Quality Matters Podcast Transcript

Episode 1: Measuring Up

Pat Rich –

From Health Quality Ontario – I'm Pat Rich.

And this is Quality Matters.

Though my voice may be new to many of you, you may have come across my writing on health care over the last few decades in publications and on Twitter. But today, I'd like to welcome you to our new podcast about emerging trends and issues affecting health care quality in Ontario.

We're calling it - *Quality Matters*. Why? Because quality matters in health care. And as Health Quality Ontario - the provincial lead on the quality of health care – we've got the evidence to support that.

So let's get to it.

On today's inaugural episode we walk through the hallways of hospitals across Ontario and find that hospital overcrowding is both a source and a symptom of problems that cascade far beyond the walls of the hospitals themselves and impact the whole health care system.

This finding comes from our just-released yearly assessment of how Ontario's system is performing, called *Measuring Up*.

Here are some of its sobering statistics:

- On average, more than 4,000 hospital beds across the province are occupied by people waiting to move to other care settings, such as a long-term care home. This is equivalent to more than 10 large, 400-bed hospitals filled to capacity each day.
- Plus, people are waiting longer in hospital for spots in long-term care homes: wait times have increased from 70 days to 92 days – that's an additional 3 weeks in just one year and the longest wait we've seen in four years.
- Over to the emergency department, where we find people waiting longer to be admitted to hospital too. Wait times are now at 16 hours, on average – the longest wait time we've seen in recent years. That's nearly 45 minutes longer than the previous year, and more than two hours longer than two years ago.

How can we better understand this complex issue? What is the story it's telling? And what can be done to fix it?

Joining us now is interim President and CEO of Health Quality Ontario - Anna Greenberg. Anna was formerly the VP of Health System Performance and one of the folks behind *Measuring Up.*

Welcome, Anna.

Anna Greenberg – Thanks for having me

Rich – How can hospital overcrowding be both a source of problems – but also a symptom?

Greenberg – It's an interesting question.

It's a very visible problem within the walls of a hospital. It's something the public can understand. It's something that is galvanizing to both system leaders and the public alike. We've been seeing a record high in emergency room visits across Ontario. But we're also seeing patients who are appropriately hospitalized and have nowhere to go and so the hospital has a significant patient flow issue. They have patients in the hospital that are waiting to go to long-term care, to have appropriate mental health supports, to have appropriate supports to be cared for at home. This is something the hospital has an undue burden of and it's quite visible within the walls of a hospital but clearly, it's a problem we've long understood to be about system challenges in general

Rich – One of the solutions seems to be that we need more long-term beds.

But there has been some criticism from health care system leaders over the past few months, saying that creating more long-term care beds is too simplistic a solution and that more innovative solutions are needed. What do you think of that?

Greenberg – Well it's interesting.

We know that about half of patients in hospital who are waiting in the hospital to be placed in another level of care outside of the hospital are waiting for long-term care home beds. So, we know it is definitely part of the solution. But as a long-term solution, building more long-term care beds we know may be counter to what the public, patients and families actually want, which is to age in place. If this is part of our long-term plan we need to think about patient preferences as well. Building more capacity is costly, so we know that the solution needs to be multi-faceted. It's appropriate as part of the solution but it cannot be only the solution. That's why I think we're hearing about this being more simplistic. People don't want to have only a build more solution.

Rich – Another key finding in *Measuring Up* shows that the opioid crisis is showing no sign of letting up.

In fact, the number of Ontarians dying from opioid overdoses has jumped significantly. We're seeing the biggest jump since the start of the crisis. What impact is this crisis having on hospital overcrowding and on the performance of the system as a whole?

Greenberg – Well, I think much more important that the impact of the opioid crisis on something like hospital overcrowding is the direct and devastating impact it is having on people, their families and communities.

I think these troubling statistics are, in a hopeful way, galvanizing the front line and partners across the system to look for better alternatives to help patients who need to manage their pain, to better recognize and treat opioid use disorder and also to prevent overdoses as much as we possibly can.

Rich – The public has been hearing about hallway health care some time now.

It's certainly not a new issue and it's part of this whole equation. Why is it so hard to fix?

Greenberg – I think it's because there are so many different ways in which it needs to be fixed.

As we just talked about, there is not a one single solution that is going to get us there. We can't just, for example, build more long-term care beds. It's going to be a

combination of things that can happen within the walls of a hospital; a combination of things hospitals need to do with other settings of care in terms of coordinating care and really integrating at the health care provider level; and it's going to take not just one solution at a time.

There are no doubt things that can be done at the local level and by local I mean within a hospital, to say, increase patient flow. We can look at smoothing out the seasonality of when surgical procedures are performed. We can look at patient-oriented discharge planning. There can be better flow between the emergency department and the in-patient ward. There can be tweaks in how, on a daily basis, patients are discharged but still do this in a patient-centred way.

But things like shortening the length of stay within a hospital is not going to be of much value if the patients whose lengths of stay have been shortened are not able to get the kind of supports they need in another setting. It's not going to be ready for them It will just mean that they will need to stay in the hospital and you'll still have the same problem. It's going to be a combination of things like local level tweaks as I just mentioned but also bigger system-capacity issues that need to be tackled.

Rich – Anna, you've already mentioned the upcoming flu season and the additional stress that will put on things. Where do we begin in solving the problems in the acute care system while at the same time putting the proper emphasis on primary care, preventive care and community services?

Greenberg – In your question lies the answer which is that this is both a short, medium and long-term problem to try and address.

We have to think about the most recent investment the government has already put into adding surge capacity for this year. We can predict the upcoming flu season, it this happens every year, so this a very appropriate short-term way to address the problem. Thinking more upstream and how we can put emphasis on preventive care and community services, this is a much longer-term issue and this why we hear so many health-care system leaders and those on the front line calling for really effective and robust capacity planning. We really have to think about the coming demographics, the aging population - which we're in but we know that this will only increase - and think about how we will bolster up a really strong primary care system. How do we make sure there is sufficient access to home care taking into account that we've already seen that this population is frailer, sicker, more complex and has preferences, both them and their families, to age in place? How do we think about the right number of long-term care (beds) and think about triaging for long-term care for those who really need it and really want that level of institutional care.

Rich – This really is quite complex and we've been painting a pretty glooming picture.

In light of the findings in the report and what we've been discussing how hopeful can we be for solutions in the future.

Greenberg – I think there is a lot reason to be hopeful because we have seen that improvement is possible and also because there is such a big appetite right now for addressing this problem and finding innovative solutions.

Rich – On a final note it should be mentioned that the information in *Measuring Up* is not all bad.

- People are living longer and are less likely to die before the age of 75.
- More people are having cancer-related or general surgeries within the recommended wait times
- … and more Ontarians are receiving palliative care in their homes in their last days of life.

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Anna, thank you for taking the time today. The insights have been really great.

Greenberg – Thanks for having me. It's a pleasure.

Rich – To read Anna's blog about the report or to read the report itself visit us online at HQOntario.ca/Blog

You can also subscribe to the blog from the same page, and automatically receive each new post in your inbox.

Thanks for listening… bye for now.