

CODE RED:

Ontario's Hospital Cuts Crisis

March 2015

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Mission and Mandate

Our primary goal is to protect and improve our public health care system. We work to honour and strengthen the principles of the Canada Health Act. We are led by our shared commitment to core values of equality, democracy, social inclusion and social justice; and by the five principles of the Act: universality; comprehensiveness; portability; accessibility and public administration. We are a non-partisan public interest activist coalition and network.

To this end, we empower the members of our constituent organizations to become actively engaged in the making of public policy on matters related to our public health care system and healthy communities. We seek to provide to member organizations and the broader public ongoing information about our health care system and its programs and services, and to protect our public health system from threats such as cuts, delisting and privatization. Through public education and support for public debate, we contribute to the maintenance and extension of a system of checks and balances that is essential to good decision-making. We are an extremely collaborative organization, actively working with others to share resources and information.

Who We Are

The Ontario Health Coalition is comprised of a Board of Directors, committees of the Board as approved in the Coalition's annual Action Plan, Local Coalitions, member organizations and individual members. Currently the Ontario Health Coalition represents more than 400 member organizations and a network of Local Health Coalitions and individual members. Our members include: seniors' groups; patients' organizations; unions; nurses and health professionals' organizations; physicians and physician organizations that support the public health system; non-profit community agencies; ethnic and cultural organizations; residents' and family councils; retirees; poverty and equality-seeking groups; women's organizations, and others.

Code Gridlock

Hospitals In Crisis

A significant portion of Ontario's hospitals in larger communities are frequently in "code gridlock" or the equivalent (different hospitals use different terminology). This means the hospitals' beds are full. Surgeries have to be cancelled as there are no beds in which patients can recover. Emergency departments are full and there are stretchers lined in hallways because there are no beds to put patients into. Ambulances have to wait to offload because the emergency departments are backed up. All staff are expected to work feverishly to discharge patients – ever quicker and sicker – however they can.

In a speech in November the President of the Ontario Medical Association noted that his hospital – Kingston General Hospital – was on code gridlock for 18 days in October. By the time he made his speech in mid-November, the hospital had been on code gridlock for 25 days in a row. This, despite the hospital meeting or exceeding provincial benchmarks for so-called "efficiencies" like throughput or length of stay (how fast the hospital pushes patients out).

Yet across Ontario, hospital cuts are not only continuing, they are escalating.

There are many window-dressings used to cover for the cuts. On the one hand, Ministers of Health have claimed that care is being moved to the community. In many cases, care being cut from local hospitals is not transferable to home or community care. Patients face user fees, severe rationing and poor access to care. Many are discharged from hospitals without any care, and many others with woefully inadequate support. Ontario government figures show that home care funding per client is less today than it was in 2002.¹ The lack of resources for home care is exacerbated by the offloading of significantly more complex patients from hospitals whose care needs are higher and require more intensive resources. The bottom line is that home care funding has not kept pace with offloading of hospital patients.

Much has been made of the so-called "Alternate Level of Care" patients. Too frequently, top policy makers mistakenly state that these ALC patients are patients who can be or should be discharged out of hospital. Ontario's current state of overcrowded hospitals is justified by the notion that these patients should not be in hospital. Some policy leaders have recommended that ALC patients be discharged and the beds closed behind them, despite clear evidence that there is not adequate care outside of hospital for a number of these patients and despite the fact that closing the beds will worsen hospital overcrowding and backlogs.

According to the Ontario Hospital Association survey from November 2014:²

- On November 30, 2014 there were 4,165 patients designated acute or post-acute ALC.
- 45% of these patients – or 1,874 – were waiting for long-term care placement.
- Almost 1,000 of these ALC patients were waiting for another type of hospital bed – complex continuing care, rehabilitation, palliative care, convalescent care, mental health or other.

¹ See chart containing MOHLTC data on page 22 in Ontario Health Coalition [The Care We Need: Ontarians Speak Out on the State of Home Care](#) March 2015.

² Report prepared by Access to Care for the Ontario Hospital Association, [Alternate Level of Care](#), November 2014 at <http://www.oha.com/CurrentIssues/Issues/eralc/Documents/ALC%20November%202014%20Report.pdf>

- Approximately 600 were waiting for home care.

About ¼ of ALC patients are actually waiting for a hospital bed. Almost ½ are waiting for long-term care placement but there either are no spaces or their care needs are too great for any of the spaces available. Even if all patients waiting for long-term care placement from ALC were discharged, Ontario would still have too few hospital beds to be safe.

The bottom line is that Ontario's hospitals in virtually every large community are working at levels of overcrowding that are unsafe. Evidence-based studies from Europe have created a body of evidence sufficient for governments across the OECD to regulate hospitals to internationally accepted, safe levels of hospital occupancy. The international consensus is that safe hospital occupancy does not exceed 80 - 85%. Higher levels of crowding than this result in higher rates of hospital-acquired infections and superbugs, bed crises, and a host of other problems.

Ontario's hospital bed and service cuts are too deep. They are depriving patients of access to needed care and resulting in high out-of-pocket costs for Ontarians. According to the most recent data from the Canadian Institute for Health Information, Ontarians have the lowest proportion of our health care publicly funded of any province in Canada. We pay the most out-of-pocket (privately) for care. Despite this, every year for the last seven years there have been more cuts, even though there is no plan to provide needed care for patients, and even though hospital occupancy levels are the highest here of anywhere in the developed world.

Hospital global funding increases have been set below the rate of inflation since at least 2008. Since 2012/13 global hospital budget funding levels have been frozen. In sum, this means that global hospital budgets have been cut in real dollar terms (inflation-adjusted dollars) for 7 years in a row. This is the longest period of hospital cuts in Ontario's history and there is no end in sight.

At the Ontario Health Coalition we have been deeply disturbed at the devastating cuts we are seeing to needed public hospital care all across Ontario.

Under the Canada Health Act, hospital and physician services are to be provided without financial barrier on equal terms and conditions to all Canadians. That means that the cost of illness and injury is to be shared by all Canadians, and care is to be provided through our public taxes so that people are not burdened when they are ill, injured or dying; when they are least able to pay. The fundamental principles of compassion and equity, of which Canadians are rightfully so proud, are embodied in this system of health care for all. The Canada Health Act was passed with unanimous support from all political parties in Parliament.

Provincial governments are expected to uphold the principles of Public Medicare for all, as enshrined in the Canada Health Act.

But when public hospital services are cut, and services are offloaded from public hospitals, services are inequitable, subject to user fees, ad hoc and almost always privatized. Patients are faced with burgeoning user fees and costs that cause hardship and suffering, just when people are least able to bear them.

In Ontario the evidence is all around us that needed hospital care is being slashed. Wait times, for which we had seen real and significant progress across the board in the mid-late first decade of the 2000s, are climbing back up again as the hospital cuts take hold. Rationing of home care is extreme. Long wait lists, numbering tens of thousands of Ontarians, for long-term care placements are causing suffering for families.

The depth and severity of the hospital cuts in Ontario are shocking. The Ontario Health Coalition has tracked the cuts for the last four years. Here is just a sample from recent months:

- In Leamington birthing and maternity services are slated for closure. At top speeds it takes 45 minutes to 1 hour to drive to the nearest hospital in Windsor. In the snow, that time can be doubled or more. There is no question that women will be unsafe having to travel so far while in labour. In addition, the Windsor hospital is full and does not have capacity to take patients from Leamington. The Essex County EMS reported in its 2014 budget report that ambulance offload delays at the Windsor Hospital continues to be a “persistent and significant burden” on EMS.³
- The next closest hospital is in Chatham. It takes an hour in good weather with no traffic to drive to Chatham. Chatham’s hospital has itself recently suffered severe cuts. In 2013, the Chatham hospital announced it was cutting 22 -- equivalent to 7% or 1 in every 14 -- of its remaining hospital beds.
- In fact, the Chatham Hospital itself is also overburdened, with the Chatham-Kent Health Alliance having cut all the remaining complex continuing care beds, endoscopies, and the labs in Wallaceburg’s hospital in 2013. Wallaceburg’s Sydenham hospital campus has been ruthlessly cut for years. It is now down to an emergency department with no lab and five beds.
- In New Liskeard in the late fall, it was made public that the Operating Room was to be closed for 50% of the time, and 18,000 hours of nursing time per year were to be cut. In total, 15 positions equalling 10% or 1 in 10 of the total staff at the hospital were told that they would be cut. A full list of the hospital departments impacted by the cuts was not made public. This community is isolated in northeastern Ontario. There is no viable option for patients seeking surgeries or other hospital care, other than to travel great distances at great cost.
- In Timmins in October, it was announced that the hospital plans to cut 26 of its remaining beds, equalling a cut of 16% of its beds (or one of every six remaining hospital beds to be closed). In addition, the plan is to close outpatient physiotherapy leaving patient to have to pay hundreds or thousands of dollars for needed physio, and to cut 40 staff positions. We do not have a full list of the hospital departments affected by these cuts at this time.
- In North Bay, the mental health rehabilitation unit is closing, including 8 beds. There are no community services to provide the level of care required by these patients. They will end up in the emergency department as a result of the cuts. In addition, more than 56 staff, including our current estimate of more than 50,000 hours of nursing care per year, are being cut, affecting departments across the hospital.
- In Sault Ste. Marie currently planned cuts include 50 hospital beds (20 acute and approx. 30 complex continuing care) and 12,500 hours of nursing care per year, plus approximately 24 Personal Support Workers. These cuts are planned for a hospital that is in “code gridlock” the majority of the time, according to the staff. This claim is supported by a December report to city council in which EMS reports that offload delays have been up to 7 hours while paramedics wait for the hospital to be able to take their patient. In October 2014, offload delays amounted to more than 200 hours of paramedic time.

³ EMS Budget Presentation, February 5, 2014.

- On December 1, all the inpatient beds at the Penetanguishene Hospital, which had been providing French language services in the community for more than 100 years, were closed. This community has had hospitals dating back to the 1600s. Among the cuts to the Georgian Bay General Hospital (amalgamation of Penetanguishene and Midland hospitals) are the closure of 36 complex continuing care, rehabilitation and palliative care beds, amounting to a cut of approximately 30% of the remaining hospital beds cut. The community has twice fought off attempts to close down their cataract surgeries and move them out of the community to Barrie. Both hospitals are running at 100% capacity or close to it. The beds have been cut despite this.
- In December the endoscopy unit was closed at the Charlotte Eagle Englehart Hospital in Petrolia.
- In the fall, the Huron Perth Health Alliance, including hospitals in Stratford, St. Marys, Seaforth and Clinton saw 17 beds cut across all the hospitals. The three smaller hospitals are disproportionately losing acute care services. In Seaforth, half of the remaining acute care beds are being closed. In St. Marys one-third of the acute care beds are being closed.
- A new slew of major cuts are being planned again for Quinte where the Trenton and Picton Hospitals have already seen devastating and disproportionate cuts.

These comprise just a small sampling of the most recently announced cuts. Over the last two years there have been many more:

- In 2013/14 the Scarborough hospital made public its plans to close 20 surgical beds and two operating rooms, cutting thousands of surgeries per year. The rheumatology (arthritis clinic) which saw 2,000 patients per year closed. The hospital planned to cut 200 nurses, health professionals & support staff, equalling more than 345,000 hours of patient care, therapy, and hospital support.
- The Ottawa hospital revealed plans to cut 290 nurses, health professionals and support staff, equalling more than 500,000 hours of patient care, therapy and hospital support per year. The Riverside endoscopy unit was closed and more than 1,600 cataract surgeries per year were slated to be cut.
- Out-patient physiotherapy was closed at the Markham-Stouffville Hospital.
- Major cuts including 20% - or 1 in 5 of – of the beds at the Winchester and District Memorial Hospital were slated to be axed. This is in addition to previous cuts to beds and programs at other hospitals in the south east including hospitals in Renfrew, Perth, Smiths Falls and Arnprior.
- Wingham hospital also faced huge cuts.

In fact, from small and rural communities to our province's largest cities, truly draconian cuts to needed hospital services have been forced upon Ontarians despite overwhelming public opposition. The total lack of population needs-based health care planning must stop. Endless hospital cuts cannot continue.

Disproportionate Cuts

& Entire Closures of Small and Rural Hospitals

For several years, there has been a moratorium on the closure of small and rural hospitals and their emergency departments. This moratorium was broken with the closure of all the inpatient services at the Penetanguishene Hospital in December.

Across Ontario, small and rural hospitals, particularly those amalgamated or allied in the restructuring of the 1990s, have suffered disproportionate cuts and even entire closures.

Amalgamation, which was meant to capture administrative savings and move them to care, has been perverted into a carte blanche for gutting of local hospital services in smaller towns, and even wholesale closures.

In virtually every town, the local hospital has been built and supported for a century. With the renewal of rural hospital closures, many more entire towns hospitals are at risk. Such closures are bitterly damaging to communities.

The implications for the health and safety of rural residents are serious. In every case, there is no capacity at regional larger hospitals to take the patient load from the closed rural hospitals. The crucial “stabilize and transfer” function of these hospitals saves lives in the case of car and farm accidents, serious allergic reactions and many other instances. This should be recognized in policy.

In many cases, municipalities are left to bear the brunt of higher ambulance costs when local services are closed down. Not only does their communities’ access to care suffer – they have to pay more to transport patients further for care. The evidence does not support any contention that highly-specialized centralized care saves money, while it is abundantly clear that these closures violate the priorities and values of Ontarians as well as damaging their access to needed care.

In fact, there is no policy to support the closure of rural hospitals. The government has no mandate to pursue this plan. There is no transportation system, no plan to mitigate increased patient risk, and worsening access to care for everyone. Small and rural hospitals are a critical to the safe and effective functioning of our entire acute care system. The moratorium on small and rural hospital closures should be reinstated and policy developed to restore community hospital services across the province.

Hardest-Hit Area of Ontario

The Closures of Niagara's Hospitals

If there is anywhere in Canada where more public hospitals are being closed down than in Niagara Ontario, the Ontario Health Coalition has not been able to find it. Under previous Health Minister, Deb Matthews, the Ministry of Health approved the closure of 5 entire community hospitals in Niagara to be possibly replaced with one hospital, for which there is not yet any plan and which has not yet been approved, likely a decade or more from now. The planned hospital closures are in the following communities:

- Welland (pop. 50,000)
- Port Colborne (pop. 20,000)
- Fort Erie (pop. 30,000)
- Niagara-on-the-Lake (pop. 15,400)
- Niagara Falls (pop. 50,000)

The entire closure of hospitals in communities of this size is unprecedented and reckless. The first hospital closure, in Niagara-on-the-Lake is slated for the beginning of April. No capacity planning has been done to establish a proper plan to provide hospital care to meet population need across the Niagara peninsula.

According to Ministry of Health data, the Niagara Health System (amalgamation of the hospitals across Niagara) is one of the most overcrowded in the province, running at 102% capacity. While complex continuing care beds are being closed – along with all other inpatient services in Niagara-on-the-Lake by April 1 – the occupancy rate for complex continuing care beds in the Niagara Health System is more than 93%. The plan, according to LHIN documents is to drive up occupancy to an unheard level of 97%, meaning that the hospitals will be in perpetual bed crises.

Transportation is poor across Niagara, and it is extremely difficult to get from Niagara-on-the-Lake to Port Colborne and Fort Erie where the complex continuing beds will be housed until those facilities close. Patients are being shuttled all over the peninsula as services have been centralized and moved out of local towns. Ambulance costs have skyrocketed.

These problems will only worsen under the current plan. There has been no real costing of the restructuring, no proper public consultation, no normal hospital planning and among the very worst cuts in Ontario across the whole Niagara Health System are continuing.

Ontario Hospital Funding Lowest in Canada

Every Other Province Does Better

For the last seven consecutive Ontario budgets, public hospitals have faced real dollar cuts to global budgets. Ontario now funds its hospitals at among the lowest rates in Canada.

The evidence is that real dollar cuts to hospital global budget are not necessitated as a result of overspending. In fact, by every reasonable measure Ontario's funding of public hospitals is low. Hospital funding as a proportion of public health care spending in this province has declined every year since the 1980s. According to Canadian Institute for Health Information statistics in 2014, public hospital funding had declined to 35.5 per cent of total public health care spending.

As shown in the charts that follow, both on a per capita basis, and as a percentage of our provincial GDP, Ontario's public hospital funding is less than virtually all other provinces in Canada. In fact, Ontario and Quebec are neck-and-neck at the bottom of the country in hospital funding per capita.

- 1. Ontario ranks at the bottom of the country in public hospital funding per person, neck-and-neck with Quebec.**

Ontario Hospitals Public Funding	
Per Capita 2014 (in 2014 \$)	
Newfoundland	2,329.86
P.E.I.	1,938.93
Nova Scotia	1,892.15
New Brunswick	1,956.20
Quebec	1,424.15
Ontario	1,424.90
Manitoba	1,814.67
Saskatchewan	1,784.46
Alberta	2,208.77
British Columbia	1,652.42

Source data for hospital spending charts:
Canadian Institute for Health Information
National Health Expenditures Database 2014.

2. Ontario ranks 8th of 10 provinces in hospital funding as a percentage of provincial GDP.

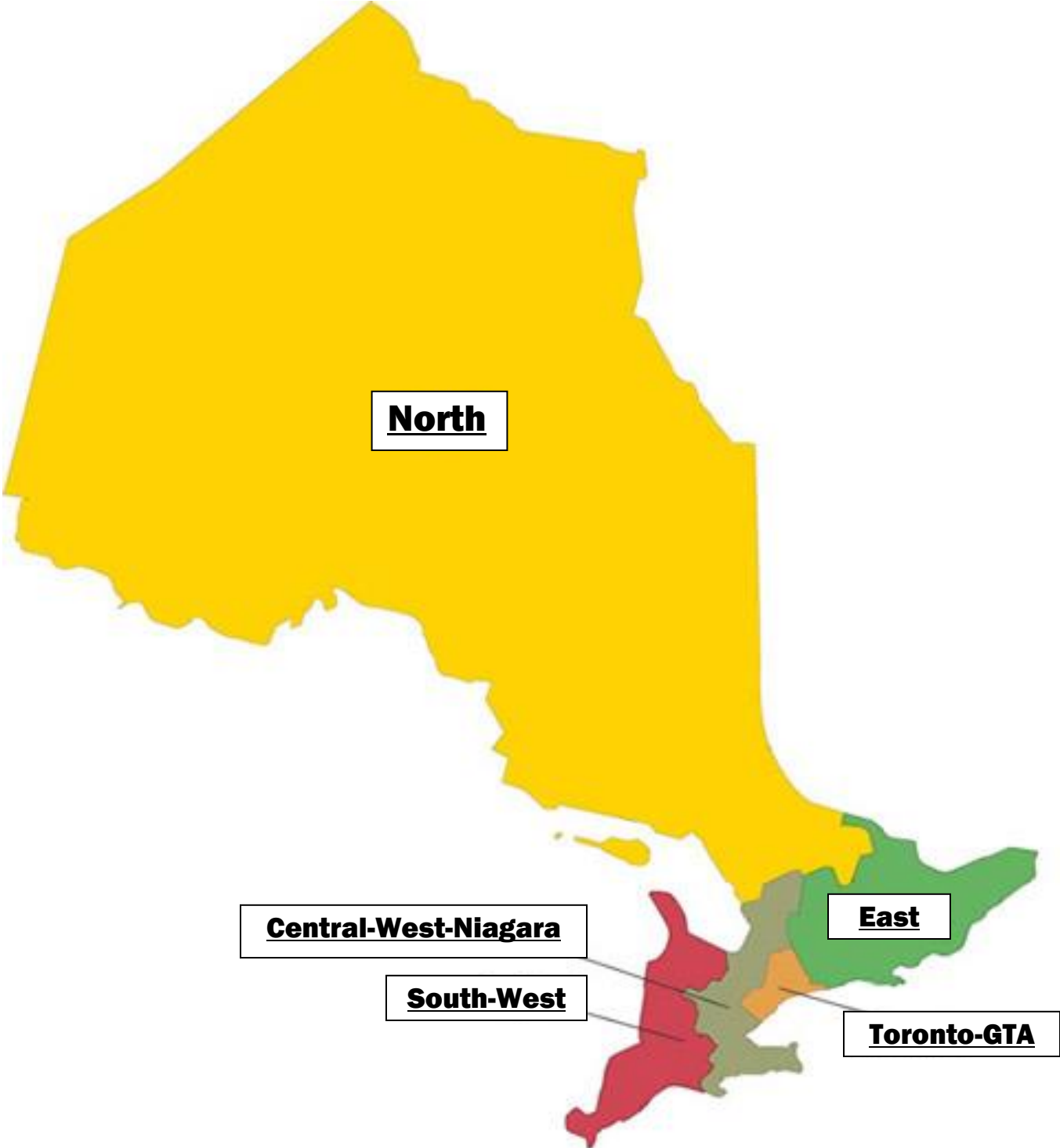
Ontario Hospitals Public Funding As % of Provincial GDP 2014	
Newfoundland	3.24
P.E.I.	4.88
Nova Scotia	4.38
New Brunswick	4.54
Quebec	3.03
Ontario	2.74
Manitoba	3.71
Saskatchewan	2.37
Alberta	2.60
British Columbia	3.24

The Ontario Health Coalition is calling on the provincial government to restore hospital funding to meet population need for care and bring our province's hospital funding into line with the rest of the country.

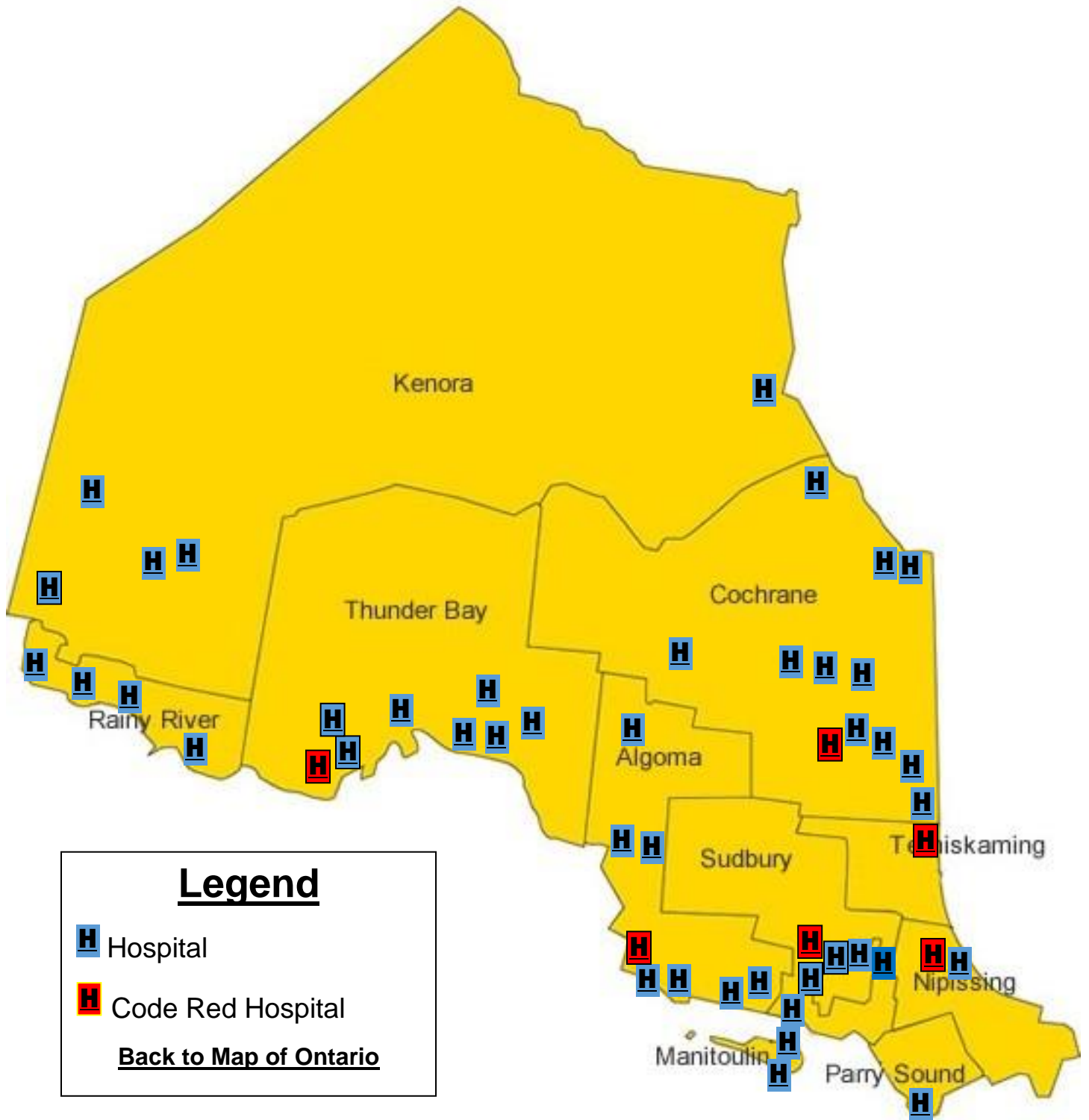
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**List of Hospital Cuts & Closures Across Ontario
2013 - 2015**

Map of Ontario



North



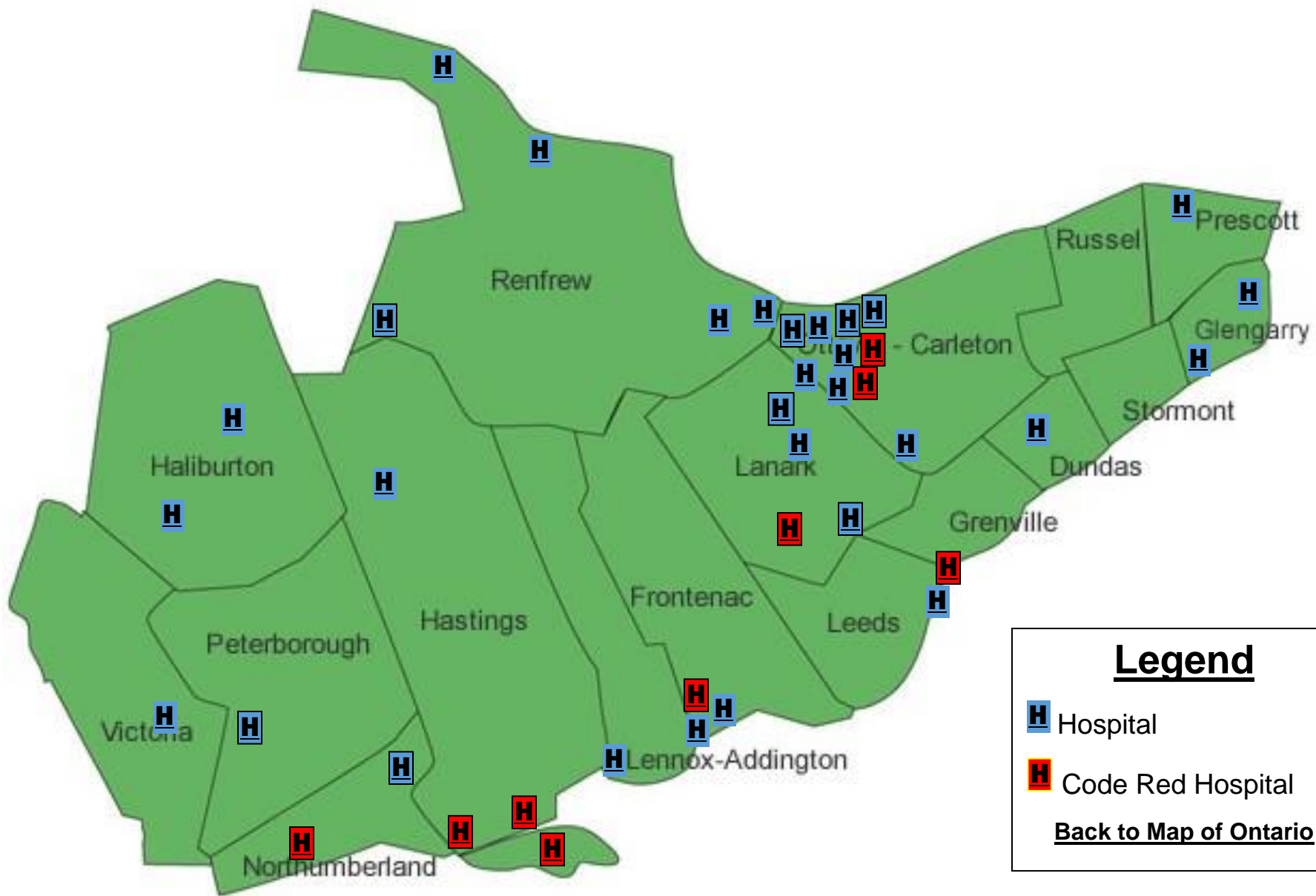
Legend

 Hospital

 Code Red Hospital

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East




Legend

- Hospital
- Code Red Hospital

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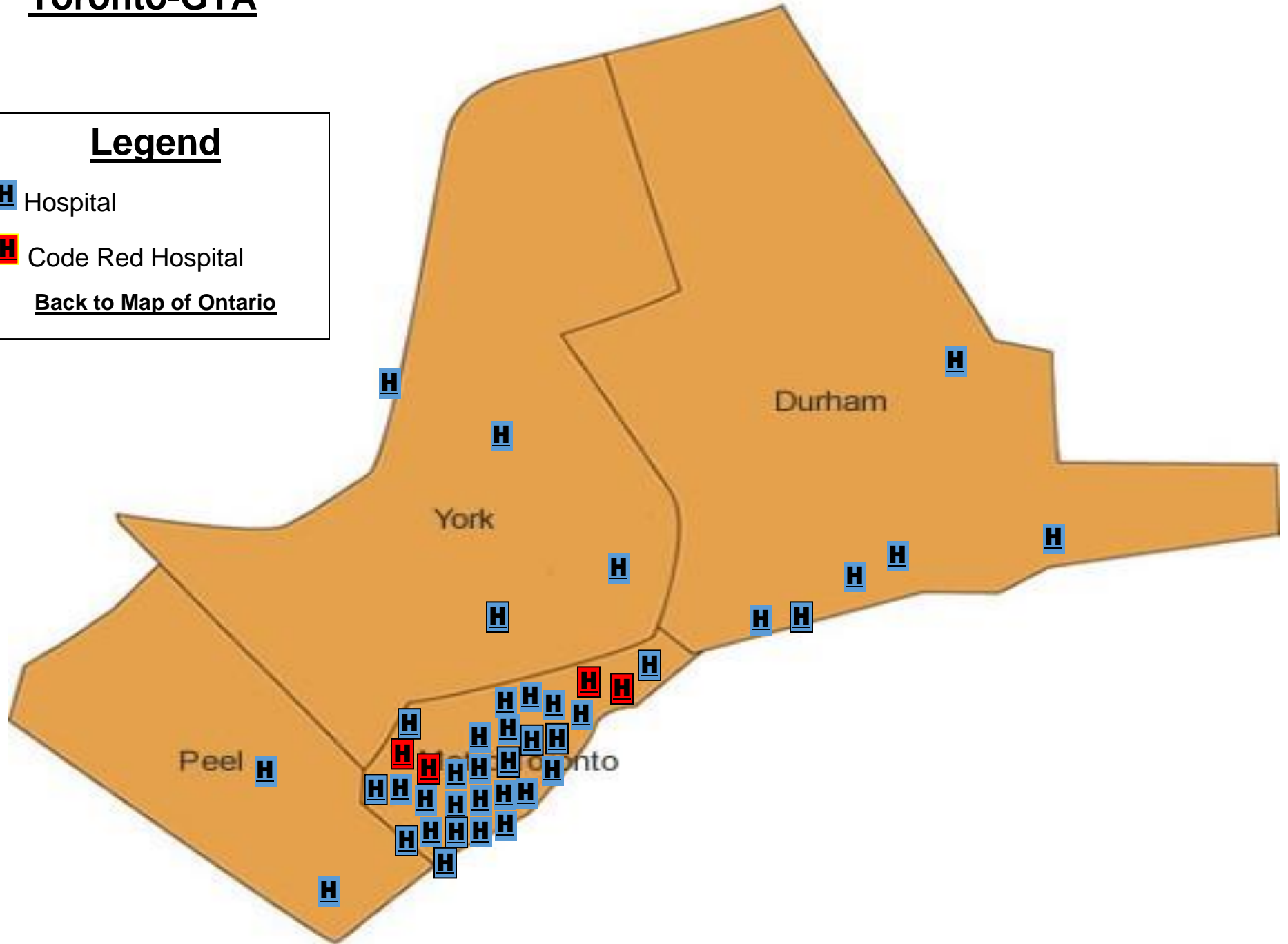
Toronto-GTA

Legend

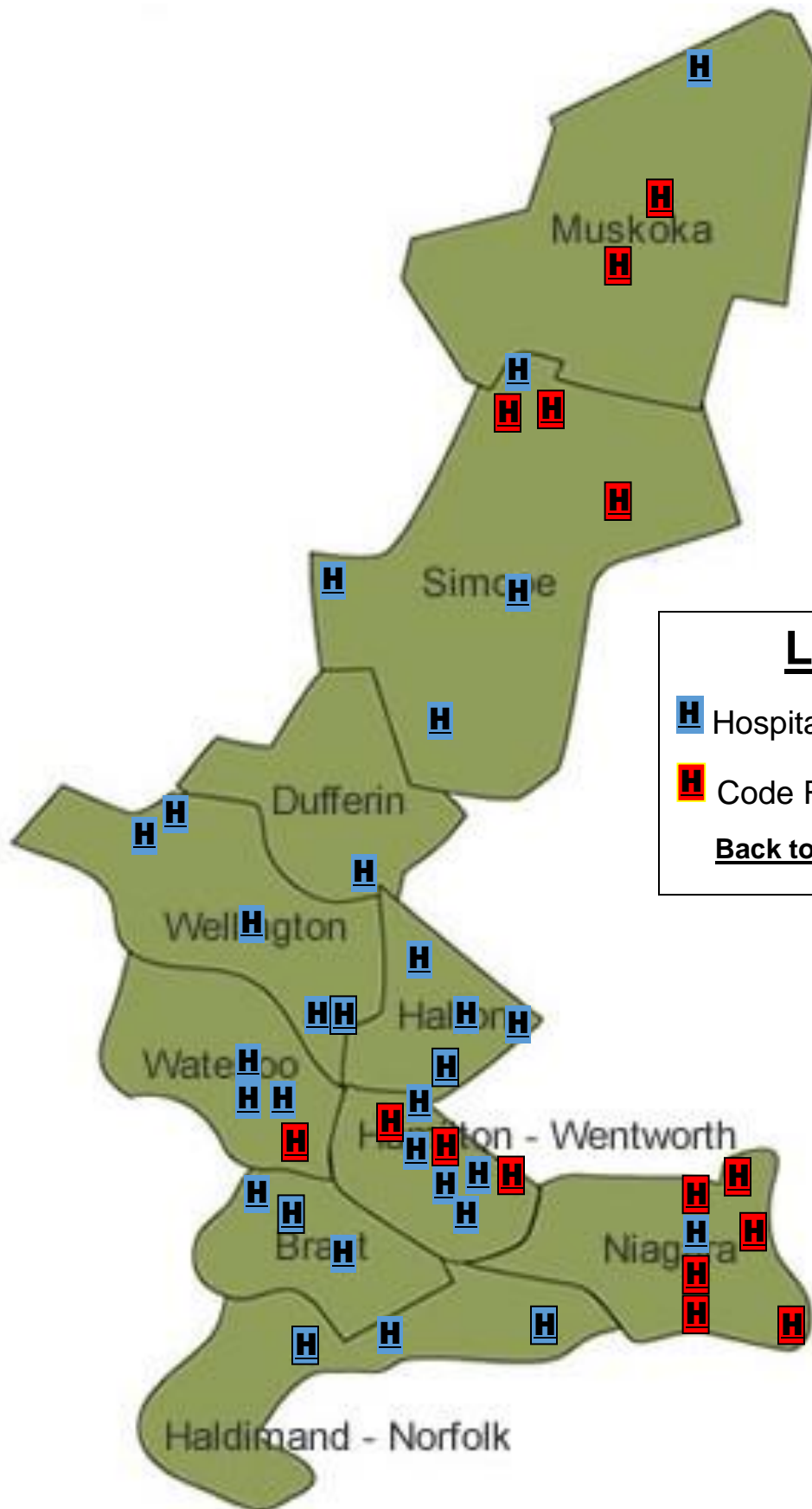
 Hospital

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Central-West-Niagara




Legend

-  Hospital
-  Code Red Hospital

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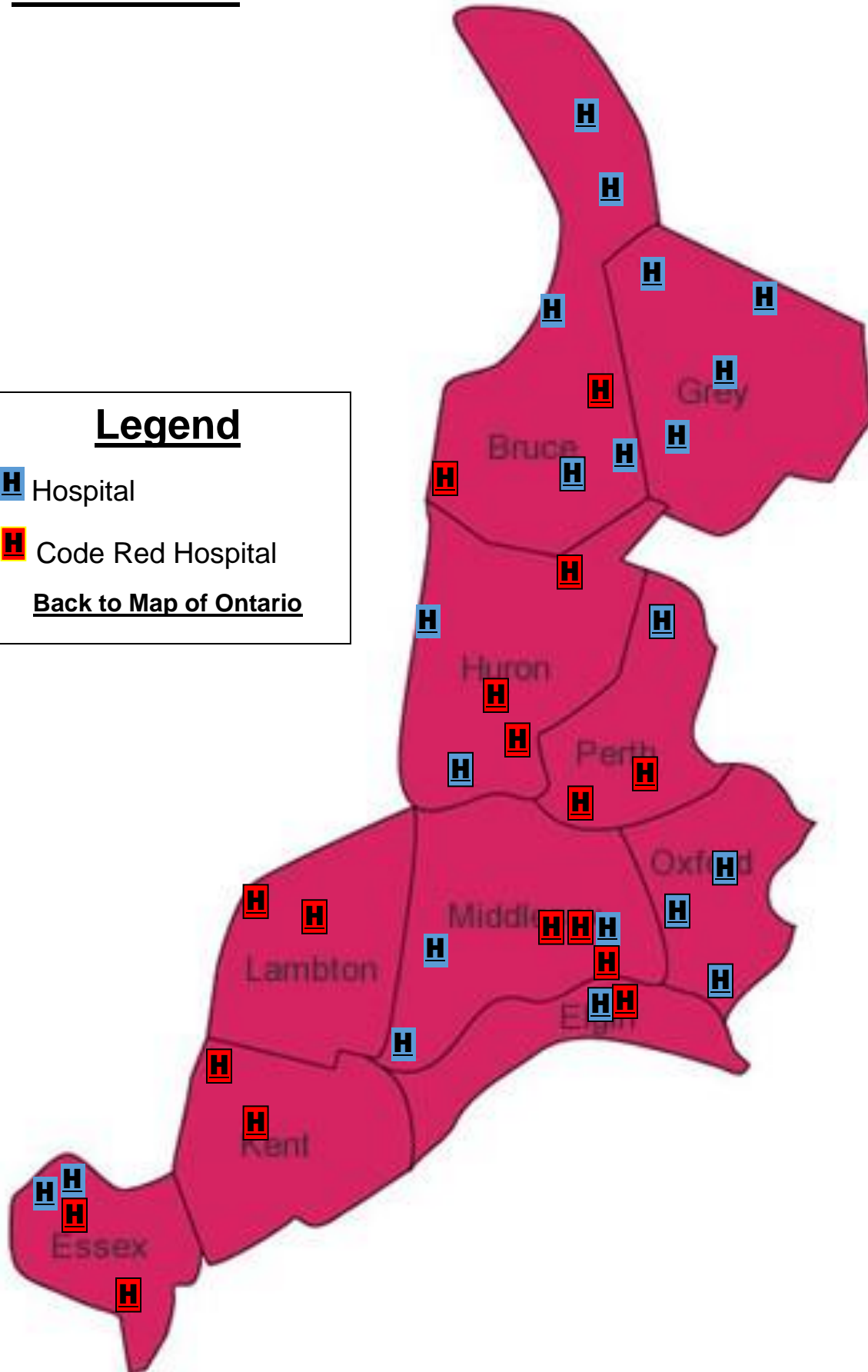
South-West

Legend

 Hospital

 Code Red Hospital

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Health Sciences North

Sudbury

Cuts in 2015

- 4 surgical beds slated for closure.¹ These cuts are on top of years of bed cuts that have increased hospital overcrowding to dangerous levels. Hospital staff report the hospital is running at above full capacity with patients on stretchers in hallways waiting for beds frequently.
- \$5.1 million in cuts will include:
 - 25.7 full-time equivalent nursing positions (54,100 hours of patient care per year.
 - 2.35 full-time equivalent hospital support and clerical positions.
 - 4.5 full-time equivalent health professionals' positions.
 - 6.4 full-time equivalent management positions.²
- The Ontario Nurses Association reports as many as 42 nursing positions are to be cut.³
- The staffing cuts announced to date amount to 87,000 hours of nursing and direct patient care per year. We expect to hear more of the cuts to health professionals' services soon.
- Departments across the hospital slated for cuts so far include: in-patient psychiatry; day surgery; surgery; obstetrics; mental health services; oncology; critical care and the emergency department.

Cuts in 2012

- \$3.5 million deficit.⁴
- 60 beds closed. These were the last beds remaining in the Memorial site. After the bed closures the Memorial site was entirely closed down.
 - 30 beds closed in the Functional Assessment and Outcome Unit at the Sudbury Outpatient Centre (formerly the Memorial site).⁵
 - The remaining 30 beds were slated for closure on January 27, 2013.⁶

Lake-Of-The-Woods District Hospital

Kenora

Cuts in 2015

- Running a deficit of more than \$1.1 million, cuts are looming but they have not been revealed publicly to date.⁷

North Bay Regional Health Centre

North Bay

Cuts in 2015

- \$7 million in cuts slated for this year.⁸
- The Mental Health Rehabilitation Unit is slated for closure.⁹
- Inpatient medical unit planned cuts include 8 beds in surgery and 8 beds in medicine.
- Cuts to departments across the hospital including cleaning, portering, emergency, clinical support, laboratory and pharmacy.
- The hospital is cutting 55-full-time and 20-part-time positions, in addition to 25 non-union jobs already cut.¹⁰
- Since 2011 the hospital has cut 50 – 60 full-time RNs and 94 full-time and 34 part-time hospital support and service workers from departments all across the hospital.
- The current planned staffing cuts to the nursing team mean a loss of 80,000 direct patient care hours per year.

Cuts in 2014

- Hospital cut up to 60 beds to trim \$18 million deficit¹¹ including up to 22 acute care beds and 37 complex continuing care/specialized mental health beds.¹²
- The hospital cut 34 positions.¹³
- The hospital downsized its fleet of vehicles and telecommunications by 50%.¹⁴

Cuts in 2013

- 40 nursing positions were eliminated to counter a \$14 million deficit (equivalent to 80,000 hours of patient care per year).¹⁵
- Cuts affected assessment and rehab units as well as concurrent disorders and forensic units.¹⁶
- Cataract surgeries cancelled for three months.¹⁷

Sault Area Hospital

Sault Ste. Marie

Cuts in 2015

- 56 beds are slated for closure, including 20 in acute care, as well as more than 59,000 nursing and direct patient care hours per year¹⁸ from departments across the hospital including operating rooms, intensive care unit, oncology, surgery, hemodialysis, infection control, patient care coordination, nursing and personal support, and others.
- Cutting 35 full-time and 7 part-time positions in light of a \$10 million shortfall.¹⁹

Cuts in 2012

- Laboratory closed at Matthews Memorial Hospital (St. Joseph's Island), ultimately the lab was privatized.
- De-amalgamated from Sault Ste. Marie and joined Blind River District Health Centre in 2013.

St. Joseph's Care Group

Lakehead Psychiatric Hospital

Thunder Bay

Cuts in 2014

- 28 beds closed in the geriatric unit.²⁰

St. Joseph's Hospital

Thunder Bay

Cuts in 2014

- 11 RPN positions cut.²¹

St. Joseph's Continuing Care Centre of Sudbury

Sudbury

Cuts in 2014

- Cut 2.8 full-time equivalent RPN positions, or 5,600 hours of patient care per year.²²

Temiskaming Hospital

New Liskeard

Cuts in 2015

- 50% of operating room time is being closed.²³
- 10% of the hospital workforce is slated to be cut, of which, 9 were nursing positions (equivalent to 18,000 hours of direct patient care per year).²⁴

Thunder Bay Regional Health Sciences Centre

Thunder Bay

Cuts in 2015

- Facing a deficit of \$6 million.²⁵

Cuts in 2014

- Hospital cut 5.5 full-time nursing positions from the ER Department (or 11,000 hours of patient care per year).²⁶

Timmins and District General Hospital

Timmins

Cuts in 2014

- The hospital is cutting 26 beds and 40 jobs as a result of a \$4.5 million deficit.²⁷

Almonte General Hospital

Almonte

Cuts in 2015

- 5 full-time and 3 part-time nursing positions are being eliminated (equivalent to more than 10,000 hours of patient care per year).²⁸

Brockville General Hospital

Brockville

Cuts in 2015

- Hospital has a \$1.8 million deficit.²⁹
- Maternity unit (birthing) is at risk of closure unless costs are cut.³⁰

Cuts in 2012

- Ran a deficit of \$1.6 million, and projecting a shortfall of \$2.2 million.³¹

Bruyere Continuing Care Inc.

Élisabeth Bruyère Hospital

Ottawa

Cuts in 2012

- Cuts to departments all across the hospital including: palliative care; rehabilitation; cafeteria; laundry.
- The hospital cut 28 jobs to eliminate a \$3.1 million deficit.³²

Campbellford Memorial Hospital

Campbellford

Cuts in 2013

- Projected a deficit of between \$360,000 and \$492,000 and planned staff cuts.³³

Children's Hospital of Eastern Ontario

Ottawa

Cuts in 2015

- The Ontario Nurses' Association reports that departments across the hospital are being cut including: neonatal intensive care unit, pediatric intensive care unit, ambulatory care, in-patient surgical and medical units.

- The hospital announced it will be cutting as many as 50 nursing positions due to a \$6.7 million budget shortfall for 2015-16.³⁴ This is equivalent to 3% of the hospital's workforce and 90,000 hours per year of direct patient care.

Hôpital Montfort

Ottawa

Cuts in 2012

- Reported a 1.2 million shortfall.³⁵

Northumberland Hills Hospital

Cobourg

Cuts in 2014

- The hospital has reduced the ambulatory clinic and operating room hours.³⁶
- Announced the closure of the public cafeteria on weekends.³⁷
- In 2011, the hospital cut up to 26 beds, closed its diabetes education centre and outpatient physiotherapy and occupational therapy, forcing thousands of patients to drive to Peterborough or Ottawa for physiotherapy or find a private clinic in Oshawa, or go without.

The Ottawa Hospital

Ottawa Hospital General Campus

Ottawa

Cuts in 2015

- Hospital announced it was cutting \$26 million, with 35 full-time positions being eliminated in first round of cuts.³⁸
 - 13 full-time vacant positions eliminated.
 - 5.2 full-time equivalents in nursing (or 10,400 hours of patient care per year).
 - 9.1 full-time equivalents in unionized admin/support.
 - 4.2 full-time equivalents in other health professionals.
 - 3.2 full-time equivalents in non-unionized admin.³⁹

Cuts in 2013

- Hospital was facing a shortfall of \$31 million.⁴⁰
- Closed the endoscopy clinic⁴¹ at the Riverside site. Some of these services were privatized to for-profit clinics.
- Almost 4,000 cataract surgeries per year cut from the Riverside & General sites.
- Cafeteria services cut.

- The hospital cut 290 full-time nurses, health professionals and support staff. This equals a cut of more than 500,000 hours of patient care, therapy and hospital support.
- Staff cuts include 90 nursing positions, 100 in administration, and another 100 include physiotherapists, psychologists and social workers.⁴²
- The Ottawa Hospital is regularly over 100% capacity (all beds full). In February 2013, just prior to the cuts, the hospital was dangerously overcrowded, running at 120% capacity.

Cuts in 2012

- 16 beds were closed as the hospital looked to save \$23 million.⁴³
- 1,600 cataract surgeries per year cut from both sites.⁴⁴
- Cut 96 jobs, including 66 support staff, 4 nursing jobs and 24 therapist/technologist positions.⁴⁵

Perth and Smiths Falls District Hospital

Perth & Smiths Falls

Cuts in 2013

- The hospital cut 6 beds (equivalent to 12 percent of the hospital's beds) to address a \$4 million deficit.⁴⁶
- Departments all across the hospital faced cuts; including diagnostic imaging, emergency department, dietary, medical/surgical, health records, rehabilitation, cleaning, pharmacy, other hospital support.
- Day hospital cut from 5 to 3 days per week.
- Pulmonary rehabilitation program eliminated.
- Cataract, hip & knee surgeries reduced.
- Sexual assault & domestic violence program also faced cuts.

Peterborough Regional Health Centre

Peterborough

Cuts in 2012

- Hospital announced it had accumulated \$90 million in capital debt.⁴⁷

Providence Healthcare

Kingston

Cuts in 2014

- Cuts across hospital departments including nursing, house-keeping & food service departments.
- Planned cuts included: 80-90 F/T & P/T jobs in spring.⁴⁸

Cuts in 2013

- Cut 60 F/T jobs in Clinical and Support Service areas.⁴⁹
- Cut inpatient wards to 120 beds⁵⁰ with further cuts coming; target was 104 beds by spring 2014.

Queensway-Carleton Hospital

Queensway-Carleton Hospital

Ottawa

Cuts in 2012

- Faced a budget shortfall of over \$2 million.⁵¹

Quinte Healthcare Corporation

Cuts in 2015

- Across all sites, plans are underway to cut 86 staff positions – mainly registered nurses.⁵²
- 88,000 hours per year of nursing care will be lost.

Cuts in 2013

- Quinte faced a \$15 million shortfall.⁵³
- Cut 11 inpatient beds and closed outpatient services, including physiotherapy.⁵⁴

Prince Edward County Memorial Hospital (site)

Picton

Cuts in 2013

- Cut 9 beds, and closed remaining obstetrics and endoscopy programs.⁵⁵

Trenton Memorial Hospital

Trenton

Cuts in 2013

- Cut five inpatient beds, and eliminated the laboratory and outpatient physiotherapy.⁵⁶

St. Francis Memorial Hospital

Barry's Bay

Cuts in 2015

- ONA reports that St. Francis Memorial has been plagued with cuts, and that any more cuts would be absolutely devastating.⁵⁷

Centre For Addiction And Mental Health – CAMH

Toronto

Cuts in 2012

- CAMH to eliminate physiotherapy services.⁵⁸

Holland Bloorview Kids Rehabilitation Hospital

Toronto

Cuts in 2010

- The hospital posted a \$1.1 million deficit in spring.⁵⁹

Humber River Regional Hospital

Humber River Regional Hospital – Church St. site

Toronto

Cuts in 2015

- Hospital scheduled to close upon the opening of the new Humber River Regional Hospital site.⁶⁰ Services to be closed at this site include emergency, geriatric and mental health services.⁶¹ As Humber Memorial Hospital (prior to amalgamation with Humber River) the capacity was reported at 270 beds.⁶²

Humber River Regional Hospital - Keele St. site Toronto

Cuts in 2015

- Hospital scheduled to close upon the opening of the new Humber River Regional Hospital site.⁶³ This closure includes 50 beds offering psychiatric and acute mental health services.⁶⁴

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Humber River Regional Hospital – Jane & Finch site

Cuts in 2015

- All remaining inpatient services to be closed. This site is supposed to be converted to an ambulatory care centre (outpatient services only) when the new hospital opens. However, plans have not been completed, even though we are 200 days away from the new hospitals' opening. Community members are concerned that this site will also be closed.

MacKenzie Richmond Hill Hospital

Richmond Hill

Cuts in 2012

- Reduced services in outpatient mental health program.⁶⁵

Ontario Shores Centre for Mental Health Sciences Whitby

Cuts in 2015

- Planned another 12 bed cuts in Psychiatric Rehab B inpatient unit.⁶⁶

Cuts in 2014

- 13 beds cut in Psychiatric Rehab B inpatient unit.⁶⁷

Cuts in 2013

- 47 positions cut.⁶⁸
 - 31 Full time.
 - 16 Part time.
- Decreased hours at dental clinic (from 4 days/week to 2 days/week).

Cuts in 2010

- 52 positions cut.⁶⁹
 - Replaced 14 personal care aides on forensic unit with less registered staff.⁷⁰

Rouge Valley Health System

Rouge Valley Centenary Hospital

Toronto

Cuts in 2013

- Cut all cataract surgery services.
 - Patients now must travel to private clinics, The Scarborough Hospital or Lakeridge Health Bowmanville.⁷¹

St. Joseph's Health Centre

Toronto

Cuts in 2012

- Closed the after-hours, pain, cardiac rehabilitation and audiology clinics.⁷²

The Scarborough Hospital

The Scarborough General Hospital
Including Birchmount Campus

Toronto

Cuts in 2013

- Closed 2 operating rooms and 20 surgical beds.⁷³
- The arthritis clinic was closed in June, forcing thousands of patients searching for care.
- Departments all across the hospital were cut, from maternity to geriatrics, labs, surgery, medicine, physiotherapy, cardiology and more.
- Cut all overnight surgeries at the Birchmount Campus.⁷⁴
- Approx. 200 staff positions cut, including nurses, health professionals and support staff.⁷⁵ This is equivalent to 345,000 hours of nursing, therapies and support services.
- The hospital attempted to close birthing, maternal and child care, and pediatrics at one campus⁷⁶ but was stopped by community protest.
- Proposed centralization of chronic kidney disease and dialysis clinics to the Scarborough General site.⁷⁷
- Hospital had \$17 million budget shortfall.^{78 79}

Cuts in 2012

- Cut 85 unionized staff positions, including 60 nurses in February.⁸⁰

Toronto East General Hospital

Toronto

Cuts in 2012

- Toronto East General closed its physiotherapy clinics.⁸¹

Trillium Health Partners

Mississauga Hospital

Mississauga

Cuts in 2013

- Trillium Health Partners closed 30 beds and laid off 100 employees.⁸²

University Health Network

Toronto Rehabilitation Institute

Toronto

Cuts in 2012

- Hospital posted a deficit of just under \$1 million.⁸³

William Osler Health System

Etobicoke General Hospital

Toronto

Cuts in 2013

- Hospital cut 20 positions.⁸⁴

Brant Community Healthcare

Brantford General Hospital

Brantford

Cuts in 2012

- Hospital cut 18 full-time RNs.⁸⁵
- The Complex Care Integrated Program reduced RN hours by 75%.⁸⁶

Cambridge Memorial Hospital

Cambridge

Cuts in 2015

- Cuts are planned to medical, surgical and rehabilitation departments.
- Cuts include 19 RNs and 14 RPNs.⁸⁷ This is equivalent to 66,000 direct patient care hours per year.

Georgian Bay General Hospital

Georgian Bay General Hospital - Midland

Midland

Cuts in 2015

- Hospital reported they are \$12 million in debt, and running a \$1.3 million deficit.⁸⁸

GBGH - Penetanguishene

Penetanguishene

Cuts in 2015

- The hospital was closed on December 1, 2015. This is one of the oldest communities in Ontario and has had a hospital for hundreds of years, until all in-patient services were closed in December.
- With the closure, the hospital cut 36 complex continuing care, rehab and palliative care beds.

Guelph General Hospital

Guelph

Cuts in 2015

- Plan to cut 15 PSW positions.⁸⁹

Haldimand War Memorial Hospital

Dunnville

Cuts in 2014

- The hospital cut outpatient physiotherapy and privatized the cafeteria.

Hamilton Health Sciences

Hamilton General Hospital

Hamilton

Cuts in 2013

- All hospital departments were cut by 2 per cent. The \$25 million cut impacted 140 jobs.
 - \$1 million in service cuts to operating rooms, the West-End Urgent Care Center and musculoskeletal outpatient physiotherapy.
 - \$2.9 million shaved from administration and support.
 - \$0.8 million from pharmacy, lab and allied health, including reducing social work hours.
 - \$0.1 million in amalgamating services such as the library.
 - \$1.8 million in finding ways to generate more revenue in services such as retail pharmacy.⁹⁰

Cuts in 2012

- Cut \$15 million, amounting to a total of \$104 million in cuts since 2007.⁹¹

West Lincoln Memorial Hospital

Grimsby

Cuts in 2012

- Cancelled a \$136 million redevelopment project.⁹² This put the future of the hospital in doubt as the hospital was mainly built in the 1940s. It has since amalgamated with the Hamilton Hospitals and plans are underway to convert this hospital to a site that has many fewer services and is no longer a community hospital. Specific plans have not been released, though a consultation document in 2013 raised deep concerns about the planned cuts.

Joseph Brant Hospital

Burlington

Cuts in 2012

- Cut budget by \$2.2 million.⁹³

Muskoka Algonquin Healthcare

The hospital is considering planning options which include entire closure or conversion to ambulatory care only (outpatient services only) for one of the two remaining sites. The hospital already closed the Burk's Falls site in 2009. There are no hospitals between Huntsville and North Bay anymore.

Huntsville District Memorial Hospital

Huntsville

Cuts in 2015

Hospital considering the removal of some acute care services.⁹⁴

South Muskoka Memorial Hospital

Bracebridge

Cuts in 2015

Hospital considering the removal of some acute care services.⁹⁵

Cuts in 2012

- Hospital facing a \$4.1 million deficit⁹⁶
- Cutting \$803,000 due to a provincial funding cut of \$423,000.⁹⁷
- Running a capital deficit of \$10 million.⁹⁸

Niagara Health System

Douglas Memorial Hospital

Fort Erie

Cuts in 2014

- The Minister of Health approved a plan to close this hospital entirely. This despite the fact that current occupancy levels for complex continuing care beds across the Niagara Health System are over 93% (overcrowding levels that are unsafe). The date for the closure is not set.

Cuts in 2013

- Emergency departments and operating rooms closed.⁹⁹ This, after years of devastating cuts.

Greater Niagara General Hospital

Niagara Falls

Cuts in 2014

- The Minister of Health approved a plan to close this hospital entirely. This despite the fact that current occupancy levels for acute care beds across the Niagara Health System are over 102% (overcrowding levels that are unsafe). The date for the closure is not set.

Cuts in 2013

- Operating rooms in Niagara Falls shut down for six weeks to cut budget deficit.¹⁰⁰
- Maternity and child-inpatient care wards closed in spring.¹⁰¹
- NHS reporting a \$13 million deficit.
- Parking fees at all NHS sites have increased.¹⁰²
- Nurse and staffing positions eliminated despite shortages across the NHS.¹⁰³
- Niagara Falls site recommended for closure to consolidate in St. Catharines.¹⁰⁴

Niagara-On-The-Lake Hospital

Niagara-On-The-Lake

Cuts in 2015

- The NHS has announced that they will be closing all 22 hospital beds¹⁰⁵ and all inpatient services slated to be closed down by April 1.
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Cuts in 2014

- The Minister of Health approved a plan to close this hospital entirely. See notes on unsafe levels of hospital overcrowding above.

Port Colborne General Hospital

Port Colborne

Cuts in 2014

- The Minister of Health approved a plan to close this hospital entirely. This despite the fact that current occupancy levels for complex continuing care beds across the Niagara Health System are over 93% (overcrowding levels that are unsafe). The date for the closure is not set.

Cuts in 2013

- Emergency departments and operating rooms closed.¹⁰⁶ This, after years of devastating cuts.

St. Catharines Hospital

St. Catharines

Cuts in 2013

- Operating rooms shut down for six weeks¹⁰⁷.

Welland County General Hospital

Welland

Cuts in 2013

- Maternity and child-inpatient care wards closed in spring¹⁰⁸

Cuts in 2012

- Welland site recommended for closure to consolidate in St. Catherine's.¹⁰⁹
- Operating rooms shut down for six weeks.¹¹⁰
- Slated to lose in-patient mental health services, children's health, maternity services and in-patient women's health services.¹¹¹

Norfolk General Hospital

Simcoe

Cuts in 2013

- The hospital projected a \$1.3 million shortfall, and the CEO reports there are few options available for cuts.¹¹²

Orillia Soldiers' Memorial Hospital

Orillia

Cuts in 2012

- 5 surgical beds & 2 pediatric beds closed.¹¹³
- The hospital projected a deficit of \$1.3 million.¹¹⁴

St. Joseph's Health System

Hamilton

Cuts in 2015

- The hospital is looking to cut approx. \$10 million by March 31, 2015.

Cuts in 2014

- 58 RN positions cut (52 full-time equivalents). This means 104,000 hours of RN care cut.

Cuts in 2012

- St. Joseph's Hamilton was looking to cut \$7.5 million.¹¹⁵

Alexandra Hospital

Ingersoll

Cuts in 2014

- Hospital closed outpatient lab.¹¹⁶
- Hospital cut 9 CCC beds.¹¹⁷
- LHIN recommended relocating 13 CCC beds to London.¹¹⁸

Bluewater Health

Charlotte Eleanor Englehart Hospital

Petrolia

Cuts in 2014

- Endoscopy Unit closed.

Sarnia General Hospital

Sarnia

Cuts in 2015

- Cut 33 nursing positions in efforts to resolve a \$6 million shortfall.
- ONA reported that they were told the number of cuts is actually 39 positions.¹¹⁹

Cuts in 2013

- Bluewater announced cuts of \$5 million¹²⁰ mainly to intensive care and cardiac care.
- Proposed staff cuts and a merger of their 16-bed intensive care unit and 8 eight bed cardiac care unit, potentially reducing staffing ratios from 1:3 nurses to patients to 1:5 nurses to patients.¹²¹

Cuts in 2012

- Bluewater reported a \$1 million deficit.¹²²

Chatham-Kent Health Alliance

Chatham-Kent Health Alliance

Chatham

Cuts in 2013

- Hospital reported it will end the fiscal year (2012-13) with a \$1.5 million deficit.¹²³

Cuts in 2012

- Closed 22 beds and cut 23.5 full-time equivalent staff as a result of deficit of \$2.6 million for the 2013-2014 fiscal year. The cuts include 7 medical beds, 2 surgical beds, 3 pediatric beds.¹²⁴
- Cut 2.8 full-time equivalent technicians, and converted to point-of-care devices for the testing lab (cut lab technologists).¹²⁵

Sydenham District Hospital

Wallaceburg

Cuts in 2012

- The hospital closed the remaining 10 complex continuing care beds and the laboratory. With this, the entire complex continuing care unit was closed. At the time, the hospital promised to offset these cuts by adding beds at the Chatham-Kent site, but this never materialized.
- The hospital has been gutted by cuts over recent years. It is left with 5 beds and an emergency department only.

Huron Perth Healthcare Alliance

There are serious cuts to beds and care across the HPHA. In 2014, the hospital cut 11 acute care beds and 6 chronic care beds across the alliance. This amounts to a cut of 9% of the remaining hospital beds.

Clinton Public Hospital

Clinton

Cuts in 2015

- OB services closed. Patients now have to travel to Stratford to access this care.¹²⁶

Cuts in 2014

- 3 complex continuing care and 2 medical beds cut.

Seaforth Community Hospital

Seaforth

Cuts in 2014

- The HPHA has realigned services to focus this hospital on rehabilitation and has removed most of its other community hospital role. Patients have to travel to Stratford or other towns to access many hospital services.
- The HPHA cut 50% of the remaining medical beds. The hospital only has 4 medical beds left. They also cut approx. 30% of the remaining complex continuing care beds, leaving only 7 left.
- The HPHA opened 9 rehab beds.
- LHIN recommended relocating 5 CCC beds to London.¹²⁷

St. Marys Memorial Hospital

St. Marys

Cuts in 2014

- Cuts to the Emergency Services at St. Marys have been threatened since 2010 when the local community successfully fought off a plan to close the emergency department at night.¹²⁸
- Despite this, the HPHA cut intake staff from the emergency department overnight without notifying the community in late 2014-early 2015. When patients enter the hospital emergency department at night, they have to phone to reach reception at another site.
- One-third of the remaining medical beds were closed.
- Five complex continuing care beds were opened.

Stratford General Hospital

Stratford

Cuts in 2014

- Cut 9 rehabilitation beds, 13 complex-continuing care beds, 3 surgical beds and 3 medical beds.¹²⁹

Leamington District Memorial Hospital

Leamington

Cuts in 2015

- Proposal to close the maternity unit currently being reviewed by the Minister of Health.¹³⁰

Cuts in 2014

- 16 RNs, 9 RPNs, and 12 PSWs cut. This amounts to approximately 50,000 hours of nursing team care per year.

Listowel Wingham Hospitals Alliance

Listowel Memorial Hospital

Listowel

Cuts in 2014

- LHIN recommended relocating 17 CCC beds to London.¹³¹

Wingham And District Hospital

Wingham

Cuts in 2014

- LHIN recommended relocating 10 CCC beds to London.¹³²
- Hospital is running a \$726,000 deficit and announced cuts of 46 full-time equivalent staff from departments across the hospital.
- This is a huge cut for such a small hospital. According to CUPE, it is the largest percentage cut of staff in Ontario.

London Health Sciences Centre

London Health Sciences Centre has to find \$26 million in cuts. They are planning to cut 97 full time positions across hospital departments. No details about which departments are being cut have been publicly released.¹³³

University Hospital

London

Cuts in 2014

- Cut \$37 million from budget, including 52,000 nursing hours and 80,000 hours of cleaning.¹³⁴

Cuts in 2012

- Reported a \$47 million shortfall, which resulted in cuts of \$30 million.¹³⁵
- Cuts include \$18 million in “non-critical” areas.¹³⁶

South Bruce Grey Health Centre

Chesley and District Site

Chesley

Cuts in 2015

- The South Bruce Grey Health Centre has decided to close the restorative care unit at the Chesley and District site¹³⁷ in May 2015.

Kincardine Site

Kincardine

Cuts in 2012

- Redevelopment of site was cancelled, despite the fact that it had previously been approved.¹³⁸ Future of the hospital is uncertain.

Walkerton Site

Walkerton

Cuts in 2013

- Cut 3 administrative positions.
- Cut \$150,000 to address a projected deficit of \$250,000.

South Huron Hospital

Exeter

Cuts in 2014

- LHIN recommended relocating 3 CCC beds to London.¹³⁹

St. Joseph's Health Care London

St. Joseph's Hospital

London

Cuts in 2014

- Nearly \$11 million cut to balance the budget.
- Cuts impacted every department of the hospital. 32 full time positions cut. In addition 14 full time positions laid off.¹⁴⁰

Cuts in 2013

- SJHCL cut 59 jobs as part of its efforts to cut \$6.4 million this year. Cuts resulted in 37 layoffs.
 - Cuts included 30 jobs at St. Joseph's Hospital.
 - Cuts also included 4 administrative positions, and a 15% reduction of medical imaging hours¹⁴¹

Parkwood Institute

London

Cuts in 2013

- SJHCL cut 59 jobs as part of its efforts to cut \$6.4 million this year. Cuts resulted in 37 layoffs.

- Cuts included 9 jobs at Parkwood Hospital, and 7 at Regional Mental health London, which are now the Parkwood Institute.¹⁴²
- Cut 30 beds in the Veterans Care program¹⁴³

Cuts in 2010

- Cut 36 beds in the Veterans Care program¹⁴⁴

Southwest Centre for Forensic Mental Health Care St. Thomas

Cuts in 2013

- SJHCL cut 59 jobs as part of its efforts to cut \$6.4 million this year. Cuts resulted in 37 layoffs.
 - Cuts included 9 jobs in St. Thomas.¹⁴⁵

St. Thomas Elgin General Hospital

St. Thomas

Cuts in 2014

- LHIN recommended relocating 28 CCC beds to London.¹⁴⁶

Tillsonburg District Memorial Hospital

Tillsonburg

Cuts in 2014

- Cutting 6 CCC beds¹⁴⁷
- LHIN recommended relocating 14 CCC beds to London.¹⁴⁸

Windsor Regional Hospital

Windsor Regional Hospital – Metropolitan Campus Windsor

Cuts in 2013

- Cut 34 RN positions, including 24 full-time and 10 part-time (or more than 68,000 hours of patient care per year)¹⁴⁹
- Cut 30 acute-care beds¹⁵⁰
- Faced a shortfall of \$4.2 million¹⁵¹
- 9 jobs eliminated when Acute Injuries Rehabilitation and Evaluation Centre closed¹⁵²

Cuts in 2012

- Projected budget shortfall of \$4.4 million threatens cuts and closures to outpatient services¹⁵³

Woodstock General Hospital

Woodstock

Cuts in 2014

- LHIN recommended relocating 23 CCC beds to London.¹⁵⁴

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