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For Immediate Release

Attn: Assignment Editor

Ford Government Health Care Report Not a Prescription for a Cure: Coalition Takes Serious Issue with Devlin's Claims

Toronto -- Rueben Devlin's report was released today with the central communications headline from the Ford government that more hospital beds will not solve hallway medicine. This is politically and factually untrue, warned the Ontario Health Coalition. Mr. Devlin is the former CEO of Humber River Regional Hospital, where, under his leadership, three entire hospitals were closed and replaced with one privatized P3 hospital that had too few beds to serve its catchment population, notes the Health Coalition. The former Liberal government reopened mothballed hospital sites to deal with the overcrowding and lack of capacity at Humber River and other regional hospitals. Devlin was also the President of the Ontario Conservative Party during the Harris years in which Ontario's hospitals suffered massive restructuring. In order to cut \$800 million, the Harris government spent \$3.9 billion in restructuring costs, according to the Provincial Auditor. Local governance and democratic hospital boards were eliminated from dozens of communities, reams of hospitals were closed, and, ultimately, the restructuring led to the devastation of services in many medium and smaller hospitals.

The most egregious part of the report is actually the communications headline used by the government in its release this morning, said the Health Coalition. World-wide evidence supports the Health Coalition's longstanding contention that Ontario has far too few hospital beds. See the Coalition's backgrounder on Ontario's hospital bed shortage here: <http://www.ontariohealthcoalition.ca/index.php/release-backgrounder-ontario-government-responsible-for-overwhelmed-hospital-emergency-departments-critical-bed-shortages-systemic-and-pervasive/>

"Every jurisdiction with a modern public health care system reports its number of hospital beds per capita as a vital component of system capacity," warned Health Coalition executive director Natalie Mehra. "the government's claim smacks of a political line used as cover for cuts to funding for public services in order to pay for its tax giveaways to corporations and the wealthy, not a serious policy response to a crisis of overcrowding in Ontario's hospitals. We are deeply deeply disappointed. We are very concerned that this is a set up for privatization."

"What happens in Ontario's overcrowded hospitals is that all the beds in the wards are full because so many beds have been closed down. Surgeries are cancelled because there are no beds to recover in. Patients get backlogged into the emergency department waiting on stretchers for a bed to open up. Then ambulances can't offload because the emergency department is too full. The hospital goes into code gridlock and turns all kinds of resources over to pushing people out of hospital ever "quicker" and "sicker". Readmissions go up, mortality goes up, infections go up, violence goes up, and wait times go up," described Natalie Mehra, executive director. "This is exactly what we are seeing in every large and many medium-sized hospitals in Ontario. It is factually untrue to deny it."

"The claim that Alternative Level of Care (ALC) patients are blocking beds is a partial explanation at best. It has been overblown to cover for Ontario's cuts to hospital beds which have been the deepest and most radical cuts of any province in Canada and of any developed nation. That's what the actual evidence shows," noted Ms. Mehra. "The fact is that Ontario has redefined ALC and is pushing patients out of hospital that would be considered chronic care or psychogeriatric hospital patients in other provinces and countries. You can call ever more acute patients "ALC" and create a culture where the drive is to push people out of hospital, but this has been proven in Ontario to be causing poor outcomes and suffering. It is not in the public interest."

The Coalition has regularly reported on Ontario's standing in terms of hospital funding and measures of capacity and outcomes. By virtually every measure, the evidence points to a serious lack of hospital bed and service capacity. These statistics are available with sources at <http://www.ontariohealthcoalition.ca/index.php/health-system-facts-trends/funding/> and they are from CIHI/Stats Can/OECD data, which comes from governments' own data:

- Ontario has the fewest hospital beds of any province in Canada, with 1 fewer bed for every 1,000 people compared to the average of other provinces (aggregate total shortfall is 14,000+ fewer beds than the average of the rest of the provinces).
- Ontario has the highest rate of hospital readmissions in Canada. Just over 1 in every 9 patients discharged end up readmitted to hospital within 30 days, pointing to too-early discharges.
- Ontario has the lowest hospital nursing hours per patient of any province in Canada and the gap is growing each year.
- Ontario has fewer hospital beds per person than all of our peer countries and ranks third from the bottom of all OECD nations.

The Coalition responded to other of Mr. Devlin's claims:

"The term system "integration" has been used as code to cover offloading of hospital patients and downsizing public hospitals for decades. Privatization would result in more fragmentation, not integration. So it is not clear at all what, if anything, this is supposed to mean," noted Ms. Mehra. "While digital records that actually work-- and that actually protect patients' right to choice and privacy-- would be a huge improvement, this in no way negates the need to rebuild public hospital bed capacity to meet population need."

"We must be very clear. An urgent care centre is just another name for a walk-in clinic. It may be cheaper (or potentially not) but it has no triage, no nursing care in the waiting room, no diagnostic lab, no emergency physician. It is not an emergency department," Ms. Mehra explained.