



SENIORS FOR SOCIAL ACTION (ONTARIO)

INFORMATION BULLETIN - GUEST EDITORIAL

Regarding Minden Emergency Department Closure

February 12, 2024

There are many issues that affect elders' abilities to age in place. Having readily available emergency hospital care is one.

In this guest editorial by Minden Paper, a partner organization of SSAO, volunteers have spent countless hours compiling the facts of how that area lost its emergency ward and what the impact is on elders.

It serves as a warning to all other areas of Ontario of what awaits unless local citizens band together and take strong political action to protect hospital and community health resources.

From: Minden Paper (mindenpaper.com)

To: Seniors for Social Action Ontario

Overview

We are a small team of volunteers that has conducted significant research, analysis, and advocacy concerning the permanent closure of Minden, Ontario's Emergency Department (Minden ED), which was announced on April 20th, 2023 and executed on June 1st, 2023.

According to Minister of Health Sylvia Jones, MPP and Laurie Scott, MPP, the permanent closure was a unilateral decision made by the volunteer board at Haliburton Highlands Health Services (HHHS). Both Jones and Scott supported the decision, saying it was made in the best interest of the community.

The permanent closure of Minden ED was announced with six weeks' notice, no stakeholder consultation, and "hope in place of a plan" (per Minden Mayor Bob Carter) as school let out and the population was set to triple for summer holidays.

The permanent closure of Minden ED occurred despite fervent public opposition from former board chairs, now-former physicians at Minden ED, over 25,000 petitioners, the NDP, Liberal and Green parties, and many advocacy groups and leaders representing myriad stakeholders.

The permanent closure of Minden ED occurred despite Haliburton County having one of the fastest-growing elderly populations in Canada.

Our volunteer work effort

Our volunteer work effort, of over 9,000 hours and counting, has included various activities such as a [2024 Ontario Pre-budget Submission](#), letters to [Ontario's Auditor General](#) and [Ontario's Integrity Commissioner](#), [detailed financial analysis](#) of HHHS from FY17-FY24 inclusive, comparative analysis of Ontario's healthcare system at large, [detailed governance analysis](#) of the decision-making process behind the closure, including auditing HHHS' bylaws and policies, an audit of HHHS' board meeting minutes, an audit of local newspaper editions from 2017 to present, and a tireless [social media campaign](#).

Relevance to Seniors for Social Action Ontario

Exclusion from Decision-Making: The senior population, a vital and expanding demographic in Haliburton County, was not consulted or considered in the decision to close Minden ED. This exclusion is particularly concerning given the unique healthcare needs and concerns of seniors, who are often socially and economically vulnerable while depending more on access to readily available emergency and acute care services.

Increased Healthcare Vulnerability: With the closure of the Minden ED, seniors face heightened healthcare vulnerability. Emergency services, often critical for sudden health issues common in older populations, such as heart attacks, strokes, or falls, are now farther away. This increased travel distance can significantly impact the outcomes in urgent health scenarios where every minute counts.

Impact on Independent Living: Many seniors choose to live independently in rural communities like Minden, relying on the proximity of essential services like emergency healthcare. The closure of the ED undermines their ability to live independently, potentially forcing them to relocate or increasing their dependency on caregivers. The short notice has thrown many retirement plans into unmitigated disasters.

Psychological Impact: The closure caused significant anxiety and uncertainty among our elders, who now feel insecure about their access to emergency healthcare. This profound psychological impact affects their overall well-being and quality of life.

Challenges in Accessing Alternative Healthcare: Transportation to alternative healthcare facilities is difficult, especially for seniors who may not drive or have access to regular transportation. This issue is exacerbated here, as a rural area with no public transportation beyond a dilapidated minivan available only by chance or appointment.

Strain on Caregivers and Families: Families of seniors and their caregivers are also impacted. They now face increased challenges and responsibilities in ensuring their elderly loved ones can access emergency medical care, including longer travel times and additional emergency planning.

Economic Impact: The economic burden on seniors on fixed incomes could increase due to the need for longer commutes to healthcare facilities, potentially involving additional costs such as fuel, public transportation, or even ambulance services.

Disruption of Established Healthcare Relationships: Seniors often have established relationships with healthcare providers in their local community. The closure disrupts these relationships, forcing them to seek care in new, unfamiliar environments, which can be particularly distressing for those with chronic conditions requiring consistent care management.

Financial Struggles and Systemic Issues

Withheld Funding: The Ministry of Health withheld nearly \$2 million from HHHS for almost two years (FY21 and FY22), a situation that was not mirrored in their Long-Term Care sector. This funding gap significantly harmed the organization.

Reliance on Private Nurses: Increasing costs and reliance on private nurse agencies put financial pressure on HHHS, as acknowledged by the organization's Finance Chair and its former CEO.

Surging Deficit: HHHS's deficit grew alarmingly, from \$200,000 to approximately \$4.1 million, with \$700,000 in each of FY23's final two months (totalling \$1.4 million).

Underestimation of Deficit: The organization underestimated its deficit by \$1 million eight days before the end of the fiscal year (FY23).

Denial of Financial Motivations: Despite these financial challenges, HHHS and provincial government officials denied that the closure was financially motivated.

Line of Credit and Asset Liquidation: HHHS opened a line of credit and liquidated assets to manage these financial strains, including selling a house occupied by a nonprofit.

Unique Accounting Practices and Bankruptcy Risk: HHHS adopted different accounting practices than other healthcare systems and now faces the risk of bankruptcy without intervention.

Governance and Community Engagement Issues

Lack of Transparency and Stakeholder Consultation: The decision-making process for the closure lacked transparency and consultation with key stakeholders, including healthcare professionals, local elected officials, and community members.

Board's Limited Engagement with Community: The HHHS board showed limited responsiveness to community concerns and requests for a moratorium on the closure.

Governance Best Practices and Resistance to Scrutiny: Concerns about the board's adherence to governance best practices and its resistance to external scrutiny, as evidenced by its FY23 Annual General Meeting.

Communication Deficiencies: HHHS's communication strategy during the closure was criticized for its danger-inducing inadequacy and lack of professionalism. The organization also failed to comply with the most basic accessibility requirements on its website, featuring numerous AODA/WCAG violations. This is utterly reprehensible for a public healthcare system in 2024.

Erosion of Public Trust and Official Neglect: The closure handling has significantly eroded public trust in HHHS. Additionally, the perceived unresponsiveness of elected officials, particularly MPP Laurie Scott, has strained relationships with the community.