

## No Room at the Inn

The past month has seen an acceleration of pressure on our health care system. The number of patients waiting in our Emergency Departments (ED) has increased. On a daily basis we have great difficulty matching patient needs with available resources. A significant factor is the large and growing number of patients occupying acute care beds in Saskatoon hospitals while awaiting placement in long term care (LTC). While it has long been anticipated that the available long term care beds in our Region would need to increase, the need has outstripped the availability far more quickly than we had expected. This month the Saskatoon Health Region's waiting list for LTC grew to 128, with up to 84 of those patients in hospital, unable to move home or to other care situations while they wait for special care home admission. The remaining people on the waiting list for LTC are clients living at home, whose needs can no longer be met in the community.

When acute care beds are occupied by patients awaiting long term care, these patients are not receiving the care and services they require, and the care environment is not appropriate. These beds are not available for patients requiring acute care. This results in gridlock across our acute care system - longer waits in the Emergency Departments, acute care units with more patients than we can physically accommodate or safely staff, and cancellation of surgeries. This impacts access and safety of our care. All of this is very stressful for staff and physicians.

We are not alone. A recent study by Bond et al (2007) interviewed directors of 158 Emergency Departments across Canada. Sixty-two per cent of these ED directors reported overcrowding as a major problem, with 85 per cent citing lack of admitting beds as the major contributing factor. They noted that ED overcrowding has a major impact on stress among nurses (82.3 per cent)

and physicians (65.5 per cent), increased wait times (79.5 per cent) and risk of poor patient outcomes (51.9 per cent).

Social Work and other care team staff are pursuing all options with every patient in hospital to look at creative discharge planning. Personal care homes, rural options and maximum home care have not been able to accommodate patient needs. Recent analysis by the provincial Health Quality Council (HQC) has confirmed that there are insufficient nursing home beds in Saskatoon Health Region. As part of our quality improvement initiative on flow of medicine patients between the Emergency Department and Unit 6200 at RUH, which involved Lean Design methodology and queuing theory, the HQC estimated that Saskatoon is short at least 175 long term care beds, given our population and current length of stay for residents in long term care.

We estimate that Saskatoon needs up to 500 new long term care beds in the next 12 to 15 years. The past LTC predictions of need were concerned predominately with an aging population's needs. We now know that an increasing number of younger people require special care placement. In addition to younger clientele, there are special needs populations inadequately served through the system. Patients with acquired brain injuries and chronic mental health and addictions complications, aging mentally challenged clients and medically complex individuals are all in the queue for long term care admission. Behaviourally challenged individuals are not currently well-served in the system and often are simply left where they last ended up - frequently in an inpatient psychiatric facility or on an inappropriate hospital ward.

These are complex issues. There are no easy solutions. We cannot continue as we are. In the longer term, health promotion, reduction of health



disparities, chronic disease management, and enhanced community services will help reduce the demand for acute care and long term institutional care. We will work with government and our partners to build more long term care beds in our Region. But we cannot wait until then.

Some options on the horizon may provide some relief. By early 2010, 44 new beds will be ready for residents at Oliver Lodge. In the next few months, one of our affiliate long term care facilities will see opportunities for 10 to 15 light care clients to move out of that special care home and into a more independent housing situation. A task force of Region staff and a physician has been asked to develop short term solutions, including ways to add more long term care beds to our system. They will take several months to complete their work, but we will not wait until then to implement good ideas as they are developed.

I will provide further updates as this work unfolds. In the meantime, I want to assure you that we are very aware of the challenges you face every day and are working hard to find solutions that will help us better meet the needs of our patients and community.

*Maura Davies*