

## MCGUINITY GOVERNMENT PLAN TO REDUCE WAIT TIMES AT ONTARIO EMERGENCY ROOMS

In 2005, the Hospital Emergency Department and Ambulance Effectiveness Working Group, headed by Dr. Brian Schwartz of Sunnybrook and Women's College Health Sciences Centre's Base Hospital, was established to offer advice on enhanced access and quality of service within the emergency department. The report recommends ways for hospitals and ambulances to transfer patients more efficiently from ambulance paramedics to the hospital emergency department. The government's response to the report includes:

### **Urgent Care Centers Demonstration Project**

The North York General Hospital and Sunnybrook and Women's College Hospital are each being funded for a two-year demonstration project. The hospitals will be receiving a total of \$4.3 Million over two years as well as \$875,000 in one time costs to add nurses, physicians and other staff, as well as equipment for telemedicine. Selected patients with minor conditions will be transported to the Urgent Care Centers at the Branson site of North York General Hospital or the Women's College site of Sunnybrook and Women's College Hospital, instead of to an Emergency Department. The Toronto Emergency Medical Service will work closely with the hospitals to determine which patients will be sent to the Urgent Care Centers. The Urgent Care Centers will be launched this spring, and after two years of operation, will be evaluated to determine whether they are reducing the time ambulances spend waiting with patients in Emergency Departments, and improving the quality of the patient experience in the Emergency Department. If the evaluation is positive, a decision will be made about expanding the arrangement to other communities.

### **Surge Capacity Protocol Demonstration Project**

St. Michael's Hospital in Toronto is being funded a total of \$698,800 for a two-year demonstration project that will implement various solutions to improve how patients move through the emergency department, particularly during busy (or high volume) times. Over a two-year period, the hospital will introduce a hospital-wide team dedicated to improving patient flow, set up patient pre-admission and pre-discharge lounges and implement an electronic bed management system. The project will start this spring. In two years, it will be evaluated to determine whether these solutions are effective in improving patient flow and quality of service, and whether they would be of value to other hospitals.

## **ED and Ambulance Quality Implementation Team**

Ken Deane, President and CEO St. Joseph's Health Center in Toronto has been appointed Chair of the Emergency Department and Ambulance Quality Implementation Team, being set up to assist the Ministry of Health and Long-Term Care with implementation of the Hospital Emergency Department And Ambulance Effectiveness Working Group Report recommendations. Having served in CEO and senior executive positions in a number of hospitals throughout Ontario, and led significant transformations, Deane is well positioned to direct the implementation of the working group recommendations. The committee will have its inaugural meeting in March 2006.

This report is available on our website at: <http://www.health.gov.on.ca> under the News Media section.

## CRITICAL CARE RESPONSE TEAMS

Critical Care Response Teams (CCRTs) consist of intensive care physicians, intensive care nurses and Respiratory Therapists who are available 24/7 to take the skills and expertise of a critical care unit beyond its four walls. These innovative teams can deliver care within minutes to any area of the hospital for patients whose condition may be deteriorating. Their quick action will help stabilize patients, reducing the need for lengthy stays in Intensive Care Units (ICU). Working in partnership with specially trained staff in the hospital wards, the teams will also provide assessments on the spot to ensure that patients receive the right care in the right unit of the hospital, including the ICU, thereby saving lives and increasing access to critical care resources.

In pilot programs at four Ontario hospitals, preliminary results were impressive. For example, the Ottawa Hospital demonstrated a 30 per cent reduction in in-patient cardiac arrests. More established teams in other jurisdictions have reached reduction rates over 50 per cent after several years of operation. At University Health Network, the average length of stay in the ICU of patients admitted from the ward dropped from an average of 7 to 2 days and mortality dropped from 14 per cent to 8 per cent over the same period. The ministry will continue monitoring these results to ensure that this innovative approach to patient care yields its full benefits. It is estimated that the the creation of 26 CCRTs will result in improved access to ICU resources equivalent to adding 40 to 50 ICU beds throughout the system. Thus, these teams will help save lives and improve patient outcomes while ensuring that all Ontarians have better access to ICU services.

The following is a list of 26 hospital sites that will establish Critical Care Response Teams, including a demonstration of the model at four paediatric sites.

### **HOSPITALS SELECTED FOR PHYSICIAN-LED CCRTs**

#### CENTRAL LOCAL HEALTH INTEGRATION NETWORK

1. North York General Hospital

#### CENTRAL EAST LOCAL HEALTH INTEGRATION NETWORK

2. The Scarborough Hospital – General Site

#### HAMILTON NIAGARA HALDIMAND BRANT LOCAL HEALTH INTEGRATION NETWORK

3. Hamilton Health Sciences Centre – General Site

4. Hamilton Health Sciences Centre – McMaster Children’s Hospital Site (Demonstration)

5. St. Joseph’s Healthcare, Hamilton

CHAMPLAIN LOCAL HEALTH INTEGRATION NETWORK
6. Children's Hospital of Eastern Ontario (Demonstration)
7. The Ottawa Hospital – General Campus
8. The Ottawa Hospital – Civic Campus
MISSISSAUGA HALTON LOCAL HEALTH INTEGRATION NETWORK
9. The Credit Valley Hospital
10. Trillium Health Centre – Mississauga Site
11. Halton Healthcare Services – Oakville Trafalgar Site
NORTHEAST LOCAL HEALTH INTEGRATION NETWORK
12. Sudbury Regional Hospital
NORTHWEST LOCAL HEALTH INTEGRATION NETWORK
13. Thunder Bay Regional Health Sciences Centre
SOUTHEAST LOCAL HEALTH INTEGRATION NETWORK
14. Kingston General Hospital
SOUTHWEST LOCAL HEALTH INTEGRATION NETWORK
15. London Health Sciences Centre – Children's Hospital of Western Ontario (Demonstration)
16. London Health Sciences Centre – University Site
17. London Health Sciences Centre – Victoria Site
TORONTO CENTRAL LOCAL HEALTH INTEGRATION NETWORK
18. Hospital for Sick Children (Demonstration)
19. Mount Sinai Hospital
20. St. Joseph's Health Centre, Toronto
21. St. Michael's Hospital
22. Sunnybrook & Women's College Health Sciences Centre
23. University Health Network – Toronto Western Site
24. University Health Network – Toronto General Site
25. Toronto East General Hospital
WATERLOO WELLINGTON LOCAL HEALTH INTEGRATION NETWORK
26. Grand River Hospital

## INCREASED INTENSIVE CARE UNIT AND CHRONIC ASSISTED VENTILATORY CARE BEDS

The McGuinty government is committed to increasing access to critical care across the province by expanding the number of intensive care unit (ICU), step-down and chronic assisted ventilatory care (CAVC) beds.

ICU beds are used to care for patients in a hospital ICU, where specialized health care teams work 24/7 to save the lives of critically ill patients. Step-down beds provide high intensity monitoring and care for patients following surgery or following discharge from the ICU. CAVC beds, located at specialty hospitals, provide improved quality of life and rehabilitation opportunities for individuals who need mechanical assistance to maintain their breathing (chronically ventilated) but who are otherwise medically stable. At present, chronically ventilated patients often remain in an ICU for long periods, as the ventilation capacity may not be available elsewhere. CAVC beds are a better alternative for these patients.

The following is a list of hospitals receiving ICU and Chronic Assisted Ventilatory Care (CAVC) beds:

### HOSPITALS RECEIVING ADDITIONAL ICU BEDS IN 2005/06

Hospital Corporation	# Beds Funded	Bed Type	Funding provided (\$ M)
<b>CENTRAL EAST LOCAL HEALTH INTEGRATION NETWORK</b>			
Peterborough Regional Health Centre	3	ICU	1.50
<b>CHAMPLAIN LOCAL HEALTH INTEGRATION NETWORK</b>			
The Ottawa Hospital	2	ICU	1.50
<b>ERIE ST. CLAIR LOCAL HEALTH INTEGRATION NETWORK</b>			
Windsor Hôtel-Dieu Grace Hospital	2	ICU	1.00
<b>HAMILTON NIAGARA HALDIMAND BRANT LOCAL HEALTH INTEGRATION NETWORK</b>			
Hamilton Health Sciences Centre	1	ICU	0.75
<b>MISSISSAUGA HALTON LOCAL HEALTH INTEGRATION NETWORK</b>			
Halton Healthcare	2	ICU	1.00
<b>NORTH EAST LOCAL HEALTH INTEGRATION NETWORK</b>			
Sudbury Regional Hospital	2	ICU	1.00
<b>SOUTH EAST LOCAL HEALTH INTEGRATION NETWORK</b>			
Kingston General Hospital	4	Step-Down	2.00
<b>SOUTH WEST LOCAL HEALTH INTEGRATION NETWORK</b>			
London Health Sciences Centre	2	ICU	1.50
<b>TOTAL</b>			<b>\$10.25</b>

**HOSPITALS THAT RECEIVED NEW ICU AND CAVC BEDS IN 2004/05**

<b>Hospital Corporation</b>	<b># Beds Funded</b>	<b>Bed Type</b>	<b>Funding provided (\$ M)</b>
<b>CENTRAL LOCAL HEALTH INTEGRATION NETWORK</b>			
York Central Hospital	2	ICU	1.00
<b>CENTRAL EAST LOCAL HEALTH INTEGRATION NETWORK</b>			
Peterborough Regional Health Centre	2	ICU	1.00
<b>HAMILTON NIAGARA HALDIMAND BRANT LOCAL HEALTH INTEGRATION NETWORK</b>			
Hamilton Health Sciences Centre	2	ICU	1.50
<b>MISSISSAUGA HALTON LOCAL HEALTH INTEGRATION NETWORK</b>			
Halton Healthcare Services Corporation	2	ICU	1.00
<b>NORTH EAST LOCAL HEALTH INTEGRATION NETWORK</b>			
Hôpital régional de Sudbury Regional Hospital	4	ICU	2.00
<b>TORONTO CENTRAL LOCAL HEALTH INTEGRATION NETWORK</b>			
Mount Sinai Hospital	3	ICU	2.25
St. Michael's Hospital	4	ICU	3.00
University Hospital Network	8	ICU	6.00
West Park Healthcare Centre	6	CAVC	1.30
<b>TOTAL</b>			<b>\$ 19.05</b>