



Urgent Priority Fund Allocations – 2009/10

December 2009

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2009-10 UPF Summary

Allocation	09/10 Total	09/10 ALC	09/10 Core
Total Allocation	\$ 3,837,898	\$ 1,688,675	\$ 2,149,223
Previously Allocated	\$ 2,399,100	\$ 574,600	\$ 1,824,500
Unallocated	\$ 1,438,798	\$ 1,114,075	\$ 324,723

2009-10 Investments to date

Initiative	Strategic Aim	Funding
Unattached Patient Assessment	ED	\$ 574,600
Wellness Recovery Plan (Mental Health)	ED	\$ 15,000
Comprehensive Vascular	Vascular	\$ 443,650
Diabetes Guide (Second Print)	Vascular	\$ 15,000

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2009-10 Funding Available

Component	Strategic Aim	Funding
ED/ALC	ED	\$ 1,114,075
LHIN Core	Vascular	\$ 324,723
Total		\$ 1, 438,798

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2009-10 Requests to the Board

Initiative	ED AIM	Vascular AIM
DART Implementation (5 non P4R sites)	\$ 100,000	
NHH WRAP	\$ 100,000	
RVHS Regional Cardiac Program / STEMI		\$ 239,000
CCAC Wound Management	\$ 700,000	
Total Requests	\$ 900,000	\$ 239,000
Funding Available	\$ 1,114,075	\$ 324,723
Funding Remaining	\$ 214,075	\$ 85,723

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2009-10 Opportunities we are working on...

Management will be bringing to the Board additional opportunities in January 2010. Currently exploring:

- PRHC ALC Report follow-up
- Home First (North East Cluster)
- Metabolic Weight Management

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Daily Access Reporting Tool (DART)

What is DART?

- Real time performance management tool to improve patient access and flow throughout a hospital
 - Collects data from existing sources within the hospital and pulls into a daily report.
 - Uses traffic-light colour coding to indicate which metrics are meeting established targets.
 - Uses graphs to show short-term patterns and trends.

Benefits

- Instant access to data to help manage issues/concerns (e.g., instant data to support surge planning during H1N1 outbreak)
- Improved ED length of stay
- No additional time/labour from hospital staff for data input is required
- Testimonial: St. Mary's hospital in Waterloo Wellington has achieved substantial improvement in ED length of stay, and their senior management credits their success to DART

Click to Choose Reference Date =>

2-Dec-09

Click to Update

Baseline v. calculated hospital's performance

#	Metric (units) (definitions)	Reference Date	Previous 7 Days	Previous 30 Days	Year to Date	Baseline	Baseline v. calculated hospital's performance
1	Total ED visits (#)	146	146.7	163.7	157.1	149	149
2	ED visits CTAS I (%)	1.4%	1.9%	1.2%	1.0%	1.2%	1.2%
3	ED visits CTAS II (%)	19.9%	20.0%	17.3%	18.6%	20.8%	20.8%
4	ED visits CTAS III (%)	38.4%	42.3%	41.9%	39.3%	37.9%	37.9%
5	ED visits CTAS IV (%)	32.9%	27.9%	31.9%	32.2%	30.6%	30.6%
6	ED visits CTAS V (%)	6.8%	7.6%	7.5%	8.5%	8.9%	8.9%
7	Left Without Being Seen (%)	4.8%	5.1%	5.8%	6.1%	6.4%	6.4%
8	ED visits admitted (%)	18.5%	14.2%	11.9%	11.7%	13.7%	13.7%
9	ED ALOS – all dispositions (hrs)	7.5	6.7	6.1	5.8	6.1	6.1
10	ED ALOS for non-admitted patients (hrs)	5.1	4.4	4.4	4.4	4.5	4.5
11	CTAS I-II non-admitted patients with LOS <= 8 hrs (%)	55.6%	81.5%	81.3%	82.4%	83.1%	83.1%
12	CTAS III non-admitted patients with LOS <= 6 hrs (%)	66.7%	68.5%	68.0%	66.1%	61.5%	61.5%
13	CTAS IV-V non-admitted patients with LOS <= 4 hrs (%)	76.8%	78.2%	73.0%	74.1%	73.6%	73.6%
14	ED ALOS for admitted patients (hrs)	18.4	21.1	18.2	16.2	15.8	15.8
15	CTAS I-II admitted patients with LOS <= 8 hrs (%)	23.1%	19.1%	24.5%	33.0%	36.0%	36.0%
16	CTAS III admitted patients with LOS <= 6 hrs (%)	9.1%	7.5%	8.7%	11.6%	12.7%	12.7%
17	CTAS IV-V admitted patients with LOS <= 4 hrs (%)	50.0%	33.3%	10.0%	11.2%	15.2%	15.2%
18	Admitted patients in ED - no IP bed at 00:00 (#)	7.0	11.3	8.7	6.8	6.9	6.9
19	IP ALOS (excl. ALC) of discharged patients (days) - excluding deaths	5.3	6.5	6.2	6.1	5.9	5.9
20	IP Discharges by 11:00 (%) - excluding deaths	23.7%	14.6%	14.3%	14.9%	14.6%	14.6%
21	IP Discharges by 14:00 (%) - excluding deaths	62.7%	50.8%	47.8%	45.8%	46.3%	46.3%
22	IP Discharges (#) - excluding deaths	59.0	53.7	52.1	51.1	52.9	52.9
23	ALC patients (#)	N/A	N/A	N/A	N/A	N/A	N/A

Proposed Implementation

- Standard and concurrent implementation across the LHIN
- Meeting with CIO group in January to discuss creation of an implementation team
- MOHLTC will provide IT lead human resources

Proposed Central East LHIN Direction

- Financial incentive (\$20,000 per site) for implementation of DART for all non-Pay-for-Results hospitals reported in Emergency Department Reporting System (EDRS).
 - Campbellford Memorial Hospital
 - Lakeridge Health Port Perry
 - Northumberland Hills Hospital
 - Peterborough Regional Health Centre
 - The Scarborough Hospital, Birchmount campus
- MOHLTC will provide all CE LHIN hospitals with DART at no cost
- Total Funding Request = \$100,000
- Note: Pay-for-Results sites are being funded to implement DART through Pay-for-Results funding.

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NHH Wrap Around

What is Wrap Around?

- A collaborative community/hospital service designed to assist clients who are aging, frail or have special needs in overcoming obstacles that prevent them from being discharged in a safe and timely manner from hospital to home
- Addresses the question “what will it take for the patient to be able to safely return to their community?”
- Services and supports include any service, support, equipment or retrofit required by an individual or their caregiver that cannot be accessed in a timely manner through an existing service provider

Results from Ross Memorial Hospital Wrap Around Service

Of 36 referrals:

- 16 patients were directly diverted from admission as a result of the Wrap Around intervention resulting in an estimated 155 patient days saved
- 11 patients were referred to Wrap Around following the completion of their acute care saving an estimated 241 ALC days or an average of 22 days per patient
- 9 patients were referred from Rehabilitation/Continuing Care resulting in an estimated 147 days saved or an average of 29 days per patient
- Overall, Wrap Around Interventions are estimated to have saved 543 ALC days

Proposed Benefits at Northumberland Hills Hospital

- Aligned with the Central East LHIN Strategic Aims, the proposed Wrap Around service will result in:
 - Reduction in Hospital ALC patients;
 - Reduction in the number of acute care patients who become ALC;
 - Reduction in ALC days for patients who are 65 year+;
 - Reduction in the length of stay for patients who are 65 years+;
 - Reduction in Emergency Department visits for the 65 years+ population; and,
 - Bed days saved.

Why Northumberland Hills Hospital

- Northumberland Hills Hospital's catchment area has an older population than both the Central East LHIN and Ontario, with a considerably higher percentage of 65+ residents in Cobourg.
- High ALC rate
 - 25% Q1 09/10 (2nd highest in CE LHIN)
 - 31% Q2 09/10 (3rd highest in CE LHIN)
 - 34% Q3 09/10 (3rd highest in CE LHIN)
- Initiatives and strategies currently in place to complement and enable the successful implementation of Wrap Around:
 - Geriatric Emergency Management (GEM) Nurse
 - FLO Spread
 - Critical Care Surge Capacity Initiative
 - CCAC Case Coordinator in ED
 - Home at Last (experience shown to complement Wrap Around)

Proposed Implementation

- Upon confirmation of funding, NHH will develop a formal partnership with:
 - Northumberland Community Access (NCA);
 - Central East CCAC
 - Geriatricians/health care professionals specializing in patient reactivation programs.
- The Program will be overseen by an advisory committee comprised of community partners from organizations who provide ongoing services and supports.
- The committee will develop policies and procedures, manage the overall budget, establish program priorities, and evaluate the program's performance as it relates to the CE LHIN Strategic Aims.

Proposed Central East LHIN Direction

- Support the implementation of a Wrap Around Program at Northumberland Hills Hospital to complement the ALC strategies already underway, and in an ongoing effort to reduce the ALC rate, the CE LHIN is proposing:
 - \$100,000 in 2009/10 and
 - \$200,000 in 2010/11

CCAC Advanced Wound Management

- In 08/09, the CECCAC provided care to over 5,000 wound care clients accounting for 35-40% of all home care nursing visits and over 50% of in-home nursing and medical supply costs
- Wound care can cost up to \$16,000 per client
- Advanced Wound Care Therapy (advanced technology and wound supplies) has been implemented in several locations across the LHIN with results demonstrating both improved client outcomes and reduced cost for service
- Implementation of Advanced wound care therapy has demonstrated a savings of about \$2 million in the past three months in other CCACs.

Benefits of Advanced Wound Management

- A wound reduces a person's mobility, increases chronic pain and contributes to social isolation and patient deterioration.
- Deterioration of clients may result in:
 - An Emergency Department visit
 - Hospital admission and eventual ALC classification
 - A requirement for more services and care for restoration in the community
 - Decreased quality of life
- Implementation of an Advanced wound care therapy program contributes to more rapid healing reducing the possibility of overall patient deterioration and need for acute services.

Objectives of Advanced Wound Management

Goal 1: Improved client outcomes

- Objectives:
 - Improved quality of life and reduced pain and suffering for individuals with chronic wounds
 - Reduced number of clients requiring surgical interventions to achieve wound healing

Goal 2: Improved efficiency of CECCAC

- Objectives:
 - Reduced cost per client for wound care therapy by reducing the number of nursing visits required for successful wound healing
 - Consistent and appropriate usage of advanced wound care products and supplies

ED/ALC Related Outcomes of Wound Management

- Hospital Bed Utilization: Improve bed utilization by reducing Length of Stay (LOS) for surgical patients who can received wound care at home rather than hospital. Will reduce ED LOS for admitted ED patients.
- Reduction of ED Visits and hospitalization resulting from enhance home-based wound management
- Financially supports CCAC in one service line (wound management), so it can redirect much-needed resources to clients admitted from ED / ALC and community.

Proposed Implementation

- Upon confirmation of funding, the CECCAC will develop a plan and provide training to implement the Program across entire CECCAC
- Advanced wound management will be in implementation phase by fiscal year end with a target of 130 clients enrolled in the program
- Evaluation will align with the CE LHIN Strategic Aims and will also track client satisfaction and CECCAC efficiency
- Total funding request = \$700,000

2009-10 Requests to the Board

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