



December 5, 2023

Number of Ontario hospital emergency closures soars to new record: Health Coalition demands Ford government finally take action

Toronto - A new report, [Unprecedented and Worsening: Ontario's Local Hospital Closures 2023](#) released by the Ontario Health Coalition at Queen's Park this morning, paints a stark picture of a health care system that has tipped into collapse.

Across Ontario, vital hospital services, such as emergency departments, maternity and obstetrics, outpatient laboratories and intensive care units, have been subject to repeated closures in the last three years. Those closures were unprecedented. Now, the Coalition found that the number of emergency department closures has increased even more. Not only are emergency departments shuttered for evenings, overnights, weekends or weeks and months at a time, but so too are labour and delivery units, obstetrics, outpatient laboratories, urgent care centres and intensive care units. The duration of closures is getting longer. Multiple towns across regions are closing vital services at the same time. Public notice is often last minute.

In its report released today, the Ontario Health Coalition tracked the closures of these urgent hospital services and found the following closures to date in 2023:

- 868 temporary or permanent emergency department closures (one is permanent);
- 316 urgent care centre closures;
- two outpatient laboratory closures;
- eleven obstetrics unit closures;
- one ICU closure, and;
- one labour and delivery unit closure (long-term).

In total, there have been 1,199 closures of vital hospital services this year up until November 24, meaning these services have temporarily or permanently closed in 1,199 instances. Consequently, 31,055 hours of care (equivalent to 3.44 years) have been lost to local communities this year so far.

A growing number of local hospitals are at risk of permanently losing services.

- The local emergency department in Chesley has been closing evenings, overnight and on weekends since [December 5, 2022](#).
- Clinton's emergency department has been closed from 6 p.m. to 8 a.m. since [December 2019](#).
- The town of Durham in Western Ontario has had at least 51 emergency department closures in 2023 to date.
- Seaforth has had 17 temporary emergency department closures this year, Walkerton has had 20 and Wingham has had 31.
- The Fort Erie and Port Colborne urgent care centres permanently closed overnight on [July 5](#), and;
- The Minden hospital's emergency department permanently closed on [June 1](#).
- In Hearst, more than an hour away from the nearest hospital, labour and delivery has been closed for months.
- Communities as remote as Red Lake and Manitoulin Island have warned they are on the brink of closures.

"It is indisputable that these closures are endangering the health of Ontario residents," warned Natalie Mehra, executive director of the Ontario Health Coalition. "There is no excess hospital capacity to be closed. Ontario has well-documented levels of hospital overcrowding and consequential emergency department backups that are extreme by

all standards, national and international. The hospitals to which patients must drive -- or to which they must somehow find transportation when their local hospital services are closed – are already overburdened and understaffed.”

“In the North, the distances between hospitals that are experiencing service closures are huge. Some hospitals have had services closed when they are an hour to four hours away from the next open service,” she added. “In the counties of Midwestern Ontario – Perth, Huron, Wellington, Dufferin, Bruce and Grey – we are seeing multiple hospital emergency departments closed at the same time with little to no notice. Patients in medical crises have to confirm on their own that the next hospital emergency isn’t also closed.”

The immediate cause of the closures is staff shortages including nurse, health professional and physician shortages. Staffing shortages that were emerging prior to the pandemic have grown over the last three years into the worst crisis anyone has seen. The staffing crisis has been compounded by public policy choices by the Ford government that have actively undermined staffing efforts, including [wage suppression legislation](#) (Bill 124), privatization of staffing through [for-profit staffing agencies](#), the government’s decision to [end emergency COVID funding for locums](#) and other funding, and extremely [short-term funding arrangements](#) announced after short staffing has become critical.

Ms. Mehra also blamed the worsening situation on an unprecedented failure of leadership:

“The Ford government has not stepped in and set a standard of expectation that these vital services remain open,” she said, noting that historically the Health Minister has intervened to halt closures. However, in response to the permanent closure of the Minden hospital emergency department, in existence since 1956, the [Minister said it is a local decision](#).

“The failure of the provincial government to take responsibility for planning, recruiting and retaining needed health care staff, dealing with crises and setting standards for access to the most urgent of health care services is at odds with the approach of Ontario’s governments dating back at least forty years.”

Long term policies of underfunding hospitals in order to downsize them meant that Ontario had no surge capacity left by the beginning of the pandemic. Ontario has the [fewest hospital beds per person left of any province](#) in Canada and [funds hospitals at the lowest rate](#) in the country. Despite promises to end hallway medicine and not to cut public services, the Ford government imposed a [new round of austerity and real-dollar cuts](#) to public hospitals when it took power. While the government provided extra funding during the early years of the pandemic, it [cancelled COVID funding](#) in the most recent budget, imposing austerity again.

This year, hospital funding in Ontario is increasing by only 0.5% while health care inflation increased by 5.65%, a real-dollar cut, forcing hospitals to downsize their services and continuing downward pressure on wages for staff that are already in crisis-levels of short supply. At the same time, they have vastly increased funding for for-profit clinics and hospitals, and for for-profit staffing agencies.

There can be no solution to the staffing crisis without retaining and attracting back staff into the regular workforce of our public hospitals. Instead, the provincial government is making public policy choices to impose budget austerity on public hospitals while funding private staffing agencies, not taking leadership, attempting to impose further wage suppression, and providing only short-term and belated emergency funding. The Health Coalition demanded the Ford government take real action to address the crisis.