Northumberland Health Coalition

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.

Who we are
The Northumberland Coalition has represented the healthcare interests of individual members within the communities of Northumberland since the 1990s . Our interested members also include: seniors; unions; nurses and health professionals' organizations.

Introduction:

After almost four decades of public hospital downsizing and restructuring, the pressing need to restore care cannot be ignored. It has come down to this: the core health care policy of Ontario can no longer be endless downsizing of our local public hospitals . Further, it is unconscionable to leave aging and those with chronic illness to their own devices after they have paid all their lives in their taxes for a public health care system that is supposed to provide for them.

One only has to read the news to understand that healthcare cuts in Ontario have simply gone too far.
The Ontario government must turn the corner on hospital cuts and rationing of long-term care and act urgently to rebuild services. Ontario must develop a plan, to provide for the services that are needed.

The evidence is clear that Ontarians are suffering from poor access to care, and in particular, access to hospital care and long-term care. The Ontario Health Coalition hears from tens of thousands of Ontarians each year about their experiences with health care. We are witnessing the same trend that other patient advocacy organizations report. The most common complaint we receive is from family members of patients who are unable to be admitted to hospitals and long-term care homes or are being pushed out of hospitals without anywhere appropriate to go.
Patients who are being pushed into discharge without anywhere to go:

Hospital and political leaders have unfortunately characterized many of these patients as "ALC" or Alternate Level of Care as "bed blockers" as if they are to blame for the lack of facilities to care for them.

Intentionally, it has become a priority for patients with higher acuity levels to be pushed out of hospitals today much earlier than even a decade ago and that was much higher than it was a decade prior.

Increasingly, the use of private for-profit unregulated retirement homes, which are not health care facilities, most often at high cost to the patient, are being used to move out patients to clear beds.

Myth-buster:

- Government and hospital spokespeople routinely mischaracterize Alternate Level of Care (ALC) patients as the cause of hospital backlogs. In fact, according to the Ontario Hospital Association's June 30, 2016 update, approx. 2,700 of ALC patients are in acute care beds. Of these patients, one-third are waiting to be transferred to another type of hospital bed (palliative, complex continuing care, convalescent care, mental health, rehabilitation); one-third are waiting for a long-term care bed; ten percent are unknown; and the rest are waiting to be discharged to various types of home or community care. To characterize ALC patients as though they are inappropriately in hospital is erroneous. This information is being mischaracterized to cover up the shortage of hospital beds. (The OHA's ALC survey results for June 30, 2016 are here: https://www.oha.com/CurrentIssues/Issues/HSFR/Documents/ALC%20Update%20June%202016.pdf)

- Misuse of emergency departments by patients is not the cause of hospital overcrowding. People who are frightened and sick should be able to go to their local hospital for help. Patients lying on stretchers waiting for admission to hospital beds are, without question, acutely ill and are not malingering. Patients that are not acutely ill are not admitted to hospitals. (See myth buster from the Canadian Institute for Health Research: http://www.cfhi-fcass.ca/sf-docs/default-source/mythbusters/Myth-Emergency-Rm-Overcrowding-EN.pdf?sfvrsn=0)

By our governments' own figures, Ontario ranks at the bottom of Canada in public health funding. Chart I below shows public health spending per person in each province. Ontario ranks second last. We are $728 per person below the average of the rest of Canada. Per capita spending measures comparable resources put into health care by our provincial governments. Spending as a proportion of our provincial GDP (economic output) measures economic sustainability. Chart II shows public health care funding in Ontario as a proportion of provincial GDP compared to other provinces. We have a long way to go before our health care spending could be considered to be unsustainable. We are second last in Canada by this measure and far below the average of the other provinces.

This data underlines the fact that this fiscal policy is a choice, not a necessity. Virtually all other provinces fund their health care at a significantly higher rate than does Ontario.

Chart I.

Public Sector Health Funding Per Capita 2017	
Newfoundland & Labrador	$6,018.93
Saskatchewan	$5,535.74
Manitoba	$5,434.79
Alberta	$5,428.19
Prince Edward Island	$5,052.36
Nova Scotia	$5,043.89
New Brunswick	$4,805.27
Quebec	$4,547.07
Ontario	$4,409.85
British Columbia	$4,373.16
Average of other provinces	$5,137.71

Source: Ontario Health Coalition calculations from
CIHI, *National Health Expenditures Database 2019*

Chart 2.

Public Sector Health Expenditure as a % of Provincial GDP 2017	
Prince Edward Island	11.44%
Nova Scotia	11.23%
Manitoba	10.22%
New Brunswick	10.21%
Newfoundland & Labrador	9.62%
Quebec	9.04%
Saskatchewan	8.01%
British Columbia	7.63%
Ontario	7.51%
Alberta	6.94%
Average of other provinces	9.37%

Source: Ontario Health Coalition calculations from
CIHI, *National Health Expenditures Database 2019*

Findings of Ontario's Auditor General

Ontario's Auditor General describes the situation in Ontario's large community hospitals in her most recent report, released on November 30, 2016. Her findings support the evidence that the Ontario Health Coalition has brought to the government repeatedly in recent years. Among the Auditor General's findings:

(Page references for the 2016 Ontario Auditor General's Report are included here.)

- The audit team describes a state of severe overcrowding in the hospitals they visited. Patients are waiting on stretchers or gurneys in hallways and other public areas, sometimes for days (page 446).
- Bed occupancy rates of greater than 85 per cent are unsafe and contribute to infections (beds are too crowded and turn over is too fast). During 2015, 60 per cent of all medicine wards in Ontario's large community hospitals have occupancy rates of greater than 85 per cent (page 431).
- The Canadian Institute for Health Information reports that Ontario hospital patients have the 2nd highest rate of potentially fatal sepsis infections in Canada (page 431).

The Auditor General describes the consequences of chronic underfunding and the failure to plan to meet population need for care:

- 1 in 10 patients requiring admission to hospital are waiting too long in emergency departments. The provincial government's target is 8 hours from triage (90 per cent of patients are supposed to be transferred to a bed within 8 hours). But in the hospitals the audit team visited it took 23 hours for 90 per cent of the patients to be transferred to the ICU and 37 hours for transfers to other acute care wards (page 429).
- The audit team described a situation across Ontario's large community hospitals in which there are frequent and planned operating room closures. 45 per cent of large hospitals have one or more O/R closed due to funding constraints (page 450).
- There has been no improvement in wait lists for elective surgeries for the 5 years leading into this audit (pages 430-431).
- 58 per cent of hospitals ran out of money for some types of surgeries and had to defer them to the next fiscal year (page 444).
- Patients with traumatic brain injury and acute appendicitis are waiting 20 hours or more for emergency surgery (page 430).
- Wait time targets are not being met for the following types of surgeries: neurosurgery, oral and dental, thoracic, vascular, orthopedic, gynecologic, ophthalmic, cancer (page 451).

As hospital beds continue to be cut and closed down, nurses, health professionals and support staff have also been cut dramatically. Ontario has dropped to the bottom of the country in nurse to patient ratios. Data from the Canadian Institute for Health Information shows that Ontario now has the least hours of nursing care per hospital patient. Yet nurse staffing levels continue to be cut.

Chart 3.

	Nursing Inpatient Services Total Worked Hours per Weighted Case				
	2007-2008	**2008-2009**	**2009-2010**	**2010-2011**	**2011-2012**
NFLD	52.2	53.26	54.48	55.9	52.9
PEI	83.48	N/R	62.19	62.46	61.66
N. S.	56.79	57.34	U	U	54.95
N.B.	54.98	55.46	56.26	57.29	58.13
Quebec	49.73	50.06	50.82	50.73	52.47
Ontario	**44.98**	**44.76**	**43.71**	**42.81**	**42.88**
Manitoba	54.41	54.27	53.87	53.06	53.97
Saskatchewan	49.37	51.42	51.28	52.95	54.18
Alberta	54.12	54.65	54.52	54.24	54.36
B.C.	44.24	45.27	45.03	45.87	46.27
NWT	U	83.05	88.51	69.48	N/R
Yukon	48.84	48.97	50.25	56.31	54.51
Weighted Average	**48.59**	**48.8**	**48.36**	**48.2**	**48.98**

Source: Canadian Institute for Health Information, 2013.

In our local hospitals in Northumberland we have been told that Part-Time front-line staff outnumber Full-time frontline staff, even though hospitals are run 24 hours a day, seven days a week.

Across Canada, according to the most recent data we have accessed, patients receive 14.2 per cent more nursing care than do patients in Ontario's hospitals. Chart 3 illustrates the growing gap between Ontario and the rest of Canada in nursing hours per patient (ie. per weighted case). In 2007 – 08 Ontario's nurse staffing hours were 3.61 hours below the average of Canada per weighted case. By 2011-12, Ontario's nurse staffing hours were 6.1 hours below the average of the country. That is a 69 per cent increase in the differential in just four years. As the hospital cuts have continued and escalated since 2011-12, we can expect that gap to be even wider when more recent data becomes available.

A Decade of Real-Dollar Cuts Mean Ontario Has Dropped to the Bottom of the Country in Hospital Funding

The above data gives a statistical overview of some key indicators of hospital service levels in Ontario compared to other jurisdictions in Canada and internationally. The following section measures hospital funding compared to other provinces in Canada. As noted above, Ontario's government has set global hospital operating funding increases below the rate of inflation for 10 of the last 12 years – the longest period of hospital cuts in our province's history. Today, by all measures, Ontario has dropped far below the other provinces in hospital funding.

Measured on a per capita basis, the most recent data from the Canadian Institute for Health Information National Health Expenditures Database shows that Ontario ranks last in hospital funding. We are significantly below the national average. In fact, Ontario's government funds our public hospitals $480 less per person than the average of the other provinces.

Chart 4.

Public Hospital Funding Per Person, 2017 Current $	
Newfoundland & Labrador	$2,406.94
Prince Edward Island	$2,120.01
Nova Scotia	$2,093.86
Alberta	$2,008.35
New Brunswick	$1,953.07
Manitoba	$1,915.96
Saskatchewan	$1,802.32
British Columbia	$1,594.39
Quebec	$1,480.48
Ontario	$1,450.75
Average of the other provinces	$1,930.59
Difference between Ontario and the average of the other provinces	Ontario funds hospitals at $479.84 per person less

Source: Ontario Health Coalition calculations from CIHI, *National Health Expenditures Database 2019*

Hospital spending per person is a clear comparison of how many resources our government is allocating to these services. To measure economic sustainability or affordability, GDP (which measures economic output) is used as the comparator. As measured as a percentage of provincial GDP, the results are the same. Ontario is last in Canada. This measure shows that Ontario has room to improve hospital funding while keeping funding at sustainable levels, as long as funding goes to improving services.

Chart 5.

Public Hospital Funding as % of Provincial GDP 2017	
PEI	4.80 %
Nova Scotia	4.66 %
New Brunswick	4.15 %
Newfoundland & Labrador	3.85 %
Manitoba	3.60 %
Quebec	2.94 %
British Columbia	2.78 %
Saskatchewan	2.61 %
Alberta	2.57 %
Ontario	2.47 %
Average of the other provinces	3.55 %

Source: Ontario Health Coalition calculations from CIHI, *National Health Expenditures Database 2019*

Sustainability can also be measured in terms of expenditure as a proportion of the provincial budget. Ontario funds all of its social programs at the lowest rate in Canada. In Ontario, hospital funding as a share of the provincial budget has been declining for decades. The most recent data show that we are third last among Canadian provinces for hospital spending as a proportion of total program spending (spending on all social programs). The data shows that we are considerably lower than the average of the other provinces and there is significant room to improve hospital funding to stop the cuts and restore service levels to meet population need.

Chart 6.

Public Hospital Funding as % of All Provincial Program Funding 2017	
Nova Scotia	16.98%
Prince Edward Island	16.85%
Newfoundland & Labrador	15.48%
Manitoba	15.37%
British Columbia	14.95%

Alberta	14.67%
New Brunswick	14.60%
Ontario	14.00%
Saskatchewan	12.86%
Quebec	12.19%
Average of other provinces	14.88 %

Source: Ontario Health Coalition calculations from
CIHI, *National Health Expenditures Database 2019*

Long Term Care

Improve funding for long-term care homes and require a minimum level of 4-hours of hands on daily care per resident, provide enhanced funding to improve wages and working conditions for PSWs and provide reduced tuition, grants and access to daycare for PSW courses. Create a sound fiscal plan to fund the expansion of long-term care to meet population need.

Ontario's long-term care homes have a rate of homicide that is 7 times higher than that of the largest cities in the country. It is higher than virtually anywhere else in our society. And it is unacceptable.

We are pointing the spotlight to this issue because it reveals the extreme end of a spectrum of violence that has escalated in Ontario's long-term care homes to a point that crosses all moral boundaries and should be considered intolerable.

The twin issues of inadequate care and violence in long-term care homes is one of the top issues that we hear about from families, residents and care workers.

Our research uses the government's own statistics and those of the long-term home operators themselves to look at what is causing this. This is what we found:

Access to care is poor:

- There are nearly 80,000 residents in Ontario's long-term care homes, and more than 33,000 Ontarians waiting for a space.
- Waitlists are larger than an entire small town, In fact, Ontario ranks second last in the number of long-term care beds per capita.

But once people can get into long-term care homes, the actual levels of care are a major problem also:

- Levels of care are too low to meet basic safety requirements and our research shows that they have actually been declining.
- Acuity (heaviness and complexity) of residents has soared as Ontario governments have cut hospital beds to the lowest rates in the Canada and among developed nations. Almost no country and no other province has cut hospital

beds to such an extreme as Ontario.

- As a result heavier care patients are offloaded from hospitals into long-term care. But care levels are not the same. For example, we found that fully ½ of Ontario's chronic care hospital beds have been closed and the acuity of residents now in long-term care matches chronic care hospital level. But the funding of long-term care is 1/3 of the rate. The bottom line? Patients have been moved out to reduce cost at the expense of their health and safety.
- There is no question, today's long-term care homes are the chronic care and psychogeriatric care hospitals of yesteryear but with many fewer resources.

- Looking at every measure of acuity of residents – the complexity of residents and their care needs have increased year after year.
- Looking at the actual hands-on care levels it is found that not only have care levels not kept pace with the increasing care needs of the residents, they have actually declined over the last decade, leaving heavier-care residents with less actual care.

- For families who can afford it, they have to spend tens of thousands of dollars hiring in extra care. For those who can't afford it, they suffer with inadequate care.

- For everyone, it means escalating violence.

Violence in long-term care:

- Investigative reports show that violence has increased as the complexity and care needs of the residents has risen and as actual care levels and staffing have declined.
- In the extreme, we can see that the number of homicides that are resident-on-resident homicides, is shocking.
- The Ontario Coroner reports that there have been 27 homicides over the last 5 years in Ontario's LTC facilities.
- In fact, the homicide rate in long-term care in Ontario is more than four times that of Toronto! When compared to a city of almost 80,000 people (which is the number of people living in ltc in Ontario) the homicide rate in long-term care is up to 8 time higher.

Conclusion and recommendations:

The Ontario Health Coalition has included a number of recommendations in its report to resolve the critical situation in Ontario's long-term care including instituting a required and enforced minimum care standard of 4 hours of care per resident per day to ensure that funding goes to improving actual care for residents; a stop to hospital offloading and cuts; and improved training and behavioural supports in all Ontario LTC homes.

The Local Picture

Using the Central East LHIN Numbers from 2019 please note the following waitlist and days people are waiting to be placed.

		Basic accommodation	
	Long stay beds	**# of patients on waitlist**	**Wait time to placement (days)**
Extendicare Cobourg	69	353	1585
Extendicare Port Hope	128	205	1020
Golden Plough Lodge	151	159	512
Hope Street Terrace Port Hope	95	11	355
Regency Manor Nursing Home	56	19	352
Streamway Villa	59	16	215
Warkworth Place	60	40	529

This means in our area of the Central East LHIN, for Basic accommodation, there are 618 beds available (all are full) with 803 people listed as being on a waitlist, waiting to get one of those beds.

In Extendicare Cobourg for example, for Basic Accommodation, this means that nine out of ten people are on average waiting 1585 days to get a bed!

The shortest wait time in the area is for Streamway Villa with just 16 people on the waitlist and a wait time of 215 days. (on average for nine out of ten people).

Of course someone waiting in hospital who is no longer able to go home and live independently will be placed in a long term care facility before someone who is wishing to move to a Long-term Care Home and who has low care needs and are managing at home.

It is clear we need more beds made available within Northumberland.

Minimum Standards of Care

Ontario currently has no legislated minimum staff to resident ratio requirement for long-term care facilities.

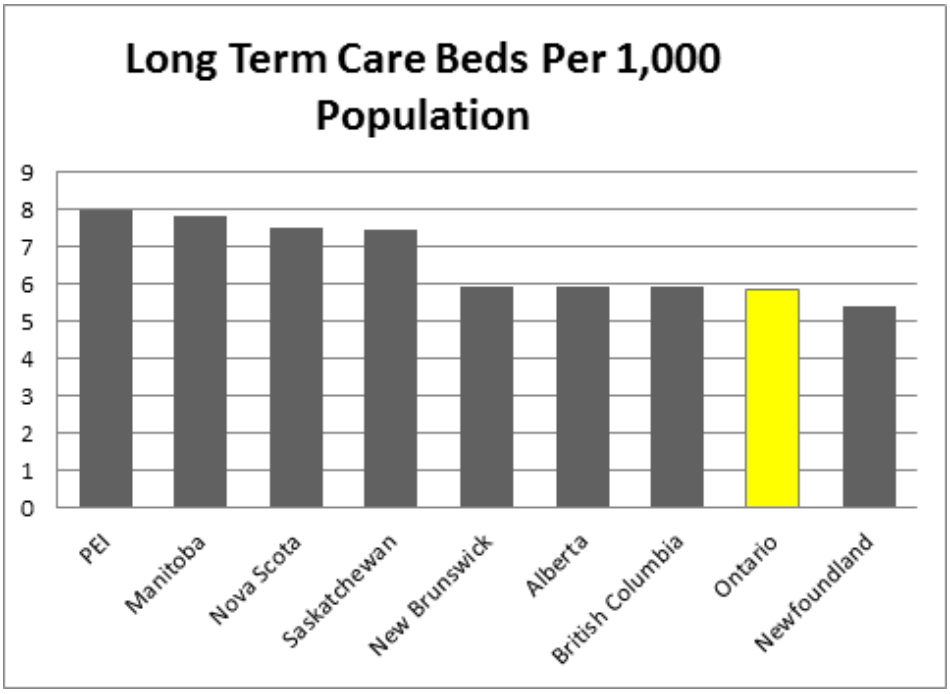
With current levels of acuity in long- term care and based on the best available evidence, a regulated minimum average of 4 hours of daily hands-on direct care staffing is required to prevent harm and improve outcomes.

Today there are often more tasks to complete than there is staff available to get the tasks done.

Not enough care means residents are fed too quickly, cannot get enough food down, resulting in residents risking dehydration etc. It means little time for bathing or repositioning to prevent sores. It means no friendly visits or socialization for lonely or depressed residents.

At a press conference held by Northumberland Health Coalition in February, 2019, front- line workers in attendance at the press conference reported that even without getting all of the work done , health care workers are still going home after work sore and injured as a result of overwork from their duties at the workplace .

Injury rates for long-term care staff are, by Ontario government data, the highest of any sector in our economy. Our latest research shows that the poor conditions for PSWs in long-term care have now resulted in a province-wide shortage that is leaving nursing homes with unacceptable staffing shortages virtually every shift every single day. Residents and staff alike are suffering as a result of inadequate funding and too-high acuity for the homes to provide safe care. There is no possible way to staff the new beds in the current context.

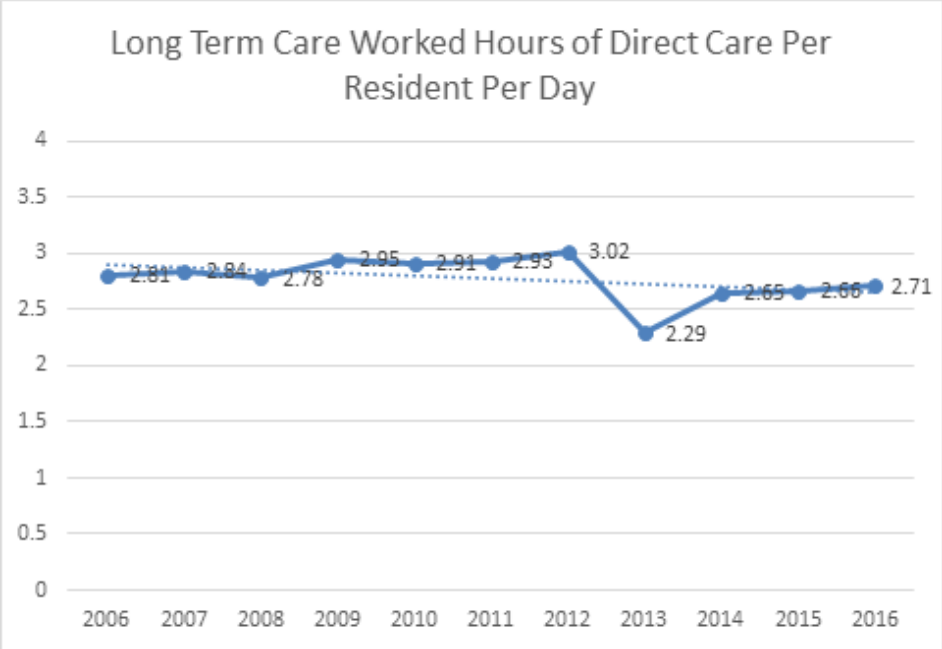


Ontario Health Coalition calculations based on data gathered from provincial websites and Statistics Canada *2016 Population Census data.*

Regional wait times for long term care are also available in the Ontario Health Coalition Long-Term Care report on page 17 here: http://www.ontariohealthcoalition.ca/index.php/situation-critical-planning-access-levels-of-care-and-violence-in-ontarios-long-term-care/

In addition, care levels within existing long-term care homes are not adequate to meet the acuity of the residents. By every measure, the complexity and heaviness of residents' care needs have increased. Yet, according to the government's own staffing data, daily care levels per resident have actually dropped. There have been warning signs for many years that Ontario's long-term care system is failing. There have been numerous individual reports of neglect, and insufficient care, and violence, and homicide; and even, as reported by the Ontario Coroner, aggregations of mounting incidents and homicides that point to serious systemic issues.

Yet funding for daily hands on care in this year's provincial budget was set at less than the rate of inflation, meaning real dollar cuts. Two special funds – the High Wage Transition Fund and the Structural Compliance Fund were threatened with elimination. The elimination of those two funds has been delayed but not stopped entirely. Given the homicides, extraordinary injury rates, staffing shortages and the irrefutable evidence of increased acuity, there is no possible justification for these cuts.



Ontario Health Coalition's calculation based on Ministry of Health and Long-Term Care Staffing Database: *Ontario Long-Term Care Homes Staffing Data 2009-2016*.

Conclusion

Under the Canada Health Act, medically needed 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, just when people are least able to bear them. As care and costs are privatized, Ontarians are suffering as a result. The evidence shows that ownership matters. Cuts to public hospital services are resulting in for-profit privatization of needed care, and private clinic operators are eroding the first principle of Public Medicare in Canada, that care must be provided equally, based on need not wealth. Cuts to hospitals and rationing of long-term care mean that provincial legislation that provides for access to long-term care is routinely ignored. Decades of work in the public interest to regulate care, improve equity, provide safe access and quality is being discarded as increasing numbers of patients are moved into entirely unregulated, private, costly and unsafe places with inadequate care levels.

The long trend of downsizing and rationing of Ontario's vital health care services must end. Our health care system was founded on principles of equity and compassion. Driven by fiscal policy that has given tax cuts that have overwhelmingly benefitted the highest income earners and corporations, access to health care has been gravely compromised. The same suffering that led to the creation of public health care in the first place has re-emerged. All the data shows that Ontario has fallen to the bottom of the country in virtually every measure of public hospital and long-term care capacity and funding, and that care levels lag far below need. Our province must turn the corner on these failed policies without further delay. It is time to rebuild our public health care, to re-establish sound planning, to build capacity, and to restore compassion.

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Some additional information can be found at these links:

Health Care cuts and its impact

1. https://www.ontariohealthcoalition.ca/index.php/update-mounting-health-care-cuts/

2. https://www.cbc.ca/news/canada/london/ontario-hospitals-efficiency-healthcare-reform-1.5406753

3. https://www.cp24.com/news/protest-held-at-nathan-phillips-square-over-ontario-healthcare-cuts-1.4677883

PSW Staff Shortage

4. https://www.cbc.ca/news/canada/ottawa/health-hospital-personal-support-workers-home-care-1.5338136

5. https://ottawacitizen.com/news/local-news/when-the-backbone-is-broken

Violence in LTC Facilities

6. https://www.whsc.on.ca/What-s-new/News-Archive/Violence-in-long-term-care-cries-out-for-prevention-new-reports

7. https://globalnews.ca/news/5150703/ontario-long-term-care-staff-experience-violence-reports/