Waterloo Wellington **LHIN**

*WW***LHIN***formation*

APRIL 2009

PART OF THE EMERGENCY DEPARTMENT SOLUTION - Alternate Level of Care

An individual is admitted to the hospital, often through a visit to the emergency department (ED). After a time, it is determined that the patient's acute care needs at the hospital have been met but they still require a level of care (such as long-term care or complex continuing care). It would be in their best interests to be moved to an alternate level of care (ALC) bed.

Unfortunately, such an alternative may not be available and the patient remains in the hospital bed longer than required. This creates a backlog in the ED – when the next individual needs to be admitted, a bed may not be readily available.

This simple story illustrates a very complex situation.

The WWLHIN has placed a high priority on addressing the ED/ALC situation with a detailed strategy. There are two goals - to ensure that individuals receive the right care at the right time in the right place and, to improve the flow of people through the health care system.

There are two distinct parts to the strategy. It begins with understanding and analyzing the situation. A working group has been established to ensure that all hospitals are consistent with how data is reported and that results are continuously monitored. With this information, solutions can be developed to meet the needs of the individuals who reside in hospital beds and who would benefit from a more appropriate level of care for their medical needs.

The second part of the strategy is to put solutions in place to 1) improve current services and the flow between them and, 2) to identify and implement new services that will positively affect the ED and ALC issues. This, in turn, improves the patient's experience and outcomes.

Already, the WWLHIN has initiated solutions that include:

- A Transition Program with 67 beds at locations throughout Waterloo Wellington. Patients waiting in hospital for an alternative level of care may wait in these transition beds for an appropriate care arrangement.
- Geriatric Emergency Management (GEM) nurses are now available in each emergency department to assist older adults in returning to their home and accessing needed services following their emergency department visit.
- The Waterloo Wellington Community Care Access Centre (WWCCAC) provides case managers in the ED. Other WWCCAC services are being enhanced including additional home support options.
- $37 million has been allocated for the WWLHIN's Aging At Home initiatives. Funding focuses on programs (in both the short term and long term) that will help alleviate pressures on the ED and ALC.

- Implementing an ED Pay-For Results program to reward efforts of designated hospitals aimed at decreasing the length of time patients stay in the emergency department.
- Enhancing mental health services including mental health beds dedicated for rural patients through a partnership between Wellington Health Care Alliance and Homewood Health Centre.
- Education initiatives include 1) working with health service providers to ensure they understand the far-reaching impact of ED and ALC pressures and identify opportunities for system improvement and 2) improving communication with patients and families about options available to them.

Coming in the near future:

- Additional long-term care beds in Guelph, hospice beds at Hospice Wellington, and longer-term mental health beds at Grand River Hospital.
- Additional supportive housing in Waterloo Region.
- Nurse-led outreach to long-term care homes.
- Improving the effectiveness of the Community Support Services system.
- Enhancing eHealth initiatives such as the WWLHIN HealtheConnections project.
- Building and implementing a WWLHIN model for chronic disease management
- Implementing actions identified in the WWLHIN Complex Continuing Care Review.
- Launching an ED Performance Improvement Program to include all hospitals and the WWCCAC.

From these initiatives, residents of Waterloo Wellington can look forward to spending less time in emergency departments. The goal is to improve from our current 5 to 10 hours to 4 to 8 hours. As well, fewer people who require an alternate level of care will remain in the hospital. The goal is to move down from the current 23% of hospital beds being used by ALC patients to 9.46-12%, a significant improvement.

Sandra J. Hanmer

Sandra Hanmer
Chief Executive Officer

This bulletin is a synopsis of the Waterloo Wellington LHIN ED/ALC Overarching Plan (Dec 2008) that can be found, in its entirety, on our website. Other related documents include Aging at Home, Integrated Health Service Plan, Health Care Connect and Your Health Care Options. Visit www.wwlhin.on.ca.

The WWLHIN Board of Directors: Kathy Durst, Chair; Paul Truex, Vice-chair; Paul Holyoke, Secretary; Bill Blackie, Mary D'Alton, Glenna Heggie, Don Ross, Bruce Schieck, Ken Whyte. Board meetings are open to the public – for more information please visit www.wwlhin.on.ca or contact the office.

LIVE AND LIVE WELL IN WATERLOO WELLINGTON

Waterloo Wellington Local Health Integration Network

55 Wyndham St. N, Suite 212 | Guelph, ON N1H 7T8 | Tel: 519 822 6208 Toll Free: 1 866 306 5446 | Fax: 519 822 5807
Email: waterloowellington@lhins.on.ca | Website: www.wwlhin.on.ca

2009/2010 - #1

Veuillez communiquer avec nous pour obtenir un exemplaire de ce document en français.

Ontario
Local Health Integration Network