

New provincial idea . . .

. . . could cut cost in half

Region wants cost-saving 'hospital in home' program

The Canadian Champion, Wednesday, January 17, 1990

By NORM NELSON

Regional councillor James Grieve doesn't have to be persuaded about the benefits of a new 'hospital in the home' program the region is seeking to implement on a trial basis.

The Burlington councillor said he recently spent "six weeks in hospital on intravenous — I could have been at home," he said.

He added that he often thought about the costs involved in his lengthy stay and figured out that "it was costing somebody \$18,000."

The Ontario government late last year announced it was setting aside \$10 million to fund at least five 'hospital in the home' trial programs for two years.

Halton Region, last month, gave approval for health department staff to participate with area hospitals in drafting a proposal in hopes of being chosen for the trial program.

Skepticism

That proposal was presented to the region's health and social services committee meeting on Monday, and will likely be rubber stamped at next Wednesday's regional council meeting.

Following criticism of the organizational aspects of the proposal by some councillors, Mr. Grieve, who chairs the committee, said "I don't understand the skepticism — this is the future of health care."

While supporting the program, both Milton Councillor Brad Clements and Oakville Councillor Kevin Flynn had questioned why it couldn't be implemented within the region's existing Home Care Program, rather than setting up an entirely new bureaucracy.

They were told that the medical services the program would provide would have to be governed by the proper medical authorities.

The province is expected to select the five trial programs by April.

Two factors

At the committee meeting, councillors figured there are two factors that give Halton a good chance of being selected.

The first is that the proposal encompasses the entire region, and is "a collaborative effort" between the four area hospitals, including Milton District Hospital and hospitals in Burlington, Oakville and Georgetown.

The second reason, suggested by Oakville councillor Peter Arch, is the recent provincial announcement of capital funding cuts to both Oakville-Trafalger Hospital and Joseph Brant Memorial Hospital in Burlington.

The 'hospital in the home' service, he noted, is one alternative designed to ease the need for additional space in the province's hospitals.

With an expected funding by the province of \$2 million over two years, the report says the Halton program could fund between 10 to 12 beds.

Admitting privileges

It also stated that, ideally, the actual need would be for 48 beds at a cost of about \$3.1 million per year.

Dr. Pollett explained that a family physician would have admitting privileges into the program in the

same fashion as at hospitals.

The program, he said, would be suitable for a number of different medical situations.

Those situations include patients with ulcers or burns, in traction, undergoing chemotherapy, palliative care (morphine pump at home), high risk pregnancy (requiring bed rest and supervision), and cardiovascular problems.

Among the services provided would be visits by nurses and

physicians, chemotherapy in the home, intravenous therapy, expanded homemaking services and provision of special diets.

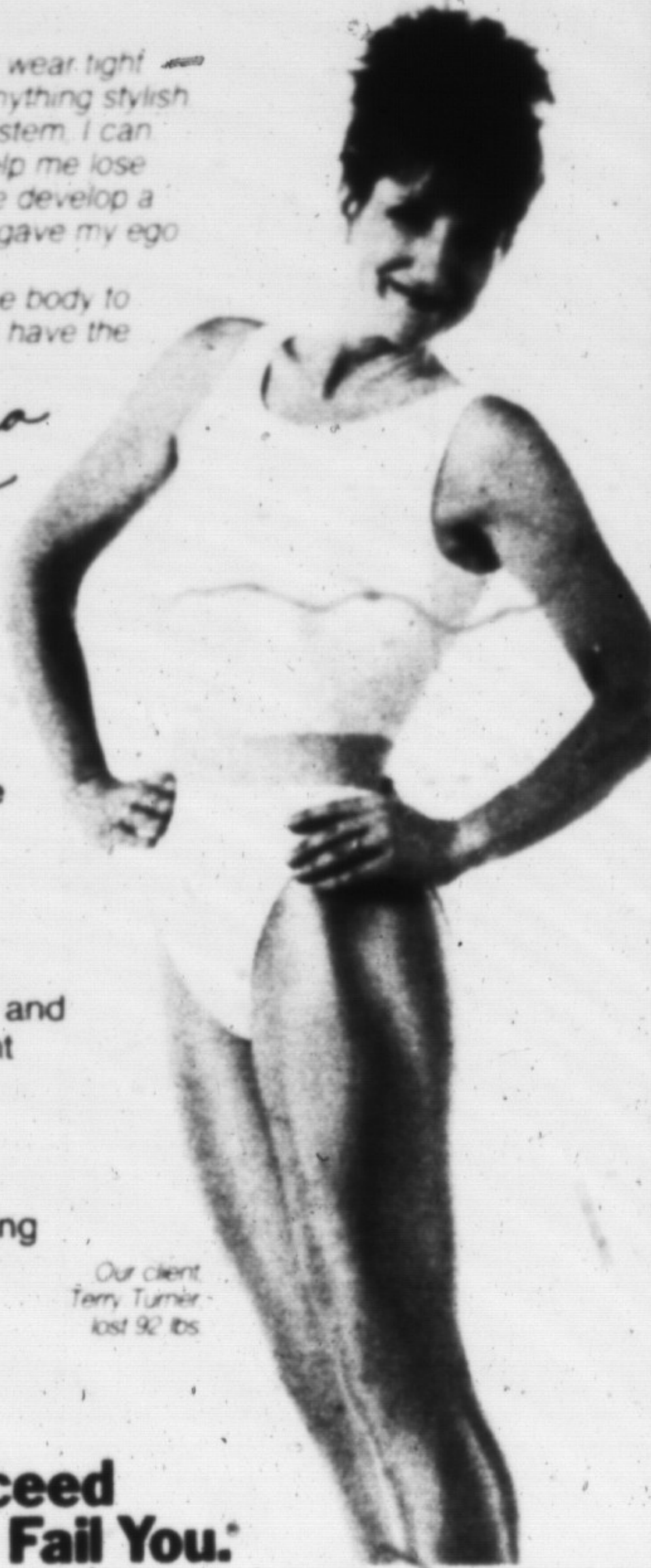
In addition to being more convenient to the patient, the committee was told that a 'hospital in the home' program, at a cost of about \$176 a day per patient, would be less than half the burden on the health care system as a comparable stay in a hospital, which costs about \$400 a day.

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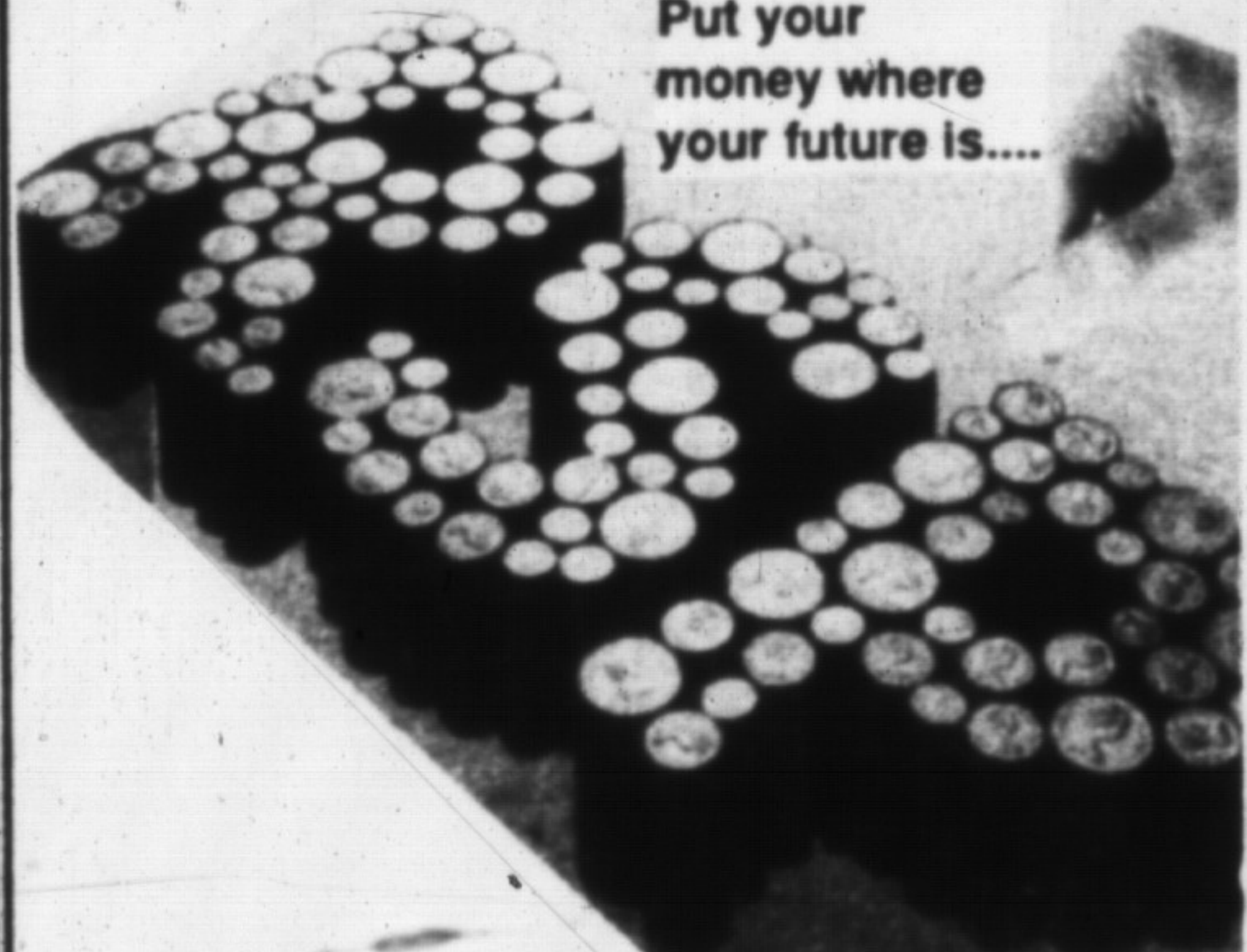
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