

dialogue

An update on issues
affecting health care in Ontario

July 10, 2008

Are Ontario's hospital occupancy rates a ticking time bomb?

New study links occupancy and understaffing to spread of superbugs

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The recent link between the spread of hospital-borne infections and crowding should be a wake up call for Ontario hospitals.

A recently published study in *The Lancet Infectious Disease* medical journal found overcrowding and understaffing in hospitals are contributing to the spread of Methicillin-resistant Staphylococcus aureus (MRSA), a bacterium responsible for difficult-to-treat infections.

The report is not the first to reach this conclusion – in 2007 the UK government was accused of covering up a similar damning report that suggested patients were nearly 50 per cent more likely to be struck down by this type of virus if hospitals are more than 90 per cent full. The leaked report said 1,000 deaths per year could be prevented if hospitals cut their occupancy rates to below 85 per cent.

In a 2006/07 peer comparison conducted for Rouge Valley Health System, only two of 20 Ontario peer hospitals were below 90 per cent. At least five were above 100 per cent.

In the recently released Australian study, lead researcher Dr. Archie Clements told the media that “the drive towards greater efficiency, by reducing the number of hospital beds and increasing patient throughput, has led to highly stressed healthcare systems with unwelcome side effects.”

A hospital that is operating in excess of 90 per cent also has little surge capacity for pandemics. A mild flu season can create a surge of 10 to 15 per cent in the hospital's occupancy.

Many countries aim for much lower standards of occupancy. The Netherlands keeps its average occupancy below 65

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per cent, a common rate in many U.S. hospitals. The average occupancy rate in New York State is 60 per cent.

While Britain aims to get hospitals below 82 per cent occupancy, in Ontario hospitals are being pushed to increase occupancy to balance their budgets.

The Central East LHIN recently approved the Rouge Valley Health System deficit reduction plan, which includes escalating the occupancy rate to 95 per cent.

Derek Butler, Chair of the UK MRSA Action, says the ideal figure for hospital bed occupancy should be 65 per cent, stating microbiologists were in agreement that bed occupancy over 85 per cent contributed to infection rates.

Occupancy rates are calculated by the average number of days the hospital's beds are occupied.

Meanwhile, the *Hamilton Spectator* has been attempting to tally deaths in Ontario hospitals attributed to the spread of Clostridium difficile (C Difficile).

To date, 463 people have died in the last 30 months at 22 of Ontario's 157 hospitals. Two of the hospitals with the most deaths had occupancy rates of 100 per cent or more in 2006/07.

The new health minister has echoed his predecessor's refusal to call a public inquiry into the deaths, instead making reporting mandatory beginning Sept. 20.

High occupancy rates are considered counterproductive. The rise in infection means beds are occupied longer, adding to hospital costs and reducing overall efficiency.

Hospitals looking to save money may also think about liability.

Families have filed a \$50 million lawsuit against Joseph Brant Memorial Hospital in Burlington where 91 patients infected with C Difficile died in a 20-month outbreak. Experts say the bacterium caused or played a clear part in 62 of the deaths and contributed to 14 others.

First legal test of LHIN legislation set for July 11

The first test of legislation creating the Local Health Integration Networks (LHINs) will go before the courts July 11.

OPSEU is asking the court to order the Central East LHIN to reconsider its decision to cut 20 existing mental health beds and cancel nine more beds under construction at the Ajax-Pickering hospital.

The union is arguing the LHIN worked with the Rouge Valley Health System (RVHS) to keep the proposed cuts secret until both organizations were able to quickly approve the plan, leaving the public and other stakeholders out of the decision-making process.

The plan was first made public March 25 after it had been approved by the RVHS board. Three days later the LHIN rubber-stamped the decision --with no public opportunity to speak to the issue.

The LHIN not only failed to consult with patients, families and health professionals

directly affected by the decision, it left its own Mental Health and Addictions Steering Committee out of the process, as was mandated in the LHIN legislation brought in by the McGuinty Liberal government.

"If the LHIN's board had consulted, these cuts would likely have never been approved," says OPSEU First Vice-President/Treasurer Patty Rout.

Psychiatrists who work at the hospital say the cuts to services in Ajax will have a negative impact on mental health patients. The loss of one psychiatrist from the region has already left 500 patients looking for support in the region. These include patients who suffer from depression, schizophrenia, suicidal or violent tendencies, and anxiety/panic disorders.

The hospital plans to use the resources saved at Ajax to establish new medical/psychiatric beds at the Centenary hospital in Scarborough. "This makes no sense,"

said Rout. "This is just about raiding services from one community to provide them somewhere else."

Rouge Valley Health Centre does have a debt problem, its year-to-year operating budgets swinging wildly from more than \$16 million in deficit in 2001-02 to a tiny surplus in 2003-04. The accumulated capital and operating debt is about \$78 million.

The deficit reduction plan includes more than a shift in mental health beds – cuts also include a significant reduction of surgery, cardiology, paediatric, complex continuing care and rehab beds. The hospital announced earlier in the year that 220 jobs were scheduled to be eliminated. As of March, about 20 per cent of targeted savings had yet to be determined, leaving more significant cuts to be announced.

The case will be before the Ontario Superior Court of the Justice Divisional Court this Friday, July 11.

In Brief

Joint union press conference calls for staffing standards in Ontario's nursing homes

OPSEU, ONA, SEIU and CUPE held a joint press conference July 8 to call for staffing standards in long term care. Shirley Sharkey, the controversial CEO of St. Elizabeth Healthcare, had rejected staffing standards in her report issued this spring. The unions are asking for 3.5 hours of care per resident per day based on average acuity. The McGuinty Liberals have repeatedly promised to revive a staffing standard, a regulation the Harris government had eliminated in 1995. Premier McGuinty responded to the call by stating the government had to do better The OFL revamped its fiscal advisory workshop recently with the help of Local 431's Marty McFarlane. The pilot May workshop was well received by participants. The OFL plans the next session in Toronto some time either in late October or early November. The Public Hospital Act makes a fiscal

advisory committee mandatory. The committee is intended to make recommendations to the hospital board with regard to the operation, use and staffing of the hospital. Union members are often entitled to sit on the committee. The workshop gives the tools to representatives to become better advocates on behalf of the union membership. ... A new

study aims to collect data to determine the proper amount of time is needed to care for different types of long term care residents. The study is intended to assist with a revamped case mix classification system used primarily for determining resources needed for long term care homes and hospitals with complex continuing care residents.

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