

NSM LHIN ER/ALC Strategy Overarching Goals

1. Reduce Emergency Room demand
2. Build capacity and improve performance within ERs
3. Improve bed utilization – allocate patients to the appropriate level of care for their condition




Goal 1 – Reduce Emergency Room Demand

Why

- To divert individuals from the ER who can be best served in other care settings using health promotion and prevention strategies so they do not need Emergency Room services.

Who


- Seniors at risk (e.g. frail, failure to cope, social isolation)
 - Individuals who experience mental health challenge including addictions
 - People with multiple and complex chronic diseases (with a focus on improved access to diabetes care)
 - Falls including orthopedic trauma such as a hip fracture
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Goal 1 – Reduce Emergency Room Demand

	Indicators	Baseline	Current Performance	Year 1 LHIN Target 2010/11	Year 2 LHIN Target 2011/12	Year 3 LHIN Target 2012/13
1.1	Hospitalized Rate for Ambulatory Care Sensitive Conditions	343.23	343.34	300	250	200
1.2	Falls and Fall-Related Hospitalizations (Indicator Under Development)	TBD	TBD	TBD	TBD	TBD
1.3	Unscheduled ER visits/1000 population	534 visits per 1000 Annually	128/1000 (08/09 Q4) 534/1000 (08/09)	525/1000	500/1000	490/1000

Goal 1 – Reduce Emergency Room Demand

How

- Integrated intensive case management teams in the community
 - Tele-home care monitoring for individuals with chronic diseases (Re-Act)
 - Nurse-led long term care outreach teams (including hospital-led teams and tele-home long term care home monitoring)
 - Regional falls prevention programs
 - Collaborative new partnerships with primary care and interdisciplinary teams to develop and/or improve chronic disease education and self-management programs in the community
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Goal 1 – Reduce Emergency Room Demand

How

- Health promotion and prevention strategies and enhanced referral processes
- Stronger partnerships with Emergency Medical Services (EMS) to develop innovative programs such as community referrals by EMS
- Behaviour intervention response team
- Diabetes Regional Coordination Centre and enhanced diabetes teams
- Home at Last



Goal 2 – Build Capacity and Improve Performance within Emergency Rooms

Why

- To build capacity and improve performance within Emergency Rooms by designing and improving communication processes and flow from when a patient is assessed in the Emergency Room to admission in a hospital bed as well as fostering strong linkages with the CCAC and improved discharge planning upon leaving hospital.

Who

- Patients admitted to hospital
- Health system partners including: hospital staff, physicians, Community Care Access Centre, Emergency Medical Services, Community Support Services, Long Term Care Homes and other health service providers

Goal 2 – Build Capacity and Improve Performance within Emergency Rooms

	Indicators	Baseline	Current Performance	Year 1 LHIN Target 2010/11	Year 2 LHIN Target 2011/12	Year 3 LHIN Target 2012/13
2.1	Proportion of Admitted patients treated within the LOS target of ≤ 8 hours	40.00%	52.78% (09/10 Q1)	46% treated within ≤ 8 hrs.	50% treated within ≤ 8 hrs.	50% treated within ≤ 8 hrs.
2.2	Proportion of Non-admitted high acuity (CTAS I-III) patients treated within their respective targets of ≤ 8 hours for CTAS I-II and ≤ 6 hours for CTAS III	87.00%	90.48% (09/10 Q1)	92% treated within ≤ 4 hrs.	95% treated within ≤ 4 hrs.	95% treated within ≤ 4 hrs.
2.3	Proportion of Non-Admitted low acuity (CTAS IV & V) patients treated within the LOS target of ≤ 4 hours	88.00%	90.69% (09/10 Q1)	93% treated within ≤ 4 hrs.	95% treated within ≤ 4 hrs.	95% treated within ≤ 4 hrs.
2.4	Patient Satisfaction - ER Satisfaction	83% Positive/ 24% Excellent	83% Positive/ 24% Excellent (Q4 08/09)	85% Positive 25% Excellent	88% Positive 30% Excellent	90% Positive 35% Excellent

Goal 2 – Build Capacity and Improve Performance within Emergency Rooms

How

- Geriatric Emergency Medicine teams for the elderly
- Patient Flow Coordinators
- Nurses to help ambulance staff unload patients faster
- Rapid Assessment Areas within the Emergency Room
- Use of information technology such as bedside ultrasound



Goal 2 – Build Capacity and Improve Performance within Emergency Rooms

How

- Supporting technology such as: electronic referral, matching of resources and emergency room notification to community care providers
- Continued and better use of Mental Health Crisis Support teams in the Emergency Room
- Patient Flow Process Mapping




Goal 3 – Improve Bed Utilization – Allocate Patients to the Appropriate Levels of Care for their Conditions

Why

- To improve bed utilization by allocating patients to the appropriate levels of care for their conditions such that individuals receive care in the setting that is the most appropriate to their need.

Who

- Seniors at risk (e.g. frail, failure to cope, social isolation)
 - Long term care patients who require care at home or in an institutional setting
 - Patients who require convalescent care, rehabilitation or restorative care
 - End of life or palliative care patients
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Goal 3 – Improve Bed Utilization – Allocate Patients to the Appropriate Levels of Care for their Conditions

	Indicators	Baseline	Current Performance	Year 1 LHIN Target 2010/11	Year 2 LHIN Target 2011/12	Year 3 LHIN Target 2012/13
3.1	% ALC Days	20.67% (08/09)	18.9% (Q2 09/10) ^[1]	16% ALC days	13% ALC days	9.5% ALC days
3.2	ALC Length of Stay	52 days (08/09)	44 days (Q4 08/09)	45 days	40 days	30 days
3.3	Median wait time to LTCH placement	160 (08/09)	120 days (Q1 09/10)	120 days	90 days	60 days (provincial target 09/10 = 30 days)

^[1] Data Available only from active/undischarged patients as established by NSM Weekly ALC Reporting

Goal 3 – Improve Bed Utilization – Allocate Patients to the Appropriate Levels of Care for their Conditions

How

- Assess the current list of individuals waiting for long-term care placement to determine if a LTCH or another setting could best meet their needs
 - Wait at Home strategy to allow individuals to wait at home instead of a hospital bed
 - Build capacity in the community through such initiatives as Balance of Care which are packages of services to meet an individual's needs
 - Supportive housing options in the community
 - Grouped care options and outreach models to support seniors to remain in the community
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Goal 3 – Improve Bed Utilization – Allocate Patients to the Appropriate Levels of Care for their Conditions

How

- Hospital Teams to designate patients as ALC and the NSM CCAC to assess designated patients and determine the most appropriate destination in collaboration with the patient and the Hospital Team
 - Additional bed capacity such as transitional, convalescent care, rehabilitation and hospice care with standard definitions and eligibility criteria including a common referral source
 - Home at Last
 - Regional repatriation agreements
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