

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
Central LHIN	
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
Central East LHIN	
SCARBOROUGH HOSPITAL-SCAR. GEN. SITE	\$1,385,523
ROUGE VALLEY HEALTH SYSTEM-CENTENARY	\$1,231,317
Central West LHIN	
WILLIAM OSLER - BRAMPTON	\$2,158,517
Champlain LHIN	
OTTAWA HOSPITAL-CIVIC SITE	\$1,712,543
OTTAWA HOSPITAL-GENERAL SITE	\$1,724,345
HÔPITAL MONTFORT	\$686,941
Erie St Clair LHIN	
WINDSOR REGIONAL HOSPITAL-METROPOLITAN	\$1,683,242
Mississauga-Halton LHIN	

TRILLIUM HEALTH CENTRE-MISSISSAUGA	\$2,126,558
Hamilton Niagara Haldimand Brant LHIN	
ST JOSEPH'S HEALTH CARE SYSTEM-HAMILTON	\$273,542
NIAGARA HEALTH SYSTEM-ST CATHARINES GEN	\$1,255,343
South East LHIN	
KINGSTON GENERAL HOSPITAL	\$1,094,993
Toronto Central LHIN	
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
Waterloo Wellington LHIN	
GRAND RIVER HOSPITAL CORP-WATERLOO SITE	\$1,243,556

Total	\$29,790,000
--------------	---------------------

**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.

LHIN	Allocation
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
Total Province	\$22,000,000

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.

Laurel Ostfield, Minister's Office, 416-212-4048
Mark Nesbitt, Ministry of Health and Long-Term Care,
416-314-6197

ontario.ca/health-news
Disponible en français