Central East LHIN

Emergency Department Task Group

Presentation of Draft Final Report to CE LHIN Board

June 6, 2008

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Presentation Overview

1. Provide a context for the report and recommendations
2. Describe the Emergency Department Task Group (ED Task Group) process
3. Identify main accomplishments
4. Outline recommendations
5. Introduce the implementation plan/process
6. Identify Next Steps

Context

1. ED and ALC Task Groups – May 2007 – June 2008
   - Environmental Scan
   - Recommendations
   - Action Plan
2. MOHLTC $109M investments in reducing Wait Times in the Emergency Room including:
   - **$39.5 M – Performance Fund**
   - $38.5 M – Home care enhancements
   - $22.0 M – LHIN Priority Funding
   - $4.5 M – ER nurses for EMS offload
   - **$4.5 M – Nursing outreach teams to LTCH**
3. Staff Review and Report Back to the Board with recommendations at a subsequent board meeting

Introduction

Emergency Department Task Group :

- formed in spring 2007 by CE LHIN and Central East Executive Council (CEEC)
- a nominated group of multidisciplinary health care providers and management staff from health care facilities and services across the CE LHIN
- developed into a committed, dedicated, expert team

ED Task Group Membership

Dr. Tom Stavro Sholdoff – RVHS - Chair

Debbie Watson – HHHS – Vice-Chair

Linda Bradshaw

Marion Tink – LHC

Mary Derks – NHH

Arden Eldridge – RVHS

Chris Jones – RVHS

Louise Leblanc – TSH

Dr. Kathy Chapman - RMH

Peter McIntyre – Toronto EMS

Paula Podolski – WMHC

Colleen Howson – PRHC

Dr. Christopher Jyu – TSH, RVHS

Ian Macdonald – Peterborough EMS

Jean Kish – Central East CCAC

Dr. Thomas Chan – TSH

Steve McNenly – Durham Region EMS

Mandate

Emergency Department Task Group :

Mandate:

"… examine internal hospital practices and strategies that will improve Emergency Department efficiency and reduce wait times. This includes patient flow practices, physician resources, team approaches to patient care, access to diagnostic services, ambulance off-load times and on-call coverage."

Emergency Department Utilization and Wait Times

2007/2008

Annual ED visits/yr	**524,201**
	81% CTAS* 3 and 4
Average Total Length of Stay	**222 min / 3.7 hrs**
Average Time to Physician	**60 min**
Average Length of Stay from Triage to Admit	
	455.5 min / 7.6 hrs

CTAS = Canadian E.D. Triage and Acuity Scale

Evidence-based Strategy – Information Sources:

1. Seminal Documents/Reports
2. ED Process Map – identification of patient flow and barriers at each step for each hospital
3. Staff Consultation Survey – ED staff and administrators across the LHIN
4. Survey of CE LHIN Innovative and Best Practices
5. Environmental Scan - Utilization, Staffing and Wait Times
6. Planning Partner Consultations

The Best Emergency Care Everywhere !

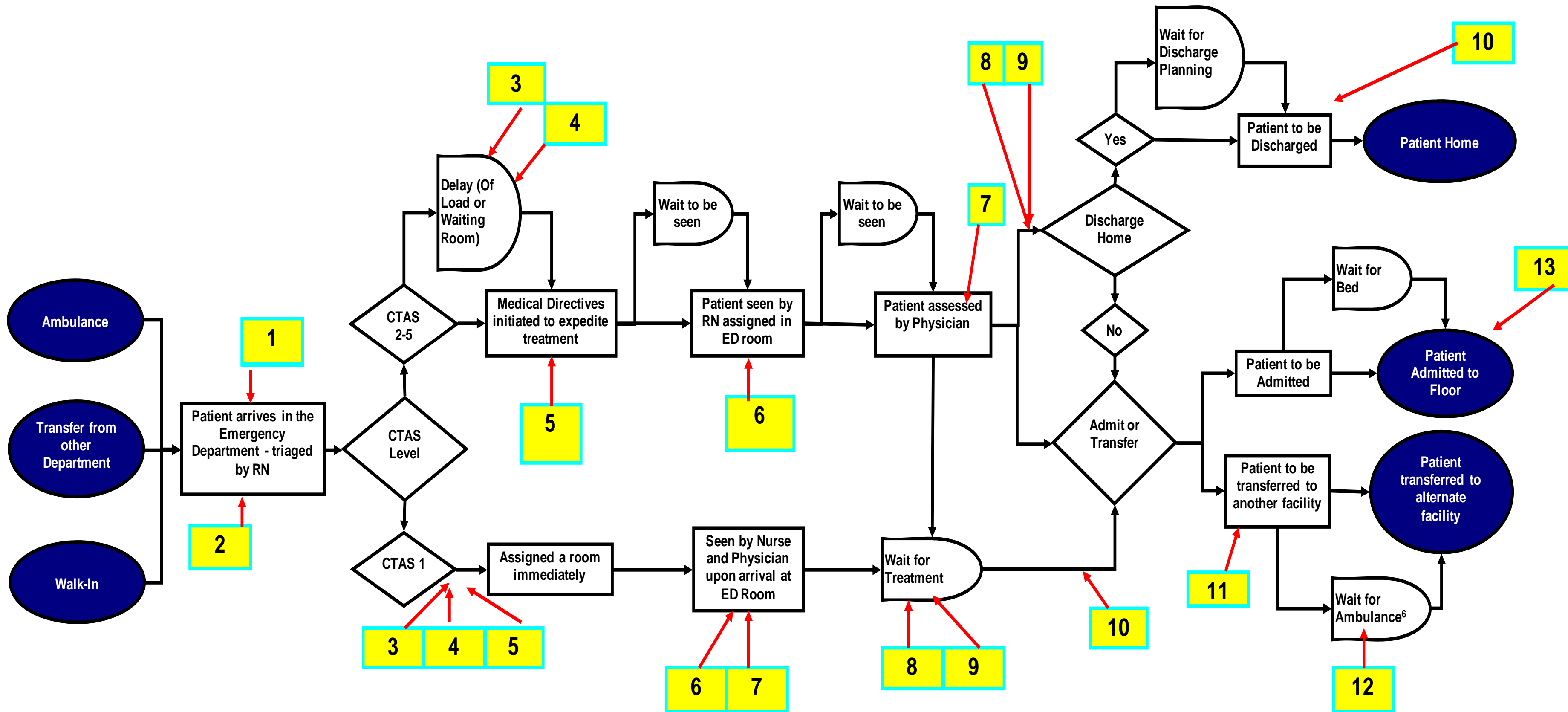
1. Seminal Documents/Reports

- Improving Access to Emergency Services: A System Commitment. By the Hospital Emergency Department and Ambulance Effectiveness Working Group. Schwartz, B. 2005
- Improving Access to Emergency Care: Addressing System Issues, Report of the Physician Hospital Care Committee (PHCC), August 2006
- Core Service Role of Small Hospitals in Ontario Report, the Ontario Joint Policy and Planning Committee (JPPC) Multi-site/Small Hospitals Advisory Group, December 2006
- Emergency Room Wait Times Strategy, draft reports, 2008
- Emergency Department Reporting System (EDRS), October 2007-ongoing

2. ED Process Map

- Created an ED patient flow map to identify key steps in a patient journey “into, through and “out” of the ED for each CTAS level (1, 2-3, 4-5)
- Identified issues/barriers at each step in the process for each hospital
- Summarized similarities for all CE LHIN hospitals
- Identified ‘priority’ issues at each step

Emergency Department Process Map



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3. Staff Consultation Survey

Biweekly meetings were scheduled and hosted at each ED across the CE LHIN

Meetings to include:

1. Tour of each hospital's ED

2. Completion of staff survey – comprised of three questions

   - Host for each meeting approached hospital personnel
     - frontline staff, managers and administrators
   - Respondents provided a diversity of views
   - Staff were assured of the confidentiality of their responses to encourage the free exchange of ideas

3. (cont'd) Staff Consultation Survey

1. What is your most significant challenge/barrier that you face day-to-day?
2. What concerns would you like to see addressed by the ED Task Group on your behalf?
3. What keeps you working here in this ED? (Question for ED nursing and medical personnel)

4. Survey of Innovative and Best Practices

- Review of current practices at each hospital site

- Practices considered as innovative and/or best practices identified

- Identified step(s) of Process Map that would be addressed by the innovative/best practice

5. Utilization, Staffing and Wait Times

Indicators include:

- # of beds by type
- Primary catchment area
- Annual visits by CTAS level
- Existence of fast track, rapid assessment, clinical decision unit, -ve pressure rooms, overflow ED beds, CT, MRI, 24 hr lab and x-ray
- Staffing
  - physicians, nurses, NPs, crisis team, GEM, CCAC case manager
- Wait Times – by CTAS
  - length of stay, triage to admit, decision to admit, off load, time to physician
- Summarized for the CE LHIN

6. Planning Partner Consultations

- Collaboratives
- Steering Committees
  - MHA
  - CDPM
  - SCFS
  - Ehealth
- Task Groups
  - ALC
  - Rehabilitation

Biggest Challenges….

- timely and efficient transfer of patients to an appropriate service/facility
- development of a common referral process
- patient flow blocks (e.g. offload delays)
- need for qualified professional staff
- access to diagnostics
- long wait times to consultative services
- staff safety and security
- ongoing education of staff
- ALC issues
- access to mental health beds/services
- role of/interface with primary care

Recommendations – interface?, cost implications? initiation timeframes, implementation timeframes, link to Enabler, implementation lead(s)

5 Priority Areas

1. Patient Flow in ED (18)
    - Standardization
    - Equipment/Diagnostics
    - Technology/Ehealth
    - Access
    - Bed Utilization

2. Staffing/HR (5)

3. Transportation Service (2)

4. Protected ED Budget (1)

5. Staff safety/security (2)

Implementation

5 Priority Projects

1. LEAN processes
2. Human Resources: Recruitment and Retention
3. Human Resources: Credentialing / Scheduling
4. Patient Transport
5. Safety / Security

Steering Committee

- Continuation of Task Group as a Steering Committee to oversee and drive implementation

Next Steps

- Publication of report
- Distribution at Symposium
- Staff recommendations to CE LHIN Board
- Implementation

Central East LHIN

Alternate Level of Care Task Group

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2. Describe the Alternate Level of Care Task Group (ALC Task Group) process
3. Identify main accomplishments
4. Outline recommendations
5. Introduce the implementation plan/process
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Context

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ALC Background

Definition:

An ALC patient is one that has finished the acute care phase of their treatment but remains in an acute care bed in hospital.

Classification process:

1. patient's physician gives an order to change the level-of-care from acute care
2. requests a transfer for the patient
3. patient then waits placement to an alternate setting

- Sometimes a patient is admitted as an ALC patient because alternate care is not available

Alternate Level of Care

- A high number of ALC patient or patient days of stay may indicate inefficient use of acute care beds or placement processes, lack of access to long-term or rehab care, and/or lack of community support services

- High rates of ALC increase emergency and surgical wait times

- ALC is a broad and complex issue which represents regional and system-level problems related to **integration**, **capacity** and **patient flow efficiencies**

ALC Task Group

- formed in May 2007 via expression of interest by Central East LHIN and Central East Executive Council
- Broad and inclusive membership representing hospitals, CCAC, long term care homes and community services as well as across LHIN geographic representation
- Committed, dedicated, expert team

ALC Task Group Membership

Karen Southwell - Lakeridge Health Corporation

Andrew Marsden - Central East LHIN

Craig McCleary - Canadian Red Cross

Shailesh Nadkarni - Peterborough Regional Health Centre

Sheila Neuburger - Whitby Mental Health Centre - Chair

Carol Smith Romeril - Ross Memorial Hospital

Lesreen Romain - Victorian Order of Nurses

Joni Wilson - St. Joseph's At Fleming

Nancy Veloso - The Scarborough Hospital

Brian Laundry - Central East LHIN

Glyn Boatswain - Rouge Valley Health System – Vice Chair

Janet Burn - Northumberland Hills Hospital

Judy Byrdine - Admin Support
Whitby Mental Health Centre

Sharon Chapman-Sheehan
Central East CCAC Peterborough

Marshall Elliott -
Community Living Kawartha Lakes

Melanie Flood - Haliburton Highlands Health Services

Carol Gordon - Kawartha Participation Projects

Diane Southwell - Campbellford Memorial Hospital

Purpose

1) Conduct Environmental Scan:

To determine the underlying causes and contributing factors to ALC issues in Central East, and

2) Develop Action Plan:

To recommend some practical ways that can be implemented locally to help alleviate and/or eliminate the ALC pressures in Central East.

Vision

We envision a proactive system approach to ensure client/patient access to the right care at the right time and the right place with the right resources.

Right Care, Right Place, Right Time

Central East ALC
How big is this problem? .... 2006 - 2007

Hosp Number	Hospital Name	Total Cases	Total Days	Total ALOS	ALC Cases	**ALC Days**	Average ALC LOS	% ALC Days of Total Days in Site	% ALC Days of All ALC Days
3932	LAKERIDGE HEALTH CORPORATION-OSHAWA SITE	16,567	91,079	5.5	892	**11,007**	12.3	12.1%	18.1%
1768	PETERBOROUGH REGIONAL HEALTH CENTRE	14,385	94,013	6.5	321	**9,586**	29.9	10.2%	15.8%
4152	SCARBOROUGH HOSPITAL (THE)-SCAR.GEN.SITE	18,652	102,536	5.5	324	**6,332**	19.5	6.2%	10.4%
1893	ROSS MEMORIAL HOSPITAL	4,714	35,376	7.5	288	**6,285**	21.8	17.8%	10.4%
3860	NORTHUMBERLAND HILLS HOSPITAL	3,823	23,174	6.1	314	**5,313**	16.9	22.9%	8.8%
1597	CAMPBELLFORD MEMORIAL HOSPITAL	1,106	12,017	10.9	73	**4,890**	67.0	40.7%	8.1%
4014	ROUGE VALLEY HEALTH SYSTEM-AJAX SITE	8,066	37,687	4.7	299	**4,564**	15.3	12.1%	7.5%
4154	SCARBOROUGH HOSPITAL (THE)-GRACE SITE	12,951	67,085	5.2	202	**4,406**	21.8	6.6%	7.3%
3943	ROUGE VALLEY HEALTH SYSTEM-CENTENARY	14,311	70,586	4.9	280	**3,483**	12.4	4.9%	5.7%
4008	LAKERIDGE HEALTH CORPORATION-BOWMANVILLE	2,481	16,722	6.7	285	**2,808**	9.9	16.8%	4.6%
4005	LAKERIDGE HEALTH CORPORATION-PORT PERRY	1,716	8,134	4.7	130	**1,652**	12.7	20.3%	2.7%
3737	HALIBURTON HIGHLANDS HLTH SERV CORP-HALI	486	4,188	8.6	11	**366**	33.3	8.7%	0.6%
	Total - ALL Cases	**99,258**	**562,597**	**5.7**	**3419**	**60,692**	**17.8**	**10.8%**	**100.0%**

Putting it another way …

The total number of ALC Days has increased from 40,845 in Fiscal 2004-2005 to 60,692 as of year-end Fiscal 2006-2007.

$$\frac{60{,}692 \text{ ALC Bed Days}}{365 \text{ Days in a Year}} = 166.3 \text{ Bed Equivalents}$$

OR

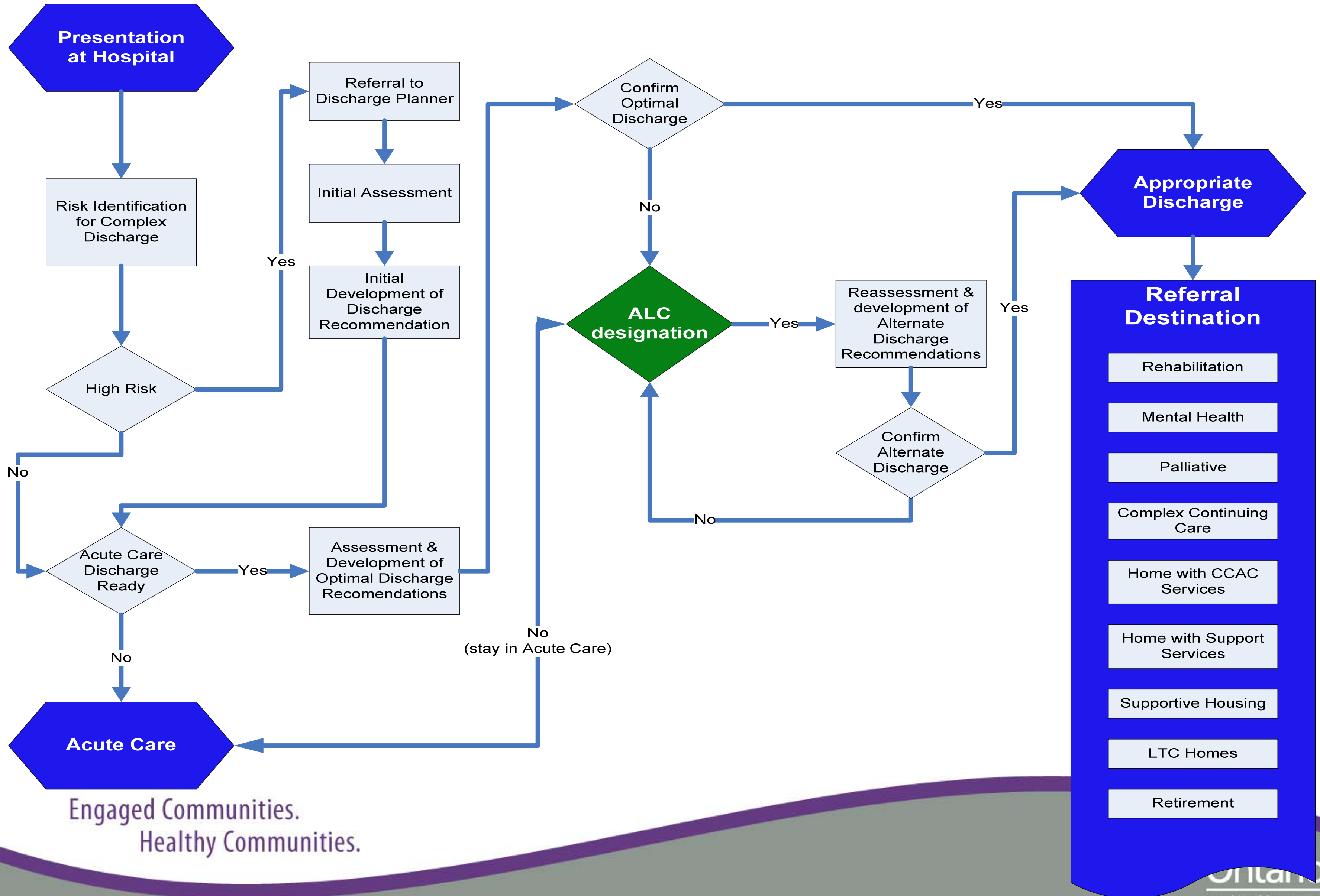
1 *Ross Memorial Hospital

(*167 Average Acute Beds Staffed and Operating)

Investigative Process

- Review of seminal reports
- Received presentations re: various initiatives/projects
  - Flo Collaborative
  - CE CCAC services
- Process Map and identification of operational barriers for all hospitals as reported from the "front-lines"
- Collected ALC and socio-demographic data

Patient Flow Process Map



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Recommendations

Six Themes

1. Presentation at Hospital: Risk Identification and Early Intervention (12)
2. Patient Flow and Communication in Hospital: Acute and Post-Acute Care (9)
3. System Access and Smooth Transitions across Continuum of Care (14)
4. Community Capacity and In-Home Care (8)
5. Health Human Resources (9)
6. ALC System Monitoring and Evaluation (4)

Implementation Priorities (condensed)

1. Utilize standardized risk screening and assessment tools for the early identification
2. Provide specialized staff resources in each hospital Emergency Department
3. Implement a Central East LHIN standard policy framework
4. Expand definition and recognition of ALC beyond acute care bed spaces
5. Provide in-hospital activation/exercise program to maintain optimal functioning
6. Increase the availability of housing by using retirement homes and/or supportive housing
7. Create Behavioural Support Unit(s) within LTCHs that include short-stay transitional beds
8. Implement enhanced/comprehensive community services discharge planning process
9. Increase community support services for in-home personal support, homemaking and caregiver respite
10. Develop a Health Human Resource Strategy
11. Undertake a Research Study to determine the percentage of hospital patients waiting for a LTCH placement that could be cared for elsewhere more appropriately
12. Create a Central East LHIN Alternate Level of Care Implementation Committee
13. Extend CCAC service maximums

Next Steps

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