

## BRIEFING NOTE

January 31, 2018

For Decision

**Board of Directors Item 13.5 – Emergency Department Pay for Results (ED P4R) one-time investment and expected outcomes**

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### PURPOSE

To provide the WWLHIN Board of Directors with an overview of the Emergency Department Pay for Results (ED P4R) program and with an approach for 2018/19 ED P4R one-time investments.

### CORE CONTEXT

- The Ministry will be holding constant their investment in the ED P4R program in 2018/19 at \$90M. The ED P4R program is intended to support the planning and implementation of local solutions to reduce ED Length of Stay (LOS), increase patient access to quality health services, and improve the patient's experience.
- Calendar year performance informs funding in the next fiscal year.
- Collectively, participating WWLHIN hospitals, Cambridge Memorial Hospital (CMH), Guelph General Hospital (GGH), Grand River Hospital (GRH) and St. Mary's General Hospital (SMGH) earned \$4.76M for 2018/19, a reduction of \$711k (-13.0%), from \$5.47M in 2017/18.
- Strong performance in the program in 2016 led to the most funding ever received locally in 2017/18. Performance in the P4R program declined in 2017 at 3 of the 4 hospitals, resulting in a relative impact on funding ranging from -25.8% at GRH to +15.3% at SMGH for 2018/19.
- Hospitals will submit ED P4R Action Plans signed by their President/ CEO to the WWLHIN by Friday, February 9, 2018 for review and approval. The WWLHIN will submit approved ED P4R Action Plans to the Ministry by the Friday, March 9, 2018 deadline.

### RECOMMENDATION

THAT the WWLHIN Board of Directors authorizes the CEO to approve the allocation of ED P4R funding to hospitals upon (a) the submission of WWLHIN-approved action plans, and (b) the receipt of funding from the Ministry.

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## BACKGROUND INFORMATION

The Emergency Department Pay for Results (ED P4R) program was launched by the Ministry of Health and Long-Term Care (MOHLTC) in 2008 to address ED wait time challenges by providing funding for improved performance. At present, there are 74 hospital EDs participating in the program provincially, four of which<sup>1</sup> are located within the WWLHIN. The Ministry has signalled that the ED P4R program funding will remain constant at \$90M for 2018/19 (to be confirmed via funding letter expected in April 2018). Hospital- and LHIN-level funding since 2013/14, including annual program market share and recommended funding for 2018/19, is provided in Appendix A. Of note, ED P4R funding is just one component of a hospital's overall ED investment plan.

### Hospital ED P4R Action Plan Submission and Review Process for 2018/19

Hospitals will submit their ED P4R Action Plans for 2018/19 to the WWLHIN by February 9<sup>th</sup>, 2018. These plans are to be endorsed by senior hospital administrative and clinical staff prior to submission; President/CEO signature on each plan is mandatory.

The WWLHIN ED Physician Lead and staff review plans in February; meetings with hospitals have been set to review the plans, seek clarification and request revisions, where necessary. Historically, the majority of investments outlined in ED P4R are improvement initiatives continued from the previous year, which are aimed at reducing ED lengths of stay, improving whole-hospital patient flow and improving patient care on the frontline.

Recommendations from this review process will be presented to the WWLHIN CEO for consideration of endorsement.

### Changing ED landscape

- Patient demand by time of day: Hospitals are experiencing increased ED utilization into the later afternoons and evening, which results in adjustments in when services need to be provided. This puts a strain on lab and diagnostic imaging services, physician and nursing schedules. This will need to be carefully managed to ensure ongoing throughput into the evening and overnight to ensure that physician and nurse staffing is adequate to address this demand to meeting national standards of patient arrival to being seen by a physician or nurse practitioner within 3 hours.
- Physician Recruitment: One LHIN hospital continues to face physician recruitment challenges which results in incomplete shift coverage.

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<sup>1</sup> In Waterloo Wellington, Cambridge Memorial Hospital (CMH), Guelph General Hospital (GGH), Grand River Hospital (GRH) and St. Mary's General Hospital (SMGH) participate in the ED P4R program.

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- Medical specialist response times: Emergency care is dependent on specialists from other parts of the hospital, for example Surgeons and Psychiatrists. Timely response from these medical services is required to ensure that patients are promptly cared for in the ED.
- Increasing Complexity: The patients going to the ED are sicker with 3 out of every 4 patients being triaged as complex or of high acuity (provincially this rate is 70%). Resulting in more patients being admitted to hospital, and time to getting a bed is now at 21 hours (compared to 16 hours a few years ago). Added to this is increasing volumes of ambulance arrivals, now approximately 45,000 per year at WWLHIN hospitals (vs. approximately 40,000 3 years ago), which continues to create pressure for the ED's. Hospitals are facing a tipping point where flow methods which worked a few years ago are no longer adequate to maintain success, and this pattern is observed across Ontario and Canada.
- Seasonal Surge pressures: The greatest pressures to Pay for Results metrics in 2017 (i.e. the longest patient wait times of the year) occurred during the Seasonal Surge period from Jan-Mar 2017 and are reflected in hospital metrics for the rest of the year. Surge pressures continued into the spring and started again early in fall 2017. The outcome is hospitals are facing year-round flow challenges in an increasingly complex patient environment. WWLHIN has conducted our most extensive Seasonal Surge communication effort in Q3 2017/18 in an effort to maintain flow for all facilities in Q4.
- Pay for Results budget has been reduced over time: Provincial P4R program funding has been reduced from \$100M in 2011/12 to \$90M in 2016/17; it has remained static for the past 3 years. This reduction in funding has come in spite of a projected 12.6% increase in patient visits, 11.6% increase in admitted patients, and 28.6% increase in patient visits arriving by ambulance in Ontario since 2011/12.<sup>2</sup>

### Expected Results for 2017/18

It is expected that all hospitals will achieve target for both the 90<sup>th</sup> percentile ED LOS for Complex Patients (target 8 hours) and the 90<sup>th</sup> percentile ED LOS for Non-Admitted Minor/Uncomplicated Patients (target 4 hours). These metrics are performance indicators in both the Ministry-LHIN Accountability Agreement (MLAA) and the Hospital-Sector Accountability Agreement (H-SAA).

Throughout 2016/17, results show that patients with the most urgent, complex conditions were treated in WWLHIN hospital EDs within best practice access targets, with the WWLHIN achieving top provincial ranking of the #1 LHIN in Ontario, but currently sitting at #2 in Ontario. WWLHIN hospitals have historically not met target for patients with minor or less urgent

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<sup>2</sup> April to November 2017 ED volumes used for a straight-line projection for 2017/18 compared against 2011/12 ED volumes.

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conditions who do not require admission to hospital, with this ranking currently at #11 in Ontario. Historical ED LOS trending appears in Appendix B.

Planned ED P4R initiatives, as well as physician recruitment efforts at one hospital, will help to improve patient flow. In addition, the opening of additional hospital beds to address seasonal surge while addressing improved flow and a reduction of Alternate Level of Care (ALC) – patients in hospital that no longer require hospital care – will help promote good flow in the ED.

### **NEXT STEPS**

1. Hospitals will submit ED P4R Action Plans signed by their President/CEO to the WWLHIN by Friday, February 9, 2018.
2. WWLHIN ED Physician Lead and staff will review plans with hospitals in February. Recommendations will be made to the WWLHIN CEO for consideration of endorsement.
3. The WWLHIN will submit approved ED P4R Action Plans to the Ministry by the Friday, March 9, 2018 deadline.

# Waterloo Wellington LHIN

## Appendix A: Historical ED P4R funding and program market share, 2013/14 to 2018/19

Hospital	Emergency Department Pay for Results (ED P4R) Funding by Fiscal Year					
	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19 (Recommended)
	Funding	Funding	Funding	Funding	Funding	Funding
CMH	\$ 1,015,400	\$ 1,212,000	\$ 1,096,400	\$ 848,100	\$ 1,140,700	\$ 990,800
GGH	\$ 1,865,900	\$ 1,902,400	\$ 1,925,000	\$ 1,989,600	\$ 1,994,700	\$ 1,614,700
GRH	\$ 761,900	\$ 971,200	\$ 1,174,400	\$ 1,107,600	\$ 1,313,000	\$ 974,300
SMGH	\$ 845,900	\$ 1,015,500	\$ 1,216,600	\$ 1,071,300	\$ 1,025,300	\$ 1,182,600
<b>WWLHIN</b>	<b>\$ 4,489,100</b>	<b>\$ 5,101,100</b>	<b>\$ 5,412,400</b>	<b>\$ 5,016,600</b>	<b>\$ 5,473,700</b>	<b>\$ 4,762,400</b>
<b>ONTARIO</b>	<b>\$ 93,000,000</b>	<b>\$ 99,350,000</b>	<b>\$ 94,500,000</b>	<b>\$ 90,000,000</b>	<b>\$ 90,000,000</b>	<b>\$ 90,000,000</b>
<b>WWLHIN % of Provincial P4R Funding</b>	4.83%	5.13%	5.73%	5.57%	6.08%	5.29%

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## Appendix B: Emergency department length of stay trending

Waterloo Wellington Health System Improvement Dashboard 2017/18												
Annual Plan Performance Outcome - Historical Performance View - Results for All Sites												
Guided by achieving the best outcomes for residents, the WWLHIN has established performance targets based on the provincial target or clinical evidence, whichever is better.												
Produced on December 21, 2017												
Annual Plan Performance	Healthlink	Organization	Target*	2015/16 Q3	2015/16 Q4	2016/17 Q1	2016/17 Q2	2016/17 Q3	2016/17 Q4	2017/18 Q1	2017/18 Q2	Latest LHIN Rank
90th Percentile ED LOS (hours) for Complex Patients	Cambridge, North Dumfries	Cambridge Memorial Hospital	8.00	7.60	7.53	6.97	6.98	7.00	7.63	7.83	7.67	2
	Guelph Area	Guelph General Hospital	8.00	6.60	7.25	6.25	6.35	6.53	8.40	7.45	7.18	2
	Kitchener, Waterloo, Woolwich, Wellsley, Willmot	Grand River Hospital	8.00	8.10	9.12	7.83	7.22	7.78	8.67	10.10	9.58	2
		St. Mary's General Hospital	8.00	7.70	9.13	7.78	7.42	8.18	8.52	8.42	7.82	2
	Wellington Area	Groves Memorial Hospital	8.00	7.80	7.95	8.80	7.15	7.32	8.97	8.00	9.75	2
	<b>Aggregate WW System Performance</b>			<b>8.00</b>	<b>7.55</b>	<b>8.42</b>	<b>7.28</b>	<b>6.97</b>	<b>7.35</b>	<b>8.35</b>	<b>8.27</b>	<b>8.22</b>
	<b>Ontario</b>		<b>8.00</b>	<b>9.98</b>	<b>10.53</b>	<b>10.02</b>	<b>10.15</b>	<b>10.52</b>	<b>11.03</b>	<b>10.27</b>	<b>10.53</b>	<b>-</b>
90th Percentile ED LOS (hours) for Non-Admitted Minor/Uncomplicated Patients	Cambridge, North Dumfries	Cambridge Memorial Hospital	4.00	4.75	4.72	4.50	4.48	4.32	4.90	5.23	4.60	11
	Guelph Area	Guelph General Hospital	4.00	3.50	3.85	3.42	3.57	3.92	4.88	3.97	4.07	11
	Kitchener, Waterloo, Woolwich, Wellsley, Willmot	Grand River Hospital	4.00	4.90	5.82	4.30	3.80	4.02	4.47	5.97	6.12	11
		St. Mary's General Hospital	4.00	4.35	5.25	4.32	4.22	4.35	4.27	4.53	4.43	11
	Wellington Area	Groves Memorial Hospital	4.00	4.05	4.95	4.70	4.52	4.35	4.78	4.53	4.85	11
	<b>Aggregate WW System Performance</b>			<b>4.00</b>	<b>4.35</b>	<b>4.88</b>	<b>4.28</b>	<b>4.12</b>	<b>4.20</b>	<b>4.67</b>	<b>4.90</b>	<b>4.87</b>
	<b>Ontario</b>		<b>4.00</b>	<b>3.97</b>	<b>4.27</b>	<b>4.12</b>	<b>4.15</b>	<b>4.10</b>	<b>4.22</b>	<b>4.17</b>	<b>4.33</b>	<b>-</b>