



April 8, 2009



NIAGARA HEALTH SYSTEM
SYSTÈME DE SANTÉ DE NIAGARA
TOGETHER IN EXCELLENCE - LEADERS IN HEALTHCARE

Emergency Care

in Niagara

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Part 2



Scope – Emergency Services

- Acute Treatment for Trauma, Urgent and Emergent Care
- Minor Treatment (Fast Track)
- Rapid Assessment (October 1, 2008-SCG)
- Clinical Decision Unit (October 1, 2008)
- Management of Admitted patients awaiting beds
- Consultative services by Specialists (larger sites), Hospitalists services (except at DMH)
- Stabilization and Transfer to Specialty Sites (e.g Cardiac Cath)



Team Representation

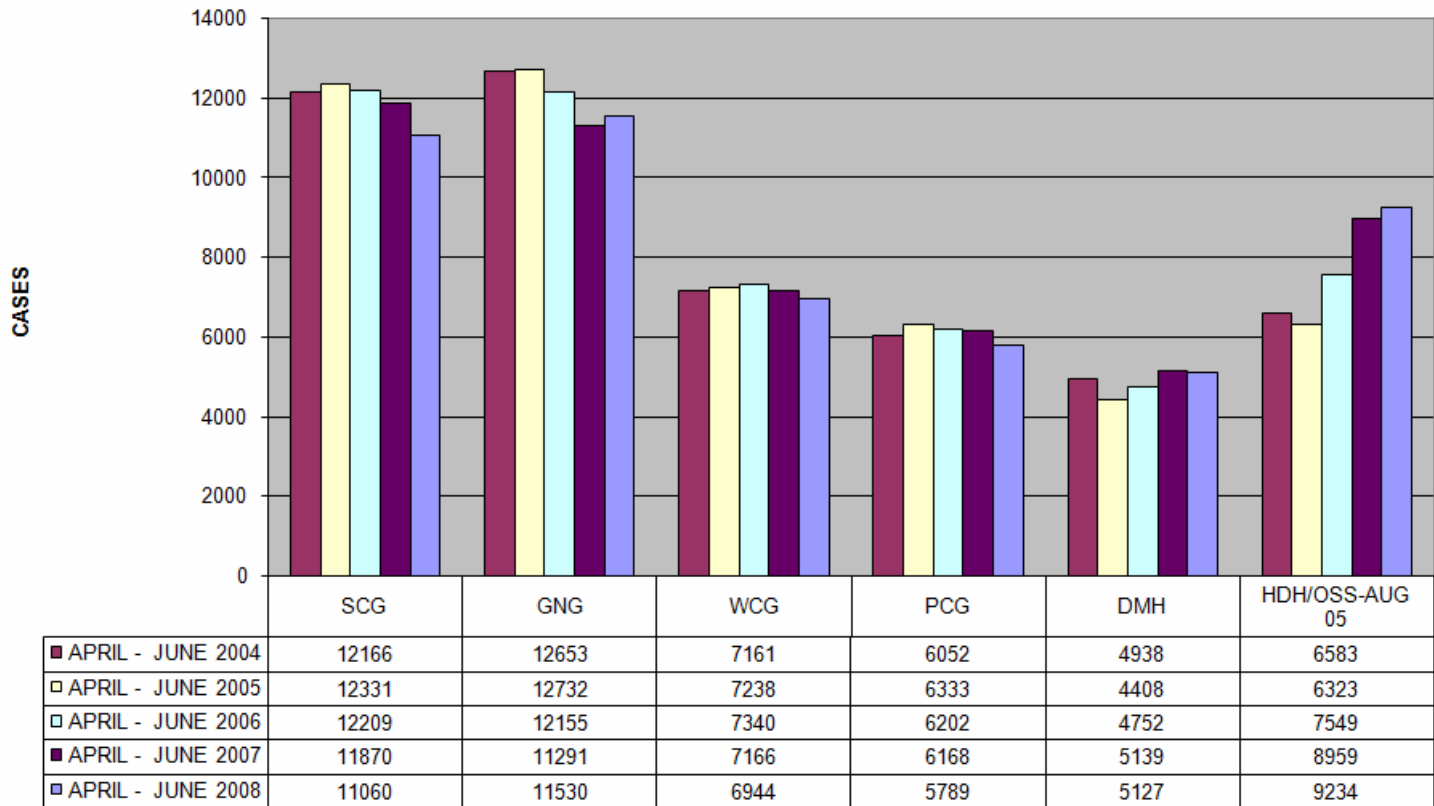
- ED Managers
- Clinical Supervisor
- Permanent Charge Nurses
- Registered Nurses
- Registered Practical Nurses
- Clinical Nurse Educators
- Clerical Staff
- Respiratory Therapists
- Health Care Aides
- Decision Support
- Financial Analyst
- VP- Clinical Services
- Health Program Director
- Physician Chief
- Physician Site Chiefs
- ED Physicians
- LTC-NP's
- CCAC
- NHS Case Managers
- Base Hospital
- Sexual Assault and Domestic Violence





Total ER Visits by Site

**NIAGARA HEALTH SYSTEM AND
 HOTEL DIEU HOSPITAL - PRIOR AUG 8/05 / ONTARIO STREET SITE - AS OF AUG 8/05
 TOTAL ED VISITS BY SITE**





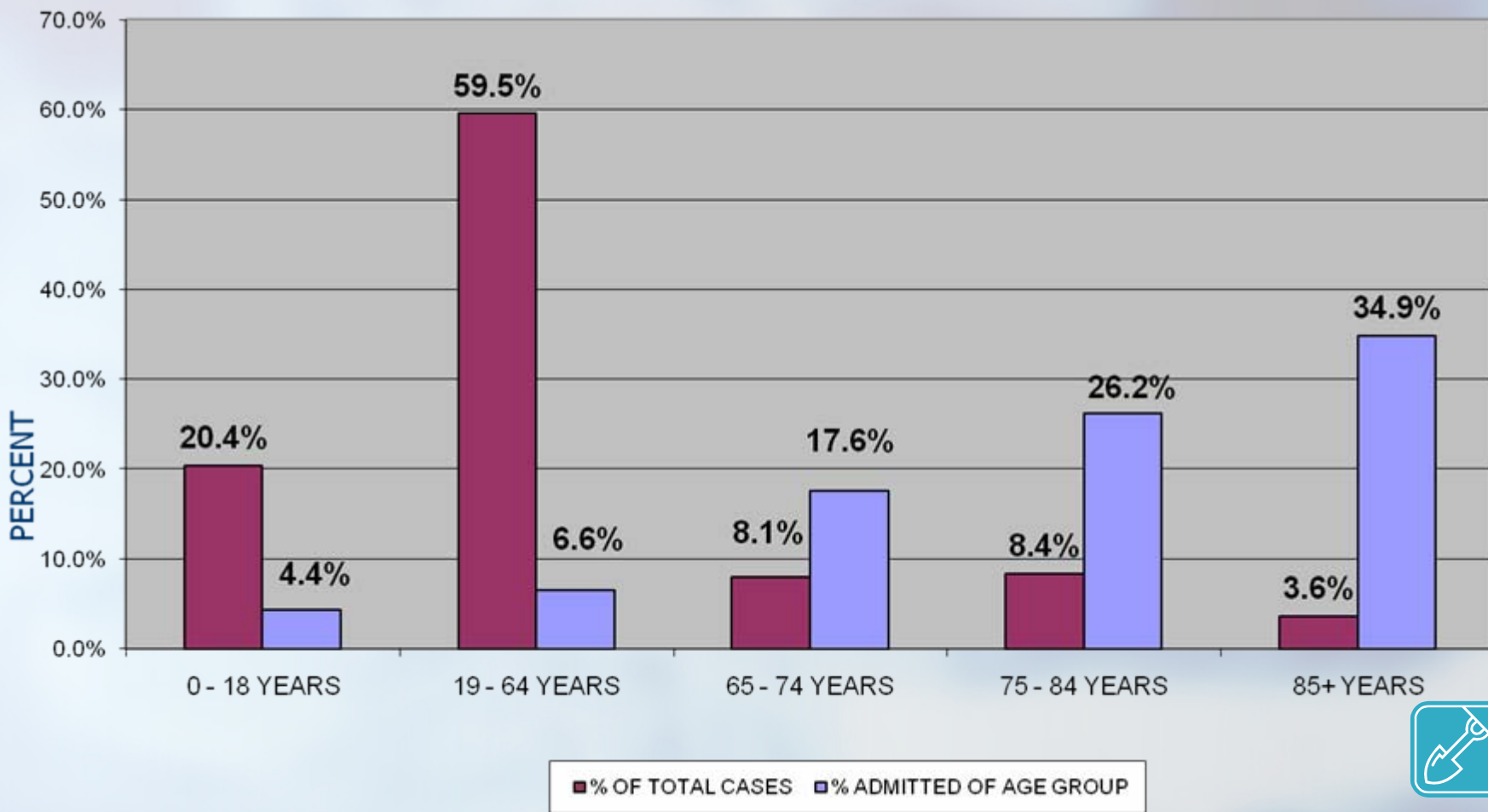
Quality Imperative: Responding to Niagara demographics

Population Health Statistics note above-average rates of chronic diseases and risk factors;

- Arthritis - 22% Niagara / 16% Ontario
- Asthma - 10% Niagara / 8% Ontario
- Limited activity due to a chronic health condition - 40% Niagara / 33% Ontario
- Smokers - 28%Niagara / 21% Ontario
- Obesity - 20% Niagara /16% Ontario
- Higher incidence of Cancer
- The 15 year projected population growth in Niagara will increase by **6.7%** compared to 17.3% for the rest of the Province
- The proportion of people over the age of 65 will grow by **9%** between 2006 and 2011.

Niagara will experience higher rates of healthcare utilization and escalating healthcare needs in the next 5 years.

NIAGARA HEALTH SYSTEM ED CASES AND ADMITS BY AGE GROUP APRIL 2007 TO MARCH 2008





Patient Profile: Most Common Diagnosis Categories

MAJOR PRESENTING COMPLAINTS (2007-2008)

- **Abdominal Pain**
 - 10,801 cases (5.5% of Total ED Visits)
- **Chest Pain**
 - 7,370 cases (3.7% of Total ED Visits)
- **Cough**
 - 6,868 cases (3.5% of Total ED Visits)
- **Shortness of Breath**
 - 5,743 cases (2.9% of Total ED Visits)





CTAS & Triage

■ What Is a CTAS Level??

- CTAS stands for Canadian Triage Acuity Scale,
- It is a nationally recognized method of ER patient assessment and determination of urgency
- CTAS assignment is based on a Triage Nurse assessment when a patient presents to the ER
- All ER nurses who perform Triage are required to have special training to provide the knowledge and skills to assess and determine a patient's Triage Level





CTAS & Triage ...continued

- **CTAS 1 – Resuscitation** (severe breathing distress, unstable, absent or minimal vital signs, etc)
- **CTAS 2-Emergent** (threat to life and or/ limb requiring rapid medical intervention such as chest pain, intense abdominal pain, severe injury, etc)
- **CTAS 3- Urgent** (where a condition may progress from serious to urgent /emergent such as head pain, asthma, abd. pain, bleeding, etc)
- **CTAS 4- Less Urgent** (where a condition ay be related to an underlying condition and may be less intense symptoms than the previous level such as ankle injury, stiches needed, pain in abd, depression etc)
- **CTAS 5- Non-Urgent** (condition may be related to a chronic health problem such as sore throat, prescription refill, minor injury, etc)





Emergency Department Wait Times

- Emergency Department Reporting System and Wait Time Reporting information website outlines health care options to find Emergency Services or Urgent Care Centres, a doctor in your area, Telehealth, or Community Care Access Centres (CCAC) www.health.gov.on.ca





Wait Time Strategies: Performance Funding

- 23 Ontario Hospitals received Funding tied to achieving specific Benchmarks and Targets in Year 1
- Year 2 Funding included more hospitals and more specific benchmarks
- Strategies being employed in Niagara (SCG) to reach Benchmarks and Targets





Why are they sending me to another Hospital??

- Hospital Care in Niagara
- Tertiary Care
 - STEMI Pilot Project
 - Criticall - Neurosurgery Referral Process
- Complex Continuing Care, Slow Paced Rehab, and Specialized Services
- Paediatric Care





Emergency Care or Urgent Care???

■ Prompt/Urgent Care Centres treat...

- Broken bones, sprains, sports injuries
- Cuts that may need stitches
- Minor burns
- Minor abdominal pain (nausea, vomiting, flu)
- Ear, nose and throat problems
- Coughs and colds
- Eye problems
- Urgent Care Centres have access to services such as x-rays, lab tests and pharmacy.
- Ambulances do not bring patients to Urgent Care Centres.

■ Emergency Departments treat...

- Chest pain (especially if you have a history of heart problems)
- Shortness of breath
- Severe abdominal pain
- Dizziness
- Stroke symptoms
- Numbness in your arms or hands
- Major injuries
- Mental health issues
- Any serious condition that you feel may be worsening
- Call 911 if you have severe chest pain, stroke symptoms or a serious emergency. Ambulances bring patients to Emergency Departments.





Thanks

QUESTIONS?

