



Report of the President & CEO to the Board of Directors

Date: January 2013

Happy New Year!

I am hopeful that everyone had some time this Holiday Season to spend with your loved ones and families.

No surprise, but as soon as Christmas dinner plates were being washed, our hospital volumes in our Emergency Department (ED) increased. This year we noticed an increase of patients suffering from stomach viruses and respiratory issues. Again, however, the actual volume increases are expected and annual. We can pretty much predict the number of patients coming to the ED on a daily basis. The only thing we have trouble predicting is their names. However, that is even sometimes predictable. For example, in any given year 1,000 people attend our ED 5 or more times. That is 15% of our volume. We are working on a plan to support these 15% and see if a majority of them can avoid the ED altogether.

What makes our issues difficult at this time of the year is the fact our hospital is running at above 100%. Hospitals are to run at 85% occupancy for many reasons. It allows for staff to not get burned out and to accommodate these annual “surges” that attend a hospital.

When you are running at above 100% it is very difficult to handle these increased volumes. There is no “flex” in the system.

A large reason why there is no “flex” in the system is the number of ALC (alternative level of care) patients in the Hospital that have been designated as needing long term care.

Page 1 of 3



On December 12, 2012, the annual report of Ontario's Auditor General (AG) was released and one of the "value for money audit" reports focused on the long-term-care (LTC) home placement process.

In addition to discussing the LTC placement process, the AG provided some not so shocking data:

- 85% of the 25,000 placed in a long term care home in 2011/2012 were 75 or older.
- Since 2005, the number of Ontarians aged 75 or more grew by 20%.
- The median average wait for placement in a LTC home tripled, since 2005, from 36 to 98 days.
- Between 2012 and 2021, the 75 and up age group in Ontario is expected to grow by another 30%.
- 15% of the patients waiting in hospital for LTC placement died before being placed.

On the same day the AG's report was released, Windsor Regional Hospital (WRH) had ninety-two (92) patients that were designated alternative level of care (ALC) for LTC but are currently in a hospital bed. These 92 patients have a combined stay at WRH of 10,446 days. Yes that's 10,446 days and growing. That is 28 years of patient days currently at WRH alone by patients waiting for a LTC bed of their choice. Considering each hospital bed occupied by a patient waiting for LTC costs, conservatively, on average \$1000 a day, the cost to operate these 92 beds is over \$33 million dollars a year.

ALC patients waiting for a long term care bed, in large part, do not want to be in the hospital. As stated by the AG:

"Numerous studies have shown that remaining in hospital longer than medically necessary is detrimental to a patient's health, yet many people wait in hospital for a LTC home bed to become available, which occupies a hospital bed that is often needed by other patients who have more complex health-care needs. As well, occupying a hospital bed is more expensive than community-based alternatives. This situation is exacerbated because people can wait in hospital for the LTC home(s) of their choice, even if the chosen home(s) have a lengthy wait list."

The only reason they remain in the hospital is because they cannot gain access to a LTC home of their choice. It is not their fault whatsoever. It is not the fault of the Community Care Access Centre (CCAC). In fact, the CCAC is providing as many services as possible to not only this

population but to many others within the resources provided to them. There is just not enough supply of LTC beds to address the demand.

Yes, we are fortunate that we are going to have a new 256 LTC facility on line in 2014 constructed and built by one of the best operators of LTC facilities in the Province. However, it will be some 3 years after it was originally to be operational in March 2011. As a community, we should be talking about the construction and operation of another LTC facility, not still talking about the one that was to be operational 3 years ago.

In addition, when the new LTC facility comes on line, the current patients waiting for placement just in the two local hospitals will be over 150. Also, not to be forgotten, there are already over 400 individuals being cared for by CCAC in their homes that are currently waiting placement in a LTC facility as well. These numbers are in addition to the hundreds being cared for in their homes by CCAC utilizing such programs as Home First.

On any given day, WRH has, on average, 15 patients that have been admitted to an acute care bed that cannot have access to that bed due to this problem and are therefore “holding” in the ED. This then results in wait time increases for patients trying to get into the ED, ambulances not being able to “off load” patients into the ED and the cancellation of surgeries in order to free up beds for the “hold” patients. If we could free up just 15 of these 92 beds on a daily basis it would make a massive difference in patient flow.

Windsor Regional Hospital has made some suggestions to the Erie St Clair LHIN and the Ministry of Health and Long Term Care on how to alleviate some of these issues and without costing the system more money. Once we hear back from the Ministry of Health I will share their response to our suggestions.

In the meantime I know everyone in the Hospital is working on the issues that face us. I wish I could wave a magic wand and solve them. Your individual and collective compassion, commitment, caring and dedication is not going unnoticed. You are living our Mission to **Deliver an Outstanding Care Experience Driven by a Passionate Commitment to Excellence.**

