Small Community Hospital Emergency Department Study
Erie St. Clair Local Health Integration Network
January 27, 2009

Before proceeding a note of thanks and some important information

Specific Deliverables

- The essentials for a sustainable Emergency Department (ED) or the factors that would suggest that an ED is not sustainable
- If a department is unsustainable, what changes are required in the Erie St. Clair LHIN (ESC LHIN) to ensure that patients and families continue to get timely access to high quality emergency services?

Process

- Review data
- Review documents
- Review standards
- Interviews
- Site visits

Data

- Volumes
- Acuity
- Discharge disposition
- Physician/nurse staffing

Documents

- Strategic plans
- Previous reviews
- Policies, procedures, by-laws
- Meeting minutes

Interviewees

- CEOs
- Providers
- Hospital Board representatives

Report Compiled for Each Site

- Corporate status
- Visit volumes
- Physical Plant
- Staffing
  - ED physicians
  - ED nurses
  - Consultants
- Medical education
- Diagnostic/Support Services
- Quality assurance

Report Includes

- Challenges
- Summary and directions for change for each of the three sites

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Canadian Triage and Acuity Scale (CTAS)

CTAS

- Used to
  - Measure acuity
  - Plan human resources
  - Plan physical plant
- A 5 level scale
  1. Life threatening (0.5% of all Ontario ED visits)
  2. Emergencies (8.0%)
  3. “Urgent” (35%)
  4. Less or “Semi-” Urgent (43%)
  5. Do not need urgent care (14%)
- Cautions interpreting CTAS data

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Emergency Department (ED) versus Urgent Care Centre

Emergency Department

- 24 hours per day, 7 days per week
- Comprehensive infrastructure
- Department status
- Quality assurance program
- Hospital based

Urgent Care Centre

- May be in hospital, clinic, or free-standing
- Does not receive ambulances
- May be required to provide early treatment to life or limb-threatening illness
- Generally operate 14 to 16 hours per day, 7 days per week
- Focus on CTAS level 3, 4, and 5 patients
- Access to X-ray and lab

Site Specific Reviews

- No specific order
- All are to be complimented on their commitment to service
- All face challenges

Leamington District Memorial (LDMH)

- 27,000 visits per year
- 97% CTAS level 3, 4 and 5
- Travel to Windsor is long, even by ambulance
- Provides a high volume of primary care to migrant workers

LDMH Staffing

- Full complement of physicians (many are full-time ED doctors)
- 2nd call roster in place
- Full complement of nurses
- May require additional RN's
- Some on-site consultants (internists, surgeons, obstetricians)
- ICU with consultant attending physicians

LDMH Diagnostic/Support Services

- On-site 0700 hours to 2300 hours
- CT/Ultrasound on-site

LDMH Quality Assurance (QA)

- Comprehensive program
- Needs some enhancements

LDMH Summary/Directions for Change

- Remain as ED for at least five years
- Enhance community primary services
- Enhance QA program
- Increase physician, nurse staffing
- Minor physical plant changes
- Ensure timely transfer of appropriate patients to Windsor

Charlotte Eleanor Englehart Hospital Site (CEEH), Bluewater Health (Petrolia)

- 15,000 visits per year
- 99% CTAS level 3, 4 and 5
- Short distance from Sarnia hospital
- Provides high volume of primary care
- Operates much like an urgent care centre
- Major renovations required to meet current standards

CEEH Staffing

- Mix of community family physicians and locums
- Physician staffing at risk:
  - Pending retirements
  - Pending decreases in time commitment
  - Recruitment may be difficult
- Nurse staffing challenging
  - Increased staffing required ($800,000/yr)
- No consultants on call in community
  - Patients transferred to Sarnia

CEEH Diagnostic/Support Services

- 23 acute care beds
- Lab available - 0800 hours to 2300 hours, Monday to Friday and 0830 hours to 1630 hours, Saturday to Sunday
- Diagnostic Imaging available - 0800 hours to 1630 hours
- After hours - on call

CEEH Quality Assurance (QA)

- Conduct Morbidity and Mortality rounds 10 months out of 12
- No comprehensive QA program

CEEH Summary/Directions for Change

- Suggest transition to urgent care model
  - May be hospital or community based
  - May be part of comprehensive primary care facility
  - Operate 12 -16 hours per day, 7 days per week
  - Transition should only occur after renovations of Sarnia hospital completed
- Transition will require:
  - Communication/collaboration with Sarnia hospital
  - Support of EMS
  - Financial modelling to support physicians

Sydenham Campus, Chatham-Kent Health Alliance (Wallaceburg)

- 21,100 visits per year
- 96% CTAS level 3, 4 and 5
- Short distance from Chatham hospital
- Provides high volume of primary care
- Source of care for patients with no family physician
- Physical plant would require major renovation

Sydenham Campus Staffing

- Major challenges with physician staffing (costs, recruitment)
- Heavily dependent on locum, casual staffing
- Nursing fully staffed
- Local surgeon approaching retirement
- No other on call specialists
- Transfers to Chatham (or London)

Sydenham Campus Diagnostic/Support Services

- 20 acute care beds, major focus ambulatory care
- Lab available - 0700 hours to 2300 hours
- Diagnostic Imaging available - 0800 hours to 2100 hours
- After hours - on call

Sydenham Quality Assurance (QA)

- Does not meet standards for ED
- Very modest QA activity
- Specific concerns re: service to Walpole Island residents

Sydenham Campus Summary/Directions for Change

- Low visit volumes, staffing issues, physical plant concerns
  - Suggest ED non-viable
- Options
  a) Close ED, direct all patients to Chatham
  b) Create comprehensive primary care facility

Sydenham Campus/Directions for Change

A) Close ED, Direct All Patients to Chatham

- Requires stable ED service in Chatham
- Cooperation and support of EMS

Sydenham Campus/Directions for Change

B) Comprehensive Primary Care Facility

- Focus of “excellence” in primary care
- Offer Chronic Disease Management (CDM) programs
- Focus on First Nations health
- Include 12-16 hours per day urgent care
- May be community or hospital based
- Will require physician remuneration model

Questions?