Ottawa Health Coalition
Protecting public healthcare for all.

Presentation to the Ontario Pre-budget Consultation Committee

January 23, 2019

Thank you to the Standing Committee on Finance and Economic Affairs for giving the Ottawa Health Coalition the opportunity to present its proposal for the 2019 Ontario Budget.

My name is Al Dupuis, Co-chair of the Coalition. I am here with Mary Catherine McCarthy, the Chair of our Communications and Outreach Committee and a former healthcare worker at the Civic Campus; and Nancy Parker, our Administrative Officer and a retired researcher with the Canadian Union of Public Employees.

The Ottawa Health Coalition is a local volunteer-based organization of individuals and organizations who advocate for the preservation and enhancement of our public and accessible healthcare system in Canada. We support the principles of the Canada Health Act. We include in our membership healthcare advocates, healthcare workers, retirees, students, faith and community groups.

As an affiliate of the Ontario Health Coalition, in 2017 we hosted a community consultation on hospital reform where several healthcare workers, union representatives and community members participated. Our coalition also presented to this Committee last January to highlight the impact of the healthcare cuts in Ottawa.

In September 2018 we hosted a town hall meeting on long term care with experts and community members who reported on the grave state of long term care in our city and outlined a number of potential solutions to expand and improve services to seniors.

Our presentation today will outline our specific concerns in the Ottawa area regarding long term care, hospital care and the increasing threats of privatization of public healthcare services.

Long Term Care

It is time to address the fact that Ontario has the longest wait lists for long term care in the country and increase the number of beds beyond the 30,000 beds promised over the next ten years including 5,000 over the next 5 years. Publicly owned homes have superior staffing and care levels and more accountable care but they did not receive any additional beds announced by

the government. The 222 beds promised for Ottawa will not even come close to addressing the waiting list of approx. 3,400.

We recommend the "Time to Care" Bill 13 legislation be passed as soon as possible as it had the unanimous support of the legislature prior to the election in 2018. We request that the budget provide the funding required for implementation of the legislation in this year's budget.

Specifically we request:

a. An amendment (i.e. Bill 13) be made to the Long-Term Care Homes Act (2007) for a legislated care standard of a minimum 4 hours per resident each day adjusted for acuity level and case mix; Note that care hours from 2014 to 2017 went from 2.65 hours to 2.71hours of direct care – not even close to what is needed as a minimum standard

b. Public funding for long term care homes must be tied to the provision of quality care and staffing levels that meet the legislated minimum care standard of 4 hours;

The City of Ottawa commissioned the Fougére Report of 2018 to investigate claims of violence. The report called for increased staffing and staff training among other recommendations. The City responded and increased staffing in the City municipal homes. Because of the increased accountability, problems in municipal homes that are brought to light are dealt with and the community is informed and kept apprised of implementation recommendations. Public accountability is possible and must be implemented system wide.

c. Ensure funding accountability by making public reporting of staffing levels at each Ontario long term care home mandatory; Currently the private and not for profit long term care providers are lobbying for less accountability and transparency by requesting the elimination of annual inspections. A funding problem is not solved by cutting corners especially when the facilities are already plagued with short staffing, increased complex care demands and violence. The elimination of annual inspections will further reduce the safety of seniors and workers in the homes.

d. Immediately provide funding for specialized facilities for persons with cognitive impairment who have been assessed as potentially aggressive, and staff them with sufficient numbers of appropriately trained workers. This will go a long way in improving the level of care and safety of residents and staff

e. The province must stop closing complex continuing care beds and alternative level of care beds to end the downloading of hospital patients with complex medical conditions to long term care homes. Ottawa now has only one complex continuing care facility at the Bruyere St. Vincent Hospital with 330 beds.

Home Care

The province needs to take charge of homecare and make the reforms necessary to meet population needs and not abandon it to private for profit providers. Services are sorely lacking in the Ottawa area where there are inadequate numbers of home care workers (ie personal support workers) to meet the needs in our community. Patients requiring home care services are often either stuck in hospital or left to rely on family members to fill in for the too few hours of home care allotted to them.

With elimination of the CCACs and proposed elimination of the LHINS our fear is that home care will be left to the private providers without government oversight and accountability.

Hospitals cuts, Funding and Privatization

I should begin today reporting on Ottawa hospitals exactly where I began my submission to the Finance Committee in **December of 2016**– by pointing out that the occupancy rate at The Ottawa Hospital is at 107 %, the same number as reported in 2016. While occupancy numbers fluctuate in Ottawa, as elsewhere in Ontario, rarely do they fall below 100% even though numbers in the literature are recommended to be between 80% and 85%. In last year's **submission to the finance Committee**, I quote Dr. Allan Drummond at length from an Ottawa Citizen Op ed where he makes the point that occupancy rates like we currently see routinely guarantees ER overcrowding. We note that such overcrowding means hallway medicine -- something the current government promises to end.

We doubt, however, that promise can be kept given what we see by way of the government's stated intentions by way of fiscal objectives. As Committee Members may be aware, Conservative Party promises during the election are expected to pull $22 Billion dollars more from provincial revenues over the next 3 or 4 years. These cuts to revenues occur on top of tax cuts since the 1990's taking approximately $20 billion out of government funding capacity.

Even according to the **TD report on government finances**from last November, we know that Ontario government program spending is at the bottom of per capita spending in Canada and spending on hospitals is over $400 per person lower than the Canadian provincial average. The resulting crises in our hospitals are predictable under those circumstances and needs to be addressed.

A report from the Ontario Council of Hospital Unions (CUPE) entitled **Hallway Medicine: It Can be Fixed, Ottawa Report** demonstrates clearly the funding and consequent bed shortages for Ottawa.

To quote the report:

If provincial government funding was increased by 28.3% to match hospital funding in the rest of Canada, Ottawa Hospital revenue would increase roughly $288 million annually, Queensway Carleton revenue would increase roughly $45 million, Montfort $45 million, CHEO $61 million, Royal Ottawa $41 million, University of Ottawa Heart Institute $37 million, and Bruyere $31 million. All told, that is an extra $548 million.

In terms of beds:

If Ontario had the same beds per capita as in the rest of Canada, we would have 39,385 beds. That is 8,489 **extra** beds. That would mean an additional 680 hospital beds in Ottawa

It would seem very unlikely that differences in the provision of care such as those cited can be dealt with by "innovation" or finding "efficiencies". Realistically, what really needs to happen to fix the problem is an end to the devastating austerity our hospitals and healthcare has been saddled with, especially over the last decade.

What we recommend to the Standing Committee on Finance and Economic Affairs echoing analysis from the Ontario Health Coalition:

> Hospitals need to be funded at their real costs, 5.2% annually, otherwise we lose capacity in a system already an outlier in terms of fewest beds and staff to population.
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> We need to open hospital beds to meet the challenge of an aging population. To accomplish this a capacity plan must be developed and implemented, based on evidence of actual population need, to reopen closed hospital wards and floors and OR's or add the needed physical capacity to make this possible ASAP.
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> That the new Campus of the Civic Hospital be developed not as a Public Private Partnership. **Our OHC submission to TOH's public consultation** outlined a number of well-known research papers citing the problems with P3's, a model which is known to cost more and deliver less. Ontario's Auditor General has also recently concurred with this analysis, as Committee Members may know, suggesting that P3's cost Ontarians $8 Billion over the last decade.

Personal Experiences With Our Healthcare System

I'm here today to share some very personal family experiences. While it is difficult to share, it's important to me and my family that you hear about them because we want you to understand what can happen when you are in need of medical care and it's not there for you.

Longer wait times, staff shortages and delays in the delivery of the healthcare services we need can have devastating life changing effects. I know this from firsthand experiences. In 2014, after suffering a serious heart attack, my husband waited more than 3 days in emergency before a bed opened up in the cardiac unit for him. He developed serious complications that brought us back to emergency on many occasions. In November of 2017, he underwent another stent procedure.

As we sat together in the open recovery room that was filled to capacity, we couldn't help but overhear the nurses advising patients at the end of the day that they would be sent home without their scheduled procedures because of delays throughout the day. Although patients were prepped and ready and had been waiting hours in some cases, their procedure would have to be rescheduled in the New Year. My 55 year old sister-in-law had a similar experience. After waiting all day in hospital for a procedure to implant a stronger defibrillator, she was sent home late afternoon. Her appointment was rescheduled for two weeks later. She died at home the morning of her rescheduled appointment. She left behind her elderly parents who relied on her as their main care giver, a daughter and a son who was doing his best to cope with mental health issues. He struggled with her sudden death. She was an important part of his support network. He began to have difficulty holding a job, going from one minimum wage precarious job to the next. He struggled financially with his student debt and continued to withdraw. His mental health issues were getting worse. My nephew ended his pain this past year by taking his own life. This had a devastating effect on our family. One of my sons in particular, was having a very difficult time dealing with the loss of his cousin. He turned to cocaine and alcohol to try and cope. When I approached him about counselling, he was reluctant. He is in the early months of a new job but he didn't feel safe to ask for time off to get the help he needed. His job is not a 9 to 5 job and he is often sent out of town without a lot of notice. He was anxious about the high cost of counselling because he doesn't have any benefits coverage and is already feeling very stressed about meeting his payments for his student loans.

This past holiday season my brother-in-law suffered a stroke. He waited 3 days in emergency before a bed finally became available for him in the ICU stroke unit. The level of care needed in the ICU stroke unit is high, there is 1 nurse for every 2 patients. He has since been moved out of the ICU to a bed on a regular floor. The ratio of patients to nurses seems to be somewhere around 8 to 1. With so many patients in their care, responding to a call button can sometimes take some time. My brother-in-law fell to the floor with his bedside table crashing down on him after a long wait for his nurse. On the day the Code Orange was called here in Ottawa, staff cautioned patients that there would be fewer staff on the floor because they were being called to other departments to assist.

After many years of cuts and threats of more to come, it seems that the plan for managing our healthcare system is to neglect one patient to meet the needs of another. I want you to understand that this can and does have life changing effects on health outcomes, peoples' lives and the lives of their families.

I also want you to understand that privatization is not a solution. Our children and grandchildren go from one minimum wage precarious job to the next without healthcare or pensions. They struggle with student debt and raising rent costs. They are already neglecting their care because they can't afford the services of practitioners, prescription drugs or dental care. They are not alone. Quality healthcare benefit plans are being replaced with new "innovative" "spending account" type models as employers squeeze whatever they can out of benefit plan costs, leaving plan members to fend for themselves just when they have to deal with more serious healthcare issues and their spending accounts have been maxed out to the limit.

Poverty among seniors is on the rise. Ability to pay cannot be a barrier to access care just when their needs are increasing.

The situation is dire for many and our system is failing many. There is an absolute need for increased funding and expansion of our public healthcare. Please consider my story and the story of others as you set out your budget.