

REGIONAL MUNICIPALITY OF OTTAWACARLETON
 MUNICIPALITÉ RÉGIONALE D'OTTAWACARLETON

REPORT
RAPPORT

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DATE 17 March 1998

TO/DEST. Co-ordinator
 Community Services Committee

FROM/EXP. Medical Officer of Health

SUBJECT/OBJET **RESPONSE TO INQUIRY CSC NO. 01(98): IMPLICATIONS OF
 EARLIER HOSPITAL DISCHARGES**

DEPARTMENTAL RECOMMENDATIONS

That Community Services Committee receive this report for information.

BACKGROUND

At the Community Services Committee of 22 January, 1998, Chair Alex Munter made the following inquiry:

Home Care workers, nurses and others in health care have noticed a great increase in the number of patients readmitted to hospital, due to being discharged too early on a previous visit. Does the Health Department monitor this situation? If so, what changes have been noted and what must be done to correct this problem?

Over the past number of years hospitals in Ontario, including those in Ottawa-Carleton, have seen their operating budgets reduced by the Ministry of Health. For most hospitals this has been of the order of a 10% reduction over the past three years. As well, local hospitals are facing the massive restructuring ordered by the Ontario Hospital Restructuring Commission. While the home care budget has been relatively flat over the past four years, the demand has grown dramatically. The total number of clients receiving services has increased 25% over this time to the point where 2,200 additional clients are on the roster. The acute care sector has increased in this time period by 33% from 1200 to 1600 clients. Anecdotally, this is due to earlier discharge of sicker clients into the community.

DOCUMENTATION

The Health Department does not collect data on the functioning of the rest of the health care system as that has not been part of its mandated role as a public health agency. Historically, the District Health Council has collected data of this nature on occasion, but its formal mandate has not been to monitor the quality of the system but to plan particularly for the expansion of service. Discussions with the Executive Director of the District Health Council indicated that they are not currently collecting data on this issue but that it will be recommended to the new Council as a priority once its restructuring is completed.

Discussions with local hospitals indicate that they generally do collect and review this data as part of their own quality assurance systems. This data has not generally been published or shared regionally. Readmission data and other hospital discharge data is available through CAHAI, the federal health information agency but information is generally only available after two to three years and would not be helpful in investigating more acute changes in the system such as that which stimulated the current inquiry.

CCAC's current data collection system does not capture readmissions in a useful way. CCAC officials have in fact been meeting with the hospitals officials to see how the issue can be tracked and how steps can be taken to improve matters. The two groups have gone as far as trying to identify specific hospital wards where remedial steps might be necessary. The CCAC is planning to obtain new software to become available by year's end, which will better help them to monitor this problem.

With respect to newborns, an area of direct Health Department involvement in service provision, more frequent visits to emergency in the post-partum period have been documented for a number of problems including breast-feeding, bonding, and dehydration. However, this has not resulted in a significant number of readmissions for either mother or baby.

Finally, the Health Intelligence Partnership of Eastern Ontario is proposing a review of hospital discharge data looking for evidence of impact of hospital restructuring. Results of this review will be available in the Fall of this year and will be subject to the timeliness problems identified in the previous paragraph.

PUBLIC CONSULTATION

Representatives of the District Health Council, Queensway-Carleton Hospital, Ottawa General Hospital, Ottawa Civic Hospital and Community Care Access Centre were consulted in the preparation of this report.

FINANCIAL IMPLICATION

There are no financial implications for the RMOC in the current report.

CONCLUSION

At the present time, there is no system in place in Ottawa-Carleton to answer the questions raised in the inquiry. An effective system would require the hospitals and the CCAC of Ottawa-Carleton to agree to provide relevant information in a timely fashion to a central body for collation, analysis, and dissemination. Performing this latter role would have human resource and infrastructure implications for the agency which accepted it.

Community care services, as currently funded, are unable to reduce the pressure on hospital beds as the hospitals struggle to cope with reduced operating budgets and massive restructuring. Community reinvestment should precede not follow changes in the hospital sector for the transition to take place in an effective, efficient and humane manner. At this time, the health care system has not developed the tools or the mechanisms to monitor the impact on health and services of these profound and hasty changes.

*Approved by
Robert Cushman, MD, MBA, FRCPC*