

The Emerging Crisis in Chronic Care

The Ontario government has shut down thousands of chronic care hospital beds. According to the Ministry of Health, in 1994-95, there were 10,325 chronic care beds in Ontario. By 1998-1999, only 7,787 beds remained, a cut of 2,538 beds or 25%.

Worse cuts are planned. According to the government's Health Services Restructuring Commission (HSRC), by the year 2003, the chronic care bed stock will be reduced to a mere 4,958 "complex continuing care" beds, a staggering 52% reduction since the Conservative government came to power.

The HSRC used the number of people aged 75 or older to determine the number of chronic care beds in a region. Specifically, 8.23 beds per 1000 persons aged 75 or over (or 823 beds for a region with 100,000 people over 75). This is a radical reduction from former levels. A number of categories of patients would simply no longer be treatable through chronic care hospitals or chronic care wards. But even the HSRC admits that appropriate standards based on needs and outcomes remains to be determined.

The HSRC used the number of people aged 75 and over to determine the number of chronic care beds. This number will increase dramatically in the future. Even the HSRC admits that in the seven years between 1996 and 2003, there will be a 32% increase in those 75 and over. But the HSRC did not make any forecasts beyond 2003, just three years from now. We know, however, that the population over the age 75 will very grow rapidly after 2003. This will require more chronic care beds, even using the HSRC guidelines.

Cutting Funding and Cutting Care

The government's plan is to place the patients displaced from chronic care into nursing homes or homes for the aged facilities that are funded much less than chronic care hospitals. They receive less than half the public funding received by chronic care facilities from well over \$200 per patient per day in chronic care to less than \$100 per resident per day in nursing homes. This means that the Harris government provides more money to house prisoners than to take care of elders in nursing homes.

Inevitably, the funding cuts will mean a dramatic reduction in care. The government is simply introducing cuts in care for elders (and other chronic care patients) under the guise of hospital restructuring.

The HSRC admits that nursing homes and homes for the aged have been unable to accept heavy care applicants in recent years. Yet it also admits that the patients moved from chronic care will be heavy care.

The Predictable Results

The results of this policy are becoming evident. Perley Rideau Veterans Health Centre is the farthest along of the chronic care hospitals scheduled for conversion to a nursing home or home for aged. Three years into its five-year conversion, the care the veterans and elders receive is totally inadequate. The patients are substantially the same as before the funding cuts, only they get less care. Yet the Perley still has not yet hit its funding bottom and more layoffs are coming.

The Salvation Army Grace chronic care hospital in Toronto had the opportunity to convert to nursing home beds. But management demanded the workers accept an indefinite wage freeze and a two tier wage system. In effect, fewer workers would be forced to do more for less pay. When the workers said no, the hospital refused to take on the long term care beds. The hospital is now scheduled to close March 31, 2001.

OCHU/CUPE Campaign

At its recent annual convention, delegates authorised OCHU/CUPE to begin a campaign to defend chronic care services and chronic care workers. Key demands are:

- Restore the number of chronic care beds to the 1993 level of 10,598 province-wide
- Chronic care hospitals scheduled to close down or convert to long term care must be maintained as chronic care hospitals
- Chronic care beds in general hospitals must be maintained
- Funding must be maintained at the chronic care ("complex continuing care") level

Our fight for chronic care is just beginning.

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