

**December 9, 2008**

Dear colleagues:

As you know, reducing wait times in Emergency Rooms across the province is a top priority for the government. The government's commitment to reduce ER wait times is supported by the Emergency Room/Alternate Level of Care Wait Time Strategy which sets out a results-focused agenda to reduce demand on Emergency Rooms (ER), increase ER capacity and throughput, and move patients waiting in acute care hospitals for a more appropriate level of care (ALC) out of hospital more quickly. Information and information technology to support decision making and measure progress towards these objectives and enable efficiency improvements are key to the success of the government's ER Wait Time agenda.

To that end, the Access to Care Expert Panel, under the leadership of Sarah Kramer, was tasked with developing a comprehensive Information Strategy to support the ER/ALC Wait Time Strategy. The ER/ALC Information Strategy was submitted as recommendations to government on October 22, 2008 by the Access to Care Expert Panel. After careful review and consideration, we are pleased to communicate that the recommendations outlined in the report and the funding required to implement the recommendations have been approved.

The six recommendations in the ER/ALC Information Strategy that have been approved for implementation are described below:

**1. Emergency Department Reporting System (EDRS)**

Enhance the provincial Emergency Department Reporting System to improve the timeliness of ER data reporting and to enable linkages with other data sets in order to track system performance.

**2. Wait Time Information System**

Expand the provincial wait time information system (WTIS) to capture ALC data in near real-time on patients who are waiting for a more appropriate level of care, including where they are waiting and what they are waiting for.

**3. ALC Definition Working Group**

Establish a working group to develop a comprehensive, standard, provincial definition of appropriate level of care (ALC).

**4. Client Profile Database (CPRO)**

Leverage data from the existing Client Profile Database to analyze and report on people waiting for long term care placement in the community.

**5. ED/CCAC Notification Solution**

Expand the ED/CCAC Notification system to high volume ERs across the province to reduce unnecessary inpatient admissions through the ER.

**6. e-Referral and Resource Matching Solutions**

Create provincial data and business process standards for e-Referral and Resource matching solutions, to the point of RFQ, and provide funding to LHINs to implement local solutions that meet provincial standards.

Based on proven success in implementing the provincial Wait Time Information Strategy, we have asked Cancer Care Ontario's Access to Care Program to take responsibility for implementing key parts of the ER/ALC Information Strategy, including the Emergency Department Reporting System enhancements and expansion of the Wait Time Information System, under the leadership of Sarah Kramer, President and CEO of eHealth Ontario. Other delivery organizations will be asked to take responsibility for implementing other components of the Strategy.

The Access to Care Program team will work closely with the MOHLTC, eHealth Ontario, LHINs and hospitals to implement the recommendations and report regularly to the following governance committees for advice and direction:

- ER/ALC Clinical Expert Panel (Co-chairs: Drs. Michael Schull and Kevin Smith)
- LHIN e-Health Leads Council (Co-chairs: Lewis Hooper and Sarah Kramer)
- ER/ALC Steering Committee (Chair: Alan Hudson)
- Data Certification Council (Chair: Michael Decter)

Over the next few months, the Access to Care team will be developing detailed plans for implementation of the ER/ALC Information Strategy. Recognizing the importance of building on expertise within the field, the team will engage stakeholders from across the hospital, broader healthcare and information management communities to seek advice and inform activities.

We know that there are already many excellent efforts underway across the province using information and information technology to enable improvements in ER and ALC wait times. If you have any questions about how these existing efforts align with the provincial strategy, please do not hesitate to contact Joanne Walker, Acting Director, Access to Care Program at [joanne.walker@cancercare.on.ca](mailto:joanne.walker@cancercare.on.ca) or Melissa Farrell, Manager, Access to Care and Wait Times at [melissa.farrell@ontario.ca](mailto:melissa.farrell@ontario.ca)

Finally, as an attachment to this letter, we have provided answers to some key questions you may have about the ER/ALC Information Strategy.

We thank you in advance for your support and collaboration in this important initiative to improve access to care for people across Ontario.

Sincerely,

Ken Deane, ADM, Health System Accountability and Performance Division, MOHLTC  
Alan Hudson, Wait Time Strategy and Access to Services Lead

Cc: Sarah Kramer, President and CEO, eHealth Ontario  
Terry Sullivan, President and CEO, Cancer Care Ontario  
Sharon Pfaff, Deputy CIO, Cancer Care Ontario

## ER/ALC Information Strategy FAQ

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### **1. What is an ALC Wait Time?**

A wait time for Appropriate Level of Care (ALC) has been defined as follows:

- a. 'Wait 3', is the date/time from ALC designation in an acute care setting to the date/time the patient is discharged or transferred to a more appropriate level of care.
- b. 'Wait 4', is defined as the date/time from ALC designation in a post-acute care setting to the date/time that the patient is discharged or transferred to a more appropriate level of care.

### **2. What is the benefit of measuring accurate ALC wait times and how will this affect ER patient flow?**

Availability of near real time data on ALC patients at a provincial, LHIN and facility level, including details such as, who is waiting, what services they are waiting for and the length of time that they have been waiting will provide those involved in process improvements and operational decision-making with the information required to make important planning and resource allocation decisions. This will improve the movement of patients through the healthcare system. As patient flow improves in the acute and post-acute care sector, patients admitted through the ER awaiting an inpatient bed, will flow through the system more quickly.

### **3. When, and where, will the Wait Time Information System be implemented to collect ALC wait times?**

The WTIS-ALC Information Solution will be implemented in the 87 wait time funded acute care hospitals and in 20 post-acute facilities by Spring, 2011. This will capture ALC patients waiting in 95% of acute care beds and 96% of rehabilitation, complex continuing care, and mental health beds across the province.

### **4. How, and why, was the Wait Time Information System (WTIS) selected to collect ALC Wait Time data?**

After conducting an analysis of available options, the WTIS was selected as the best possible solution to capture ALC wait time data across the province. The system is able to capture data in near real time on patients while they are waiting and is able to support full provincial reporting by Spring, 2011. WTIS is configurable to meet all data requirements and will allow for integration with existing information systems, where specific standards are met.

### **5. Will the ALC data be used solely for MoHLTC purposes?**

ALC data on patients who are currently waiting will be available in near real time to support decision making by providers and LHINs to move patients to the most appropriate level of care. It will also be used to support decisions on where funding should be targeted to remove bottlenecks in the system. Finally, the data will be used to measure performance against the goals and targets set out in the ER/ALC Wait Time Strategy.

**6. What is the value of the ED/CCAC Notification System to my hospital/LHIN?**

The ED/CCAC Notification System has two core functions. Firstly, based on specific criteria, the system automatically identifies ER patients who could benefit from a CCAC assessment. Secondly, it identifies ER patients currently receiving CCAC services or waiting for long-term care placement. By identifying these patients and notifying the CCAC Case Manager, the Case Manager can be involved in the care of the patient while the patient is in the ER which will help reduce unnecessary inpatient admissions. Also, through ensuring that home care is provided to high-risk patients in the community, unnecessary ER visits can be avoided.

**9. The EDRS is already implemented in my hospital, what changes are being made, and what is the impact on my facility and staff?**

The ER/ALC Information Strategy recommended the enhancement of the provincial Emergency Department Reporting System (EDRS) to improve the timeliness of ER data reporting and to include patient-level data to enable linkages with other data sets. Hospitals will continue to collect the current dataset with a strong focus on timeliness through enhancing ED electronic data capture processes.

**10. What is the provincial strategy for supporting eReferral initiatives?**

The strategy for e-Referral and Resource Matching focuses on balancing the need for provincial data and business model standards, with the need for LHINs or groups of LHINs to implement solutions that best meet their local needs. Provincial-level activities, driven by clinician and provider experts, will develop province-wide standards and requirements and a provincial program will be established to allocate funding. Ken Deane, ADM, Health System Accountability and Performance Division, will be the single point of accountability for business and data standards for eReferral and Resource Matching.

**11. What are the immediate next steps?**

- a. Further communications to Acute and Post Acute care organizations will be issued in the coming weeks to provide further information and also to request participation in developing requirements for the WTIS –ALC Information system.
- b. A provincial working group, with representatives from across the province, will be established to develop the ALC Definition.

If you have any further questions please do not hesitate to contact Joanne Walker, Acting Director, Access to Care Program at [joanne.walker@cancercare.on.ca](mailto:joanne.walker@cancercare.on.ca) or Melissa Farrell, Manager, Wait Time Strategy at [melissa.farrell@ontario.ca](mailto:melissa.farrell@ontario.ca)

*We ask that everyone reading this update take responsibility for communicating the ER/ALC Information Strategy to others by circulating this communiqué as broadly as possible.*