



Hospitals in Northern Ontario: Delivery of Timely and Patient-Centred Care

2023 Value-for-Money Audit

Why we did this audit

- In 2022/23, the Ministry of Health (Ministry) provided 736 hospitals in Northern Ontario with almost \$1.9 billion in operations funding.
- These hospitals, located mostly in smaller municipalities but also larger cities such as Sudbury and Thunder Bay, provide health-care services to about 6% of the province's population across 90% of Ontario's landmass.

Why it matters

- According to government and stakeholder documents, residents in Northern Ontario typically have poorer health outcomes and a shorter average life expectancy, which makes it critical for hospitals to provide them with an appropriate and equitable level of care.
- About 17% of the population in Northern Ontario identify as Indigenous and about 16% identify as Francophone, compared to less than 5% and 10%, respectively, in other regions of the province.

What we found

Patients Experienced Longer Wait Times to Access Hospital Care

- Over 330 patients were occupying beds in northern hospitals waiting for long-term care and home care as of the end of March 2023. We estimated that the Province spent about \$65 million to keep these patients in northern hospitals in 2022/23 because long-term care spaces and home-care services were not readily available.
- A limited number of northern hospitals have MRI and CT machines. All hospitals in Ontario are expected to purchase these machines by raising their own funds, but northern hospitals often face difficulties in raising large donations that may be more common for hospitals in other regions. One hospital we visited estimated that it would take over two decades to raise the necessary funds to purchase the hospital's first MRI machine. Patients in the area currently need to travel four hours to obtain this service.

RECOMMENDATIONS 11 and 12

Hospital Services Closed Due to Health-Care Staffing Shortages

- A shortage of physicians and nurses led to 10 northern hospitals having to close obstetrics services between July 2022 and September 2023. Three of these have remained closed for over a year.
- Ontario Health did not centrally monitor all instances of service closures at hospitals.

RECOMMENDATION 3

Agency Nurses Filled Vacancy Gaps at a Higher Cost

- Between 2018/19 and 2022/23, the use of agency nurses increased 25 times for hospitals in Northern Ontario compared to about two and a half times for hospitals in the rest of the province.
- Twenty-nine of the 34 hospitals in the north that responded to our questionnaire told us they had to hire nurses from agencies in 2022/23 and paid about \$78 million for their services.
- Among the northern hospitals we visited, nursing agencies charged about three times the hourly rate of a full-time hospital nurse, in addition to accommodation and travel costs.

RECOMMENDATIONS 5 and 6

No Dedicated Health-Care Strategy for Northern Ontario

- In 2009, the Ministry started working toward a dedicated strategy with a focus on the unique health-care needs of Northern Ontario, but this work was never finalized.
- Health Quality Ontario, now part of Ontario Health, developed the Northern Ontario Health Equity Strategy in 2018 that recommended the establishment of a network of representatives from different sectors to help achieve health equity. However, at the time of our audit, according to Ontario Health, the required funding for this had not been established by the Ministry.

RECOMMENDATION 1

Programs for Patients and Health-Care Staff in Northern Ontario Not Regularly Evaluated

- The Ministry administers the Northern Health Travel Grant to help Northern Ontario residents access hospital services that may be a long distance from their home. The mileage rate of 41 cents per kilometre was last updated 16 years ago and is well below the 2023 rate of 68 cents per kilometre that the Canada Revenue Agency set for business travel.
- The Ministry has incentive programs, such as the Northern and Rural Recruitment and Retention Initiative and the Tuition Support Program for Nurses, that are designed to attract physicians and nurses to work in rural areas of the province, including the north. However, it does not regularly evaluate these programs to ensure they have been effective.

RECOMMENDATIONS 7 and 13

Not All Hospitals Provided Indigenous Health Services

- Hospitals in Northern Ontario did not consistently provide a healing space, have a dedicated indoor smudging space, or allow smudging in patient rooms. As well, not all hospitals had traditional practice policies.
- Hospitals did not consistently collect data on what proportion of their patients and staff are Indigenous. This can help monitor whether hospitals are making progress in realizing the Truth and Reconciliation Commission of Canada's recommendation to increase the number of Indigenous professionals working in the health-care field.

RECOMMENDATION 15

Conclusions

- The Ministry of Health and Ontario Health have processes in place to oversee that the delivery of hospital services in Northern Ontario is timely, consistent and meets patient needs, but there is room to improve their effectiveness.
- The Ministry and Ontario Health did not routinely measure and publicly report the results and effectiveness of their Northern Ontario programs or initiatives to increase health-care staff in the region or to reimburse health-care travel costs for northern residents, and take corrective actions when necessary.
- Public hospitals in Northern Ontario did not consistently have effective processes to manage resources so that patients could receive timely services.

Read the report at www.auditor.on.ca