No Vacancy:
Hospital Overcrowding in Ontario, Impact on Patient Safety and Access to Care

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Ontario Health Coalition

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.

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.

Ontario Health Coalition
15 Gervais Drive, Suite 305
Toronto, Ontario M3C 1Y8
Tel: 416-441-2502
Email: ohc@sympatico.ca
www.ontariohealthcoalition.ca

Introduction

Ontario has not conducted a hospital bed study to measure population need and assess how many hospital beds should be planned for more than fifteen years. To the extent that data is being used in planning at all, the numbers that are being used are two decades out of date. Instead of using an evidence-based planning approach, Ontario's health policy has centred on constraining hospital budgets, cutting services and reducing patient length of stay. As a result, using comparisons with other jurisdictions and by looking at the data on occupancy levels and the known adverse effects of overcrowding (such as backlogged emergency rooms and cancelled surgeries), it is clear that Ontario is suffering from a shortage of hospital beds and services that is negatively affecting patients' access to care and safety.

In fact, Ontario has the highest hospital occupancy rates of industrialized countries. Within Canada, Ontario has the fewest hospital beds per capita of all the provinces and is significantly below both the Canadian national average and the OECD average. While care has indeed shifted to other venues including home care and long term care homes, lengthy wait lists in these sectors, combined with Ontario's extraordinarily high hospital occupancy rate, point to a serious problem of hospital overcrowding and a shortage of hospital beds. Much of the focus of media and policy attention has been on "Alternate Level of Care" patients. But, even taking into account the beds occupied by patients who could be moved into other settings, Ontario still has fewer hospital beds than comparable jurisdictions.

The consequences of hospital overcrowding are serious and warrant public attention. Poor access to care, including emergency department backlogs, cancelled surgeries, and patients on stretchers in hallways, are reported in most large- and medium- sized hospitals all across the province. Patients are increasingly subject to coercive tactics to move them out of hospital to settings not of their choosing, sometimes far away from their home communities. Quality of care is impacted, including inadequate staffing ratios in overcrowded emergency departments and outbreaks of hospital-acquired infections.

Failure to Plan

In the 1990s, the Ontario's Health Services Restructuring Commission (HSRC) evaluated the number of hospitals and hospital beds and made proposals for dramatic cuts, amalgamations and closures. While many, including the Ontario Health Coalition, disagreed with the HSRC's bed targets, the process was open, the basis for decisions was evident, and there was opportunity for public debate.

In addition, until they were disbanded in 2005, District Health Councils assessed population demographics to establish projected community need for services, and wrote proposals for building hospital bed capacity to meet those needs. Dozens of reports were generated, and the Ministry of Health based its planning on openly-available documents and evidence.

Since the 1990s, there has been no systematic evaluation or planning for hospital bed capacity in Ontario. In the early 2000s, the government restored some hospital bed capacity, opening several thousand beds. But by 2006, acute and chronic (complex continuing care) bed closures had resumed and Ontario's hospital bed total had regressed to a new low, below the 1999 level. From 1990 - 2010, Ontario had closed more than 18,500 hospital beds.

In 2006 the government created the Local Health Integration Networks (LHINs). The LHINs are not required by mandate to measure and plan to meet population need for health care services despite this being the primary goal of our health system. With the abandonment of this core planning principle, planning for hospital services based on an objective evaluation of community need for services has been discarded.

LHIN service planning and hospital planning are theoretically forged around central planning targets set by the Ministry of Health. However, the Ministry's 10-year plan for the health system is a secret document[1] and it is impossible to assess whether any hospital bed targets exist, nor to determine their appropriateness. In reality, hospital bed levels are currently determined primarily by arbitrary budget targets set by the central Ministry. The Ministry of Health, through its appointed LHINs -- has routinely approved hospital service cuts across Ontario regardless of community need.

The shift of care outside hospitals to home care and long term care homes has not offset these hospital cuts. Community Care Access Centres, which govern the home care system are also led by arbitrary budget targets. There is no requirement for CCACs to measure and meet population need for home care services, and, according to Ontario's Auditor General, there is no consistent approach to determining which patients get onto wait lists for home care. Even with inadequate reporting that understates community need for care, as of December 2010 there were 10,000 people on wait lists for home care.[2] Wait lists for long term care homes are

[1] Former Conservative Health Critic, Elizabeth Whitmer tried to access this document but was denied. The government claims it is a "cabinet document" and therefore shielded from public scrutiny.
[2] Ontario Auditor General, "Annual Report 2010" Chapter 3, page 115.

even longer. By the most recent data available from the Minsitry of Health, more than 23, 000 people are waiting for long term care home beds across Ontario.[3]

Overall, Ontario's health care system does not measure population need for services. There is little to protect a patient's right to access care outside of hospitals and there is no provincially-appointed independent patient advocate to receive and require action on patient complaints in hospitals. Patients face a daunting challenge – when they are sick or elderly and least able to pursue it – if they try to advocate for the care they need.

Ontario has the fewest hospital beds per capita of any province in the country. Compared to OECD countries, Ontario ranks fourth from the bottom. Hospital cuts are continuing, despite evidence that hospital overcrowding is a serious problem that threatens patient safety, and despite the paucity of community care.

[3] Health Data Branch, Ontario Ministry of Health and Long Term Care, wait list data accessed March 2011.

Downsizing Ontario's Hospital Bed Capacity

Ontario's governments have been reducing hospital bed capacity since at least 1980. Almost 30,000 hospital beds have been closed over the last 30 years. Lengthy wait lists in home and long term care and extraordinarily high hospital bed occupancy levels mean that Ontario's continuing hospital bed cuts are causing negative impacts on patient access to care and patient safety.

18,500 hospital beds have been closed since 1990 as shown in the chart below. While there have been increases in psychiatric and rehabilitation beds, these are offset by the dramatic cuts to acute care and complex continuing care (chronic) beds. Not captured in these figures are cuts to outpatient services in areas such as rehabilitation which have an impact on access to care and the number of required hospital beds. Ontario's acute care and complex continuing care beds have been cut in half since 1990. Overall, Ontario's hospital bed capacity has been cut by almost 40% since 1990.

While most health care advocates support a shift of care into the community and advances that can keep patients out of hospital, provided they are getting the care they need; Ontario's increases in long term beds and home care, technological advances, and increased use of day surgeries, have not been enough to offset the downsizing of hospitals. Care outside hospitals in inadequate to meet the demand for services. Ontario government data shows significant wait times for both long term care homes and home care, and these wait times have persisted at high levels for at least a decade. In addition, Ontario's extraordinarily high hospital occupancy rate reveals that Ontario has a serious problem of hospital overcrowding, yielding further evidence that hospital bed cuts are not being offset by a shift in services to the community or other institutions. There is sufficient evidence to conclude that Ontario's hospital bed cuts have gone too far.

Ontario Hospital Beds Staffed and in Operation 1990 – 2010[4]					
Year	Acute	Psychiatric	Complex Continuing Care	Rehabilitation	Total
1990	33,403	2,505	11,435	2,048	49,391
1991	31,907	2,430	11,506	1,975	47,818
1992	29,826	2,331	11,425	1,902	45,484
1993	27,940	2,276	10,935	1,926	43,077
1994	26,097	2,166	10,592	1,905	40,760
1995	25,386	2,182	10,325	1,853	39,746
1996	24,014	2,147	9,639	1,890	37,690
1997	21,929	2,142	8,678	1,875	34,624
1998	20,317	2,094	8,149	1,815	32,375
1999	19,740	2,062	7,788	1,802	31,392
2000	19,558	2,505	7,505	1,924	31,492
2001	19,912	3,444	7,455	2,137	32,948
2002	19,355	3,709	7,428	2,240	32,732
2003	18,781	3,620	6,896	2,349	31,646
2004	18,552	4,547	6,537	2,362	31,998
2005	18,433	4,511	6,402	2,397	31,743
2006	18,444	4,368	6,094	2,478	31,384
2007	18,445	4,305	5,972	2,415	31,137
2008	18,702	4,333	6,039	2,410	31,484
2009	18,773	4,332	5,927	2,392	31,424
2010	18,355	4,335	5,798	2,322	30,810
Difference 1990 - 2010	-15,048	+1,830	-5,637	+274	- 18,581
Difference	- 45%	+ 73%	- 49%	+ 13%	- 38%

[4] Source: http://www.healthsystemfacts.com/Client/OHA/HSF_LP4W_LND_WebStation.nsf/page/Beds+staffed+and+in+operation+Ontario+1990+to+large

Hospital Overcrowding

Ontario's hospital occupancy levels are extraordinarily high. According to Ministry of Health data, there are, on average, 30,164 inpatients in Ontario's 30,810 hospital beds. The provincial hospital bed occupancy rate is 97.8%, much higher than other jurisdictions. By comparison, the OECD reports an average occupancy rate for acute care beds of 75%.[5] In the United States, the average hospital occupancy rate is 68.2%.[6] Most often cited in the academic literature, a target hospital occupancy rate to reduce access blockages and improve outcomes is 85%.

In fact, among Canadian provinces, Ontario ranks last in numbers of hospital beds per person. Among industrialized countries of the OECD, Canada ranks at 26 of 32. We have inserted Ontario into the OECD chart to see where this province stands in comparison. Ontario is fourth from the bottom, followed only by Turkey, Chile and Mexico. See the tables below.

Hospital Beds Staffed and in Operation Per 1,000 Population by Province 2008-09[7]	
PEI	4.3
Newfoundland	4.1
New Brunswick	4
Nova Scotia	3.8
Manitoba	3.7
Saskatchewan	3.4
Alberta	2.8
British Columbia	2.6
Ontario	2.5

Average hospital beds per 1,000 in Canadian provinces outside Ontario: 3.6
Ontario hospital beds per 1,000: 2.5

[5] OECD "Health at a Glance 2009" page 95.
[6] National Center for Health Statistics, "Health, United States 2010", 2011, page 354.
[7] Note: CIHI data does on hospital beds does not include Quebec. Sources: CIHI Hospital Beds Staffed and in Operation 2008-09, StatsCan population demographics 2008.

OECD Total hospital beds per 1,000 population 2008[8]	
Japan	13.8
Germany	8.2
Korea	7.8
Austria	7.7
Czech Republic	7.2
Hungary	7.1
France	6.9
Belgium	6.6
Poland	6.6
Slovak Republic	6.6
Finland	6.5
Estonia	5.7
Luxembourg	5.6
Switzerland	5.2
Ireland	4.9
Greece	4.8
Slovenia	4.8
Netherlands	4.7
Australia	3.8
Italy	3.8
Denmark	3.6
Israel	3.6
Norway	3.5
Portugal	3.4
United Kingdom	3.4
Canada	3.3
Spain	3.2
United States	3.1
Sweden	2.8
Ontario	2.5
Turkey	2.4
Chile	2.3
Mexico	1.7

OECD Average hospital beds per 1,000: 5.2
Canada hospital beds per 1,000: 3.3
Ontario hospital beds per 1,000: 2.5

[8] Source: OECD Health Data 2011.

The Consequences of Hospital Overcrowding

Hospital overcrowding is causing significant access to care problems for Ontarians. The Ontario Health Coalition receives regular complaints from patients who, after fasting, have travelled significant distances to tertiary care centres for surgeries only to find that their surgery is cancelled due to unavailability of inpatient beds. Patients are then forced to reschedule, travel back to their home community and travel back into the larger hospital again.

Emergency room overcrowding is epidemic among large and medium-sized community hospitals in Ontario, and a frequently noted factor in ER wait times is the unavailability of acute care beds.[9] Ontario has, on average 592 patients waiting in emergency departments for admission to an inpatient bed. This represents almost 4% of Ontario's total acute care beds.[10] A new study by Ontario researchers has demonstrated that long waiting times increase the risk of death and hospital readmission for patients who have been discharged from the emergency department. This study, published in the British Medical Journal looked at 22 million patient visits to Ontario emergency departments over a five year period, and found that the risk of death and hospital readmission increased with the degree of overcrowding at the time the patient arrived in the emergency department. The authors estimate that if the average length of stay in the emergency department was an hour less, about 150 fewer Ontarians would die each year.[11]

Not only is there a problem getting into hospitals, there is also a serious issue of patients being discharged too early and without placement in home care and in long term care homes. The Advocacy Centre for the Elderly reports that they receive frequent complaints from patients who are subject to pressure tactics to move them out of hospitals. Hospital policies may include statements that if person refuses to pick from short lists of long term care facilities that are not of their choosing, or if the patient refuses to take first available bed, then will be charged a large per diem ranging from $600 a day to $1800 a day.[12] In many cases the charges levied against patients in an attempt to move them out of hospital are unlawful.

Within hospitals, overcrowding is associated with serious quality of care issues. Overcrowded emergency departments do not have appropriate staffing ratios for critical care or intensive care patients who require intensive monitoring by specially trained staff. Across Europe, hospital occupancy rates have been cited as a determining factor in hospital-acquired infections (HAIs), and indeed Ontario has experienced repeated waves of HAI outbreaks. Cancelled

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[9] See: Forster, A.J. et al "The Effect of Hospital Occupancy on Emergency Department Length of Stay and Patient Disposition" Academic Emergency Medicine, 2003; CIHI "Understanding Emergency Department Wait Times"; B.H.Rowe et al., "Frequency, Determinants, and Impact of Overcrowding in Emergency Departments in Canada" 2006; OHA, OMA, MOHLTC, "Improving Access to Emergency Care: Addressing System Issues" 2006.

[10] Ontario Hospital Association, "ALC Study", June 2011.

[11] BMJ 2011; 342:d2983

[12] Wahl, Judith, Advocacy Centre for the Elderly. "ALC, Hospital Discharge, Long Term Care and Retirement Home – What Happened to the Law and Ethics ?" Power Point presentation 2011.

surgeries and prolonged waits are associated with poorer health outcomes. Ontario's extremely high occupancy poses a significant threat to patient safety and quality of care.

Effects of Hospital Overcrowding:

- Emergency Department backlogs
- Cancelled surgeries
- Patients waiting on stretchers in hallways
- Inadequate staffing ratios
- Higher infection levels
- Poorer health outcomes & higher mortality rates

Obscuring the Issue: The Focus on ALC

The shortage of hospital beds in Ontario has become obscured in recent years by campaigns by some interest groups and opinion leaders focused almost exclusively on cutting ALC (Alternate Level of Care) hospital beds. Repeated public relations messages have effectively sidetracked attention and analysis away from the inadequate numbers of hospital beds and services. Even if solved, closing ALC hospital beds neither tackles the cost drivers in our health care system nor addresses longstanding demands for a holistic home care system. While it is important that Ontarians get appropriate care in the appropriate setting – subject to patient's right to choose – the fact that the ALC issue has been raised to such primacy, and the misunderstanding of this categorization of patients, has cloaked the extraordinarily high occupancy rates in hospitals and the shortage of hospital beds. As a result, patients are faced with inadequate access to hospital care, increased out-of-pocket costs, and, in some cases compromise to their health.

Though media reports almost always report ALC patients as people who should not be in hospital, in fact ALC or Alternate Level of Care is defined as any patient who does not require the intensity of care resources in their current setting. Hospital beds are categorized into different levels of care, for example acute, complex continuing care, intensive care. ALC can include patients who are waiting to be discharged out of hospital. What is not usually reported, but has important implications for understanding the causes and effects of our hospital bed shortage, ALC also includes patients waiting in hospital for another type of hospital bed or service.

In fact, according to the most recent study available, of the 4,093 patients in designated "ALC" or Alternate Level of Care hospital beds[13]:

- 2,271 of the ALC patients (55%) are waiting for a space in a long term care home. Waits for an LTC bed have tripled since the spring of 2005 and are now over three months. There are more than 20,000 people waiting for long term care beds in Ontario. Only 40% of those needing LTC care got their first choice of home when placed for the first time.
- The next biggest group of ALC patients (911 patients) is waiting for some form of care usually provided in a hospital: rehabilitation, complex continuing care, palliative care, convalescent care.
- The smallest group (196 patients) in hospital are assessed as needing for home care services. This amounts to 0.6% of hospital beds or 4.8% of ALC patients. It is equal to less than one patient per hospital facility and less than 1/3 of patients waiting in ER for hospital bed. Even moving double or triple the number ALC home care patients into home care would only make a small dent in ALC patients (and would not clear the backlog of patients waiting for a bed in ERs).

Though it would help, even if all hospital beds currently occupied by patients who could be receiving care in another setting (long term care home or the community) were vacated, Ontario's hospital bed occupancy rate would still be at almost 90%.[14]

[13] Ontario Hospital Association, "ALC Survey" June 2011.

Conclusion

This report is a first attempt to promote public discussion about the high level of hospital occupancy in Ontario and to highlight an inadequacy in health care planning. The last complete population-based hospital bed assessment for the province is outdated and a new evidence-based analysis is needed. In the meantime, current hospital occupancy levels are untenable and continued closures of hospital beds and services are having a negative impact on patient access to care and compromising patient safety.

The solutions are multifaceted. The focus on getting Alternate Level of Care patients into appropriate care settings will help, along with the necessary improvements to access in home care and long term care. But in addition, Ontario's government must re-open hospital beds to restore a reasonable level of hospital occupancy based on international best practices, and it must restore planning processes to build hospital capacity to meet population need for services.

[14] It should be noted that those advocating for movement of ALC (Alternate Level of Care) patients out of hospital have also recommended closing the hospital beds that they occupy once the patients are moved out. Though this is often posited as a solution to overcrowding, in fact, this would leave occupancy rates unchanged at their current untenable level.