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For Immediate Release

Attn: Assignment Editor

“The Worst Overcrowding We Have Ever Seen” in Ontario’s Hospitals: Patients’ and Coalition’s Claims Supported by Release of New Data on London Hospitals

London – Health coalition advocates, concerned about reports that London Health Sciences Centre was running at alarming rates of overcrowding in September, asked their local MPPs to look into the issue. London MPPs Teresa Armstrong and Peggy Sattler arranged for a freedom of information request to access hospital data. The numbers are horrific. Since May, the psychiatric unit has been running at between 130 and 165% occupancy, with the latest numbers showing 151%. The medicine beds for acute care patients have been running at more than 100% occupancy for the majority of the time, with levels as high as 115%. Surgical beds have also been running at very high rates of occupancy.

The rate of hospital occupancy is a measure of capacity and overcrowding. The internationally recognized safe level of hospital occupancy is 80-85 percent. There is nowhere in the developed world where hospitals are run at 100 percent occupancy or above. At more than 85 percent, there is total consensus that serious bottlenecks occur. If all hospital beds are full, the emergency department backs up. Patients are left on stretchers in hallways or other makeshift wards waiting for beds to open. Ambulances cannot offload patients into overcrowded emergency departments and are taken off the road in offload delays. Surgeries are cancelled as there are no beds in which patients can recover. Patients are moved out of hospital too quickly in a bid to clear out beds. Beds are turned over too quickly. The result for patients is serious. Overcrowding leads to increased hospital acquired infections, increased violence, higher mortality rates in overcrowded emergency departments, longer waits and worse outcomes.

“We knew there was a problem but the data shows that these are the worst rates of overcrowding that we have ever seen, even in Ontario’s hospitals which are already chronically running at impossible levels of crowding,” said Peter Bergmanis, co chair of the London Health Coalition. “We have heard from patients who have been sent home, sometimes repeatedly, from the emergency department by overwhelmed staff because there are no beds to admit patients. These patients have had to come back repeatedly and have experienced tragic loss of health as a result.”

“The numbers prove, without any shadow of a doubt, that Ontario has crossed the line into a danger zone that our government must address. No one can run a hospital safely at levels of occupancy like these. It is inhumane for patients and staff alike,” said Natalie Mehra, executive director of the Ontario Health Coalition which has been raising the alarm over hospital cuts for the last decade. “We are calling on the Minister of Health to take immediate emergency measures to provide the resources -- the funding and staffing necessary -- to re-open closed beds and restore capacity to safe levels. A capacity plan must be developed to reopen hospital beds and services across Ontario to meet internationally accepted benchmarks for public hospitals.”

Ontario has seen massive cuts to hospital beds. More than 18,500 beds – half of the province’s acute care beds and more than half of the chronic care beds – have been cut since 1990. As a result of these cuts, Ontario has the fewest hospital beds of any province in Canada by far. Among OECD nations, only Chile and Mexico have fewer hospital beds. Hospital funding in Ontario ranks at the bottom of the country. The OHC has conducted an analysis of the comparative data here: <http://www.ontariohealthcoalition.ca/wp-content/uploads/Pre-Budget-Briefing-Feb-2016-1.pdf>

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