

## HOSPITAL REPORT 2005: Complex Continuing Care

*Hospital Report 2005: Complex Continuing Care* is the first joint government/Ontario Hospital Association report on complex continuing care since 2003. It is based on 2003/04 data.

Hospitals participate voluntarily in the hospital report process because they see the potential for the project to lead to better health care. The report includes results for 54 out of 106 eligible organizations (51 per cent), covering 85 per cent of patient days in complex continuing care.

This report includes scores for individual hospitals as well as a provincial average. Results are reported by Local Health Integration Network (LHINs) boundaries.

The report on complex continuing care looks at five areas: clinical utilization and outcomes (patient care), patient satisfaction, system integration and change (dealing with change), financial performance and condition, and women's health perspective.

Some of the key findings from *Hospital Report 2005: Complex Continuing Care*:

### **Clinical Utilization and Outcomes (Patient care)**

There was a significant reduction (by 27 per cent) of physical restraint use in Ontario's complex continuing care facilities between 2000/01 and 2003/04. During this time, the use of anti-psychotic drugs did not increase nor was there any increase in the percentage of new falling among patients without a history of falls.

### **System Integration and Change (Dealing with change)**

Hospitals continued to perform well overall (67 per cent) in such areas as providing care focused on the client—including keeping patients informed, educating them about their care and offering emotional support. Hospitals also scored 67 per cent overall in the use of specified clinical practice guidelines and the number of clinical issues for which they have guidelines in place.

There is considerable variation in the use of information technology by hospitals, which indicates opportunities for quality improvement and exchange of best practices.

The report concludes that hospitals may need to pay more attention to collaborating with other levels of care and other service providers. The report also indicates there is a need to consult with stakeholders on developing standardized discharge criteria and integrating practice guidelines with other levels of care.

### **Patient/Family Satisfaction (How patients feel about their care based on experience)**

Patient satisfaction results are largely unchanged from the previous complex continuing care report in 2003. Patients were most satisfied (82 per cent) with the medical care and services they received. Patients were still mostly dissatisfied (68 per cent) with the level of autonomy, including the extent to which they are included in decisions about their care and get to choose events or timing of events.

As in previous years, family satisfaction scores were lowest for living environment (71 per cent) and amount of activities and entertainment available to their loved ones (67 per cent).

### **Financial Performance and Condition**

Nine of 13 free-standing complex continuing care hospitals achieved actual costs lower than expected. This is the fifth year that expected cost per equivalent weighted case has been calculated for complex continuing care.

The 13-free standing complex continuing care hospitals reported 8.2 million patient care hours and 13.5 million staff hours. The absolute number of patient care hours increased from 6.8 million to 8.2 million between 1999/00 – 2003/04.

### **Women's Health Perspective**

A higher proportion of women than men in complex continuing care hospitals experienced severe or disruptive pain (33 per cent versus 28 per cent for patients considered chronic), or had a decline in the ability to walk or wheel themselves (19 per cent versus 16 per cent). However, there was no significant difference between men and women in their satisfaction with care, unlike findings in other hospital settings. This may be due to the older population cared for in complex continuing care.