



Niagara Health System
Together in Excellence—Leaders in Healthcare

Emergency & Urgent Care Services

Fall 2009



Scope – Emergency & Urgent Care Services

- Niagara Health System is the largest provider of emergency and urgent care service in Ontario (192,040 visits in FY0809)
- Three 24/7 ED's
- Two 24/7 Urgent Care Centres
 - Port Colborne
 - Douglas Memorial
- One 14 hour Urgent Care Centre
- Acute Treatment for Trauma, Urgent and Emergent Care
- Minor Treatment (Fast Track)
- Rapid Assessment (October 1,2008-SCG, June 2009-WHS, Sept 2009 -GNG)
- Clinical Decision Unit (October 1, 2008 – pilot at SCG)
- Management of Admitted patients awaiting beds
- Consultative services by Specialists (larger sites), Hospitalists services
- Stabilization and Transfer to Specialty Sites (e.g Cardiac Cath)



of ED Visits Comparison – FY 2008-2009

- Niagara Health System (five sites) 192,040
- University Hospital Network (two sites) 76,833
- Hamilton Health Sciences (three sites) 107,276
- Sunnybrook Health Sciences (one site) 41,917
- Trillium (two sites - Mississauga Site 77,654 ED /Queensway Site 44,571 prompt care) 122,225
- London Health Science Centre (two sites) 144,164



ED Team Representation

- Permanent Charge Nurses
- Registered Nurses
- Registered Practical Nurses
- ED Physicians
- LTC-Nurse Practitioners
- CCAC
- NHS Case Managers
- Clerical Staff
- Respiratory Therapists
- Health Care Aides
- Sexual Assault and Domestic Violence
- VP- Clinical Services
- Health Program Director
- Physician Chief
- Physician Site Chiefs
- ED Managers
- Clinical Nurse Educators
- Decision Support Consultant
- Financial Consultant
- Healthy Lifestyles Coalition
- Base Hospital



Quality Imperative: Responding to Niagara demographics

- ***Population Health Statistics note above-average rates of chronic diseases and risk factors;***
- Arthritis -22% Niagara / 16% Ontario
- Asthma - 10% Niagara / 8% Ontario
- Limited activity due to a chronic health condition-40% Niagara/33% Ontario
- Smokers - 28%Niagara / 21% Ontario
- Obesity - 20% Niagara /16% Ontario
- Higher incidence of Cancer
- The proportion of people over the age of 65 in Niagara will grow by **9%** between 2006 and 2011.

- ***Niagara will experience higher rates of healthcare utilization and escalating healthcare needs in the next 5 years.***



Patient Trends

- Higher reliance/usage on NHS EDs due to lack of primary care in community resulting in a higher level of non-urgent cases
- Patients present to Niagara ED sicker than in other comparable communities
- Increased volume of ill and very ill patients arriving by ambulance to the 3 large ED sites



Patient Care in ED

(NHS 2008-2009)

MAJOR PRESENTING COMPLAINTS

- ❑ **Abdominal Pain**
10,487 cases (5.5% of Total ED Visits)
- ❑ **Chest Pain**
7,481 cases (3.9% of Total ED Visits)
- ❑ **Shortness of Breath**
6,876 cases (3.6% of Total ED Visits)
- ❑ **Cough**
5,698 cases (3.0% of Total ED Visits)



Urgent Care or Emergency Care???

NHS URGENT CARE CENTRES TREAT.....

- **Broken bones, 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.**
- **Ambulances do not bring patients to Urgent Care Centres.**
- ***note-other services in the community may use the term Urgent Care**

EMERGENCY DEPARTMENTS TREAT.....

- **Chest pain (especially if you have a history of heart problems)**
- **Shortness of breath**
- **Severe abdominal pain**
- **Dizziness**
- **Stroke symptoms**
- **Numbness in your arms or hands**
- **Major injuries**
- **Mental health issues**
- **Any serious condition that you feel may be worsening**
- **Call 911 if you have severe chest pain, stroke symptoms or a serious emergency.**
- **Ambulances bring patients to Emergency Departments.**



What's Triage??

What is a CTAS Level??

- CTAS stands for Canadian Triage Acuity Scale
- It is a nationally recognized method of ER patient assessment and determination of urgency
- CTAS assignment is based on a Triage Nurse assessment when a patient presents to the ER
- All ER nurses who perform Triage are required to have special training to provide the knowledge and skills to assess and determine a patient's Triage Level



CTAS & Triage ...continued

- **CTAS 1 – Resuscitation** (severe breathing distress, unstable, absent or minimal vital signs, etc)
- **CTAS 2-Emergent** (threat to life and or/ limb requiring rapid medical intervention such as chest pain, intense abdominal pain, severe injury, etc)
- **CTAS 3- Urgent** (where a condition may progress from serious to urgent /emergent such as head pain, asthma, abd. pain, bleeding, etc)
- **CTAS 4- Less Urgent** (where a condition may be related to an underlying condition and have less intense symptoms than the previous level such as ankle injury, stitches, pain in abd, etc)
- **CTAS 5- Non-Urgent** (condition may be related to a chronic health problem such as sore throat, prescription refill, minor injury, etc)



Monitoring Emergency and Urgent Care Activity

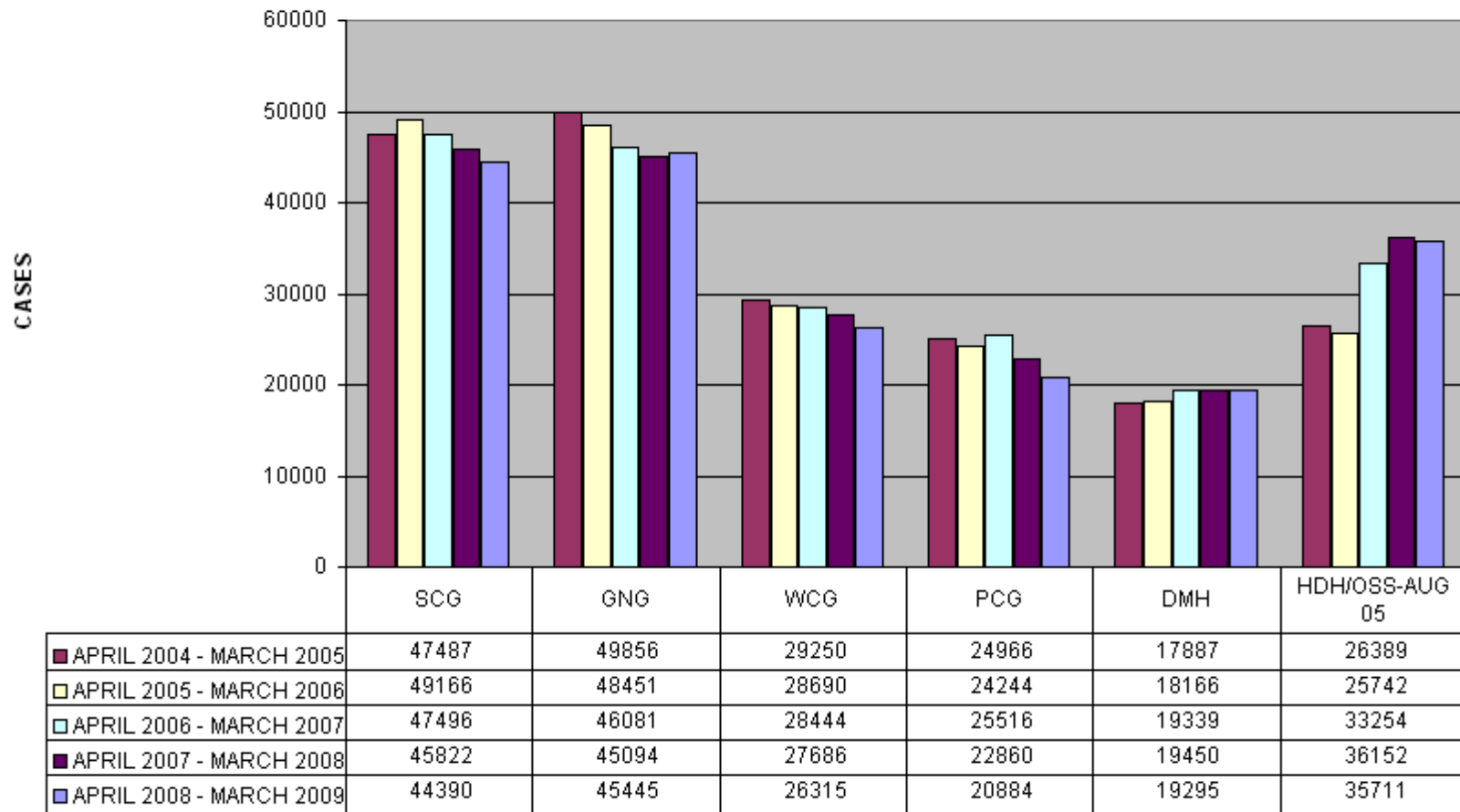
Many Performance Indicators are monitored:

- **Volume of patient visits - by age, by CTAS Level, % Admitted by Age Group**
- **Average Length of Time to discharge**
- **Time to In-Patient Bed – for Admitted patients**
- **Left Without Being Seen Rates**
- **Patient Satisfaction**



Total ER Visits by Site

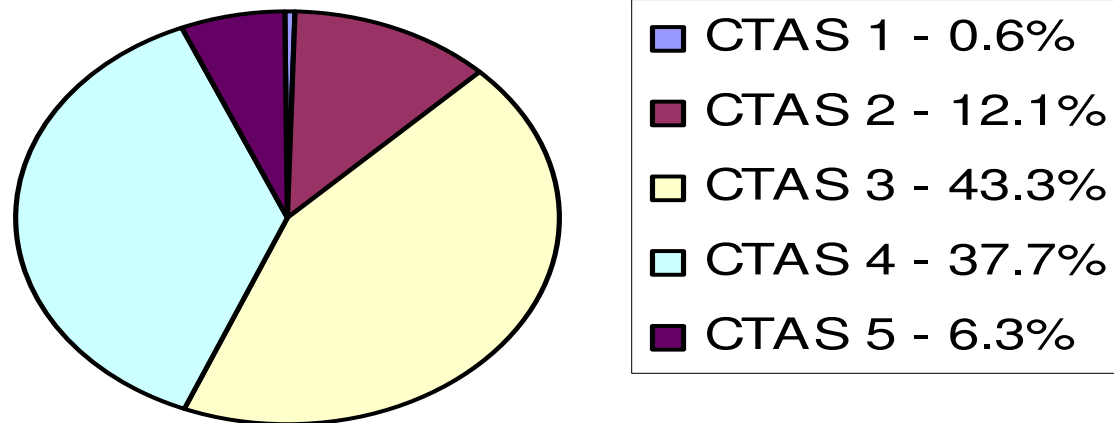
NIAGARA HEALTH SYSTEM AND
HOTEL DIEU HOSPITAL - PRIOR AUG 8/05 / ONTARIO STREET SITE - AS OF AUG 8/05
TOTAL ED VISITS BY SITE



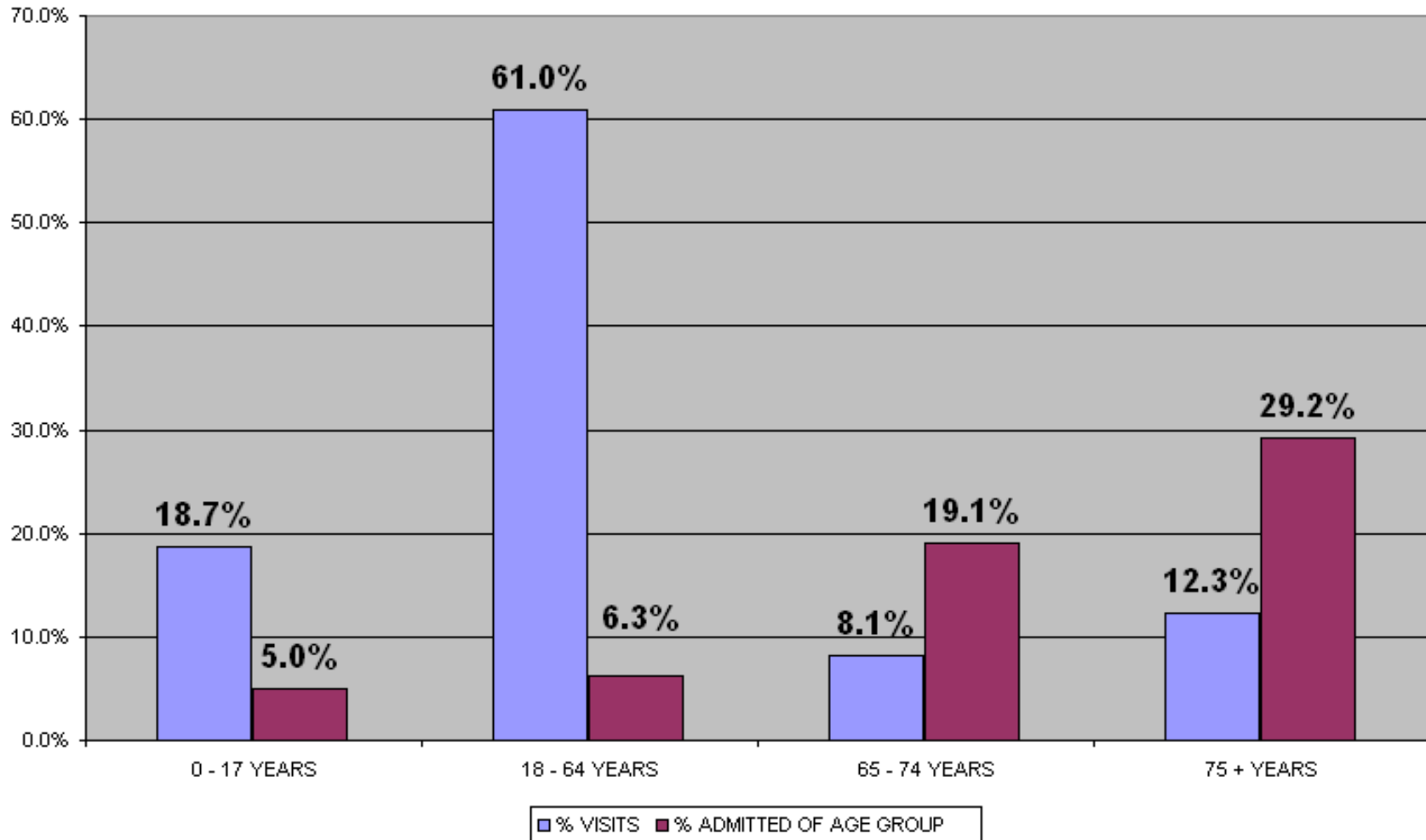
CTAS Levels

All Patients are triaged as to severity of their illness on presentation to the ED - CTAS Ratings 1 – 5

**CTAS Pt Distribution
NHS FY0809**



NIAGARA HEALTH SYSTEM ED VISITS AND ADMITS BY AGE GROUP APRIL 2008 TO MARCH 2009



ED Challenges & Opportunities for Improvement

Across Canada and in Ontario, Emergency Departments are facing challenges & pressures due to a variety of causes:

Local pressures

- Increased demand for service (higher volumes per 1000 population)
- Shortages of trained MDs and RNs
- Higher than provincial average Alternate Level of Care (ALC) patients with fewer placement options in the community results in
 - an increase in patients in the ED awaiting an acute in-patient bed, causing
 - an increase in wait times due to shortage of space/beds to see patients coming to the ED.

NHS Response

- Working with local municipalities to address Primary Health Care Needs
- Active recruitment and retention strategies for MDs and RNs
- Focus on ways to improve patient flow through ED
- Increase physician coverage
- Work with the public and community to utilize our Urgent Care Centres' for non-urgent patients to improve wait times and services at both the ED and UCC.



ED-Site Specific Challenges

- **SCG**
 - Recruitment of nurses,
 - average of 24 Admitted patients (ANB) waiting in ED for In-patient bed
 - High acuity or very ill patients served
- **WHS**
 - Recruitment of physicians to provide more than current double coverage
 - Difficulties when site is overwhelmed by ANBs in the ED
- **GNG**
 - In process of working with physicians to change their shifting pattern to from 10 hr days/14 hr nights and single coverage to 12 or 8 hour shifts to be able to recruit physicians for double coverage, as is the case in most EDs across the country.
 - Working with Team to improve chart flow and Triage flow, initiate Medical Directives and Rapid Assessment



Wait Time Strategies And Performance Funding

- 23 Ontario Hospitals received “*Pay for Results*” Funding tied to achieving specific Benchmarks and Targets in Year 1
- Year 2 “*Pay for Results*” Funding included more hospitals and more specific benchmarks with a bonus of monetary incentive for LHINs whose hospitals meet benchmark targets.
- MOHLTC Emergency Department–Process Improvement Program (ED-PIP)-Oct.2009
- Although strategies being employed in Niagara were primarily for SCG to reach Benchmarks and Targets, many initiatives are rolling out to all sites to improve wait time and flow:
- **Pre-Hospital-** Long Term Care Nurse Practitioners to help LTC patients return to LTC from ED safely with care at LTC to help prevent admission (e.g. IV Antibiotics)
- **In- Hospital initiatives**
 - Medical Directives
 - Rapid Assessment (CSI)
 - Express Unit (SCG), added housekeeping, porters
 - Monitoring of lab test return times
 - Clinical Decision Unit – 1 of 7 MOH Pilot sites



The First 60 Days of Urgent Care (UCC) Service in Port Colborne

- How many patients have been seen since July 6th?
 - 4200 patients/50 per 24hrs
- Who is using the UCC?
 - Men, Women, parents, families & Seniors.
 - The majority of patients are from Port Colborne, with 5% from Wainfleet & 14% from Welland
- How are they using the UCC ?
 - Approx. 96% are non-emergent, with approx. 4% being urgent several requiring transfer to a larger site, Hamilton, or beyond
 - 7.5% of the people using the Welland ED for non-emergency care were Port Colborne residents who could have received care at the Port UCC. Wait time at the WHS ED site was 7.6 hrs while at the Port Colborne UCC wait time was 3.0 hrs in July (these are also dependant on what a patient's condition was).
- What are patients saying about the care they received at the UCC?
 - 77% of those answering the voluntary patient satisfaction survey responded that the care they received was "*Excellent*", 20 % responded the care received was "Good", and 3% were not happy with care received or did not respond.
 - A key theme from patients were compliments and comments of appreciation for care received by the healthcare team at the UCC!
- Renovation plans worked on by the Team have been submitted to the Ministry for approval.



Update of Fort Erie Conversion to UCC

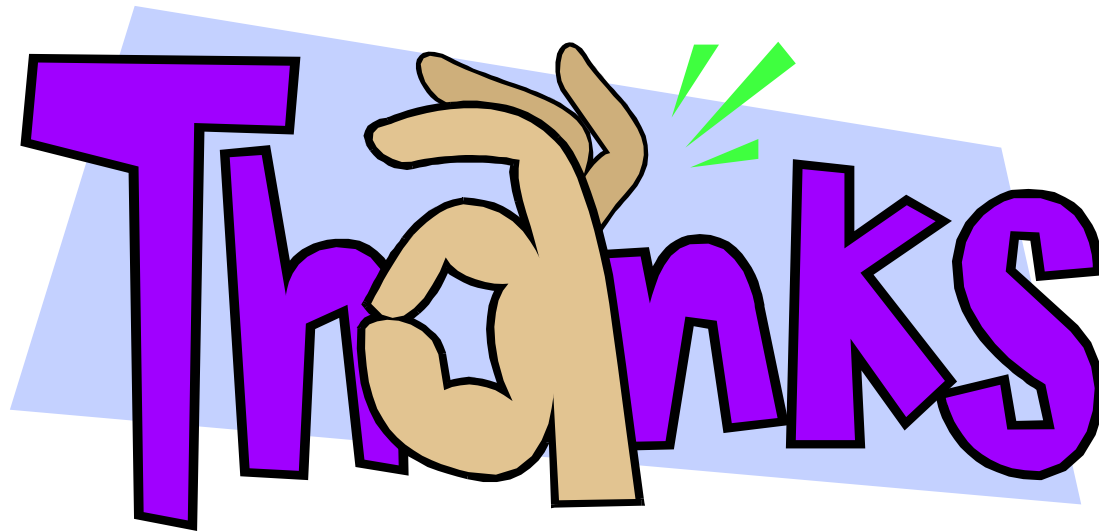
- When will the conversion occur ?
 - Conversion is set to occur on September 28, 2009
- Will the staffing or qualifications of staff be different than the ED ?
 - The same qualified staff will be there to care for you! There will be 2 RN's 24/7 and an RPN for the same hours.
- What if I only need to stay for something simple like antibiotics by intravenous (IV)?
 - There are 6 medical beds with specific guidelines for short stay low acuity patients where this can occur on the Medical unit.
- Will renovations have to occur?
 - Renovations previously took place at the site and it is ready for conversion!



Our Niagara EMS Partners

- Highest % of advanced care paramedics in the province
- Protocols have advanced so that life saving treatments can be administered en route to hospital
- Excellent response times
- There is a standard provincial charge for using ambulance services of \$45.00 that is usually billed following the occurrence or hospital visit.
- As stated, care in the ED is determined by your level of acuity (CTAS Level) so calling an ambulance will not have you seen and treated quicker in the ED unless your level of acuity also warrants it.
- The NHS and Niagara EMS are working together on guidelines to take non-urgent patients to the Port and Fort UCCs; more info will be available shortly on this initiative as they are in the process of being reviewed by all involved.





FOR YOUR TIME AND ATTENTION !!

QUESTIONS?

