

Erie St. Clair Local Health Integration Network



**Wallaceburg Public Consultation
May 9, 2009**

Vision

A health care system that helps people stay healthy, delivers good care to them when they get sick and will be there for their children and grandchildren.



Presentation Overview

- **About the LHIN in general**
- **About the ED Study**
 - What we have heard
 - Decision criteria
 - Data



Our Mandate

- To plan, integrate and fund local health services
- Services linked across municipalities and the region

BETTER SYSTEM

=

BETTER CARE



Erie St. Clair LHIN

Challenges in Chatham-Kent (Compared to the Ontario Average)

- 12% higher mortality rates
 - 30% of deaths caused by Ischemic Heart Disease
 - Respiratory and circulatory diseases also significant contributor
- Fewer 15 to 44-year-olds and more persons aged 65 years
 - More seniors and fewer caregivers to take care of them
- 34% higher rate of obesity
- High rate of chronic diseases
 - 29% higher diabetes
 - 29% higher asthma
 - 11% higher Arthritis/Rheumatism

Our Guiding Principles

Episodic
Care



Preventative
Care

- Change the system's orientation to address people's clinical needs
- Tackle chronic disease management (diabetes)
- Reduce dependency on hospital services
- Encourage health promotion / illness prevention
- Provide timely access to appropriate services

Small Community Hospital Emergency Department Study



Background on the Study

- **Why study small Emergency Departments (ED)?**
 - Concerned about the viability and sustainability of small community hospital EDs and the prospect for crisis
- **Why continue with the study?**
 - Confirmed that there are real challenges in the system and at each site that need further exploration and understanding before action and contingency planning



We Have Heard...



Community Feedback

- Impact on local economic development
- Availability and access to health care services for rural residents
- Consequences of amalgamation / governance
- Proper jurisdiction
- Patient and family transportation
- Travel time
- Hospital deficits
- Impact on other hospitals



Stakeholder Feedback

- Emergency Medical Services services are underutilized and misunderstood
- EMS would need additional investments to service all of Chatham-Kent with a change to EDs
- Need to focus on health promotion and illness prevention
- Urgent Care Centre is not well defined or understood
- Increase in aging population with high levels of chronic disease
- Area is becoming a retirement destination
- Long-term Care homes currently rely on EDs for services that could be provided in the community
- Community needs after-hour services
- System must work to better meet changing needs and be value-added

Stakeholder Insights

- Satellite Community Health Centre will offer programs that cater to priority populations (i.e. seniors)
- Family Health Teams (FHTs) could expand into other communities
- Opportunity to create a health care hub under one roof to service the community's health care needs
- FHTs have protocols in place for Urgent Care situations
- EMS responds to 15,000 calls/yr with peak times from 8:00 a.m. to 10:00 p.m.
- Some patients transported by EMS show improvement in their condition due to receiving treatment en route



Facilitated Discussion



Questions for Discussion

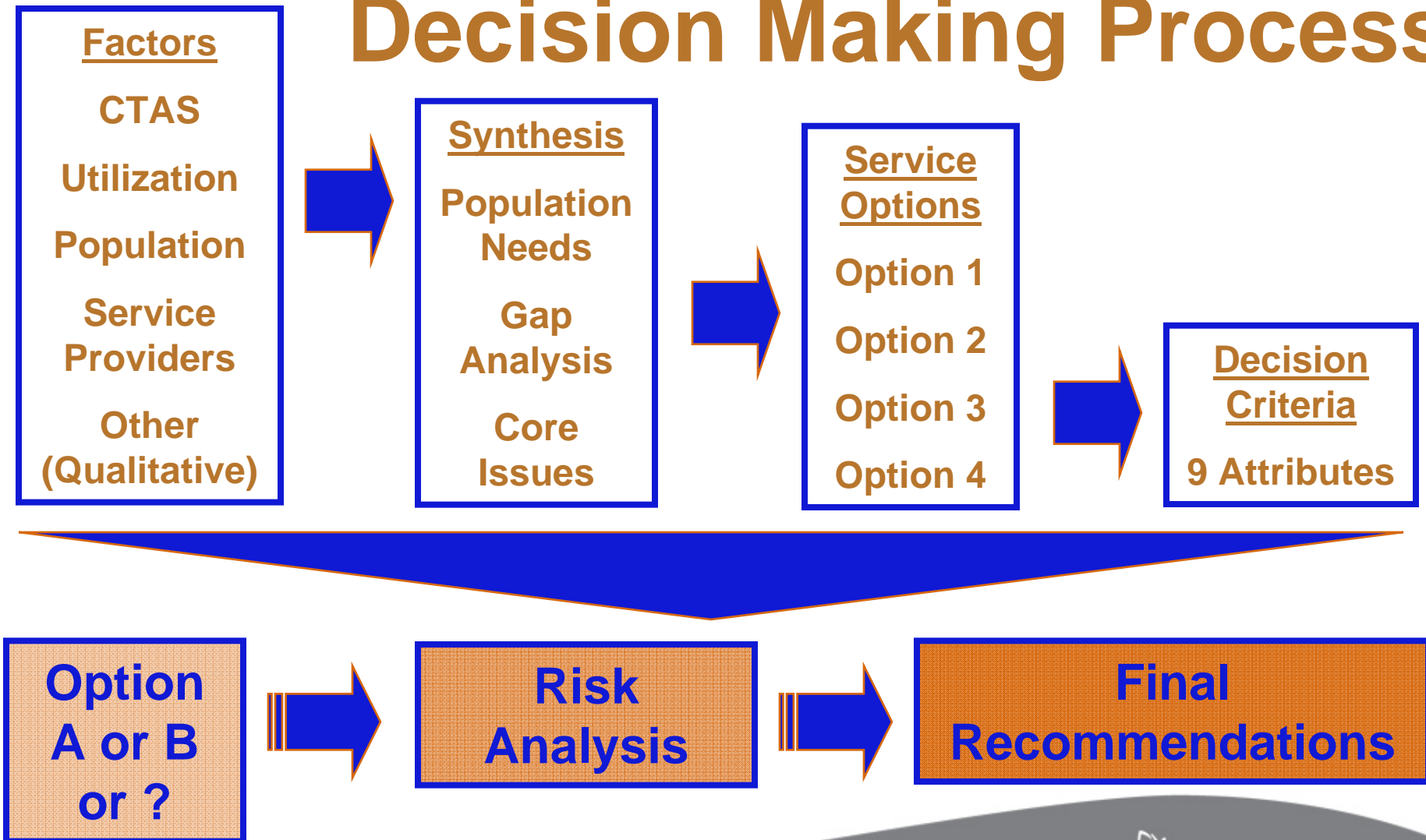
1. What do you think are the greatest health care strengths in your community?
2. What do you think are the greatest health care challenges facing your community?
3. What do you think are the greatest health care opportunities facing your community?



Decision Making Process



Decision Making Process



Background

Decision-Making Criteria

- **Criteria & weighting process developed based on:**
 - Erie St. Clair LHIN Resources Strategic Directions
 - Governance Toolkit – section on LHIN Decision-Making Processes and Evaluation Criteria
 - The Decision-Making Framework for Central East LHIN
 - The Ontario Health Quality Council – “Attributes of a High Performing Health System”

Decision-Making Criteria

Criteria organized based on nine key attributes:

- 1) Strategic Alignment & Accountability
- 2) Accessible
- 3) Effective
- 4) Safe
- 5) Person-Centered
- 6) Focus on Population Health
- 7) Equitable
- 8) Integrated
- 9) Appropriately Resourced (Sustainable)

Facilitated Discussion



Question for Discussion

- What do these two criteria mean to you?
 - Safe
 - Accessible



Data



The Data

- From **NACRS** – National Ambulatory Care Reporting System
- Submitted by Medical Records from hospitals across Canada (except Quebec) to CIHI – Canadian Institute for Health Information (National Repository for Health Data)
- We are looking at “Scheduled” and “*Unscheduled*” Emergency Department (ED) visits only in 2007/08 (the latest year reported)



CTAS Definitions

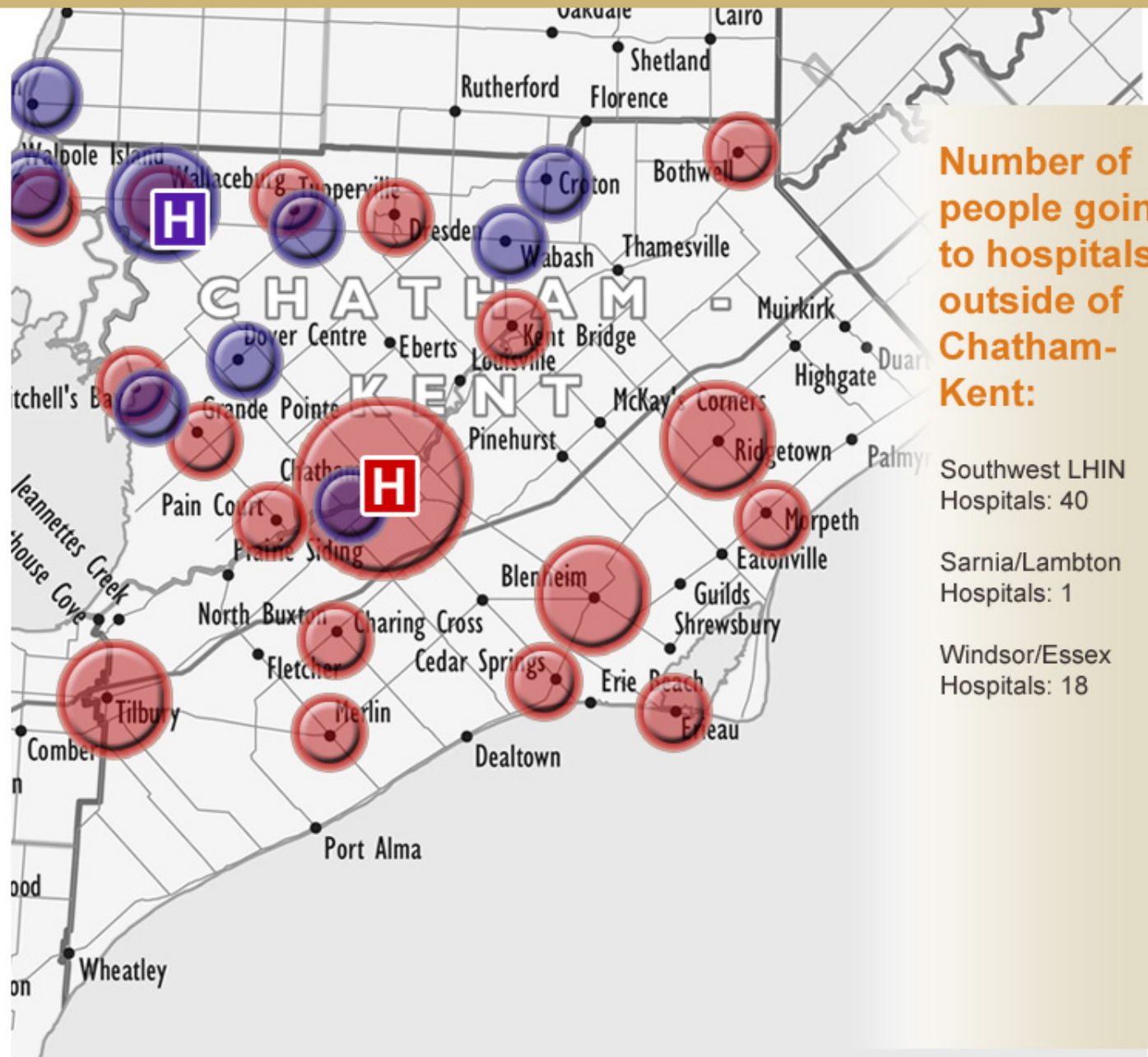
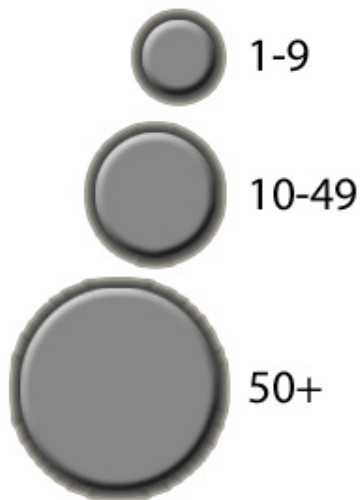
Canadian Triage and Acuity Scale (CTAS)

- **CTAS 1: Resuscitation** – severely ill, requires resuscitation
- **CTAS 2: Emergent** – requires emergent care and rapid medical intervention
- **CTAS 3: Urgent** – requires urgent care
- **CTAS 4: Non-urgent** – requires less-urgent care
- **CTAS 5: Deferrable** – requires non-urgent care



CTAS Level 1 Visits

H Chatham
H Sydenham



Number of people going to hospitals outside of Chatham-Kent:

Southwest LHIN Hospitals: 40

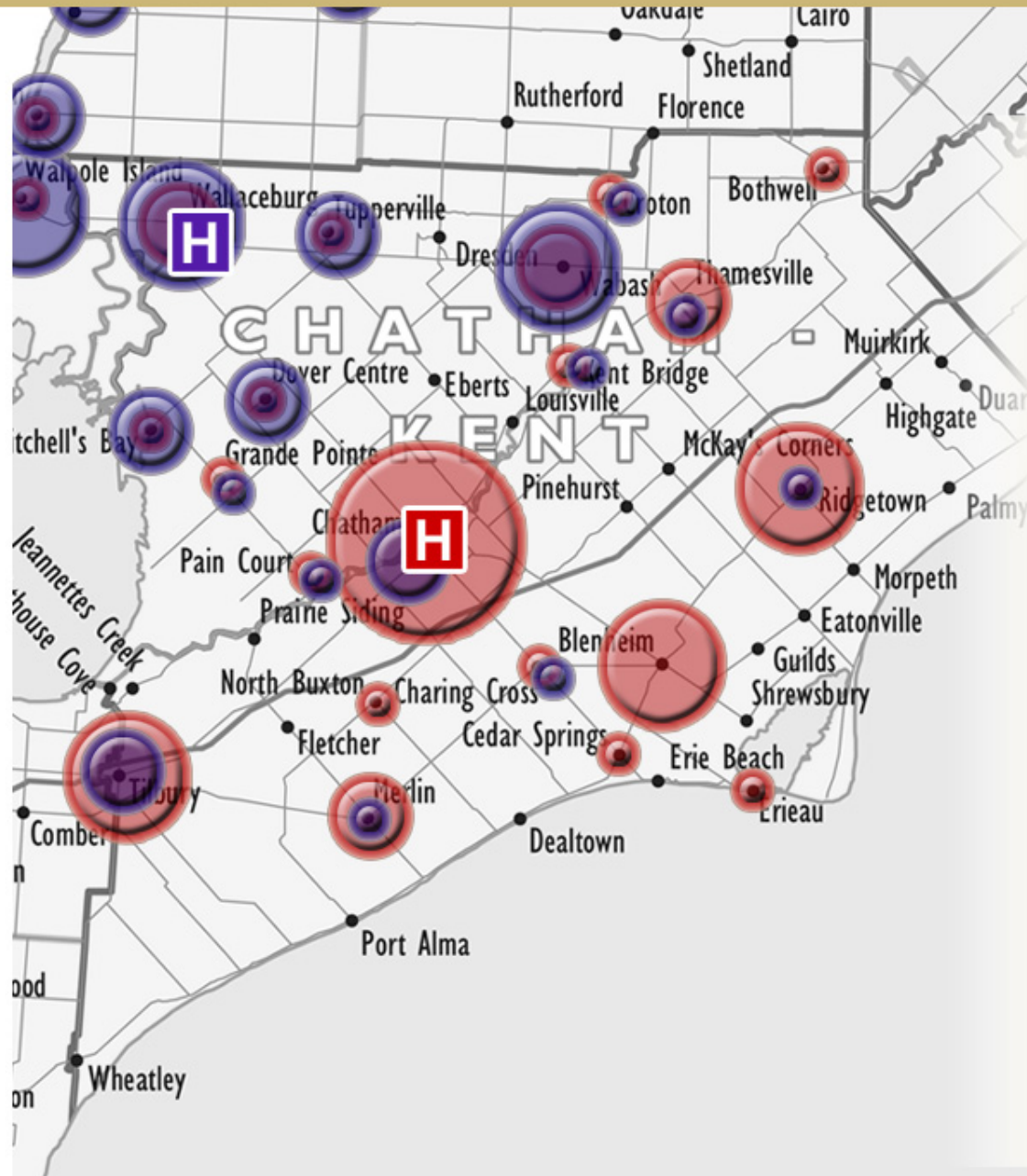
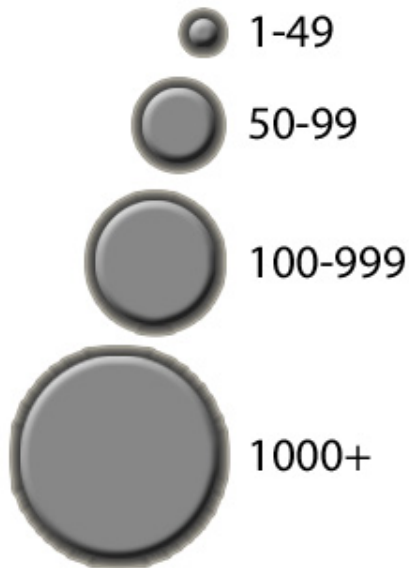
Sarnia/Lambton Hospitals: 1

Windsor/Essex Hospitals: 18

Red circles go to red hospital (Chatham). Purple circles go to purple hospital (Sydenham)

CTAS Level 2 Visits

H Chatham
H Sydenham



Number of people going to hospitals outside of Chatham-Kent:

Southwest LHIN Hospitals: 244

Sarnia/Lambton Hospitals: 53

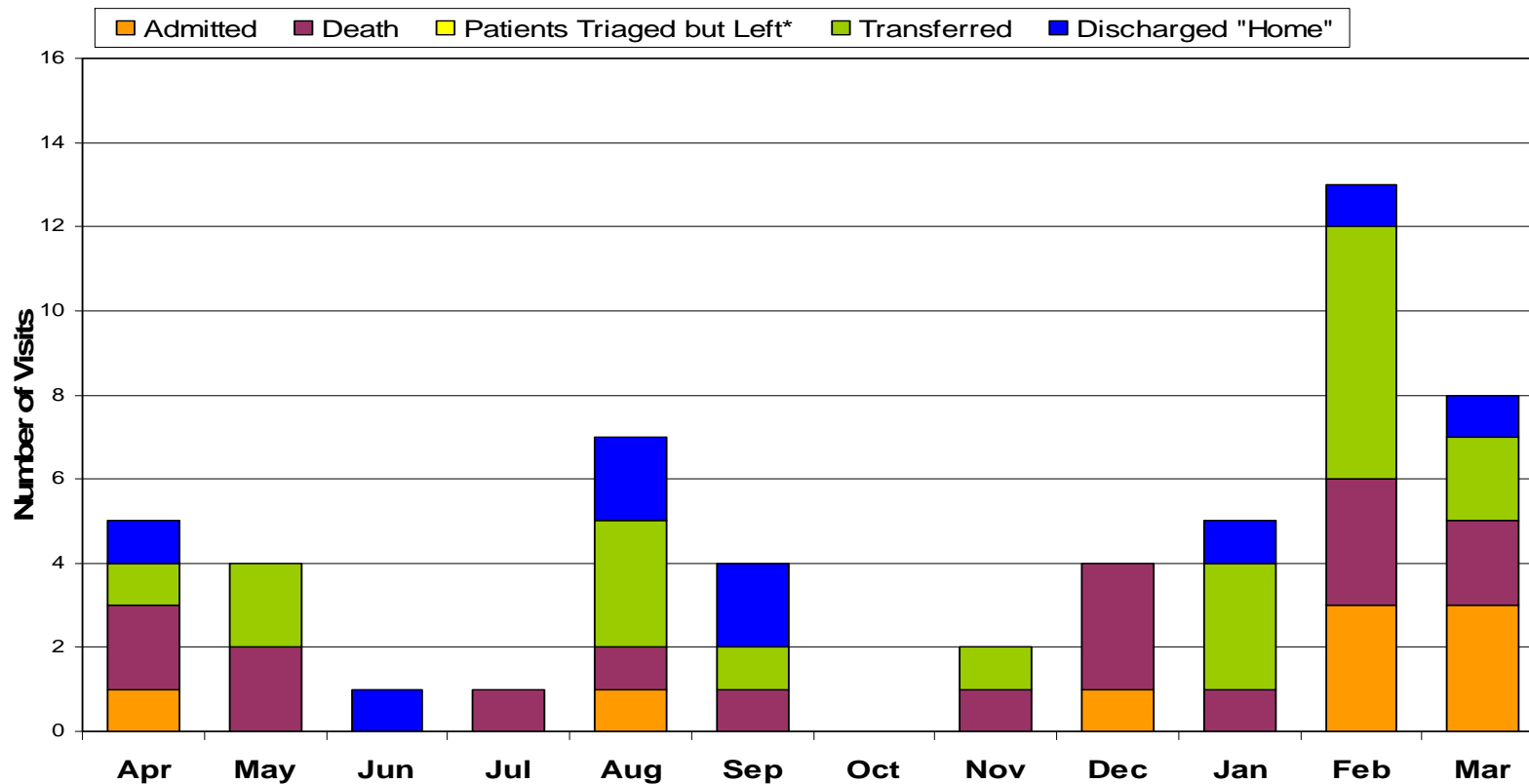
Windsor/Essex Hospitals: 269

Red circles go to red hospital (Chatham). Purple circles go to purple hospital (Sydenham)

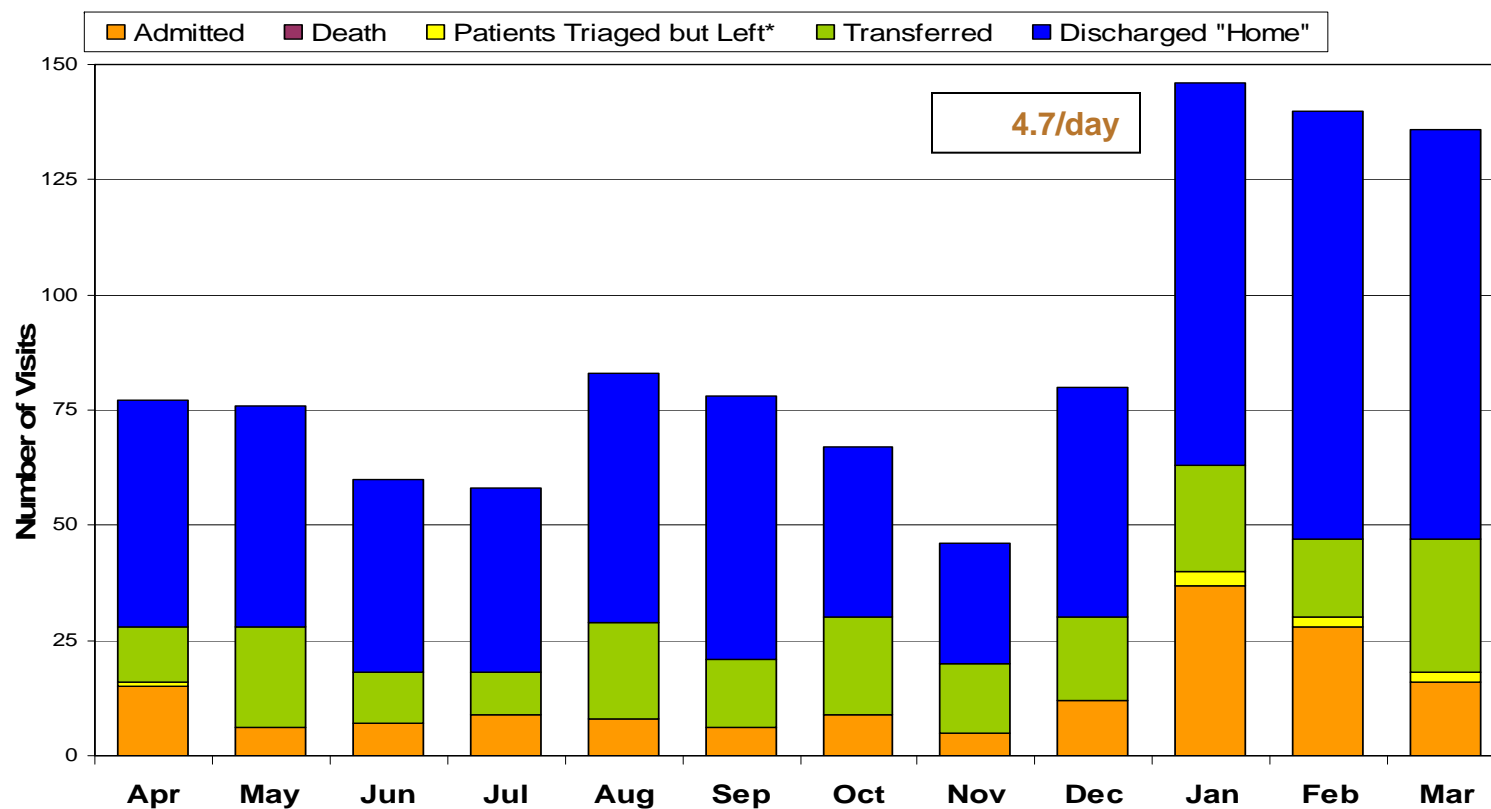
Top Diagnoses CTAS 1&2 Sydenham Campus

Diagnosis	Total Cases
Unspecified Chest Pain	104
Other Chest Pain	30
Fainting and Collapse	25
Congestive Heart Failure	25
Acute Episode of Chronic Obstructive Pulmonary Disease	24
Shortness of Breath	23
Acute Heart Attack	23
Generalized feeling of discomfort, illness and tiredness	22
Abdominal Pain	18
Drug/Alcohol Intoxication	18
Total Top 10	312

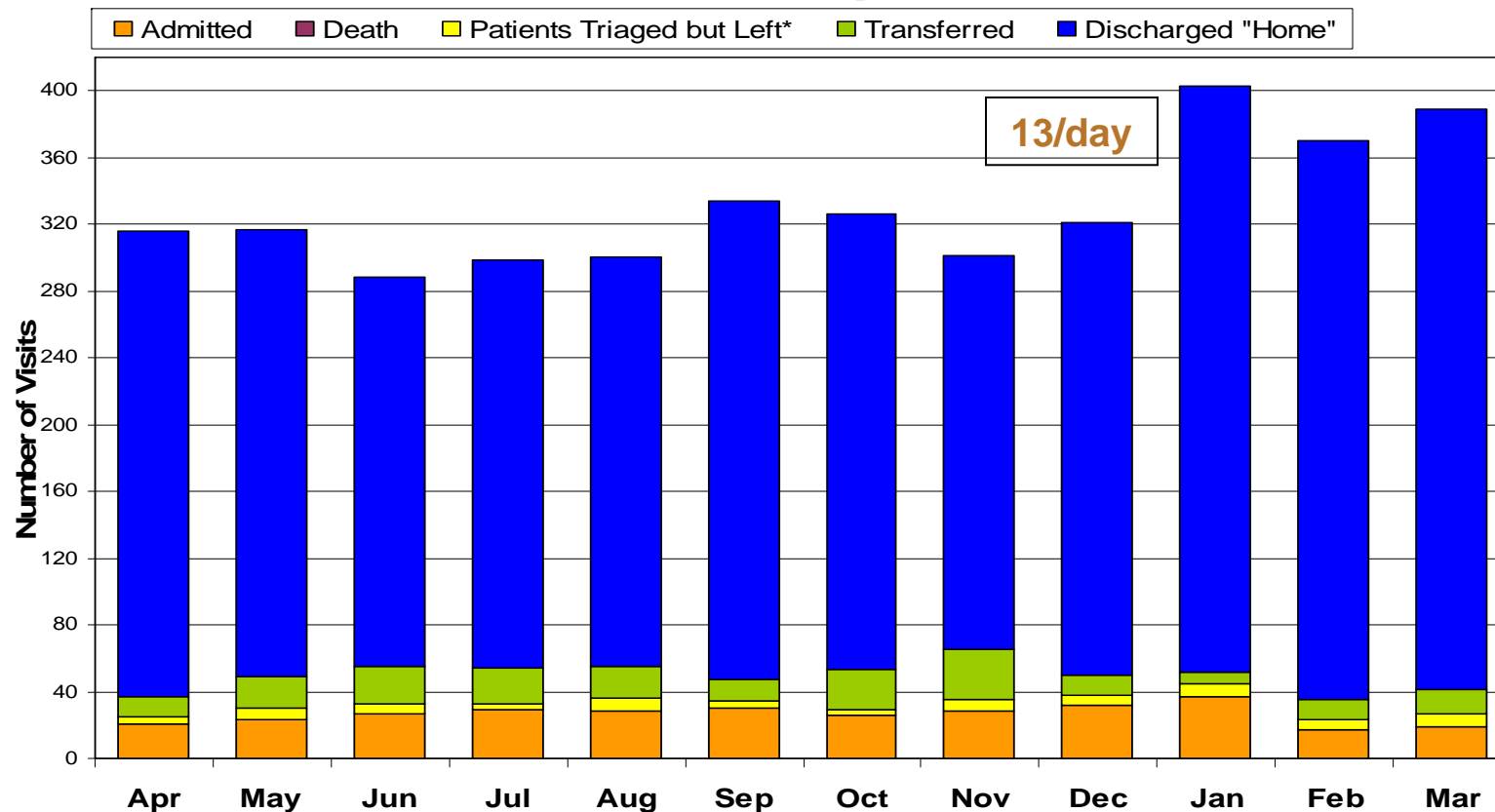
ED Visits by Disposition Sydenham - Resuscitation CTAS 1



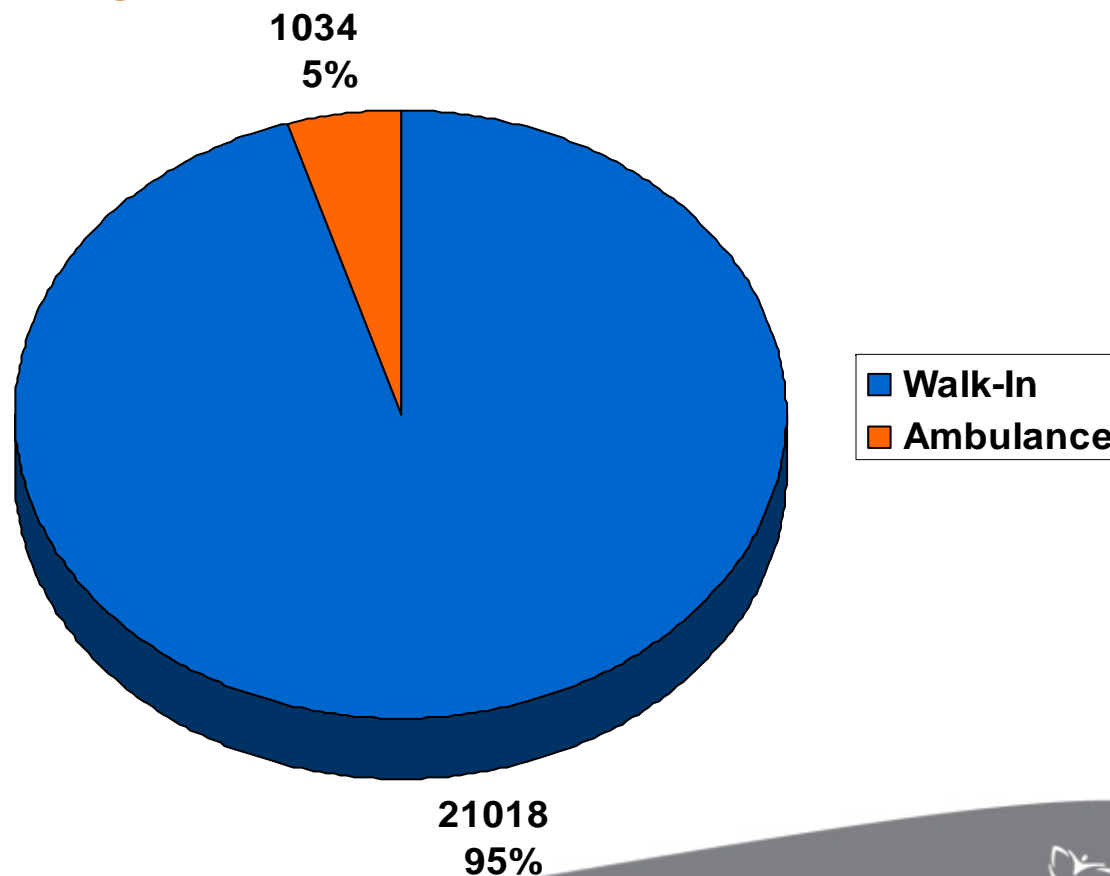
ED Visits by Disposition Sydenham – Emergent CTAS 2



ED Visits by Disposition Sydenham - Urgent CTAS 3



Total ED Visits by Access Type Sydenham Campus



Circles not to scale

Question for Discussion

- What are your comments or observations about the data presented?



Thank You!

www.eriestclairhin.on.ca

866-231-5446



Vision

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