

ED/ALC Strategy Update for HCNSEO Regional Clinical Leaders' Committee

Presented by: South East LHIN

December 2, 2008

Agenda

- Overview & Purpose of Presentation
- Objectives of the ED/ALC Strategy
- Background
- The South East LHIN ED/ALC Strategy Structure
- Directions to Date
- Role of Health Care Organization Leaders



Purpose of Today

If we have been successful...you will understand the importance of this issue to the **local health care system**, how it impacts **your role as a leader** in the South East Health Care System and what **you can do** in your organization to support the Regional ED/ALC Strategy

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A case for change

RIGHT CARE, RIGHT PLACE, RIGHT TIME

Better care for our patients/clients

- A patient remaining in hospital even a moment longer than is required for their treatment puts the patient and the broader health care system at risk.
- Unnecessary lengths of stay in hospital are associated with declining functional abilities, increased dependency and care requirements, exposure to nosocomial infections, adverse events, depression and premature death.

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What do we want to achieve?

RIGHT CARE, RIGHT PLACE, RIGHT TIME

Better care for our patients/clients

- Changing the culture of care for the elderly, particularly the frail elderly
- We must find solutions within our resources to get to the root of ALC issues through strategies focusing on prevention, diversion, and direct impact:
 - **Direct** – client is in ED, or ALC patient is being discharged or moved from acute to transitional setting
 - **Diversion** – client is at high risk of presenting in ED if supports/services not provided or maintained
 - **Preventative** - Client is at low to medium risk of presenting in ED if supports/services not provided or maintained

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Failing to Act

- Failing at this initiative is not an option. There are very real consequences for individuals, providers, organizations, and the health care system:
 - funding impacts
 - innovation and planning impacts
 - accountability impacts

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Measuring Progress

- Reduction in wait times in EDs
- Reduction in the number of ALC patients and ALC length of stay
- Increased discharges from hospital to home with appropriate care support (reduction in the direct admission to LTCH from hospital)
- Reduction in functional decline associated with hospitalization
- Reduction of hospital discharges delayed due to infectious disease
- Increased consistency and standardization of processes among hospitals
- Consistent use of ALC designation and collection and reporting of information to monitor and evaluate system performance
- Development of new methods for measuring success

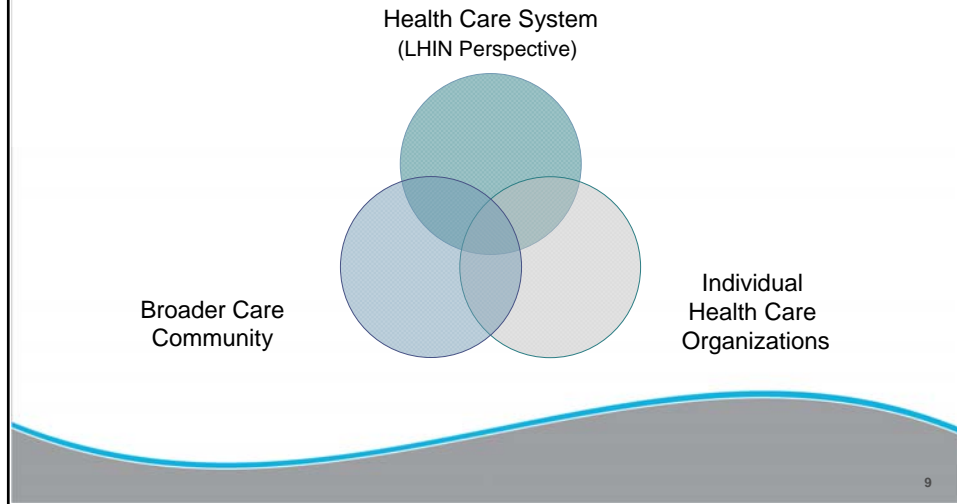
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How did we arrive here?

- **Transitions Initiative (Fall 2007)**
 - CEO's of the HCNSEO agreed to work collaboratively to find solutions to ALC problem
- **Provincial ED/ALC Strategy Announced (May 30, 2008)**
 - Multi-pronged strategy with both broad and specific investments
- **Transitions Interim Status Report (June 30, 2008)**
 - Recommendations focusing on the need for a vehicle for regional change
- **CEOs' videoconference (September 19, 2008)**
 - Urgent & pressing need to address ALC pressures and acute care grid-lock

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Bringing the right people together



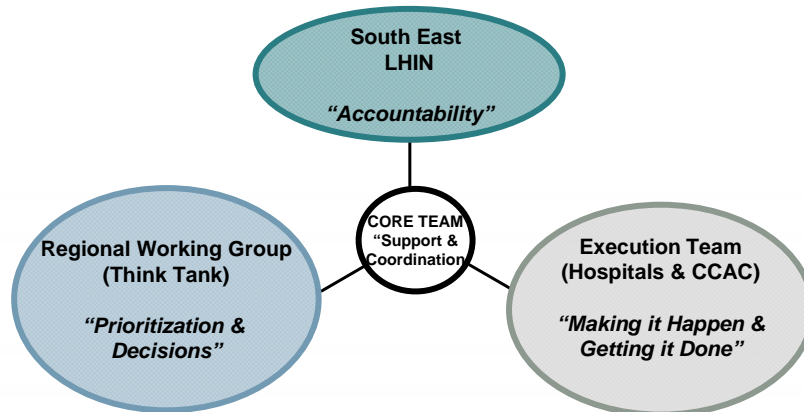
Making a Regional Difference

How will the local ED/ALC Strategy affect change?

- Determines regionally applied business process changes within Hospitals, Community Care Access Centre, Long Term Care Homes and Community Support Sectors to effect movement of patients
- Identification and prioritization of options to reduce the number of ALC patients and/or ED wait times – focusing on immediate and medium term solutions
- Implementation of LHIN-wide strategies to address ED wait times and reduce the number of ALC patients with front end and discharge activities



Making the Connections



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The Regional Working Group

- Coordinated and comprehensive regional and multi-stakeholder response (not a representative group)
- Initial emphasis is on reducing the number of patients designated ALC
- Also focus on the movement of patients from emergency departments and acute care units to the most appropriate discharge destination
- Accountable to the South East LHIN



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Regional Working Group Membership

South East LHIN (2)	Nancy Sears (Co-chair) Suzanne McGurn
South East CCAC(2)	David Marshall (Co-chair) Stacey Roques
Hospital (4)	Judeline Innocent (QHC) Bernadette MacDonald (BGH) Eleanor Rivoire (KGH) Marcy Saxe-Braithwaite (PC)
Long Term Care Home (2)	Kelly Baker (Lanark Lodge – Perth) Gina Santi (Rideaucrest)
Community Support Services (2)	Terry Richmond (Cheshire Homes) David Townsend (Alzheimer’s Society)
Emergency Medical Services	Doug Socha (Quinte)
Physician – Geriatric Specialty	Dr. Chris Frank (PC)
Physician – Internal/General Medicine Specialty	Dr. John McCans (KGH)
Physician – ED Physician lead	Dr. Mike O’Connor (SE LHIN)
Health Care Network	Allan Katz
E-Health Lead	Paul McAuley
Consumer	TBD

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Making it Happen

The Execution Team

- Moving from planning to action
- Includes all SE Hospitals & CCAC
- Organizational Executive Sponsor
- The “Point Person”

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Who's on first?

Organization	Executive Lead	Point Person
Brockville General Hospital	Bernadette MacDonald	Robin Tekamp
Hotel Dieu Hospital	Marnie Dahl	Peter Kennedy
Lennox & Addington County General Hospital	Brenda Luffman	Tracey Jordan
Kingston General Hospital	Eleanor Rivoire	Richard Jewitt
Perth & Smith Falls District Hospital	Linda Bisonette	Sylvia Garvin
Providence Care	Marcy Saxe-Braithwaite	Julie Evoy & E. Piper
Quinte Health Care	Katherine Stansfield	Sue Monroe
South East CCAC	Mark Walden	Joanne Billing
South East LHIN	Nancy Sears	Suzanne McGurn

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Keeping it Together

The Core Team

- In addition to the 2 key groups planning & implementing the recommendations there is a team providing linkages:
 - LHIN lead
 - Process Improvement Expertise (L. French)
 - Information Management/Technology (P. McAuley)
 - Data Analysis and Performance Measurement (D. McGuinness)
 - Communications (J. White)
 - Overall Change & Project Support (C. Taylor, J. Swedak)
 - HCNSEO link (A. Katz)

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Directions To Date

1. Implementation of a **single definition** of ALC (Test – December 2008)
2. **ED notification** system for existing CCAC clients
3. Re-evaluating the use of **Priority Access Days** (to LTCH) by hospitals (Test – January 2009)

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What we need from you

As Executive Leaders we need you to:

- demonstrate your commitment to this initiative – through your actions, your words, and your priorities
- support your organizational “point person” – know who they are, what they are doing and what they need; support the authority of the point person to require directed changes in business processes
- remove barriers – utilize your leadership role to help create the circumstances for success within your organization
- communicate, communicate, communicate – this is a level of connection that we don’t typically engage in but it is critical to success

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Questions

&

Discussion