



"Based on the latest modelling from Ontario Health, further action is obviously needed to strengthen the health-care system, action that if not taken immediately could see a shortage of beds of about 2,400 spaces as we head into the fall, where respiratory challenges, flu and COVID-19 again will rear their heads because we are certainly not behind this," Minister Paul Calandra, Minister of Long Term Care

According to the Ontario Hospital Association (OHA), there were 5,930 "alternate level of care" patients in hospital as of Aug. 17, of which 2,400 — 40 per cent — are waiting for an LTC bed.



Since January 1, 2022 to end of July, 2022 - at Windsor Regional Hospital there have been 276 patients declared by their physician as requiring an Alternative Level of Care (ALC) - not requiring acute care - and qualifying to be placed in Long Term Care (LTC).

These ALC for LTC patients then stayed an additional combined 5,312 days in acute care. That equates to ~ 25 patient beds a day being occupied by ALC for LTC patients waiting for placement even though LTC beds available.

At the same time for the month of August WRH had approximately 22 patients a day waiting in the ER for an inpatient bed to become available.



Similar to other hospitals across the Province and internationally the number of patients being admitted to acute care and their lengths of stay in acute care have also increased.

Between **January to June 2019** as compared to **January to June 2022** WRH has admitted approximately **5 more patients a day** (44 admits per day in 2019 versus 49 admits per day in 2022) and their **length of stay is 1.1 days longer** (6 days in 2019 versus 7.1 days in 2022).

This is 6478.75 more patient days in 2022 versus 2019. That equates to over 35 more acute care beds being needed in 2022 versus 2019.

TODAY – 33 ALC for LTC – they have waited a combined 973 days in acute care since designated ALC for LTC. That is close to 3 years of combined patient days.

Since the start of COVID-19 WRH has now close to 60 more acute care beds in operation. 18 + of them still unfunded.



#### What Bill 7 is?

- ✓ Legislation asked for by hospital healthcare leaders for years/decades
- ✓ Should have been put into place like other Provinces years ago
- ✓ It is meant to allow better patient flow through the system
- ✓ It is a physician (clinical decision) that declares a patient ALC for LTC
- ✓ While they wait in a LTC home their preferred choice and rank on the waiting list for their preferred home is preserved
- ✓ The same LTC residents can be comforted that when this gets into place their opportunity to gain access to an acute care bed in the future increases rather then waiting in the ED for a bed.
- ✓ There has been years of the number of acute care bed funding freezes or reductions well in advance of the current govt. In fact, this govt has invested in some 3000+ more acute beds over last two years



What we have to make sure happens -

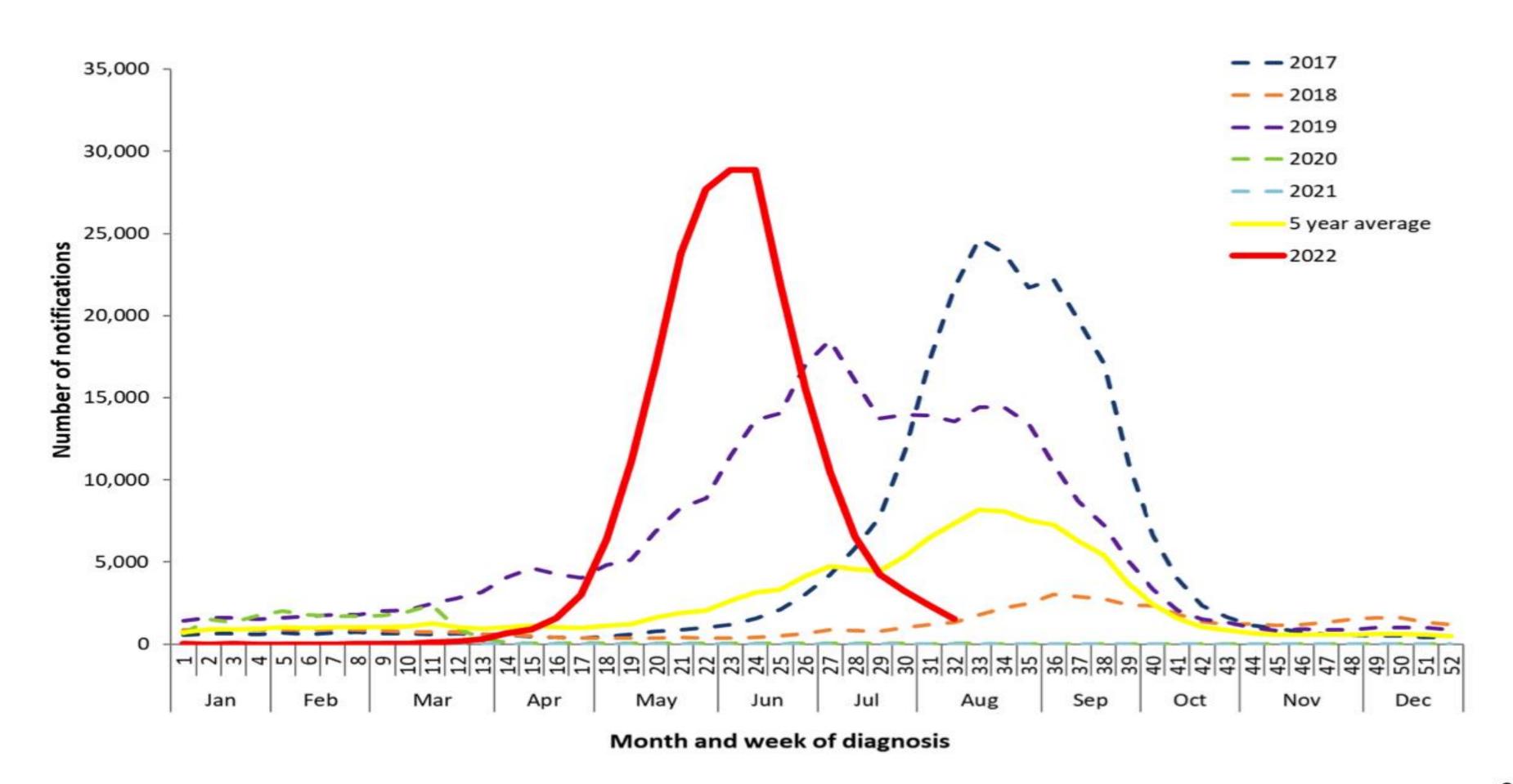
- ✓ The movement of patients to LTC outside of their region is last/last/last resort;
- ✓ The costs associated with being in a LTC home NOT THEIR CHOICE is addressed. Meaning great reduction in cost while there and waiting
- ✓ Transport costs to preferred LTC home is addressed. Meaning family/patient does not have to pay twice
- ✓ The movement of patient to LTC not their choice when their ultimate choice is days away is taken into consideration. Meaning do NOT move twice in a short period of time. Within same week/days.

All of this will be addressed by regulations and rules coming out shortly

# Influenza Projections



Figure 4. Notifications of laboratory-confirmed influenza, Australia, 01 January 2017 to 14 August 2022, by month and week of diagnosis\*

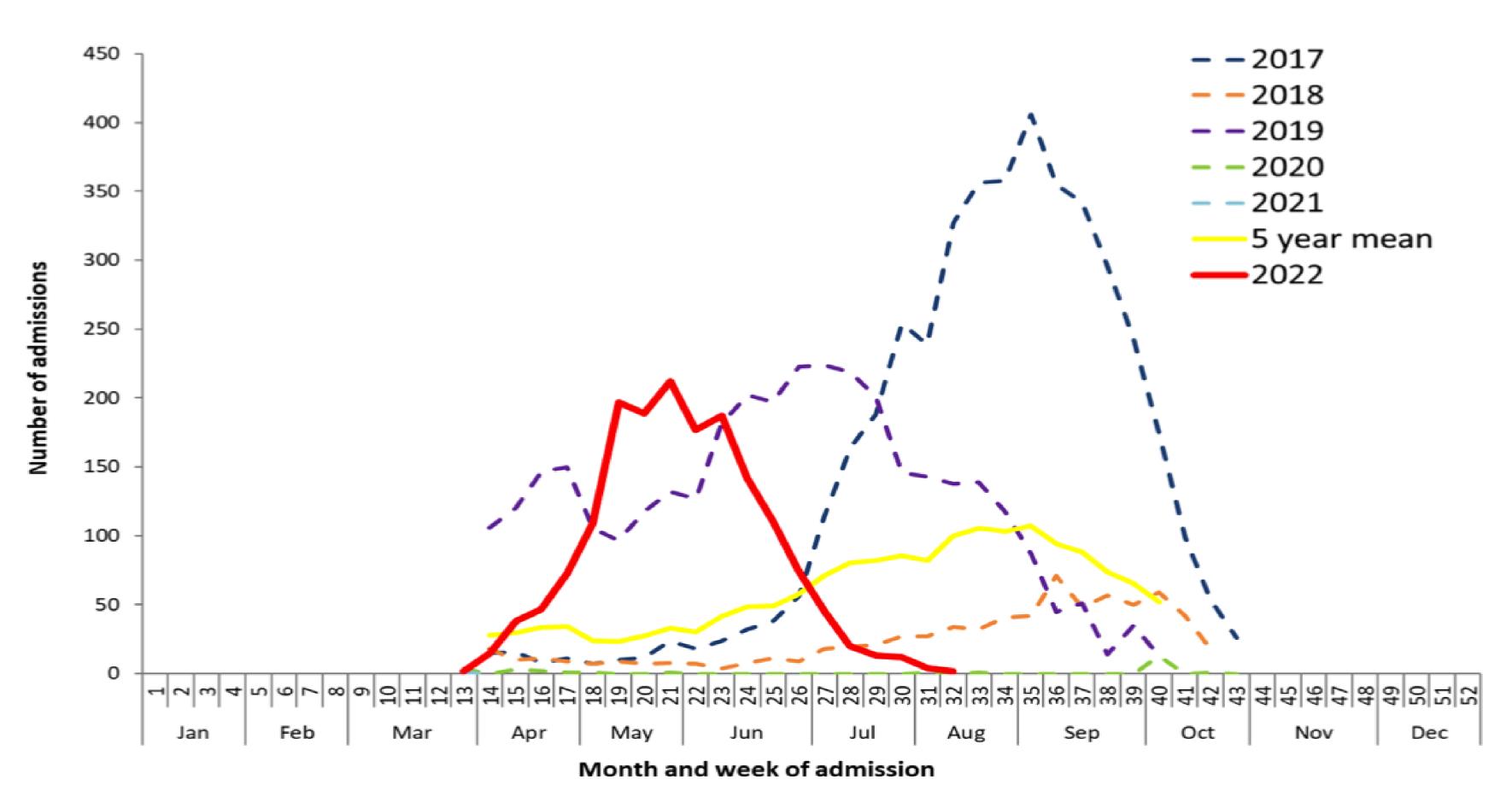


Source: NNDSS

## Influenza Projections



Figure 7. Number of influenza hospitalisations at sentinel hospitals, from April to October, 2017 to 2022 by month and week of diagnosis\*



Source: FluCAN

### WRH Health Human Resources Update



Since prior to the start of COVID-19 Windsor Regional Hospital has approximately 10% more front line clinical staff employed now. This is over 400 more clinical employees working now then in early 2020.

In addition, WRH has been aggressively pursuing the following:

- 1. Taking advantage of all government supported programs for signing bonuses for staff;
- 2.Hire third and fourth year nursing students. Since the start of COVID-19 WRH has hired 483 3<sup>rd</sup>/4th year nursing students and will shortly increase the total complement from 174 to 300.
- 3.The recruitment of internationally educated nursing (IEN) staff through the focused College of Nurses of Ontario (CNO) program. Since early 2022 WRH has been able to start the training of 12 IEN, permanently hire 3 of them and have started discussions with 41 others to start the CNO program at WRH.
- 4. Collapse part time clinical jobs into full-time (FT) jobs as much as possible. This has resulted in 12 FT jobs being created
- 5.Eliminate temporary jobs and make the permanent as much as possible. This is an appreciation that at any given time there will be staff off for leaves. 27 temporary full-time positions were converted to permanent full-time and 27 temporary part-time positions were converted to permanent part-time