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Attn: Assignment Editor

For Immediate Release

## **Doug Ford's Figures "Way Off": Coalition Deeply Concerned About His Statements on Hospitals in Northern Ontario**

Toronto – On this week's swing through Northwestern Ontario PC Party Leader Doug Ford cited wildly incorrect numbers for hospital bed costs and raised the spectre of another round of hospital bed cuts. Mr. Ford was quoted in Thunder Bay's media yesterday falsely stating that comparable hospital beds cost \$3,500 while long-term care beds cost a fraction of that, and suggesting that he will find "efficiencies" by cutting hospital beds and moving patients out to cheaper sites.

"We are deeply concerned because Doug Ford's numbers are completely wrong and this could lead to devastating cuts in our hospitals where patients are already suffering from dangerous levels of overcrowding and bed cuts that have gone too far," warned Natalie Mehra, executive director of the Ontario Health Coalition. "Not only are the numbers wrong but Mr. Ford is comparing apples and oranges. You cannot cut higher care hospital beds and offload patients to places where they won't get enough care. We hear from families devastated by this all the time. Their loved ones end up suffering and ultimately are back in hospital in worse condition."

Hospital beds are funded at rates that reflect the intensity of care provided in them. Not only do hospital long-term care beds receive the same funding as long-term care beds in other facilities, but even the most intense hospital beds – Intensive Care Unit (ICU) beds – do not cost as much as \$3,500 per day. Acute care bed funding ranges from several hundred to a thousand dollars or more per day depending on the level of care that patients need. Already, Ontario patients have among the shortest length-of-stay in hospital of anywhere in Canada, meaning that patients are discharged faster than ever.

Moreover, one of the most common complaints of residents and their families and advocates in Ontario's long-term care homes is that there is not enough care provided to keep residents safe and meet their needs for daily care. Families who can afford to hire in extra care are forced to do so at their own cost, meaning that costs are not less, the burden is simply shifted onto families when their loved ones are in need. A private PSW can cost \$25-\$30 per hour and a nurse can cost double that. To buy private care costs families up to hundreds of dollars per day. In any case, there is no place to move patients since, as of December 2017 there are 34,000 people on the wait list for long-term care.

But even more concerning are the statements this week and in the last few weeks about finding "efficiencies" and suggesting bed cuts in Ontario's hospitals. Ontario already has suffered decades of cuts to hospital services. This province now has the fewest hospital beds left per person of any province in Canada, the least amount of RN and RPN nursing care per patient in hospital, the lowest hospital funding in the country and the highest rate of hospital readmissions. In fact, among all OECD nations, Ontario ranks right at the bottom in the number of hospital beds left per person. Only Mexico and Chile of all developed nations have fewer. See charts and sources here: <http://www.ontariohealthcoalition.ca/index.php/health-system-facts-trends/funding/>

"Doug Ford's comments in Thunder Bay sound disturbingly like the language used in the Harris-era hospital cuts and restructuring. We are deeply concerned," said Jules Tupker, Thunder Bay Health Coalition co chair. "Thunder Bay's

hospital is packed to the rafters. Patients are on stretchers in hallways and every conceivable space. We simply cannot take any more hospital cuts.”

In recent weeks, Ford has called for the implementation of a Toyota manufacturing process called “LEAN” to find cuts in hospitals. This is an old idea that has already been used in health care since the 1990s and is widely despised and ridiculed by health care professionals, nurses, support staff and patient groups.

“Patients are not widgets or car parts in a manufacturing plant and they ought not to be treated as such,” said Sara Labelle, a laboratory technologist and Health Coalition Board Member. “In any case, we already did LEAN years ago. The result? Cuts to front-line staff and services, less care for patients, privatized services and more user fees.”

“We already did LEAN. In one example, it got to the level that the people who were spending their time managing LEAN rather than providing patient care were moving around the drug carts to make flow more “efficient” , leaving them out in the open in patient areas and the drugs got stolen. It was not cheaper. It was ridiculous,” said Shirley Roebuck, RN, emergency room nurse and Board Member of the Health Coalition.

While in the north Ford pledged to “cap all taxes”, even though Ontario already funds our public services at the lowest rate of any province in Canada. (See 2018 Ontario Budget Chart 3.3). There are tax loopholes, such as in the Employer Health Tax, that allow law firms and accounting firms for example in downtown Toronto to avoid paying the tax even though their employees are among the highest income earners in the country, taking home hundreds of thousands of dollars per year. If the EHT loopholes were closed, more than \$2 billion per year could be found to improve health care services for all Ontarians. Ontario needs revenue measures that can improve funding and services that Ontarians need, not cuts and unfair tax breaks and loopholes for the wealthy and corporations at the expense of the public interest.

“Health policy cannot be made up on the fly, based on incorrect anecdotes and simplistic vows to find “efficiencies” that risk even more serious cuts than we have already experienced,” warned Natalie Mehra, executive director of the Ontario Health Coalition. “The result is real suffering for people when ill and in need. In this province the most critically urgent need in our hospitals is to reopen closed wards, beds and operating rooms, to restore care levels and to deal with the dangerous overcrowding and waits. We need more hospital beds, not more cuts.”

The Coalition is urgently seeking a meeting with Doug Ford to brief him on the under-capacity crisis in Ontario’s hospitals and to ask him to rethink his statements of the last few weeks.

The Coalition is calling on all political parties in Ontario to pledge to a restore public hospital capacity, to reopen closed beds, wards and hospital floors, a guarantee that patients will not be required to wait on stretchers in hallways for 24 hours or more to get a hospital bed, and enough hospital funding to deal with the crisis at 5.3% increases for the next four years.

The Ontario Health Coalition has spent the last decade working with local MPPs and municipal politicians of all political stripes and local groups to stop the hospital cuts and save services. Together, in recent years, we stopped the closure of the Welland Hospital, saved the Wallaceburg Hospital, stopped the closure of the birthing units in Brockville and Leamington, helped save the ICU and services in Midland, saved rural hospitals across Ontario from being closed, and won the reopening of beds and services across the province.

