

Ontario Health Coalition

Briefing Note on Health Cuts & Restructuring in Sault Ste. Marie/Algoma

November 28, 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. Hospital funding and long-term care funding are also set at less than the rate of inflation meaning real-dollar cuts to services. The provincial government also revealed plans for 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 the Algoma District, 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.

In North East Ontario there are currently six Public Health Units: the Northwestern Health Unit, the Timiskaming Health Unit, the North Bay Parry Sound District Health Unit, the Algoma Public Health Unit, the Sudbury and District Health Unit, and the Porcupine Health Unit. The Ford government plans, revealed last spring, included a draft restructuring proposal to amalgamate the Northwestern Health Unit with the Thunder Bay District Health Unit, into one Unit covering 228,000 people (See: <https://www.cbc.ca/news/canada/thunder-bay/public-health-thunder-bay-northwestern-ontario-1.5137505>). In addition, they proposed to merge the Sudbury and Districts Health Unit, the Algoma Public Health Unit, the North Bay-Parry Sound District Health Unit, the Timiskaming Health Unit, the Porcupine Health Unit, and Simcoe Muskoka District Health Unit, all into one unit covering 625,000 people (See: <https://www.cbc.ca/news/canada/sudbury/new-boundaries-health-units-1.5135607>).

In addition the Ford government planned to cut almost one third of funding from Public Health on 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 Algoma Public Health Unit. Even a partial plan would eliminate local governance and potentially merge the Algoma Public Health Unit with Sudbury's and possibly more.

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

The Cost of Amalgamating Public Health and 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.

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. They called on the government to reverse its centralization decision. After years of ambulance service centralization the same problems that plague our paramedic services continue in Alberta with long offload delays at overcrowded hospitals taking most or all ambulances off the road. Restructuring did not solve the existing problems but it did lead to more dispatch errors and longer waits, particularly in rural areas.

The evidence is clear that merging health services has cost us billions of public dollars, taking money away from care and destabilizing services for years. The Provincial Auditor reported that hospital amalgamations that Ontarians lived through in the late 1990s cost \$3.9 billion – that is \$3.9 billion to lay off staff and then try to rehire them at the newly amalgamated hospitals, rename hospitals, redo letterhead, pay legal fees, move equipment & services, change phone & computers systems, and so on. This money was lost to actual health care. The government of the day spent \$3.9 billion in order to cut \$800 million in hospital funding. The promised administrative savings never materialized. Instead, local communities lost services as they were centralized, local hospital governance and control were lost and decisions removed from local communities, some towns lost their entire hospitals. Today, we have more consultants & executives than ever & often less local health services.

Hospital Overcrowding

Across 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 lower here than in the rest of Canada. The cutting of hospital beds has led to closed wards, closed floors and even entirely closed hospitals. Despite being in the north where travel distances and weather make access to care much more difficult Algoma has not escaped this trend.

In fact, the Sault Area Hospital is routinely operating at more than 100 percent capacity, according to local nurse leaders. For years, media reports have shown that the hospital experiences regular patient capacity issues that lead to overcrowding, hallway medicine, and a strain on other areas of the health care system (See for example: <https://www.cbc.ca/news/canada/sudbury/hospital-capacity-rates-neo-1.4956900>). In fact, in a 244 day period from April 1 to November 30, 2018, the Sault Ste. Marie hospital was running at 100% of capacity or higher on 179. That means that during

this period the hospital was running at capacity or over capacity more than 70% of the time, leaving people on stretchers in hallways, and unable to access the proper care they need.

This problem is not new. Although the situation seems to be getting worse, the Sault Area Hospital has been running at or over capacity for years. The Auditor General's report from 2016 found that from 2013 to 2015, for ten straight quarters, the Sault Area Hospital had occupancy rates of more than 90 percent, seeing rates as high as 120 percent on some days (http://www.auditor.on.ca/en/content/annualreports/arreports/en16/2016AR_v1_en_web.pdf).

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 Algoma, a district with a growing aging population. According to recent research by the Ontario Council of Hospital Unions, Sault Area hospitals will see a projected real-dollar funding cut of \$15.9 million by 2021-2022, and \$26.5 million by 2023-2024 (CITE).

This will greatly diminish the ability of patients to access hospital care and other health care services. With a hospital that is regularly running over capacity, the people of Algoma cannot afford further cuts to their hospital. There simply is "nothing left to trim".

Long waits for long-term care

As of October 2019, in Algoma, there were 935 Long-Term Care Home (LTCH) beds with 478 people on the waitlist. On average, there are 33 people who move into a LTCH bed per month. For basic services, the wait times for 9 out of 10 people ranges from 9 months (265 days) to 4 years (1459 days). These wait times will vary depending on gender, availability, as well as the placement category, which means that some will have to wait much longer than that.

The waitlist dramatically decreases for patients who opt for, and can afford, private accommodation. However, this gives rise to inequalities as those who are wealthy pay access care faster, regardless of needs.

In F.J. Davey, the largest LTCH in Sault Ste Marie, there are 352 patients waiting as of October 2019, but only 5 beds on average become available per month.