



North West LHIN Emergency Department (ED) / Alternate Level of Care (ALC) Strategy

The North West LHIN is implementing initiatives that address ED/ALC pressures in the short, medium and longer-term. These initiatives integrate the various strategies of Aging at Home; Chronic Disease Prevention and Management, Mental Health and Addictions and ED/ALC. Pressures caused by ED/ALC provide a great example of a health system challenge where patient flow and the continuum of care crosses sectors and creative solutions between partners will be one way of ensuring sustainable change into the future.

The North West LHIN ED/ALC Strategy is focused on addressing the three pillars identified under the provincial ED/ALC Strategy: Reducing ED Demand; Reducing ED wait times; and Improving Bed Utilization.

General Facts:

- The North West LHIN has the highest Emergency Room (ER) visit rate in the province for non-urgent cases at 208 per 1000 population.
- Limited after-hours or walk-in clinics exist across the region.
- Smaller community hospitals function as primary care centres.
- The North West LHIN ranks 6th in ED length-of-stay compared to all LHINs.
- Admitted patients spend 31.6 hours in the ED.
 - The goal is to reduce this wait time to ≤ 8 hours.
- Non-admitted patients with complex conditions wait the longest time in the ED at 10.1 hours for either discharge or admission to an inpatient bed.
 - The goal is to reduce this wait time to ≤ 8 hours.
- Non-admitted patients with minor conditions wait 4.3 hours in the ER prior to discharge.
 - The goal is to reduce this wait time to ≤ 4 hours.
- In 2007/08, 955 visits to the ED at Thunder Bay Regional Health Sciences Centre were transfers from the long-term care setting.
 - 455 of these visits resulted in an admission to hospital.
- The percentage of ALC days in the North West LHIN decreased in Q1 2009/10 to 13.18%.
 - The goal for 2009/10 is to reduce ALC days to 13%.



North West LHIN - ED / ALC Strategy (cont.)

Solutions that are being implemented to address ED/ALC are short, medium and longer-term. The various initiatives are found below:

Reduce ED demand by:

- Training 75 Master Trainers across the North West LHIN to use the Stanford Model for improving self-management of chronic disease.
- Improving access to non-emergency alternatives for care in the community for Mental Health and Addictions (MH&A) clients. The “Getting Appropriate Personal and Professional Supports Program” (GAPPS) for MH&A clients measures a reduction in the ED visit rate and wraps services around the client in the community. The team examined the frequency of client visits to the ED and identified high users as a target population.
- Linking Alzheimer patients/families to services through the First Link Program offered by the Alzheimer Society of Thunder Bay. To date 18 new referral linkages have been established.
- Implementing a LHIN-wide Falls Management Initiative. Thirty two (32) teams across the North West LHIN are participating in this quality improvement initiative.
- Implementing the LHIN-wide Wound Management Initiative with a focus on provider education, product standardization and protocol standardization for care and management of wounds.
- Establishing a Nurse-led Outreach Team to Long-Term Care to prevent unnecessary transfers to the emergency department when the quality of care can be maintained within the long-term care setting. Long-term care homes in Thunder Bay are working with Thunder Bay Regional Health Sciences Centre (TBRHSC) to implement this initiative.

Reduce Wait Times in the Emergency Room by:

- Implementing 9 new initiatives at TBRHSC to address ER length-of-stay (LOS) in 2009/10.
 - 2 of the 3 ED wait times have shown improvement:
 - 5.2% improvement in ED LOS for higher acuity non-admitted patients.
 - 4.8% improvement in ED LOS for low acuity non-admitted patients.
 - The greatest challenge is to reduce the ED LOS for admitted patients.
- Monitoring and reporting ED wait times through the provincial database at 3 sites across the North West LHIN: TBRHSC, Dryden Regional Health Centre, and Lake of the Woods District Hospital.
- Implementing a new initiative titled the ED Performance Improvement Program which is offered to designated ED Pay-for-Results sites i.e. TBRHSC
 - Objectives include:
 - Improved ED length-of-stay for all acuity levels
 - Improve patient/family satisfaction with care in ED
 - Improve the hospital staff environment
 - Build capacity to create long-term sustainable change in hospitals
 - Create provincial networks to share knowledge across hospitals

Improve Bed Utilization:

- Increasing homemaking services offered by the North West Community Care Access Centre (CCAC) with the new funding allocation under ED/ALC began in the fall of 2008/09.
- Increasing annualized placement capacity by 27,374 days in Thunder Bay with the planned implementation of 75 new Transitional Supportive Housing units in 2010/11.
- Increasing interim long-term care bed capacity by 1825 days or the equivalent of 5 beds in Thunder Bay.
- Implementing an Alternate Level of Care Resource Matching and eReferral (RM&R) technology solution to improve the flow of ALC patients from the acute care settings to alternate care destinations.
 - Mapping of patient flow from acute care to the complex continuing care and rehab setting and the North West CCAC is in progress. Within 6-8 months, the technology solution will go live in Thunder Bay 2010/11.

North West LHIN - ED / ALC Strategy (cont.)

Improve Bed Utilization (continued):

- A second phase of this work will expand the concept to the community support sector, MH&A and regional community hospital sites in 2009/10.
- Expediting patient discharge through use of the “Smooth Transitions” program offered by St. Elizabeth Health Care. The program focuses on:
 - “Partnering with TBRHSC to increase hospital capacity by improving patient flow and decreasing length of stay for those patients who are being discharged.”
- Implementing a pilot project in a Retirement Home Setting in Thunder Bay to create additional annualized placement capacity of 3650 days in 10 units to address surges in ALC at TBRHSC.
 - The average length of stay for these patients is 30 – 32 days before being discharged home.
- Partnering with St. Joseph’s Care Group, North West CCAC, Dryden Regional Health Centre and the North West LHIN with the Flo Collaborative Spread Strategy. The goal is to improve patient transitions from acute care hospitals to subsequent care destinations for all medicine patients.
 - The FLO Collaborative findings include:
 - Improved discharge planning processes
 - Earlier involvement of the multidisciplinary team in discharge planning
 - Better communication about discharge with patients/families

As the provincial ED/ALC Strategy evolves the North West LHIN will continue to work with implementation of the various provincial initiatives. Some examples are listed below:

- All hospital sites implemented a standardized definition of Alternate Level of Care in July 2009.
- 113 hospitals started reporting ALC through an interim upload tool (provincially) in October 2009.
- An ALC Resource Matching and Referral (RM&R) Process provincial reference model has been developed. This will be implemented across the various LHINs. The North West LHIN has been an early adopter of this initiative.
 - The goal is to improve the flow of ALC patients from the acute care setting to alternate care destinations.
- Year 3 Aging at Home directional plan will focus on ED/ALC with performance expectations targeted at making a difference in ED/ALC within 6 – 12 months. Plans are in development.
- Implementation of a reporting tool to improve the timeliness of reporting ED wait times for Thunder Bay Regional Health Sciences Centre, Dryden Regional Health Centre and Lake of the Woods District Hospital.

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