

# Ontario Health Coalition Backgrounder Brampton Hospital Crisis Warnings and Broken Promises

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For decades, proper planning has been ignored in developing Brampton's hospital infrastructure. Repeated warnings from a wide array of groups were ignored. Promises regarding opening more beds and redeveloping the Peel Memorial Hospital have been broken and delayed repeatedly.

According to Statistics Canada, Brampton's population grew by more than 230,000 people from 2002 to 2016 (latest census) from 362,187 to 593,638 (almost double). In 2002, the District Health Council projected that the community would need 930 hospital beds by 2008. There are approximately 608 beds funded and in operation in the Brampton Civic Hospital and still no inpatient beds at the Peel Memorial site. (We have called the Brampton Civic Hospital to determine if the 37 additional temporary beds that were opened under Health Minister Eric Hoskins in 2017/18 are still open but could not obtain an answer in time for this release.)

Brampton is extremely low in terms of the number of hospital beds per person, even by Ontario's standards, and Ontario ranks at the bottom of Canada and developed nations. But a similar failure to plan, failure to listen to advocates and residents, and legacy of broken and false promises span decades in communities across Ontario even as the crisis in access to hospital care has worsened.

This is what happened in Brampton. It is a microcosm of the unacceptable state of hospital capacity planning in Ontario:

- In 2003, the Halton-Peel District Health Council, which was the government body responsible for health care planning for the region, made a regional infrastructure plan that projected that by 2008, the community of Brampton and NW Peel would need 930 hospital beds. The government's plan at that time was to develop 810 beds between the two sites (the new Brampton Civic Hospital and the Peel Memorial Hospital). That plan never materialized.
- In 2001, then Health Minister Tony Clement announced a new Brampton Civic Hospital as a privatized scheme – a Public Private Partnership (P3) hospital. At the time, the Peel Memorial Hospital in Brampton was open and had 367 beds.
- The new Brampton Civic Hospital was supposed to house 608 beds. When it opened only 479 beds were opened. When Brampton Civic opened, the Peel Memorial site closed leaving a total of 479 beds for the community. It would take until 2016 before all 608 beds were finally opened at the Brampton Civic Hospital.
- From the beginning of the planning for the new Brampton Civic Hospital, the promise from the government to the community was that the existing Peel Memorial hospital was to be redeveloped to house an additional 112 beds. This plan was put on hold in 2004 as the costs for the Brampton P3 hospital escalated. In response to public outrage, around 2007, the plan was then changed to redevelop Peel Memorial as an outpatient facility. Later, in response to public pressure, again, there was promise to open inpatient beds. In the end, Peel Memorial was redeveloped but still has no inpatient beds. Promises to open inpatient services at Peel Memorial continue two decades later but have not yet become a reality.
- Costs in the privatized P3 hospital (Brampton Civic) escalated dramatically, even as the province had been amply warned by the Ontario Health Coalition, hundreds of doctors and

nurses who wrote joint open letters to the Minister of Health, British doctors who wrote an unprecedented open international letter to Canadian political leaders warning them not to adopt the damaging privatization scheme, repeated medical journal articles detailing cuts to services as a result of the high cost of the P3 scheme, warnings from the health care unions, a group of eminent Canadian economists who wrote a report about the high costs of these schemes, academics and others. The P3 deal that was initiated by Tony Clement was not complete prior to the 2003 election and could have been cancelled. However, after promising to stop the P3 privatization, the new Liberal government of Dalton McGuinty moved forward with the P3 privatization after the election. The warnings were ignored.

- In the end, the P3 deal committed more than \$2.6 billion dollars in public money for capital and service privatization costs for a hospital that was initially supposed to cost \$350 million. Capital costs alone almost doubled. As the costs escalated, the scale of the new hospital was reduced and the Peel Memorial redevelopment was sidelined. Ultimately, the redevelopment was put on hold indefinitely in 2004. After enormous public pressure, Peel Memorial was eventually redeveloped as an outpatient centre, not a full service hospital.
- The new Brampton Civic Hospital (P3) opened with 479 beds in a smaller building than planned. The hospital had to lease offsite space for its administrative offices.

For data and sources for the above points see:

<https://www.ontariohealthcoalition.ca/index.php/when-public-relations-trumps-public-responsibility/> and <http://www.ontariohealthcoalition.ca/wp-content/uploads/OHC-SUBMISSION-TO-THE-AG-December-8-9-2008.pdf>

- In 2007 Peel Memorial Hospital was closed and the community was left with one hospital.
- In 2007, just prior to the provincial election then Health Minister George Smitherman promised to redevelop Peel Memorial as a hospital. After the election it was redeveloped as the “Peel Memorial Centre for Integrated Health and Wellness” with no inpatient hospital beds and no emergency department. <https://www.bramptonguardian.com/community-story/3071135-pmh-will-reopen-smitherman/>
- Shortly after the new Brampton Civic Hospital opened Harnek Sidhu, 52, died of pancreatitis after a 12-hour wait in excruciating pain in the emergency department of the brand new hospital and a 10-day hospital stay. Shortly after, it was reported that Amarjit Narwal, 42 also died in the hospital and the family reported that he was never seen by a physician. The community was outraged. A protest of thousands of people was met with promises from the provincial government to take action.
- December 2007 – In the wake of the deaths and protests, the provincial government appointed a supervisor to take over the hospital. Ken White operated the hospital as the provincially-appointed Supervisor for about 2-years, then local governance and management took over and the problems at the hospital were supposed to be solved. The hospital was not extended to full bed capacity and the plan for the Peel Memorial site was not settled.
- In 2008, Ontario’s Auditor General released a report on the P3 scheme at Brampton Civic Hospital. It found that the private financing costs for the scheme alone cost \$200 million more than if the hospital was financed publicly. It further found that the consultants (law firms and consulting companies) were some of the prime beneficiaries of the P3 privatization, taking a whopping \$34 million from the deal. There were hundreds of millions of dollars in “errors” in the documents that were created to justify the P3 privatization. The auditor’s figures did not include all of the higher costs (service privatization, construction, other) bundled together in the deal. All the figures are in dollars from the early 2000s. Just these two reported higher costs alone would have been enough to build a second entire

hospital for Brampton if it were to be built publicly. The bottom line is that the community and Ontarians paid for two hospitals to get one that was too small from the time it opened to serve community need. <https://www.ontariohealthcoalition.ca/index.php/brampton-p3-audit-hundreds-of-millions-of-dollars-in-mistakes-in-brampton-p3-finances/> and <http://www.ontariohealthcoalition.ca/wp-content/uploads/OHC-SUBMISSION-TO-THE-AG-December-8-9-2008.pdf>

- In November 2016, the provincial government announced it would provide funding to finally open up the full capacity of 608 beds at the Brampton Civic Hospital, a decade after the hospital opened. <https://www.bramptonguardian.com/news-story/6967538-a-decade-after-opening-brampton-hospital-gets-full-complement-of-patient-beds/>
- In 2016 the Ontario Auditor General released her report featuring a chapter on large community hospitals. The auditor did surveys and an audit specifically looking at hospitals like (and including) Brampton's. Key findings: (Page references for the 2016 Ontario Auditor General's Report are included here.)
  - The audit team describes a state of severe overcrowding in the hospitals they visited. Patients are waiting on stretchers or gurneys in hallways and other public areas, sometimes for days (page 446).
  - Bed occupancy rates of greater than 85 per cent are unsafe and contribute to infections (beds are too crowded and turnover is too fast). During 2015, 60 per cent of all medicine wards in Ontario's large community hospitals have occupancy rates of greater than 85 per cent (page 431).
  - The Canadian Institute for Health Information reports that Ontario hospital patients have the 2nd highest rate of potentially fatal sepsis infections in Canada (page 431). The Auditor General described the consequences of chronic underfunding and the failure to plan to meet population need for care:
  - 1 in 10 patients requiring admission to hospital are waiting too long in emergency departments. The provincial government's target is 8 hours from triage (90 per cent of patients are supposed to be transferred to a bed within 8 hours). But in the hospitals the audit team visited it took 23 hours for 90 per cent of the patients to be transferred to the ICU and 37 hours for transfers to other acute care wards (page 429).
  - The audit team described a situation across Ontario's large community hospitals in which there are frequent and planned operating room closures. 45 per cent of large hospitals have one or more O/Rs closed due to funding constraints (page 450).
  - There had been no improvement in wait lists for elective surgeries for the 5 years leading into this audit (pages 430-431).
  - 58 per cent of hospitals ran out of money for some types of surgeries and had to defer them to the next fiscal year (page 444).
  - Patients with traumatic brain injury and acute appendicitis are waiting 20 hours or more for emergency surgery (page 430).
  - Wait time targets are not being met for the following types of surgeries: neurosurgery, oral and dental, thoracic, vascular, orthopedic, gynecologic, ophthalmic, cancer (page 451).  
[http://www.auditor.on.ca/en/content/annualreports/arreports/en16/v1\\_308en16.pdf](http://www.auditor.on.ca/en/content/annualreports/arreports/en16/v1_308en16.pdf) and <http://www.ontariohealthcoalition.ca/wp-content/uploads/background-ontario-hospital-bed-shortage.pdf>
- In October 2017 the NDP obtained a memorandum revealing more than 4,300 patients in Brampton stayed on stretchers in hospital corridors and the like for significant lengths of

time, often waiting 40 – 70 hours for a bed as the Brampton Civic hospital grappled with “Code Gridlock” for 65 days in that year. The Ontario Health Coalition warned that the government’s response of a small number of temporary beds was woefully insufficient to deal with the problem. The government said it was taking action by opening temporary beds. Brampton Civic Hospital was allotted 6 of the temporary beds. A month later, it was reported that the province allotted another 31 beds for a total of 37 temporary beds to the hospital.

<https://www.ontariohealthcoalition.ca/index.php/release-thousands-of-patients-lining-hospital-hallways-in-brampton-code-gridlock-just-the-tip-of-the-iceberg/>  
<https://www.inbrampton.com/brampton-civic-is-getting-a-few-more-hospital-beds>  
<https://www.cbc.ca/news/canada/toronto/brampton-civic-hospital-37-beds-tackle-overcrowding-1.4395583>

- In the fall of 2017 then Health Minister Eric Hoskins announced that the provincial government would fund a Phase II development at Peel Memorial including more than 100 inpatient beds (a promise that was made by the province in 2001).  
<http://www.williamoslerhs.ca/about-osler/news-media/media-releases/2017-media-releases/ontario-government-announces-commitment-to-fund-phase-ii-of-peel-memorial>
- In June 2018 it was reported that the hospital and the government would develop timelines for the project. <https://perspective.ca/peel-memorial-centre-hospital-expansion/>
- May/June 2018 Doug Ford promised to “end hallway medicine” as a key plank of his election campaign.
- In March 2019 the Ford government released the Ontario Budget which set Ontario hospital funding for the current fiscal year at less than the rate of hospital inflation and population growth.
- In October 2019 the CBC released updated hospital occupancy data showing that the Brampton Civic Hospital ran at more than 100 percent capacity during the first half of 2019. <https://www.cbc.ca/news/canada/toronto/brampton-civic-etobicoke-general-hallway-health-care-1.5339511>
- In November 2019 it was reported that the Phase II development of the Peel Memorial site is still 5 – 8 years away. <https://thepointer.com/article/2019-11-13/with-new-hospital-years-away-20-million-funded-by-brampton-taxpayers-sits-on-a-shelf>
- In November 2019 the NDP released information obtained through a Freedom of Information request showing that the Peel Memorial Urgent Care Centre was running at 500 percent capacity. <https://www.bramptonguardian.com/news-story/9670889-peel-memorial-and-brampton-civic-hospitals-are-operating-at-over-capacity/>

The declaration of a health emergency passed Wednesday, January 22, 2020 by Brampton City Council includes a clause that calls for 850 hospital beds to be opened in the Phase II development of Peel Memorial to be completed within this government’s mandate.

<https://www.brampton.ca/EN/City-Hall/News/Pages/Media-Release.aspx/692>