

**ONTARIO TACKLES ER WAITS WITH \$109 MILLION INVESTMENT**

*Enhanced Home Care Coverage and Efforts Targeted At Poorest Performing Emergency Rooms Lead the Way*

**NEWS**

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Responding to challenges patients are facing in emergency rooms, the Ontario government is taking numerous coordinated steps to reduce wait times and improve patient satisfaction.

A major factor causing long emergency room (ER) wait times is the high number of alternate level of care (ALC) patients occupying acute care hospital beds, making it difficult to admit patients from the ER to hospital. ALC patients are unable to be discharged because the appropriate level of care they require is not always available. Today's announcement is making much more of that care available.

Ontario's \$109 million investment includes:

- \$39.5 Million for a *Performance Fund* targeting Ontario's 23 poorest performing emergency rooms, IT enhancements and coaching teams to enhance hospital efficiency
- \$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
- \$4.5 million for dedicated nurses to care for patients who arrive at ERs by ambulance to ease ambulance offload delays
- \$4.5 million for new nurse-led outreach teams to provide more care to patients in long-term care homes to avoid transfers to the ER

Dr. Alan Hudson is Provincial Executive Lead, Access to Services and Wait Times. With today's announcement, Dr. Kevin Smith, President and CEO of St. Joseph's Healthcare in Hamilton, is being appointed Expert Panel Lead - Alternate Level of Care (ALC). Dr. Smith will be working with Dr. Michael Schull, Sr. Scientist, ICES and Director of Emergency Medicine at University of Toronto, who was previously appointed as Expert Panel Lead for ER Wait Times.

In April, George Smitherman, Minister of Health and Long-Term Care, unveiled his government's top two overarching health priorities for the next several years: reducing emergency room wait times and family health care for all. Today's announcement is the first in a series and builds momentum on ER wait times reductions.

**QUOTES**

"You cannot have a good performing emergency room so long as the ER can't admit patients to hospital," said George Smitherman, Deputy Premier and Minister of Health and Long-Term Care. "These changes will free up our emergency rooms to do what they do best – treat emergencies."

"Fixing ER wait times is the foremost challenge for the entire health care system," said Dr. Alan

Hudson, Lead of Access to Services and Wait Times. “It requires strong leadership by hospitals, LHINs and the community sector, working together to deliver better care for the patients of Ontario. Given that Ontarians make more than five million visits to ERs they deserve nothing less.”

“By enhancing the options patients have to receive the care they need in the most appropriate setting, these investments will relieve pressures on hospitals,” said Dr. Kevin Smith, President and CEO of St. Joseph’s Healthcare in Hamilton and ALC lead. “By reducing pressures on ERs, we will reduce wait times and increase patient satisfaction.”

“The Ontario Hospital Association welcomes today’s very significant investments in hospital emergency departments and, just as importantly, in health services provided in the community,” said Tom Closson, President and CEO of the Ontario Hospital Association (OHA). “We believe that this comprehensive and innovative approach to shortening emergency department wait times and ensuring that people get the care they need in the most appropriate setting will benefit patients and strengthen public confidence in Ontario’s hospitals and health care system.”

### **QUICK FACTS**

- There are 163 emergency rooms in the province, with 2.8 million people making 5.25 million visits to these ERs each year.
- The Ontario Hospital Association indicates that seniors who are awaiting access to appropriate care elsewhere, occupy 18.6 per cent of hospitals beds in the province; 58 per cent are waiting for long-term care (LTC) home placement.
- Nearly 60 per cent of LTC homes in the province have more than 50 residents sent to hospital each year.

### **LEARN MORE**

Learn more about Ontario’s comprehensive [strategy](#) to improve access to care for all Ontarians.

## ONTARIO'S \$109 MILLION INVESTMENT TO REDUCE WAIT TIMES IN THE EMERGENCY ROOM

May 30, 2008

The Ontario government is tackling emergency room (ER) wait times by paying hospitals to improve ER performance and by providing more people with alternatives to hospital care.

The comprehensive \$109 million strategy includes ways to reduce ER waits inside and outside of hospitals:

### **EMERGENCY ROOM PERFORMANCE FUND, INFORMATION TECHNOLOGY ENHANCEMENTS AND COACHING TEAMS TO ENHANCE HOSPITAL EFFICIENCY (\$39.5 MILLION)**

*To improve performance the government is targeting 23 hospital ERs that are facing the greatest wait time pressure – (\$30 million)*

As part of this initiative, Local Health Integration Networks (LHINs) will target funding incentives to improve performance at 23 hospital ERs facing the greatest challenges. LHINs will work with local hospitals and community health care partners to implement health system solutions which will help hospitals improve their Emergency Room access and reduce wait times.

Hospitals by LHIN	Allocations
<b>Central LHIN</b>	
NORTH YORK GENERAL HOSPITAL	\$1,443,137
YORK CENTRAL HOSPITAL	\$1,322,570
HUMBER RIVER REGIONAL HOSP-HUMBER MEM	\$956,182
HUMBER RIVER REGIONAL HOSP-YORK-FINCH	\$926,331
<b>Central East LHIN</b>	
SCARBOROUGH HOSPITAL-SCAR. GEN. SITE	\$1,385,523
ROUGE VALLEY HEALTH SYSTEM-CENTENARY	\$1,231,317
<b>Central West LHIN</b>	
WILLIAM OSLER - BRAMPTON	\$2,158,517
<b>Champlain LHIN</b>	
OTTAWA HOSPITAL-CIVIC SITE	\$1,712,543
OTTAWA HOSPITAL-GENERAL SITE	\$1,724,345
HÔPITAL MONTFORT	\$686,941
<b>Erie St Clair LHIN</b>	
WINDSOR REGIONAL HOSPITAL-METROPOLITAN	\$1,683,242
<b>Mississauga-Halton LHIN</b>	

TRILLIUM HEALTH CENTRE-MISSISSAUGA	\$2,126,558
<b>Hamilton Niagara Haldimand Brant LHIN</b>	
ST JOSEPH'S HEALTH CARE SYSTEM-HAMILTON	\$273,542
NIAGARA HEALTH SYSTEM-ST CATHARINES GEN	\$1,255,343
<b>South East LHIN</b>	
KINGSTON GENERAL HOSPITAL	\$1,094,993
<b>Toronto Central LHIN</b>	
ST JOSEPH'S HEALTH CENTRE	\$2,423,994
TORONTO EAST GENERAL HOSPITAL	\$1,444,405
ST MICHAEL'S HOSPITAL	\$1,363,525
MOUNT SINAI HOSPITAL	\$824,695
UNIVERSITY HEALTH NETWORK-WESTERN SITE	\$982,121
SUNNYBROOK HEALTH SCIENCES-SUNNYBROOK	\$906,929
UNIVERSITY HEALTH NETWORK-GENERAL SITE	\$619,691
<b>Waterloo Wellington LHIN</b>	
GRAND RIVER HOSPITAL CORP-WATERLOO SITE	\$1,243,556

<b>Total</b>	<b>\$29,790,000</b>
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*\*The final provider-specific allocations may change pending ongoing planning between the LHIN, its hospitals and its community partners in the development of multi-partner strategies to improve ER performance.*

*Creating Process Improvement Programs that Assist Hospitals in Improving Patient Flow in the ER (\$7.5 million)*

The province will create programs to help hospitals improve processes and patient flow in ERs. The programs, which will include specialized coaching teams to visit all hospitals, will provide staff the ability to quickly diagnose flow problems and then help implement new processes that improve patient flow.

*Collecting and Reporting Information to Monitor Progress (\$2 million)*

The government will collect and publicly report ER information in a consistent way across the province to:

- Hold hospitals and LHINs accountable by measuring their progress towards targets;
- Provide direction for further improvements;
- Measure progress of the ER Wait Time Strategy as a whole.

Information will be collected on ER length of stay. Other related indicators will be tracked to allow hospitals to monitor and evaluate internal operations.

## **INCREASED HOME CARE SERVICES AND ENHANCED INTEGRATION BETWEEN HOSPITALS AND COMMUNITY (\$38.5 MILLION)**

Addressing the alternate level of care (ALC) issue will directly result in reducing ER wait times. These initiatives will:

- Increase the upper limits on hours of personal support/homemaking services by 50 percent, from 80 hours to a maximum of 120 hours in the first 30 days of service, and from 60 hours to a maximum of 90 hours in any subsequent 30-day period;
- Remove home care maximums on personal support and homemaking entirely for patients waiting for a long-term care bed or receiving palliative care services at home
- Improve the use of community care case managers inside hospital ERs, who will help to find the appropriate level of care for patients by arranging support so patients are able to leave hospital and be treated at home;
- Reduce wait times by electronically linking hospital to Community Care Access Centres (CCACs). This will ensure patients receive the right care at the right time and place, avoiding unnecessary ER visits or hospitalizations.

## **NEW FUNDING FOR LOCAL ALC PROGRAMS (\$22 MILLION)**

Ontario is providing \$22 million to the 14 Local Health Integration Networks (LHINs) to help provide community alternatives to hospital care. This includes services that will let Ontarians – particularly seniors - stay or heal at home.

<b>LHIN</b>	<b>Allocation</b>
Erie St. Clair	\$1,112,220
South West	\$1,996,900
Waterloo Wellington	\$1,080,975
HNHB	\$2,315,339
Central West	\$886,362
Mississauga Halton	\$1,253,903
Toronto Central	\$3,894,703
Central	\$1,588,122
Central East	\$1,688,675
South East	\$1,135,105
Champlain	\$2,085,333
NSM	\$844,470
North-East	\$1,297,147
North-West	\$820,744
<b>Total Province</b>	<b>\$22,000,000</b>

## **NURSES DEDICATED TO EASE AMBULANCE OFFLOAD DELAYS (\$4.5 MILLION)**

Ontario is providing funds to put in place nurses dedicated to care for patients who arrive by ambulance. Ambulance patients with life-threatening conditions will continue to be given priority. This initiative will allow paramedics to return more quickly to the community and be able to respond to other calls.

## **NURSE-LED LONG-TERM CARE OUTREACH TEAMS (\$4.5 MILLION)**

Fourteen nurse-led outreach teams will be created to provide residents of LTC homes timely and appropriate care, and stabilize residents who need more urgent attention. These teams of nurse practitioners and registered nurses will travel to LTC homes to assess urgent problems,

determine the need for hospital care and provide interventions in cases where unnecessary visits to the hospital and ER can be avoided.

Examples of these interventions include intravenous therapy, antibiotic management and administering oxygen. An example of this overall initiative can be seen at the Shalom Village LTC home in Hamilton. There, some 30 to 65 per cent of seniors receive non-urgent care from nurse practitioners instead of seeking care at the nearest hospital ER.

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## ALTERNATE LEVEL OF CARE PATIENTS

May 30, 2008

Patients in an acute hospital bed are there because they need acute care services. This means they need short-term, intensive medical treatment for an illness, injury or recovery from surgery.

Once patients complete this “acute care” phase of treatment, they often require an alternate level of care (ALC). ALC patients are individuals in a hospital bed who would be better cared for in an alternate setting.

### **What is an alternate level of care?**

When patients need an alternate level of care, it means they may require:

- a long-term care home bed
- complex continuing care bed
- a convalescent care bed
- a rehabilitation care bed
- home care
- palliative care

More than 18 per cent of patients who are currently in a hospital bed in Ontario are in need of an alternate level of care.

### **How do ALC patients contribute to backlogs in the emergency room?**

New patients come into hospitals through the ER or through scheduled appointments for surgery. Patients receive acute care services and then go home or await an alternate level of care.

When patients remain in an acute hospital bed because the alternate level of care they need is unavailable. This means they are not receiving care in the appropriate setting. They are also in a bed that could be better used for a patient who needs acute hospital care. This creates a domino effect in hospitals when there are no beds available.

Patients who arrive in the emergency room and need to be admitted to an acute care bed are then stuck in an ER bed awaiting transfer to a regular hospital bed.

When all the ER beds are occupied, physicians do not have beds to examine or treat patients. This creates long wait times in the ER which are very stressful for both patients and staff.