Murphy's math puzzling

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Hospice Palliative care unit director has no idea where health minister got his figures

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SAINT JOHN - The director of the Saint John Regional Hospital's palliative care unit says he has no idea where Health Minister Mike Murphy came up with the numbers he is using to argue that a residential hospice would not save the province money.

Peter Walsh/Telegraph-Journal

‘To me,’ says Dr. Chris O'Brien, ‘the math seems cheaper,’ and it would be less costly for palliative care patients to be in a hospice rather than a hospital. He says he doesn’t want to argue with Health Minister Mike Murphy, ‘but I have facts from our health records.’

"A lot of comments were made about our in-hospital palliative care unit without really asking me as a medical director," Dr. Chris O'Brien said.

"I don't want to argue with the minister, but I have facts from our health records and I live and breathe palliative care."

Earlier this week, Murphy said that widely accepted residential hospice funding estimates are wrong and that it is cheaper to look after dying patients at the Saint John Regional Hospital.

He insists a residential hospice cannot fund beds for less than $385 to $389 a day which, he says, is what the Regional Hospital spends to look after patients in palliative care.

O'Brien says he doesn't know how Murphy came up with that figure: he and other residential hospice proponents have been researching models of care for the past eight years and are basing their prototype

on the Ontario model, which costs $300 per bed/per day to run. The savings would be even greater for New Brunswick because, under Hospice's proposal, the province would pay $200 of that, with Hospice kicking in the additional $100.

On Thursday, Health Department spokeswoman Tracey Burkhardt said the $385 to $389 figure comes from 2007-08 data out of the annual report of hospital services and factors in drugs and nursing staff costs.

"It's not clear to us from Greater Saint John Hospice's proposal if they factor those numbers into their costs," she said.

A residential hospice would allow more than $2.28 million a year to be reassigned to acute care services, its proponents say and, furthermore, treating palliative care patients in an acute care setting costs the province $800 more per patient per day than better care in a hospice would.

"To me, the math seems cheaper," O'Brien said.

"I'd like to be able to have the opportunity to sit down with our MLAs and the minister because our numbers obviously differ, for whatever reason."

But Burkhardt insists there is no bed in the hospital that costs $800 a year to run. "The only thing that comes close is an ICU (intensive care unit) bed," she said, which comes in at close to $1,000. The next most expensive bed in the hospital is in obstetrics at $476 per day, she said.

"In terms of medical beds in the hospital, they're nowhere near $800. There seems to be some confusion as to what an acute care bed is," she said.

Hospice has repeatedly asked for a meeting with Murphy to talk about the model but that request has never been granted.

"My interest is in getting patients and families looked after well and I understand fully that we have to do it efficiently and cost effectively and that's what we've been proposing in our model for residential hospice," O'Brien said.

Murphy also insisted earlier this week that some of the Saint John Regional Hospital's palliative care beds often lie empty, something that the director of the hospital's palliative care unit says also isn't true, not by a long shot.

Only 92 per cent of the hospital's "cost efficient" palliative care beds are occupied, Murphy said earlier this week.

But on Thursday, according to the Health Department's figures, the palliative care unit's occupancy rate is even higher, at 97 per cent for 2007-08. Murphy was equipped with old data when he visited Saint John earlier this week, Burkhardt said - the 92 per cent figure was, in fact, 2005-06 data.

Right now, the palliative care unit is filled beyond capacity with nine palliative patients being cared for in the eight-bed unit, O'Brien said. In 2006-07, the palliative care unit's occupancy rate stood at 94 per cent and rose to 95 per cent in 2008.

It can never have a 100 per cent occupancy rate because time is needed to clean rooms and prepare beds, O'Brien said.

"Even if a patient is waiting in the wings, it's never 100 per cent occupancy, unless you're throwing someone on top of your bed," O'Brien said.

"There will be days when we'll have empty beds. That doesn't mean there's not another palliative care patient waiting in our hospital."

But Burkhardt seems to interpret the data differently.

"Yes, there are days when the ward is full, at times there are waiting lists and there are other times it is not completely full based on the data we have here," she said.

In fact, there are even more patients waiting to get into the palliative care unit than what health records indicate, O'Brien said.

"Not all patients consulted initially require transfer," he said.

"They may be reconsulted to the palliative care unit at a later date, discharged home from another unit, or die on another unit with the palliative care consult team making follow-up visits," Dr. O'Brien said.

Health records also do not take into account the number of other palliative patients who are looked after by their family doctor and not consulted by palliative care, he said.

"I see clearly that the number of palliative patients who die in other hospital beds other than our palliative care unit beds - in acute and chronic care wards - would be in the 200 range," O'Brien said.

"This clearly fits with our residential hospice proposal, where we project we could look after approximately 150 to 160 palliative patients and families a year."

The residential hospice, which is being renovated at 385 Dufferin Row, will provide palliative care for people suffering from any terminal illness, such as cancer, heart and kidney disease or severe stroke. The average length of stay in a residential hospice is two to three weeks. Each year the hospice would provide community care to 150 people who would otherwise occupy acute care beds at the hospital.

Meanwhile, Burkhardt said Thursday, Murphy has asked his department to set up a meeting with Hospice.

"They're in the process of doing that," she said.

A snapshot of palliative care at Regional Hospital
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Monday, Feb. 9, 2009

* 8 patients in 8-bed palliative-care unit.

* 7 additional palliative patients in other parts of the hospital being followed by palliative staff.

* 3 awaiting transfer to palliative care unit.

Tuesday, Feb. 10, 2009

* 8 patients in 8-bed palliative-care unit.

* 7 additional palliative patients in other parts of the hospital being followed by palliative staff.

* 3 awaiting transfer to palliative care unit.

Wednesday, Feb. 11, 2009

Code Orange called - more than 30 people waiting in emergency.

* 9 patients in 8-bed palliative care unit.

* 112.5 per cent occupancy in palliative care unit.

* 7 additional palliative patients being followed in hospital by palliative staff.

* 3 awaiting transfer to palliative care unit.

* 2 new consults.

Thursday, Feb. 12, 2009

* 9 patients in 8-bed palliative-care unit.

* 112.5 per cent occupancy in palliative care.

* 9 additional palliative patients being followed in hospital by palliative staff.

* 3 awaiting transfer to palliative-care unit.

* 2 new consults.

Occupancy rates

* 2006-07 - 94 per cent occupancy

* 2008 - Occupancy was 95 per cent

2008 snapshot

* 10.4 days is average stay in palliative-care unit.

* 498 new consults in 2008 - 331 patients were deemed appropriate to come to palliative care.

* 260 admissions/transfers to the unit from other parts of the hospital.

* 242 of those 260 patients died in the palliative care unit.

* 71 patients died waiting in other hospital beds as they waited for beds in the palliative care unit.

* 151 not appropriate to come to palliative care at the time of consultation - at least 50 per cent of those patients died in hospital beds that were not in the palliative care unit.

* A total of 146 palliative patients died in a hospital bed, but not in the palliative care unit.