IMO Position Paper on

Acute Hospital Bed Capacity

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Overview

The IMO recognises that a vital element to the success of the health reform plans is investment in the much needed reform. One vital area in need of improvement in the public health system is acute hospital bed capacity.

Acute Hospital Bed Capacity: A National Review

The Department of Health and Children published a report in 2002, in conjunction with the Department of Finance and in consultation with the Social Partners, on publicly funded acute hospitals in Ireland. The following conclusions were reached.

Table 1 [1]

Year	Beds	% Change	Inpatients	ALOS	Day Cases	Outpatients
1980	17,665	100%	543,698	9.7	8,377	1,460,198
1986	16,878	95.54%	566,105	7.4	50,136	1,621,035
1990	13,753	77.85%	522,864	6.9	124,748	1,675,529
1995	11,953	67.66%	529,393	6.6	207,308	1,890,702
2000	11,832	66.97%	548,834	6.6	319,837	2,006,332

Taking 1980 as a baseline, a third (33.03%) of the acute bed capacity has been removed from the system while at the same time the health professionals have managed to increase efficiency and productivity. The Average Length of Stay is has dropped from 9.7 to 6.6 days. The review indicates that the public hospital service is efficient and productive, contrary to popular opinion. There are however problems which centre on capacity.

The review revealed the following additional facts about acute beds in Ireland;

- The number of acute hospital beds in Ireland is among the lowest across both EU and OECD countries; in 2000, the number of beds per 1,000 population was 3.1, down from 5.1 in 1980.
- Despite these reductions, the review reported that total hospital activity (excluding outpatients) increased by 57% since 1980, due largely to an increase in day activity.
- Currently, 71% of inpatients are admitted through A&E departments with the majority of admissions being older people with medical (as opposed to surgical) conditions.
- The data reveals that older people have a disproportionate need for hospital services; in 2000, this age group consumed 46% of acute hospital inpatient bed days. Demographic projections suggest that by the year 2026, the age cohort over 65 years of age will have doubled and will constitute 16.4% of the population. It will have major implications in planning for the provision of acute hospital services.
- The proportion of medical inpatients has increased steadily while surgical inpatients have been declining. In 2000, the figures were 75% and 25% respectively. There has been encroachment by medical patients on surgical beds resulting in cancellation of surgical procedures.
- Many hospitals have bed occupancy levels are greater than an internationally recognised measure of average occupancy of 85%.
- 19,500 people were waiting for over 3 months for elective inpatient treatment in the first quarter of 2004. [Source: NTPF]

Throughout the period 1980-2000, the number of in-patients remained around 500,000 annually despite falling bed numbers and the rising number of day cases. The acute hospital system requires the simultaneous introduction of a number of strategies with the potential to reduce need for additional beds in conjunction with an increase in acute bed capacity in order to enhance service provision in this sector. In 2000, it had almost 12,000 beds. The review produced a gross estimate for an additional 4,335 beds or net 2,840. In total, the system needs at a minimum, 15,000 beds. This estimate was derived as follows:

Table 2 [2]

Acute Hospital Bed Complement in 2000 - 2011	11,832
Additional beds needed to reduce average bed occupancy in major hospitals to international norms (85% occupancy)	883
Additional beds required to facilitate treatment of waiting lists	492
Additional beds due to demographic changes	1,630
Additional beds due to increased demand for services	1,330
Additional inpatient beds required (Gross Estimate)	4,335
Potential bed capacity which could be utilised more efficiently	-1,495
Additional bed capacity required (Nett Estimate)	2,840

It is estimated that up to 1,495 beds might be available within the system if the following strategies were followed;
- Investment in measures to ensure prompt discharge from acute hospitals.
- Efficient use of available capacity in some hospitals.
- Substitution of elective inpatient surgery with day surgery.
- Treatment of 33% of waiting list patients as day patients.
- Improved management of public and private beds for elective patients.

This is the origin of the '3,000 beds' quoted everywhere, including the Health Strategy and the Hanly Report.

Our health service needs approximately 15,000 acute hospital beds. The reason we have trolley wards in our A&E departments is because there are not enough acute hospital beds.

Private Hospital Bed Capacity
Private hospital bed capacity can be provided faster than public capacity and provides a useful safety valve. Unfortunately we must admit that it cannot substitute for public beds. The private system 'cherry picks' discrete elective cases such as elective hip replacement but will not take trauma cases. The NTPF allows access for all people to selected elective operations but this is not an adequate substitute for inreased public beds. Capital allowances for private hospitals are a poor use of taxpayers' money. Priority should be given to the building of public bed capacity.

Wasted Capacity
The bed numbers quoted by the Department of Health are the 'official' beds and do not take account of wards closed for cost-saving measures which reduce the true bed availability. In addition, there are a number of new units around the country at various stages of incompletion; e.g. Mullingar Hospital has a 'shelled-out' wing for 100 beds lying idle since 1997 even though the Department of Health case-mix system shows that Mullingar is one of the most efficient and cost-effective acute hospitals in 2003. In Letterkenny a similar situation exists at its Maternity Unit. The health system needs a 'census of beds available' which can be monitored. Existing capacity which can be quickly brought on stream should be highlighted.

Elderly Bed Capacity

Table 3.

	1984	1994	2003
Public Elderly Beds	11,190	10,059	9,480
Population over 65 years	384,000	414,000	436,000
Public Elderly Beds per 1,000 over 65 years	29.1	26.1	21.7

The closure of geriatric units over the years has occurred in parallel with the reduction in acute hospital beds. There is no review document summarising elderly bed capacity. The private sector has been encouraged to take up the role, funded through capital allowances and nursing home grants. Patients and their families are carrying huge financial burdens or patients cannot leave the acute hospital because they are disabled but have no money for a nursing home leading to 'bed-blocking'. In 2004, Tallaght Hospital had 20-30 patients on trolleys in A&E on average, while on the wards there were 30-40 elderly patients fit for discharge but no elderly beds available.

Long-term care for the elderly has been privatised by stealth. A national review of bed capacity for the elderly is needed.

The "Hanly" Report - Task Force on Medical Staffing

The Hanly Report proposes a re-configuration of the Irish hospital service from a mixture of secondary care and tertiary care hospitals to a system with a smaller number of units providing tertiary care only. Patients would move directly from primary to tertiary care. The report promises to add 3,000 acute hospital beds but fails to point out that the proposed re-configuration would remove approximately 6,000 acute beds. To implement Hanly and achieve the target of 15,000 acute hospital beds would require a major hospitals building programme adding 6,000 acute hospital beds. Yet the example of Mullingar, above, gives little cause for confidence that the capacity will be built.

IMO Recommendations

The IMO recommends that:

- The productive and efficient public hospital service must be given priority in funding.
- The Hospital Service needs at least 15,000 public acute hospital beds.
- Private facilities must not be given undue favour with tax breaks.
- Private facilities do not represent best value for taxpayers' money.
- The true figures for acute hospital beds should be published regularly. The measure should be of beds available not mere bed figures which include closed wards and those wards yet to be opened.
- The privatisation of eldercare has had the effect of imposing huge costs on patients and their families; this process must be reversed by the provision of adequate numbers of public nursing home beds.
- Acute beds must not be used as a substitute for affordable, public, nursing home beds.

References

1 *Acute Hospital Bed Capacity - A National Review,* DOH, Dublin, 2002. Table 1.1 p.18. ALOS is Average Length of Stay.

2 *Acute Hospital Bed Capacity - A National Review,* DOH, Dublin, 2002, p.80