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**Submission to Public Consultation: on Hospital Funding, Hamilton, Ontario**

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**Hospital Funding**

Public funding of Ontario's hospitals is consistently billions of dollars below the national average in several areas, including dollars on a per capita basis, the fewest number of nurses per patient and the fewest number of beds per capita basis.

The underfunding of hospital services has had a severe impact to maintaining services in rural and northern hospitals and other essential community services through the province.

The government must close the funding gap, moving hospital funding towards the national per capita average. 3338

**Hamilton Hospitals Are Severely Overcrowded**

Most of the Hamilton area hospitals are running regularly at more than 100 per cent capacity.

Overcrowding results in emergency room backlogs. Patients often have to wait for hours before being seen by a medical professional. Overcrowding is the result of no beds being readily available for new patients who have to wait on stretchers in hallways and “repurposed” maintenance closets, staff rooms, etc. until a bed becomes available. This in turn results in patients being pushed out of hospitals far too early and often placed in inappropriate and dangerous situations that often result in readmissions to hospital care.

Wait times become agonizingly long and painful as surgeries get cancelled because there are no available recovery beds.

More general patient beds, recovery beds, and transition beds must be made available in all Hamilton area hospitals as soon as possible. Closed down or underutilized ward space must be used to provide more beds.

There needs to be more funding for high quality long term care beds to provide for the “bed blockers” who can no longer rerun home due to care needs and safety issues not available to families or in the community, but no longer need in hospital level of care.

The current strategy seems to be that of placing a loved one at a facility other than the ones listed per procedure. It seems like some demented sales call/game where the salesman attempts to sell item A ,take loved one home, that way we free a bed up in hospital and don't take one in the transitional facility. If the sale of item A doesn't fly then try item B, transfer to a community transitional bed and we get a hospital bed back and the patient becomes someone else’s problem. If both A & B fail then try item C, increase pressure on family to move patient to a facility not selected by his loved ones. Presumably they have more openings, so we can get him out of hospital sooner. But either way sell that family something because we want that hospital bed back now.

**Hospital Personnel**

More qualified RNA's must be hired along with other professional medical personal and specialists such as X-ray technicians, psychologists, physical and occupational therapist, geriatric specialists and patient and family advocates.

Reinstate medical services that have been contracted out to private for profit agencies and companies.

**Hospital Cleanliness**

Hospitals have contracted out cleaning services that has resulted in sub-standard cleanliness.

Cleaning personnel should be direct employees of hospitals. This should ensure that the cleaning staff are trained, well paid, and have a loyalty to the employing hospitals.

**Nutrition and Meal Planning**

Need more variety in menu choices, cultural diversity in food choices and assisted feeding help.

**Physician Assisted Death**

That all publicly funded hospitals, including Catholic hospitals, must provide physician assisted death services. Such services will only be provided by medical practioners who agree to provide the service, including doctors who do not have the specific hospital privileges.