Ottawa Health Coalition
Protecting public healthcare for all.

Submission to the Standing Committee on Finance & Economic Affairs
January 23, 2020

Introduction

The Ottawa Health Coalition is providing the Standing Committee on Finance & Economics Affairs with a written proposal for the 2020 Ontario Budget. For reasons unknown the Committee is not holding a consultation meeting in Ottawa or any community in Eastern Ontario this year.

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

As a chapter of the Ontario Health Coalition (OHC) our coalition has hosted town hall meetings, met with local municipal and provincial politicians and participated in rallies to highlight the impact of the health care cuts in Ottawa. We also presented to this Committee in January 2019. We agree with the priority recommendation that **Health Care funding must be improved and proper capacity planning restored to provide services based on need and stop rationing, cuts and downsizing.**

Our submission will outline some of our concerns in the Ottawa area regarding long term care, home care, hospital care, municipal public health and the increasing threats of funding cuts and privatization of public health care services.

1. 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 15,000 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. Ontario's wait list for long term care beds has climbed to more than 36,200 over the last year.
The Fiscal Accountability Office of Ontario released a report in October projecting that once the 15,000 long-term care beds that the Ford government promised to build in 5 years are complete, the long-term care wait list will have increased to 37,000 due to the increase in the elderly population needing care. Note: not even the first 100 of those promised beds are built yet.

We recommend the government improve funding for long term care homes, provide enhanced funding to improve wages and working conditions for Personal Support Workers (PSWs) and provide reduced tuition, grants and access to daycare for PSW courses.

We also recommend the creation of a sound fiscal plan to fund the expansion of long term care to meet population needs.

We further recommend the adoption of the "Time to Care" Bill 13 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.

In support of the work of the Ottawa Health Coalition, we wrote to all of the 24 members of the Ottawa municipal council and made a formal presentation to the Community and Protective Services Committee. We met with several city councilors. The response from all, including a letter from Mayor Watson, demonstrated widespread support for the city's long term care facilities including improved funding and sustainable funding from the province. The coalition also wrote to the 13 Members of provincial parliament. This culminated in a meeting with Minister of Long Term Care Fullerton. The Minister recognized the funding and the PSW crisis facing long term care and home care.

2. Home Care

The province needs to take charge of home care 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 i.e. PSWs 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 the elimination of the Community Care Access Centres (CCACs) and the elimination of the Local Health Integration Networks (LHINs) in progress, our fear is that home care will be left to private providers without the necessary government oversight and accountability.

3. Hospitals Cuts, Funding and Privatization

Stop devastating hospital cuts & rebuild capacity in our public hospitals to meet the needs of Ottawa and Eastern Ontario

The occupancy rate at Ottawa Hospitals is usually greater than 100%, 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%. Temporary 'surge funding' is not a solution to constant overcrowding and delays. We note that such overcrowding means hallway medicine -- something the current government promises to end.

We doubt promises can be kept to end hallway medicine given what we see by way of the government's stated intentions by way of fiscal objectives that are expected to extract $22 Billion dollars more from provincial revenues over the next 3 or 4 years. These cuts to revenues occur on top of tax cuts of about $20 Billion already taken out of government funding capacity since the 1990s.

Ontario government program spending is at the bottom of per capita spending in Canada. Spending on hospitals is over $400 per person lower than the Canadian provincial average. The resulting crises in our hospitals are predictable under these circumstances and needs to be addressed. See the appended Charts 1 & 2.

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, Monfort $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 (2,483 beds reported x 27.4% =680.3). 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.

Hospital funding must be set at a rate that will protect service levels, stop cuts and privatization.

The best evidence shows that Ontarians need a 5.3 percent hospital funding increase per year for the next 4years: approx. 2.3 percent inflation; 1 percent population growth; 1 percent aging; 1 percent increased utilization. This is not an outlandish recommendation. Ontario currently funds its hospitals at the lowest rate in Canada. There is considerable distance to go even to meet the average of the rest of the provinces. Furthermore, there is precedent for significant reinvestment. In the late 1990s to the early 2000s when the Harris/Eves government began to restore funding after the deep cuts of the mid-late 1990s, hospital funding increases varied dramatically, running to 12.8 percent per year, as needed, to address the crisis that had emerged.

The new Campus of the Civic Hospital must not be developed as a Public Private Partnership (P3). Our OHC submission to TOH's public consultation outlined a number of 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 concurred with this analysis, as committee members may know, suggesting that P3's cost Ontarians $8 Billion over the last decade. We request that this committee recommend that the province act on the Auditor General's recommendations and take leadership to ensure that the procurement for public hospitals be fully transparent and open to public scrutiny and accountability**.**

We are very concerned about the capacity of the new Civic campus site and further privatization of health care in our community. The new facility must not be developed with a view to shifting patients to private clinics and private for profit long term care facilities. We are concerned that the privatization of elective surgeries including knee and eye surgeries, as well as diagnostic procedures like endoscopies, will result in reduced access, user fees, increased costs and poorer care.

The provincial government who is contributing 80 percent of the cost for the new facility should insist that the hospital be constructed with a view to no contracting out of services to private forprofit clinics or corporations for hospital support services.

A capacity plan must be developed and implemented, based on evidence of actual population need, to reopen closed hospital wards and floors, reopen closed operating rooms and restore needed services that have been cut.

Hospitals in every medium-to-large sized town in Ontario, including Ottawa, report that they are full, often operating at dangerous levels of overcrowding amounting to 100 percent capacity (every single bed full) or even higher. In towns all across Ontario patients are treated in sunrooms, broom closets and on stretchers in hallways, sometimes for days, waiting for a hospital bed to open up. Local ambulance services report the number of days in which they are operating at Code Zero – that is there are no ambulances available because all are held up at overcrowded emergency rooms waiting to offload patients – have reached record levels. 329 times in 8 months in 2019.

https://ottawa.ctvnews.ca/paramedics-at-level-zero-329-times-in-8-months-1.4628782

Yet there is an almost-total consensus among governments and health policy leaders internationally that levels of crowding exceeding 85 percent capacity lead to bottlenecks and blocked emergency departments, cause dangerous ambulance offload delays, increased incidence of hospital-acquired infections, worsen violence rates, and are unsafe. It is also irrefutable that overcrowded emergency departments lead to higher rates of patient mortality. A capacity plan to reopen closed wards and operating rooms must be urgently developed to restore public hospital capacity to safe levels.

Hospital global funding increases were set below the rate of inflation from 2006 to 2016 and were frozen from 2012/13 to 2016/17. In 2018/19 global funding again was set below the rate of inflation. Global hospital budgets have been cut in real dollar terms (inflation-adjusted dollars) for more than a decade with only 2 years of slight recovery around the last election. By virtually every measure, Ontario now ranks at the bottom of comparable jurisdictions in hospital care and capacity levels.

As a result, hospitals large and small in every geographic region of Ontario have cut services, closed operating rooms, reduced bed and staff numbers, even while wait lists and wait times for services have increased significantly. Hospitals are now at dangerous levels of overcrowding, staffing levels have dropped precipitously, and patients are suffering as they are forced to wait longer and drive further to access care and are discharged before they are stable.

4. Public Health Units - Restructuring

We request that the provincial government follow through on the following motion to the Board of Health that was carried by the City of Ottawa Council on September 25, 2019.We

request that the city conduct open and transparent consultations regarding restructuring and amalgamation with local community input and accountability.

THEREFORE BE IT RESOLVED that the Board of Health for the City of Ottawa Health Unit recommend that City Council request that the Mayor ask the Minister of Health to maintain the relationship between the City of Ottawa and Ottawa Public Health, which maximizes the coordination between public health programs and municipal services, and benefits from the integration of administrative and other efficiencies; and,

BE IT FURTHER RESOLVED that the Board of Health for the City of Ottawa Health Unit request that the Chair of the Board of Health, working with the Medical Officer of Health, ensure that, in calculating future budget allocations, the Ministry of Health recognize the City of Ottawa's ongoing in-kind contribution, which is not currently accounted in Ottawa Public Health's annual operating budget.

Conclusion

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.

In Ottawa, like other communities across Ontario, health care providers, patients and their families are dealing with a health care system not living up to the promise of the Canada Health Act. All healthcare sectors from hospitals, long term care, home care, primary health care and public health need adequate resources. It is time to rebuild our public health care, to re-establish sound planning and funding levels, to build capacity, and to restore compassion.

Chart 1

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*