

Hospital Restructuring, Downsizing and Cutbacks - The Impact on Hospital-Based Dentistry

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BACKGROUND:

The Ontario Dental Association has been monitoring hospital-based dentistry since the mid 1990's to ensure that restrictions in access to hospitals from restructuring do not compromise the quality of dental care in hospitals, and to ensure that dentists are treated with equity relative to other health care providers who also treat patients in hospitals.

The former Hospital Dental Services Committee of the ODA had conducted surveys in 1994 and 1997 to gather information about the organization and administration of dental services in hospitals. In October 1998, the Health Policy and Government Relations Core Committee established the Hospital Surveys Working Group to complete the work of the former committee by undertaking a year long project of survey research.

SURVEY METHODOLOGY:

In order to measure the impact of hospital restructuring, downsizing and cutbacks on access to hospitals for dentistry, the Hospital Surveys Working Group developed a set of surveys for General Practitioners, Oral and Maxillofacial Surgeons, Paediatric Dentists, Oral Pathologists and Oral Radiologists with hospital privileges¹.

Questionnaires were mailed on a quarterly basis to the entire target population which initially included all General Practitioners known to have hospital privileges², as well as all Oral and Maxillofacial Surgeons, Paediatric Dentists, Oral Pathologists and Oral Radiologists in the ODA's database (N=1438). It was assumed that nearly all of these specialists had hospital privileges. In each quarter, a second questionnaire was mailed to those dentists who did not respond by a specified date.

The number of questionnaires mailed-out in subsequent quarters declined as dentists who were known not to have hospital privileges, those who had retired, those who were practicing out of province or reported not regularly using their hospital privileges in the previous year were deleted from the mailing list.

Overall response rates for each quarter were adequate in each quarter - 68% for 1st, 38% for 2nd, 65% for 3rd and 54% for 4th quarter. Response rates were also sufficient across all specialties. Oral Pathologists and Oral Radiologists make up less than 1% of all licensed dentists in Ontario. As a result, the ODA received few completed questionnaires from these specialties. Although their results were not included in the final report, information is available upon request.

Access to hospitals was quantified, measured and tracked, by hospital, on a quarterly basis using various indicators including:

- Number of Hours of Operating Room time allocated and used
- Number of non-emergency patients treated in the Operating Room
- Number of emergencies attended to in the Operating Room
- Average waiting time for a surgical appointment in weeks
- Incidence of losing some or all hospital privileges (involuntarily)
- Incidence of being denied hospital privileges
- Incidence of having privileges transferred to a new hospital but with a change in staff classification
- For General Practitioners and Paediatric Dentists, number of hours of non-operating room time spent treating patients in hospital

¹ OHIP data and previous ODA research reveals that nearly all hospital-based dentistry is performed by these 5 groups of dentists. As such, the Hospital Surveys Working Group decided to survey these dentists only.

² The list of General Practitioners known to have hospital privileges was compiled using OHIP data, data received from public hospitals listing dentists with privileges and ODA data on General Practitioners whom report having an OHIP billing number.

³ The ODA received 10, 7, 5 and 5 questionnaires from Oral Pathologists and Oral Radiologists in the 1st, 2nd, 3rd, and 4th quarters respectively.

VOLUME OF HOSPITAL-BASED DENTISTRY

The volume of services provided by dentists in hospitals remains largely unknown. While not an accurate indicator of the total amount of hospital-based dentistry that is performed in Ontario, the most current data from OHIP reveals that dentists performed 70,700 OHIP insured services over the 1998/99 fiscal year, totaling \$7.9 million dollars°. Most of these services overall (82%) were performed by Oral and Maxillofacial Surgeons. However, General Practitioners performed a largest proportion of the general consultation service (34%).

Dentists Who Provide Hospital-Based Care

Through a broad search of Ontario Hospitals, OHIP data and Ontario dentists themselves, the ODA estimates that approximately 1400 dentists in Ontario maintain hospital privileges.

A summary of the findings on the level of dentistry activity in hospitals by General Practitioners, Oral and Maxillofacial Surgeons and Paediatric Dentists follows:

General Practitioners

- 5% of all non-emergency and 11 % of emergency patients require hospital based care
- 25% treat patients in a hospital at least once a month.
- They treat on average 3 non-emergency patients per month in a hospital setting.
- They spend approximately 5 hours per month on average treating patients in a hospital outside of the operating room.
- Slightly less than 40% report providing after-hours emergency care in a hospital, with the incidence rising to over 50% in Metro Toronto and surrounding areas.
- Approximately 40% maintain hospital privileges without actually using them.

Oral and Maxillofacial Surgeons

- 13% of all non-emergency and 42% of emergency patients require hospital-based care.
- 95% treat patients in a hospital at least once a month.
- 44% treat patients in a hospital on a weekly basis.
- They treat on average 10 non-emergency patients per month in a hospital setting.
- 86% report providing after-hours emergency care in a hospital.

Paediatric Dentists

- 17% of all non-emergency and 17% of emergency patients require hospital-based care.
- 76% treat patients in a hospital at least once a month.
- 40% treat patients in a hospital on a weekly basis.
- They treat on average 9 non-emergency patients per month in a hospital setting.
- They spend approximately 7 hours per month on average treating patients in a hospital outside of the operating room.
- 45% report providing after-hours emergency care in a hospital.

° Figure is based on estimates from 7 months OHIP data in March 2000.

ORGANIZATION AND ADMINISTRATION OF HOSPITAL-BASED DENTISTRY:

Dentists who work in hospitals rarely do so within an independent department of Dentistry. Dental departments are most common in teaching hospitals that have an on-site dental clinic, open at least 30 hours a week, and staffed by full and/or part-time dentists and provide 24-hour emergency service. Dental clinics are far less common in community hospitals and are almost non-existent in small hospitals. Chronic/rehabilitation hospitals extend privileges to a relatively small number of dentists as compared to the other types of hospitals.

HOSPITAL RESTRUCTURING, DOWNSIZING AND CUTBACKS IN ONTARIO:

The Hospital Services Restructuring Commission

In April 1996, the Hospital Services Restructuring Commission (HSRC) was created by the Ontario government and given the mandate to restructure Ontario's hospitals. The goal of hospital restructuring "was to improve the services provided by hospitals while eliminating duplication and unused space".⁵

Recently disbanded, the Hospital Services Restructuring Commission issued final directions for approximately 60% of all hospital sites in Ontario (there were 85 hospital sites, primarily rural and northern hospitals, that were not issued formal directions from the HSRC).

"Between 1996 and 1999, the Commission directed that 33 public hospital sites no longer be used as hospitals, and recommended to the Minister of Health and Long-Term Care that 6 psychiatric hospital sites and 6 private hospital sites be closed. The HSRC also called for 14 amalgamations involving 44 hospital organizations".⁶

IMPACT OF HOSPITAL RESTRUCTURING ON HOSPITAL-BASED DENTISTRY:

Dentists, like most other healthcare providers, have not been immune to change in the hospital sector. In many instances, decisions made by hospital administrators, the Ministry of Health and Long-Term Care and other stakeholders have had a direct impact on dentists who provide hospital-based care.

1) Dental Department and Clinic Closures

Overall, the hospital dental departments at Doctor's Hospital and St. Michael's Hospital, both in Toronto, have been dismantled as a result of hospital restructuring.

Initially, the dental programs provided at Doctor's Hospital (excluding Paediatric programs) were transferred to the Toronto Western hospital. Since then the dental clinic at Toronto Western hospital has closed, and all dental services are now provided out of Toronto General hospital. We have no evidence that the services of Toronto General have expanded to accommodate the transferred services. Although the dental clinic at St. Michael's hospital was closed, dentists still continue to access the operating rooms.

In addition to the dismantling of the dental departments, 18 dental clinic closures have been reported to the ODA (this number may be higher, as information from all public hospitals in Ontario was not available).

⁵ Health Services Restructuring Commission. Better Hospitals Better Health Care For The Future: Summary Report Hospital Restructuring, 1999. <http://www-hsrc-crss.org/bettere/home.html>

⁶ Ibid.

2) Reduced Operating Room (OR) Time For Some Dentists and Excessive Wait Times in Some Hospitals

Overall, 47% of dentists' who provide hospital-based care report that they have enough OR time to meet their patients' needs for hospital-based care. Although, as seen in Table 1, adequacy of operating room time is more problematic in the East and North. Adequacy of OR time is also more problematic for Paediatric dentists relative to General Practitioners and Oral and Maxillofacial Surgeons.

TABLE 1
Incidence of Having Enough OR Time To Meet Patients' Needs

	Ttl	E	CE	Metro	CW	SW	N
General Practitioners	59%	33%	67%	50%	52%	69%	47%
Oral and Maxillofacial Surgeons	52%	40%	64%	50%	44%	44%	60%
Paediatric Dentists	21%	20%	38%	13%	20%	13%	-

The frequency in which various problems are encountered when booking or using OR time is fairly low on average (Table 2 - next page). However, regional variations suggest that inadequate OR time may be compromising patient care in some instances. Dentists in the East, Central West, South West and North report that a lack of OR time is causing them to treat patients in their office who they'd prefer to treat in hospital. Also, a shortage of anaesthetists also causes problems for dentists in the North, East and Central West regions. Although, anesthesiologist shortages have been reported in hospitals outside of these regions as well.

In 1999, the average operating room time allocated and used by all dentists decreased between the 1st and 4th quarters, especially for General Practitioners (Table 3). Overall, there are 71 hospitals that reported to have reduced operating room time for dentists. Another 9 hospitals are reported to have eliminated OR time for dentists.

TABLE 3
Average Percent Change in Operating Room
Time Allocated and Used Between 1st and 4th Quarter 1999

	Allocated	Used
General Practitioners	-40%	-24%
Oral and Maxillofacial Surgeons	-13%	-11%
Paediatric Dentists	-21 %	-21%

The data gathered on average wait times for a surgical appointment provides evidence that inadequate operating room time is not a common problem for all dentists who provide hospital based care, but rather a problem among specific specialties or regionally at specific hospitals.

Average wait times for a surgical appointment (per dentist/per hospital) were reported as 7 weeks for General Practitioners, 8 weeks for Oral and Maxillofacial Surgeons and 15 weeks for Paediatric dentists.

In addition, 40 hospitals reported as having wait times in excess of three months for a surgical appointment for General Practitioners, Oral and Maxillofacial Surgeons or Paediatric Dentists. Of all the hospitals named, 2 stand out as having wait times in excess of 3 months for all dentists surveyed. These 2 hospitals are the Children's Hospital of Eastern Ontario in Ottawa and the Hamilton Health Sciences Corporation (McMaster Campus) in Hamilton.

* Includes GPs, Oral and Maxillofacial Surgeons and Paediatric dentists only.

TABLE 2
Frequency' Of Experiencing Various Problems In the Operating Room

General Practitioners	TtI	E	CE	Metro	CW	SW	N
	(n=220)	(n=24)	(n=60)	(n=18)	(n=27)	(n=49)	(n=51)
I Am Unable To Book OR Time Due To A Shortage Of Anesthetists	3.7	4.1	3.2	2.3	3.9	3.2	7°/
Due To A Lack Of OR Time I Treat Patients In Office, Prefer To Treat In The Hospital	29%	25%	20%	11%	26%	25%	
Emergency Patients I Attend To At The Hospital Must Wait To Receive Treatment At My Office Due To A Lack Of OR Time	3.6	4.2	3.1	2.8	3.7	3.3	4.2
Hospitals Schedule OR Time For Dentists At Inconvenient Hours	26%	25%	20%	11%	26%	24%	7°/
OR Bookings Are Cancelled/Rescheduled Due To A Shortage Of Anesthetists	3.3	3.3	3.3	2.7	3.9	2.0	4.4
Hospitals Reschedule Or Cancel My Patients Who Are Booked In The OR	17%	13%	17%	11 %	19%	8%	6°/
Oral and Maxillofacial Surgeons	TtI	E	CE	Metro	CW	SW	N
	(n=63)	(n=5)	(n=15)	(19)	(n=11)	(n=10)	(n=5)
Due To A Lack Of OR Time I Treat Patients In Office, Prefer To Treat In The Hospital	4.4	4.0	4.4	4.5	3.7	5.1	4.8
I Am Unable To Book OR Time Due To A Shortage Of Anaesthetists	43%	0°/	40%	42%	36%	0°/	0°/
Hospitals Schedule OR Time For Dentists At Inconvenient Hours	3.5	2.2	2.4	2.9	4.3	40%	0°/
OR Bookings Are Cancelled/Rescheduled Due To A Shortage Of Anaesthetists	31 %	20%	20%	21 %	5%		
Hospitals Reschedule Or Cancel My Patients Who Are Booked In The OR	3.2	0%	3.2	2.8	3.1	2.7	4.0
Emergency Patients I Attend To At The Hospital Must Wait To Receive Treatment At My Office Due To A Lack Of OR Time	19%		13%	11%	27%	10%	0%
OR Bookings Are Cancelled/Rescheduled Due To A Shortage Of Anaesthetists	3.0	2.2	1.9	1.8	3.8	3.9	0°/
Hospitals Reschedule Or Cancel My Patients Who Are Booked In The OR	19%	20%	-	5%	6°/	0°/	
Emergency Patients I Attend To At The Hospital Must Wait To Receive Treatment At My Office Due To A Lack Of OR Time	2.8	2.2	1.8	2.9	3.1	2.4	0°/
OR Bookings Are Cancelled/Rescheduled Due To A Shortage Of Anaesthetists	15%	-	-	21 %	27%	10%	
Hospitals Reschedule Or Cancel My Patients Who Are Booked In The OR	2.6	3.3	3.0	3.1	2.0	1.9	2.8
Emergency Patients I Attend To At The Hospital Must Wait To Receive Treatment At My Office Due To A Lack Of OR Time	14%	20%	20%	16%	-	-	20
Paediatric Dentists	TtI	E	CE	Metro	CW	SW	N
	(n=34)	(n=5)	(n=8)	(n=8)	(n=5)	(n=8)	(n=1)
Due To A Lack Of OR Time I Treat Patients In Office, Prefer To Treat In The Hospital	6.2	6.8	5.4	5.0	100°/	6.5	8.0
I Am Unable To Book OR Time Due To A Shortage Of Anaesthetists	71 %	80%	63%	8°/		75%	100
Hospitals Schedule OR Time For Dentists At Inconvenient Hours	3.6	0%	4.0	1.0	1.5	4.8	-
OR Bookings Are Cancelled/Rescheduled Due To A Shortage Of Anaesthetists	26%		38%	-	-	38%	-
Hospitals Reschedule Or Cancel My Patients Who Are Booked In The OR	3.5	0°/	3.7	2.4	1.0	2.4	10.
Emergency Patients I Attend To At The Hospital Must Wait To Receive Treatment At My Office Due To A Lack Of OR Time	18%		13%	13%	-	13%	100
OR Bookings Are Cancelled/Rescheduled Due To A Shortage Of Anaesthetists	2.6	1.3	3.0	1.0	1.3	8°/	3.0
Hospitals Schedule OR Time For Dentists At Inconvenient Hours	°	-	25 /°	-	-		14%
Hospitals Reschedule Or Cancel My Patients Who Are Booked In The OR	15 /°						
Emergency Patients I Attend To At The Hospital Must Wait To Receive Treatment At My Office Due To A Lack Of OR Time	2.5	1.0	8°/	1.0	1.0	5°/	3.0
OR Bookings Are Cancelled/Rescheduled Due To A Shortage Of Anaesthetists	15%	-	-	-	-	-	-
Hospitals Reschedule Or Cancel My Patients Who Are Booked In The OR	2.3	2.6	2.7	1.0	1.4	2.9	3.0
Emergency Patients I Attend To At The Hospital Must Wait To Receive Treatment At My Office Due To A Lack Of OR Time	6%	-	13%	-	-	-	-

The numbers presented in the table are average scores derived from a 10-point scale where '1' equals never and '10' equals always. The percentages presented in the table correspond to the percentage of respondents who indicated a frequency which was equal to or greater than (less than for 'Hospitals Are Flexible In Accommodating Patients Who Require Immediate Care') 5 on the 10-point scale.

3) Budgetary Pressures and Increased Scrutiny of Policies and Procedures

Hospital policies and procedures have come under increased scrutiny in recent years as hospitals cope with the challenges of fiscal restraint. Decisions to provide certain services appear to be increasingly driven by financial considerations instead of patient need.

For example, the preamble of the OHIP Schedule of Benefits for Physician Services under the Health Insurance Act defines a consultation as:

"A service provided upon a written request from a referring physician who, in light of his/her professional knowledge of the patient, requests the opinion of another physician competent to give advice in this field"

This definition infringes on a dentist's ability to personally refer his or her patients to a medical specialist because medical specialists are unable to claim a consultation fee from OHIP unless the request for the consultation comes in writing from a physician. Dental patients who require a consultation with a medical specialist must first be assessed by a physician in order for the referral to be made. As a result, increasing numbers of dentists, who were once able to personally refer their patients to a medical specialist, are no longer able to do so. This requirement creates unnecessary delays in the provision of needed dental care, is inconvenient for the patient, and infringes on a dentist's ability to provide timely care.

For many dentists, these kinds of changes have resulted in increased frustration, restricted access and a diminished ability to provide their patients with timely care.

Similarly, dentists providing hospital-based care are often prohibited from ordering diagnostic imaging and blood work for diagnostic purposes due to the fact that laboratory services ordered by a dentist are not insured services under OHIP. ^a Dentists who wish to order laboratory services for their patients must do so through a physician in order for the services to be paid by OHIP.

The budgetary pressures imposed on hospitals have impacted dentists in a number of other ways as well. For example, it has been reported that some hospitals are charging dental patients for the use of hospital facilities and support services, despite the fact that all OHIP insured persons are entitled to receive in-patient and out-patient hospital services, including use of the operating rooms and anaesthetic facilities, without paying any charge to the hospital for these services.

The only hospital dental service for which the physician can charge an additional anaesthetic fee to a patient is "a dental service that is not insured, is provided in a hospital *and* involves *only* the removal of impacted teeth".

¹⁰ Where it is clinically necessary for the patients to receive care within the hospital setting, OHIP specifies that all other services rendered by a hospital in connection with dental surgical procedures are prescribed as insured services under the plan.

It has also been reported that some hospitals are reducing and/or eliminating operating room time for dentists because they do not receive a financial incentive from the Ministry for dental services performed on a day-surgery basis. In an effort to promote the delivery of cost-effective healthcare, the Ministry of Health and Long Term Care has for a number of years, "emphasized the need to substitute day-surgery for acute inpatient services where appropriate". " To encourage this pattern in healthcare delivery, the Joint Policy and Planning Committee (JPPC) developed a Day Surgery Funding Model, which provides hospitals with a financial incentive to transfer cases from inpatient to outpatient. Under this funding model, hospitals receive a financial incentive for those day-surgery procedures that were traditionally performed on an inpatient

^aSee Subsection 24(2), paragraph 3. of Regulation 552 under the Health Insurance Act of Ontario.

⁹See sections 7,8, 9 of Regulation 552 under the Health Insurance Act of Ontario.

¹⁰ Subsection 24.11, paragraph (ii) of Regulation 552 under the Health Insurance Act of Ontario

" Ladak, N. *Understanding How Ontario Hospitals Are Funded: An Introduction*. Joint Policy and Planning Committee, March 1998, pg. 21.

basis. Hospitals do not receive a financial incentive for day surgery procedures that were traditionally performed on a day surgery basis, and thus these procedures are included in the JPPC's Day Surgery Procedure

Exclusion List. As many dental procedures performed in hospital have been traditionally performed on a day surgery basis, many dental procedures are listed on the JPPC's Day Surgery Exclusion List. As such, some hospitals are reluctant to schedule dental day surgery procedures when other procedures for which they receive a financial incentive can be scheduled instead.

Finally, budgetary pressures have caused many hospital dental departments to cut costs and seek alternative ways to generate revenues. In some teaching hospitals, there have been attempts to generate additional revenues through the use of Practice Plans, which, among other things, require individual dentists to contribute a percentage of their earnings to the operating costs of the department.

Hospital administrators who develop Practice Plans related to dentists should be informed of the regulations drawn under the Dentistry Act. Whether dentists are practicing within the dental department, the department of surgery or elsewhere within the hospital environment, it is important to recognize that dentists are a self-regulated provider group. As such, hospitals must respect the regulations governing dentists practicing as employees or self-employed professionals within the hospital setting.

Accordingly, a Practice Plan created to reflect working relationships with physicians or other provider groups working within a public hospital setting, may not always be applied directly to the working relationship with dentists within the same facility. Regulations drawn under the Dentistry Act do not permit dentists to engage "in any form of fee or income sharing with any person other than,

- an associated member or a member who is the member's partner,
- a member of the College of Dental Hygienists of Ontario who engages in the practice of dental hygiene within the member's dental practice..."

A Practice Plan must not discriminate against a dentist based solely on the fact that the dentist may not directly enter into income sharing arrangements with the hospital, the dental or other department of the hospital. Payment mechanisms with dentists should reflect the fact that public hospitals are publicly funded and are intended to provide access to hospital dentistry.

Employers, such as public hospitals, and in particular, teaching hospitals have a responsibility to ensure that its employees, whether part-time, full-time, employed, contracted or courtesy, understand and accept the philosophy of the institution and are willing to meet the educational, teaching and other professional commitments placed on all professional staff, so long as such obligations do not violate the legal, regulatory and ethical obligations placed on the dentist under the regulatory regime outlined in the Dentistry Act and related regulations drawn under that Act.

Hospitals should not unfairly eliminate access to dental care within a public hospital setting where it has not been able to implement a practice plan that may violate the existing professional conduct regulations and ethical guidelines for dentists. The prime goal should be to promote access to needed hospital dental care for the public, in a safe and caring environment, as close to home as possible.

SUMMARY:

The results of the research undertaken by the Hospital Surveys Working Group in conjunction with information gathered from other sources indicate that access to hospitals is becoming increasingly restrictive for some dentists.

Overall, hospital restructuring, downsizing and cutbacks have resulted in the dismantling of at least 2 dental departments, the closure of 18 hospital dental clinics, inadequate OR time for 53% of dentists who provide hospital-based care, and average wait times in excess of 3 months in at least 40 hospitals across the province. Hospital restructuring has also resulted in budgetary pressures and increased scrutiny of hospital policies and procedures, which have created delays in the provision of care. Practice Plans have been introduced in a number of teaching hospitals which, while beneficial to the department, have caused conflict amongst dentists, and reduced access for some.

The wide variation in data obtained indicates however, that hospital restructuring, downsizing and cutbacks have not impacted dentistry in an 'average' or 'typical' way. Hospital restructuring impacts individual dentists differently. The impact differs regionally, by type of practitioner, and by hospital. Depending on the type of practitioner, the size of the community involved and the type and size of hospital worked in, the impact of hospital restructuring can range from insignificant to severe. While it is impossible to measure the impact of hospital restructuring for all dentists who provide hospital-based care, there are patterns in the data, which serve to identify those areas/practitioners where access appears to be particularly problematic.

Northern Ontario

Access to hospitals is particularly problematic for dentists in Northern Ontario. A greater proportion of dentists who work in hospitals in the North report having inadequate OR time when compared to other parts of the province. This lack of OR time can be partially explained by a shortage of anaesthetists, but dentists in the North also encounter problems with booking OR time (e.g. inconvenient hours, cancelled and/or rescheduled bookings) more frequently than do dentists in other parts of the province. Inadequate OR time is causing excessive wait times in some centres, as well as a trend towards treating patients in the office who dentists would prefer to treat in the hospital.

A disproportionate number of dental clinic closures are in the North. Overall, 33% of reported closures are in northern hospitals. Northern hospitals account for 36% of all hospitals reported by General Practitioners to have wait times in excess of 3 months as well.

There are a number of hospitals in the North that appear to be particularly restrictive for dentists. These hospitals have reduced and/or eliminated OR time for dentists in recent years, and have wait times in excess of 3 months for a surgical appointment. Dental clinics have also closed in a few hospitals. These hospitals include: Thunder Bay Regional Hospital, Lake of the Woods District Hospital in Kenora, Sudbury Regional Hospital, Sault Area Hospitals, North Bay General Hospital and Timmins and District Hospital.

Eastern Ontario

Like the North, access to hospitals appears to be more problematic in the East than elsewhere. A greater proportion of dentists in the East report inadequate OR time compared to other regions. Dentists in the East, particularly Oral and Maxillofacial Surgeons and Paediatric dentists, also report frequent problems when booking OR time such as a lack of flexibility on the part of hospitals to accommodate patients' needs, allotting inconvenient OR time for dentists, and working with inexperienced support staff.

Cities in the East that appear to be particularly problematic for dentists include Pembroke, Belleville, Kingston and Ottawa. Overall, access is most restricted in the following hospitals: Pembroke General Hospital, Quinte Health Care Corporation (Belleville Site), Kingston General Hospital, Hotel Dieu Hospital in Kingston, the Ottawa Hospital (Civic and Riverside sites), Montfort Hospital in Ottawa and the Children's Hospital of Eastern Ontario (CHEO) also of Ottawa. It should also be noted that Hotel Dieu Hospital in Kingston is slated to close, which will make access to hospitals in this city even more problematic for dentists in the near future.

Specific Hospitals in Other Regions

While broad patterns of poor access do not characterize other regions in the province, all of these regions have specific hospitals where OR time has been reduced and/or eliminated for dentists in recent years, where wait times average 3 months or more, and dental clinics have closed. In these particular cities, dentists do not have adequate OR time, and are either placing their patients on long waiting lists or choosing to treat them in their office despite the fact that they'd prefer to treat them in the hospital.

Overall, these hospitals include:

Metro Toronto:

- North York General
- Mount Sinai Hospital
- Hospital For Sick Children
- Scarborough General

Central East:

- Lakeridge Health Corporation (Bowmanville site),
- Soldier's Memorial in Orillia
- York County Hospital
- William Osler Health Care Corporation (Peel Memorial site) in Brampton
- Credit Valley Hospital in Mississauga,
- Stevenson Memorial Hospital in Alliston
- Northumberland Health Care Corporation in Cobourg

Central West:

- Grand River Hospital in Kitchener
- Hamilton Health Sciences Corporation (McMaster Campus) in Hamilton
- Brantford General in Brantford
- Greater Niagara General in Niagara Falls

Southwest:

- Strathroy-Middlesex Hospital in Strathroy
- St. Joseph's Hospital in London
- Windsor Regional Hospital (Western Campus) and Hotel Dieu Grace Hospital in Windsor (specialists only)

Paediatric Dentists

Of all practitioners surveyed, access to hospitals appears to be most problematic for Paediatric dentists. ¹² In all parts of the province, a larger percentage of Paediatric dentists report inadequate OR time compared to General Practitioners and Oral and Maxillofacial Surgeons. Overall, 79% of Paediatric dentists reported having inadequate OR time.

¹²Conclusions about Paediatric dentists should be made with caution as results are derived from a small base compared to General Practitioners and Oral and Maxillofacial Surgeons.

Nearly three-quarter of Paediatric dentists surveyed report that they are treating patients in their offices who they would prefer to treat in hospitals. Paediatric dentists also encounter problems with the OR at greater frequencies than do either General Practitioners or Oral and Maxillofacial Surgeons.

Also, average wait times for a surgical appointment are the longest for Paediatric dentists. On average, Paediatric dentists report an average wait time of 15 weeks, compared to 7 and 8 weeks for General Practitioners and Oral and Maxillofacial Surgeons respectively.

Just 52% of Paediatric dentists who work full-time in private practice report that their patients who require hospital based care actually receive it. Twenty-seven per cent (27%) report that their patients who receive hospital-based care, received it in a timely manner.

CONCLUSIONS

The comprehensive report with recommendations was presented to the ODA's Health Policy and Government Relations Core Committee. The Committee accepted recommendations to disseminate information and to contact relevant groups, hospitals and government organizations about the current state of hospital-based dentistry in an effort to enhance access.