

Ontario Health Coalition

Briefing Note on Health Cuts & Restructuring

In Ottawa and surrounding areas

December 4, 2019

More than a year ago, during the provincial election, the Ford government promised to improve health care services by ending hallway medicine, improving funding for mental health care and expanding long-term care. The expectations of Ontarians were that health care services would be expanded.

But in the provincial budget overall health care funding does not keep pace with inflation let alone population growth and aging. This means real-dollar cuts. The provincial government has also revealed plans for a massive restructuring of Public Health Units and ambulance services.

The province is planning to cut funding to Public Health Units and cancel two special funds for municipal long-term care homes. They also plan to eliminate up to 25 of 35 Public Health Units, up to 49 of 59 local ambulance services and 12 of 22 ambulance dispatch centres across the province and merge them down to 10.

These changes will affect all Ontarians and their ability to access health care services. This report addresses what these changes will mean for people who live in Ottawa and the surrounding areas, taking into account local context and the current state of health care services.

Public Health Units

Public Health Units are the front line in infectious disease prevention and health promotion services in Ontario. These are the services that ensure we do not get sick and end up having to access primary care or visit hospitals. Public Health Units run food and water safety programs, infectious disease tracking and prevention programs, immunization campaigns, prenatal training and safety initiatives, overdose prevention programs, safe needle and biohazard programs and school breakfast programs, among other initiatives.

The Doug Ford government's plans, revealed last spring, included a draft restructuring proposal to amalgamate Ottawa's Public Health Unit with four other South Eastern Ontario Health Units. The new mega Health Unit, covering almost 29,000 square kilometres from the Quebec border in the north and east to beyond Kingston, would serve more than 1.6 million people across Ottawa and the areas of Prescott-Russell, Stormont, Dundas and Glengarry, Renfrew, Lanark, Leeds and Grenville, Lennox and Addington, Frontenac, Kingston and Cornwall.¹

¹ CBC, 2019: *Province's plan to redraw health unit boundary raises concerns*

In addition the Ford government planned to cut almost one third of funding from Public Health programs at the provincial level.

In response to backlash from across the province, the government has appointed a facilitator. In recent media statements the Minister of Health appears to be flexible on the number of health units that are amalgamated, but the general direction of the policy is still intact. Now, it appears that while the government may not aim for the elimination of 25 of 35 Public Health Units, it is still planning to eliminate an untold number of them and that number could range up to 25. There has been no public statement about the future of the Ottawa Public Health Unit. Even a partial plan would eliminate local governance and potentially merge the Ottawa Public Health Unit with the Eastern Ontario Health Unit and possibly more.

Local Health Units play a crucial role in the local governance of health care services. Without an Ottawa Public Health Unit, Public Health programs in the district will no longer be tailored to the specific issues people in the city are facing. If Ottawa's Public Health Unit is consolidated with two to four others across South East Ontario, decision-making would be centralized out of the direct governance of the local community, making services less responsive to local needs. Combined with planned funding cuts, this amalgamation would impact planning and services for Ottawa.

Ambulance services

Similar to the plans for Public Health Unit eliminations and mergers, the Ford government has proposed to eliminate up to 49 of 59 local ambulance/paramedic services and up to 12 of 22 local ambulance/paramedic dispatch units and merge them down to 10.

The evidence is clear that amalgamating ambulance services does not alleviate existing problems, instead it decreases people's ability to access care. In 2017, after Alberta centralized ambulance dispatch, dozens of municipalities sent an open letter to the government saying lives were in danger as ambulance wait times & dispatch mistakes soared. Restructuring led to more dispatch errors and longer waits, particularly in rural areas.

Plans to eliminate and merge ambulance services should be especially concerning for the people of Ottawa and the surrounding areas where there have already been frequent "level zeroes" in which there are no ambulances available because all are caught in offload delays at hospitals that cannot keep up with population needs.²

In the first eight months of 2019, a "Level Zero", was declared 329 times in the City of Ottawa, totalling almost 140 hours without an ambulance available to respond to an emergency call. In

² See for example: Ottawa Citizen, 2016: *Ottawa ran out of ambulances 22 times in two weeks, city admits*: Reevely. Also see for example: CBC, 2017: *'His lips were turning blue': mother wants investigation into long wait for ambulance*: Burke. Also see for example: CTV, 2019: *Paramedics at Level Zero 329 times in 8 months*: Pringle.

fact, level zero situations are on the rise in Ottawa and the surrounding areas. The rate of offload delays leading to level zeroes increased by 12.5 percent during the first seven months of 2019 compared to the same months in the previous year.³ Although the industry standard is for patients to be transferred from an ambulance into hospital care within 30 minutes, during the first seven months of 2019 “the 90th percentile time was 79 minutes and 30 seconds for all Ottawa hospitals, and 95 minutes for the Civic and General campus of The Ottawa Hospital”.⁴

A major reason for these level zeroes is offload delays at local hospitals, where ambulance cars are unable to transfer patients into the hospital due to backlogs in the Emergency Room. When hospitals are overcrowded and running overcapacity, the backlogs that are in the wards lead to backlogs in the Emergency Room, which affects ambulance services and leads to level zeroes. What is needed is better funding and a plan to open more beds and adequate funding for paramedic services to meet population need, not the removal of ambulance services away from local communities.

Hospital Overcrowding

Ontario hospitals have been downsized in the most radical policy of hospital cuts in the country. Today, Ontario has the fewest hospital beds per person of any province in Canada. Hospital funding is the lowest here than in the rest of Canada. The cutting of hospital beds has led to closed wards, closed floors and even entirely closed hospitals. Overcapacity results in patients and their families spending their days and nights in hallways and closets with less privacy.

In fact, local hospitals in Ottawa and the surrounding areas routinely operate at full capacity or over capacity.⁵ For example, according to their 2018-2019 annual report, the Queensway Carleton Hospital was operating overcapacity for the entire year, and in June 2019, it declared a Code Orange (i.e., when a hospital uses all of its beds and surge capacity) after its emergency department was operating at 180% of capacity resulting in the cancellation of all day surgeries.⁶

The international accepted standard for safe hospital occupancy is between 80 and 85%. When occupancy rates rise above this, hospitals become overcrowded. Emergency rooms get backlogged as there are no beds into which patients can be admitted. Pressure to discharge patients too soon without being stable increases. Outbreaks of hospital acquired infections increase as beds are turned over too quickly and patients crowded in. Death rates in emergency departments and violence levels escalate.

Despite all of this, the Ford government is still cutting hospital funding in real-dollar terms. This means that funding for hospitals is not keeping up with the rate of inflation, let alone with population growth and aging. This affects Ottawa, a city with an aging and growing population.

³ CTV, 2019: *Paramedics at Level Zero 329 times in 8 months*: Pringle.

⁴ Ottawa Citizen, 2019: *Offload delay: Ottawa paramedics had no one free to transport patients for 7.5 hours in June*: Laucius.

⁵ Ottawa Citizen, 2018: *Hospital crowding getting worse across Ontario, report shows*

⁶ Ottawa Citizen, 2019: *Overcrowding at Queensway Carleton Hospital ‘frightening’, NDP leader says*

With hospitals that are regularly running over capacity, the people of Ottawa cannot afford further cuts to their hospital. There simply is “nothing left to trim”.

Long wait times for long-term care

Ottawa falls into the Champlain region Local Health Integration Network (LHIN). As of February 2019, in the Champlain LHIN, there were 7,599 beds in 60 Long-Term Care Homes (LTCHs) with approximately 3,500 people on the waitlist⁷. As of November 2019, for basic services, the wait times for 9 out of 10 people to be placed in a LTCH ranges from 17 to 4066 days (approximately 11 years), with the average being 794 days (2 years)⁸. In the City of Ottawa, the average increases to 883 days (2 years and a half). These wait times will vary depending on gender, availability, as well as placement category, which means that some people will have to wait much longer than that.

The waitlist dramatically decreases for patients who opt for, and can afford, private accommodation. The wait times for 9 out of 10 people to be placed in private beds ranges from 12 to 1791 days (5 years), with the average being 586 days (a year and a half). However, this gives rise to inequalities as those who are wealthy access care faster, regardless of needs.

⁷ Ontario Long Term Care Association, *LHIN Dashboard - Champlain*

⁸ Home and Community Care Champlain, *LTCH Waitlist November 2019*