

**MOHLTC - HSAPD
ER/ALC Quarterly Stocktake Report**

LHIN: Central East LHIN
Report Date: October, 2009



What is the problem?

Almost 50% of ER visits are made by patients with non-urgent or less urgent needs

Time spent in the ER is too long: 90% of patients are treated within 9.4 hours from triage to discharge

Time in the ER is five times longer for ER patients admitted to hospital (35 hrs); 75% of their total ER time (26 hrs) is spent waiting for an inpatient bed

GOALS

What are we striving to achieve?

1 Reduce ER demand
 Reducing the number of non-urgent cases that present at the ER will enable emergency clinicians to focus on patients with critical needs

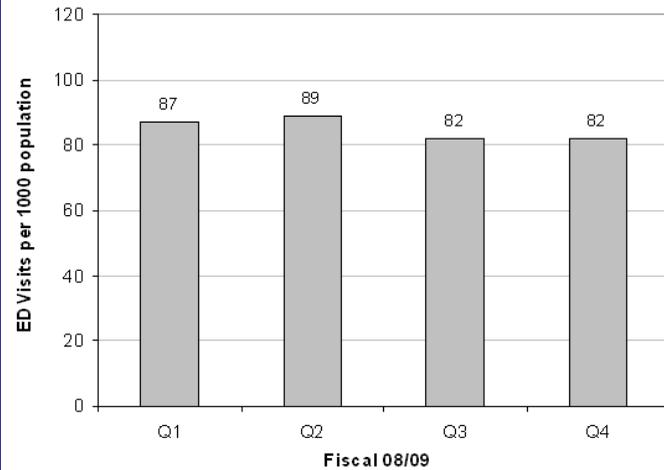
2 Increase ER capacity/performance
 Improving triage and admission processes and reducing ambulance offload times will enable emergency clinicians to provide more efficient care

3 Improve Bed Utilization
 Improving bed utilization expedites patient throughput and maximizes hospital capacity

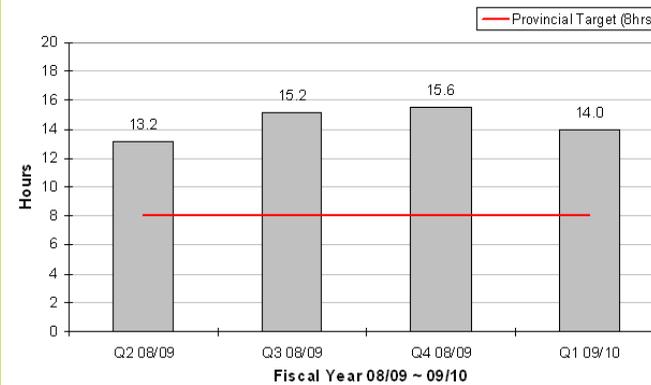
PROGRESS

Have we achieved our goals?

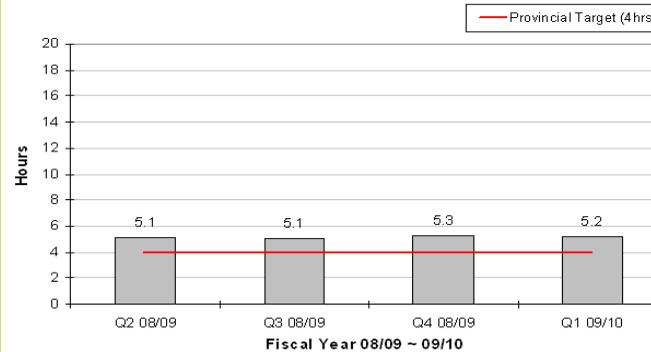
Number of ER Unscheduled Visits by quarter per 1000 population (Data Source: MoHLTC Provincial Health Planning Database & CIHI-NACRS)



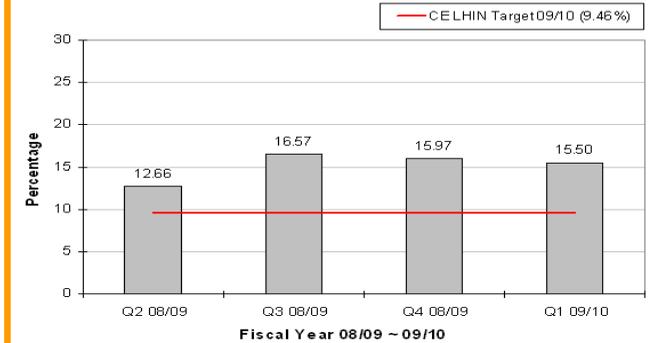
Time spent in the ER for high acuity patients (all admitted + non-admitted CTAS I, II, III patients). (Data Source: EDRS)



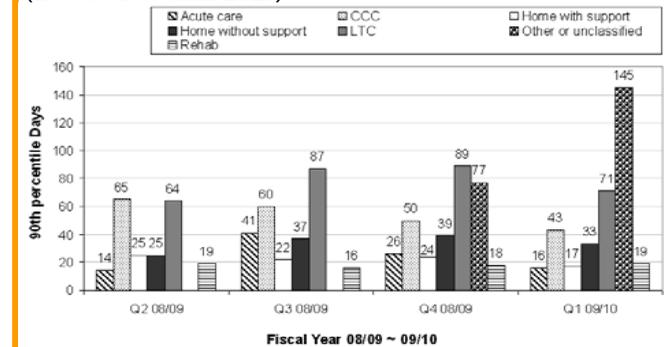
Time spent in the ER for low acuity patients (non-admitted CTAS IV & V patients). (Data Source: EDRS)



Percentage ALC Days (Data Source: CIHI-DAD)



Proposed Measure: Number of days from ALC designation to discharge by discharge destination (90th percentile Days) (Data Source: CIHI-DAD)



Note: Patients discharged against medical advice and those who died are excluded from analysis. Q2, Q3, Q4 from 08/09 and Q1 from 09/10 have not been finalized by CIHI. Target TBD.

HIGHLIGHTS

Evidence of achievements and/or obstacles to progress

➤ The number of ER unscheduled visits per 1000 population for CE LHIN has remained the same from Q3 to Q4 08/09, lower than the province, but following the same trend. The total number of ER visits for the CE LHIN in FY 08/09 was 460,083

➤ In 09/10, the Pay For Results program was expanded from 2 to 6 sites. Pay for Results sites have seen more improvement than non Pay for Results sites.
 ➤ Time spent in the ER for high acuity patients in Q1 09/10 was substantially lower than Q4 08/09, but not very different compared to previous quarters.
 ➤ Time spent in the ER for low acuity patients has not changed substantially in Q1 09/10 compared to previous quarters.

➤ Percent ALC days has decreased slightly since Q4 08/09, but remains above the provincial target of 9.46%.
 ➤ Number of days from designation to discharge has decreased for all destinations except "Rehab," which increased slightly, and "Other or unclassified," which increased dramatically (possibly a data quality issue).

	Interventions	Page
Reduce ER demand	➤ Aging at Home (AAH) and Urgent Priorities Fund (UPF)	Page 7
Increase ER capacity/performance	➤ Pay-for-Results (P4R) Y2	Page 8
Improve Bed Utilization	➤ Aging at Home (AAH) and Urgent Priorities Fund (UPF)	Page 9

LEGEND: Interpreting intervention performance

Supplementary Measures	Baseline	Target	Quarterly Performance	Key Considerations
<ul style="list-style-type: none"> A set of measures associated with a specific intervention/strategy that are indirectly linked to one or more overarching goals of the strategy 	The determined baseline will be inserted here and will remain the same each quarter	The determined target will be inserted here and will remain the same each quarter	<p>Illustrates current performance with respect to the supplementary measure against defined targets. Graphs/charts are inserted by Access to Care.</p> <p>The red, amber and green color coding of performance results is a visual guide that allows users to easily identify their performance relative to the specified target for a particular indicator; there will be a selected target for each supplementary measure associated with an intervention. Indicators included in the MLAA will be coloured accordingly to the LHIN corridors.</p> <p style="background-color: #006400; color: white; padding: 2px;">Doing Well – In or below Corridor & below LHIN Starting Point</p> <p style="background-color: #ffff00; color: black; padding: 2px;">Monitor – In Corridor & above LHIN Starting Point</p> <p style="background-color: #ff0000; color: white; padding: 2px;">Attention – Above Corridors, MLAA Performance Variance Report Required</p> <p>Additional indicators will be coloured according to the following corridors.</p> <p>Green: performance result meets or exceeds the specified target</p> <p>Amber: performance result is less than or equal to 10% from the specified target</p> <p>Red: performance result is more than 10% from the specified target</p>	Explains current performance and what proposed changes could be put in place to improve performance. Information is inserted by LHIN. (These are guiding questions only)

CENTRAL EAST LHIN

Goal: Reduce ER Demand

Intervention: Aging at Home (AAH) and Urgent Priorities Fund (UPF) – AAH funding

- ◆ Caregiver supports – Respite program expansion; 2 Caregiver Support Centres
- ◆ Community support services – multiple program expansions
- ◆ Supportive Housing – 150 new units
- ◆ First Link program re: Alzheimer Disease
- ◆ Community Based Multi-Disciplinary Palliative Care Team in Scarborough

UPF

- ◆ Chronic Kidney Disease (CKD) Early Intervention and Outreach
- ◆ Self-Management Training for Consumers and Caregivers
- ◆ Comprehensive Vascular Disease Prevention and Management Initiative
- ◆ Unattached Patient Initiative
- ◆ Timely Discharge Information System

- ◆ Nurse Practitioner Outreach to Long-Term Care Homes
- ◆ WRAP (Wellness Recovery Action Plan) for patients with Mental Health conditions



Supplementary Measures	Quarterly Performance	Key Considerations										
<p>Number of ER Unscheduled Visits by quarter per 1000 population</p>	<table border="1" style="margin: 10px auto; border-collapse: collapse;"> <caption>ED Visits per 1000 population - Fiscal 08/09</caption> <thead> <tr> <th>Quarter</th> <th>ED Visits per 1000 population</th> </tr> </thead> <tbody> <tr> <td>Q1</td> <td>87</td> </tr> <tr> <td>Q2</td> <td>89</td> </tr> <tr> <td>Q3</td> <td>82</td> </tr> <tr> <td>Q4</td> <td>82</td> </tr> </tbody> </table> <p>(Data Source: MoHLTC Provincial Health Planning Database & CIHI-NACRS)</p>	Quarter	ED Visits per 1000 population	Q1	87	Q2	89	Q3	82	Q4	82	<p>Past (Q3 2008):</p> <ul style="list-style-type: none"> • CE LHIN worked with CCAC, the CE LHIN ED Task Group, and the ED Avoidance Coalition to implement initiatives to address ED demand. • ED Avoidance Coalition focused on Mental Health patients in Durham, the area with the highest frequency of visits from these patients. • Decrease in ER demand in Q3 2008 did not correspond to a decrease in ED LOS. <hr/> <p>Current (Q4 2008):</p> <ul style="list-style-type: none"> • The number of ER unscheduled visits per 1000 population for CE LHIN has remained the same from Q3 to Q4 08/09, lower than the province, but following the same trend. The total number of unscheduled ER visits for the CE LHIN in FY 08/09 was 460,083. • CE LHIN has continued to work with the ED Avoidance Coalition to address ED demand and LOS in Durham hospitals. • CCAC Deficit – fiscal pressure impacts staffing levels, creates wait lists, reduces ability of CCAC to provide timely support and creates accompanying ALC days for hospital based patients. • In Q4 2008, Dedicated CCAC Case Manager in the ED supported 257 additional clients at RVC facilitating services and avoiding repeat ED visits and admissions. <hr/> <p>Future: (Q1/Q2 2009)</p> <ul style="list-style-type: none"> • Many ED Avoidance Coalition enhancements targeting repeat ED users began in late Q2 to early Q3 2009—impact of most of these initiatives is unlikely to be seen before Q3; this partnership with IHI is scheduled to conclude in January of 2010—the last in-person coalition training meeting occurred in Chicago October 27th and 28th of 2009 • Dedicated CCAC Case Manager in the ED—has supported 254 additional clients in Q1 facilitating services and avoiding repeat ED visits and admissions at RVC. Has been expanded to LHB and LHO in Q2 FY2009. It is anticipated that each patient sent home on CCAC services avoids at least one CTAS IV/V visit of 4 hours. • NP Outreach Team – expected to divert up to 2000 clients on an annualized basis but long implementation process across 3 sub-LHIN planning areas. Expected impact in Q3 and Q4 of FY2009, but staffing remains challenging. • CE LHIN is working with the CE CCAC to select a NP Clinical Director who will perform clinical services 50% of the time, and spend the other 50% managing the NP Outreach Team. • CE LHIN is monitoring the impact of H1N1 and other surges in late Q2 and Q3 of 2009 on ED demand.
Quarter	ED Visits per 1000 population											
Q1	87											
Q2	89											
Q3	82											
Q4	82											

CENTRAL EAST LHIN

Goal: Increase ER Capacity/Performance

Intervention: ER Pay for Results Year 2 –

Initiatives in place Q1 of 2009:

- CCAC Case Manager at RVC
- Quality Improvement Clinical Practice Leader RVAP/RVC
- Ambulatory Care Area RVC
- Corporate Patient Flow Improvement Team LHB/LHO
- LEAN TSG

- Inpatient Admission Unit RMH
- LEAN Process in the ED RMH
- LEAN Focus on Hospital-wide Inpatient Flow RMH
- Taunton Mills Transitional Care Unit VTM

Initiatives in place Q2 of 2009:

- LHO Bed Turn Around Time Team
- TSG Vocera Communications System
- LHO/CMHA Community Treatment Orders
- RMH/CCCKL Wrap Around
- DMHS Mental Health Community Beds

- LHB Porter for ED
- TSG Laboratory Technologist Support in ED
- RMH Nurse Practitioner
- CCAC Case Manager at LHB
- CCAC Case Manager at LHO

General Notes:

-It is difficult to compare these measures to the province and to other LHIN's, because the province view information does not distinguish between admitted and non-admitted patients



Supplementary Measures	Baseline Fiscal 08/09	Target	Current Performance	Quarterly Performance (Data Source: EDRS)	Key Considerations
Proportion of admitted patients treated within the LOS target of ≤ 8 hours	30%	10 point improvement in percentage	30%		<p>Past: (FY2008 baseline)</p> <ul style="list-style-type: none"> • Baseline trends for all hospitals except Ross Memorial were negative, leading to a lower starting point than the FY2008 average baseline. • Q4 measures were below established baseline for LHO, LHB, RVC, and RVAP, requiring more than 10% improvement from actual to hit targets. <p>Current: (Q1 2009)</p> <ul style="list-style-type: none"> • No hospital had attained its FY2009 P4R goal by Q1. • LHO and RMH have improved from FY2008 baseline, but have not achieved FY2009 target. LHO has improved 4 points from Q4 actual • LHB, RVAP, and RVC have worsened from FY2008 baseline, but have improved since Q4 actual • TSH has had no change from FY2008 baseline, but has lost some small gains since Q4 actual • Most Q1 P4R initiatives, although implemented, had not fully ramped up by the end of June • No funding had flowed by the end of Q1, influencing implementation dates and speed of some initiatives <p>Future: (Q2/Q3 2009)</p> <ul style="list-style-type: none"> • TSH and RMH sign-back on funding letters occurred in September • LHC and RVHS sign-back on funding letters occurred in October • Focus on IHI "Reducing Readmissions by Improving Transitions in Care" Coalition (CE LHIN, CE CCAC, RMH, PRHC)
Proportion of non-admitted high acuity patients treated within their respective targets of ≤ 8 hours for CTAS I-II and ≤ 6 hours for CTAS III	83%	10 point improvement in percentage	84%		<p>Past: (FY2008 baseline)</p> <ul style="list-style-type: none"> • Baseline trends for all hospitals were essentially flat except RVC, which showed relatively consistent marginal improvement. • High baseline performance at some designated hospitals in both non-admitted categories led to initial wariness about committing to initiatives given the likelihood of recovery of funds. <p>Current: (Q1 2009)</p> <ul style="list-style-type: none"> • No hospital had attained its FY2009 P4R goal by Q1. • TSG has remained steady, neither worsening nor improving • LHB has worsened from both baseline and Q4, but remains above the provincial target of 90%. • LHO and RVC have improved from FY2008 baseline and from Q4, but have not achieved individual FY2009 targets. LHO remains above the provincial target of 90%. • RMH has had no change from FY2008 baseline, but has lost some small gains since Q4 actual • RVAP has had no change from FY2008 baseline, but has made some small gains since Q4 actual <p>Future: (Q2/Q3 2009)</p> <ul style="list-style-type: none"> • CE LHIN may participate in the mid-year inter-site reallocation of P4R funds, but will certainly reallocate funds between initiatives within sites, based on dates of implementation and known impact. We are particularly considering reallocation away from initiatives that have not yet been implemented. Initiatives being considered as recipients of reallocation funds include: DART implementation at all designated hospitals, spread of Wrap-Around, LEAN, CDU's, and expansion of CCAC services.
Proportion of non-admitted low acuity patients treated within the LOS target of ≤ 4 hours	81%	10 point improvement in percentage	80%		<p>Past: (FY2008 baseline)</p> <ul style="list-style-type: none"> • Baseline trends for all hospitals were essentially flat except RVC, which showed relatively consistent marginal improvement. <p>Current: (Q1 2009)</p> <ul style="list-style-type: none"> • No hospital had attained its FY2009 P4R goal by Q1. • RVC improved from FY2008 baseline, and has remained steady from Q4 • LHB has worsened from FY2008 baseline, but remains steady from Q4 actual, and above the provincial target of 90%. • LHO has improved from FY2008 and has improved 3 points from Q4 actual, but has not achieved FY2009 target. • RMH has had no change from FY2008 baseline, but has lost some small gains since Q4 actual • RVAP and TSG have worsened slightly since both FY2008 baseline and Q4 actual <p>Future: (Q2/Q3 2009)</p> <ul style="list-style-type: none"> • Starting with August, CE LHIN hospitals have begun submitting a monthly report on all initiatives indicating implementation status, costs to date, and impact (ED visits avoided, ED hours saved, ALC days saved). Preliminary reports from August and September 2009 indicate a total of 1583 hours of total ED time saved, mostly in CTAS IV and V patients. Stakeholders are still becoming familiar with the form and how to calculate time saved—actual time saved will be higher than currently reported. • CE LHIN will be holding a knowledge transfer event on November 26th ("Pay for Results in the CE LHIN: Sharing Experience, Achieving Results") to facilitate communication of key learnings about implementation of initiatives among all CE hospitals (designated and undesignated) • CE LHIN will also be forming an Emergency System Response Committee whose recommendations and work are expected to affect all ED patient categories. • TSG has been designated as a PIP Wave II site—we will be monitoring the progress and results of this program.

Goal: Improved Bed Utilization

AAH Funding:

- LHIN-wide Home at Last program
- Supportive Housing
- Community Palliative Care Services
- 9 GEM Nurses
- Comprehensive Geriatric Assessment in the Community program

UPF:

- NP Outreach to Long-Term Care Homes
- Transitional Beds



Supplementary Measures	Baseline	Target	Current Performance	Quarterly Performance	Key Considerations
Percentage ALC Days	14.10% Q4 FY06/07, Q1-Q3 FY07/08	9.46%	15.50%	<p style="text-align: center;">Fiscal Year 08/09 ~ 09/10</p> <p>Data Source: CIHI-DAD</p>	<p>Past (FY 2008):</p> <ul style="list-style-type: none"> • No new bed capacity had become available as of Q4 of FY2008. • Concurrent priorities of surgical volumes and wait times have made focus on this goal difficult for some hospitals. • Even though the LTC pattern has a correlation to the overall ALC summary, in Q4, LTC went up while ALC went down, potentially reflecting an improved community response. <p>Current (Q1 2009):</p> <ul style="list-style-type: none"> • Percentage ALC days remains above the provincial target of 9.46%, and has moved from being substantially below the provincial value in 2008Q4 to slightly above it in Q1 (provincial value 15.17). • System Capacity: 20 Transitional Care Unit beds opened in Q1 and are in full use. • Wrap Around – project has supported early discharges from inpatient beds, including ALC and ER. In initial lag in impact has been overcome and increasing results have been seen in Q2 and Q3. • Home at Last is now implemented LHIN-wide, and settlements are increasing weekly. Meetings are occurring with partners to further enhance uptake of program • Transitional Care Unit – early success indicates avoidance of 315 inpatient days in June of 2009, primarily ALC days but also ED admitted patients.
Number of days from ALC designation to discharge by discharge destination	41 Days FY 07/08	TBD	42 Days	<p style="text-align: center;">Q1 09/10</p> <p>NA (Not Available) = Measure not reported where volume of discharges in Q1 2009/2010 is less than 80% of discharge volume for Q1 2008/2009</p> <p>Data Source: CIHI-DAD</p>	<p>Future (Q2/Q3 2009):</p> <ul style="list-style-type: none"> • System Capacity: 30 additional supportive housing units became available in Peterborough and 7 of these units were filled by individuals who were designated ALC or inappropriately placed in long term care. • Additional supportive housing units are coming on line as Aging at Home funding Year 2 becomes operational • Some funding may be reallocated in the second half of FY2009 to additional transitional bed days. • Mental Health Community Treatment Orders Program implemented 15 July will improve bed utilization and influence admission length of stay for mental health patients. • Starting with August, CE LHIN hospitals have begun submitting a monthly report on all initiatives indicating implementation status, costs to date, and impact in terms of time. Preliminary reports from August and September 2009 indicate a total of 399 hospital inpatient days saved. Stakeholders are still becoming familiar with the form and how to calculate time saved—actual time saved will be higher than reported to date. • CE LHIN will be working with the CCAC, RMH, and PRHC to form a “Reducing Readmissions by Improving Transitions in Care” Coalition in collaboration with the IHI in the second half of FY2009. • The Flo Spread Strategy group has continued its monthly meetings, and plans a wrap up event in January.