

Robbing the public to build the private:

The Ford government's hospital privatization scheme

February 21, 2024



Who We Are

The Ontario Health Coalition represents more than 750,000 Ontarians in 500 member organizations, a network of Local Health Coalitions and individual members. Our members include: seniors' groups; patients' organizations; unions; nurses and health professionals' organizations; physicians and physician organizations that support the public health system; seniors' groups; non-profit community agencies; municipal groups; student groups; ethnocultural organizations; residents' and family councils; retirees; poverty and equality-seeking groups; women's organizations, and others. The Coalition is funded through donations and memberships, monthly giving, and many fundraising events and activities.

Mission and Mandate

The Ontario Health Coalition's primary goal is to protect and improve our public health care system. We work to honour and strengthen the principles of the Canada Health Act. We are led by our shared commitment to core values of equality, democracy, social inclusion and social justice; and by the five principles of the Act: universality; comprehensiveness; portability; accessibility and public administration. We are a non-profit, non-partisan public interest activist coalition and network.

To this end, we empower the members of our constituent organizations to become actively engaged in the making of public policy on matters related to our public health care system and healthy communities. We seek to provide to member organizations and the broader public ongoing information about our health care system and its programs and services, and to protect our public health system from threats such as cuts, delisting and privatization. Through public education and support for public debate, we contribute to the maintenance and extension of a system of checks and balances that is essential to good decision-making. We are an extremely collaborative organization, actively working with others to share resources and information.

History

The Ontario Health Coalition was founded more than forty years ago and has a long history of public interest advocacy on matters of health care policy, programs and law that dates from the early 1980s, including having participated in the consultations that lead to the passage of the Canada Health Act in 1984. It has been deeply engaged in public interest advocacy concerning Canadian health care ever since.

The Coalition has grown into the largest and broadest public interest group on health care in Ontario, and has successfully saved local health care services in communities across Ontario from cuts, closures and privatization. The Coalition has led public advocacy efforts that have won amendments in the public interest to many pieces of health care legislation, including patients' rights to access quality of care information, public disclosure, limits on secret (in-camera) meetings for health care governing bodies, requirements for public hearings, penalties for private clinics and individuals illegally charging user fees and extra-billing patients, inspections and enforcement in long-term care, improved care standards, and more.

Introduction & Summary

For more than a hundred years, communities have donated, fundraised, volunteered and built local public hospitals to provide services close to home. Ontarians also fund and subsidize the education of health professionals, nurses and physicians to provide the care needed by our communities.¹ An entire body of legislation, reporting and oversight has been developed over seventy years to provide high quality, public health care in our public hospitals. Ontario's public hospitals enjoy overwhelming support from the population. As such, their privatization could not be accomplished unless they were dismantled, under-resourced, and unable to provide for their communities; and that is exactly what is happening.

In order to carry out the privatization of the public hospitals, the Ford government has chosen to undertake policy measures that deprive public hospitals of the resources they need – both human and financial – and transfer those resources to private for-profit corporations, clinics and hospitals. Instead of funding public hospitals, it has imposed real dollar cuts. At the same time as it has pushed public hospitals into deficit, the Ford government has vastly increased the funding to private for-profit clinics and hospitals. It has imposed wage caps that have resulted in real dollar wage cuts to staff in public hospitals while shifting hundreds of millions to private for-profit staffing agencies and private for-profit clinics and other private health care providers without wage constraints. The government has chosen not to spend the funding available to it to deal with the health care crisis, instead putting billions into their contingency and surplus.

To date, the government has failed to answer the central questions. Across Ontario, public hospitals have operating rooms that are underused due to underfunding and understaffing. There is existing staff, but they are being taken away from public hospitals to for-profit staffing agencies and

clinics. Why pay for-profit clinics and hospitals to rebuild operating rooms and take staff out of our public hospitals to privatize our public hospitals' services at far greater cost?

This report outlines the evidence of the policy choices of the current government that have facilitated the creation of a crisis in our public hospitals while pouring resources into private for-profit hospitals and clinics. The evidence is irrefutable. It shows that the Ford government has:

- Imposed real dollar cuts for public hospitals, pushing them into service closures and deficits, while funding for-profit hospitals and clinics with increases up to and over 300%;
- Funded private hospitals at double the rate per surgery than it funds public hospitals;
- Funded private for-profit ophthalmology clinics across Ontario at 21% or more for each cataract surgery²;
- Left operating rooms in public hospitals across Ontario closed down or unused the majority of the time, while paying for-profit clinics and hospitals to build new privatized operating rooms;
- Refused to take action on the for-profit staffing agencies that are charging up to three times more than public hospitals for staff, having escalated their prices by more than 70% since Ford took office, while imposing wage caps and real dollar cuts on staff in public hospitals;
- Chronically underspent the health care budget, shunting billions to contingency fund and budget surplus, while leaving hospitals in unprecedented crisis.

The bottom line? Hundreds of millions in public money is being used to dismantle and privatize the core services of our public hospitals, robbing the public to build the private.

¹ Physicians' tuition, for example, is subsidized by the public. They are trained by publicly funded physicians. Their medical liability insurance is publicly subsidized.

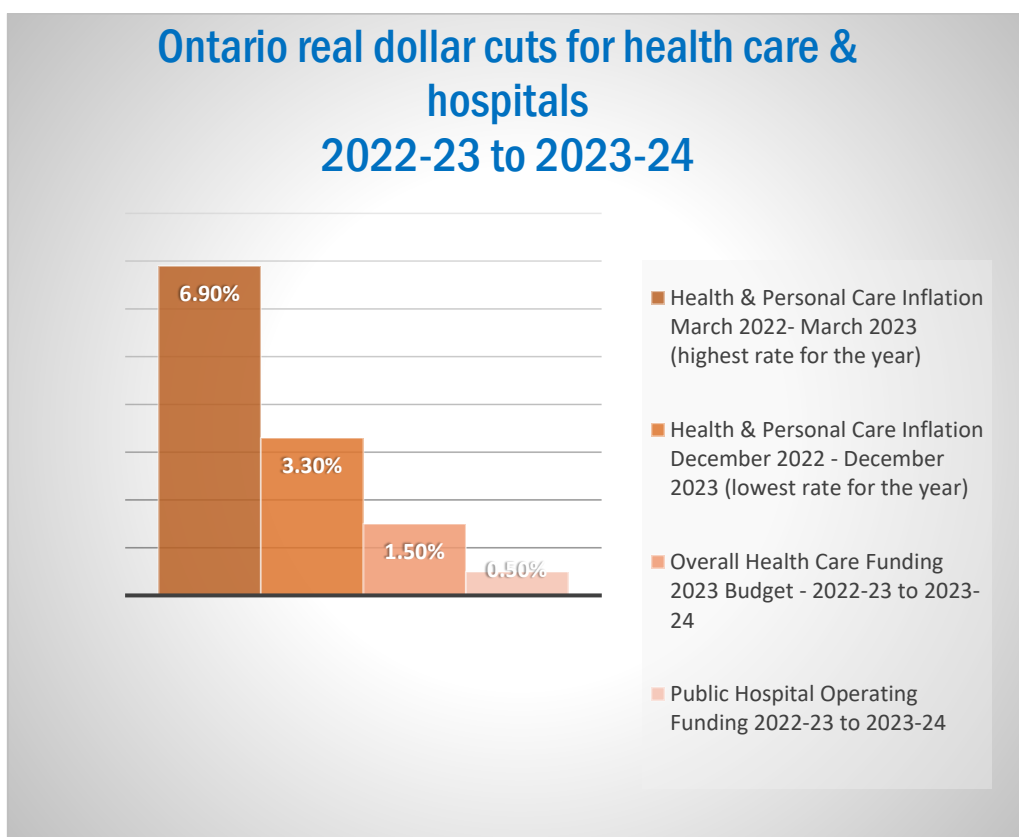
² This is the low end. A private cataract surgery contract in Kingston, Ontario reveals that the provincial government is funding a 56% increase in costs for the privatization scheme. See page 7 for details.

Real-dollar cuts for the public; the sky's the limit for the private.

According to the Ontario's Financial Accountability Office (FAO), an independent body that reports to the Legislature of Ontario the health care budget for this year is expected to increase by \$1.2 billion (\$79.8 billion to \$81 billion) a 1.5% increase.³ At the same time, Statistics Canada reports that Ontario's health and personal care inflation increased at 5.6% (September 2022- September 2023), dropping to 3.3% (December 2022 – December 2023).⁴ Even at its lowest, the inflation rate has been more than double the overall funding rate for health care, something economists call "real dollar" cuts. It means that

public hospitals cannot maintain even existing services let alone improve them. At the same time, parts of health care are being funded at higher than the rate of inflation. At the very highest rate of increase are the private clinics and private hospitals. On the other end of the spectrum, some parts of the health care system are being subjected to extremely low funding and real dollar cuts in order to finance the vastly increased funding for private for-profit health care. Public hospitals – and the patients who rely on them - are the biggest victims in this scenario of robbing the public to build the private.

Funding for overall health care in Ontario this year is less than the rate of inflation; in economists' terms, a "real dollar" cut. The picture is even worse for public hospitals.



³ https://www.fao-on.org/en/Blog/Publications/health-update-2023#_ftn3

⁴ Statistics Canada. [Table 18-10-0004-08 Consumer Price Index, monthly, percentage change, not](#)

[seasonally adjusted, Canada, provinces, Whitehorse and Yellowknife — Health and personal care](#)

Real dollar cuts for public hospitals have thrown the vast majority into deficit, forcing service closures across the province

For public hospitals, the picture is even worse. Operating funding for public hospitals this year is increasing at half of one percent (0.5%).⁵ In order to maintain existing service levels, hospital funding would have to keep up with inflation, population growth, and aging/utilization pressures. At 0.5% funding, hospitals have been thrown into crisis, unable to meet costs and maintain services. Currently, the vast majority of Ontario's hospitals report that they are in deficit,

paying for high interest loans and using up reserve funds in order to continue providing services.⁶

The result of the underfunding and under-resourcing of Ontario's public hospitals is glaringly evident in the unprecedented closures of local emergency departments and other vital services such as birthing, ICUs and laboratories. In 2023, there were more than 1,200 vital service closures in local hospitals across Ontario.⁷

Ontario Public Hospital Vital Service Closures January 1 – November 24, 2023

Temporary or permanent emergency department closures	868
Hospital urgent care centre closures	316
Outpatient laboratory closures	2
Obstetrics unit temporary closures	11
ICU closures	1
Long-term closure of labour & delivery unit	1
Total	1,199

More than 200% increase for private clinics, almost 300% for private hospital

The contrast could not be more stark. While public hospitals are receiving real dollar cuts, the private clinics (euphemistically called Independent Health Facilities) have been given more than 212% increase since last year, from \$38,693,100 in 2022-23 to \$120,693,100 in 2023-24.⁸ Their funding more than tripled in one year.

Private for-profit hospitals are outlawed in Ontario. They have been banned since 1971, when

the existing private hospitals were grandfathered in, all new ones forbidden, and expansion of the existing ones barred.⁹ There are only two remaining private for-profit hospitals in Ontario that do surgeries: Clearpoint (aka the Don Mills Surgical Centre) and the Shouldice Hospital. According to government records, despite the prohibition on expanding for-profit hospitals, during the tenure of the Ford government from fiscal years 2017/18 – 2021/22 the Don Mills Surgical Centre received a 278.2% increase in

⁵ Ontario Government Budget Estimates 2023-24 [here](#) under "operation of hospitals". Same source for 2022-23.

⁶ Payne, Elizabeth, *Most Ontario hospitals are facing deficits, some have reached their financial limit: Ontario Hospital Association* [Ottawa Citizen](#), January 12, 2024.

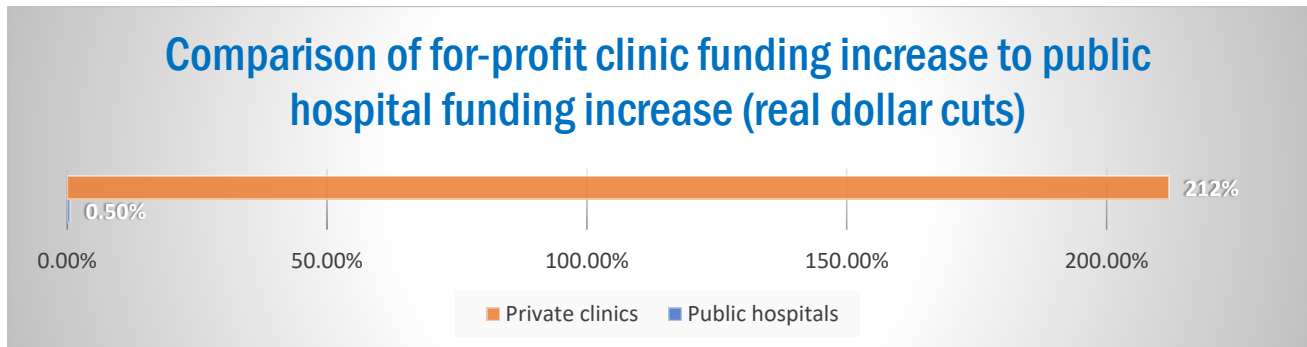
⁷ Ontario Health Coalition, [Unprecedented and Worsening: Ontario's Local Hospital Closures 2023](#), December 5, 2023

⁸ Government of Ontario expenditure estimates by Ministry (Ministry of Health) search "Independent Health Facilities" 2022-23 [here](#).

⁹ Ontario Health Coalition, *Ford Government Expanded For-Profit Hospital in Violation of the Law and While Lying to the Public: Health Coalition and Democracy Watch Call for Concrete Measures to Protect the Public Interest in Wake of Revelations about Former Health Minister Lobbying for For-Profit Hospital* [Media Release](#), November 20, 2023.

funding and the Shouldice Hospital received a 19% increase in funding.¹⁰ The Clearpoint (Don Mills Surgical), for which Ford's former Health Minister

registered as a lobbyist after leaving her position as Minister, has received the most.



Higher Costs in For-Profit Hospitals and Clinics

The Ford government passed Bill 60 in May 2023 to facilitate its plans, already underway, to expand for-profit clinics to privatize core public hospital services, including surgeries and diagnostic tests. Their claim was that private clinics would more efficiently reduce wait lists for surgeries and diagnostic tests. This claim does not withstand scrutiny. Per unit, funding for surgeries in private clinics is far higher than that in public hospitals. There is no separate staff stream for private clinics. Private clinics take their staff from the public health system. At the same time, private clinics do not have ICUs, they do not teach medical students, and they only take the profitable patients – those with the least complex surgeries and diagnostic tests, leaving the more complex, heavier care patients to the public

hospitals. The funding that the Ford government has transferred to private for-profit clinics and hospitals would provide far more surgeries in public hospitals: it is the opposite of an efficient wait times strategy. This section contains the evidence of higher costs, taken from government documents, accountability agreements and contracts with private clinics and public hospitals.

Don Mills Surgical Unit is a for-profit hospital owned by Clearpoint Health Network which is in turn wholly owned by private equity firm Kensington Capital Partners Limited.¹¹ A CBC investigative report in November 2023, revealed that the provincial government is funding Don Mills Surgical at more than double the price of public hospitals per surgery.¹²

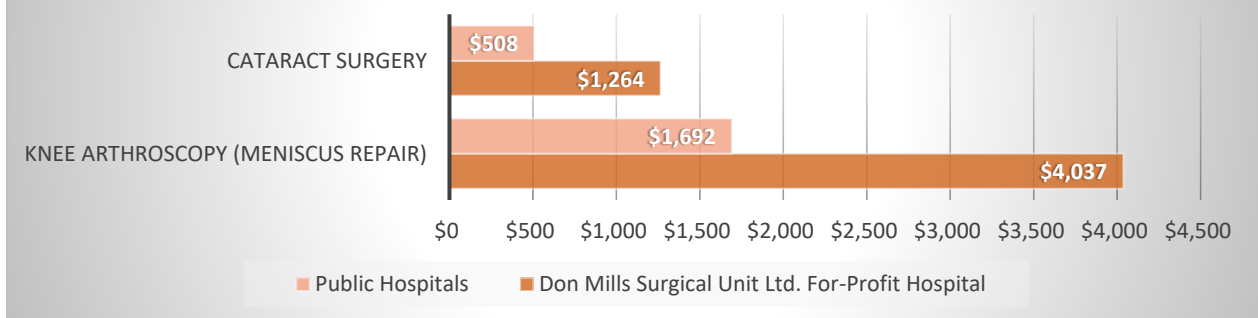
¹⁰ Longhurst, Andrew, Canadian Centre for Policy Alternatives. [At What Cost? Ontario Hospital Privatization and the Threat to Public Health Care](#), November 2, 2023.

¹¹ <https://twitter.com/CBCQueensPark/status/1724421031496994942>

¹² Crawley, Mike *Doug Ford government paying for-profit clinic more than hospitals for OHIP-covered*

surgeries, documents show [CBC News](#), November 14, 2023. The funding for Don Mills Surgical (for-profit hospital) was obtained through a Freedom of Information request. The funding for public hospitals per procedure was obtained through Health Service Accountability Agreements (HSAAs) with particular hospitals. Scroll down to Schedule A. See, for example: <https://unityhealth.to/wp-content/uploads/2023/06/HSA-2023-24.pdf>

Private hospital funding compared to public hospitals under Ford government



The Don Mills funding agreement gives different rates for three levels of complexity; minor, moderate and higher complexity. For that hospital, the cataract surgeries are defined as minor, while knee arthroscopy with meniscus repair is defined as moderate. Source: Ontario Health documents (CBC)

Ontario's private for-profit clinics are also receiving considerably more funding per surgery than our public hospitals. Currently, in Ontario, the for-profit surgical clinics are mainly private cataract surgery clinics. The for-profit cataract clinics are being funded a facility fee rate of \$605 per surgery.¹³ In comparison, public hospitals are funded \$500 per cataract surgery, up to 21% less than the private clinics get for each surgery. The waste of public resources is significant. For example, Herzig Eye Institute, a for-profit chain, announced it was given a license to provide 5,000 cataract surgeries per year in Ottawa¹⁴, yielding more than \$3 million in facility fees and \$2 million in surgeons' billings. That contract alone is giving the for-profit company at least \$500,000 more per year than a public hospital would receive.¹⁵ That is the just the tip of the iceberg. Some contracts with for-profit clinics are even richer for them, at the expense of the public.

A new report released by the Kingston Health Coalition, investigating a contract to privatize cataract surgeries finds that the provincial

government is paying a huge premium in order to fund the privatization. The KHC's new report used data from Freedom of Information requests covering two years, November 24, 2021, to September 30, 2023, of Kingston Health Sciences Centre (KHSC) privatizing cataract surgeries to a private for-profit chain, Focus Medical Ancillary. The contracts show that the surgeries were funded at more than \$627 per surgery plus costs for surgical supplies, patient registration, computer synchronization, administrative support, quality control, extra patient-education materials, scanning patients charts rather than direct computer entry, and the hospital's contract negotiation and contract maintenance costs, a patient navigator and IT staff support to facilitate the privatization. The cost to the health care system was \$2,036,779, a 56% increase over what it would have cost to perform the same services in the public hospital. If the same 2,590 surgeries had been done in the public hospital, which has underused operating rooms, it would have only cost \$1,305,360.¹⁶

¹³ The surgeons also bill OHIP at a rate of \$398 per surgery.

¹⁴ Payne, Elizabeth *Ottawa eye clinic says it has a licence to perform 5,000 additional cataract surgeries per year under provincial expansion* [The Ottawa Citizen](#), January 17, 2023.

¹⁵ Daly, Tamara *Ontario's private surgical clinics: Cheques but no balances when providing health care* [The Conversation](#), February 15, 2023.

¹⁶ Kingston Health Coalition, [A Clear-Eyed Analysis of Cataract Surgery Privatization](#), February 15, 2024.

Even Higher Costs for Patients in For-Profit Clinics

Not only do for-profit clinics get funded at a much higher rate per procedure from our public tax dollars, they also maximize their profits by extra-billing patients and charging user fees, even though it is unlawful to do so. In addition, they ‘upsell’ medically unnecessary tests and services to patients, often using manipulative tactics to do so.

The Ontario Health Coalition has phoned all the private clinics in Canada twice, and all the private for-profit clinics in Ontario an additional time.¹⁷ Each time we caught the majority of them extra-billing patients. This violates the Canada Health Act (Canada), the Commitment to the Future of Medicare Act (Ontario), and other provincial legislation. Without question, the privatization of public hospital services poses a real and urgent threat to the future of single-tier public medicare in our province and our country.

Patients are now routinely being charged \$3,000-\$4,000 or more for cataract surgeries in private clinics plus hundreds of dollars for medically unnecessary add-ons that they are persuaded are necessary, such as eye measurement tests.¹⁸ Double-billing – the practice of charging a patient and charging the public health system at the same

time for the same surgery or procedure – is also occurring in the private clinics.¹⁹

In our experience most patients do not know that they have the right to complain and get their money back. Even so, a Global News investigation found that since the Ford government took power in 2018, around \$70,000 in medical fees have been found to violate legislation that outlaws charges for procedures or services that are covered by public insurance. The vast majority of improper charges were found to be by clinics.²⁰

With very few exceptions, private clinics are getting away with violating the Canada Health Act, Ontario’s OHIP legislation and the Commitment to the Future of Medicare Act. Despite repeated press releases, media conferences and reports exposing these practices and despite lofty rhetoric from the Premier about patients never ‘paying with their credit card, only their OHIP card’, the private clinics that are breaking the law are not being stopped, fined or closed down as they should be. Much as in for-profit long-term care, inspections and enforcement are lax, and the private clinics have many close connections with the current government making it very difficult for public interest voices to supersede them.²¹

¹⁷ See:

<https://www.ontariohealthcoalition.ca/index.php/release-ford-government-expanded-for-profit-hospital-in-violation-of-the-law-and-while-lying-to-the-public-health-coalition-and-democracy-watch-call-for-concrete-measures-to-protect-the-public-inter/> and <https://www.ontariohealthcoalition.ca/index.php/release-briefing-note-patients-who-have-been-extra-billed-thousands-of-dollars-in-ontario-private-clinics-join-advocates-to-call-out-ford-governments-false-claims/> and <https://www.ontariohealthcoalition.ca/index.php/private-clinics-the-threat-to-public-medicare-in-canada-results-of-surveys-with-private-clinics-and-patients/> and <https://www.ontariohealthcoalition.ca/index.php/private-health-clinics-using-manipulative-tactics-to-over-bill-patients-ontario-health-coalition-report/> and <https://www.ontariohealthcoalition.ca/index.php/private-clinics-report-eroding-public-medicare-lessons-and-consequences-of-for-profit-health-care-across-canada/>

¹⁸ The medically-necessary eye measurement tests are covered by OHIP. It has now become routine in Ontario’s private for-profit cataract surgery clinics to charge patients for additional eye measurement tests using manipulative language to convince patients that they are necessary, or without giving patients any choice.

¹⁹ Tomlinson, Kathy *Some doctors are charging both government and patients privately in illegal double-dipping practice* [Globe and Mail](#), June 10, 2017.

²⁰ Callan, Isaac and D’Mello, Colin *Over \$42K in wrongful fees charged to Ontario patients by clinics since 2018* [Global News](#), May 9, 2023.

²¹ See, for example: Crawley, Mike (contributor) *Opposition parties critique PC government paying for-profit clinic more than hospitals for surgeries* [CBC News](#) November 15, 2023; Carty, Hannah and Zhu, Kayla. *Doug Ford’s donors keep benefitting from his private healthcare push* [Investigative Journalism Foundation](#) March 21, 2023; Thompson, Mitchell *Here Are All the*

70% Increase for For-Profit Staffing Agencies, 1% Wage Caps for Public Hospital Staff

The inequity in treatment extends to the privatization of our public hospital workforce. In addition to private for-profit clinics, vast amounts of public funds are being shunted to for-profit staffing agencies. Public hospitals are subject to real-dollar cuts that prevent them from recruiting and retaining staff, while at the same time the Ford government is giving extra funding to pay for private staffing agencies. Special COVID funding for locums that provide staff in public hospitals was cut and ended in the 2023 Ontario Budget, throwing small, rural and northern hospitals that depend on them into crisis, and it has only been extended temporarily as a result of the public outcry. Yet the Ford government has done nothing about exorbitant price increases by for-profit staffing agencies that are taking hundreds of millions of dollars out of our public health system and away from building public staffing capacity. While private staffing agencies engage in price gouging with impunity, wage caps far below the

rate of inflation – meaning real dollar cuts – were imposed on public hospital staff.²²

Under this government's tenure, the for-profit staffing industry has grown enormously while the public hospitals are facing vital service cuts and closures. Their policy choices have resulted in a vicious cycle in which staffing shortages and the reliance on for-profit staffing agencies create a worsening staffing crisis, thereby increasing reliance on private staffing agencies. It is not possible to attract staff to hospitals that are under threat of closure. Impossible workloads contribute to staff leaving, and since agency staff choose their hours and can choose to work only days or preferred shifts, it becomes harder and harder to staff the overnights and weekends. It is no surprise, then, that increasing numbers of public hospitals are closing vital services evenings, overnights and on weekends.

Starving the public...

In 2019, just before the pandemic, the Ford government passed Bill 124, imposing a one percent wage cap that covered public hospital staff, other health care staff and public sector workers. An investigative report by Global News found that the Minister of Health was informed that the wage caps would worsen the health care staffing crisis.²³ Despite this, when Ontario Superior Court of Justice struck down the wage caps as unconstitutional, the Ford government appealed the court's ruling. On February 22, 2024, the Ontario Appeal Court upheld the Superior Court's decision forcing the Ford government to repeal the wage caps. It must be noted that the Ford government's legislation imposed the health care wage cap only on nurses, health

professionals, PSWs and other health care staff *in public and non-profit health care providers* such as public hospitals. The for-profits were not subject to it.

In 2021, before the provincial election, locum funding under the COVID-19 Temporary Summer Locum Program Expansion (CTSLPE) was announced to allow hospitals in rural areas to attract locums with competitive wages and relieve the pressure of the physician shortage that was exacerbated by the COVID-19 pandemic.²⁴ However, the provincial government cancelled the

Corporations Lobbying Doug Ford To Privatize and Outsource Parts Of Ontario's Health Care System [Press Progress](#), May 4, 2022;

²² Thompson, Mitchell. *Doug Ford Led Ontario's Health System Into a 'State of Crisis' in 2022* [Press Progress](#) December 29, 2022.

²³ Callan, Isaac and D'Mello, Colin. *Ford government documents admit low wages, Bill 124 worsening health staffing issues* [Global News](#) January 9, 2023.

²⁴ Assistant Deputy Minister of Health. [Memorandum to Hospital CEOs](#) July 5, 2021.

CTSLPE as of March 31, 2023, effectively cutting off this source of funding.²⁵

On May 24, 2023, after hospital CEOs told the media that the cut could force emergency departments to close, and was pushing hospital budgets into deficit, the province finally renewed the CTSLPE until September 30. The renewal was announced belatedly, on June 1, after the Thessalon emergency department had already closed three times in May.²⁶ As the CTSLPE's

Feasting time for the private

Hospitals in Ontario collectively paid more than \$168.3-million in public funds to for-profit nursing agencies in the first three quarters of 2022-23 alone – more than four times the \$38.1-million the province's hospitals spent on agency nurses in all of 2020-21.²⁹ The costs not only reflect a dramatic increase in the volumes for for-profit staffing agencies, their escalation is also a result of huge price increases. Dr. Michael Warner, an ICU physician at Michael Garron Hospital in Toronto, reported that, prior to COVID, agencies charged hospitals \$65 an hour. By August 2022 they were charging \$110 an hour, he said.³⁰ He reports that between early 2020 and August 2022 there was a 70% increase in the price hospitals were being charged for nurse staffing from private agencies. For a last-minute shift, the cost rose to \$140 per

expiration date again approached, doctors and hospital leaders on the north shores of Lakes Superior and Huron and on Manitoulin Island warned that emergency departments in the north were at risk of collapse.²⁷ The provincial government then extended the CTSLPE on September 20.²⁸ The short-term temporary extension until March 31, 2024 stands in glaring contrast with the ongoing extraordinary public funding being given to for-profit staffing agencies.

hour; more than double the pre-pandemic price.³¹ By the end of 2023, private agencies are costing our public health system up to three times more than hiring staff nurses.³²

While public hospitals are staggering under the weight of unprecedented patient loads, viral outbreaks and a continued extra COVID burden, the provincial government has failed to provide a level of funding and stability that would enable them to retain staff, recruit new staff and begin to emerge from the crisis. At the same time, it has provided specific funding to hire private agency nurses³³ and funded select hospital deficits that are due to the extraordinary cost of privatization of the staff.³⁴

²⁵ Fleury, Clint. *Hospital CEOs express concern about physician staffing after locum funding cut* [NWOnewswatch.com](https://www.nwo.newswatch.com) May 24, 2023.

²⁶ Jones, Allison. *Ontario renews summer ER staffing funding for 1 more year* [Global News/The Canadian Press](https://www.globalnews.ca) June 1, 2023; also see North Shore Health Network *Thessalon Site Emergency Department Temporary Closure* [Media Release](#); MacDonald, Darren. *ER in Thessalon closing two days this week due to doctor shortage* [CTV News Northern Ontario](https://www.ctvnews.ca) May 23, 2023; North Shore Health Network. *Update – Temporary Emergency Department Closure* [Update Media Release](#).

²⁷ Rutherford, Kate. *ERs in rural northern Ontario are on the brink of collapse, doctors warn* [CBC News](https://www.cbc.ca) August 21, 2023.

²⁸ *Ontario extending funding that helps rural and northern hospitals avoid temporary closures* [The Canadian Press](https://www.thecanadianpress.com) September 20, 2023.

²⁹ Ha, Tu Thanh; Grant, Kelly; Chambers, Stephanie. *Have Nurses, Will Travel* [Globe and Mail](https://www.globeandmail.com) February 16, 2024.

³⁰ Laucious, Joanne. *'It's corrosive. They're price gouging:' Agency staffing is costing hospitals, LTC homes, critics say* [The Ottawa Citizen](https://www.ottawacitizen.com) August 18, 2022.

³¹ <https://twitter.com/drmwarner/status/1557722858142433280>

³² Dunn, Scott. *New money for agency ER nurses could end closures in short term* [The Post](https://www.thepost.ca) October 23, 2023.

³³ Ibid.

³⁴ See for example, Glengarry Hospital entry here: <https://www.ontariohealthcoalition.ca/index.php/briefing-note-sampling-of-recent-ontario-hospital-service-closures/>

Unused Public Hospital Operating Room Capacity By Region & Town

While the Ford government is diverting hundreds of millions of dollars to for-profit clinics and hospitals to rebuild operating room capacity, across Ontario there are operating rooms in every public hospital that are underused. In fact, the majority of the time, the majority of Ontario's operating room capacity in our public hospitals lies dormant. In many hospitals there are operating rooms that are closed permanently, some used for storage, because the hospital does not have the funding to recruit and retain the staff and pay for the operation of them.

The Ontario Health Coalition and local health coalitions across the province have compiled data from the last year on the underuse of our local public hospitals' operating rooms. The information is included here, organized by region, then town. The regions listed below are (in order):

- North
- East/Southeast
- Central – Grey County
- Central – Simcoe County
- Peterborough & the Kawarthas
- Toronto & the GTA
- Hamilton/Niagara
- West/Southwest

North

North Bay

There are ten operating rooms at the North Bay Hospital, three of which are dedicated to specific types of surgery such as obstetrics/birthing. Of the remaining seven operating rooms, only five are used on most days and only during daytimes. There is only one operating room in use on evenings and weekends.³⁵

Sault Ste. Marie

There are at least six operating rooms of which only four operating rooms are used due to staffing shortages. Those four operate during the daytimes. Only one operating room is running in evenings and on weekends usually.³⁶

East/Southeast

Alexandria

Glengarry Memorial Hospital has one operating room. It is only used one day per week for endoscopies only and otherwise not in use.³⁷

Almonte

Almonte General Hospital has two operating rooms. One is for obstetrics and operates 24/7. The other is a general operating room that is used from 8 a.m. to 3 p.m. on weekdays only.³⁸

Brockville

The Brockville General Hospital has six operating rooms. Five are in use on most days from 8 a.m. – 3 p.m. and the other one is only used part time on some days. Only two operating rooms may stay open later than 3 p.m. One team runs one operating room late – until 5 p.m. Another team is scheduled from 12 p.m. – 8 p.m.³⁹

³⁵ Confirmed with hospital staff November 2023.

³⁶ Confirmed with hospital staff November 2023.

³⁷ Response to FOI filed by Ed Cashman April 10, 2023.

³⁸ Response to FOI filed by Ed Cashman March 20, 2023.

³⁹ Response to FOI filed by Ed Cashman April 26, 2023.

Carleton Place

Carleton Place & District Memorial Hospital has one operating room that is used from 8 a.m. to 3 p.m. on weekdays.⁴⁰

Cornwall

The Cornwall Community Hospital has six operating rooms of which one is dedicated for endoscopies and another is dedicated for cystoscopy urology.

Five of the operating rooms function weekdays from 8 a.m. – 3:30 p.m. only, except one operating room that is available for use from 3:30 p.m. – 11 p.m and on weekends from 8 a.m. – 7:30 p.m.⁴¹

Hawkesbury

Hawkesbury and District General Hospital has three operating rooms but only two are in use due to staffing shortages.

The operating rooms run from 8 a.m. – 4 p.m. weekdays only with only on-call coverage for evenings and weekends.⁴²

Kingston

Kingston General Hospital has eleven operating rooms and two procedure rooms.

Two of the operating rooms are used for obstetrics and gynecology 24/7.

Only one is used in the evening until 11:30 p.m. and only one is used overnight.

Two operating rooms are used during the daytime on weekends.

The rest of the operating rooms are closed after 3:30 p.m on weekdays and are not used on weekends.

Hôtel Dieu Hospital has six operating rooms and one procedure room. They are not used during evenings and on weekends.⁴³

Nepean

The Queensway Carleton Hospital has eleven operating rooms, one of which is specialized for urology.

All operating rooms function on weekdays only from 7:30 a.m. – 3:30 p.m. with the exception of one operating room that is available for emergencies during evenings and weekends.

There is an on-call team for overnight emergencies.⁴⁴

Ottawa

The Ottawa Hospital has twenty-four operating rooms at the Civic, General and Riverside sites, plus two obstetrics/birthing unit operating rooms, plus two operating rooms for eye surgeries.

At the Riverside site, operating rooms close at 4 p.m.

At the Civic and General sites, the last case usually closes by 5 p.m. at which point two operating rooms are available for emergency cases. One team is on site and another is available on call for those operating rooms in the evenings and on weekends.

The birthing units have their last case booked at 2 p.m. with the operating rooms open and ready for use overnight and on weekends with staff available 24/7.⁴⁵

Pembroke

Pembroke Regional Hospital has four operating rooms plus one dedicated endoscopy room.

The operating rooms function from 8 a.m. to 3 p.m. on weekdays and are available in evenings and weekends only for emergencies with an on-call team.⁴⁶

⁴⁰ Response to FOI filed by Ed Cashman March 20, 2023.

⁴¹ Response to FOI filed by Ed Cashman April 22, 2023.

⁴² Response to FOI filed by Ed Cashman June 25, 2023.

⁴³ Response to FOI filed by Ross Sutherland January 2, 2024.

⁴⁴ Response to FOI filed by Ed Cashman February 22, 2023.

⁴⁵ Confirmed with hospital staff December 10, 2023.

⁴⁶ Response to FOI filed by Ed Cashman Mar. 23, 2023.

Central Ontario - Grey County

Meaford

Brightshores Health System – Meaford site has one operating room and one cataract suite. The operating room is open Monday to Friday 9 a.m. – 5 p.m. only.⁴⁷

Southampton

The Brightshores Health System – Southampton hospital has one operating room open on

Wednesday daytimes only, and it does scheduled outpatient general surgery and scopes.⁴⁸

Warton

The Brightshores Health System – Warton hospital has one operating room open only on Thursdays from 8 a.m. – 2 p.m. and it does colonoscopies.⁴⁹

Central Ontario - Simcoe County

Alliston

Stevenson Memorial Hospital has three operating rooms, one of which is used for endoscopies. They are closed after 3 p.m. on weekdays and available for emergencies only in evenings and overnight. On weekends, staff only work on an on-call basis.⁵⁰

Barrie

Royal Victoria Regional Health Centre has thirteen operating rooms, three of which are used for endoscopies, cystoscopies, and specialized surgical treatments. The operating rooms function Mondays to Thursdays 8 a.m. to 3 p.m. and Fridays 8:30 a.m. to 3 p.m. Only emergencies are done in evenings and overnight, and the hospital has reduced staff capacity on weekends for emergency surgeries only.⁵¹

Collingwood

Collingwood General and Marine Hospital has four operating rooms, one of which is used for endoscopies. They are closed after 4 p.m. on weekdays and used only for emergencies on evenings and overnight. On weekends, staff only work on an on-call basis.⁵²

Orillia

Orillia Soldier's Memorial Hospital has five operating rooms. They are closed after 3 p.m. on weekdays and only emergency surgeries are done in the evenings and overnight. On weekends, staff capacity is limited and the operating rooms are used for emergencies only.⁵³

⁴⁷ Confirmed with hospital staff by Grey Bruce Health Coalition December 15, 2023.

⁴⁸ Confirmed with hospital staff by Grey Bruce Health Coalition December 15, 2023.

⁴⁹ Confirmed with hospital staff by Grey Bruce Health Coalition December 15, 2023.

⁵⁰ Confirmed with hospital staff by Simcoe County Health Coalition January 2024.

⁵¹ Confirmed with hospital staff by Simcoe County Health Coalition January 2024.

⁵² Confirmed with hospital staff by Simcoe County Health Coalition January 2024.

⁵³ Confirmed with hospital staff by Simcoe County Health Coalition January 2024.

Peterborough & the Kawarthas

Peterborough

Peterborough Regional Health Centre has twelve operating rooms that are in use from 8 a.m. to 3 p.m. on weekdays.

Toronto & the GTA

Bowmanville

Lakeridge Health Bowmanville has six operating rooms, two of which are for eye surgeries. They are closed after 5 p.m. and are only occasionally open for call-backs until 11:00 p.m. On weekends and after 5 p.m. on weekdays, the operating rooms are used for emergencies only.⁵⁵

Oakville

The Oakville Trafalgar Memorial Hospital has thirteen operating rooms and four procedure rooms. Of the thirteen operating rooms, one is not in use at all. Six are dedicated (two – labour/delivery, two – orthopedics, one – particular types of general surgery, one – ear, nose and throat). Ten of the operating rooms run from 8 a.m. - 3:30 p.m. with complex cases running to approx. 5:30 p.m. One operating room is available evenings and overnight and on weekend for urgent/emergency cases only, and one team is available for cases at those times. The labour/delivery room is open 24/7.

Of the four procedure rooms, two are dedicated to urology (cystoscopy, urodynamics) and two are dedicated to eye surgeries. One of the eye surgery procedure rooms is not in use at all. One of the urology rooms is run two days per week. The other two procedure rooms run 8 a.m. – 3:30 p.m. only.⁵⁶

One of the surgical rooms is used from 3 p.m. to 5 p.m. for patients coming through the emergency room.

One operating room may be in use for emergency cases until 11 p.m. on evenings and weekends.⁵⁴

Oshawa

Lakeridge Health Oshawa has eleven operating rooms.

All function for the day shift only, and are closed evenings and weekends with the following exceptions:

Three operating rooms close a little later than the others -- at 5 p.m. or 6 p.m.

Overnight one general operating room and one dedicated orthopedics operating room are available.

Only one operating room is used on weekends, unless orthopedic surgeries that are behind schedule receive special permission.⁵⁷

Toronto

In Toronto most hospitals have operating rooms that are closed after 4 pm and on weekends. The majority of operating room capacity is not used.

One example of an expansion of public operating room time in Toronto that has a huge impact on wait times underlines the impact of the short OR hours. On April 1, 2023, Michael Garron and Sunnybrook hospitals partnered on an initiative to expand central intake for hip and knee surgeries and open additional operating room time on weekends to provide 1,335 hip and knee surgeries to reduce Toronto and region wait lists by 24% in one year.⁵⁸

⁵⁴ Information as at February 2024 from hospital staff.

⁵⁵ Confirmed with hospital staff January 2024.

⁵⁶ Response to a Freedom of Information Request filed by Helen Lee February 15, 2024.

⁵⁷ Confirmed with hospital staff January 2024.

⁵⁸ Ontario Hospital Association, [Hospitals Offer Creative Solution to Reduce Waits for Hip and Knee Patients](#)

Hamilton/Niagara

Niagara Falls

In Niagara Falls, there are four operating rooms and only one in use evenings and on weekends.⁵⁹

St. Catharines

The St. Catharines hospital has twelve operating rooms, of which two are not in use. On any given

day, most of the other operating rooms are use in the daytime and closed after 6 p.m. or so. Only one operates evenings and weekends.⁶⁰

Welland

In Welland, the five operating rooms are closed after 5 p.m. and not in use on weekends.⁶¹

West/Southwest

Cambridge

The Cambridge Memorial Hospital has six operating rooms, of which five are in use. Staff report that the operating rooms are closed on weekends.⁶²

Kitchener

Grand River Hospital has ten operating rooms of which approximately eight are in use. On any given day, seven or eight operating rooms will be in use in the daytimes, closing around 4 p.m. Usually, in the evenings and on weekends there are only emergency surgeries.⁶³

St. Mary's General Hospital has nine operating rooms plus one which is reserved for EP and TAVI. Of the nine operating rooms (excluding the one reserved for EP and TAVI, seven or eight are regularly in use during the daytimes and two of those are used for eye surgeries. Those in use are scheduled from 7 a.m. and usually wind down around 5 p.m.

London

Victoria Hospital has eighteen operating rooms with between two and four of them not running daily. In addition, there are four obstetrics/ birthing units at the Victoria Hospital and an orthopaedic surgery centre on Baseline Drive for a

total of twenty-five or twenty-six operating rooms.

On the weekends, they only run two operating rooms, sometimes three at most, for emergency cases only. Of the general operating rooms, between two and four are not running during the weekdays. Most of the operating rooms close in the afternoons (3 or 4 pm.) but a few are kept open until 6 p.m.⁶⁴

University hospital has sixteen operating rooms of which one is not being used.

They run 8 a.m. - 4 p.m. with a few running til 6 p.m.

In the evenings there is one operating room available and on-call coverage for emergencies only, 11 p.m. - 7 a.m.⁶⁵

St. Joseph's Hospital has ten operating rooms, one of which is regularly not being used, plus one lithotripsy room. A urology room was reduced in 2023 from three days/week to two days/week. All operating rooms wind down by 4 p.m. with the exception of two that run from 6 – 11 p.m. There is on-call coverage only, from 11 p.m. – 7 a.m. On weekends, one to two operating rooms run with on-call coverage from approximately 8 a.m. – 4 p.m.⁶⁶

⁵⁹ Confirmed with hospital staff November 2023.

⁶⁰ Confirmed with hospital staff November 2023.

⁶¹ Confirmed with hospital staff November 2023.

⁶² Reported by hospital staff November 2023.

⁶³ Confirmed with hospital staff November 2023.

⁶⁴ Confirmed with hospital staff December 11, 2023.

⁶⁵ Confirmed with hospital staff December 11, 2023.

⁶⁶ Confirmed with hospital staff December 11, 2023.

Conclusion

Ontario ranks last among all provinces in provincial funding for our public hospitals.⁶⁷ The current provincial government has chronically underspent its health care budget, even as our public hospitals have been thrown into deficits and crisis.⁶⁸ At the same time, unprecedented funding has been directed over to for-profit clinics and hospitals. The evidence of their higher costs is irrefutable. So too is the evidence that they undermine – perhaps fatally – the foundational principles of our public health system in Canada, that every person has the right to health care on equal terms and conditions without extra charges when they are sick, elderly and in need of care.

To date, the government has repeated propagandistic speaking points when questioned about their privatization:

- “You will never pay with your credit card, only your OHIP card” says the Premier, despite widespread proof that patients are indeed being charged thousands of dollars in private clinics for needed cataract surgeries.
- “We are not privatizing the hospitals”, despite the fact that they are indeed privatizing the core services of our public hospitals to for-profit clinics and hospitals.
- “It is more efficient”, as they pay double or more the price per surgery in private hospitals, and considerably higher prices in private clinics.

- “We are doing everything we can”, “unprecedented funding”, “tens of thousands of new staff” even as public funding for hospitals is being run at real-dollar cuts and nurse to population ratios are the worst in the country and declining.

The fact is that the privatization of our public hospitals is a policy choice looking for a rationale. There is no separate staff force. Private clinics and for-profit staffing agencies take their staff from our public health system to use for their own profit. Private clinics cost more, both for Ontarians as taxpayers and out-of-pocket when we are patients. Private clinics do not create staff. They take staff out of our public health system while only taking the less complex “profitable” patients, leaving the heavier, costlier, more complex patients behind for the public hospitals with less staff to care for them. At the same time, the profiteering in the private clinics threatens the very fundamentals of our health system.

It is beyond time that the Ford government be required to give a serious answer as to why they are robbing the public to build the private. It is beyond time that there is a rigorous investigation into who is benefitting from these policy choices and what their connections are to this government, because the cost both financial and in the threats to our local public hospitals and the future of our single-tier public health system are very real and urgent.

⁶⁷ See the following charts with sources: [On a per-person basis, Ontario ranks last in Canada](#) and [As a percent of provincial GDP, Ontario ranks last in Canada](#).

⁶⁸

<https://www.ontariohealthcoalition.ca/index.php/briefing-note-health-care-funding-briefing-note-putting-the-fall-economic-statement-in-context/>