



Ontario Health Coalition Public consultation on hospital reform

Template submission for use by members of OPSEU's Hospital Professionals Division

As part of a public consultation on hospital reform, the Ontario Health Coalition (OHC) is holding public hearings across the province. The OHC is inviting all individuals who access or work in health care, or the organizations representing them, to attend public hearings and submit oral or written submissions on how best to reform Ontario's hospitals in the public interest.

***Please see below for the OPSEU template submission**, which can be used as a guide. Please keep in mind, however, that the OHC is eager to hear about your local and personal experiences with the health care system and the challenges you and your colleagues face on the front lines when it comes to providing quality patient care. OPSEU members are the experts on the ground!

Your input will be used to help create a report, which will be released publicly this fall. The OHC also plans to use the recommendations from the hearings to measure the political parties' health care plans leading into next spring's provincial election.

Presentations are 10 minutes per person. To book a time to make an oral submission, contact the Ontario Health Coalition at 416-441-2502 or ohc@sympatico.ca. **The deadline for written submissions is Friday, October 27 at 5 p.m.** Written submissions can be as informal as a hand-written note. All submissions will be accepted.

Submission

A submission by *[insert name, position, and if applicable, the local or sector you are representing]* to the Ontario Health Coalition regarding public consultations on hospital reform

[insert date of oral presentation or written submission]



Ontario Public Service Employees Union, 100 Lesmill Road, Toronto, Ontario M3B 3P8
www.opseu.org

Introduction

For the better part of the last decade, the services and infrastructure that make up the foundation of our public health care system have been chipped away at during an “Age of Austerity” in Ontario. During this period, funding for public services has been cut back sharply – at the expense of regular Ontarians and to the great advantage of private for-profit health care providers. Needless to say, inequality is growing, and the working conditions of health care workers and hospital professionals are deteriorating.

This is of particular concern to OPSEU and its members. OPSEU members not only use the public services that are funded and delivered by the province; we also deliver the services, and we are the public face of the system. At the bedside and behind the scenes, we are on the frontlines of health care.

Ontario’s hospitals

There’s no easy way to say it: Ontario’s hospitals are in crisis.

The crisis in our community hospitals has been systematically created through relentless cuts that have lasted nearly a decade. From 2008 until 2017, the province set hospital global funding increases below the rate of inflation. This meant real-dollar cuts, and from year to year, Ontarians saw services and staff cuts deepen. **This was the longest period of sustained hospital cuts in Ontario’s history.**

As a result, Ontario ranks at the bottom of comparable jurisdictions on hospital care levels:

- Ontario has the fewest hospital beds per capita of any Canadian province;
- Ontario ranks near the bottom for funding of our public hospitals (both by population and as a percentage of GDP).

Take this opportunity to explain the impact of chronic underfunding and cuts, in your experience.

Here are some questions to help guide your submission response:

What cuts have you seen in your hospital: a) in the past 10 years, b) in the last 5 years, c) in the last year? Be specific.

How have these cuts impacted staffing levels, and the services provided?

Do you and your colleagues feel you’ve got the necessary resources to do your jobs?

What could be improved, and how?

Hospital overcrowding

In October of 2017 it was reported that in each month from January through May, acute-care occupancy exceeded 100 per cent at six community hospitals in the Greater Toronto Area (GTA).¹ A half-dozen

¹ Reynolds, Christopher. Oct 2, 2017. “Horwath says health minister needs to “man up” on hospital overcrowding.” QP Briefing.

other large health centres saw 89 per cent or more of their acute-care beds occupied for all five months.²

As a benchmark, an occupancy rate of 85 per cent or lower is considered acceptable and safe, according to standards outlined by the Organization for Economic Co-operation and Development (OECD).

According to the Ontario Hospital Association (OHA), emergency department wait times hit record levels this summer. OHA president Anthony Dale stated that, “Many hospitals have operated through the summer under very unusual and worrying surge conditions... even with the 2017 budget announcement, further investments are urgently needed this fiscal year in order to ensure timely access to services for patients.”³

In November 2016, Ontario Auditor General Bonnie Lysyk described a bleak outlook for Ontario’s large community hospitals. The report describes a state of severe overcrowding in the hospitals visited by her audit team. According to Lysyk, 60 per cent of all medical wards in Ontario’s large community hospitals had occupancy rates greater than 85 per cent in 2015.⁴ This means the majority of large community hospitals are dangerously overcrowded.

While bed and service cuts have been a major component of the overcrowding crisis, severe and chronic understaffing is also to blame. Simply put, there are not enough staff to keep pace with the demand for services in our community hospitals. It is the health professionals in our hospitals that provide diagnoses, treatments and therapies, but without sufficient staffing levels, patients will continue to wait much too long for access to needed services, and our hospitals will remain overcrowded.

The scenario described here is undoubtedly bleak. As a result of the severe overcrowding described, patients are left waiting on stretchers in hallways, or makeshift alternatives to hospital rooms.

Guiding questions:

Has overcrowding been an issue in your hospital? Please describe. For example, has this been an ongoing issue, and for how long?

Where are patients placed while they wait for a hospital bed?

Hospital restructuring and mega-mergers

The problems faced in our health care system are exacerbated by the latest wave of mega-mergers and service consolidations sweeping the province. This wave is part of a larger trend of restructuring that has been relentlessly pursued since the 1990s, when the then-PC government of Mike Harris created the *Ontario Health Services Restructuring Commission*.

As with all restructuring, there are major costs associated with mergers. While restructuring is viewed as an opportunity to “streamline” and consolidate services, the reality is that restructuring facilitates more

² Ibid.

³ Reynolds, Christopher. Oct 2, 2017. “Horwath says health minister needs to “man up” on hospital overcrowding.” QP Briefing.

⁴ 2016 Annual Report of the Office of the Auditor General of Ontario.

cuts, as more power falls into fewer hands. The consolidation of services and resulting cuts have been particularly hard hitting in rural and northern communities where patients are forced to travel farther for the care they need.

Guiding questions:

Has your hospital been impacted by restructuring?

Have you merged with another hospital or facility? How has this impacted your working conditions and the provision of health care services in your community?

Improving access to quality care

In the April 2017 provincial Budget, the government announced that overall health funding would increase by 3 per cent – less than the rest of the public sector. Community hospital funding increases were set between 2 and 3 per cent, with no promise of multi-year stable funding increases. While this amount covers basic inflation, it does not go far enough to counteract nearly 10 years of deep cuts – resulting in dangerous levels of overcrowding – let alone population growth and aging.

According to Ontario's Financial Accountability Office (FAO), "If the current level of health care quality and service are to be maintained, health expenditures will require 5.3 per cent annual increases from this year to 2020." According to the FAO, the cost drivers that impact health sector expenses include population growth, population aging, inflation, and income growth, which helps to explain why inflation in health care is significantly higher than regular inflation. Current funding increases are nowhere near enough to keep up.

Simply put, the government must restore beds, services and staffing levels to meet our communities' needs for care.

In Ontario, community hospitals are overseen, and funded, by Local Health Integration Networks (LHINs) – which themselves are funded by the Ministry of Health and Long-Term Care. LHINs are required to forge "Accountability Agreements" with health service providers, such as hospitals, and these agreements set out performance measures and funding levels, which the LHINs are supposed to oversee. In reality, there is no real enforcement for many of the performance measures set out in these agreements, as a result of the weak accountability framework in which the LHINs themselves operate. Without enforced performance measures, the LHINs cannot ensure that communities' needs for quality health care are being met, yet they manage to deflect responsibility.

In order to improve access to quality health care, LHIN Accountability Agreements with hospitals must include assessments of population need in their determination of performance measures/funding levels. These agreements must also stipulate clear consequences for failing to achieve these performance goals.

The primary function of the LHINs should be to focus on planning to provide well-funded services and meet population need – not seeking out endless opportunities to "integrate" and restructure our community hospitals.

It's time for the province to restore financial stability and fund safe levels of hospital service.

Guiding questions:

With improved funding levels, what could be improved immediately at your hospital (workforce and patients)?

How would this funding help in meeting your community's needs?

What other aspects besides funding need improvement in your workplace in order to improve working conditions and/or patients' care needs?

Democracy and accountability in health care

LHINs are not accountable to the public or the workforce. LHINs are appointed by Cabinet, as are their board chairs and vice-chairs. They are not accountable to local communities, and there is virtually nothing in the LHINs legislation that enables anyone locally to influence LHIN decisions. The LHINs answer only upwards – to the Ministry of Health and Long-Term Care. With the passing of the *Patients First Act* in December 2016, the LHINs now have more power, but not more accountability. Historically, the LHINs have worked to integrate and cut hospital services endlessly.

Despite the rhetoric of “improved efficiency” through the creation of LHIN sub-regions or “hubs,” the reality is that there is not enough funding for programs, services and staff, including allied health professionals, to meet population need.

It is for this reason that OPSEU has remained steadfast in calling for democratically-elected LHIN boards of directors that are accountable to their communities and representative of the diversity of their communities.

Additionally, OPSEU has called for:

- Clear rules that govern when and for what reasons meetings can be held in-camera and what information must be made publicly available. The public must have clear rights to access information.
- Requirements for public consultations, mechanisms to ensure consultation feedback is factored into decision making, and a system of redress for complaints.
- A formalized relationship between the LHINs and key stakeholders, including mandatory health professionals' advisory committees within each LHIN. There must be an open and transparent consultation process with patients, their families, and the workforce – the experts on the ground.

Guiding questions:

Do you have experience dealing with your local LHIN, hospital board or other local planning/decision making bodies? If so, do you feel that your voice is represented?

In your view, are there ways that local democracy could be improved? Why is this important to you?

Privatization

For some time, the provincial government's playbook for health care has been to create a crisis through cuts, then offer privatization as a solution. It isn't.

Privatization creates investment opportunities for private companies at the expense of the public health care system. The main bidders on contracts for cleaning, food services and portering in hospitals are often multinational consortia. Millions of dollars are being siphoned from the public purse into private hands annually.

As hospitals have struggled to balance their budgets for nearly 10 years, they have been forced to find previously unimaginable areas to cut. As a result, we've seen the hiving off of services from our community hospitals and the proliferation of private clinics – diagnostics, surgical, cataracts, etc. These private clinics have taken over many of the services previously provided on a non-profit basis in community hospitals. They raise profits by charging extra user fees to patients, and have institutionalized the practice of comingling medically necessary services with medically unnecessary tests and procedures to make it easier to collect user fees (prohibited under the *Canada Health Act*). In some cases, these clinics are double-dipping, which means they are billing patients and OHIP for the same procedures. They are siphoning money away from the public system, all while good paying jobs and public services are on the chopping block.

OPSEU has consistently demanded that all new capacity in the health care system should be created under the model of public, non-profit ownership only.

Guiding questions:

Do you have contracted-out services in your hospital? Please describe which services, when they were privatized, etc.

Describe how this has impacted the services provided.

Are there services or procedures that have been cut completely from the hospital, that are now provided by a private provider outside of the hospital? Has this impacted staffing levels, quality of care, etc. Please describe.

Was your hospital built as a Public-Private Partnership? How has this impacted the delivery of care?

In your opinion, could the "contracting-in" of services be beneficial? In what ways?

Public health care matters

The vast majority of Ontarians agree: public health care is part of the Canadian identity. We are proud of a system where we take care of each other; where access to health care is based on need, not one's ability to pay. Public medicare is, after all, based on the principles of equity, compassion and fairness.

What does public health care mean to you? Why is it important to have a public health care system?

Do you have any additional thoughts or comments about positive reform for Ontario's hospitals?