

South East LHIN

Ontario's Plan to Improve Access to Care

Media Technical Briefing  
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Presented by:  
Date:



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## The Big Picture

Actions to reduce ER Wait Times must be applied across the entire health care system

**Community: Appropriate Alternatives to ER Services**    **Improving Processes within the ER**    **Faster Discharge for ALC Patients**

**Supporting Strategies**

- ER/ALC Strategy
- Aging at Home
- Improving Access to Family Health Care
- Chronic Disease Prevention and Management (Diabetes)
- Mental Health and Addiction

**Supporting Strategies**

- ER/ALC Strategy
- Health Human Resources

**Supporting Strategies**

- ER/ALC Strategy
- Aging at Home (ALC)
- LHIN Urgent Priorities Fund

**Alternate Levels of Care**

- Community and home-based services
- Rehabilitation
- Complex and Continuing Care
- Long Term Care

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## The Government's ER/ALC Strategy

**Appropriate Alternatives to ER Services**

- Strategies focused on key chronic diseases and mental illness/addiction to reduce/prevent ER visits
- Increasing access to family health care
- Public provided with information on alternatives to the ER and time spent in the ER

**Build ER Capacity and Improve ER Processes**

- Paying designated hospitals incentives for measurable improvements in ER performance.
- Setting targets for time spent in the ER
- Creating process improvement programs to assist hospitals in improving patient flow

**Faster Discharge for Alternate Levels of Care (ALC) Patients**

- Investments to increase home care and community supports
- Linking hospital ERs with Community Care Access Centres
- Increasing long-term care capacity and outreach services.

**Outcomes:**

- Reduced wait times
- Improved satisfaction
- Increased predictability for patients

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## The Initiatives

|  | Initiatives  | Outcomes  |
|--|--|---|
| <b>Alternatives to ER Services</b>                 | <ul style="list-style-type: none"> <li>Long Term Care Nurse Outreach Teams</li> <li>Public education, with emphasis on alternatives to the ER</li> <li>Health Care Connect launch</li> </ul>   | <ul style="list-style-type: none"> <li>Contributes to reduced ER wait times (particularly for patients with less urgent needs)</li> <li>Improved patient satisfaction</li> <li>Reduced rate of ER visits that could be managed elsewhere</li> <li>Patients feel empowered with information to access appropriate services efficiently</li> <li>Improved access to family health care</li> </ul> |
| <b>Build Capacity and Improve Processes</b>        | <ul style="list-style-type: none"> <li>Hospital ER Pay for Performance</li> <li>Process Improvement Program</li> <li>Dedicated nurses to ease ambulance offload</li> <li>Targets and public reporting on time spent in the ER</li> </ul>   | <ul style="list-style-type: none"> <li>Reduced ER wait times</li> <li>Improved patient satisfaction</li> <li>Improved quality and patient safety</li> </ul>   |
| <b>Faster Discharge for Patients Requiring ALC</b> | <ul style="list-style-type: none"> <li>Increased home care service maximums</li> <li>Increasing home care services, supportive housing and community supports</li> <li>Aging at Home Strategy projects dedicated to ALC</li> <li>Urgent Priorities Fund focused on projects with direct impact on ALC (i.e. temporary bed capacity)</li> </ul> | <ul style="list-style-type: none"> <li>Contributes to reduced ER wait times (particularly for patients with less urgent needs)</li> <li>Reduced % of ALC days</li> <li>Reduced # of ALC patients</li> <li>Reduced time to Long-Term Care Home placement</li> </ul>  |

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## Addressing the ALC Challenge

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## The ALC Challenge

- Alternate level of care is a significant issue across the province.
- “Alternate level of care,” or ALC, is a term used to refer to patients who no longer require acute services but are occupying an acute care bed while they wait to go home or to another care setting (e.g. long-term care, complex continuing care, or other community-based care).
- According to the Ontario Hospital Association, acute care hospitals reported in January 2009 that about 3,021 patients are waiting in an acute bed for an alternate level of care on any given day. This represents about 19% of all acute beds in operation.

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## The ALC Challenge – Investments 2008/09

- \$94 million as part of the Aging at Home Strategy – an unprecedented three-year, \$700 million initiative to provide support to seniors and their caregivers to stay healthy and live with dignity and independence
- \$38.5 million for increased home care personal support and homemaking services and enhanced integration between hospitals and Community Care Access Centres
- \$22 million in new priority funding for Ontario’s 14 Local Health Integration Networks (LHINs) to invest in local solutions to further address ALC pressures
- \$4.25 million for new nurse-led outreach teams to provide more care to patients in long-term care homes to avoid transfers to the ER

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## Public Education

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## Public Education

- Ontarians have told us that they don't know much about what their immediate options are for accessing health care or when they should use them.
- Yet, people are willing to seek health care in places other than ERs, such as walk-in clinics and Urgent Care Centres, if it means they will be treated sooner.
- That is why, in February, the government will be announcing some exciting public education initiatives to help people understand and find the different sources of health care available to them. The announcement will include expanded online and telehealth initiatives.
- These initiatives will be supported through a public and stakeholder education campaign that will include television, print and online advertising, as well as outreach to health care providers through direct mail.

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## Health Care Connect

- The number of Ontarians without access to a family physician is approximately 891,000 (7% of population).
- As part of its public education campaign, in February, the government will launch *Health Care Connect* - a new program devoted to increasing access to family health care.
- The Health Care Connect program will refer patients without a family doctor to a family health care provider in their community, ensuring those most in need are assisted first.

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## Health Care Connect (cont'd)

### How does Health Care Connect work?

- Unattached patients can call a special number at Telehealth Ontario to sign up to a patient database. An online option will be available in the summer 2009. Patients on the database will be prioritized based on their health care needs.
- Care Connectors are nurses from the local Community Care Access Centre. They will be contacting family health care providers to learn about their practice and their ability to take on new patients.
- The Care Connectors will carefully review a patient's information in order to provide a proper fit to a provider's practice.
- When a provider agrees to accept a patient referred by the Care Connector, the patient will be given the practice information to schedule their first appointment.

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## Health Care Connect (cont'd)

### Key principles

- Priority for referral to a family health care provider will be based on need for health care services. An Expert Panel provided clinical recommendations to inform this component of the program.
- Health Care Connect is intended only for individuals without a family health care provider and participation is not a guarantee of access.
- Through the program, assistance will be provided to those most in need first and not necessarily those who have been registered in the program the longest.
- Patients will be encouraged to continue their efforts to find a family health care provider during the time they are registered in Health Care Connect.
- The ministry will use the Health Care Connect program as a planning tool in future allocations of resources, e.g. family health teams, etc.

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## Time Spent in the ER Public Reporting

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## Time Spent in ER Public Reporting

- Building on the success with public reporting and reducing the wait times for adult and paediatric surgeries and diagnostic services, the government is moving forward with public reporting of time spent in the ER in Ontario.
- The reporting will be provided through the ministry's [ontariowaittimes.com](http://ontariowaittimes.com) website and will feature sections for patients and health care providers.
- It will help provide patients with information on how long they may have to spend in the ER and will help us monitor our progress in improving emergency care.
- The data will be reported provincially, by Local Health Integration Network (LHIN) and by hospital ER site.
- As part of the government's plan to reduce the time spent in the ER, we will be announcing provincial targets for time spent in the ER in two categories:
  - Patients who are very sick and have conditions that may require complex treatment or admission to a hospital bed, and
  - Patients with minor, uncomplicated conditions.

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## Time Spent in ER Public Reporting (cont'd)

- The site will provide information on the time that 9 out of 10 patients spent in the ER, in hours, for patients who are very sick and have conditions that may require complex treatment or admission to a hospital bed and patients with minor, uncomplicated conditions.
- **Time spent in the ER** begins when a patient checks-in until the patient leaves the ER to a hospital bed, or is discharged home or to another health care setting. During that time emergency room doctors and nurses are treating a patient's condition, ordering tests and waiting for results in order to determine the best course of treatment.
- The amount of time people spend in the ER depends on many factors: the severity of their illness (patients in most urgent need of care are seen first), the type of hospital they visit (larger urban hospitals tend to be busier), and the time of day or day of the week.

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## Time Spent in ER Public Reporting (cont'd)

- Patients whose conditions are serious and may require admission to a hospital bed often spend much longer being cared for in the ER before a bed becomes available. Patients who do not need to be admitted tend to stay significantly less in the ER. The majority of people who go to hospital ERs – up to 90 per cent – are not admitted to hospital.
- When we reveal the data in the next few weeks, the numbers will be higher than where we want them to be.
- That is why, we are moving forward with initiatives on a number of fronts, including alleviating the ALC challenge and public reporting, to help improve things.

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## Time Spent in ER Public Reporting (cont'd)

- The wait times data is being collected through the Emergency Department Reporting System (EDRS) which gathers information from 128 hospital ERs in Ontario. This represents approx. 90 per cent of all ER visits throughout the province.
- The data was first reported through EDRS in April 2008 which will become the baseline for the ER wait times reporting.
- The data on the website is **not real-time information and is four months old**. We are working on improving the timeliness of the information.
- This website provides detailed information on the time Ontarians spent in ER's receiving treatment or waiting to be admitted to an inpatient bed. This information can help give them a sense of how much they may have to wait in an ER in their area.

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## Local Success Stories

- Aging at Home – SMILE program
- Pay-for-Results at KGH
- New long-term care beds
- Right Care. Right Place. Right Time – ED/ALC focus
- Transitional beds

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**The Japan News**  
 Incorporated and Licensed Since 1870  
**Dialysis program brings patient 'home' to Parrott Centre**  
 By Adam Froese  
 (Staff Reporter)

"A hospital is not a home" - that phrase was mentioned a lot on Wednesday at the John M. Parrott Centre.

That's why the staff there did everything they could to make it possible to accept one resident who had been in a hospital. Thanks to some dedicated nurses, the staff was able to get June Hands out of a hospital and into the Lorne and Abington long-term care facility, which also has many dialysis machines.

Hands, a resident of Nagare, is a peritoneal dialysis patient. In previous years, long-term health facilities often. The treatment is required when a patient's kidneys are no longer able to filter and waste in the blood stream.

Because of moving home in her area was required to provide the treatment she needed, Hands had to travel to Kingston three times a week to have her treatments, a process that took her hours to get ready and hours to travel to and from Kingston.

Hands, who has daughter Ruth Barstow, said she decided to take action. After making calls to family and other contacts, she asked the Parrott Centre to take in and offer to treat.

**Right nurses to do it.**  
 The centre, said Shirley Pitt, Lorne Nurses RN, Shirley-Anne Campbell RN, Natalie Campbell RN, and Barbara Pitt, Lorne Nurses RN, Barbara Linn RN and June King RN, all completed their training and have now welcomed Hands into the Centre. "We're happy," said Barstow. "It's a great thing and being in Nagare and able to be in a room that is home that she can maintain and take care of."

Hands had her own dialysis unit set up in her home and her family to help her with it.

"The nurses are so good at what they do, they help me with everything I need a person to do a long-term care facility that offered the specialized equipment."

Hands, who has been in the Parrott Centre, Hands was an active as she began her life at the centre in 2007.

"It was for me being to be in a place you shouldn't be," Barstow said of her mother having to live at the Parrott Centre. "It was a relief that she could be treated there."

Hands' move was not just an inconvenience. It was also less effective than RN. But now she is able to get a better care at home. She is now in a room that is home that she can maintain and take care of.

The best part of the story is Hands being able to come back to Nagare to just one of the benefits of having a good support of caring for the person. The nurses at the Centre are now one of a staff that in Ontario who have the training.

In order to avoid things as a patient, the nurses had to undergo two full days of training. A company named Baxter (the company providing the dialysis machine and water

**Nagare Guide**  
**Parrott Centre able to take peritoneal dialysis residents**  
 Posted 41 mins ago

The John M. Parrott Centre in Nagare is known for its quality of care and dedicated staff.

Both of those residents got a shot in the arm recently, as the long-term care facility became one of only a handful in Ontario able to accommodate a resident who needs regular, daily peritoneal dialysis treatment.

Recently, eight nurses and registered practical nurses were fitted with a fellowship by John M. Parrott Centre management for taking the necessary training to administer peritoneal dialysis.

The goal of honour was Jean Hands, who has been living at the facility since June. Thanks to the cooperative efforts of the staff at the John M. Parrott Centre, the Local Health Integration Network (LHIN), the Community Care Access Centre (CCAC), and the Baxter Healthcare Corporation.

Hands was receiving peritoneal dialysis (PD) treatment in her Nagare home for a couple of years, but it soon became unmanageable. She was then moved to Kingston General Hospital, where she continued to receive treatment. She was there for more than 10 months.

For a great span of that time, her daughter Ruth Barstow, also of Nagare, and a nurse herself worked with officials from the LHIN, CCAC, and the John Parrott Centre, to try and get her moved into a facility in Nagare.

The issue was that no facility in the Kingston area had the capability of providing Mrs. Hands with the care she needed.

So the eight staff members received training from Baxter, the company that makes the dialysis equipment, and a nurse from the dialysis unit at Kingston General Hospital.

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