

# Central East LHIN's Strategy to Save 1,000,000 Hours of Patient Time

Partnerships, strategies and known initiatives that will help us achieve this strategic aim

Viewed in the context of the larger health care system and a focus which mirrors the MOHLTC

- **Reduce emergency department demand**
- Improve emergency department capacity and performance
- Improve hospital bed utilization

## Reduce Emergency Department Demand

### Partners

Hospitals / Long-Term Care Homes / Community Care Access Centre / Community Based Mental Health and Addictions Providers / Supportive Housing Providers / Community Support Service Agencies / Police Services / Primary Health Care Providers / Community Health Centres / Urgent Care Centres / Individuals, Families and Caregivers

### Strategies

- providing housing and care alternatives outside of the hospital setting
- enhancing access to primary care
- preventing, identifying, assessing, treating and managing health conditions in other settings
- increasing awareness and use of health care services available in the community
- increasing the capacity of community agencies and support services
- enabling patients to manage their own chronic conditions

### Projects

- Community Crisis Supports for Mental Health Clients
- Supportive Housing Services for at-risk individuals
- Supporting Ministry expansion of primary care models and urgent care
- Nurse-Practitioners to Long-Term Care
- Community-based Comprehensive Geriatric Assessment
- Self-Management Resources
- Resource-matching and education to help clients locate alternatives to care
- Others as identified

### Performance Indicator

- Rates of Emergency Department Visits per 1000 population
- Rate of Emergency Department Visits that could be Managed Elsewhere
- # of wait time hours saved/diverted from the emergency department

Engaged Communities.  
Healthy Communities.

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- ***Improve emergency department capacity and performance***
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## Improving Emergency Department Capacity and Performance

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### Partners

Hospitals / Community Care Access Centre / Emergency Management Services / Mental Health Crisis Teams / eHealth

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### Strategies

- Emergency department capacity and performance initiatives are hospital based and tend to address administrative and clinical practices such as:
    - Improving patient flow and improving efficiency of care practices
    - Adding equipment
    - Improving access to diagnostics
    - Using ancillary support/personnel
    - Utilizing eHealth to improve patient flow and referral
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### Projects

- Geriatric Emergency Management Nurses in the emergency department
  - Process improvement programs such as LEAN methodology and the Flo Collaborative
  - CCAC Case Management in the emergency department
  - Rapid Assessment Units and Clinical Decision Units
  - Additional health human resources through the Pay For Results program
  - Triage and Assessment and crisis support to mental health clients in the emergency department
  - eHealth projects such as ED Patient Self-Registration Kiosk, ED/CCAC Client Notification and Drug Profile View
  - Others as identified
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### Performance Indicator

- Proportion of admitted patients treated within the LOS target of  $\leq 8$  hours [MLAA]
  - Proportion of non-admitted high acuity (CTAS I-III) patients treated within their respective targets of  $\leq 8$  hours for CTAS I-II and  $\leq 6$  hours for CTAS III [MLAA]
  - Proportion of non-admitted low acuity (CTAS IV & V) patients treated within the LOS target of  $\leq 4$  hours [MLAA]
  - # of emergency department wait time hours saved (resulting from the achievement of the above targets)
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## Improving Hospital Bed Utilization

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### Strategies

- Optimizing the length of time patients spend in acute care beds based on standard of care practices for their condition
  - Appropriate distribution of bed types and services within and between hospital providers based on the needs of the patient population to ensure the right care in the right place at the right time
  - Reducing ALC by providing community supports and placement alternatives based on population need
  - Using eHealth to improve patient flow and referral
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### Projects

- Implementing the "one acute care network" plan to improve access to specialty services between hospitals
  - Providing supportive housing services as alternatives to Long-Term Care
  - Providing transitional care options outside of the hospital
  - Promoting and supporting senior friendly hospital initiatives such as patient activation
  - Improving discharge planning coordination between hospital and community services, such as "Home First"
  - Supporting transportation initiatives to support movement to home and to other care providers
  - Customizing care plans to support safe transitions in care (e.g., Wrap-Around Services for Seniors)
  - Using eHealth solutions to improve patient discharge, notification of patient primary care team, resource matching and referral to expedite movement of clients to the next destination of care
  - Others as identified
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### Performance Indicator

- Percentage of Alternate Level of Care (ALC) Days [MLAA]
  - Patient experience (tbd)
  - Hospitalization Rate for Ambulatory Care Sensitive Conditions (ACSC)
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