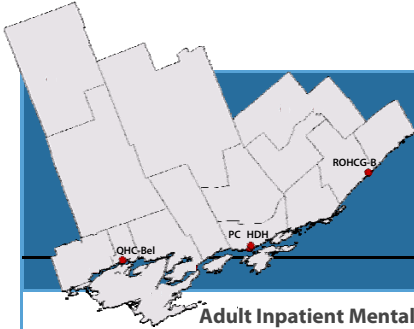
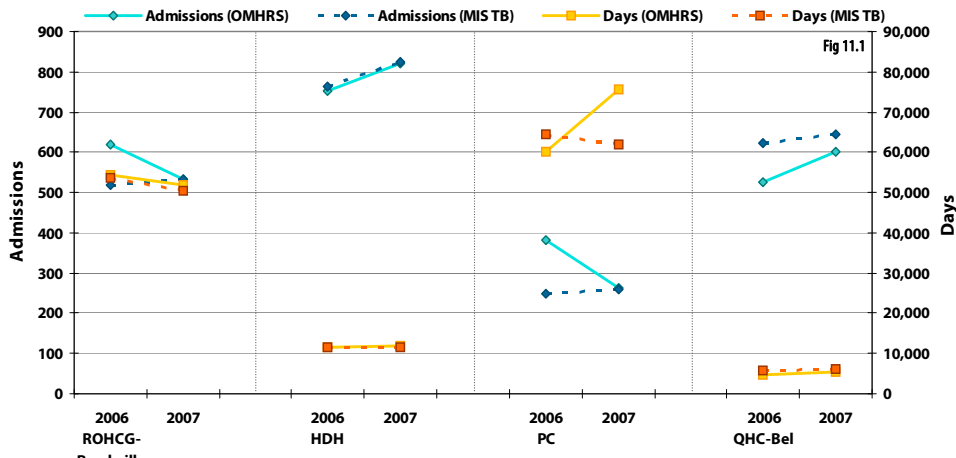


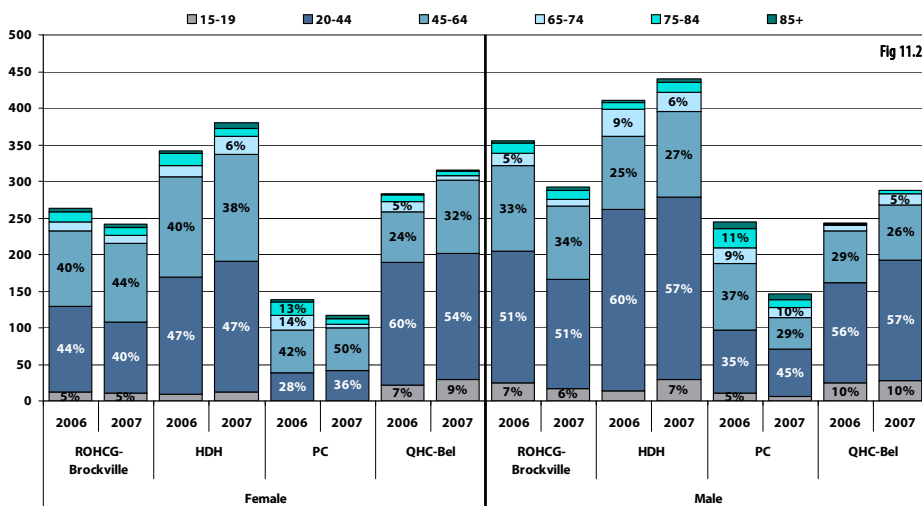
# South East Local Health Integration Network Adult Inpatient Mental Health Profile



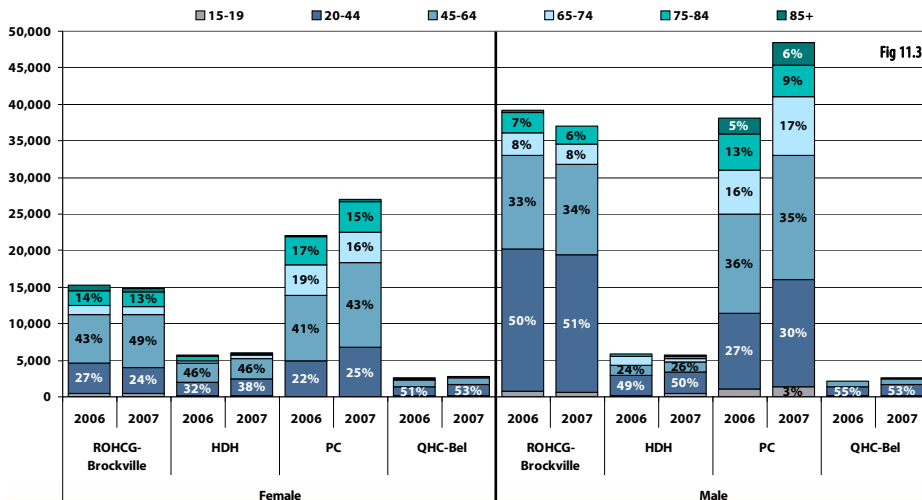
Adult Inpatient Mental Health Admissions & Bed Days by Data Source (2003-2007)<sup>1,4</sup>



Adult Inpatient Mental Health Admissions by Age Group & Sex (2006/2007)<sup>1,2,5</sup>



Adult Inpatient Mental Health Bed Days by Age Group & Sex (2006/2007)<sup>1,2,4,5</sup>



## Introduction:

The Regional Capacity Assessment and Projections (ReCAP) establishes a profile, including short-term projections, of the utilization of health care services in the South East LHIN. Results of ReCAP are used to support the recommendations in the Integrated Health Service Plan for the South East region. This short report on Adult Inpatient Mental Health is one in a series of summary analyses from ReCAP that focuses on specific health care services. In the South East LHIN there are 4 institutions that provide these services—see the Legend below.

## Summary of Main Findings:

- This report utilizes data from 2 main sources: the Ontario Mental Health Reporting System (OMHRS) and the Management Information System (MIS). OMHRS, which is an admission-based system that also includes the RAI-MH (Resident Assessment Instrument for Mental Health), is a comprehensive database that can be applied for evaluating the utilization and needs of adult inpatient mental health patients. The MIS is commonly used for financial and statistical reporting. Although MIS does not contain details required for a complete review of utilization distributions and trends, the data source is consistent with the daily census summary of patient activity and therefore considered to be a more accurate summary of total admissions and bed days than the OMHRS.
- Overall for 2006 and 2007, the number of admissions and bed days were generally comparable in OMHRS and MIS (just over 2,200 admissions and 130,000 bed days). When examined by institution there were more relative differences for admissions (particularly in 2006) and for bed days in PC (more for MIS in 2006 and less for MIS in 2007). Most of the admissions in 2007 were to HDH (823 or 36%) followed by QHC-Belleville (622 or 28%), ROHCG-Brockville (533 or 24%) and PC (261 or 12%). In the same period PC accounted for the majority of bed days (62,000 or 48%) followed by ROHCG-Brockville (50,500 or 39%), HDH (11,600 or 9%) and QHC-Belleville (6,200 or 5%).
- Although just over half of all admissions in the LHIN are males (53% in 2007) QHC-Belleville reported slightly more females (52% in 2007). Female admissions on average were older than males, particularly in PC.
- Across the LHIN 2 out of every 3 bed days in 2007 were occupied by male patients (higher percentages were noted in PC and ROHCG-Brockville). The elderly also occupied beds for longer periods (admissions 65+ represented 10% of all admissions but 24% of all bed days). One in every three bed days in PC were usually assigned to an elderly patient.
- In the LHIN adult acute inpatient mental health care is provided in HDH and QHC-Belleville (as the only service in both institutions) as well as in ROHCG-Brockville (with 90% of admissions and 16% of bed days in 2007). PC offers both long term care (about 78% of admissions and 83% of bed days) and forensic (22% of admissions and 17% of bed days). The transitional long term care beds provided by ROHCG-Brockville will be divested into the community and expected to be significantly reduced after fiscal 2007. Overall in 2007, acute, forensic and long term care represented 86%, 4% and 10% of admissions and 17%, 24% and 60% of bed days respectively. Note that forensic care is a provincially supported resource and not a LHIN managed service.

Continued—Page 2

## Legend:

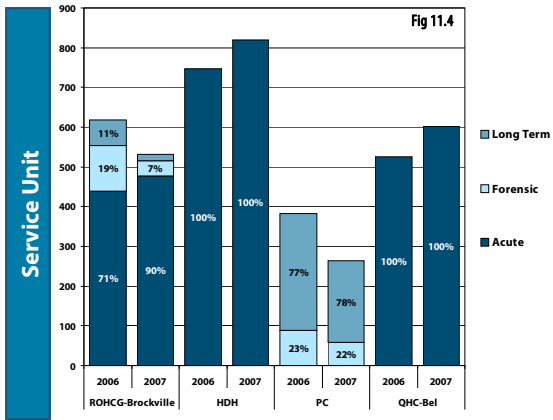
- HDH-Hotel Dieu Hospital
- PC-Providence Care
- QHC-Bel-Quinte Health Care-Belleville
- ROHCG-B-Royal Ottawa Health Care Group-Brockville
- SE LHIN-South East Local Health Integration Network

Please send any questions or comments to:  
SEdatateam@lhins.on.ca

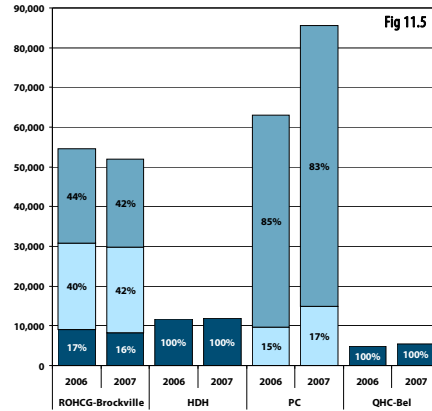


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Admissions by Service Unit (2006/2007)<sup>1,2</sup>



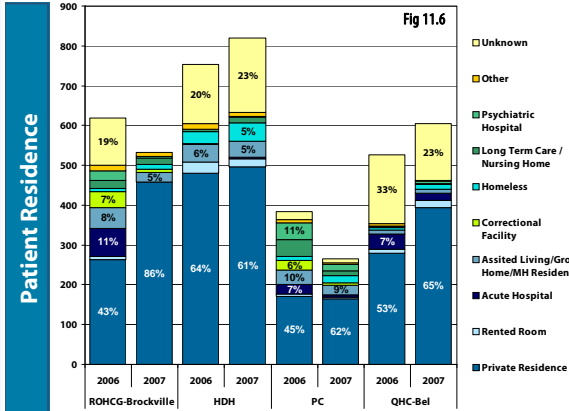
Bed Days by Service Unit (2006/2007)<sup>1,2,4</sup>



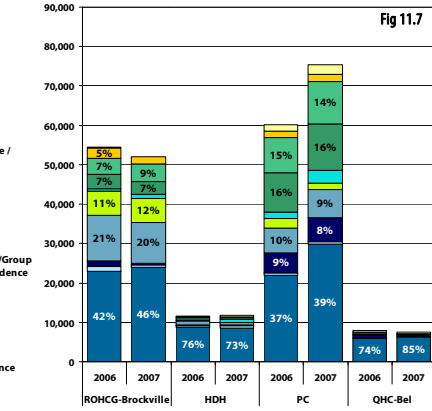
Summary of Main Findings - Continued:

- The majority of adult mental health inpatients came from a private residence (69% in 2007). Apart from admissions with unknown residence no other category accounted for >5% of admissions. When looked at by institution, the proportions are quite similar, especially in the 2007 period. Bed days, on the other hand, reflect a very different distribution. For the LHIN as a whole, about 47% of the bed days were for patients from a private residence but 12% came from Assisted Living/Group Home/MH Residence, 11% from LTC/Nursing Home, 10% from a Psychiatric Hospital, 5% from a Correctional Facility and no more than 5% from other individual sources. While the bulk of bed days in HDH and QHC-Belleville were for patients from a private residence (73%-85%), PC and ROHCG-Brockville recorded <50% of bed days for patients from a private residence.

Admissions by Patient Residence (2007)<sup>1,2,6</sup>

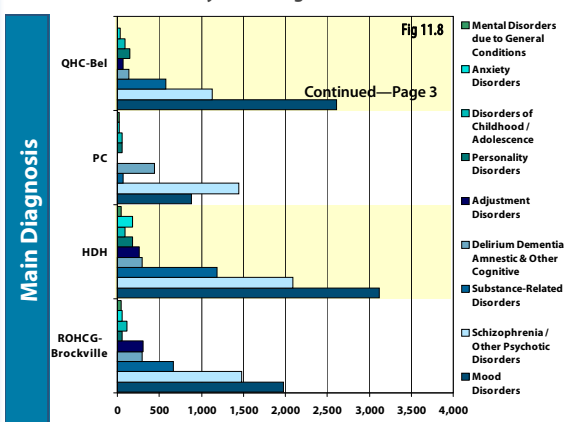


Bed Days by Patient Residence (2007)<sup>1,2,4,6</sup>

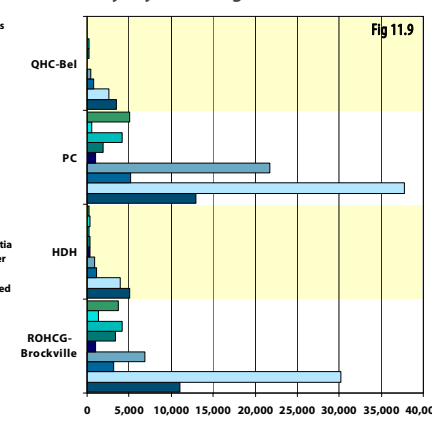


- Figures 11.8 and 11.9 show the number of admissions and bed days by the main diagnoses of the patient. Since a patient can have multiple diagnoses bars are presented for each diagnosis. With the exception of PC, where the opposite is the case, most of the patients were admitted with mood disorders followed by schizophrenia or a related disorder. Relatively high numbers of admissions also presented with a substance related disorder or a delirium/dementia/amnestic or other cognitive disorder. When bed days were examined the majority were taken up for patients with schizophrenia or a related disorder, followed by a substance related disorder and a mood disorder.

Admissions by Main Diagnosis (2006/2007)<sup>1,2,7</sup>

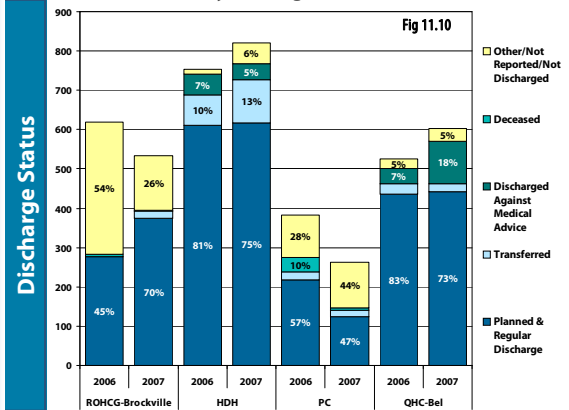


Bed Days by Main Diagnosis (2006/2007)<sup>1,2,4,7</sup>

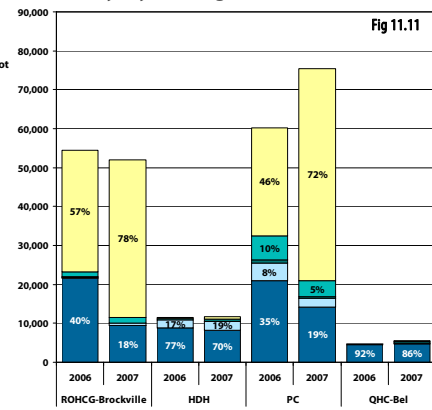


- Most adult mental health inpatients end up with a planned or regular discharge from hospital (70% overall in 2007). In PC and ROHCG-Brockville a notable percentage of admissions were still awaiting discharge (up to 26% and 44% respectively). Bed days, on the other hand, did not show a similar pattern when compared to the distribution of admissions. While HDH and QHC-Belleville had more bed days (>70%) to discharged patients, almost 3 in 4 of bed days in PC and ROHCG-Brockville (up to 78% and 72% respectively) were to patients who had not yet been discharged.

Admissions by Discharge Status (2006/2007)<sup>1,2,8</sup>



Bed Days by Discharge Status (2006/2007)<sup>1,2,4,8</sup>



- Within a fiscal period, the average length of stay for adult mental health inpatient admissions receiving acute care (<19 days) is much shorter relative to those receiving either forensic or long term services (approximately 200 and 350 days respectively).

- Apart from QHC-Belleville, occupancy levels for adult mental health beds are typically high in SE LHIN institutions (>88%). Despite an increasing trend the occupancy level in QHC-Belleville only reached 67% in 2007.

- Approximately 8% of adult inpatient mental health admissions in SE LHIN institutions are for patients who reside outside the LHIN.

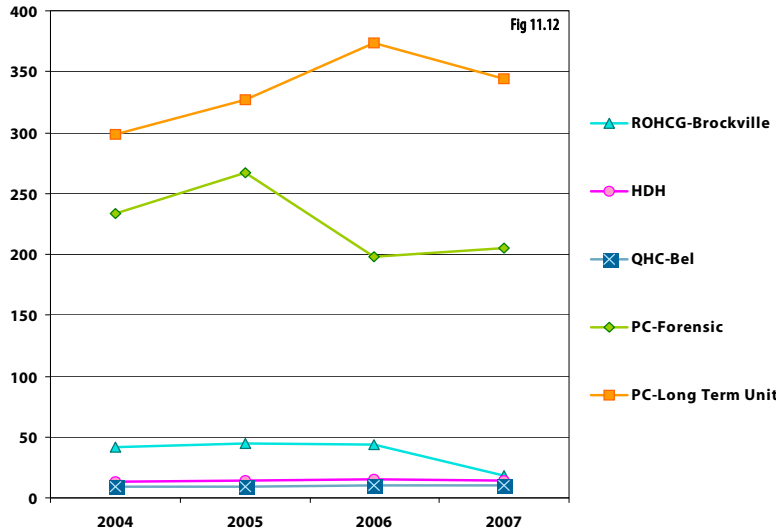
- Compared to the province, the rate for adult inpatient mental health admissions (per 1,000 population) is slightly higher in the LHIN for all age/sex groups except females 65+. Across the LHIN admission rates are quite variable but especially higher in Kingston & Islands and Brockville.

- Projections of the utilization for adult inpatient mental health services were generated on the assumptions that rates remain the same until 2012 and population volume is the only variable factor during the period. For the LHIN as a whole, very modest annual growth is anticipated for this service: 0.4% in admissions, 1.2% in bed days and 1.0% in beds.

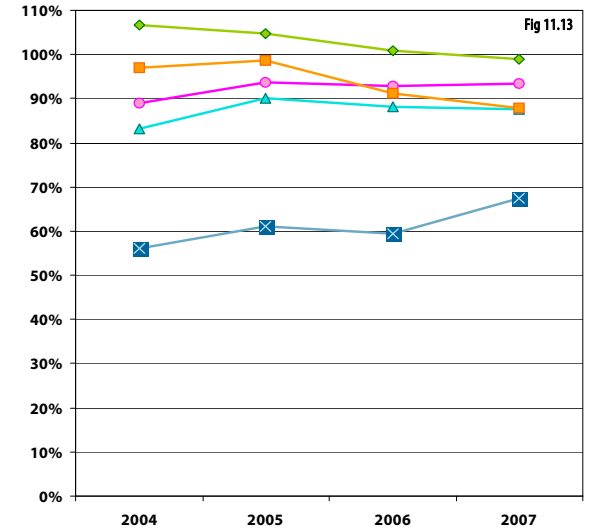
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# South East Local Health Integration Network Adult Inpatient Mental Health Profile

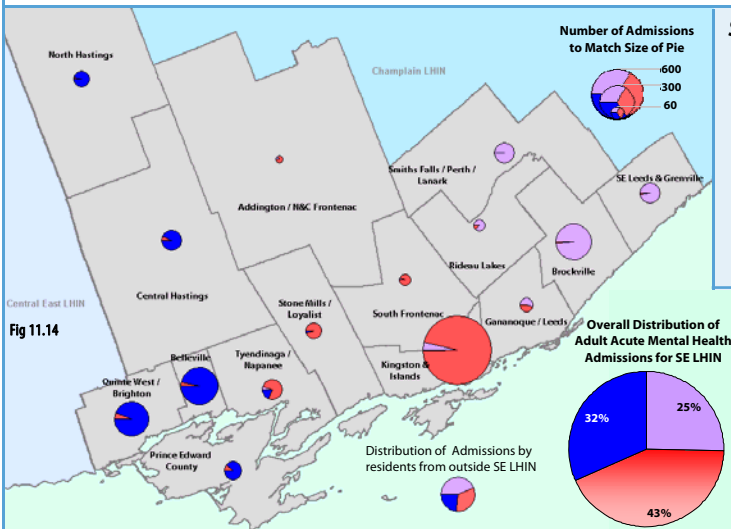
**Average Length of Stay for Adult Inpatient Mental Health Admissions by Institution & Service Unit (2004-2007)** <sup>1,2,4</sup>



**Occupancy Rate for Adult Inpatient Mental Health Care Beds by Institution & Service Unit (2004-2007)** <sup>1,3</sup>



**Adult Acute Inpatient Mental Health Admissions for SE SubLHIN areas by Institution (2007)** <sup>1,2</sup>



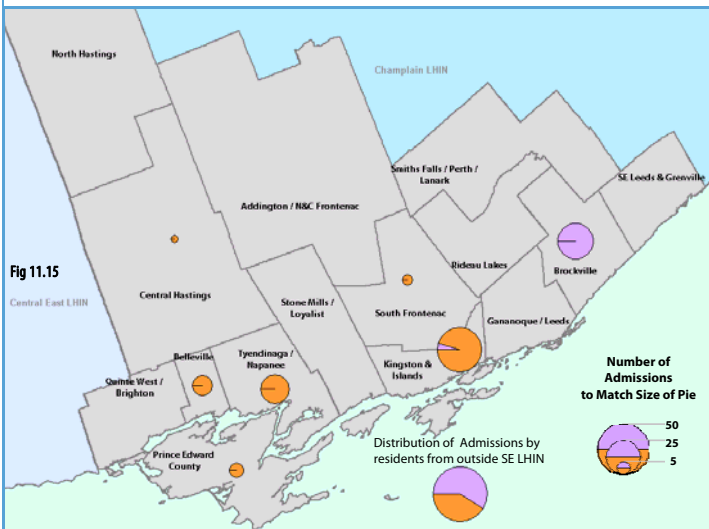
**Summary of Main Findings - Continued:**

- The distribution of adult inpatient admissions for acute mental health services is largely a reflection of the distribution of the population as a whole - a larger concentration of admissions in the more urban subLHIN areas of Kingston & Islands, Belleville, / Quinte West/Brighton and Brockville. Most of these inpatients utilized the mental health service that was the closest to the patient residence. Overall HDH accounted for most of the acute mental health admissions (43%) followed by QHC-Belleville (32%) and ROHCG-Brockville (25%). About 10% of all acute admissions came from patients living outside the SE LHIN.
- Forensic services were mainly provided to patients resident in Kingston & Islands, Brockville, Tyendinaga/Napanee and Belleville. Of those patients living in the SE LHIN region, 32%, 27% and 16% came from Kingston & Islands, Brockville and Tyendinaga/Napanee respectively. More than a third of forensic admissions were for persons residing outside of the LHIN.
- Although patients living in Kingston & Islands accounted for the majority of all admissions for long term mental health services, there were long term admissions from every subLHIN area except North Hastings. Roughly 10% of admissions for long term services were to persons living outside the LHIN.

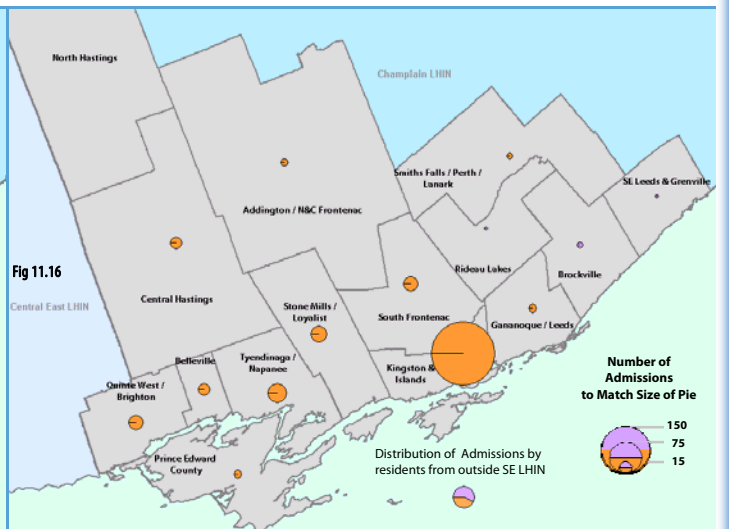
**SE LHIN Inpatient Mental Health Institution**

- HDH
- PC
- QHC-Belville
- ROHCG-Brockville

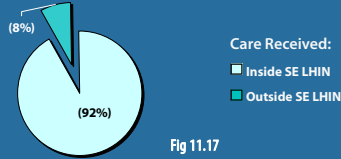
**Adult Forensic Inpatient Mental Health Admissions for SE SubLHIN areas by Institution (2007)** <sup>1,2</sup>



**Adult Long Term Inpatient Mental Health Admissions for SE SubLHIN areas by Institution (2007)** <sup>1,2</sup>

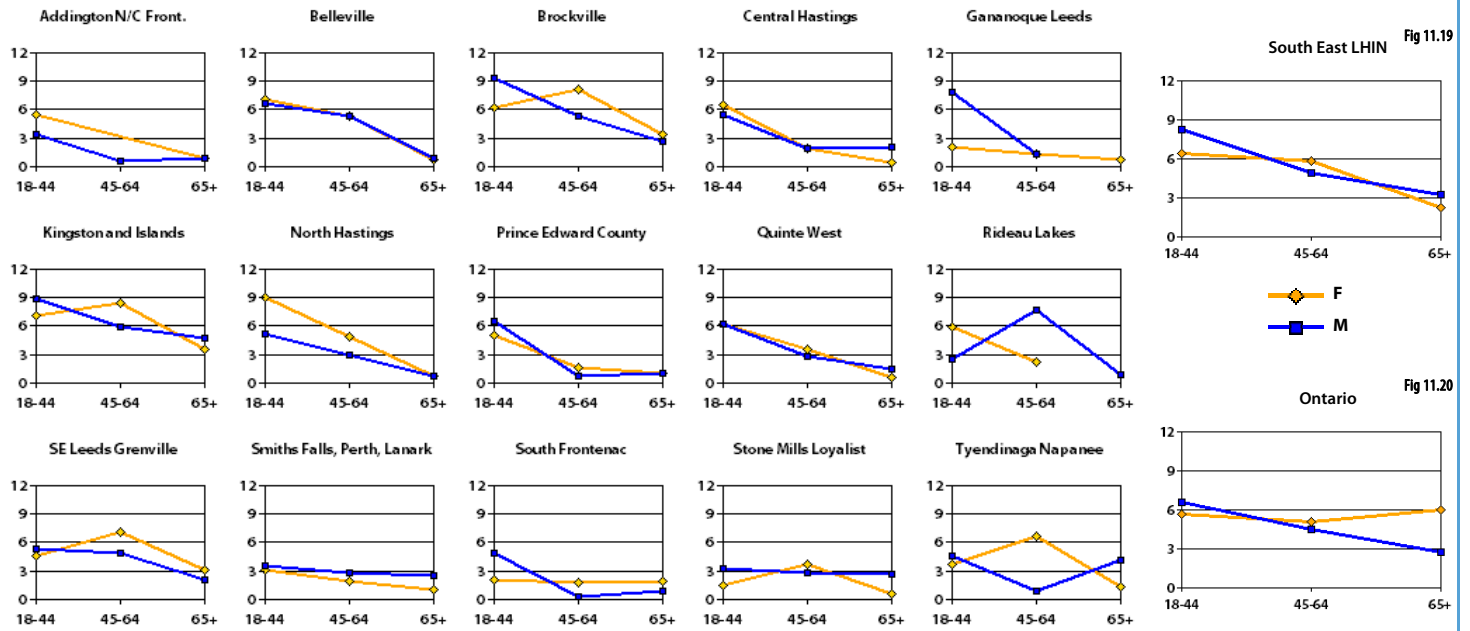


Distribution of Adult Inpatient Mental Health Admissions for SE LHIN residents receiving care Outside LHIN (2007)<sup>1,2</sup>



## South East Local Health Integration Network Adult Inpatient Mental Health Profile

Fig 11.18 Age-specific Adult Inpatient Mental Health Admission Rate (per 1,000) by Age Group and SubLHIN (2006-2007)<sup>1,2,11</sup>



Reported and Projected Adult Mental Health Admissions and Bed Days by SE LHIN Institution and Year (2007-2012)<sup>1,2,9-13</sup>

Fig 11.21

Institution - Service Unit	Statistic	Reported	Projected					Average Annual Growth (%) 2007-2012
		2007	2008	2009	2010	2011	2012	
Royal Ottawa Health Care Group-Brockville - Acute	Admissions	478	478	478	479	480	481	0.1%
	Bed days	7,706	7,752	7,802	7,857	7,915	7,978	0.7%
	Occupancy	87.7%	87.7%	87.7%	87.7%	87.7%	87.7%	-
	Beds	24	24	24	25	25	25	0.8%
Hotel Dieu Hospital - Acute	Admissions	823	827	832	838	844	850	0.7%
	Bed days	11,627	11,705	11,791	11,884	11,984	12,091	0.8%
	Occupancy	93.4%	93.4%	93.4%	93.4%	93.4%	93.4%	-
	Beds	34	34	35	35	35	35	0.8%
Providence Care - Forensic	Admissions	58	58	58	58	58	58	0.1%
	Bed days	10,843	10,878	10,918	10,963	11,013	11,068	0.4%
	Occupancy	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	-
	Beds	30	30	30	30	30	31	0.4%
Providence Care - Long Term Unit	Admissions	203	206	208	211	213	216	1.2%
	Bed days	53,974	54,779	55,618	56,489	57,396	58,334	1.6%
	Occupancy	88.0%	88.0%	88.0%	88.0%	88.0%	88.0%	-
	Beds	168	171	173	176	179	182	1.6%
Quinte Health Care-Belleville - Acute	Admissions	644	643	642	642	642	642	-0.1%
	Bed days	6,468	6,471	6,478	6,489	6,505	6,523	0.2%
	Occupancy	67.3%	67.3%	67.3%	67.3%	67.3%	67.3%	-
	Beds	28	26	26	26	26	27	-1.1%
South East Local Health Integration Network	Admissions	2,206	2,211	2,218	2,227	2,236	2,247	0.4%
	Bed days	90,618	91,584	92,607	93,681	94,813	95,994	1.2%
	Beds	284	286	289	292	296	299	1.0%

**General Notes and Limitations:**

- All estimates are reported for fiscal periods, e.g. 2007 is April 2007 - March 2008.
- Data Source: Ontario Mental Health Reporting System (OMHRS) implemented in 2005 by the Canadian Institute for Health Information (CIHI) and the Ministry of Health and Long-Term Care of Ontario. OMHRS is an admission based system so incomplete or open cases are also included; total separations and corresponding lengths of stay may not necessarily match separations and inpatient days obtained from MIS.
- Data Source: Management Information System (MIS), Ministry of Health and Long Term Care.
- In order to compute the number of bed days and length of stay, records without discharge dates are assumed to be current patients.
- The collection criteria for OMHRS is patients who are in an adult designated mental health bed. As the restriction is on the type of bed and not the age of the patient there were instances where children and adolescents (< 18 years) were captured in the Adult Mental Health Tables.
- Refers to the type of residential setting where the patient resided before their current admission.
- Up to three provisional diagnoses were provided according to broad DSM-IV diagnostic categories. The information can be obtained from either the patient's psychiatrist or attending physician.
- Refers to the most appropriate reason for the patient leaving the facility.
- Projections of the health care utilization are primarily based on changes in population growth (including mortality, fertility and migration).
- Market share and utilization rates for 2006 and 2007 combined are assumed to remain constant until 2012.
- Population estimates at the SubLHIN and LHIN levels were accessed from the Provincial Health Planning Database, MOHLTC. Population projections at the SubLHIN level were generated by the South East LHIN based on cohort component methodology.
- South East SubLHIN, sex and age group (18-44, 45-64, 65-74, 75-84, 85+) are assumed to be independent strata.
- Projections of health care utilization do not incorporate program realignments or enhancements, changes in service demand, technological or clinical developments, or changes in disease prevalence.