

Beds, Occupancy rates and future plans

Key quotes from Deloitte's *PPH Budget Right Sizing Report of Findings, Draft, March 10, 2006**

General comments and program area	St Joseph's Healthcare - Hamilton	Royal Ottawa Health Care Group -Brockville	St Joseph's Healthcare-London	Providence Continuing Care Centre
General comments	<p>"Admission and the number of patient days have decreased over the past three years to a level below the SLA targets. Outpatient visits have increased by 8.1% in FY04 and 8.8% in FY05 over the respective prior year. ...The number of staffed beds has been consistent, overall occupancy has steadily declined since 2003-04." (p. 17)</p>	<p>"As a whole, ROHCG has exceeded requirements as set out in the SLA with the exception of Bed Days and Admissions." (p. 38)</p>	<p>"A major focus for the balance of FY04 was related to 'right-sizing' the organization and the budgets. This initiative entailed identifying the actual bedded and non-bedded components and the corresponding staffing models to further develop specialized services." (p. 56)</p> <p>"Senior leaders are working with both Tier 2 partners and community agencies to plan activities related to anticipated divestments and linkages in the future." (p. 56)</p>	<p>"Occupancy rates have been steadily increasing over the last 18 months, with overall occupancy exceeding 90% since October 2003. Ongoing presence of "legacy patients" has resulted in reduced turnover of inpatient beds with other beds being filled by correctional services releases." (p. 89)</p> <p>"Outpatient programs require further development to support the rural areas of the region; management indicated that some areas have no or minimal mental health services available from the regional centre and efforts to expand are ongoing in the current year." (p. 89)</p>
Acquired Brain Injury				
Community Liaison Program	<p>"...increase in 19.5% in telephone outpatient visits and 42.8% in face-to-face outpatient visits." (p. 21)</p>			

*Submitted to the Ministry of Health and Long-Term Care. Obtained by OPSEU through FIPPA.

Chart prepared by OPSEU's Campaigns Unit, October 2006

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Geriatric Psychiatry			<p>“In December 2005, the remaining 30 beds were closed due to RN vacancies and inability to recruit replacements. The creation of the Ambulatory Maintenance ECT therapy clinic in June 2005 has reduced the need for admission and decreased the number of inpatient programs (\$1.7M savings) ...staff being redistributed in the interim. (p. 68)</p>	
Forensic Program	<p>“In June 2005, 18-bed medium secure unit was opened increasing number of beds from 18 beds to 36 beds (18 medium and 18 minimum). ...currently both are at full capacity. Once the new facility is developed (scheduled for 2009-2010), the plan is to operate 70 forensic service beds.” (p. 23)</p>	<p>“The HSRC directed transfer of 15 forensic beds and the balance of the 109 tertiary beds is to be transferred to the ROH are scheduled for December, 2006 when the new ROH facility is opened. Going forward the plan for this program is to operate a 44-bed Forensic inpatient unit at the Brockville site. There is a concern that the infrastructure costs associated with running a unit of this size will be inefficient as they move</p>	<p>“Admissions increased significantly last year to 135% of SLA target. ...This program is currently under-bedded and a functional plan is in place to increase to 74 beds when the new facility is built.” (p. 59-60)</p>	<p>“...this program has maintained the number of beds in operation and steadily increased its number of admissions, discharges and inpatient days. In fact since FY03-04, this program has run over capacity with occupancy rates over 100%.” (p. 84) “...there was some thought that the forensic bed registry would facilitate some relief on these services, however the practical reality has been</p>

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		<p>forward with Tier 2 divestment.” (p. 40) “We note that in Ontario there an estimated 850-1000 patients considered not criminally responsible (NCR). Currently, 150-200 (20%) are being cared for at BPH.” (p. 41)</p> <p>“New on-site 100-bed secure Treatment Unit has been opened by the Department of Correctional Services. This has resulted in some shared service benefits in FY05. It is likely that this service will be lost in Tier II divestment.” (p. 47)</p>		<p>that the transportation costs have proven to be prohibitive as the available beds are typically located in North Bay and Penetanguishene and usually take overflow from Toronto first.” (p. 85)</p>
Schizophrenia Program				
Mood Disorders				
Dual Diagnosis				
Acute services		<p>Elmgrove Acute: “As the local acute Schedule 1 facility, Elmgrove is responsible for inpatient services ...this program also provides for a 24/7 1-800 crisis telephone line serving all three counties of Lanark, Leeds and</p>		

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		Grenville... Provides a twenty-four bed inpatient unit” (p. 42) Tier 2 divestment [to Brockville General Hospital] has stalled; no functional plan that has been approved. Impacting the ability to make referrals to the community; increasing LOS [length of stay] and some patients are requiring diversion to other schedule 1 facilities. Planned shift in governance by December 2006, however there is no definitive plan as to how and when this might actually happen as there is no physical facility.” (p. 43)		
Rehabilitation				
Concurrent Disorder			“With the shift in care model, the number of beds has been dramatically reduced to 12 from 28 beds.” (p. 58)	
Development Behaviour Management			“The plan is to reduce to 12 beds in the new facility.” (p. 61)	
Specialized Adult			Special Adult St. Thomas:	

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			<p>“In FY02-03, inpatient beds reduced from 9 to 5 units . . .FY05 Business Plan identified the ability to create efficiencies by consolidating inpatient beds from 198 to 120 within 4 units based on occupancy rates of below 60%. Approval for this consolidation was not obtained from the MOHLTC. However, consolidation to 168 beds in 6 units did occur.” (p. 66)</p> <p>Special Adult London: “FY05 Business Plan identified the ability to create efficiencies by consolidating inpatient beds from 198 to 120 within 4 units based on occupancy rates of below 60%. Approval for the consolidation was not obtained from the MOHLTC; however were able to consolidate to 168 beds. These beds occupy 6 units. (p. 62)</p>	

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Adult and other Long-Term Care				<p>“Since FY03, this program has experienced a steady increase in its inpatient activity; as of FY04 inpatient days has remained above the SLA levels.” (p. 86)..“At the time of divestment this program operated 110 inpatient beds. As of Sept 15., 2005, PCCC is currently funded for an has open 91 beds. The average daily census in FY05 was reported to be 104.5 patients with an ALOS [average length of stay] of 659 days.” (p. 87)</p>