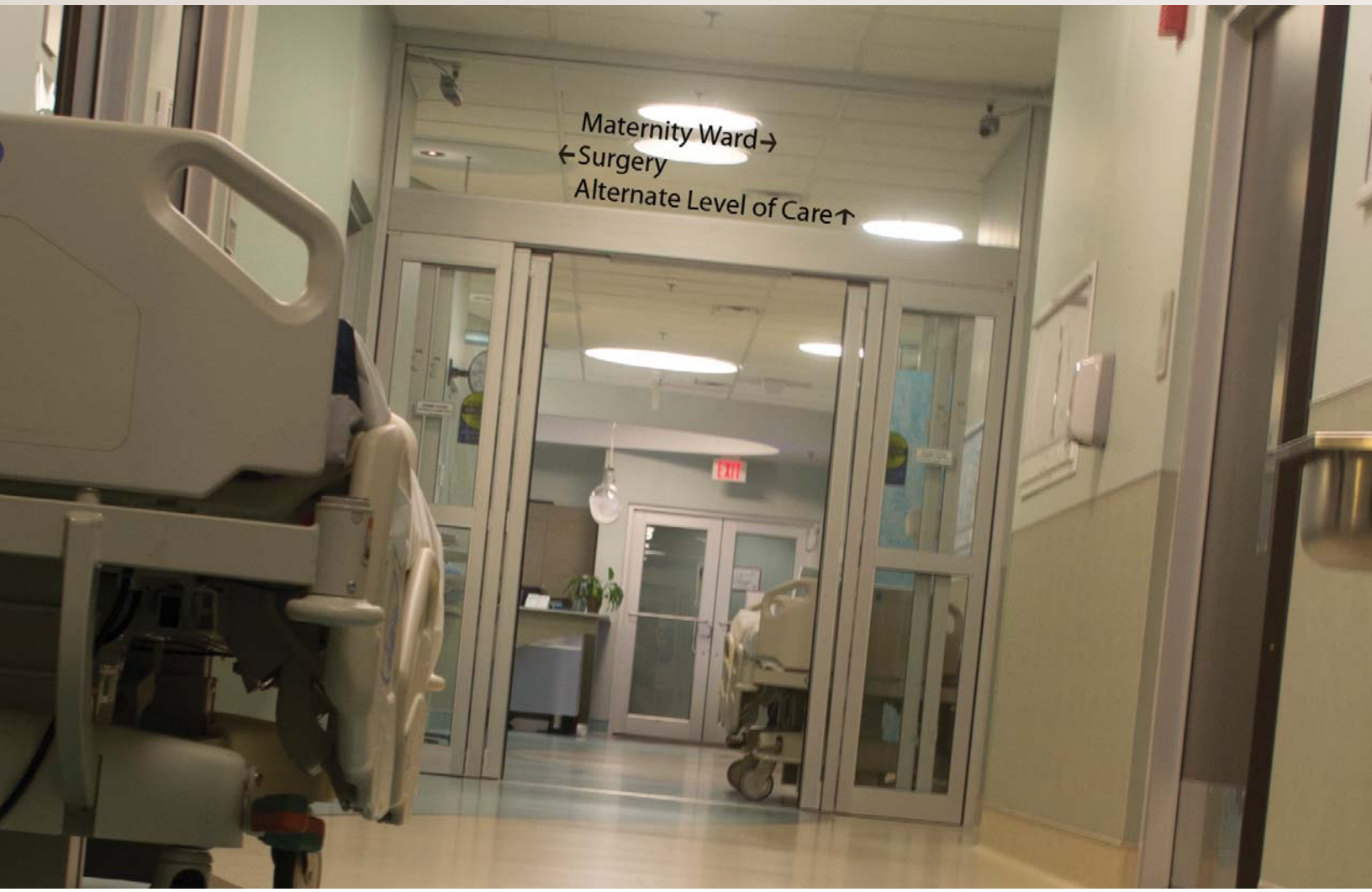

WHO IS IN OUR HOSPITALS … AND WHY?

A summary of the report Who Is in Our Hospitals? by Randy Fransoo, Patricia Martens, The Need to Know Team, Heather Prior, Charles Burchill, Ina Koseva and Leanne Rajotte

Summary written by Amy Zierler

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Hospitals have always been a key part of our healthcare system. Each year, Manitoba's 71 hospitals, with about 4,000 beds in total, provide more than 1 million days of care. But the way we need and use hospitals is constantly changing. In this province and across Canada, governments have been expanding community-based services such as home care, supportive housing, and nursing (personal care) homes. The goal is to ensure that people stay in hospital only as long as they need the intensity of care that hospitals are designed to provide.

The concern about the use of acute care facilities for non-acute care is so important that it has become part of the data recorded for each hospital stay. This non-acute use of hospital beds—referred to as "Alternate Level of Care" (ALC)—is a concern for two major reasons: For patients, it means that they are not in the most appropriate place for the type of care they need. For hospitals, it means that needed beds may not be available, causing back-ups in the system such as longer waits for elective procedures or admissions from the emergency department.

ALC patients made up a small percentage of all hospitalizations (3.4%) but used a much larger percentage of days (16.7%) because ALC stays tend to be long.

This report from the Manitoba Centre for Health Policy (MCHP) offers a rich analysis of who-what-when-where-why information that healthcare managers and decision-makers can use to conduct a checkup on the ALC issue. It also provides information on other aspects of hospital use in Manitoba. The report analyzes data about inpatients (people who stayed overnight) for all 71 hospitals over a two-year period: 2009/10 and 2010/11. It describes patients by age, sex, sickness level, and income level, and tells us where they lived, where they were hospitalized, and why. The report presents results for each hospital, along with summaries by health region, by types of hospitals, and for the province overall. As with all MCHP projects, the analysis was conducted on anonymous data files, so that personal privacy was protected throughout the research.

The big picture

To understand patterns of how Manitobans use our hospitals, researchers looked at why patients were in hospital and how long they stayed. These two types of data paint different pictures, as shown in Figures 1 and 2. For example, childbirth was a very common reason for

Figure 1: Hospitalizations by Service Type

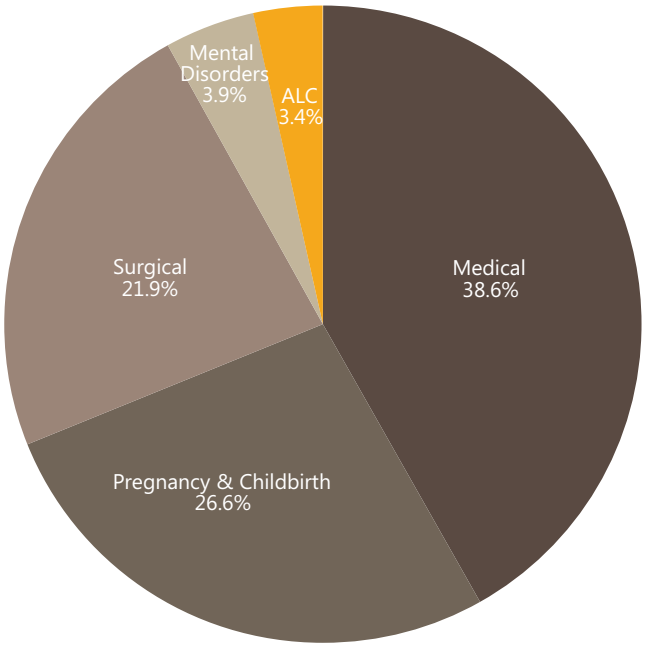
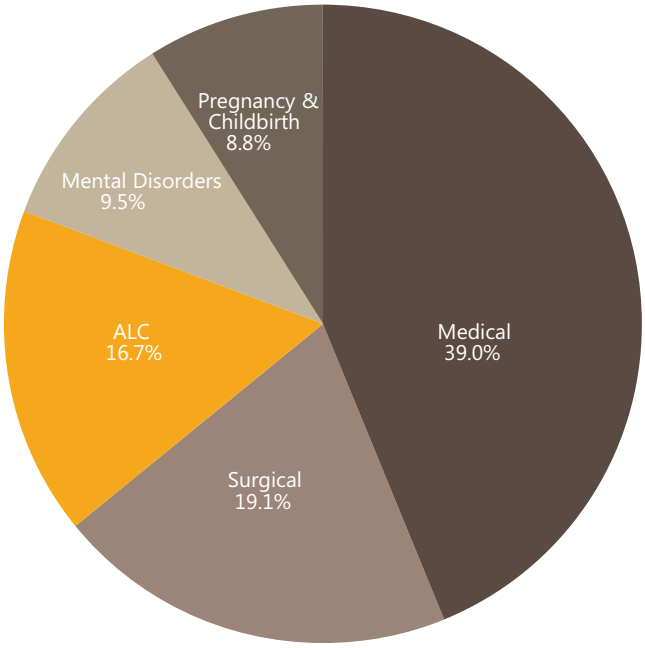


Figure 2: Days of Care by Service Type



hospitalization (26.6%) but accounted for a much smaller percentage of hospital days (8.8%). This is because hospital stays for mothers and newborns tend to be short. On the other hand, ALC patients made up a small percentage of all hospitalizations (3.4%) but used a much larger percentage of days (16.7%) because ALC stays tend to be long.

Who are these ALC patients? Close to half (49%) were waiting for a place in a nursing home—and this group used the vast majority (86%) of all ALC days.

Overall, the findings are consistent with previous research and confirm that Manitoba's hospital system served those in higher need, which is appropriate. Most hospitalizations and the vast majority of hospital days were devoted to sicker people. And rates of hospitalizations and days of care were higher both among older people and residents of lower-income areas. This fits with our understanding that older people and poorer people are sicker and need more hospital care.

ALC patients

Most patients admitted to hospital need acute care when they are admitted. But for some, their acute issues are resolved long before they can be discharged—because the alternate level of care they need is not immediately available. When this happens, patients remain in hospital and those days of non-acute care are coded as ALC.

ALC use of Manitoba hospitals amounted to almost 180,000 days of care each year, on average. This makes ALC the third leading cause of hospital days used in the province overall, after the large groupings of "medical" and "surgical" hospitalizations (as shown in Figure 2). Outside of Winnipeg and Brandon (where our larger urban hospitals handle more complex cases), ALC days were the number two reason for hospital days used, after medical patients.

Who are these ALC patients?

Overwhelmingly they are older adults, in poor health, and living in lower-income areas. Close to half (49%) were waiting for a place in a nursing home—and this group used the vast majority (86%) of all ALC days. Clearly, finding solutions for patients who need nursing homes or alternatives like supportive housing will have the biggest impact on reducing ALC days in this province.

In contrast, 24% of ALC patients were waiting for home care services but they made up only 4% of all ALC days. This is because waits for in-home support services are fairly short compared to waits for a place in a nursing home. Table 1 shows the reasons for ALC days in Manitoba hospitals.

Table 1: Reasons for Alternate Level of Care (ALC) Use (% of Days of Care)

Waiting for:	ALC Days
Nursing Home/Chronic Care	85.7%
Home Care/Community Care	4.0%
Other Placement	3.5%
Other Reasons	4.3%
Rehabilitation Services (WRHA)	2.5%

Because of concerns about possible under-counting of ALC use in our hospitals, researchers tested the data to find "possible ALC" cases that had not been coded as ALC. For hospitalized patients waiting for home care, some possible under-coding was found, but it does not seem to be a major problem. These cases amounted to a modest number of hospital days. Researchers also discovered that nearly all patients assessed as needing admission to a nursing home were properly coded as ALC.

However, this doesn't mean that all patients who should have been assessed for nursing home placement actually were. Once approved for placement, the patient has to pay a daily fee for nursing home services, even though she or he remains in hospital. As a result, "under-assessing" might represent a substantial number of days of hospital

care, although we can't quantify the issue with the data available. A helpful step would be to review the guidelines on who gets assessed and put processes in place to ensure they are applied consistently across Manitoba. A review of ALC coding guidelines might also be worthwhile to make sure that hospitals are accurately capturing these important data for all ALC categories.

"Heavy users"

It's well-known from past research that a small number of patients often account for a large proportion of healthcare resources used in any jurisdiction. These are typically very sick people with complex conditions so, rightly, they need and use a lot of care.

For this study, researchers looked into the top 5% of users of hospital days. These 4,000 "heavy users"—dramatically older and sicker than other hospitalized patients—used less than 10% of all hospitalizations but 45% of all hospital days of care. Heavy users spent 114 days a year in hospital, on average, compared to about 7 days for other hospitalized patients.

What this work uncovered helps to debunk some common misconceptions about people who use a lot of hospital care. Although heavy users were significantly more likely to die in hospital than other patients, this group was not dominated by people with terminal illnesses. Only 8.6% died in hospital. And income was not a significant factor: Heavy users were not generally poorer than other hospitalized patients.

Heavy users were much more likely than other patients to be designated ALC for part of their hospital stay. All told, heavy users accounted for fully 90% of all ALC days.

Instead, other characteristics emerged as important in understanding this group, particularly the link between heavy use and ALC days. Heavy users were much more likely than other patients to be designated ALC for part of their hospital stay. Having a mental health disorder was also a significant factor in heavy use. As a group, heavy users spent more than one-third (35%) of their days in hospital coded as ALC. All told, heavy users accounted for fully 90% of all ALC days.

The need for alternatives

Addressing the ALC bottleneck holds potential to substantially reduce heavy users' long hospital stays. This and other findings in the report underscore the critical need for appropriate alternatives to ensure the best possible use of hospital beds and move patients into environments better suited to their needs.

What would a solution look like in terms of numbers? Researchers estimated that if we could instantly transfer all Manitobans now in hospital who are approved and waiting for a place in a nursing home or supportive housing, this would free up about 264 acute care beds. Such a change would mean a relatively small addition to the 10,000 beds currently in the long-term care system, but it would have a large, positive impact on our hospital system.

The Manitoba Centre for Health Policy is a unit of the Department of Community Health Sciences at the University of Manitoba's Faculty of Medicine. MCHP conducts population-based research on health services, population and public health and the social determinants of health.

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