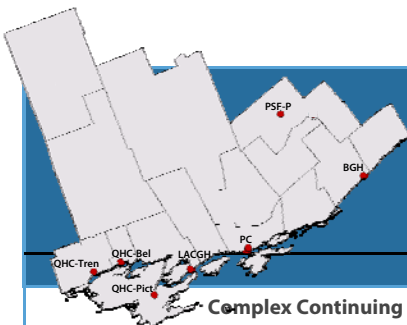
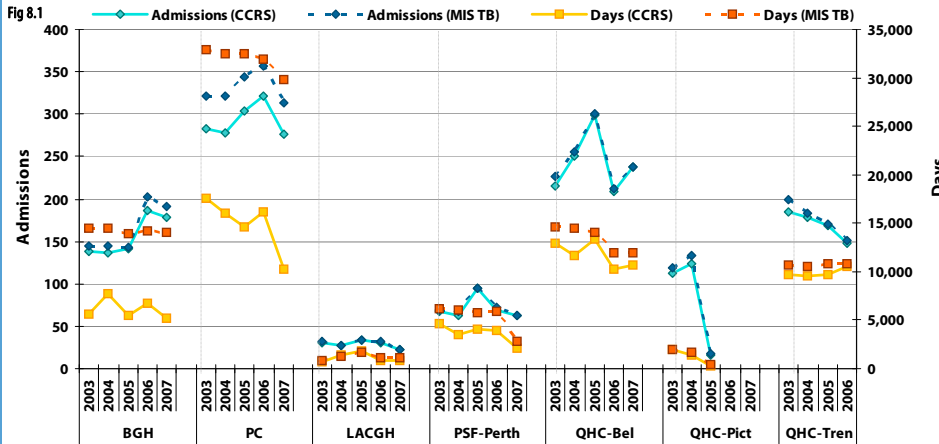


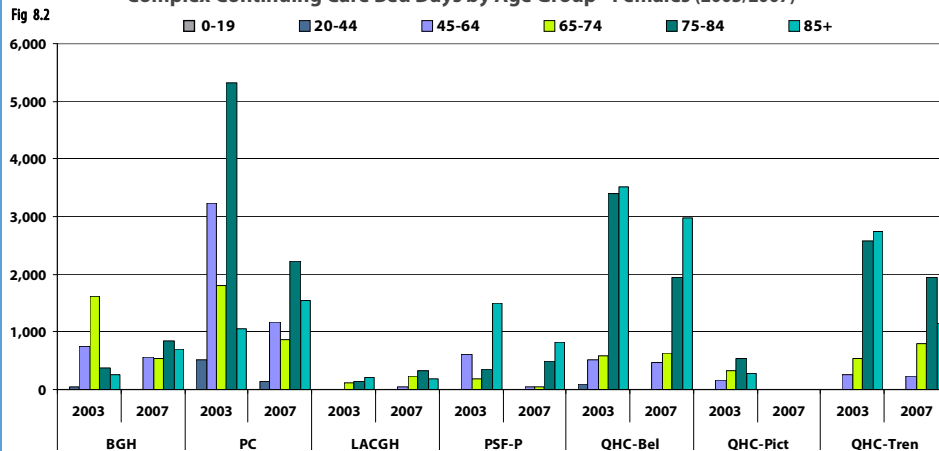
South East Local Health Integration Network Complex Continuing Care Profile



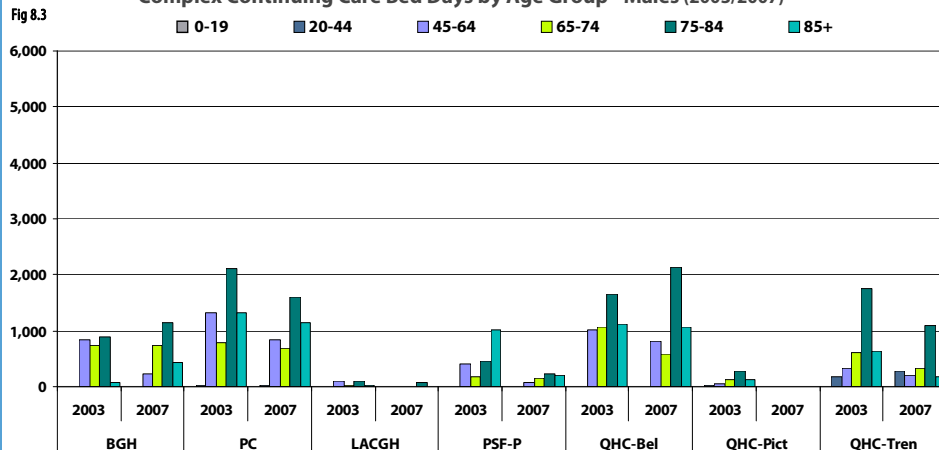
Complex Continuing Care Admissions & Bed Days by Data Source (2003-2007)¹⁻⁵



Complex Continuing Care Bed Days by Age Group - Females (2003/2007)^{1,2,4,5}



Complex Continuing Care Bed Days by Age Group - Males (2003/2007)^{1,2,4,5}



Legend:

- BGH - Brockville General Hospital
- PC - Providence Care
- LACGH - Lennox & Addington County General Hospital
- PSF-P - Perth & Smiths Falls Hospital-Perth
- QHC-Bel - Quinte Health Care-Belleville
- QHC-Pict - Quinte Health Care-Pictou
- QHC-Tren - Quinte Health Care-Trenton

Introduction:

The Regional Capacity Assessment Project (ReCAP) provides a profile, including short-term projections, on 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 Complex Continuing Care is one in a series of summary analyses from ReCAP that focuses on specific health care services. There are 6 institutions in the SELHIN, that provide complex continuing care to patients: BGH, PC, LACGH, PSF-Perth, QHC-Bel, QHC-Pict and QHC-Tren.

Summary of Main Findings:

- This report utilizes data from 2 main sources: Continuing Care Reporting System (CCRS) and the Management Information System (MIS). CCRS is applied mainly for evaluating service utilization while MIS is used for general financial and statistical reporting. Although MIS does not contain details required for a comprehensive review of the utilization of Complex Continuing Care (CCC) services, the data source is consistent with the daily census summary of patient activity & therefore considered to be a more accurate summary of total admissions and bed days than the CCRS.
- Between 2003 & 2007 the number of admissions from the CCRS was generally similar to that of the MIS - the only notable exception being PC with an average of about 40 more admissions in MIS than CCRS. During the same period there were substantial differences in the number of bed days between both systems, particularly in PC (with about 17,000 fewer days in CCRS) and BGH (CCRS falling short by about 8,000 days). In the other sites the gap decreased with time and only QHC-Bel reported any differences of more than 1,000 days between both systems by the end of 2007. As a whole the MIS recorded 1,028 admissions and 75,941 bed days in 2007.
- Overall, females utilize complex care services more than males— although the percentage associated with bed days has been declining with time (females were 63% in 2003 to 59% in 2007). Incidentally this percentage has been falling only in the larger institutions (64% in 2003 to 56% in 2007 for BGH, PC and QHC-Bel combined versus 61% in 2003 to 69% in 2007 for LACGH, PSF-P and QHC-Tren combined).
- In 2007, more than 1 in 3 bed days for complex continuing care (CCC) across the SE LHIN were for elderly patients 75+. It should be pointed out however, that a quarter of all bed days in BGH were provided to individuals 65-74 and one fifth assigned to patients 45-64 in PC.
- For the majority of SE LHIN institutions the main source of CCC patients is from acute care units (>87%). In BGH & PC only 34%-52% reported acute care as the source of transfer but since 44%-59% were either other or unknown sources, a much larger percentage from acute care is anticipated for these institutions.
- In 2007, circulatory diseases were the most frequently assessed diagnostic condition (23%-28% across SE LHIN institutions) for CCC patients, followed by mental health (7%-17%) and musculoskeletal conditions (8%-18%). Cancer, Endocrine, Nervous & Respiratory conditions each represented between 2%-8% of all assessed conditions for this patient group, while all other conditions combined represented 22%-29%.
- Overall in 2007, 1 in 3 complex care bed days was provided for clinically complex care, 1 in 5 for medium-level rehab care, 1 in 6 each for low-level rehab care or special care. However these distributions varied quite extensively among the SELHIN institutions. For the same period more than 1 in 4 bed days in PC and QHC-Tren and 2 in 5 bed days in PSF-P were associated with the provision of medium-level rehab care. Bed days for clinically complex care amounted to 25% or less in PC, PSF-P or QHC-Tren. Almost a quarter of bed days in QHC-Bel were provided to special care patients. Between 2003 & 2007 clinically complex care had a reduction of more than 6,000 bed days while medium-level and low-level rehab care each dropped by more than 3,000 bed days.

Continued - Page 2

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



southeastlhin.on.ca

Complex Continuing Care Profile

Distribution of Complex Continuing Care Admissions by Institution & Source of Transfer (2003/2007) ^{1,2,4}

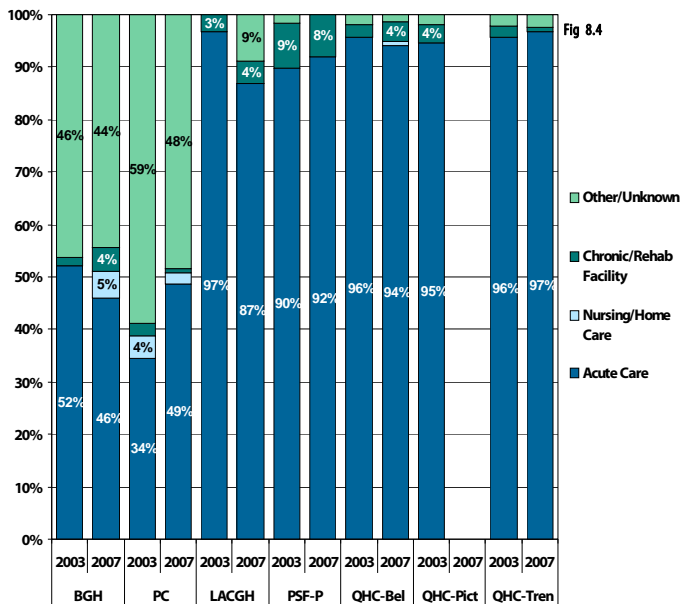


Fig 8.4

Distribution of Complex Continuing Care Assessed Conditions by Institution (2007) ^{1,2,4}

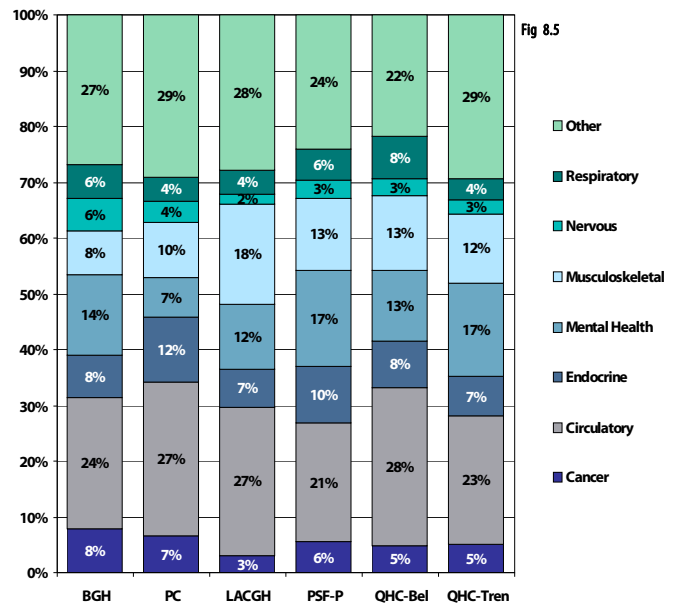


Fig 8.5

Summary of Main Findings - Continued:

- After utilizing most of the reported bed days for complex continuing care, almost all SE LHIN institutions end up transferring patients to other institutions (41%-52% of bed days) or patients become deceased (11%-40% of bed days). The only exception is PC where the majority of bed days conclude with patients being discharged home (38% in 2007) or deceased (34%). Like all of the other previous indicators there are also high percentages (21% overall) of bed days with an unknown discharge status.
- Between 2003 and 2007 the average length of stay for complex continuing care patients have been falling in the majority of institutions in the SELHIN—BGH by 27 days, PC by 27 days, LACGH by 12 days, PSF-P by 38 days. QHC-Bel was the only institution in the SELHIN reporting either constant or increasing lengths of stay during the period (0-2 days). By the end of 2007, average length of stay at QHC-Tren was recorded at 56.5 days while that at other institutions ranged from 30-46 days.
- Occupancy rates for complex continuing beds generally remained constant since 2003 with PC recording 83%-92% and BGH, PSF-P, QHC-Bel and QHC-Tren with over 95% of available bed days. LACGH had the lowest occupancy rates of all SELHIN institutions (38% in 2007).
- Compared to the province SE LHIN has very similar utilization rates for complex continuing care services: marginally fewer than 5 per 1,000 for patients 65-74 and just over 10 per 1,000 for patients 75+.
- In a few SubLHIN areas however, utilization rates are much higher for patients aged 75+ in Belleville, Central Hastings and Quinte West/Brighton, all have rates above 20 per 1,000.
- Projections for complex continuing care admissions and beds in the SELHIN have been generated based only on the assumptions of changes in population growth and current utilization patterns. Between 2007 and 2012 the number of admissions, bed days and beds are projected to increase annually by 2.9%, 3.0% and 2.5% respectively. Of the 29 additional CCC beds that would be required by the end of the 5 year period, 9 would be needed in PC, 5 in PSF-P, 5 in QHC-Trenton and 4 or less in the remaining institutions.. Bed days in PSF-P are expected to increase annually by almost 10%. In the same time frame.

Distribution of Complex Continuing Care Days by Institution & Resource Utilization Group (2003/2007) ^{1,2,4,5}

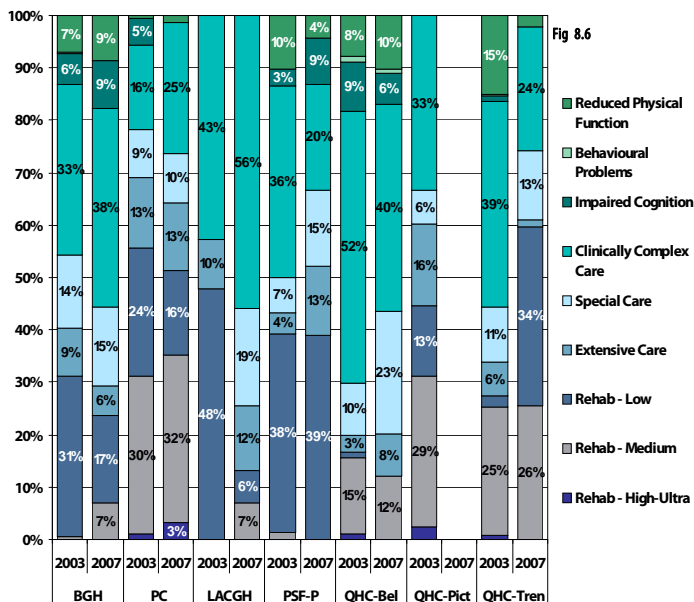


Fig 8.6

Distribution of Complex Continuing Care Days by Institution & Discharge Status (2003/2007) ^{1,2,4,5}

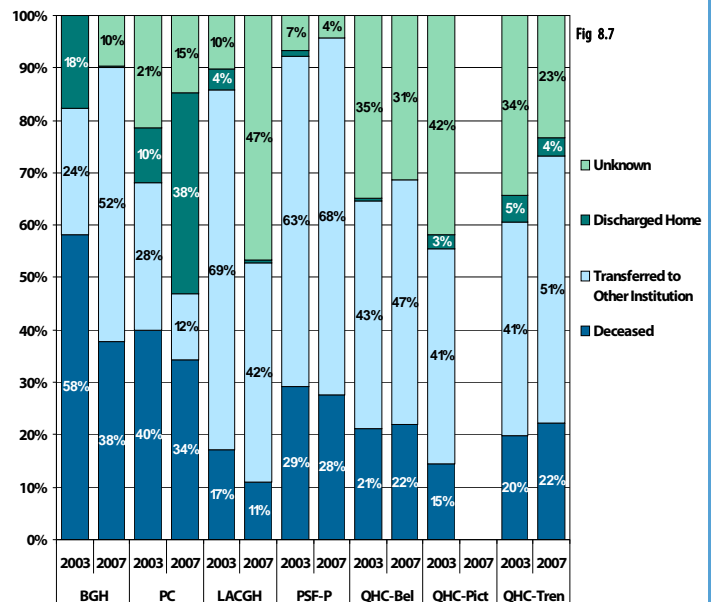
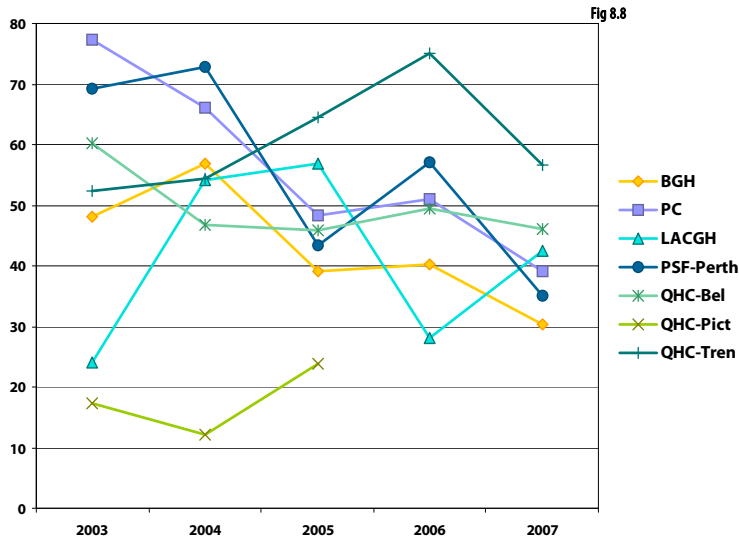


Fig 8.7

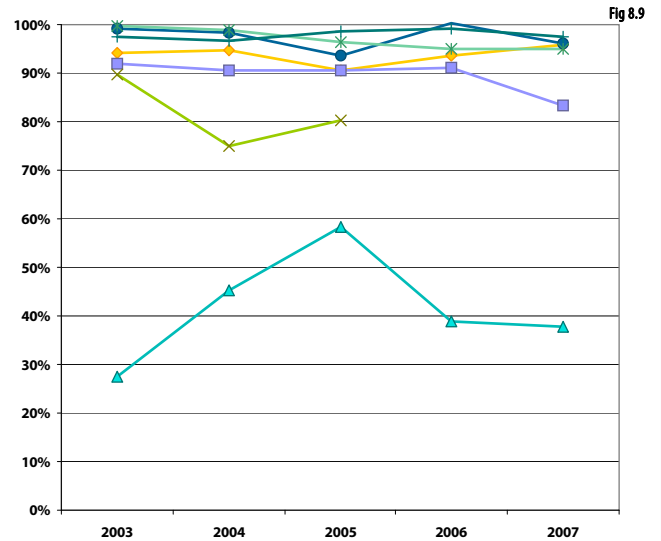
48 Dundas Street West, Unit 2
 Belleville, Ontario K8P 1A3
 Phone: 613-967-0196
 Fax: 613-967-1341

South East Local Health Integration Network Complex Continuing Care Profile

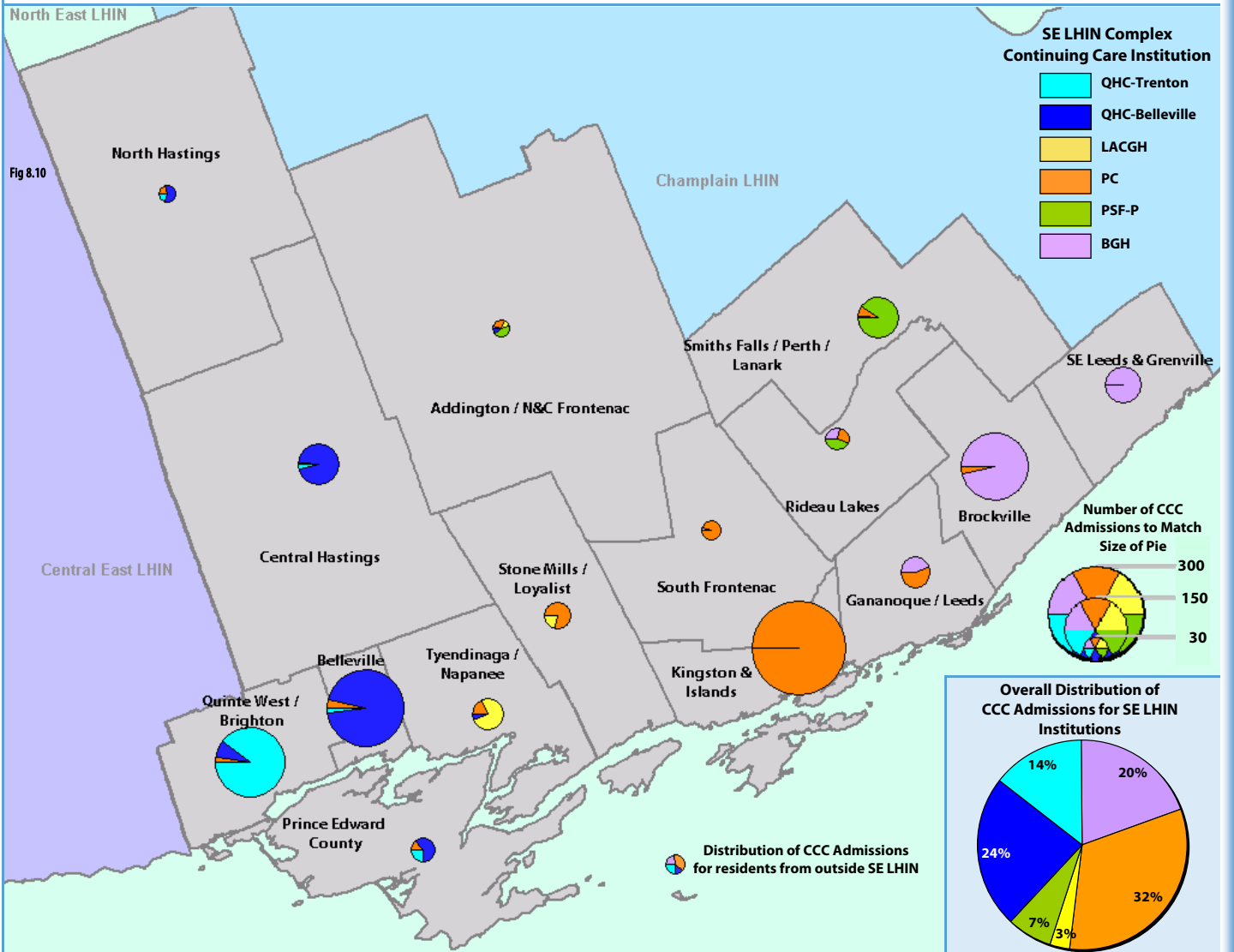
Average Length of Stay for Complex Continuing Care Admissions by Age Group & Institution (2003 - 2007) ^{1,2,4,5}

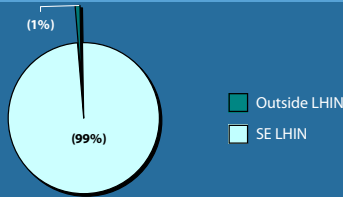


Occupancy Rate for Complex Continuing Care Beds by Year & Institution (2003-2007) ^{1,2,3,4}



Distribution of Complex Continuing Care Admissions for SE SubLHIN areas by SE LHIN Institutions (Average of 2006/2007) ^{1,2}





South East Local Health Integration Network Complex Continuing Care Profile

Fig 8.11 Age-Specific Rates for Complex Continuing Care Admissions (per 1,000) by SubLHIN Area (2006 & 2007 combined) ^{1,2,9}

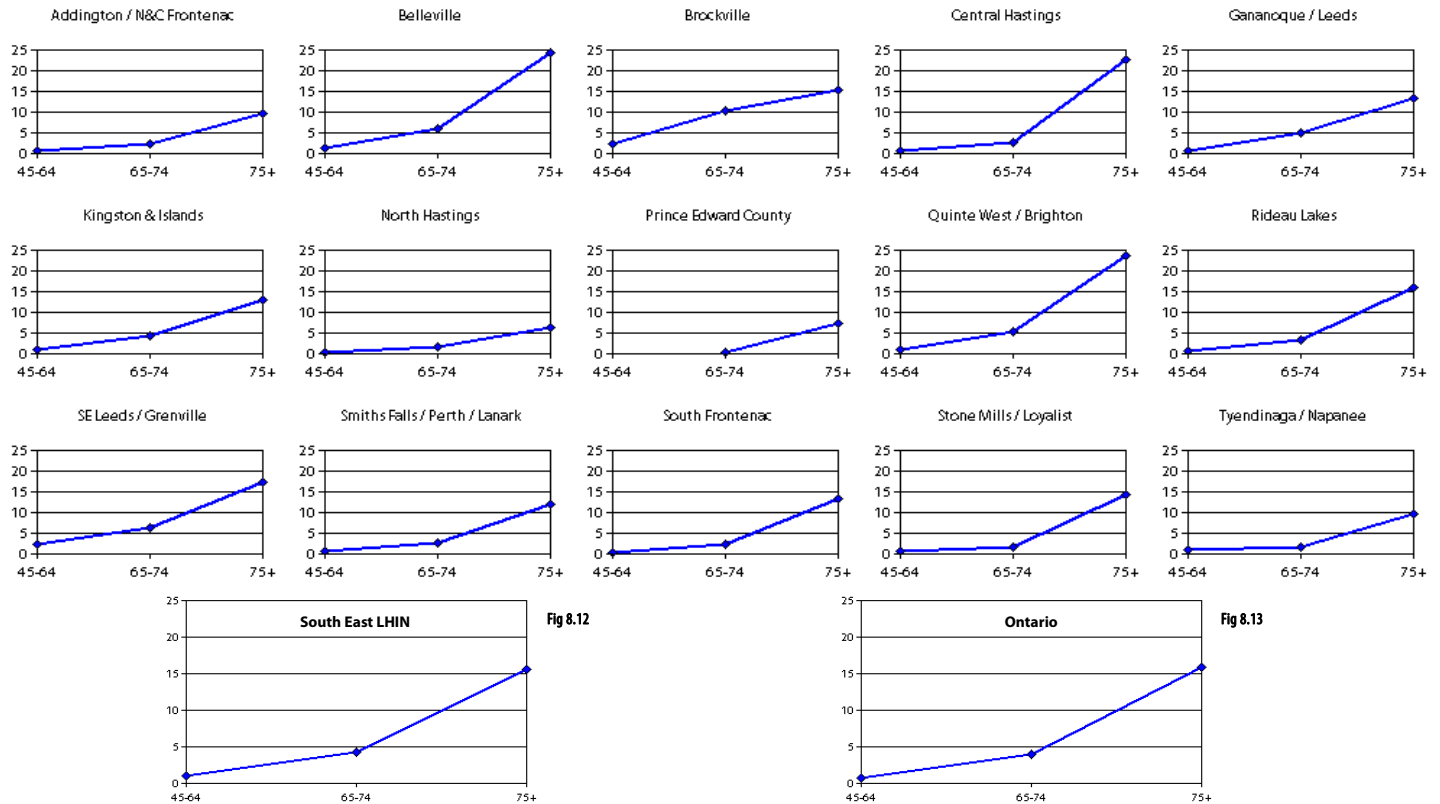


Fig 8.14 Reported and Projected Complex Continuing Care Admissions and Bed Days by SE LHIN Institution and Year (Average of 2006 & 2007) ¹⁻¹¹

Institution	Statistic	Reported		Projected					Avg. Annual % Growth 2007-2012
		2006	2007	2008	2009	2010	2011	2012	
Brockville General Hospital	Admissions	200	193	203	207	212	217	222	2.8
	Days	14,155	14,079	14,566	14,916	15,275	15,648	16,035	2.6
	Beds	42	42	42	43	44	45	46	1.8
	Occupancy	93.7%	95.9%	94.8%	94.8%	94.8%	94.8%	94.8%	
Providence Care	Admissions	347	323	344	351	357	364	371	2.8
	Days	31,847	29,755	31,719	32,294	32,890	33,507	34,144	2.8
	Beds	96	98	100	102	103	105	107	1.8
	Occupancy	91.0%	83.2%	87.1%	87.1%	87.1%	87.1%	87.1%	
Lennox & Addington County General Hospital	Admissions	33	21	28	29	30	30	31	8.1
	Days	1,135	1,105	1,173	1,227	1,282	1,337	1,394	4.8
	Beds	8	8	8	9	9	10	10	4.6
	Occupancy	38.9%	37.8%	38.4%	38.4%	38.4%	38.4%	38.4%	
Perth & Smiths Falls Hospital-Perth	Admissions	81	64	73	73	73	74	74	2.9
	Days	5,941	2,803	4,424	4,435	4,449	4,465	4,485	9.9
	Beds	17	8	12	12	12	12	13	10.2
	Occupancy	100.2%	96.0%	98.1%	98.1%	98.1%	98.1%	98.1%	
Quinte Health Care-Bellville	Admissions	218	238	233	238	242	246	251	1.1
	Days	12,017	12,005	12,299	12,514	12,737	12,969	13,210	1.9
	Beds	33	33	35	35	36	37	37	2.5
	Occupancy	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	
Quinte Health Care-Trenton	Admissions	150	121	141	145	149	152	157	5.3
	Days	10,846	10,667	11,207	11,503	11,806	12,119	12,441	3.1
	Beds	30	30	31	32	33	34	35	3.1
	Occupancy	99.1%	97.5%	98.3%	98.3%	98.3%	98.3%	98.3%	
South East LHIN	Admissions	1,029	960	1,022	1,043	1,063	1,083	1,106	2.9
	Days	75,941	70,414	75,388	76,889	78,439	80,045	81,709	3.0
	Beds	226	219	228	233	237	243	248	2.5
	Occupancy								

General Notes and Limitations:

- All estimates are reported for fiscal periods, e.g. 2007 is April 2007 - March 2008.
- Data Source: Continuing Care Reporting System (CCRS) and its predecessor, Ontario Chronic Care Patient System (OCCPS), both developed by the Canadian Institute for Health Information (CIHI) and the Ministry of Health and Long-Term Care of Ontario. CCRS 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.
- For trending purposes St. Vincent de Paul, transferred from Providence Continuing Care Centre to Brockville General Hospital in October 2006, is shown as BGH.
- In order to compute the number of bed days and length of stay, records without discharge dates are assumed to be current patients.
- 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.
- South East SubLHIN, sex and age group (0-19, 20-44, 45-64, 65-74, 75-84, 85+) are assumed to be independent strata.
- 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.
- 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.