

Ontario Health Coalition

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Attn: Assignment Editor

International Health Policy Expert Finds Plan to Close Five Hospitals in Niagara Threatens Patient Safety and Contains “Glaring Omissions”

(Welland/Niagara Falls) 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”. In two press conferences today in Welland and Niagara-on-the-Lake, Dr. John Lister, author of two books on global health reform and professor at Coventry University, joined from the U.K. by video conference and reviewed his analysis of the documents and reports used by the Minister and the LHIN to approve the closures of five communities’ hospitals across Niagara. Dr. Lister outlined his concerns about the plans based on his decades of experience reviewing hospital planning and restructuring documents. His findings are contained in a report released by the Ontario Health Coalition today, available at www.ontariohealthcoalition.ca.

The first of the five hospitals to be closed is in Niagara-on-the-Lake. The planned closure of all inpatient services is supposed to be completed by April 1, but the Ontario Health Coalition has learned that patients still occupy the beds. The LHIN approved a motion to recommend that the Minister reclassify the hospital as an ambulatory care centre (without any inpatient services) based on former NHS Supervisor Kevin Smith’s recommendations and additional reports.

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.
- Kevin Smith’s report recommending the closures “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 proposal and planning documents used by the LHIN to approve the motion to begin the closures contain no analysis of population need for care, no environmental impact assessment for the plans to close five hospitals and transport all residents across the peninsula to a new greenfield site, 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 in Niagara's hospitals, but Kevin Smith'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 plan to 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 has also discovered that the Community Standing Committees for the local communities with hospitals outside of St. Catharines were in fact eliminated as a result of amendments to the NHS by-laws which appear in June 2014. Consent to the planned closures of local services by these Community Standing Committees was a requirement of the 1999 Direction of the Health Services Restructuring Committee (at the time of amalgamation).

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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