



News Release

For Immediate Release

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After Admission, Patients Experiencing Long Waits at Large Community Hospitals for In-Patient Beds and Surgery: Auditor General

(TORONTO) One in 10 people who go to an Ontario emergency room has a condition serious enough to be admitted to hospital, but these patients wait excessive periods of time in the emergency room after admission before being transferred to intensive-care or other acute-care wards, Auditor General Bonnie Lysyk says in her *2016 Annual Report*.

The Ministry's target is that 90% of patients requiring intensive care are transferred to ICU within eight hours. At the three hospitals we visited, the actual time was 23 hours. As well, patients needing an acute-care bed waited in emergency for 37 hours.

There are 57 large community hospitals, which in 2015/16, recorded 4.3 million emergency-room visits and performed 1.07 million surgical procedures. They also managed about 14,990 beds—about half of the 31,000 provincially funded hospital beds.

Funding to all large community hospitals accounted for about \$7.89 billion, or 46% of the \$17 billion spent on 147 public hospitals in Ontario.

“Wait times for elective surgeries at all 57 large community hospitals in the province have not improved in the past five years,” Lysyk said today after tabling the Report in the Legislature. “For example, in 2015/16, 90% of urgent neurosurgeries were completed within 63 days, twice as long as the Ministry's target of 28 days.”

Issues with the scheduling and use of operating rooms have also contributed to patients with critical and life-threatening conditions waiting longer than they should for surgery. Our sample of three hospitals found that one in four patients with critical or life-threatening conditions had to wait an average of four hours for surgeries that should have started within two, over the three years up to January 2016. Similarly, we also found that 47% of patients who should have undergone emergency surgery (for example, for acute appendicitis) within two to eight hours had to wait on average 18 hours.

Other significant findings in the Report include:

- In 2014/15, nine of 10 patients were treated and discharged from the emergency rooms of the three large community hospitals we visited in a timely manner. Half of these patients were treated and able to leave the hospital within three hours.
- Operating rooms are not fully utilized, with many hospitals closing most of them on evenings, weekends, statutory holidays, March break and for two to 10 weeks during the summer. During these periods, only limited operating rooms remain open for emergency surgeries.
- As of March 2016, about 4,110 patients were occupying hospital beds even though they no longer needed them. Half of these people were awaiting placement in long-term-care homes and the other half were waiting for home care or accommodation in other institutions. These patients have a relatively high incidence of falls and over-medication while in hospitals as compared to long-term-care homes. We calculated that hospitals could have treated about 37,550 more patients if patients were not waiting in hospital for long-term-care home placement.

- For 2014/15, Ontario hospital patients had the second-highest rate of sepsis in Canada (after the Yukon): 4.6 cases per 1,000 patients discharged, compared to an average of 4.1 for the rest of Canada (as reported by the Canadian Institute for Health Information). High bed occupancy rates contribute to the likelihood of infection while in hospital.

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