

Improving Access to Emergency Rooms

Emergency rooms are seen as “canaries in the mine” of the health-care system. That means if something is not right with the local health system, it is often exposed from one’s experience in the emergency room. When appropriate access to and flow through an emergency room is timely and successful, the public is confident that the health system is functioning well. A truly integrated health-care system makes the most effective use of the emergency rooms. We have an opportunity to improve access to and from the emergency room. All LHINs view this as an essential priority for change.

Objectives:

- To meet provincial standards for waiting times in emergency rooms
- To increase home support within the community to reduce the need of going to Emergency Rooms (ER)
- For those who access the ER, to reduce waiting time by improving ER capacity and performance
- To ensure clients who can be cared for at home are supported to remain in their homes

Measures

Meet or exceed Ministry targets for:

- ❖ Number of unscheduled ER visits per 1000 population
- ❖ Proportion of admitted patients admitted from ERs within Length of Stay (LOS) of < 8hrs;
- ❖ Proportion of non-admitted patients treated within respective (LOS) targets of: < 8hrs for CTAS* 1-2; < 6hrs for CTAS 3; < 4hrs for CTAS 4/5

*CTAS = Canadian Emergency Department Triage and Acuity Scale

Planned Actions

- ❖ Create an integrated process between the Community Care Access Centre (CCAC), Community Support Services (CSS) & hospitals to promptly provide community support for the most frail elderly (expediting ER discharges, reducing unnecessary admissions and avoiding repeat ER visits).
- ❖ Improve ER performance and capacity through a process improvement program focused on system review and streamlining processes.
- ❖ Implement electronic notification, referral and resource matching systems among hospital ERs, CCAC, and other providers.