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For Immediate Release

Attn: Assignment Editor

Wynne Government's Hospital Bed Announcement a Temporary Band-Aid But Health Coalition Slams Expanding Health Care Privatization

Toronto – The Ontario Health Coalition congratulated the Health Minister for recognizing the crisis in Ontario's hospitals and announcing 1,200 new hospital beds today. However, the coalition cautioned that this is only temporary band-aid that will partially alleviate the crisis but not solve it. One-fourth of the hospital money announced today was already announced in the budget and the announced beds are both temporary and too few to meet need. The coalition is disturbed by the government's plans to continue the crisis in public hospitals and move capacity to private for-profit corporations.

"Ontario needs a long-term plan to rebuild capacity in our public hospitals to meet population need," said Natalie Mehra, executive director of the Ontario Health Coalition who has been fighting hospital cuts and closures for the last decade. "We have been in a hospital overcrowding crisis all year all across Ontario, not because of a flu season, but because hospital beds have been cut in our province for decades. At this point, the cuts are deeper than in any other province in Canada and any other country in the developed world. Ontario now has the fewest hospital beds per person, the least amount of nursing care per patient. Patients are forced out of hospital, often with no care or inadequate care, too frail and as a result we have the highest hospital readmission rate in the country."

Taking issue with the claims and process used by the government, Mehra said. "From what has been happening in Australia we are expecting a terrible flu season, no question. But even before this, Ontario's hospitals are overcrowded to the point of being in total crisis. Planning for our hospitals needs to be long-term and based on projections of community need. It needs to be done in an open and transparent way and policy must be forged with democratic public input not made in backroom deals with the Ontario Hospital Association, whom we do not trust to advocate for the real needs of Ontarians."

Using government figures, the Ontario Health Coalition has produced charts comparing Ontario's hospital beds, nursing, and funding compared to other provinces, available here: <http://www.ontariohealthcoalition.ca/wp-content/uploads/Pre-Budget-Briefing-Feb-2016-1.pdf>

Briefing Note:

On the number of beds: A hospital bed in this context refers to a funded and staffed bed. There are all kinds of empty wards in Ontario's hospitals where beds have been closed down, but hospitals do not have the funding to reopen and staff them. Adding 1,200 hospital beds will still leave Ontario dead last in Canada in the number of hospital beds per capita, and at the bottom of the entire OECD. This is not enough beds to prevent overcrowding in flu season and it is not a long-term plan. In the government's release the beds are described as "temporary" and "transitional". Furthermore, opening up mothballed hospitals is not a plan to build capacity in public hospitals to meet the needs of a growing and aging population.

The globally accepted safe level of hospital occupancy is 80 – 85 percent. Many of Ontario's hospitals are routinely running over 100 per cent with stretchers in hallways, patients crowded into non-patient spaces, emergency departments housing patients for days at a time. Undue pressure is put on patients to get out of hospital from the

moment they are admitted, and often patients are sent home with all kinds of promises for care that never materializes. The OHA has called for more long-term care beds and has cited the low numbers of beds as evidence of “efficient” hospitals. That is not how patients see it. Readmission rates are climbing every year, people are left in inhumane conditions and families are suffering as a result of the hospital cuts that have gone too far.

On privatization: The government is planning on moving hospital patients out to retirement homes, home care and community care. The vast majority of retirement homes are private and for-profit. They are not health care facilities and they are “self-regulating”. They do not have the standards and safety regulations of long-term care homes. A number of retirement homes unlawfully charge patients for services that are supposed to be OHIP-covered. Health policy should not be used as a subsidy for a private industry, no matter how much they lobby the government for public money. Similarly, patients that can be moved out to home care are already moved out, and homecare is majority privatized. While the \$40 million increase for home care volumes is needed, plans to continue to offload and privatize hospital care are not supported by the evidence. Many of the services that are being cut today are not transferable, for example operating room closures, surgical and medical bed closures, cuts to RNs, RPNs, cleaners, health record transcribers and health professionals, cuts to inpatient mental health and so on. The “transition” of hospital care to home care was accomplished more than a decade ago. Now this rhetoric is used as a cover for cuts to needed care.

On bed blocking: The Ontario government and hospital leadership continues to ignore their own evidence that the overcrowding in hospitals is not due to seniors who can and should be moved out. Alternate Level of Care is a designation that refers both to people in hospital beds that could be moved to long-term, home or community care, and to patients that are waiting for a hospital bed. Patients waiting for mental health beds, or rehab beds, or medical patients in surgical beds; all of these are counted in Alternate Level of Care statistics. Thus, government and hospital leadership routinely overstate the number of patients that could be moved out. For more details and the most recent publicly available numbers on this see: <http://www.ontariohealthcoalition.ca/index.php/release-backgrounder-ontario-government-responsible-for-overwhelmed-hospital-emergency-departments-critical-bed-shortages-systemic-and-pervasive/>

Further, Ontario has a severe shortage of long-term care beds. As a result today’s long-term care homes grant access to only those patients with the highest acuity. Since hospital patients are the top of the list to be moved into long-term care homes, if they are not being discharged to long-term care it is because the care needs of the patients are too high for the long-term care homes to take. Already violence and homicide rates in long-term care homes are too high and homes cannot be forced to take people for whom they cannot care safely. It therefore will not be successful to plan to move these patients out to private for-profit retirement homes and other less intensive types of community care.

On the money: The government announced \$100 million for temporary and transitional beds in hospitals and \$40 million for home care. Of the \$100 million, \$26 million was already announced in last spring’s provincial budget. The \$40 million for home care volumes is new money. The funding is welcome and needed. Ontario funds its hospitals at the second lowest rate in Canada (only Quebec is lower) and here, hospital funding is far below the average of the rest of the provinces. However, the coalitions warns that the temporary nature of the funding should raise red flags. The government’s fiscal plan is to increase hospital funding next year, leading into the provincial election, then reduce it again. The coalition is calling for a long-term capacity plan, based on the evidence of population need for care, to protect Ontarians against such short-term partisan policies and ensure that Ontario’s hospital crisis is properly solved for the long term.