

Rouge Valley Health System – Ajax Pickering

Review of Request for Additional In-Patient Acute Care Capacity

Central East LHIN Board of Directors Mtg, May 2012

Central East LHIN Board of Directors Mtg – RVHS Acute Beds

BACKGROUND

Engaged Communities.
Healthy Communities.

Redevelopment Approvals

- The Rouge Valley Health System recently completed Phase 1 of its Redevelopment based on the approved Ministry Functional Program.
- **Phase 1 approved:**
 - 14,000 additional ED visits.
 - 9 additional In-Patient Mental Health Beds
 - 30 Complex Continuing Care
- **Phase 1 did not include:**
 - Increased capacity in In-Patient Acute (Medicine & Surgical) Capacity.
- Note: The Functional Program (largely determined by the # of hospital beds) drives Ministry decision making on operational funding, specifically Post-Construction Operating Plan

Engaged Communities.
Healthy Communities.

Historical Functional Program

Program	HSRC <u>TARGET</u>	2003/4 Functional Plan PROJECTED	2003/4 ACTUAL	Approved / Difference
Acute	133	140*	99	0 / -26 *
Paediatric		5	6	0 / 0
Mental Health	29	29	20	9 / 0
Rehabilitation	27*	20	20	0 / 0
Complex Continuing Care	30	30	0	30 / 0

* The 140 Acute beds in the Functional Plan PROJECTED included +7 beds from Rehabilitation. [140 less (7 rehab) less (99 actual) = 21]

Engaged Communities.
Healthy Communities.

Opportunity to Repurpose Mental Health PCOP

- Ministry directed that medical/surgical inpatient bed capacity at the Ajax site will not be included in Phase 1 Ajax Redevelopment Project but deferred to another planning process (Phase 2).
- In an opportunity to improve patient care, access and efficiency, the **20 in-patient Mental Health beds** were transferred to Rouge Valley Centenary in 2009-10.
- RVAP did not open the additional 9 Mental Health beds at RVAP as it was no longer required
 - The physical space for these beds was constructed
- **Opportunity:** A revised plan for 9 Mental Health PCOP funded beds is needed that could partially address gaps in Acute care

Central East LHIN Board of Directors Mtg – RVHS Acute Beds

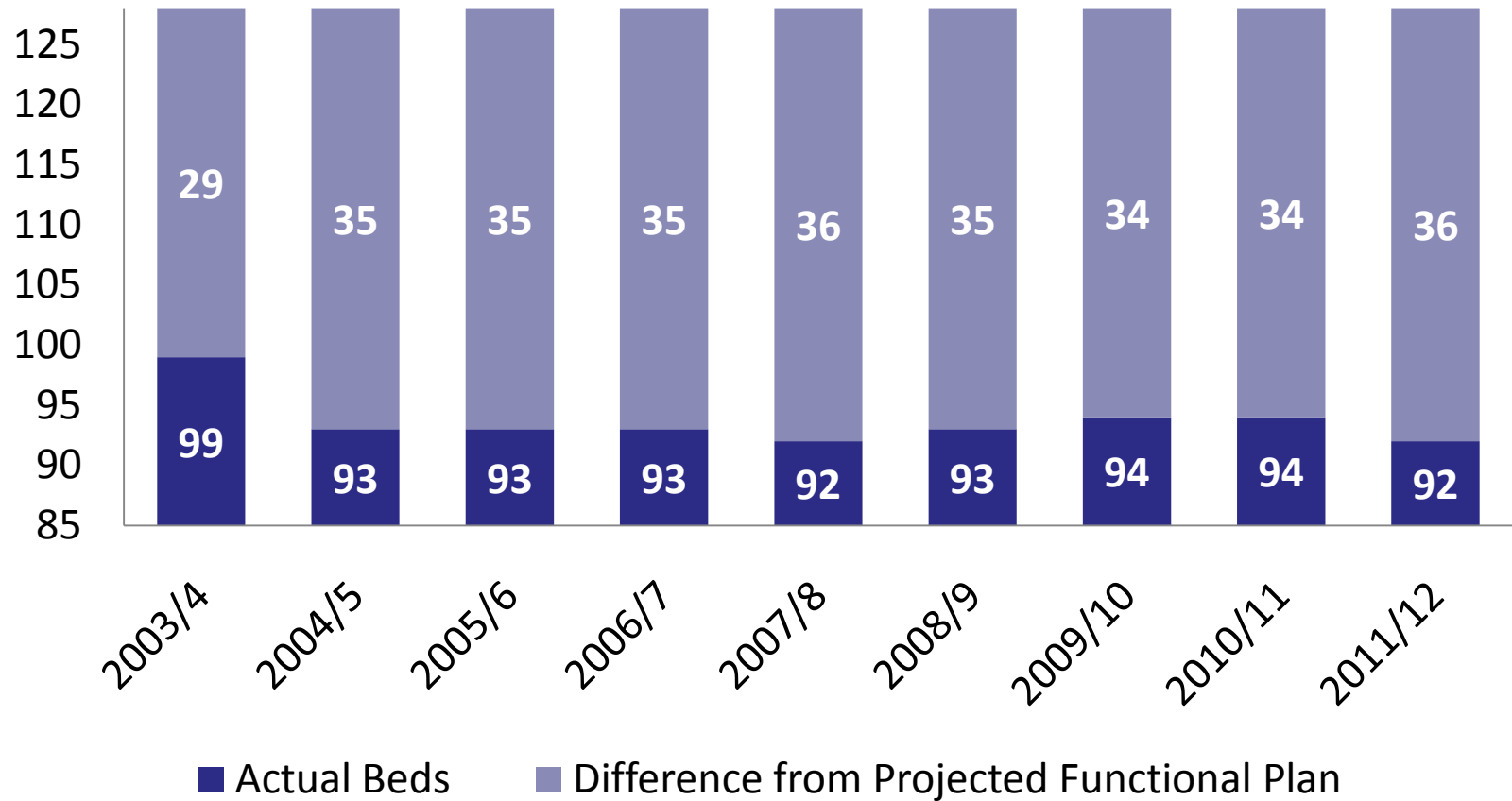
STATEMENT OF NEED

Engaged Communities.
Healthy Communities.

CE LHIN Capacity Needs Overall

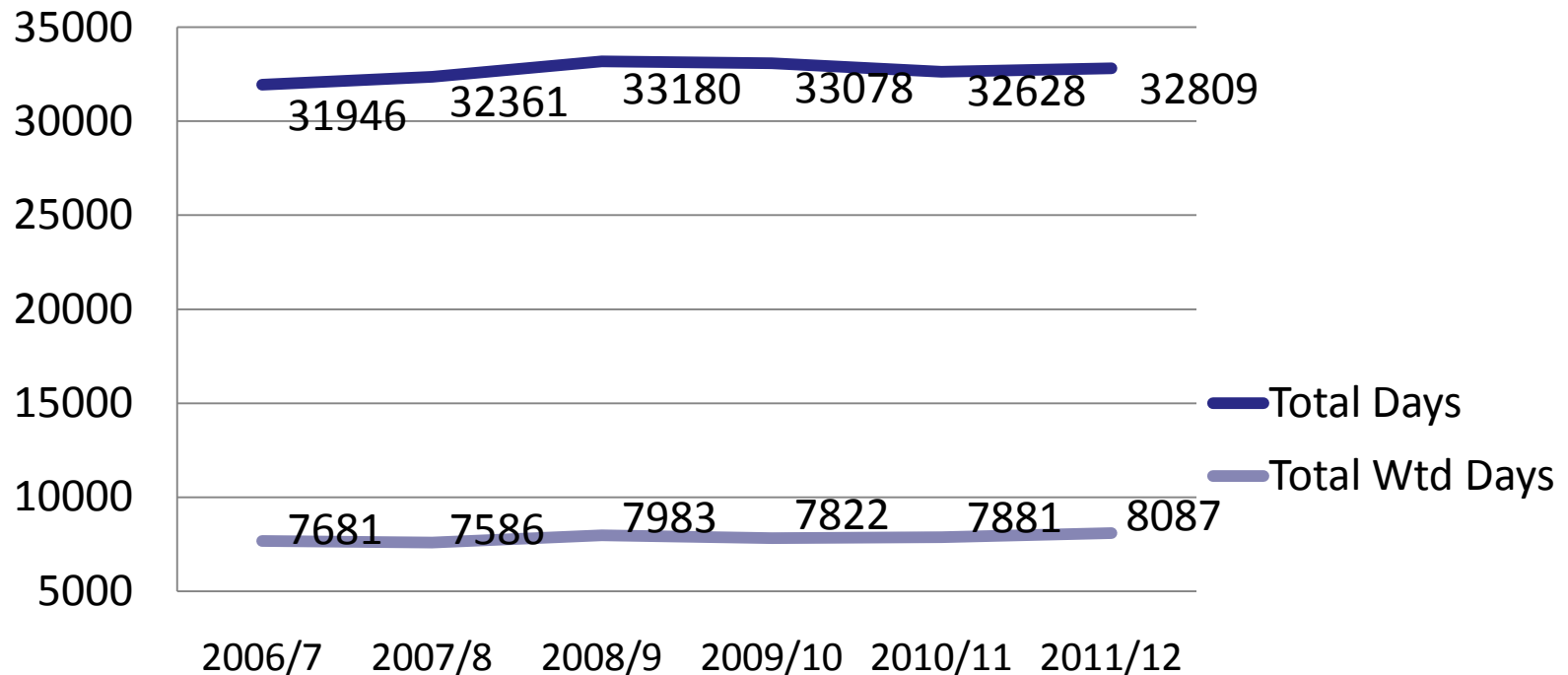
- Central East LHIN **Sustainable Access** analysis indicates
 - 36% increase in Inpatient Cases over next 10 years
 - 28% increase in Inpatient Patient Days over next 10 years
 - Growth in ED visits is expected to be lower than growth in In-Patient Days
 - Highest increases in Durham
- Market Share is a key driver of the new **Health System Funding Reform** (HSFR) and improving local access
 - RVAP Market share decreased from 51.3% (2009/10) to 50.5% (2010/11)

RVAP – Actual vs Projected In Patient Acute Beds



Engaged Communities.
Healthy Communities.

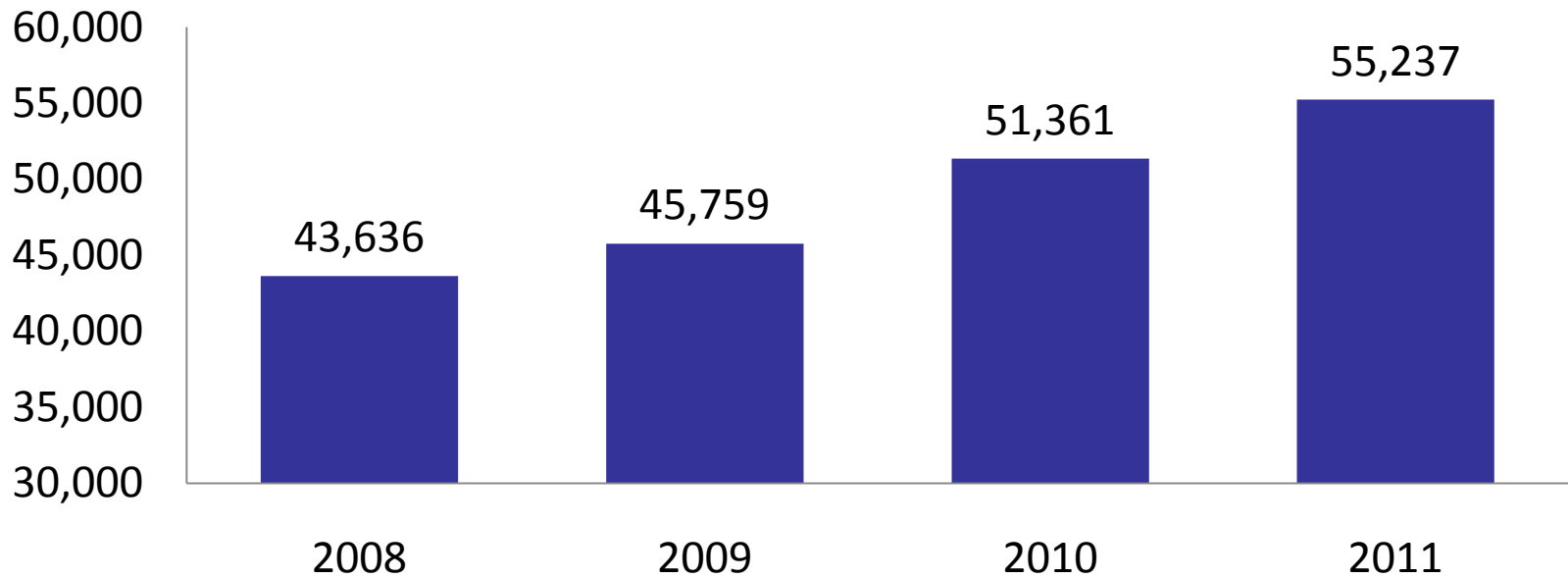
In Patient Utilization



- Acute and Paediatric In-Patient utilization has remained constant, with a general increase.

Engaged Communities.
Healthy Communities.

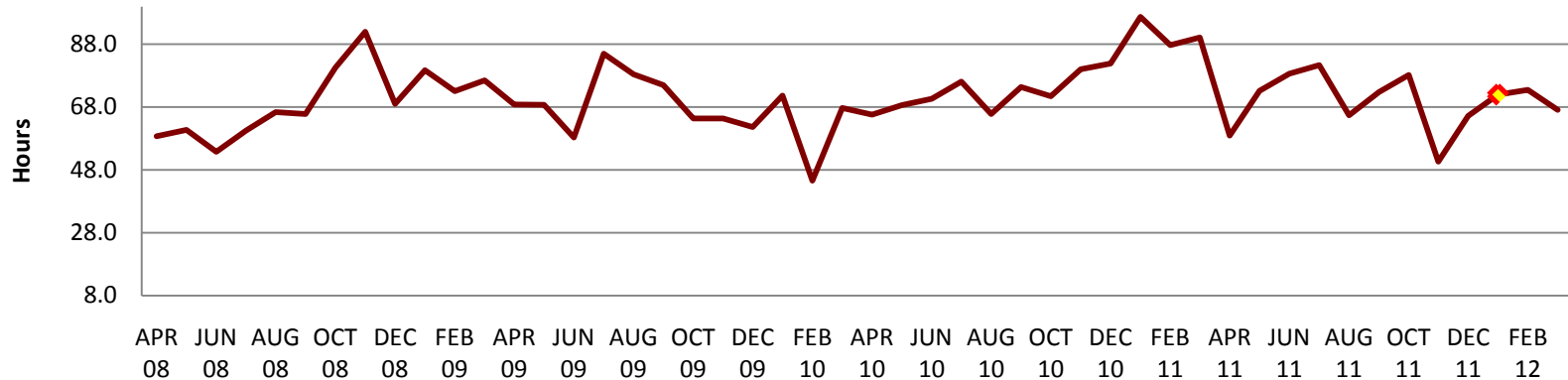
RVAP – ED Visits



27% increase in ED Visits since 2008

Engaged Communities.
Healthy Communities.

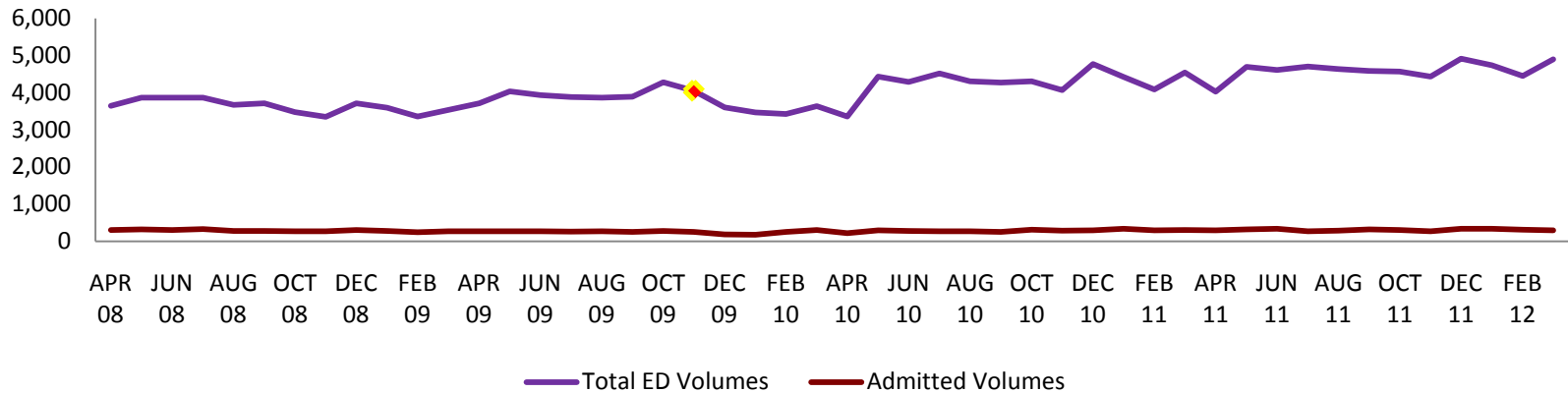
ED to Hospital Admission – Wait Times



- RVAP ED to Admission Wait Times is the 5th worst in Ontario
- Despite a relatively low ALC rate, patients continue to wait excessively long time for an inpatient bed to become available. Some capacity was added in January 2012, with the implementation of a 10-bed Short Stay unit, but the majority of RVAP beds continue to be occupied by acute patients.
 - The marker indicates the opening of the 10 IP beds

Engaged Communities.
Healthy Communities.

ED to In-Patient Admission Rate



- This graph compares ED visits to Hospital admissions over 4 years. (The marker indicating the date of the new ED opening).
- While the ED volumes have increased, the RVAP admit rate has actually dropped during this period, from an average of 7.49% before the opening of the new ER to an average of 6.65% after.
- **RVAP Average Admit Rate over 4 years=6.97%** Peer admin rate is 10+%

Engaged Communities.
Healthy Communities.

Length of Stay – Bed Gap

- LOS improvements can help reduce bed gap
- Based on current LOS performance, GAP is 44 beds
- RVAP is aiming to meet Benchmark LOS to reduce gap to 26 beds

Beds required @ Current Performance Level		Base	PCOP	Total
	Emergency Visits	46,000	13,058	59,058
A	Admit Rate 10.1% to get # of Cases	4,646	1,319	5,965
B	Rate to Medicine 67% to get medicine demand (cases)	3,113	883	4,001
C ₁	Avg Acute LOS (8.8 days) to get patient days	27,394	7,770	35,164
D	Estimated bed requirement @ 95% occupancy	79	22	101

Currently 44
beds
Gap: 57

Beds required @ Benchmark Performance Level		Base	PCOP	Total
	Emergency Visits	46,000	13,058	59,058
A	Admit Rate 10.1% to get # of Cases	4,646	1,319	5,965
B	Rate to Medicine 67% to get medicine demand (cases)	3,113	883	4,001
C ₂	Avg Acute LOS (6.1 days) patient days at Benchmark	18,989	5,386	24,375
D	Estimated bed requirement @ 95% occupancy	55	15	70

Currently 44
beds
Gap: 26

Summary: Since 2003/4 Functional Approval...

- # of RVAP In-Patient Beds have remained relatively constant.
 - Reductions were achieved through LOS improvements
 - Patient Days have increased slightly*
- Some remaining & moderate opportunities to reduce conservable beds days
 - Reduce average LOS and ALC
- RVAP ED Visits have increased 28% since 2009.
 - ED Wait Times to Hospital Admission have worsened, and are some of the worst in the province*
 - ED to Hospital Admit Rate is 6.7% and one of the lowest in the province* (Lowest doesn't mean best)
 - CE LHIN Trend of increasing higher acuity (CTAS I-III) ED visits, and lower numbers of non-acute visits (CTAS IV-5). Translation: Sicker people are coming to the ED and more likely to required hospital admission)

Analysis Conclusion

- Based on RVAP performance of
 - ED Visits, ED Wait Times, ED Admission Rate
 - Length of Stay and ALC
- A increase of **20 additional acute beds is a conservative estimate to close the capacity gap.**
 - Will require additional LOS reduction (realistic)
 - Will require maintenance of low ED to Hospital Admin Rate (unrealistic)
 - Would still not meet projections based on the Functional Plan
 - **40 additional beds is estimated to** more completely address medium and long-term needs of community.

Central East LHIN Board of Directors Mtg – RVHS Acute Beds

FINANCIALS AND RECOMMENDATION

Engaged Communities.
Healthy Communities.

Financial Analysis

Direct and Support Costs for 20 beds	\$3,785M
CE LHIN Pay for Results Funding (one-time) for 10 beds	\$1,4M
Difference	\$2,385M
Estimated PCOP Funding for 9 Mental Health Beds	\$2,692M

- CE LHIN Pay for Results funding of \$1.4M is not base
- CE LHIN does not have revenue to meet the remaining pressure
- Should RVHS receive the PCOP funds for Mental Health and continue to receive Pay for Results funding, there would be no additional funding required.

Next Steps

- CE LHIN will continue to provide \$1.4M to the direct operating costs of the existing 10 acute care beds through Pay for Results
- CE LHIN Management recommend the CE LHIN Board
 - **endorse** the RVHS proposal for 20 additional In-Patient acute care beds at Rouge Valley Ajax Pickering
 - Move the proposal and endorsement to the Ministry of Health and Long-Term Care for its consideration
 - Urge Ministry reconsider its decision not to apply PCOP funding opportunity for Mental Health to this purpose.
- **That this decision will improve access to hospital services with no impact on access to mental health services.**