

# MOHLTC - HSAPD ER/ALC Quarterly Stocktake Report

## *DIRECTION · ACCOUNTABILITY · REPORTING*

### *Purpose of this report*

The Quarterly Stocktake Report demonstrates Ontario's progress towards the goals of the ER/ALC Strategy at the provincial and LHIN levels. It reports on measures that are reported to the public, as well as the system and supplementary measures outlined in agreements between each LHIN and the MOHLTC. It also provides supplementary data to provide more insight into current performance levels.

The Quarterly Stocktake Report is used to drive transparent performance discussions between the ADM of the HSAPD and LHIN CEOs at the quarterly MOHLTC-LHIN Results meetings.

### *Populating this report*

The LHIN CEOs are accountable for ensuring the Report for their respective LHIN is completed each quarter. Access to Care (ATC) will populate all standardized measures in the Report, however the ER/ALC LHIN Performance Lead in each LHIN is responsible for requesting/obtaining any supplementary performance information they feel should be included. This may be negotiated with ATC or other LHIN stakeholders as required. The LHIN Leads are also responsible for documenting explanations and interpretations of the populated information.

It is recognized that the timeliness of the data reported influences the meaningfulness of the Stocktake. The data used to populate the Stocktake will evolve to become more timely as initiatives under the ER/ALC Information Strategy are implemented. Specifically, enhancements to the WTIS and EDRS systems, which are scheduled for completion by summer 2010, will improve the currency of the data reported.

### *Components of the Report*



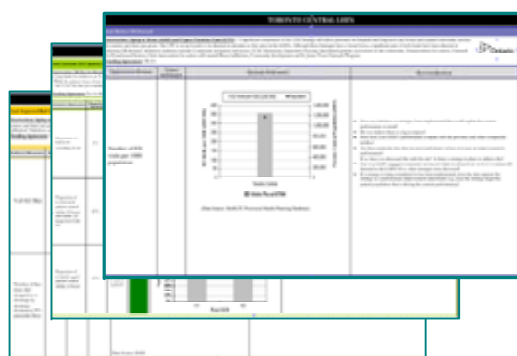
#### PROVINCIAL VIEWS (pgs 2 & 3)

- Illustrates performance across Ontario as a whole as well as broken down by LHIN
- Consistently reports on the set system measures associated with the 3 goals of the ER/ALC strategy
- Highlights areas of significant progress and opportunities for improvements



#### LHIN VIEW (pg 5)

- Illustrates performance within the LHIN
- Consistently reports on the set system measures associated with the 3 goals of the ER/ALC strategy
- Highlights areas of significant progress and opportunities for improvement



#### DETAILED LHIN VIEWS (pgs 7-10)

- Illustrates performance within the LHIN against each of the 3 goals of the ER/ALC strategy by intervention/strategy
- Consistently reports on the set supplementary measures associated with each intervention/strategy (defined in accountabilities)
- Provides interpretations and explanations of performance associated with each intervention/strategy

### *Key Terms & Definitions*

#### INTERVENTION

- A lever used to achieve an improvement in performance (e.g. funding)

#### MEASURES

- A calculation that illustrates progress in achieving a goal or objective; Synonym: indicator
- 2 types:

##### *System Measures*

- A limited set of highlevel measures directly linked to the goals of the strategy

##### *Supplementary Measures*

- A set of measures associated with a specific intervention/strategy that are indirectly linked to one or more overarching goals of the strategy

## SYSTEM FOCUS: Reduce time spent in the ER across Ontario

### What is the problem?

Almost 50% of ER visits are made by patients with non-urgent or less urgent needs

Time spent in the ER is too long: 90% of patients are treated within 9.4 hours from triage to discharge

Time in the ER is five times longer for ER patients admitted to hospital (35 hrs); 75% of their total ER time (26 hrs) is spent waiting for an inpatient bed

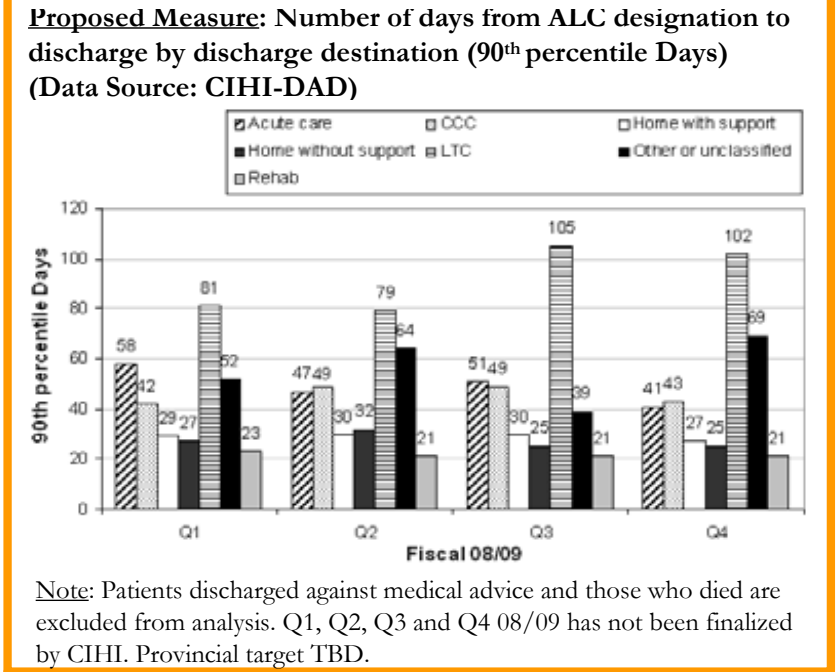
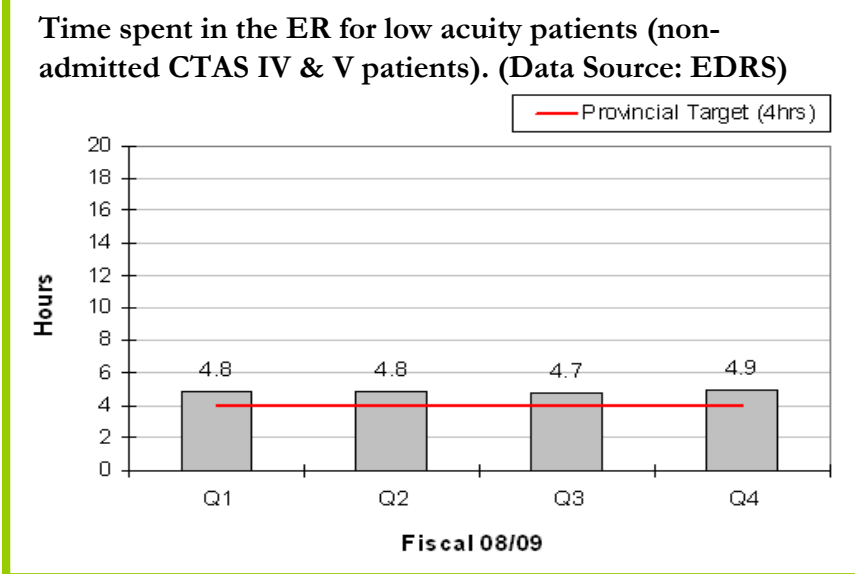
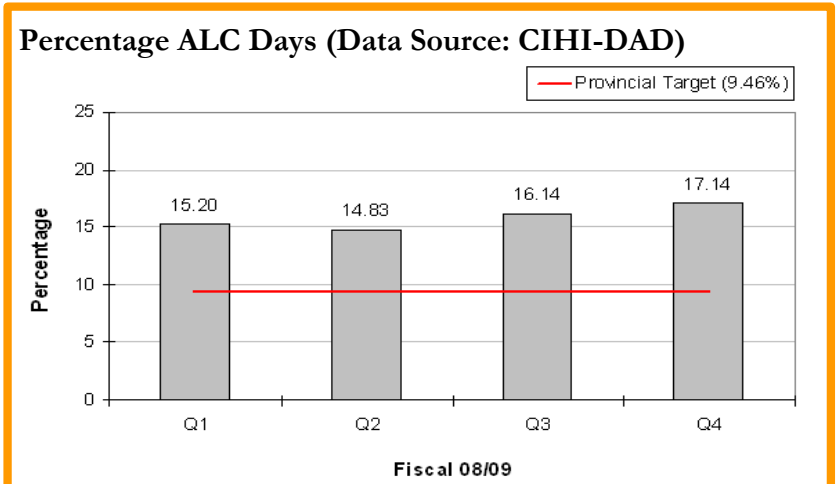
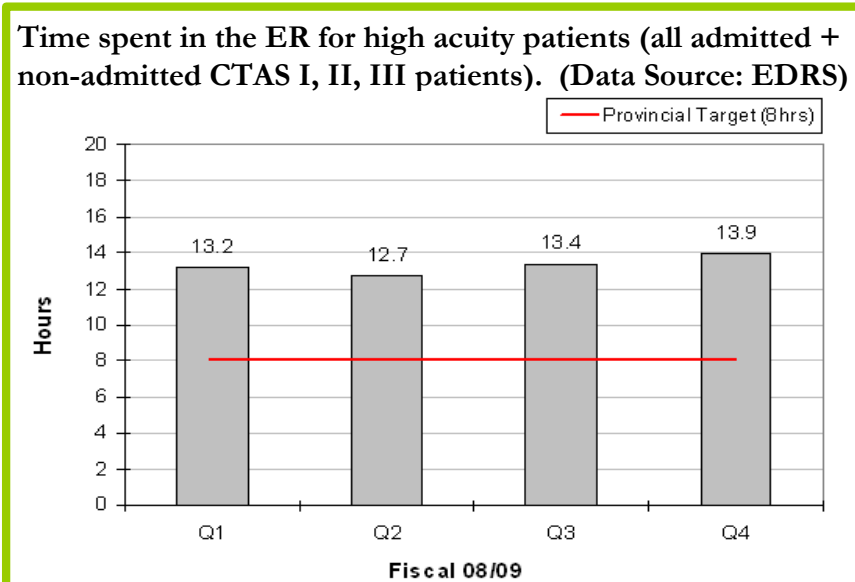
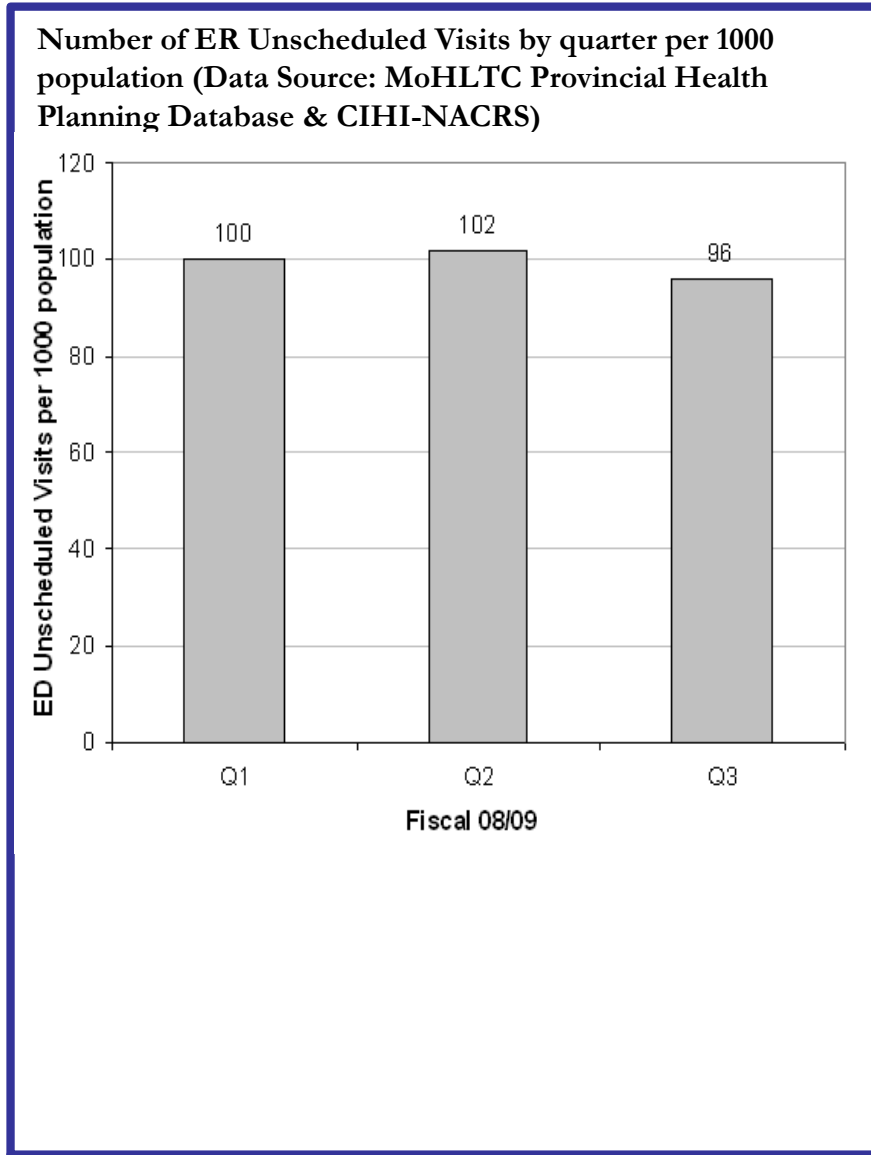
### GOALS What are we striving to achieve?

**1** Reduce ER demand  
Reducing the number of non-urgent cases that present at the ER will enable emergency clinicians to focus on patients with critical needs

**2** Increase ER capacity/performance  
Improving triage and admission processes and reducing ambulance offload times will enable emergency clinicians to provide more efficient care

**3** Improve Bed Utilization  
Improving bed utilization expedites patient throughput and maximizes hospital capacity

### PROGRESS Have we achieved our goals?



### HIGHLIGHTS Evidence of achievements and/or obstacles to progress

- The number of ER Unscheduled Visits by quarter per 1000 population for Ontario decreased in Q3 08/09 and is the lowest compared to Q1 and Q2. This is similar to the trend seen in previous years. At a provincial level the majority of visits are CTAS III and IV patients.

- The provincial time spent in ER for high and low acuity patients has increased from Q3 to Q4 as expected due to seasonal variation.
- The 23 Pay For Result sites have seen more improvements than the rest of the sites in all CTAS levels, particularly CTAS III and V.
- Due to the small proportion of total ER visits (23%), the impact of the 23 Pay For Results sites on the provincial ER LOS is insignificant in 08/09. It is expected that an impact will be seen in 09/10 as the Pay For Result program was expanded to 45 sites.

- Percent ALC days consistently increased from Q2 to Q4 and remains above the provincial target of 9.46%.
- Number of ALC days for patients discharged to Long Term Care remains the longest, increasing from 79 days in Q2 to 102 days in Q4. Patients discharged to Long Term Care represent a large proportion of ALC patients. Efforts to reduce these waits may improve overall ALC days.

## SYSTEM FOCUS: Reduce time spent in the ER across Ontario

### What is the problem?

Almost 50% of ER visits are made by patients with non-urgent or less urgent needs

Time spent in the ER is too long: 90% of patients are treated within 9.4 hours from triage to discharge

Time in the ER is five times longer for ER patients admitted to hospital (35 hrs); 75% of their total ER time (26 hrs) is spent waiting for an inpatient bed

### GOALS What are we striving to achieve?

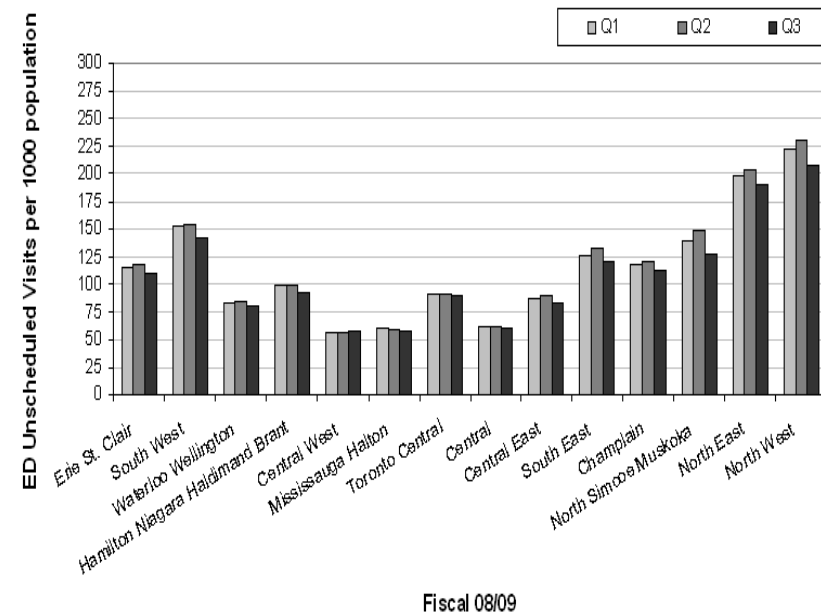
**1** Reduce ER demand  
*Reducing the number of non-urgent cases that present at the ER will enable emergency clinicians to focus on patients with critical needs*

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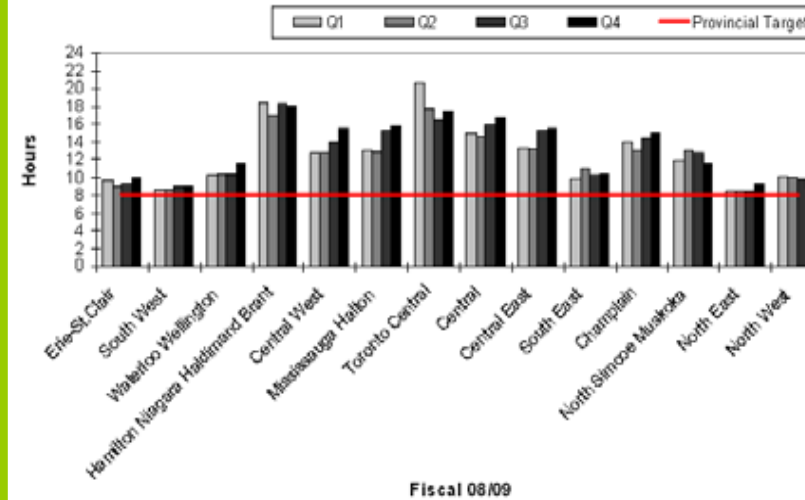
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### PROGRESS Have we achieved our goals?

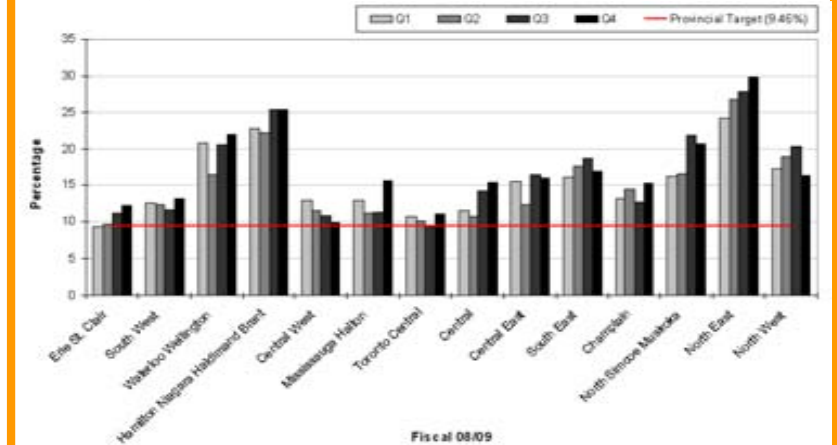
Number of ER Unscheduled Visits by quarter per 1000 population (Data Source: MoHLTC Provincial Health Planning Database & CIHI-NACRS)



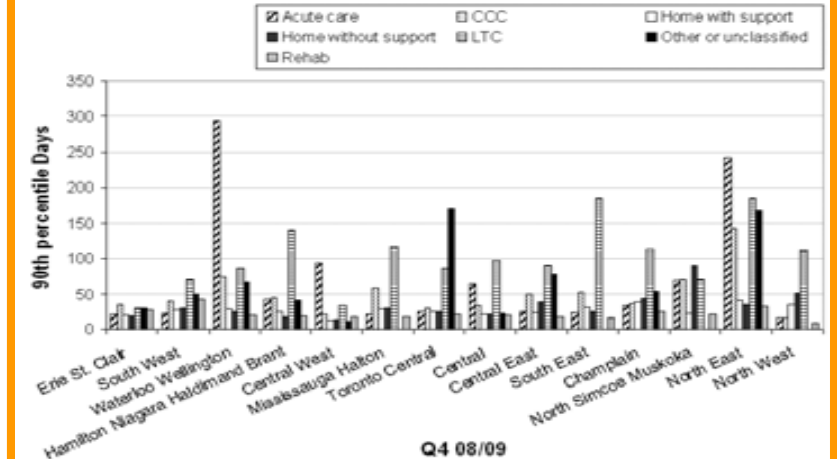
Time spent in the ER for high acuity patients (all admitted + non-admitted CTAS I, II, III patients). (Data Source: EDRS)



Percentage ALC Days (Data Source: CIHI-DAD)

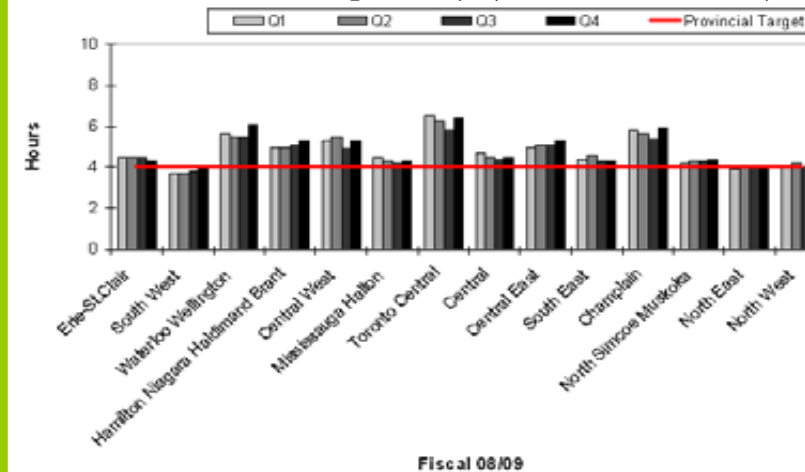


Proposed Measure: Number of days from ALC designation to discharge by discharge destination (90<sup>th</sup> percentile Days) (Data Source: CIHI-DAD)



Note: Patients discharged against medical advice and those who died are excluded from analysis. Q1, Q2, Q3 and Q4 08/09 has not been finalized by CIHI.

Time spent in the ER for low acuity patients (non-admitted CTAS IV & V patients). (Data Source: EDRS)



➤ For 13 LHINs, the number of ER Unscheduled Visits by quarter per 1000 population decreased in Q3 08/09 and was the lowest compared to Q1 and Q2. North West LHIN and North Simcoe Muskoka LHIN saw the largest decrease in Q3 from Q2 with 22 fewer ER Unscheduled Visits per 1000 population. For Central West LHIN there was a 2% increase in the number of ER Unscheduled Visits by quarter per 1000 population from Q2 to Q3 (an increase of 1,098 visits overall for the LHIN).

➤ For high acuity patients, in most LHINs there was no significant change in time spent in the ER from Q3 to Q4 08/09. Waterloo Wellington, Central West and North East LHINs, saw a significant increase. From Q1 to Q4 08/09, Toronto Central LHIN and North West LHIN saw the most improvement in time spent in the ER (15% and 14% respectively).

➤ For low acuity patients, in most LHINs there was no significant change in time spent in the ER from Q3 to Q4 08/09 except for Waterloo Wellington LHIN where there was a significant increase. From Q1 to Q4 08/09, Erie St. Clair LHIN saw the most improvement in time spent in the ER (6%).

➤ Percentage of ALC days increased for majority of the LHINs, resulting in all LHINs being above the provincial target of 9.46%.

➤ Number of ALC days for patients discharged to Long Term Care is consistently high for the majority of the LHINs. Patients discharged to Long Term Care represent a large proportion of ALC patients. Efforts to reduce these waits may improve overall ALC days.

### HIGHLIGHTS Evidence of achievements and/or obstacles to progress