

CAPITAL REGIONAL DISTRICT

STAFF REPORT TO THE HEALTH FACILITIES PLANNING COMMITTEE MEETING OF WEDNESDAY, MARCH 17, 2004

SUBJECT:

A report on the lack of a replacement for the Gorge Road Rehabilitation Hospital pool was requested at the January Health Facilities Planning Committee meeting.

BACKGROUND:

At the end of 2003 VIHA closed the pool at the Gorge Road Hospital as part of its relocation of in-patient and out-patient rehabilitation programs.

The former Gorge Road in-patient rehabilitation program ran at 30 beds. It was downsized to 25 with 5 beds for musculoskeletal (amputation) going to the Jubilee Hospital. The remaining 20 beds are being relocated to Victoria General with 10 for neurological patients and 10 for recovering stroke patients.

In December 2003 VIHA also decided to relocate the out-patient rehabilitation program to VGH. A preliminary \$1.3 M funding request has been made but we have no details.

For a variety of reasons a pool was not part of the relocation of in-patient and out-patient services.

Firstly, there was no suitable space to incorporate a therapy pool at VGH.

Secondly, VIHA lacks both the capital (\$3M to \$5M) and operating funding (minimum 3 FTE's to cover a maximum 14 patient pool session) to provide the program.

In discussions with senior VIHA staff they recognize the therapeutic benefits of a pool to a relatively constant, small number of approximately 30 patients. These are people who are unable to bear weight for an extended period of time and unable to mobilize out of water due to multiple fractures or severe pain. In addition, there are approximately 100 patients who experience moderate-to-severe pain restrictions to mobilization who would receive pool therapy as a part of a wider treatment package.

Anecdotal evidence suggests that pool therapy for the above referenced small population accelerates recovery with shorter in-patient stays, improves the patient morale, and reduces depression, pharmaceutical use and other complications. There is no analysis to show the costs and benefits for the pool against its absence.

There are few available alternatives in the South Island (Capital Region). Regular swimming pools do not work. Rehabilitation pools need to be specifically designed, require higher water temperatures and are subject to poor water quality caused by patients without full control of their bodily functions. VIHA is currently preparing to use the existing pool at the Queen Alexandra Hospital when renovations to the children's pool are completed. It will have the necessary features for adult rehabilitation patients but transport to and from VGH and RJH will be staff intensive and not particularly convenient for patients.

The pool at the Nanaimo Regional Hospital is able to accept Victoria patients but again, this is inconvenient for Victoria patients (and their families) who could expect to stay in Nanaimo at their own expense for up to a month (as would residents of Central and North Island if they need treatment in Victoria).

So far no patients have been referred to Nanaimo. Other options are being explored. The new VGH in-patient unit has an ARJO tub and weightless rehabilitation equipment which will help but not to the same extent as a pool.

VIHA are still exploring a therapy pool. They are only the second major tertiary/rehabilitation hospital in the country without a pool. Redevelopment plans for both VGH and Jubilee could include provision for a rehabilitation pool.

CONCLUSION:

A therapy pool is a good idea. Nothing has changed insofar as the small number of people who require this as primary (essential) or secondary treatment. The only change is VIHA does not have sufficient funding to replace the Gorge Road Hospital pool and has other wider-use programs with potentially greater benefits for the population in its priorities. VIHA is pursuing other options (Queen Alexandra and Nanaimo Regional General Hospitals' pools). These offer some compensating benefits but obviously not to the extent as the original pool or a replacement at either Victoria General or Royal Jubilee hospitals.

The absence of a pool at a rehabilitation hospital site also possibly speaks to the larger issue of a "sustainable health system". If the current limits of health funding are an indication of a sustainable system then such a system excludes a therapy pool located on the site of the adult in-patient and out-patient rehabilitation programs.

This may happen in the future in conjunction with redevelopments which will ultimately occur at both Victoria General and Royal Jubilee. Other less convenient (effective) options are being established up at the Queen Alexandra Hospital. VIHA may continue to explore other options including donor capital funding. The District could also cost share in the capital for a pool at either the Victoria General or the Royal Jubilee Hospital sites.

RECOMMENDATIONS:

1. That the Committee accepts the report as information.
2. That the Committee receives a follow-up report in six months (September 2004).

Jeremy Tate, Director
Health Facilities Planning

Comments of the Director of Finance:

Comments of the Executive Director: