

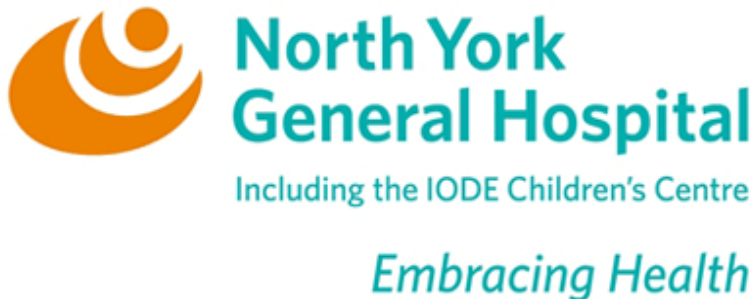
Caring for Children: Ensuring Quality and Accessible Hospital Care for Paediatric Patients

**Challenges Facing
Toronto & the GTA**

**OHA Convention 2006
November 7, 2006**

Glenn Berall

**Chief of Paediatrics, North
York General Hospital**



Outline

1. Maintaining Patient Volume/Critical Mass in Community Hospitals
2. Paediatrician Recruitment and Retention within a Regional Model for Paediatric Care
3. Alternate Payment Plans for Physician Compensation

Maintaining Patient Volume/Critical Mass in Community Hospitals

- Volume and critical mass relationship
- where do volumes come from?
 - L&D
 - ED
 - inpatient
 - ambulatory clinic(s)
 - community

Maintaining Patient Volume/Critical Mass in Community Hospitals

- What is the point of critical mass?
 - Expertise
 - Quality
 - Efficiency
 - Education
 - Interest in working

Maintaining Patient Volume/Critical Mass in Community Hospitals

- “As part of its review of hospital services in Ontario, the HSRC identified the fragmentation of child and adolescent services as a significant health care problem requiring improved co-ordination”

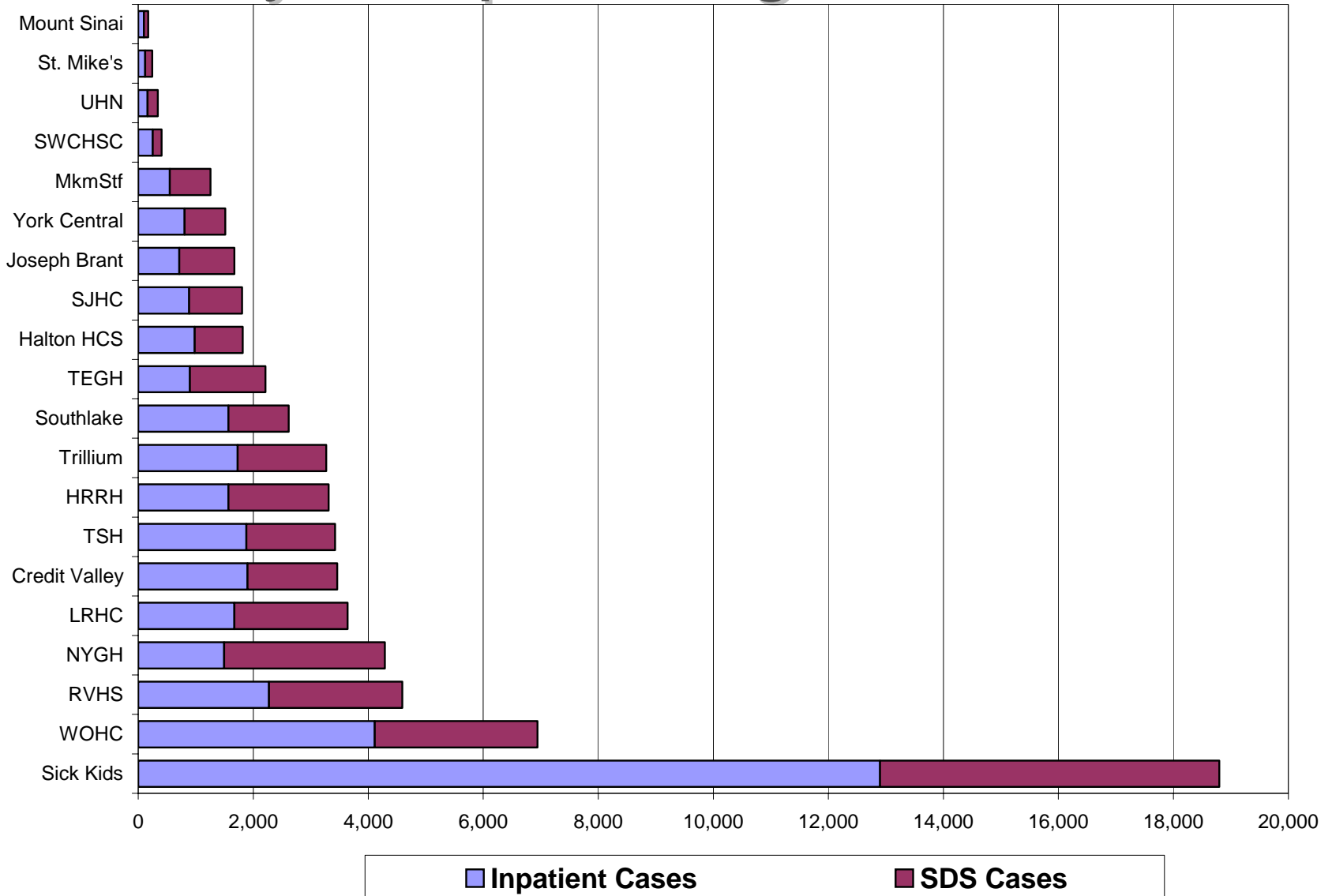
Looking Back ,Looking Forward: A Legacy Report The Ontario Health Services Restructuring Commission (1996-2000) March 2000.

<http://www.health.gov.on.ca/hsrc/HSRC.pdf>

Maintaining Patient Volume/Critical Mass in Community Hospitals

- “HSRC holds that providing access to the highest quality of care outweighs the need for local access. Research makes it clear that quality of outcomes (whether for children or adults) is directly related to the number of similar cases handled.”

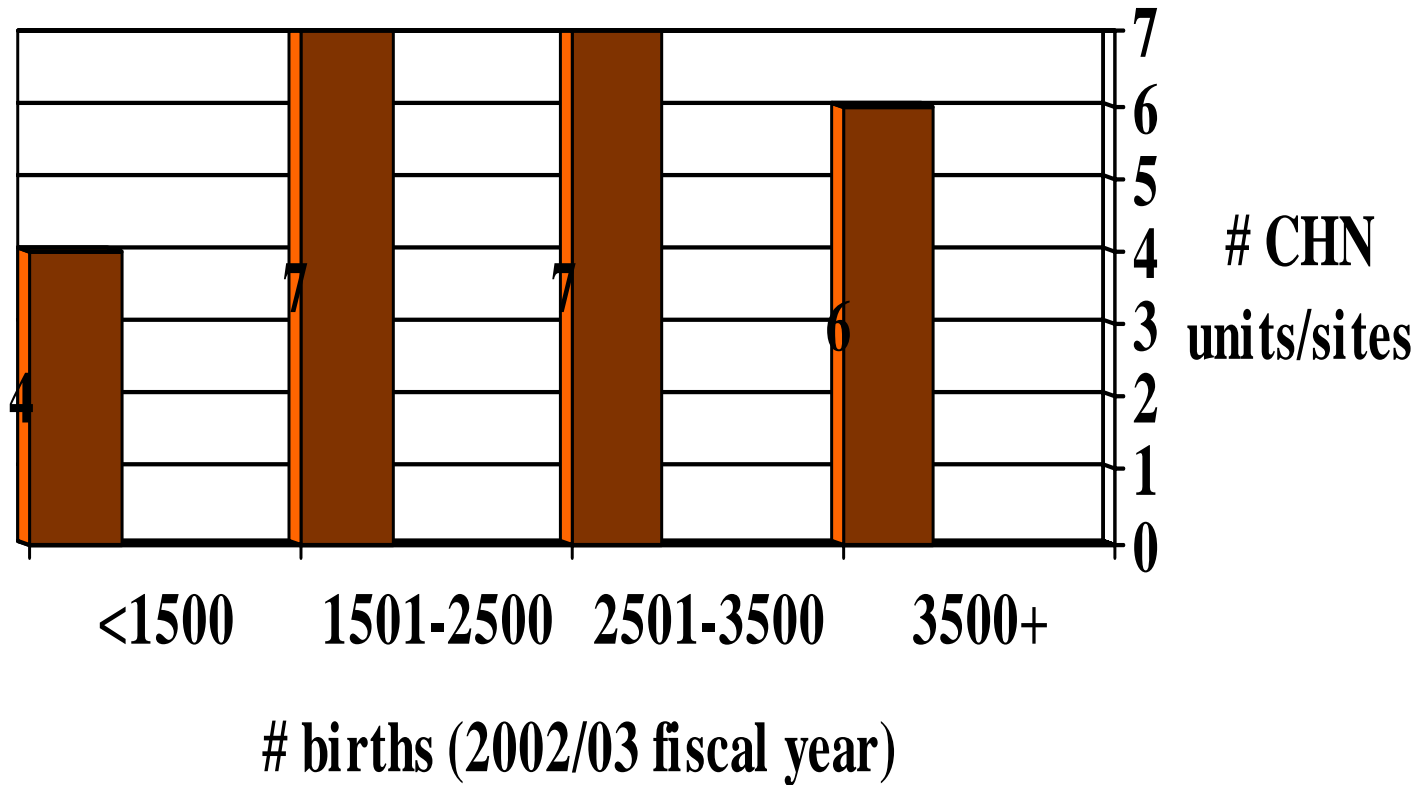
Pediatric Volumes (Inpatient & SDS) by Hospital Organization



Maintaining Patient Volume/Critical Mass in Community Hospitals

- “Following receipt of the report, the HSRC undertook additional analyses to further address the issue of how best to make ‘trade-offs’ between accessibility to particularly specialized pediatric services and the high quality/low risk that derives from critical/optimal mass.”

CHN Hospitals: Annual Birth Numbers - 2002/03 (n=24)

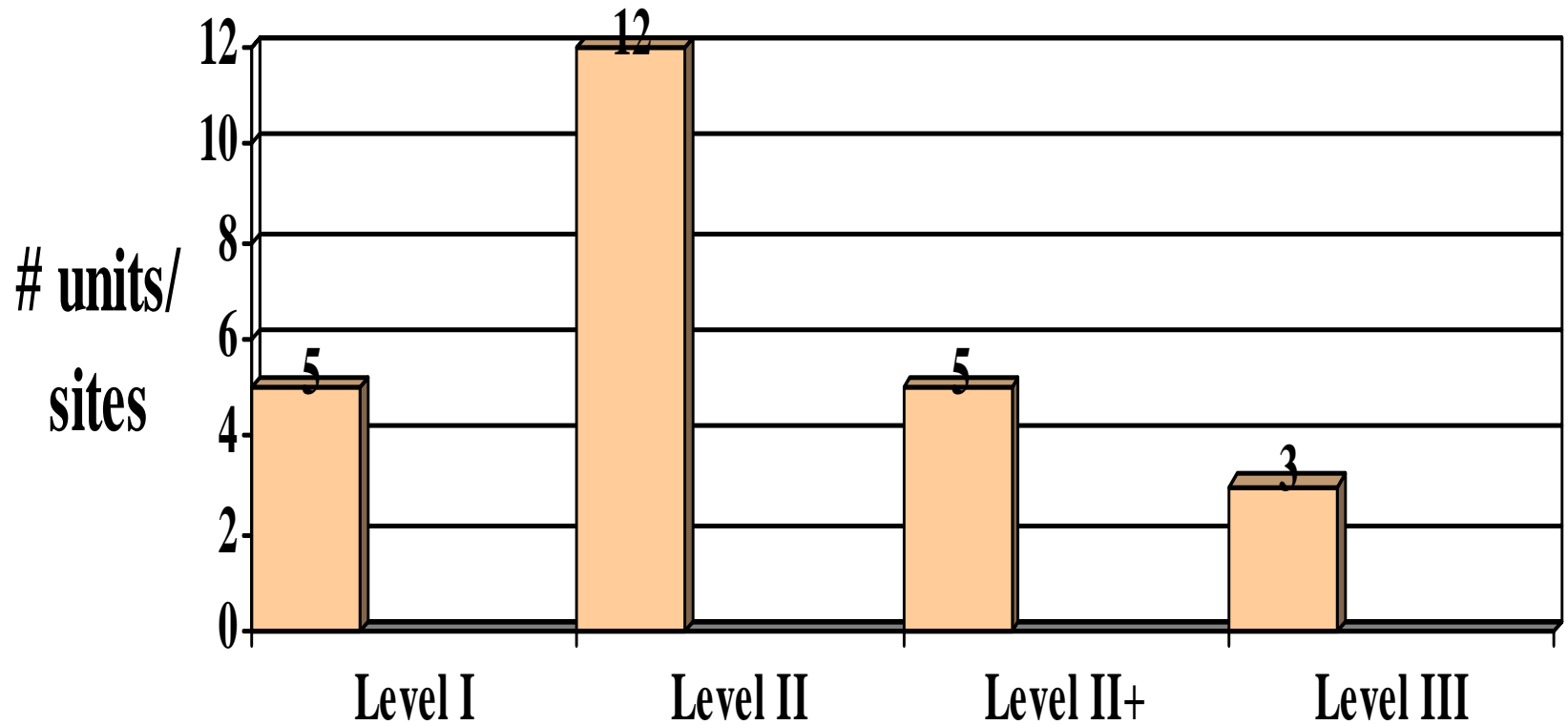


Maintaining Patient Volume/Critical Mass in Community Hospitals

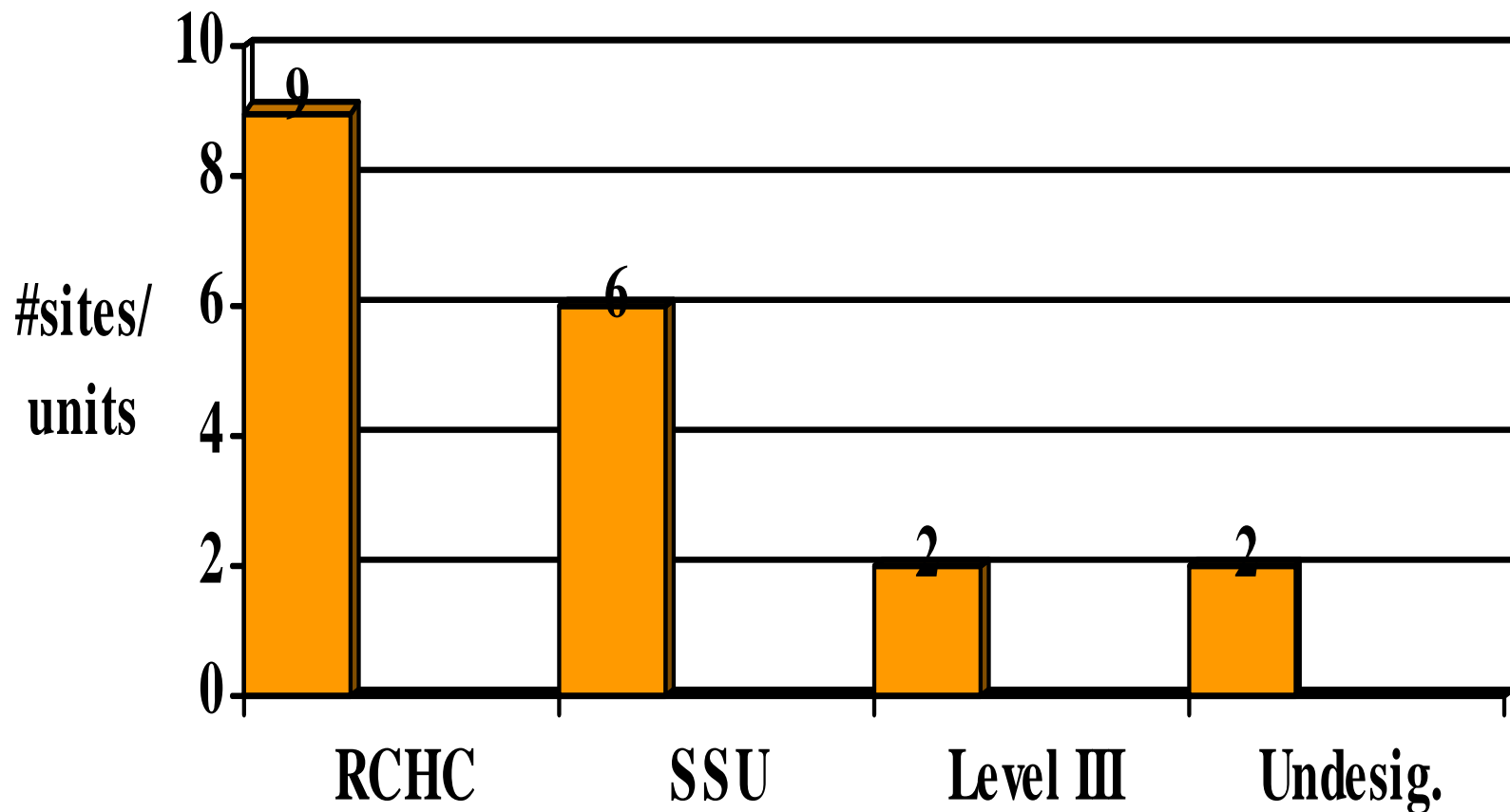
- “The HSRC’s main objective for wanting to recommend changes to the way specialized pediatric services were provided in the province was to sustain and improve the quality of care by increasing the critical mass of these programs, primarily through the consolidation of existing ‘small volume’ programs...”

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Number of CHN Maternal/Newborn Sites by Level of Care



CHN Hospitals Providing Paediatric Services By Level of Care (n=19)



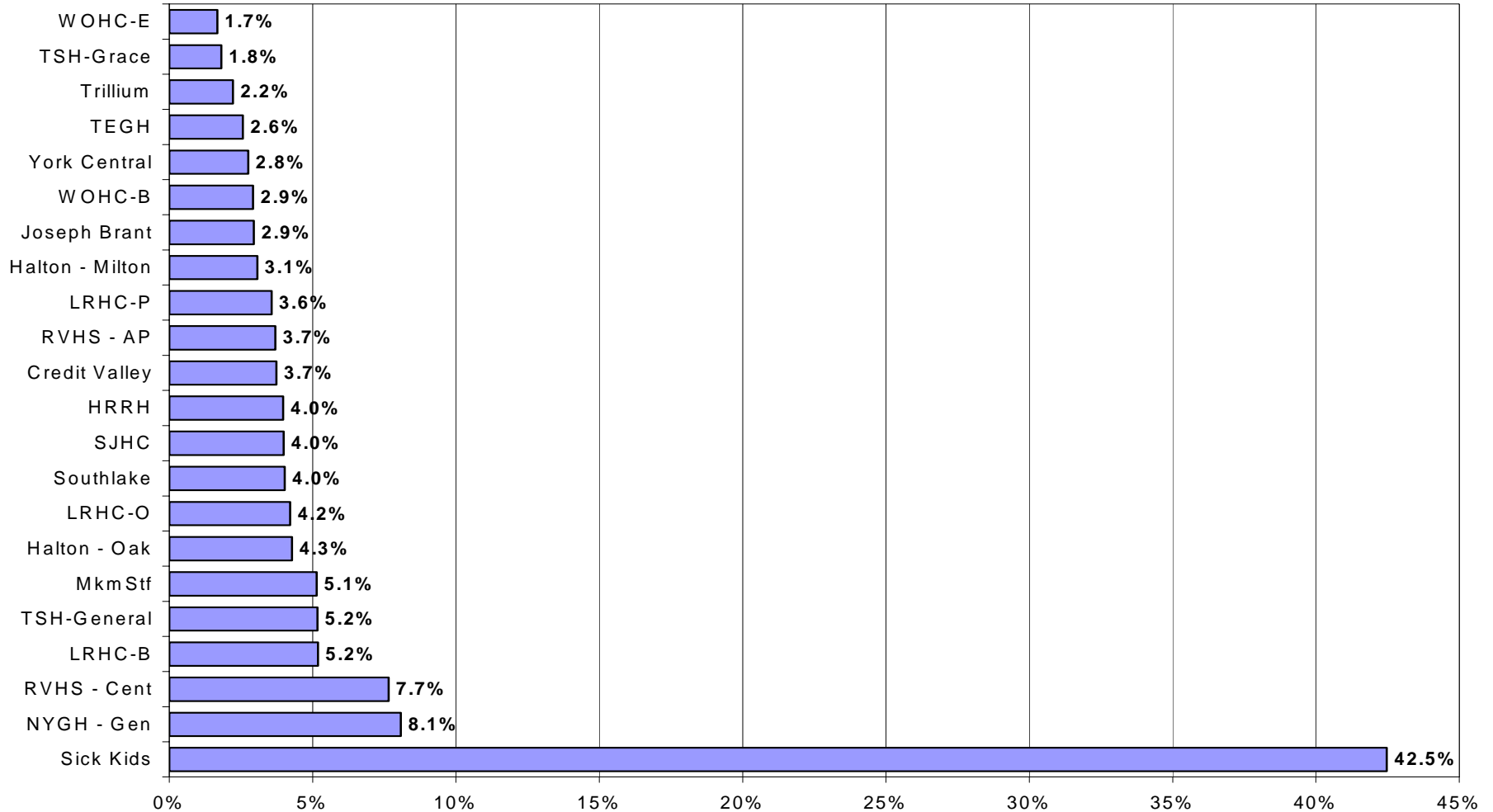
Maintaining Patient Volume/Critical Mass in Community Hospitals

- Why is critical mass at risk?
 - Paediatric care has moved to ambulatory focus
 - ALOS is down from weeks (1980's) to days 1.7
2005

Maintaining Patient Volume/Critical Mass in Community Hospitals

- GTA critical mass issue
 - Reducing ALOS
 - Reducing number of admits
 - Smaller units
 - Greater complexity of those admitted
 - Poorly remunerative

Paediatric Inpatients – % Tertiary/Quaternary



*Birthing, Neonate, Gynae cases removed

**Mount Sinai, UHN and St. Mike's not shown due to small paediatric case counts, LRHC-U and WOHC-G removed due to lack of T/Q Cases

Possible Model of Economic Program Sizes

Proposed Model of Economic 'Program' size

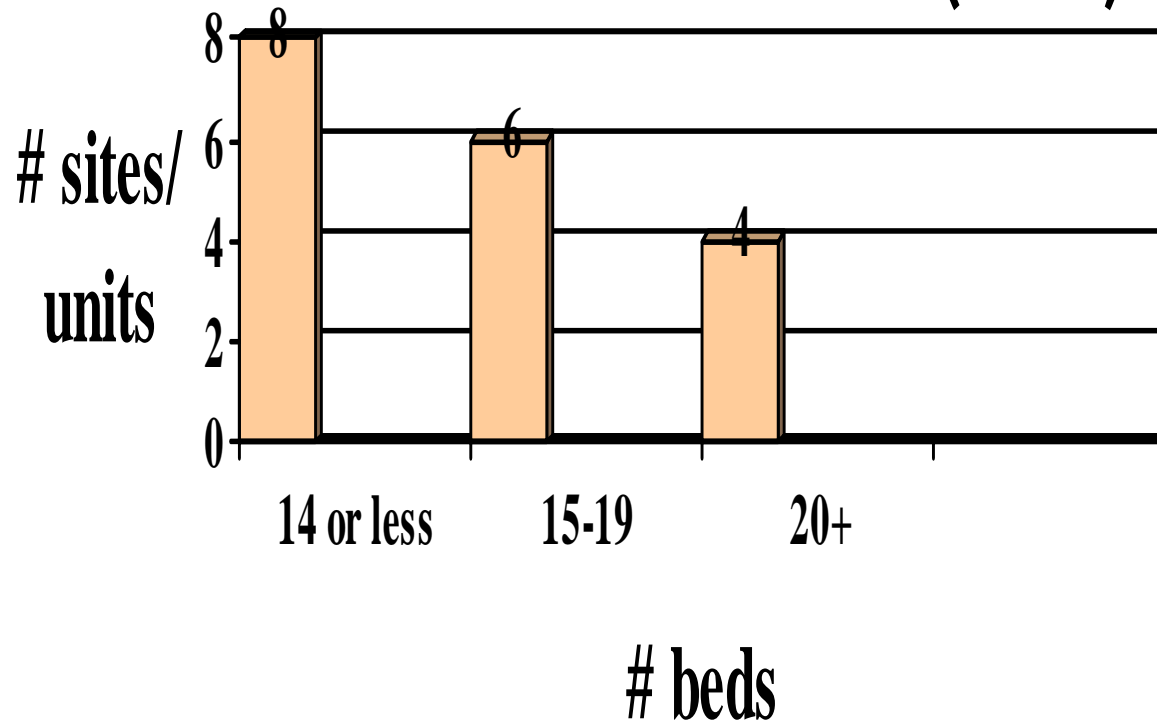
- Economic Program size:
 - Minimizes overstaffing
 - Minimizes number of staffed beds
 - Provides safe, high quality care
 - Accommodates fluctuations in admissions/
patient census

Proposed Model for Economic Size for Paediatric Units

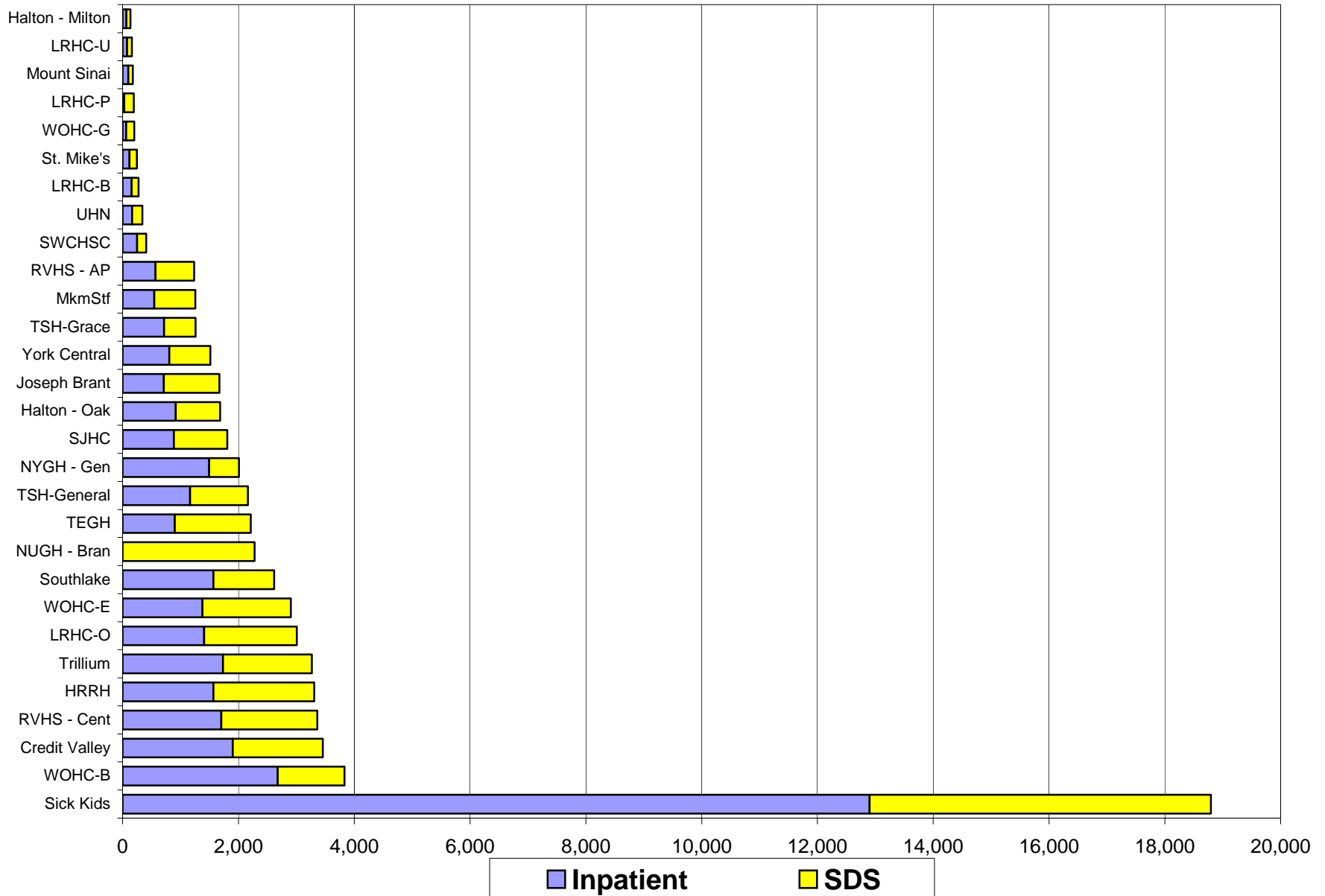
Model:

- If a 1:4 staff-to-patient ratio is applied, with minimum 3 nurses/shift, then a patient census of fewer than 12 will result in 'overstaffing' for workload.
- Objective for economy will be to minimize number of times census is less than 12 patients;
- Economic size would have unit with census less than 12 patients no more than 25% of time. (this is the 25th percentile patient census)
- Assume average patient census is 50% more than 25th percentile census, then average census for economy would be 18 patients.
- If target average occupancy is 70%, then a **26 bed unit** would be the target size for efficiency/ economy.

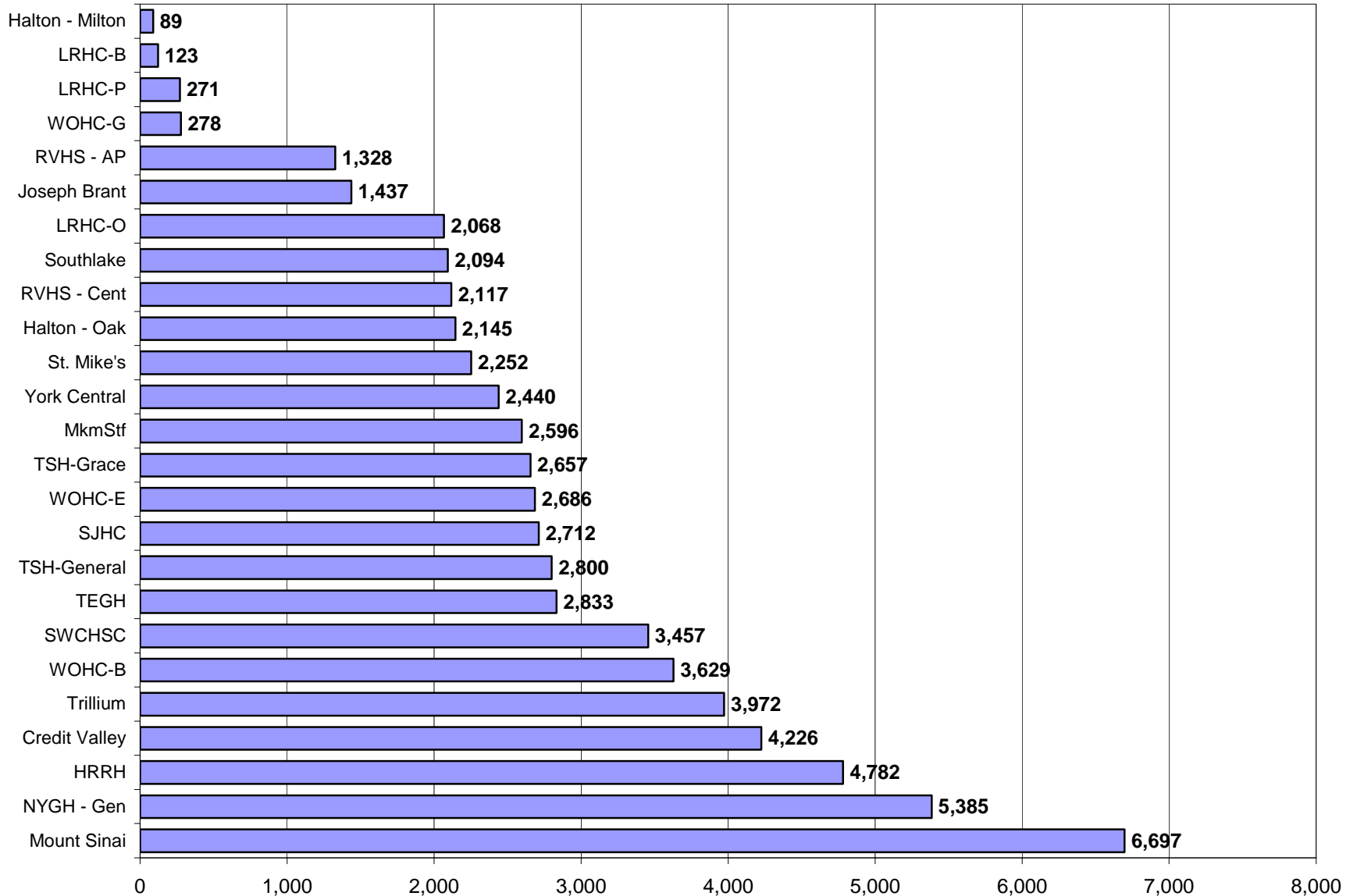
CHN Hospitals - Paediatric Numbers (n=18)



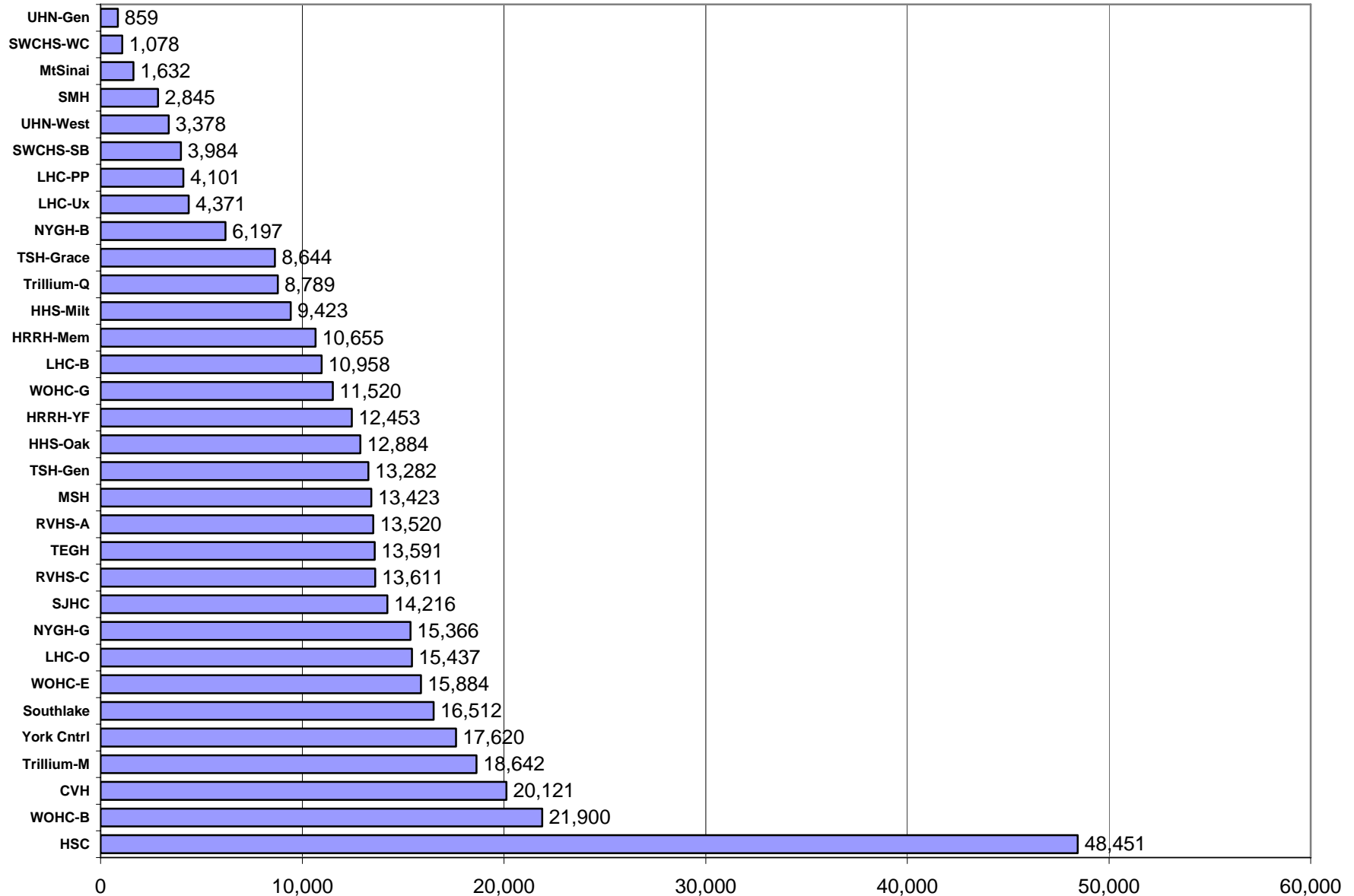
Paediatric Volumes (Inpatient & SDS)



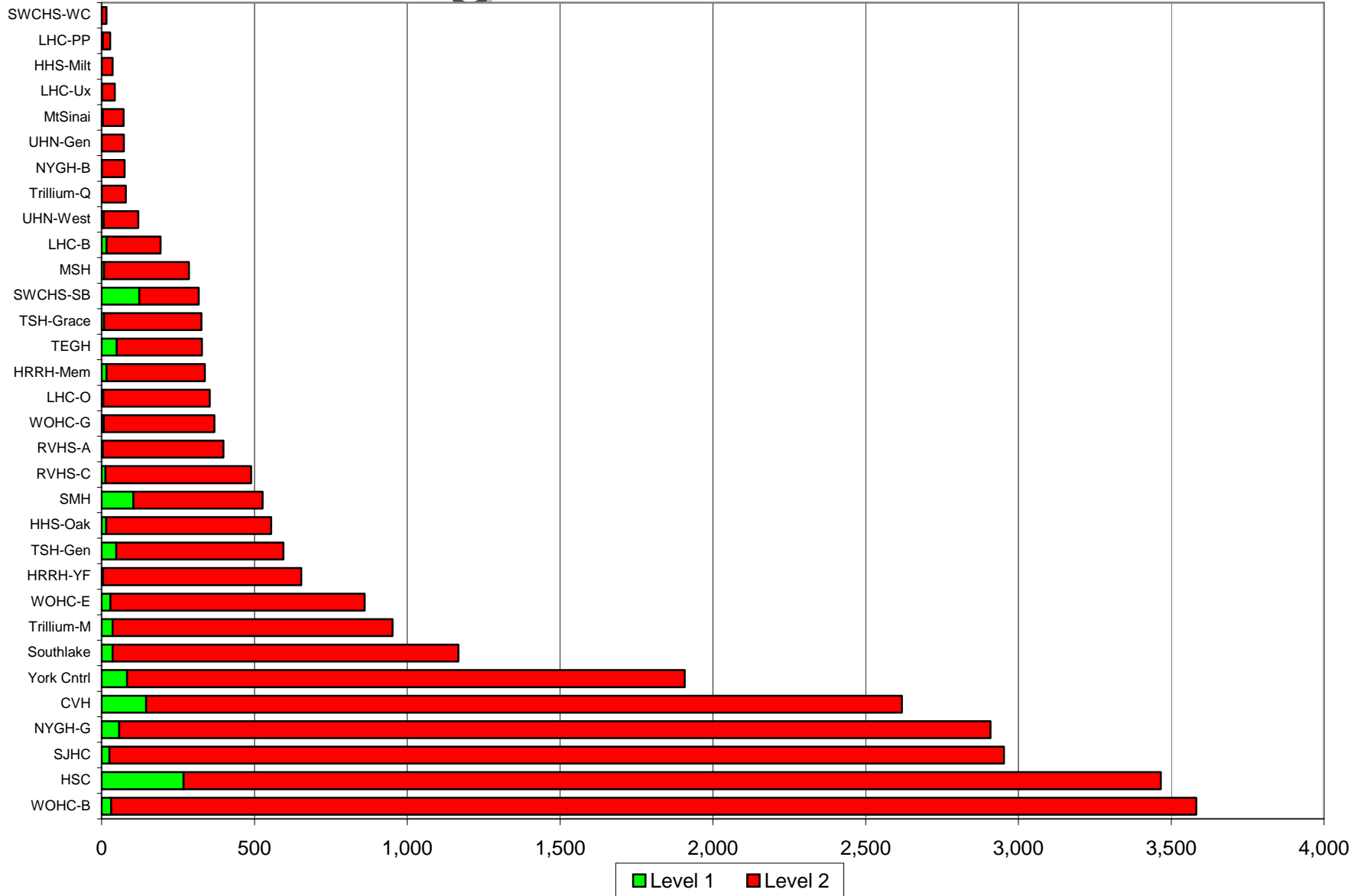
Total Deliveries by Hospital



Paediatric Visits to GTA Hospitals



Visits to CHN Hospital EDs: Triage Levels 1 & 2



Maintaining Patient Volume/Critical Mass in Community Hospitals

- Solutions:
 - Specialisation among paediatric units
 - Collaboration of care
 - Size of units
 - Complexity of patients
 - Access
 - Recruitment?/Reimbursement?

Paediatrician Recruitment/Retention in a Regional Model for Paediatric Care

- “Moreover, critical mass facilitates the recruitment and retention of specialized staff, the enhancement of skills in performing specialized procedures and the development of effective peer review practices.”

Paediatrician Recruitment/Retention in a Regional Model for Paediatric Care

- Standard recruitment model
 - old style
 - physician driven
 - competitive

Paediatrician Recruitment/Retention in a Regional Model for Paediatric Care

- potential recruitment model
 - Needs based
 - Utilisation matched
 - Collaborative
 - Training coordination
- Must still be of interest to the physician

Paediatrician Recruitment/Retention in a Regional Model for Paediatric Care

- Other health care professionals
 - nursing
 - allied health professionals

Alternate Payment Plans for Physician Compensation

- Current system
 - fee for service
 - beginnings of some hospitalist functions
- Alternate options
 - AFP
 - alternate providers
 - NP, RT, etc

Alternate Payment Plans for Physician Compensation

- AFP
 - process of negotiation
 - modular format to fit variances in regional mode