

# **Small Community Hospital Emergency Department Study**

**Update to the Board of Directors  
January 26, 2010**

## Presentation Overview

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## Erie St. Clair Local Health Integration Network (ESC LHIN)



## Background

- The Small Community Hospital Emergency Department Study was a proactive initiative in order to plan for quality, sustainable, and timely services
- Emergency Departments studied:
  - Leamington District Memorial Hospital (Leamington)
  - Charlotte Eleanor Englehart Hospital Site, Bluewater Health (Petrolia)
  - Sydenham Campus, Chatham-Kent Health Alliance (Wallaceburg)
- Submission of the Hay Group Report – January 27, 2009

## Background (cont'd)

- April 2009 - Rural and Northern Health Care Panel announced by the Ministry of Health and Long-Term Care (MOHLTC)
  - “The mandate of this panel is to identify a vision, strategic directions and principles to assist Government and LHINs in ensuring quality of care as defined by access to care in rural and northern communities.”
  - MOHLTC website
- April 2009 – Chatham-Kent Health Alliance Board Chairs presented to the ESC LHIN Board of Directors
- May 2009 - ESC LHIN Board passed a motion to wait until the Rural and Northern Health Care Panel completed its work before receiving recommendations from staff
- June 2009 - Agreement of the Charlotte Eleanor Englehart Hospital Tripartite Group Charter

## Background (cont'd)

- Announcement of new Family Health Teams in Petrolia and Chatham
- Announcement of new Diabetes Teams in all counties
- Commenced Imagine Project for Chatham-Kent Health Alliance
- Launched Integrated Health Services Plan II – Clinical Services Review
- Launch of Health Care Connect

## Background (cont'd)

### **ESC LHIN Board of Directors Motion - November 24, 2009:**

“That the ESC LHIN Board ask LHIN Staff to bring forward a report of work to date of the Small Community Hospital Emergency Department Study, with options at the January 26th, 2010, Open Board Meeting of the Erie St. Clair LHIN.”

## Work to Date

- Key stakeholder and community consultations
- Data consolidation and review
- Research and analysis work from the University of Windsor professors



## Key Stakeholder Feedback

### **Consultations** (January-June, 2009):

- Conducted more than 50 stakeholder interviews
- Held nine public meetings
- Geographically representative of our three counties

### **Stakeholders:**

- General public
- Emergency Medical Services (EMS), fire and police services
- Physicians, nurses and administrators
- Municipal politicians and community leaders
- Walpole Island First Nations leadership
- Long-term care home administrators and clinical leads
- Family Health Teams and Community Health Centres
- Community support service providers
- Advocacy groups
- Industry

## Key Stakeholder Feedback (cont'd)

### General Comment Themes:

- Transportation issues and distance to care impact
- Need to shift to preventative-care
- Family physician shortage and access issue
- Issue of removal of hospital services
- Safety issue in absence of a local Emergency Department
- Service changes will negatively impact social, economic and industrial growth in the communities
- EMS and appropriateness of use
- Need for after-hours primary health care

## Key Stakeholder Feedback (cont'd)

### Opportunities:

- Provide more after-hours primary health care services in Family Health Teams, Community Health Centres and Nurse Practitioner clinics
- Address access issues to urgent care in other rural communities not in close proximity to an Emergency Department (e.g. Forest, Blenheim, Ridgetown)
- Provide outreach care in long-term care homes to divert Emergency Department volumes
- Increase use of advanced life-saving paramedics in rural communities

## ESC LHIN's Data Analysis

### Data examined:

- **CTAS** (e.g. volumes, trends, variation, location, disposition, time of day, point of origin, distribution of patients)
- **Diagnosis** (e.g. volumes, trends, variation, commonalities)
- **Readmissions** (e.g. trends, commonalities)

## ESC L<sup>H</sup>IN's Data Analysis (cont'd)

- Ongoing trends identify that Emergency Departments are still used as a back up for a challenged primary health care system

## Researchers' Analysis

- **Primary health care is the foundation of health care in Canada**  
(WHO: Declaration of Alma Ata, 1978; Ottawa Charter for Health Promotion, 1986)
- **When primary health care is in place, it positively affects how people make decisions about their health**  
(Andersen and Newman, 1973; Padgett and Brodsky, 1992; Andersen, 1995; Aday and Awe, 1997)
- **Lack of primary health care is associated with increased use of Emergency Departments for non-emergency care needs**  
(Barsky et al., 1986; Parboosingh and Larsen, 1987; Connely et al., 1989; Padgett and Brodsky, 1992; Richardson and Hwang, 2001; Afilalo et al., 2004; Lega and Mengoni, 2008)

## Researchers' Analysis (cont'd)

- In the absence of primary health care, promotion of health and prevention of disease are more difficult to achieve

## Conclusions

- All ESC LHIN communities are passionate about health care and their hospitals
- Key Stakeholder feedback, data analysis, and researchers' analysis all support that the “bigger” issue is to focus on strengthening primary health care services
- Emergency Department utilization, trends, and behaviours reflect the results of a challenged primary health care system



**Episodic Care  
(Emergency  
Department Visits)**



**Enhanced primary  
health care  
System**

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

## Board Options to Consider

- Option 1 – Take no action at this time
- Option 2 – Make a recommendation with the information we have today

**Continued...**

## Board Options to Consider (cont'd)

- Option 3 - Sustain current Emergency Departments while awaiting Rural and Northern Health Care Panel recommendations and incorporate findings as required
  - Take a proactive approach by creating a Primary Health Care Task Group
  - Launch clinical services review

## Next Steps

- Require hospitals to submit contingency plans for their Emergency Departments to the ESC L<sup>H</sup>IN
- Require hospitals to partner with the ESC L<sup>H</sup>IN in the clinical services review
- Require hospitals to continue to address challenges identified through this process with the ESC L<sup>H</sup>IN
  - Leamington District Memorial Hospital: Enhance clinical collaboration with Windsor Hospitals
  - Charlotte Eleanor Englehart Hospital: Continue implementation of Tripartite Group Charter and evaluation of identified options
  - Sydenham Campus, Chatham-Kent Health Alliance: Continue to work with HealthForceOntario for ongoing physician coverage issues

## Next Steps (cont'd)

- Create a Primary Health Care Task Group
- Launch clinical services review
- Await Northern and Rural Health Care Panel recommendations

# Discussion

# Erie St. Clair Local Health Integration Network



# Erie St. Clair Local Health Integration Network

