

HIGHLIGHTS:

Emergency Dept. Waits and Patient Flow Initiative

December 2, 2015

Reduced emergency department wait times and improved access to care are priorities for Saskatchewan's health system. Work is underway across the health system to identify the root causes of hospital overcrowding and emergency department waits, develop plans for improved access to care, and implement changes locally, regionally and provincially.

Positive results have already been achieved in targeted areas, including these programs:

- **Seniors' House Calls** links at-risk seniors to home-based health monitoring visits from physicians and nurse practitioners, avoiding unnecessary emergency department visits and hospitalizations (Regina Qu'Appelle and Saskatoon Health Regions).
- **Connecting to Care** (hotspotting) helps high-cost, high-use patients get their complex needs met from community-based services rather than emergency department visits (Regina and Saskatoon).
- **Police and Crisis Teams** (PACT) pair Regina and Saskatoon police officers with mental health professionals in those communities to better manage health crisis situations in the community. Half of the calls attended by Saskatoon PACT teams in 2014 avoided emergency department visits.
- **Community paramedicine** brings basic health services to residents of long-term care facilities and community-based organizations, eliminating time-consuming and costly trips to the hospital (Saskatoon).
- **Community services referral** involves providing patients with information that will help them find a family doctor and other resources, so they have alternatives to an emergency department visit and receive better primary care in the community (many communities across the province).
- **Targeted staffing enhancements**, such as increases to emergency department staffing in advance of anticipated peak periods.
- **Process improvements** that enable timely patient discharges and room preparation for new patients (Prince Albert, Regina, Saskatoon, Moose Jaw, Yorkton and North Battleford).

New focus in 2015-16 includes work in hospitals (improving patient flow and discharge processes, emergency departments (increasing operational efficiency) and in the community (access to appropriate care before pre-hospital and post-discharge):

- **Alternate level of care** is an effort to help reduce the length of stay for patients who no longer require hospital care so they can receive more appropriate care outside of the hospital setting.
- **Interdisciplinary communication** is being encouraged in many hospitals to improve communication among health providers and with patients and their families. This open approach to information sharing reduces errors, improves teamwork, avoids delays in discharging patients and increases patient and family satisfaction.
- **Computer modeling** to help hospitals anticipate fluctuations in demand for services and to test care improvement options via computer modeling before changes are implemented.