

Ontario Health Coalition

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Attn: Assignment Editor

Planned Closure of Five Hospitals in Niagara Puts Patients At Risk, Warns International Health Expert Coalition is Concerned that Niagara Closures Pave the Way for Hospital Closures Across Ontario

(Toronto) An international health policy expert warned that the plan to close five hospitals in Niagara risks patient safety, “lacks any rational justification” and contains “glaring omissions”. Dr. John Lister, author of two books on global health reform and professor at Coventry University, joined a press conference at Queen’s Park from the U.K. by video conference today to give his analysis of the documents and reports used by the Minister and the LHIN to approve the closures of five communities’ hospitals across Niagara. His findings are contained in a report, “Niagara Health System: Under Threat” released by the Ontario Health Coalition, available at www.ontariohealthcoalition.ca.

Dr. Lister reviewed all of the publicly-published documents considered by the LHIN and Minister pertaining to the planned hospital closures in Niagara-on-the-Lake, Port Colborne, Fort Erie, Niagara Falls and Welland.

Key findings:

- The plan to close Niagara-on-the-Lake’s inpatient hospital beds will drive up hospital overcrowding levels across Niagara to “dizzying heights” warned to Dr. Lister. Even before the planned closures, Niagara’s hospital overcrowding levels are far higher than internationally accepted standards for patient safety. Such cuts, Dr. Lister cautioned, would “create a system permanently living on the edge of crisis.”
 - With the closures, the Niagara Health System plan is to increase occupancy for complex continuing care beds to over 97%. Current occupancy for complex continuing care is over 93% according to LHIN documents. A safe level of bed occupancy is considered to be below 82%.
 - The Niagara Health System’s occupancy levels for acute care are 102%, placing the NHS among the most overcrowded hospitals in Ontario, according to a 2014 investigative report on hospital occupancy by journalist Jonathan Sher of the London Free Press.
 - Planned closures of complex continuing care beds are starting now in Niagara-on-the-Lake despite the extraordinary levels of hospital bed occupancy and the fact that Niagara has the second highest number of seniors but the second lowest number of long-term care beds per population, according to LHIN documents.
- The report containing recommendations to close the hospitals approved by former Health Minister Deb Matthews, “is striking for its lack of even the most rudimentary analysis of local population and communities, demographic pressures, health needs, or logistical and access issues,” noted Dr. Lister. The regional LHIN failed to conduct an analysis of population need for care, did no environmental impact assessment for the plans to close five hospitals and transport all residents across the peninsula to a new greenfield site, and gave no consideration of the impact on ambulance services and transportation for patients, and a dubious costing exercise based on bed numbers that are unexplained. Furthermore, “no equality impact has been published.”
- Dr. Lister reported that the provincial government appointed a Hospital Supervisor to address a c. Difficile crisis that had resulted in the deaths of more than 30 patients in Niagara’s hospitals, but the Supervisor’s report and recommendations offer “only one passing reference to hospital acquired infections” with no serious consideration of the reasons for the fatal outbreak, the problems containing it and what should be done to prevent future outbreaks.

- Normal processes for plans that recommend such significant restructuring would include formal consultations, that are reported to the Minister and the public, which have not happened: “all we are left with is a vague reference to undefined advice from an improbably large number of individuals,” Dr. Lister reported.
- Dr. Lister also warned about the immediate plan close the public hospital’s diagnostic services in Niagara-on-the-Lake and hand them over to for-profit companies, and the closure of needed hospital services many years before any new hospital is built.
- Dr. Lister’s report notes that Kevin Smith’s report recommending the closures is unusual for its first-person style of writing and lack of evidence. After being appointed as hospital Supervisor, Kevin Smith replaced the Board of Directors and then was himself hired as CEO to the Board he put into place, while at the same time continuing his employment as CEO of the St. Josephs’ group of hospitals in Hamilton.
- There is only \$5 million difference in the costing between keeping all the existing hospitals open with needed refurbishments and closing five hospitals down; and this is before adding in the new costs for closing five hospitals, including the financing costs of a new hospital (which would likely entail a costly privatized P3 scheme) and additional new ambulance and transportation costs which would need to be added to get the total costs for the one-hospital model, reported Dr. Lister. He also found that there is no evidence in any of the reports regarding costs for operating the Niagara Health System under any proposed model.
- The Ontario Health Coalition is deeply concerned that if five hospitals serving approximately 300,000 people in Niagara are closed, this paves the way for hospital closures all across Ontario.

The Health Coalition is calling on Health Minister Dr. Eric Hoskins, at minimum, to immediately stop the closure of the hospitals across Niagara, and restore the services that are currently being closed in Niagara-on-the-Lake.

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