Challenges in the Ontario Health Care System

- Funding
- Capacity
- Health Human Resources
### Ontario Government Budget Plan:
Run Deficits until at 2015-16 (or longer)

<table>
<thead>
<tr>
<th>Year</th>
<th>Plan</th>
<th>Interim</th>
<th>Revised July 28</th>
<th>Revised October 22</th>
<th>Revised October 22</th>
<th>Revised October 22</th>
<th>Revised October 22</th>
<th>Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008-09</td>
<td>0</td>
<td>-3.9</td>
<td>-14.1</td>
<td>-18.5</td>
<td>-24.7</td>
<td>-48.5</td>
<td>-50.0</td>
<td></td>
</tr>
<tr>
<td>2009-10</td>
<td>0</td>
<td>-6.4</td>
<td>-12.2</td>
<td>-9.7</td>
<td>-8.0</td>
<td>-5.8</td>
<td>-3.1</td>
<td></td>
</tr>
<tr>
<td>2010/11</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2011/12</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2012/13</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2013/14</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2014/15</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2015/16</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2016/17</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Sources:**

### Efficiency of Ontario Hospitals

- In 2008, the Ontario Government funded hospitals at almost 10 percent less per capita than other provinces.
- The $1.6 billion “Hospital Efficiency Dividend”. 

---

"2009/10 Revised" figures from 2009/10 Quarterly Finances released on July 28, 2009.
Changing Hospital Capacity

45% Decrease in Hospital Beds

25% Increase in Population

Ontario Alternate Level of Care (ALC)

- In 2005, only 1,600 patients in acute care beds were waiting for an alternate level of care.
- By October 2008, the number had doubled to 3,000 people, occupying 19% of acute beds.
- There are over 5,000 ALC patients in acute care, complex continuing care, rehab and mental health beds which represents 18% of beds.
- Does Ontario have the right mix of capacities of services?
Health Human Resources

- Availability of Health Human Resources is a major challenge facing the Ontario Health Care system.

- Survey conducted by the Canadian Institute of Health Information in 2007 comparing Ontario to other provinces shows fewer health care staff per capita.

- Does Ontario use its Human Resources well?

Roles of Ontario Local Health Integration Networks (LHINs)

- Planning services
- Funding providers
- Integrating services among providers
Some Opportunities for Improvement

Implementation of Leading Practices in Targeted Areas

• Provision of Continuing Care in the Most Appropriate Location
  • Reduce reliance on hospital care and free up hospital capacity including emergency room capacity, with targeted investments elsewhere in the system
  • Improve quality of care and satisfaction levels for those who receive it
Implementation of Leading Practices in Targeted Areas

- Adoption of Leading Practices for Palliative Care
  - Reduce reliance on hospital care for instances in which it is not desired by patients and families
  - Enhance choice and improve quality of care and satisfaction

Implementation of Leading Practices in Targeted Areas

- Adoption of Leading Practices for Wound Care
  - Disseminate and apply expert knowledge to reduce occurrence of, and speed the healing of, chronic wounds that are extremely costly to treat, both in hospital and in the community
Implementation of Leading Practices in Targeted Areas

• Management of Mental Health and Addiction Issues in the Community
  • Reduce the need for crisis intervention in the emergency room through 24/7 access to community services of an equivalently high standard as offered in hospitals

Implementation of Leading Practices in Targeted Areas

• Implementation of Error Reduction Strategies
  • Reduce costs and harmful adverse events through identification and implementation of leading practices in targeted areas
Implementation of Leading Practices in Targeted Areas

- Expansion of Leading Practices for Supply Chain Management
  - Reduce direct costs, significantly free up time of clinical staff, streamline processes through standardization and application of proven practices

Closing

Questions