Ontario Hospital Association

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MEDIA STATEMENT

CBC News: Emergency Department Closures
November 2024

Provincial Occupancy Pressures

Ontario's hospitals work extremely hard to ensure that patients have timely access to care. However, hospitals across Ontario face systemic pressures due to the province's growing and aging population, especially a rising number of alternate-level-of care (ALC) patients awaiting discharge to another more appropriate setting. In early November 2024, there were more than 4,300 ALC patients in acute care beds – with more than 40 per cent of those patients waiting for long-term care. When occupancy levels are high, there are delays in admission for patients waiting in emergency departments.

Rural and Remote Hospitals

Since the end of the pandemic, some hospitals in rural and remote areas of Ontario have temporarily closed their emergency department, typically overnight, due to staffing challenges. This is the most difficult decision any acute care hospital will ever have to make, and it only takes place when there is no other option available. Decisions to reduce hours involve very comprehensive communication plans and include active engagement with Emergency Medical Services (EMS) partners and neighbouring hospitals. Providers relentlessly reinforce that anyone needing immediate assistance call 911.

Many of these organizations have long faced systemic pressures. The legacy of disruption caused by the COVID-19 pandemic, especially labour market shortages, has pushed some hospitals into these difficult circumstances despite determined efforts by hospital leaders and dedicated clinical teams.

Deficiencies in CBC Analyses

In reviewing CBC's data and analyses on emergency department closures across the province, the OHA offers the following corrections and clarifications: First, the CBC has erroneously included urgent care centres in its analysis of emergency departments:

- Urgent care centres and emergency departments provide quite different services. Urgent care centres provide services for those with unexpected but non-life-threatening health concerns that require same-day treatment. By their nature, most are open to patients during the day only. In 2023/24 there were more than 350,000 visits to urgent care centres in the province of Ontario.
- Emergency departments specialize in providing urgent medical attention for serious conditions and injuries. High acuity, high volume emergency departments rely heavily on access to specialists, diagnostic imaging and laboratory services and are open 24 hours a day, 365 days a year. In 2023/24 there were more than 6 million emergency visits in Ontario.

The Peel Memorial Hospital (William Osler Health System) urgent care centre, Hotel Dieu Kingston urgent care centre, Port Colborne (Niagara Health System) urgent care centre and Fort Erie (Niagara Health System) urgent care centre should be dropped from the CBC's analyses.

The Peel Memorial urgent care centre was closed as a strategic decision during the COVID-19 pandemic and staff were redeployed to serve other patient needs. The centre itself was repurposed into an assessment and testing facility for COVID-19. However, as stated, it was not – and is not – an emergency department.

Second, the CBC's analyses track all closures using "number of days with a closure" as the unit of measurement. This suggests the hospital is closed all day, when, as noted, many emergency departments close for limited periods of time during a day.

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The presentation of such sensitive information by the CBC requires context. The following hospitals and their emergency departments have been identified by the CBC as being among “the top ten hospitals with the most days with a closure”: Nipigon, Durham (South Bruce Grey), Walkerton (South Bruce Grey), Chesley (South Bruce Grey), Clinton and Wingham and District.

Their combined number of emergency department visits in 2023/24 represents less than one per cent of the total volume of emergency department visits in Ontario in that year. While overall volumes at these sites are low, the overwhelming majority of patients accessing services at these sites do so during the day. Evening and overnight volumes are also typically low and, as noted, it is often the overnight period when many rural and remote facilities have temporarily closed.

Within this context it is also important to note that patients with life-threatening conditions, such as trauma or stroke, are typically stabilized at the nearest emergency department and then transported by air or land ambulance directly to hospitals equipped to provide care for patients with such urgent, complex, and specialized needs. Where agreement with EMS exists, small, rural, and remote hospitals with low volumes and low acuity patients will be bypassed.

Addressing Staffing Challenges

Ontario hospitals have made great progress in addressing staffing challenges and are more vulnerable due to their size. The hospital workforce has grown by 35,000 net new positions between 2019 and 2024, including 7,500 additional registered nurses. Total compensation for Ontario’s more than 65,000 registered nurses has increased by more than $1 billion, or 20 per cent, between 2019 and 2024. Staffing data demonstrates that provincial vacancy rates have dropped back to pre-pandemic levels and overall, the situation has improved significantly at the provincial level.

That said, small and rural hospitals still face unique and multi-faceted challenges. In recent years, the Government of Ontario has implemented a range of programs designed to recruit and retain health care workers to encourage practice in rural and remote communities. Hospitals are also working diligently to develop temporary measures to help maintain services and minimize impact on patient care during staff shortages, including leveraging innovative staffing approaches.

The Future of Care in Rural and Remote Communities

Small, rural and remote hospitals fell outside the authority of the Health Services Restructuring Commission (1996-2000), which had a mandate to restructure hospitals in Ontario. Many small and rural hospitals have voluntarily reconfigured hospital governance and/or hospital services, including emergency department care, to better meet the needs of their communities. In remote parts of Ontario, especially in the north, small hospitals’ emergency departments serve their communities through the provision of low volume unscheduled emergent care in addition to scheduled care for low acuity patients. In some parts of Ontario there are large clusters of hospitals with similar characteristics within close geographic proximity to each other.

The Rural and Northern Health Care Framework, released by Ontario’s Ministry of Health and Long-Term Care in 2011, describes how longstanding challenges in these communities range from geography, to weather, to the availability of health professionals. It provided comprehensive recommendations to stabilize and strengthen access to care in rural communities. Despite extensive advocacy, these recommendations were not adopted by the government of the day.

For years, small, rural and northern hospitals have been demonstrating extraordinary creativity, resilience and commitment to improving care for their communities, such as through innovative models of care like rural health hubs. As Ontario’s population continues to grow and age very rapidly, the forecasted burden of chronic disease

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will grow even larger. The OHA believes that it is essential to move beyond a focus on traditional models of acute care in rural and remote communities. With their partners, hospitals should be allowed to adapt by redesigning their services, including emergency department services, leveraging new technologies and expanding their scope to provide integrated health and social services. Health care everywhere in Ontario must adapt, especially in rural and remote parts of the province, in the face of the very significant challenges that lie ahead.

- Anthony Dale, President and CEO, Ontario Hospital Association

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