

Province lays out plan to cut ER waits

Initiatives include treating elderly at home, public reporting of hospital delays

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The province is unveiling sweeping initiatives to tackle the problems of long stays in emergency departments and a lack of access to family health care.

A multi-pronged approach, expected to be announced this week and next, will see non-urgent patients diverted from crowded ERs – of which Greater Toronto has 21 – frail and elderly patients discharged faster from hospital into community care, and a new initiative to hook up patients with family physicians and family health teams.

The plan includes:

- Creating an online tool that would allow users to type in their postal code and find alternatives to emergency departments in their neighbourhoods.
- Public reporting on time spent in hospital ERs on a health ministry website.
- Setting of targets for individual hospitals on time spent in ERs.
- Creation and expansion of community programs to help frail, elderly patients stay out of hospital.
- Establishment of a Health Care Connect Program to connect patients with family health care providers in their community who are taking on new patients.

Nine out of 10 patients spend an average of 9.4 hours in emergency departments, including treatment time, according to the province's 14 Local Health Integration Networks in Ontario, which have been holding technical briefings for the media over the last week. LHINs co-ordinate and fund local health care providers in different geographic areas of the province.

For patients being admitted to hospital the wait is even longer. They spend 35 hours on average in emergency departments before being transferred to an in-patient bed.

"Waiting too long in an emergency department means there's a problem in the system that needs to be fixed," says Dr. Rakesh Kumar, chief of emergency at Humber River Regional Hospital.

In an attempt to lower these times, the province will soon report on time spent in ERs for 128 hospitals in Ontario through a health ministry's website. Targets on time spent in ERs will also be set for all these hospitals.

According to the LHINs, almost 50 per cent of ER visits are made by patients with non-urgent or less urgent needs and many could be treated elsewhere. These patients will

be encouraged to seek out urgent care centres, walk-in clinics, family health networks or family doctors. Urgent care centres treat patients who have non-life threatening illnesses or injuries and need immediate treatment. There are three in Toronto.

One of the big causes of emergency room waits is the large number of hospital beds taken up by patients who don't really need to be there, explains Matt Anderson, CEO of the Toronto LHIN. These are typically elderly patients waiting to be transferred to long-term care centres, rehabilitation facilities or their own homes with support workers in place. There are 3,021 such patients in Ontario hospitals on any given day, according to the Ontario Hospital Association.

Community programs are being developed and expanded across the province so these patients can be treated in their homes or in long-term care centres.

For example, the Trillium Health Centre has recently been able to discharge frail, elderly patients earlier than normal thanks to a Restore program set up in a wing of a long-term care facility across the road. Patients are transferred for up to 90 days to the Mississauga Life Care Centre where they receive intensive physiotherapy and other support to help them regain their strength and prepare them to go back home and live independently.

Not only do such programs take pressure off hospitals but they are better for patients, maintains Michele MacKenzie, director of care at Mississauga Life Care. Patients have less exposure to superbugs that are problematic at some hospitals.

As well, patients lying in hospital beds for more than 24 hours can lose mobility, which in turn can diminish their chances of living independently.



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Emergency rooms in the Greater Toronto area.