



Hospital Improvement Plan Implementation Update

Presentation to the Community Advisory Forum
29th June 2009



NIAGARA HEALTH SYSTEM
SYSTÈME DE SANTÉ DE NIAGARA
TOGETHER IN EXCELLENCE - LEADERS IN HEALTHCARE



Overview

- ✓ Update on HIP implementation
- ✓ Conversion of 24/7 Emergency Room to 24/7 Urgent Care Centre
 - ✓ Status
 - ✓ Frequently asked Questions and Answers
 - ✓ Strategies to reduce Emergency Room Wait time and Ambulance off load delays
- ✓ Defining Centres of Excellence
- ✓ Alternate Level of Care – status and strategies
- ✓ Communication Initiatives
- ✓ Question and Answer



HIP implementation Update

OPERATIVE/PERI-OPERATIVE PROGRAM

- ✦ The first phase (Year 1) of operative/peri-operative program changes has been completed.
- ✦ Work continues on program and equipment standardization

MATERNAL CHILD PROGRAM

- ✦ The feasibility study is under development and is to be completed by July 31, 2009.



HIP implementation Update

MENTAL HEALTH PROGRAM

✦ The program has received the architects report about the feasibility of early consolidations at the St. Catharines General Site and is under review by the program.

ADDICTIONS PROGRAM

✦ The program has received the consultant's report on potential site options for the consolidated program and is under review by the program.

✦ Early consolidation of this program will allow the existing infrastructure in Port Colborne (Newport Centre) to be used for other purposes to better meet the needs of Port Colborne residents I.e. Assisted Living



HIP implementation - Update

MEDICINE PROGRAM

- ✦ The bed closures identified for Year 1 of the HIP are on target – 16 beds to close in St. Catharines on July 1, 2009 and 14 beds to close at the Welland site in September, 2009.
- ✦ In light of the Local Health Integration Network's confirmation that there is no additional funding for the 10 bed stroke unit at the Greater Niagara site, work is underway to identify alternative opportunities to develop this unit.



HIP implementation - Update

EMERGENCY PROGRAM

- ✦ Conversion of two 24/7 ER's to 24/7 UCC's on track
 - ✦ July 6th – Port Colborne site
 - ✦ Sept 28th – Douglas Memorial site

- ✦ Ontario Street site – name change from “Prompt Care” to “Urgent Care” – July 6th

- ✦ Issues still outstanding:
 1. *Physician remuneration* – negotiations continue between OMA, MOH and physicians – outside of NHS budget or control
 2. *Non-emergency ambulances* – discussions underway with Niagara EMS



Difference between 24/7 ER and 24/7 UCC

ER Departments Treat ...	Urgent Care Centres Treat ...
<ul style="list-style-type: none">• Chest pain and/or shortness of breath• Broken bones• Severe abdominal pain• Dizziness• Sudden, severe headaches, vision problems, sudden weakness, numbness and/or tingling in the face, arm or leg, trouble speaking, or dizziness (stroke symptoms)• Major injuries• Mental health issues	<ul style="list-style-type: none">• Simple fractures, sprains, sports injuries• Cuts that may need stitches• Minor burns• Minor abdominal pain (nausea, vomiting, flu)• Ear, nose and throat problems• Coughs and colds• Eye problems • Urgent Care Centres have access to services such as x-rays, lab tests and pharmacy.

Call 911 with severe chest pain, stroke symptoms or any medical emergency



✦ Conversion of 24/7 ER to 24/7 UCC

Q: What is going to happen to the 'H' sign?

ANSWER:

- ✓ The 'H' will stay on the building
- ✓ The NHS is one Hospital with seven entrances and when you present to any of our sites you are in the NHS Hospital system
- ✓ Not all sites have identical services so we are educating residents about where they go to access certain specialized services



★ Conversion of 24/7 ER to 24/7 UCC

Q: Will there still be doctors and nurses in the UCC?

ANSWER:

- ✓ YES – emergency-trained physicians and nurses will staff the Urgent Care Centre 24/7
- ✓ 2 emergency-trained RNs will staff the UCC 24/7 with the physician. They'll have clerical support 16 hours a day
- ✓ Staffing has been determined after reviewing other Ontario UCCs with same number of patient visits



★ Conversion of 24/7 ER to 24/7 UCC

Q: What do I do when I am sick?

ANSWER:

- ✓ Think about what it is you need – do you have a minor ailment? Would you go to a Dr.'s office if you could? If you can't, then go to an Urgent Care Centre.
- ✓ Do you think you need admission to hospital? Do you need a specialist? Then go to an Emergency Department.
- ✓ Are you having difficulty breathing, chest pain, symptoms of stroke? Call 911.



✦ Conversion of 24/7 ER to 24/7 UCC

Q: What will happen if I go to an Urgent Care Centre but my case is an emergency and I should have called 911?

ANSWER:

- ✓ If people self-triage incorrectly and come to Urgent Care with an emergency, we will never turn patients away. We can handle any case that comes through the doors.
- ✓ We have the capability of stabilizing and transporting patients to another site via ambulance
- ✓ We are one hospital with seven entry points to care and we will ensure that you get the right care at the right site.
- ✓ The same doctors and nurses will be there for you, working with the same equipment they currently have in the department.



★ Conversion of 24/7 ER to 24/7 UCC

★ Q: What kind of care do people receive in an ambulance?

ANSWER:

✓ All paramedics can provide symptom relief, defibrillate and monitor vital signs. Advanced Care Paramedics can also start IVs, give emergency medications IV, intubate and perform other advanced skills.



ED WAIT TIME/OFFLOAD REDUCTION STRATEGIES

1) Introduction of dedicated off-load delay registered nurse

In conjunction with NEMS, nurses have been added into the ER's and are dedicated solely to taking over the care of incoming ambulance patients and to coordinate patient flow during peak demand periods in the ED.

2) Creation of Clinical Investigation Unit in large site EDs

The goal of the CSI is to decrease the time from patient arrival to initial physician assessment by safely and temporarily transferring appropriate patients to "designated waiting areas" called "Clinical Systems Investigation Unit



3) Introduction of medical directives.

Medical directives are standardized medical orders for 22 different medical conditions. The directives enable a registered nurse to fast track diagnosis information for the ED doctor by routinely ordering laboratory work and diagnostic tests for the patient prior to being seen by the doctor. In the past the patient would have to wait to be seen by the doctor before these tests could be initiated.

4) Increased physician coverage in Niagara Falls

An addition 10 hours per day of physician coverage is targeted for implementation September 15, 2009

5) Bed flow and utilization

A number of initiatives are underway within NHS to improve bed flow, including improved access to ICU beds



Defining Centres of Excellence

★ Dr Kitts' report defined as:

★ *“A centre of excellence is a program seeking the highest standards of achievement. The centre of excellence brings together a critical mass of patients, providers and infrastructure to enable leading quality care. The centre of excellence may be virtual, supported by information technologies, or may be consolidated to a single site. The centre of excellence, as a program hub, shares its expertise with other sites, ensuring that all sites receive excellent quality care.”*



Defining Centres of Excellence

the right number and type of health-care professionals, required to perform a specialized medical service can be clustered together to work as a specialized inter-professional team where staff have expertise knowledge in a specific field of patient care and ready access to leading experts;

➤ *increased patient volume by centralizing the specialty service in one location so health professionals working at the centre can do enough of a certain procedure to maintain and improve their skill and expertise;*



Defining Centres of Excellence

- ★ *the consistent use of best practices and use of most current research or “pioneer information” where leading patient care information at is available at practioners’ “fingertips.”*
- ★ *recruitment and retention of specialized health professionals who are looking for work environments where they have access to the medical team, latest technologies and tools they need to provide high quality patient care and enjoy a quality of work life;*



Defining Centres of Excellence

★ *Centres of excellence enable the optimal use of resources – health professionals, facilities and medical equipment, avoiding unnecessary duplication*



Defining Centres of Excellence

Examples of Centres of Excellence:

- ✓ Dialysis – St. Catharines is ‘hub’ with ‘spoke’ or satellite in Welland, second satellite planned for Niagara Falls*
- ✓ Ophthalmology – now consolidated from 5 sites to 2 at Welland and Ontario Street sites; will ultimately be consolidated to one*
- ✓ Stroke – Niagara Falls site is designated as the regional stroke centre; if call 911 and diagnosed with stroke symptoms, ambulance will deliver directly to Niagara Falls*



Defining Centres of Excellence

Examples of Centres of Excellence:

- ✓ Vascular Surgery – provided at the St. Catharines site; working with Hamilton Health Sciences to enhance service in Niagara by bring endovascular procedures to Niagara*
- ✓ Michael G. Degroote Medical Education Campus – hub at St. Catharines; teaching and clinical across all NHS sites. By 2013, will have 84 learners annually in Nlagara*
- ✓ Cancer treatment – Chemotherapy currently provided at St. Catharines site; radiation treatment to be provided at Walker Family Cancer Centre by 2013; cancer clinics provided at xx sites by same physicans*



Alternate Level of Care (ALC) – status in Niagara

★ Teresa/Angela to populate slide (s) with current NHS data compared to LHIN and province;

May want to use graphs as to show correlation between ALC, ED Wait time and ANB



ED WAITS = ALC!!!!!!



ALC reduction strategies

- ★ Angela/Jane to populate with listing of key ALC/Aging at home strategies underway in Niagara that will reduce our waits
- ★ Be sure to cover 20 assess/restore beds (target dates previously and now new date)



HIP Communications

Communications to support overall HIP implementation

- ★ Ongoing updates in *Niagara Health Now* newsletter (available online and in print at NHS sites)
- ★ Ongoing presentations to service clubs & community groups
Updates on NHS HIP website
- ★ Full page display ads in local Sun Media daily newspapers (March, June and in Fall 2009) - ongoing
- ★ Ongoing updates through Community Advisory Forum
- ★ Media releases as major milestones approach and are met





Communications

Looking for more information on ER/UCC conversions at Port Colborne and Douglas Memorial sites?

- ✓ More Info Sessions booked
 - July 15, Douglas Memorial Site, 3 to 6 p.m.
(more sessions to be booked in Fort Erie)
- ✓ Go to www.niagarahealth.on.ca
- ✓ Look for UCC Info Brochure insert in Tribune July 3
- ✓ Fact Sheet and Newsletter handouts
- ✓ Fill out comment card with questions or topics for next Community Advisory Forum
- ✓ Provide your email so we can send you *Niagara Health Now* for regular updates





Questions !!!

