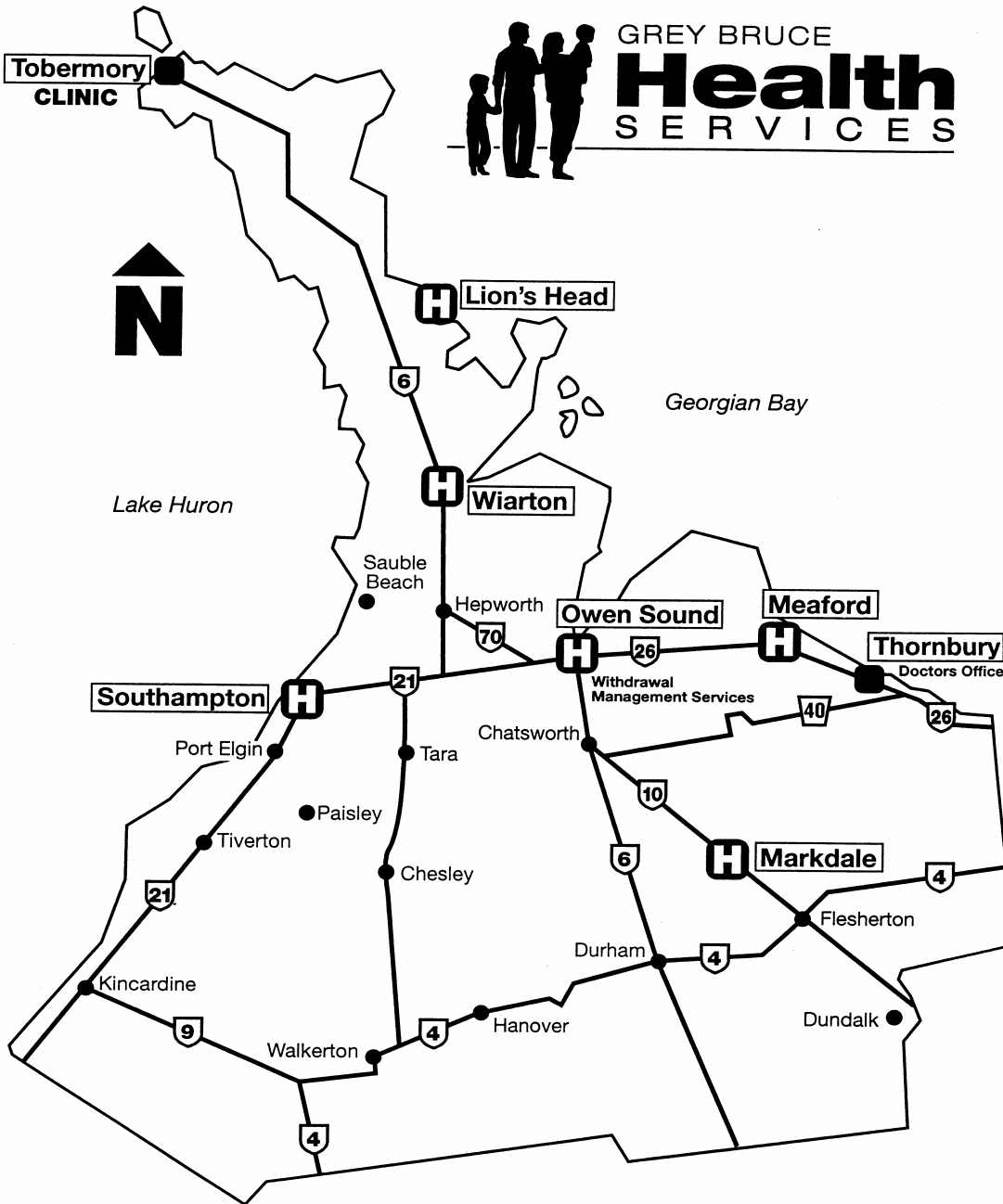


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Quality Improvement Strategies

- ER wait times
- Patient Complaints
- ER call-back process



Quality Improvement Strategies – Use of Data

- Increasing ER volume
- Higher CTAS acuity levels
- Increasing average length of stay for ER visits
- Patient satisfaction – anecdotal evidence
- Supported increase in ER RN and MD staffing



Quality Improvement Strategy – Mental Health

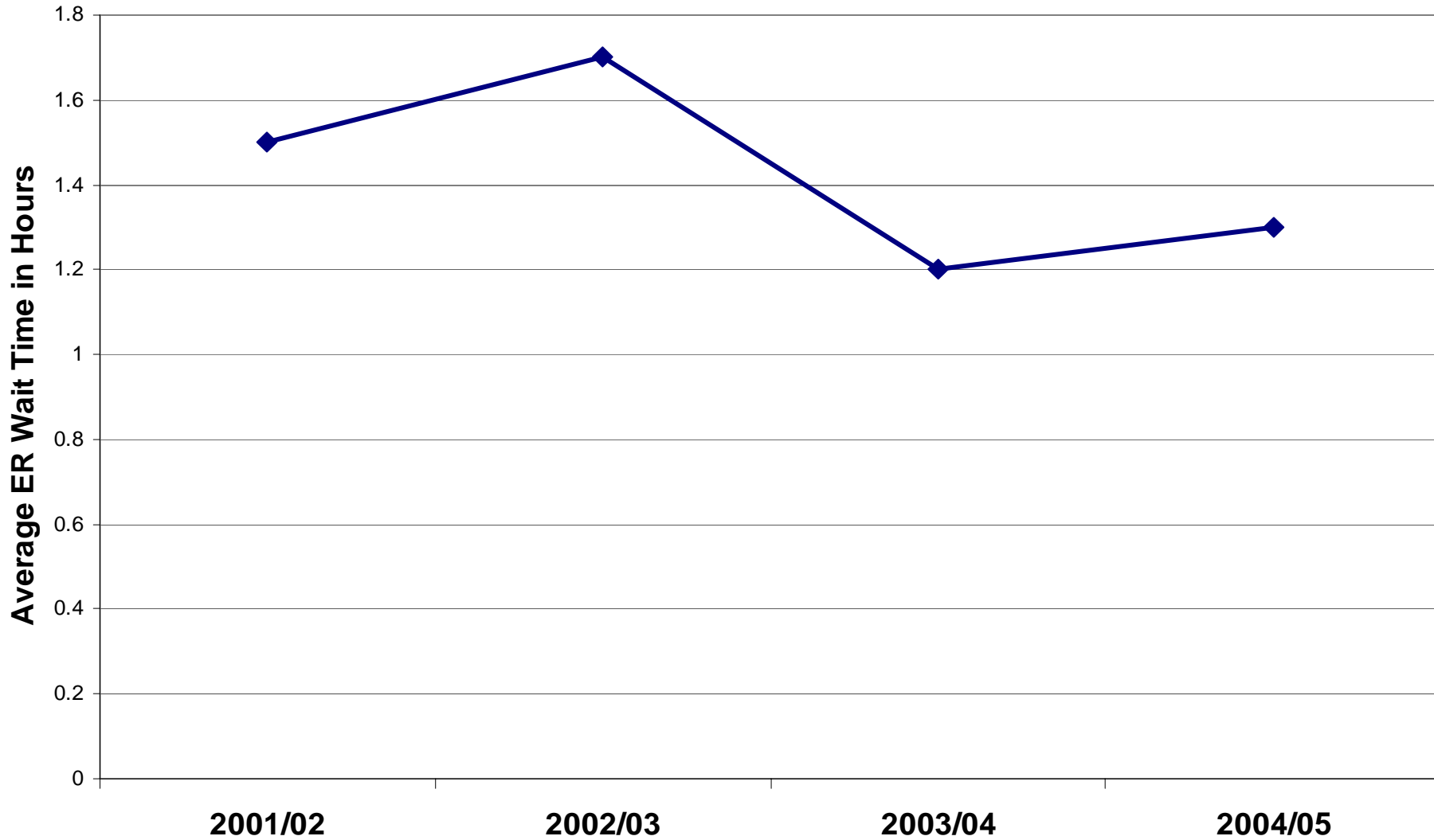
- Implementation of Psychiatric Quick Response Team in the Owen Sound site ER Dept
- Comprised of Psychiatrist and Crisis Team Staff member
 - Monday to Friday, 09:00 to 17:00 hours
 - Provide timely assessment by Psychiatrist for mental health patients presenting in the ER



Quality Improvement Strategy – Mental Health

- **Psychiatric Outpatient Holding Beds**
 - Implemented in September 2003
 - 3 beds on Inpatient Psychiatric Unit
 - Targeted for clients :
 - With a mental health problem who require a complete evaluation to determine whether they require inpatient admission or can be discharged within 3 to 24 hr
 - Who are expected to be discharged from ER but require observation and consultation
 - Goals:
 - Avoid costly short stay inpatient admissions
 - Relieve overcrowding in the ER dept
 - Prevent inappropriate patient release
 - Provide quality care

Average ER Wait Time from Triage to Discharge Home





Patient Complaint Process

- Risk Manager position provided centralized handling of complaints
- Feedback regarding patient complaints provided to employees/physicians
- Greater transparency with staff
- Quantified reporting to executive & Board



ER Call Back Process

- Paediatric patients “left without being seen”
- Any patient ER RN or MD had concerns about during their visit eg. confused elderly to reinforce discharge instructions
- Patients with follow-up appointments or community referrals.



Summary

- Current Hospital Report Card values continue to reflect positive patient feedback regarding wait times and responsiveness of RN's and MD's, in relation to the provincial average.