

Memorandum

To: Executive Directors Council, Department Head Council, and Health Services Portfolio

From: Mike Higgins, VP of Human Resource Services
(on behalf of Dwight Nelson, President & CEO)

Date: October 6, 2010

Subject: Over Capacity - RGH and Pasqua Hospitals

As everyone knows, we continue to experience significant Over-Capacity pressures at both the RGH and Pasqua Hospitals. Members of the Senior Management Team are fully aware of the considerable stress that constant over-capacity situations place on everyone and in particular, the stress on patients and frontline staff and physicians.

To help address these issues in the shorter term, the Senior Medical Officers and Health Services Vice-Presidents have identified the need to work with our teams to expedite discharges from the acute care hospitals to more appropriate settings, where possible.

Yesterday, with the involvement of a number of medical and administrative leaders, we worked in teams and visited in-patient care units and emergency departments to assist in facilitating patient discharges. Based on this experience, we believe that during this high pressure Over-Capacity period, there is a benefit to senior leaders assisting more directly in the daily operations related to discharge of patients from the acute sites. As such, we have now scheduled two formal senior leadership visits to both hospitals, for the purposes of reviewing discharge opportunities and supporting expedited discharges. These visits will occur Thursday, Oct. 7, 2010 and Wednesday, Oct. 13, 2010. We will evaluate the need to continue such visits following the Oct. 13th date.

To ensure maximum effectiveness of this work, we would ask Executive Directors and Medical Department Heads to continue to work with your teams to support the best utilization of our hospitals. In doing so, please give particular attention to patients with realistic shorter term options for discharge including, but not limited to the following:

- 1) Patients with a discharge destination for a Personal Care Home.
- 2) Patients waiting for a diagnostic procedure or specialist consultation who do not require acute care to wait for this service.
- 3) Patients who require repatriation to home community or home hospital -outside of RQHR. (The Rural portfolio under the direction of Val Hunko and Karen Earnshaw

- will work to facility such transfers to an RQHR rural facility for repatriation to home community.
- 4) Patients from out of Region waiting for access to Rehabilitation Services in the RQHR. (Explore opportunities to wait from home Region for this service)
 - 5) Patients waiting for a discharge order or patients that have not been seen by MRP in previous 24 hours.
 - 6) Patients who can be discharged home with home care services and /or other community based options.

In requesting your support for this work, please be assured that as Senior Leaders, we recognize that until we fully understand and address the major root - cause issues contributing to over-capacity and implement practices to ensure more effective and appropriate utilization of acute care services, we will always be in a reactive mode. To that end, please be assured that we are committed to working together, with all of our key stakeholders, in identifying and addressing major root-cause utilization issues in our acute care sites.

Thanks again to everyone for your support and please forward this e-mail as needed. If you have any questions, please contact your respective Senior Medical Officer or Vice-President.