

Endorsed by Ontario College of Family Physicians, Canadian Association of Emergency Physicians, Rural Section of the Ontario Medical Association, and the the Society of Rural Physicians

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Call for a Moratorium on Reducing Healthcare Services in Rural and Small Communities: A Call for a Review of Emergency Services in Ontario

Preamble

- The health of rural Ontarians has been shown to be worse than that of their urban counterparts. Since there is strong evidence to support that local access to the majority of healthcare services has a positive impact on health, the Ontario government should increase access to services in rural/small communities to ensure equal health outcomes for all of its citizens.
- The restructuring of the healthcare system in the 1990s, resulting in hospital closures, mergers and downsizing, had major negative consequences. The system has yet to recover from these efforts to downsize the system.
- The attempt to close small hospitals in the 1990s demonstrated how valued these hospitals are by their communities. Ontarians recognized that the inability to receive care close to home would negatively impact on their care and, in particular, would impact on the elderly and those requiring palliative care. The potential impact on the local economy and all three levels of government demonstrated that the closures would cost more than the savings that might accrue.
- Policy decisions in the 1990s also created an outright shortage of family doctors in the province. The government has invested extensively in the recruitment and retention of family doctors throughout Ontario, especially in smaller, rural and remote communities; however, these communities remain relatively unstable and fragile. The impact of reduce services in these communities will increase their difficulties in recruiting and retaining physicians, further destabilizing them.
- Current discussions regarding the decrease in service to rural/small communities such as the transformation of Emergency Departments into 18 hour Urgent Care Centres or complete hospital closures is not seen to be evidence-based but rather driven by the need to balance budgets. The lack of a detailed evaluation of the unintended consequences of decreasing services in these communities needs to be undertaken prior to final decisions being made.

A Moratorium on reducing healthcare services in rural and small communities should be imposed in each Local Health Integration Network until such time as a province-wide review process has been conducted that result in the following:

- 1) The urgent establishment of a Think Tank with broad and knowledgeable representation, similar to those involved in the Rural and Northern Health Care Framework, to provide recommendations to the LHINs regarding the role and future of emergency departments and small hospitals;
- 2) The adoption of the standards that have been developed identifying the services that are required to provide emergency care;

- 3) The identification of how many emergency departments are needed in each community and in each LHIN;
- 4) The adoption of standards regarding the level of services that should be available in local hospitals to support the health care needs of the local population;
- 5) The adoption of standards regarding the level of services that should be available to local communities to provide the non-hospital based services that are required to meet the healthcare needs of the local population;
- 6) The adoption of standards regarding the regional services that need to be in place to support local delivery systems;
- 7) The implementation of a system to ensure accessibility to regional services that are deemed necessary to support local delivery systems;
- 8) The implementation of standards regarding EMS availability in the event of a closure of an emergency department;
- 9) The development of a comprehensive educational program to prepare and support physicians and nurses to provide exemplary care in every emergency department/urgent care in the province; and,
- 10) A review of the research papers developed to date to evaluate the effects of any reduction in services in communities on both the quality of care provided and the overall cost to the healthcare system and further research to fill in identified gaps in knowledge.