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## NEWS RELEASE

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### **REPORT FINDS PROGRESS, IDENTIFIES WHERE MORE IS NEEDED** ***Roadblocks in Patient Flow Create Logjam in Emergency Care***

**TORONTO, ON, June 3, 2010** – Wait times have decreased for some surgeries and the use of electronic medical records has nearly doubled, but roadblocks in patient flow are causing backlogs in areas of the province's healthcare system, according to the fifth annual report of the Ontario Health Quality Council (OHQC), released today.

"With so many aspects of our health system linked together, if one part becomes log-jammed, the impact ripples upstream," said Lyn McLeod, OHQC Chair.

The independent agency's report shows that long-term care wait times have tripled since 2005, and are now at 105 days overall – but also that one in four people placed in long-term care could potentially be cared for in alternative settings. This is having an impact on the hospital sector where 16 percent of hospital beds are being occupied by patients designated as alternate level of care (ALC), where the patient does not need all the services that a hospital provides. This problem has gotten worse over the past three years.

"We're seeing that a high rate of hospital beds designated as ALC is leading to backlogs in the emergency department," said OHQC CEO Dr. Ben Chan.

Patients admitted to hospital from the emergency department typically spend more than three hours waiting for a hospital bed after the decision to admit. This also slows the flow of less acute patients through the emergency department.

This year's report contains detailed descriptions of gaps in quality, hundreds of ideas on how to improve care, as well as success stories from across the province. For example, Trillium Health Centre in Mississauga reduced beds occupied by ALC patients from 18 to 7 percent. Working closely with the Community Care Access Centre (CCAC) and the Local Health Integration Network (LHIN) in its region, the hospital reduced the number of ALC beds through better discharge planning and more support for patients returning home after discharge from the hospital. This means that people in the community at high risk for a lengthy admission are identified early on and connected earlier to services to keep them healthy.

The report points this year again to the Lethbridge, Alberta healthcare region model, which provides publicly-funded options for assisted living and supportive housing, for patients who require less care than provided by a long-term care home. Their model keeps wait times to under one month, yet uses one-third fewer long-term care beds compared to Ontario.

"It's important to consider all options for keeping seniors healthy at home," noted Dr. Chan. "Otherwise, there will be people who end up in long-term care when they don't need to. Indeed, one of this year's findings is that one in four people placed in long-term care have relatively lighter needs, so alternatives might be possible if they were available."

Other success stories featured in the report include Credit Valley Hospital in Mississauga and North York General. Credit Valley is one of Ontario's busiest hospitals, but it was able to reduce wait times for seriously ill patients and improve satisfaction ratings by streamlining its work flow and layout, all the while managing an increase in emergency department visits. Patients enrolled in North York General Hospital's Emergency Department Diversion Program had significantly lower revisit rates after being connected with the program. By linking patients to the right services as soon as possible, the hospital brought the number of repeat emergency department visits by those patients down from fifty-five per cent to twenty-three per cent.

"It's important for boards and CEOs to be asking some hard questions," said Dr. Chan. "If some places in Ontario have achieved major improvements in wait times or quality, then why can't they do the same? If there are great ideas for improvement, then why aren't we adopting all of them, all the time?"

Key findings this year include:

- There are serious problems with how patients move through the healthcare system, from the emergency department to hospital and long-term care. Patients wait too long and the system is wasting resources.
- There have been solid improvements in cardiovascular care. Heart attack incidence, mortality and readmissions are declining. More patients with heart attacks are filling prescriptions for the right medications, including cholesterol-lowering drugs, beta-blockers and angiotensin-converting enzyme inhibitors (ACEIs) or angiotensin-receptor blockers (ARBs).
- Wait times are good for cataract and cardiovascular surgeries and have improved for hip and knee replacements, but there is still room to do better. The largest area for improvement is urgent (priority 2) cases for all surgeries; for example, only 53 percent of urgent cancer surgeries are done within the recommended timeframe. CT/MRI scan waits are still too long with only one-third of priority 4 MRI scans being done on time despite having doubled the number of scans in the last six years.
- We have also seen cautious signs of improvement in care for diabetes and other chronic diseases. Further improvements to chronic disease management require improved engagement of patients and better coordination and communication among providers.
- Ontario has made significant improvements in the use of information technology, particularly in doctors' use of electronic medical records (EMR). The proportion of family doctors who have an EMR system has risen from 26 percent in 2007 to 43 percent in 2009. This represents important progress in a short period of time. However, we still lag behind countries such as the UK, Australia and the Netherlands, where 95 to 99 percent of family doctors have an EMR system.
- About 7.1 percent of adult Ontarians (aged 18 and over) continue not to have a family doctor; that's roughly 730,000 people. About half are actively looking for one. Almost nine in 10 Ontarians say they are waiting too long to see their doctor, an indicator that has gotten worse in the last three years.
- Progress has been stalled for three years in reducing unhealthy lifestyle activities, including smoking, heavy drinking, and physical inactivity. Strategies must be tailored for vulnerable populations with low income or low education, who have a higher risk of having unhealthy lifestyles and who face unique challenges.

- *C difficile* infection rates have been decreasing gradually over the past year. However, handwashing rates are still far too low — only 53% at the moment just before a health professional sees a patient. Infections such as ventilator-associated pneumonia and central line infections continue to occur in our hospitals. These infections are associated with high mortality rates, and yet many leading institutions in North America and even here in Ontario have eliminated them through adherence to infection control practices.

This year's report also includes new information on staying healthy and safe in long-term care, greater analysis of hospital infections, coverage of maternal and child health, and enhanced coverage of mental health.

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