Policy Statement

BCMA
BRITISH COLUMBIA MEDICAL ASSOCIATION

Improving Access to Acute Care Services

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BCMA Position

In order to improve access to acute care services, the BCMA calls on the provincial government to:

- *Establish modeling for the supply of functional acute care beds based on clinically appropriate standards. These standards should reflect the realities of the practice setting and must be developed in collaboration and with input from practicing physicians, representative of and accountable to their colleagues.*
- *Ensure that modeling for the supply of functional acute care beds is flexible enough to account for changes in population growth, demographics, patient acuity, technology, geography, and seasonal variations.*
- *Provide the necessary infrastructure to ensure patients' timely access to all acute care services, including a greater supply of functional acute care beds.*
- *Support effective management of functional acute care beds in conjunction with increasing their supply.*
- *Sufficiently resource community-based care (e.g., chronic disease management, primary care providers, home and community care) to ensure that functional acute care beds are used appropriately.*
- *Provide regular public reports on the number of functional acute care beds by care types (e.g., medical, surgical, obstetrical, paediatric, psychiatric, critical care) and on the progress towards satisfying wait time benchmarks for acute care services.*

Background

Prolonged waits and delays are common in acute care settings. The need for health care services, including acute care, will continue to rise as the population ages and the complexity of patient caseloads increases. However, BC experienced a significant decrease (-42%) in acute care bed capacity per 1,000 population between 1991/1992 and 2001/2002 from 3.6 to 2.1. Subsequently, a slower decrease (-15%) in acute care bed capacity occurred province-wide between 2001/2002 to 2010/2011 from 2.1 to 1.8.[i ii] In comparison to other OECD countries, BC and Canada rank almost last in acute care bed capacity. The OECD average is 3.5 beds per 1,000 population in 2009. [iii]

Although more services have migrated out of the hospital setting, an insufficient supply of acute care beds still exists, and contributes to unsustainable occupancy rates in BC hospitals (e.g., over 100% capacity) making regular bed shortages, periodic bed crises, and hospital overcrowding inevitable.[iv v vi] This, in turn, leads to delays in admitting patients, especially from emergency departments. Evidence shows that patients waiting for hospital admissions in emergency departments can potentially experience adverse health outcomes during periods of overcrowding.[vii viii]

A majority (56% in 2006/07) of BC hospital admissions (excluding newborns) occurs via emergency departments.[ix] The growing pressure to admit emergency patients has resulted in more frequent cancellations of planned admissions for scheduled procedures, deferments or cancellations of scheduled procedures for hospital patients, and persistent waiting lists. The high percentage of acute care beds (e.g., 20% in some hospitals) occupied by patients who require an "alternate level of care" is another factor that impacts on wait times for both emergency and elective/scheduled care. [x xi xii] In 2010, 42% of BC physicians reported that their patients' access to hospital care for scheduled procedures was either fair or poor, compared to only 26% who indicated access was good to excellent.[xiii]

In addition to affecting patients' access to care, constrained acute care bed capacity also affects health

care providers. Significant hospital bed closures, along with greater workloads on an aging workforce and higher patient acuity, can contribute to increased job dissatisfaction and burnout among nurses and physicians. [xiv] [xv] [xvi] [xvii] Ensuring a practice environment that is adequately resourced and where providers can deliver high quality care is critical for the recruitment and retention of healthcare workers.

Analysis

To address capacity shortfalls, the BCMA calls upon the provincial government to adopt transparent and publicly available principles for the supply and effective management of functional acute care beds across British Columbia.

To achieve this, the BCMA advocates for modeling the supply of functional acute care beds using standards that reflect the ability to place patients in appropriate beds in a timely fashion. Such modeling should be based on clinically appropriate standards, reflect the realities of the practice setting, and be developed in collaboration with relevant health care providers (e.g., practicing physicians, nurses). This model should also be flexible enough to account for changes in population growth, demographics, patient acuity, technology, geography, and seasonal variations. Lastly, the model should set the supply of functional acute care beds at a level where patients admitted to the hospital have access to a bed in a timely manner.

Acute care bed modelling should also be accompanied by effective management strategies and sufficiently-resourced community-based care (e.g., chronic disease management, primary care providers, home and community care) in order to reduce bed occupancy rates, shorten hospital lengths of stay, alleviate hospital overcrowding, and ensure the appropriate use of services.

Finally, the provincial government must provide regular public reports on the number of functional acute care beds by care type (e.g., medical, surgical, obstetrical, pediatric, psychiatric, critical care) and on the progress towards satisfying wait time benchmarks for acute care services.

References

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Information Please contact: Linda Grime, Administrative Assistant at 604 638 2825 or lgrime@bcma.bc.ca