

## **Harris scores high in politics, PR. Despite cash infusion, Ontario hospitals still short of resources**

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**By Dr. Gordon Guyatt**

"We have eight patients waiting for beds, Dr. Guyatt. Take your pick."

That was the typical message from the bed management office during the last month I spent as an attending specialist in internal medicine at St. Joseph's Hospital. I was serving as one of two staff physicians on St. Joseph's clinical teaching unit – the ward where I supervise medical students, interns, and residents taking care of sick general medical patients.

I was also in charge of bed management for the ward. Each morning I chose the patients waiting in emergency who would be most appropriate for the two or three beds we had available in the teaching unit. Because of the bed shortage in the hospital, I had up to ten emergency patients to choose from – as well as one or two who needed transfer from the hospital's intensive care or coronary care unit to a general medical ward.

The patients whom I passed over would remain in the emergency room for up to four days, waiting for a bed .

"I feel like crying," a colleague told me when I could not accept an old woman who was starting her fourth day in emergency. "No one has time to get her up from bed. The lights are on all the time, there is always noise. So she lies in bed, gets no sleep, becomes confused, and deteriorates. It's the wrong place for her."

The general medical patients are only part of the story at St. Joseph's. Each morning, physicians are looking for beds for between 15 and 25 patients. Across the city, the typical total is 70 patients.

This is the sort of situation Ontario hospital chief executive officers were pointing to when, earlier this year, they told the provincial government that their budget allocation was \$750 million short of what the hospitals needed. Initially, Health Minister Tony Clement replied that the provincial allocation to hospitals was adequate, and his government would give no

more.

The hospital CEOs' complaints received considerable press attention, and after intense negotiation, Mr. Clement eventually allocated another \$268 million to the hospitals. It is not enough. Even with the additional \$268 million, St. Joseph's is projecting a \$9 million deficit, and Hamilton Health Sciences, which includes the other three city hospitals, an \$18 million deficit. Furthermore, these deficit projections are based on a 2 – 3% wage increases for nurses whose contract is currently under arbitration. The arbitrator may well rule the nurses should receive more than 3%. If so, the deficits will increase. The situation is similar across the province.

Negotiations between the province and the hospitals continue. Few believe that there will be no further dollars for hospitals. Rumours have it that the government will eventually come up with between \$100 and \$200 million more. Indeed, last week's announcement of new cash for updating medical equipment, some of which will go to the hospitals, provides some welcome relief.

The government's strategy seems to be to offer as little as possible, and wait to see the intensity of the distress that patients and their families feel, and the loudness of the outcry from press and public. They then make two or three separate announcements of additional funding. The government appears to compromise, and may even look generous. An announcement last week, for instance, earned them a Spectator headline "Hamilton gets \$5.1 million of medical equipment".

The Harris Tories have been tremendously effective in their political manoeuvring and public relations. Given their tax-cutting priorities, the government strategy for dealing with hospitals may be politically astute. Unfortunately, it is not the best way to manage a health care system.

The first problem is that at the end of the drawn-out bargaining, the hospitals will remain short of the resources they need. It is frightening, for instance, to think of how hospital emergency rooms will look in December and January.

Those months see a highly predictable yearly flu epidemic that sends many people to hospital. The elderly often need admission. If the emergency rooms are currently full of patients waiting for unavailable

beds, how will the situation look this winter? Hospital administrators can be prepared, but only if they have the dollars to keep open the required number of beds.

The second problem with the current approach is that hospital administrators are never sure of the size of their budget, even during the current fiscal year. The unstable situation makes intelligent forward planning impossible.

Take one example. Our health care system faces a serious shortage of available nurses. The problem is not that the required number of nurses don't exist. Rather, they have been driven from the workforce, or the country, by lay-offs, and workplace stress that is becoming increasingly difficult to bear.

One of the problems nurses face is a shortage of full-time positions. When the Harris government took over and made their big cutbacks in funding, the hospitals had to eliminate a large number of nursing positions. For many nurses, this required expensive severance packages.

Not much later, the hospitals found they could not cope without an adequate nursing contingent. They are now offering part-time jobs to those same nurses whose positions they so recently, and so wastefully, eliminated.

Far-sighted hospital CEOs would like to create more full-time nursing positions. In particular, they would like to provide job security to young nurses entering the profession. At the same time, they must avoid the demoralizing situation of hiring, and then within months eliminating, the new positions. Without stable, predictable funding, the hospitals must continue to rely on part-time, fill-in nurses.

Ontarians want a well-functioning health care system they can rely on. Survey result show that equitable, high-quality health care is more important to us than tax cuts.

There is plenty of money available. The Tories could easily have found the extra \$750 million dollars the hospitals need. They could, for instance, have limited the \$2.1 billion tax cut they handed to the corporations in their last budget. If the government would offer hospitals adequate,

stable, foreseeable funding, the hospitals could begin to deal with the serious health care delivery problems they now face.