campus or Lakeridge Health in Bowmanville.<sup>164</sup>

## **Runnymede Healthcare Centre**

Toronto

## Cuts Reported in 2016

- 32 full-time and 35 part-time/casual registered nurse positions to be cut to only 14 full-time and 20 part-time/casual positions (equivalent to 82,000 hours of RN care cut to only 41,000 hours per year).<sup>165</sup>

## **Southlake Regional Health Care**

Newmarket

## Cuts Reported in 2015

- 17 registered nurse positions (equivalent to 32,000 hours of RN care per year) to be cut.<sup>166</sup>

## **St. Joseph's Health Centre**

Toronto

## Cuts Reported in 2012

- After-hours, pain, cardiac rehabilitation and audiology clinics closed.<sup>167</sup>

## **The Scarborough Hospital**

The Scarborough General Hospital  
Including Birchmount Campus

Toronto

## Cuts Reported in 2013

- Closure of two operating rooms, 5 emergency beds and 20 surgical beds announced.<sup>168 169</sup>

# Toronto & GTA

- Arthritis clinic closed in June.
- Approx. 200 staff positions cut, including nurses, health professionals and support staff.<sup>170</sup> This is equivalent to 345,000 hours of nursing, therapies and support services.
- Staff cuts proposed in 30 departments, including cardiorespiratory, critical care, spiritual and religious care.<sup>171</sup>
- Attempted to close birthing, maternal and childcare, and pediatrics at one campus<sup>172</sup>
- Centralization of chronic kidney disease and dialysis clinics to the Scarborough General site proposed.<sup>173</sup>
- Hospital had \$17 million budget shortfall.<sup>174 175</sup>
- Daybed reduction, less spending on non-urgent transportation and outpatient electroencephalograms.<sup>176</sup>

## Cuts Reported in 2012

- 85 unionized staff positions to be cut, including 60 nurses in February.<sup>177</sup>

## **Toronto East General Hospital**

Toronto

## Cuts Reported in 2012

- Closed the physiotherapy clinics.<sup>178</sup>

## **Trillium Health Partners**

Mississauga Hospital

Mississauga

## Cuts Reported in 2013

- 30 complex continuing care beds to be closed and 100 staff cut, including 70 nurses and 30 staff that consist of occupational therapists, physiotherapists and unit clerks.<sup>179</sup>

## **University Health Network**

Princess Margaret Cancer Centre Lodge

London

## Cuts Reported in 2012

- 9 full-time and 3 casual part-time nurse given layoff notices.<sup>180</sup>

Toronto General Hospital and Toronto Western Hospital Toronto

## Cuts Reported in 2016

# Toronto & GTA

- 51 RN positions cut.<sup>181</sup>

Toronto Rehabilitation Institute

Toronto

- Hospital posted a deficit of just under \$1 million.<sup>182</sup>

## **William Osler Health System**

Brampton Civic Hospital & Etobicoke General Hospital

Toronto

### Cuts Reported in 2013

- 20 positions to be cut.<sup>183</sup>

# Central-West-Niagara

## Central Brant Community Healthcare

Brantford General Hospital

Brantford

### Cuts Reported in 2012

- 18 full-time RNs cut in medical surgical units and complex care (equivalent to 35,000 hours of RN care).<sup>184</sup>
- Reduction of RN hours by 75% in Complex Care Integrated Program proposed.<sup>185</sup>
- Reduction from 5 day and 3 night RNs to 3 day and 2 night RNs in the 36 bed Medical unit proposed.<sup>186</sup>
- Reduction from 5 day and 4 night RNs to 3 day and 2 night RNs in the 36 bed Surgical unit proposed.<sup>187</sup>

## Cambridge Memorial Hospital

Cambridge

### Cuts Reported in 2015

- 33 nurses cut, which included 19 RNs and 14 RPNs in medical, surgical and rehabilitation departments.<sup>188</sup>
- ONA announced that 22 RN positions, equivalent to 38,000 hours of RN care will be cut.<sup>189</sup>

## Georgian Bay General Hospital

Georgian Bay General Hospital - Midland

Midland

### Cuts Reported in 2016

- Closure of the obstetrics unit proposed.<sup>190</sup>
- Medical and intensive care unit beds, and the number of surgeries to be reduced.<sup>191 192</sup>

### Cuts Reported in 2015

- Reported a \$12 million debt.<sup>193</sup>
- Reported 108 recommendations that include cutting Intensive Care Unit and medical beds, slashing surgeries to three days a week, and eliminating the obstetric unit.
- Obstetrics, Gynecology, Paediatric surgery, after-hours endoscopy threatened with closure and Intensive Care Unit to be downgraded.<sup>194</sup>
- Outpatient lab services to be cut.<sup>195</sup>

# Central-West-Niagara

## GBGH - Penetanguishene

## Penetanguishene

All inpatient hospital services closed in Penetanguishene, including emergency and acute care.<sup>196</sup>

### Cuts Reported in 2014

- All inpatient hospital services closed in Penetanguishene, including emergency and acute care.<sup>197 198</sup>
- This is one of the oldest communities in Ontario and has had a hospital for hundreds of years

## Grand River Hospital

## Kitchener- Waterloo

### Cuts Reported in 2016

- 38 staff members have received layoff notices.<sup>199</sup>
- 33 positions to be eliminated through attrition, including 14 nurses and 9 registered practical nurses.<sup>200</sup>

### Cuts Reported in 2015

- 45 employees (equivalent to 24 full-time positions) to be cut.<sup>201</sup>
- 15 full-time and 4 part-time registered nurses (60,000 hours per year) to be cut.<sup>202</sup>

### Cuts Reported in 2014

- 13 registered nurse positions and 2 nurse practitioner positions cut (equivalent to 30,000 hours of care).<sup>203</sup>
- 10 recovery beds to be cut.<sup>204</sup>

### Cuts Reported in 2013

- Child and adolescent psychiatry outpatient hours cut.<sup>205</sup>

## Guelph General Hospital

## Guelph

### Cuts Reported in 2015

- 15 PSW positions to be cut.<sup>206</sup>
- One full-time and 9 part-time positions and 20 casual positions to be eliminated. Patient support workers will be affected by proposed layoffs to hire more security.<sup>207</sup> However, in 2016, the Ontario Nurses' Association reported that Guelph General Hospital lacked safety measures to protect its nurses.<sup>208</sup>

# Central-West-Niagara

## Haldimand War Memorial Hospital

Dunnville

### Cuts Reported in 2014

- Outpatient physiotherapy reduced and cafeteria privatized.
- 3 positions to be eliminated: a full-time outpatient physiotherapist, a materials management personnel worker, and the hospital's director of finance.<sup>209</sup>

## Hamilton Health Sciences

### Cuts Reported in 2016

- 100 full-time jobs to be cut to address \$30 million budget shortfall, because hospital funding has been frozen for the last four years. 40 out of 97 full-time equivalent jobs are vacant. Hospital offered retirement packages and redeployment opportunities.<sup>210</sup>
- Closure of entire hospital site proposed within next ten years.<sup>211</sup>
- Despite cuts and budget shortfall, HHS spent nearly \$1.1 million on CEO salaries in 2014. In 2016, it paid \$562,000 in severance to a departing vice-president.<sup>212</sup>

## Chedoke Hospital

Hamilton

### Cuts Reported in 2011

- Regional joint assessment program cut.<sup>213</sup>

## Juravinski Cancer Centre

Hamilton

### Cuts Reported in 2014

- Closure of Lakeview Lodge proposed. This is a lodge for out-of town patients scheduled for cancer surgery and outpatient treatments.<sup>214</sup>

## Hamilton General Hospital

Hamilton

### Cuts Reported in 2013

- All hospital departments were cut by 2% due to a \$25 million deficit.<sup>215</sup>

### Cuts Reported in 2012

- Faced a \$15 million deficit.<sup>216</sup>

# Central-West-Niagara

- Proposed cuts included:<sup>217</sup>
  - \$1 million in service cuts to operating rooms, the West-End Urgent Care Center and musculoskeletal outpatient physiotherapy.
  - \$2.9 million shaved from administration and support.
  - \$0.8 million from pharmacy, lab and allied health, including reducing social work hours.
  - \$0.1 million in amalgamating services such as the library.
  - \$1.8 million in finding ways to generate more revenue in services such as retail pharmacy.

## McMaster Children's Hospital

Hamilton

### Cuts Reported in 2014

- Acquired brain injury bi-weekly clinic to be closed.<sup>218</sup>

## West Lincoln Memorial Hospital

Grimsby

### Cuts Reported in 2012

- \$136 million redevelopment project has been paused.<sup>219</sup> This puts the future of the hospital in doubt as the hospital was built in the 1940s. It has since amalgamated with the Hamilton Hospitals and plans were underway to convert this hospital to a site that has fewer services and is no longer a community hospital.

## Joseph Brant Hospital

Burlington

### Cuts Reported in 2013

- 10% decrease in surgeries performed projected due to a budget deficit.<sup>220</sup>

### Cuts Reported in 2012

- \$2.2 million in projected budget cuts.<sup>221</sup>

## Muskoka Algonquin Healthcare

Closure of hospital site is being considered. The hospital already closed the Burk's Falls site in 2009. There are no hospitals between Huntsville and North Bay anymore.

## Huntsville District Memorial Hospital

Huntsville

### Cuts Reported in 2015

- Removal of some acute care services being considered.<sup>222</sup>

# Central-West-Niagara

## Cuts Reported in 2013

- 5 acute care beds to be cut.<sup>223</sup>

South Muskoka Memorial Hospital

Bracebridge

## Cuts Reported in 2015

- Removal of some acute care services being considered.<sup>224</sup>
- 8 complex continuing care beds (equivalent to 6.6 full-time jobs) to be cut.<sup>225</sup>

## Cuts Reported in 2013

- Planned cut of 10 acute care beds to be replaced by 6 complex continuing care beds due to a \$2.4 million projected deficit.<sup>226</sup>

## Cuts Reported in 2012

- Faced a \$4.1 million deficit.<sup>227</sup>
- \$803,000 cut due to a provincial funding cut of \$423,000.<sup>228</sup>
- Faced a capital deficit of \$10 million.<sup>229</sup>

## Niagara Health System

Douglas Memorial Hospital

Fort Erie

## Cuts Reported in 2014

- The Minister of Health approved a plan to close this hospital entirely. This despite the fact that current occupancy levels for complex continuing care beds across the Niagara Health System are over 93% (overcrowding levels that are unsafe).

## Cuts Reported in 2013

- Closure of emergency departments and operating rooms proposed.<sup>230</sup> This, after years of devastating cuts.

Greater Niagara General Hospital

Niagara Falls

## Cuts Reported in 2014

- The Minister of Health approved a plan to close this hospital entirely. This despite the fact that current occupancy levels for acute care beds across the Niagara Health System are over 102% (overcrowding levels that are unsafe).



# Central-West-Niagara

## Cuts Reported in 2013

- Closure of operating rooms in Niagara Falls for six weeks proposed in order to address budget deficit.<sup>231</sup>
- Maternity and child-inpatient care wards closed in spring.<sup>232</sup>
- NHS reported a \$13 million deficit.
- Parking fees at all NHS sites have increased.<sup>233</sup>
- Nurse and staffing positions to be cut despite shortages across the NHS.<sup>234</sup>
- Closure of Niagara Falls site recommended, to be consolidated in St. Catharines.<sup>235</sup>
- 48 nursing positions to be cut.<sup>236</sup>

## Niagara-On-The-Lake Hospital

## Niagara-On-The-Lake

### Cuts Reported in 2015

- All 22 hospital beds<sup>237</sup> and all inpatient services slated to be closed by April 1.<sup>238</sup>

### Cuts Reported in 2014

- The Minister of Health approved a plan to close this hospital entirely. See notes on unsafe levels of hospital overcrowding above.

## Port Colborne General Hospital

## Port Colborne

### Cuts Reported in 2014

- The Minister of Health approved a plan to close this hospital entirely. This despite the fact that current occupancy levels for complex continuing care beds across the Niagara Health System are over 93% (overcrowding levels that are unsafe). The date for the closure is not set.

### Cuts Reported in 2013

- Emergency departments and operating rooms closed.<sup>239</sup> This after years of devastating cuts.

## St. Catharines Hospital

## St. Catharines

### Cuts Reported in 2013

- Closure of operating rooms for six weeks proposed to address budget deficit.<sup>240</sup>

# Central-West-Niagara

## Welland County General Hospital

Welland

### Cuts Reported in 2015

- Closure of entire hospital threatened.<sup>241</sup>

### Cuts Reported in 2013

- Maternity and child-inpatient care wards closed.<sup>242</sup>

### Cuts Reported in 2012

- Closure of Welland Hospital proposed, to be consolidated in St. Catharines.<sup>243</sup>
- Operating rooms shut down for six weeks.<sup>244</sup>
- In-patient mental health services, children's health, maternity services and in-patient women's health services slated for closure.<sup>245</sup>

## Norfolk General Hospital

Simcoe

### Cuts Reported in 2013

- Projected a \$1.3 million shortfall, and the CEO reported there are few options available for cuts.<sup>246</sup>

## Orillia Soldiers' Memorial Hospital

Orillia

### Cuts Reported in 2016

- Facing a \$5 million funding gap.<sup>247</sup>

### Cuts Reported in 2015

- Hospital was asked to reduce staffing by 20 full-time job equivalents.<sup>248</sup>
- Geriatric day hospital closed.<sup>249</sup>
- 7 complex continuing care beds to be cut.<sup>250</sup>
- Reduction of operating rooms from 4 to 3 proposed.<sup>251</sup>

### Cuts Reported in 2012

- 5 surgical beds & 2 pediatric beds to be closed.<sup>252</sup>
- Projected deficit of \$1.3 million.<sup>253</sup>

# Central-West-Niagara

## St. Joseph's Health Centre

Guelph

### Cuts Reported in 2014

- 12 beds for patients in transition to be cut.<sup>254</sup>

## St. Joseph's Health System

Hamilton

### Cuts Reported in 2016

- 136 positions to be cut, of which 30-40<sup>255</sup> are layoffs and 84<sup>256</sup> are RN positions from units that include: recovery room, neo-natal intensive care, operating room, nephrology (kidney program), cardiology, acute mental health, complex care, respirology, pre-surgery assessment, dialysis, day surgery, medicine, medical rehab and geriatric outreach.<sup>257</sup>
- Reported \$26 million shortfall.<sup>258</sup>
- 6 respiratory rehab beds to be removed, to become an outpatient service.<sup>259</sup>
- Community day therapy services to be discontinued.<sup>260</sup>
- 3 maternity beds to be cut.<sup>261</sup>
- 4 registered nurses certified in neonatal intensive care to be eliminated by July 2016 (plan is now under review after strong public outcry).<sup>262</sup>
- Two clinics closed.<sup>263</sup>
- East-end general psychiatry clinic closed, which served 30 percent of total visits for the region. The clinic had treated patients with addiction, depression, anxiety and other psychiatric disorders.<sup>264</sup>

### Cuts Reported in 2015

- Approx. \$10 million in cuts by March 31, 2015.
- Mental health unit closed at St. Joseph's.<sup>265</sup>
- Harbour North East number two closed. This was a seven-bed mental health treatment unit at St. Joseph's Healthcare in Hamilton.<sup>266 267</sup>
- In-house transportation services reduced.<sup>268</sup>

### Cuts Reported in 2014

- 58 RN positions cut. This equates to 52 full-time equivalents and 104,000 hours of RN care cut.<sup>269</sup>
- 600 cataract surgeries stopped due to insufficient hospital funding.<sup>270</sup>

### Cuts Reported in 2012

- St. Joseph's Hamilton was looking to cut \$7.5 million.<sup>271</sup>

# South-Western Ontario

## South Western

### Alexandra Hospital

Ingersoll

#### Cuts Reported in 2014

- Outpatient lab to be closed.<sup>272</sup>
- Hospital cut 9 complex continuing care beds.<sup>273</sup>
- 13 complex continuing care beds to be cut and relocated to London at LHINs recommendation.

## Bluewater Health

#### Cuts Reported in 2013

- Therapeutic pool to be closed, lab services moved.<sup>274</sup>

#### Cuts Reported in 2012

- \$1 million deficit reported.<sup>275</sup>

### Charlotte Eleanor Englehart Hospital

Petrolia

#### Cuts Reported in 2014

- Endoscopy services reduced.

### Sarnia General Hospital

Sarnia

#### Cuts Reported in 2015

- 33 nursing positions to be cut in order to resolve a \$6 million budget shortfall.
- ONA reported that they were told the number of RN cuts is actually 39 positions.<sup>276</sup>

#### Cuts Reported in 2013

- \$5 million<sup>277</sup> in cuts announced by Bluewater, mainly to intensive care and cardiac care.
- Staff to be cut as well as a merger of their 16-bed intensive care unit and 8 eight bed cardiac care unit, potentially reducing staffing ratios from 1:3 nurses to patients to 1:5 nurses to patients.<sup>278</sup>

# South-Western Ontario

## Chatham-Kent Health Alliance

### Chatham-Kent Health Alliance

### Chatham

#### Cuts Reported in 2013

- Ended the fiscal year (2012-13) with a reported \$1.5 million deficit.<sup>279</sup>
- 22 full-time positions to be cut to balance budget.<sup>280</sup>

#### Cuts Reported in 2012

- 22 beds to be closed and 23.5 full-time equivalent staff to be cut as a result of a \$2.6 million projected deficit for the 2013-2014 fiscal year.<sup>281</sup>
- 7 medical beds, 2 surgical beds, and 3 pediatric beds to be cut.
- 2.8 full-time equivalent technicians to be cut, converted to point-of-care devices for the testing lab (cut lab technologists).<sup>282</sup>

### Sydenham District Hospital

### Wallaceburg

#### Cuts Reported in 2016

- Closure of emergency department proposed in order to target a \$1.8 million budget deficit.<sup>283</sup>

#### Cuts Reported in 2013

- 22 full-time positions to be cut in an attempt to balance the budget.<sup>284</sup>

#### Cuts Reported in 2012

- Closure of the entire 10 bed complex continuing care unit<sup>285</sup> and the laboratory.
- At the time, the hospital promised to offset these cuts by adding beds at the Chatham-Kent site, but this never materialized.
- The hospital has been gutted by cuts over the years. It has only 5 beds remaining and only one emergency department left.<sup>286</sup>

## Grey Bruce Health Services (Owen Sound Hospital) Owen Sound

#### Cuts Reported in 2015

- Relocation of acute stroke care services proposed in Grey and Bruce area into existing Designated Stroke Centre at Owen Sound Hospital. This means other hospitals will lose stroke services.

# South-Western Ontario

## Huron Perth Healthcare Alliance

There have been serious cuts to beds and care planned across the HPHA. In 2014, HPHA cut 11 acute care beds and 6 chronic care beds across the alliance. The cuts amount to a cut of 9% of the remaining hospital beds.

### Clinton Public Hospital

### Clinton

#### Cuts Reported in 2015

- OB services closed. Patients now have to travel to Stratford to access this care.<sup>287</sup>
- 3.5 full-time equivalent nursing positions to be eliminated through the pending consolidation of two patient care units.<sup>288</sup>

#### Cuts Reported in 2014

- 3 complex continuing care and 2 medical beds cut.

### Seaforth Community Hospital

### Seaforth

#### Cuts Reported in 2014

- The HPHA realigned services, removing most hospital services from Seaforth, leaving only rehabilitation and causing patients to travel to Stratford or other towns to access other hospital services.
- 50% of the remaining medical beds in the HPHA cut. The hospital only has 4 medical beds left. 30% of the remaining complex continuing care beds cut, leaving only 7 left.
- 5 rehab beds cut.
- 5 complex continuing care beds to be cut and relocated to London at LHINs recommendation.<sup>289</sup>

### St. Marys Memorial Hospital

### St. Marys

#### Cuts Reported in 2014

- Emergency services to be cut at St. Marys. This has remained a persistent threat since 2010 when the local community successfully fought off a plan to close the emergency department during nights.<sup>290</sup>
- Despite community advocacy, the emergency department overnight intake staff were cut without notifying the community in late 2014 to early 2015. Patients accessing the hospital emergency department at night are told to phone to reach reception at another hospital site.

# South-Western Ontario

- One-third of the remaining medical beds closed.
- 5 complex continuing care beds opened.

## Stratford General Hospital

Stratford

### Cuts Reported in 2016

- At present, only 21 medical beds remaining for the entire community, which has pushed occupancy rate to over 100%.
- The occupancy rate has led to the regular use of overflow beds and patients being transferred to distant sites (e.g., Clinton, Seaforth, St. Marys), making it difficult for families to visit.

### Cuts Reported in 2015

- Acute stroke care services to be cut and moved from seven hospitals into Stratford General Hospital.

### Cuts Reported in 2014

- 28 beds to be cut: 9 rehabilitation beds, 13 complex continuing care beds, 3 surgical beds and 3 medical beds are threatened.<sup>291</sup>

## Leamington District Memorial Hospital

Leamington

### Cuts Reported in 2015

- Obstetrics unit threatened with closure. This was subsequently stopped by strong public outcry.

### Cuts Reported in 2014

- 16 RNs, 9 RPNs to be cut and 12 PSWs cut, amounting to approximately 50,000 hours/year of nursing team care.<sup>292</sup>

## Listowel Wingham Hospitals Alliance

Listowel Memorial Hospital

Listowel

### Cuts Reported in 2014

- 17 complex continuing care beds to be cut and relocated to London at LHINs recommendation.<sup>293</sup>

# South-Western Ontario

Wingham And District Hospital

Wingham

## Cuts Reported in 2014

- 10 complex continuing care beds to cut and relocated to London at LHINs recommendation.<sup>294</sup>
- 2 full-time, 5 part-time, 2 casual orderlies, 1 part-time and 5 casual porters to be cut. Other staff, including RPNs have had their hours reduced.<sup>295</sup>
- 46 full-time equivalent staff to be cut from departments across the hospital as a result of \$726,000 budget shortfall.
- This a huge cut for such a small hospital. According to CUPE, it is the largest percentage of staff cut in Ontario.<sup>296</sup>

## London Health Sciences Centre

In 2015, London Health Sciences Centre needed to find \$26 million in cuts. They planned to cut 97 full-time positions across hospital departments.<sup>297</sup>

## Cuts Reported in 2015

- 500 surgeries delayed at University and Victoria hospitals. That is 1 in every 20 surgeries scheduled from January to March, including some operations to remove gall bladders and repair hernias.<sup>298</sup>
- \$32 million in cuts planned in order to balance its budget. Vascular cardiology, mental health, intensive care, oncology, stroke rehabilitation and other departments cut.
- 97 full-time nursing, health professional and support staff positions to be eliminated (equivalent to 190,000 hours/year of patient care and support).
- 22 patients with mental illness waited for a bed in the psychiatric ward. Psychiatric ward patients cannot be discharged, due to lack of community supports in place.<sup>299</sup>
- Mental health and addictions crisis centre full within 24 hours of opening.<sup>300</sup>

## Cuts Reported in 2014

- 107 positions to be cut, including 27 nurses and 41 cleaners.<sup>301</sup>
- 52,000 nursing hours/year and 80,000 cleaning hours/year to be cut.<sup>302</sup>

## Cuts Reported in 2013

- \$30 million budget shortfall.
- 50-60 positions to be cut, including 24 nursing and administration and support areas.<sup>303</sup>



# South-Western Ontario

Victoria Hospital

London

## Cuts Reported in 2015

- 4 of its existing 14 palliative care beds closed. The hospital no longer has a specialized palliative care unit.
- With these bed cuts, the community only has 14 acute palliative beds, with 4 of 14 being located at University Hospital.
- Emergency ward space exhausted in Victoria Hospital. The classroom had to be converted into a space for mentally ill patients needing emergency services with a single security guard watching.<sup>304</sup>

University Hospital

London

## Cuts Reported in 2015

- Realignment of stroke care patient volumes from 5 hospitals to London Health Sciences proposed.

## Cuts Reported in 2014

- \$37 million to be cut from budget, including 52,000 nursing hours/year and 80,000 hours/year of cleaning.<sup>305</sup>

## Cuts Reported in 2012

- \$47 million budget shortfall reported, which resulted in \$30 million in cuts.<sup>306</sup>
- \$18 million in proposed cuts to “non-critical” areas.<sup>307</sup>

## Middlesex Hospital Alliance

Strathroy Middlesex General Hospital

Strathroy

## Cuts Reported in 2016

- Stroke care to be cut and \$716,000 to be cut from \$38 million budget. This is almost a 2% loss.<sup>308</sup>

Royal Victoria Regional Health Center

Barrie

## Cuts Reported in 2016

- Facing an \$8 million deficit.<sup>309</sup>
- 56 jobs to be cut, including 24 full-time vacant and 32 active full-time equivalent jobs.<sup>310</sup>

# South-Western Ontario

## Cuts Reported in 2015

- Equivalent of 15 full-time jobs to be cut in order to fund \$10.6 million in cost savings.<sup>311</sup>

## **South Bruce Grey Health Centre**

Chesley and District Site

Chesley

## Cuts Reported in 2015

- Closure of the restorative care unit at the Chesley and District site<sup>312</sup> in May 2015 announced.
- Outpatient physiotherapy services cut in 2009.<sup>313</sup>

Kincardine Site

Kincardine

## Cuts Reported in 2012

- Cancelled previously approved redevelopment of site.<sup>314</sup> Future of hospital is uncertain.
- Outpatient physiotherapy services cut in 2009.<sup>315</sup>

Walkerton Site

Walkerton

## Cuts Reported in 2013

- 3 administrative positions to be cut.
- \$150,000 to be cut to address a projected deficit of \$250,000.
- Outpatient physiotherapy services cut in 2009.<sup>316</sup>

## **South Huron Hospital**

Exeter

## Cuts Reported in 2014

- 3 complex continuing care beds to be relocated to London at LHINs recommendation.<sup>317</sup>

## **St. Joseph's Health Care London**

## Cuts Reported in 2016

- \$8.5 million in cuts reported in the past four years due to 0% funding increases and Health System Funding Reform.<sup>318</sup>

# South-Western Ontario

- Faced \$17 million gap in budget.<sup>319</sup>
- Despite an increase to hospital base funding announced in Ontario, the hospital will still carry a budget deficit.<sup>320</sup>
- 60 positions to be cut, including 49 full-time, 7 part-time and 4 casual positions. 12 of the 60 positions will be layoffs.<sup>321</sup>

## Cuts Reported in 2014

- 59 jobs to be cut in an effort to cut \$6.4 million, resulting in 37 layoffs and 22 positions cut through attrition at various sites.
- 4 jobs to be cut in corporate offices across all campuses.
- 15% of medical imaging hours to be cut.<sup>322</sup>
- Nearly \$11 million to be cut to balance the budget.
- Every department of the hospital would be impacted by the planned cuts, including the elimination of 32 full-time jobs and 1 part-time position.<sup>323</sup>

## Cuts Reported in 2013

- 30 positions to be cut.<sup>324</sup>

## Parkwood Institute

## London

### Cuts Reported in 2016

- Closure of the Transitional Care Unit proposed due to lack of funds.<sup>325</sup>
- 12 temporarily funded transitional care beds to be removed in October 2016 and 3 beds to be transferred to the Complex Care Program.<sup>326</sup>

### Cuts Reported in 2015

- Regional stroke rehabilitation and other complex needs to be centralized in Parkwood Institute, which means a loss of stroke care at other hospitals.

### Cuts Reported in 2013

- 9 jobs to be cut at Parkwood Hospital, and 7 to be cut at Regional Mental Health London.<sup>327</sup>
- 30 beds to be cut in the Veterans Care program.<sup>328</sup>

### Cuts Reported in 2010

- 36 beds to be cut in the Veterans Care program.<sup>329</sup>

# South-Western Ontario

Southwest Centre for Forensic Mental Health Care

St. Thomas

## Cuts Reported in 2013

- 59 jobs to be cut in an effort to cut \$6.4 million. This will result in 37 layoffs.
  - 9 jobs to be cut in St. Thomas.<sup>330</sup>

## **St. Thomas Elgin General Hospital**

St. Thomas

## Cuts Reported in 2016

- 11 full-time positions to be cut in information technology, operating room scheduling and the health records departments due to a \$1 million budget shortfall.<sup>331</sup>
- Outpatient laboratory to be closed.
- Gastric diagnostic imaging services to be reduced from 4 days a week to only 2 days a week.<sup>332</sup>

## Cuts Reported in 2015

- Volumes for stroke care to be realigned from 1 hospital to St. Thomas Elgin General Hospital.

## Cuts Reported in 2014

- 28 complex continuing care beds to be relocated to London at LHINs recommendation.<sup>333</sup>

## **Tillsonburg District Memorial Hospital**

Tillsonburg

## Cuts Reported in 2014

- 16 complex continuing care beds to be cut.<sup>334</sup>
- 14 complex continuing care beds to be relocated to London at LHINs recommendation.<sup>335</sup>

## **Windsor Regional Hospital**

Windsor Regional Hospital – Metropolitan Campus

Windsor

## Cuts Reported in 2016

- 169 RN positions to be cut.<sup>336</sup>
- 46 full-time equivalent nursing positions to be cut (equivalent to 92,000 hours per year of patient care).<sup>337</sup>

## South-Western Ontario

- Every department and every floor to be impacted by cuts.<sup>338</sup>
- Closure and privatization of outpatient clinics proposed.<sup>339</sup>
- 4 ICU beds closed at Ouellette Campus.<sup>340</sup>

### Cuts Reported in 2015

- 80 beds to be cut.<sup>341</sup>

### Cuts Reported in 2013

- 24 full-time and 10 part-time registered nurses laid off (This equals more than 68,000 hours/year of hands-on patient care).<sup>342</sup>
- 30 acute-care beds to be cut at the Metropolitan campus.<sup>343</sup>
- Faced a shortfall of \$4.2 million.<sup>344</sup>
- 9 positions eliminated along with the closure of the Acute Injuries Rehabilitation and Evaluation Centre.<sup>345</sup>

### Cuts Reported in 2012

- Outpatient services threatened by cuts and closures as a result of projected \$4.4 million budget shortfall.<sup>346</sup>

## Woodstock General Hospital

Woodstock

### Cuts Reported in 2016

- Stroke care to be eliminated.<sup>347</sup>

### Cuts Reported in 2014

- 23 complex continuing care beds to be relocated to London at LHINs recommendation.<sup>348</sup>



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