



News Release

For Immediate Release

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No Co-ordinated System for End-of-life Care Despite Growing Need, Auditor General Says

(TORONTO) Ontario has no integrated and co-ordinated system to deliver palliative-care services to Ontarians to meet growing needs as the province's population ages, Auditor General Bonnie Lysyk says in her *2014 Annual Report*.

"Ontario's palliative-care services developed in a patchwork fashion, often being initiated by individuals who had a passion for this area of care," Lysyk said today after the Report was released. "The challenge for the Ministry of Health and Long-term Care is to build on this platform. The Ministry does not have adequate information on patients needs in various areas of the province or what services are available for them to be able to provide the right care at the right time in the right place," she added.

The Ministry funds 14 Local Health Integration Networks (LHINs), which are responsible for planning, co-ordinating, funding and monitoring palliative-care services in their regions. The LHINs fund various organizations that provide palliative care, including Community Care Access Centres, hospitals and hospices.

However, the total amount the Ministry provides for palliative-care services is not known because it does not track costs specifically enough to isolate the amount spent on palliative care.

Other significant findings included the following:

- Although most people would prefer to die at home, most die in hospital. Aside from the compassionate aspect of this, caring for terminally ill patients in an acute-care hospital is estimated to cost over 40% more than providing care in a hospital-based palliative-care unit. This is more than double the cost of providing care in a hospice bed and over 10 times more than providing at-home care.
- Many people are not aware of palliative-care services or how to access them.
- Access to palliative-care services is not equitable across the province. Patients who qualify for services in one area of the province may not have access to similar services in another area.
- There is little province-wide information on the supply of or demand for palliative care. For example, the Ministry does not have accurate information on the number of palliative-care beds in hospitals.
- Overall, hospices in the province have a 20% vacancy rate and so could be serving more patients than they are. Meanwhile, the Ministry funds vacant beds in hospices.

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