



## Large Community Hospital Operations 2016 Value-for-Money Audit

### Why We Did This Audit

- Funding to all large community hospitals accounted for about \$7.89 billion, or 46% of the \$17 billion spent on 147 public hospitals in Ontario.
- It has been publicly discussed that Ontario hospitals have experienced bed shortages and patients, in turn, have experienced long patient wait times at emergency rooms and for some surgical treatments.

### Why It Matters

- The public expects hospitals to operate efficiently and cost-effectively while at the same time providing high quality, patient-centered care.
- In 2015/16, 57 large community hospitals recorded 4.3 million visits to emergency rooms and performed 1.07 million surgical procedures. They also managed about 14,990 beds, or about half of the 31,000 hospital beds funded by the Province.

### What We Found

- In 2014/15, nine of 10 patients were treated and discharged from the emergency rooms of the three large community hospitals we visited in a timely manner. The median and 90th percentile wait times were three hours and six-and-a-half hours, respectively.
- In 2014/15, the one in 10 patients with conditions serious enough to warrant admission to hospital waited excessive periods in the emergency room. Ministry of Health and Long-Term Care (Ministry) targets say 90% of patients should be transferred to intensive-care units within eight hours. However, at the three hospitals we visited, 48% of patients with serious conditions were not transferred within eight hours.
- Operating rooms are not fully utilized; hospitals close most of them on evenings, weekends, statutory holidays, March break and for two to 10 weeks during the summer. During these periods, no elective surgeries are performed and only limited operating rooms remain open for emergency surgeries.
- Emergency surgeries have to compete with elective surgeries for operating room time, resulting in long wait times for patients requiring emergency surgeries. At the three hospitals we visited, our sampling found that one in four patients with critical or life-threatening conditions had to wait an average of four hours for surgeries that should have started within two, over the three years up to January 2016. Our sample also found that 47% of patients who should have undergone emergency surgery within two to eight hours had to wait on average an additional 10 hours longer.
- Some elective surgeries that do not qualify as emergencies may still be quite urgent. Wait times for elective surgeries at all 57 large community hospitals have not improved in the past five years. For example, in 2015/16, only 33% of urgent neurosurgeries were completed within 28 days, compared with a Ministry target of 90%.
- For 2014/15, data from the Canadian Institute for Health Information reported that Ontario hospital patients had the second-highest rate of sepsis in Canada (after the Yukon): 4.6 cases per 1,000 patients discharged, compared to an average of 4.1 for the rest of Canada. High bed occupancy rates contribute to the likelihood of infection while in hospital.
- As of March 2016, about 4,110 patients were occupying hospital beds, even though they no longer needed them. About half of these people were awaiting placement in long-term-care homes and the other half were waiting for home care or accommodation in other institutions. These patients have a relatively high incidence of falls and overmedication while in hospitals, as compared to long-term care homes. We calculated that hospitals could have treated about 37,550 more patients if patients were not waiting in hospital for long-term-care home placement.
- At the hospitals we visited, we found some vital life-saving medical equipment not adequately maintained, inadequate access controls over personal health information, and a lack of centralized nurse-scheduling systems, contributing to significant amounts of overtime, sick days and nurse agency costs to replace absent staff.
- Hospital decision-making on patient care has in some cases been constrained by the physician appointment and appeal process under the *Public Hospitals Act*.

### Conclusions

- There are certain factors that are hindering patient care in hospitals such as: scheduling operating rooms and surgeon time in a way that makes it difficult for hospitals to respond to the unexpected emergency surgical cases in a timely manner; letting surgeons book elective surgeries when they have on-call emergency duties; the lack of a centralized system to book patients on long wait-lists for surgeries within the same region; rigid scheduling practices that limit the availability of physicians, operating rooms and beds; funding uncertainties; and certain situations that can lead to health problems and risks to hospitalized patients.
- Better collaboration among hospital administration, physicians, LHINS and the Ministry is necessary to address many of these long-standing problems.