Health PEI

Provincial Acute Care Services: Prince County & Queen Elizabeth Hospitals

PCH QEH

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Profile: Prince County Hospital

- Second largest acute care hospital with 110 staffed beds.
- **Acute Care Services**: emergency, family medicine, general medicine (adult and pediatric), surgical (day surgery and general), intensive care, intermediate care, progressive care, in-patient units (medical, surgical, maternity and child care, special care nursery, palliative care, restorative care, and mental health).
- **Ambulatory care services**: endoscopy, minor surgery, oncology, nursing clinic, secondary stroke prevention clinic, rehabilitation services (physiotherapy and occupational therapy), nutrition counseling, cardio-pulmonary testing/treatment, asthma/COPD education, blood/specimen collection, health resource centre, mental health and addition services.

Profile: Prince County Hospital *continued…*

- Co-location of hemodialysis unit
- 355 FTEs
- Approx. 50 Island Physicians
- 400+ Volunteers

Profile: Queen Elizabeth Hospital

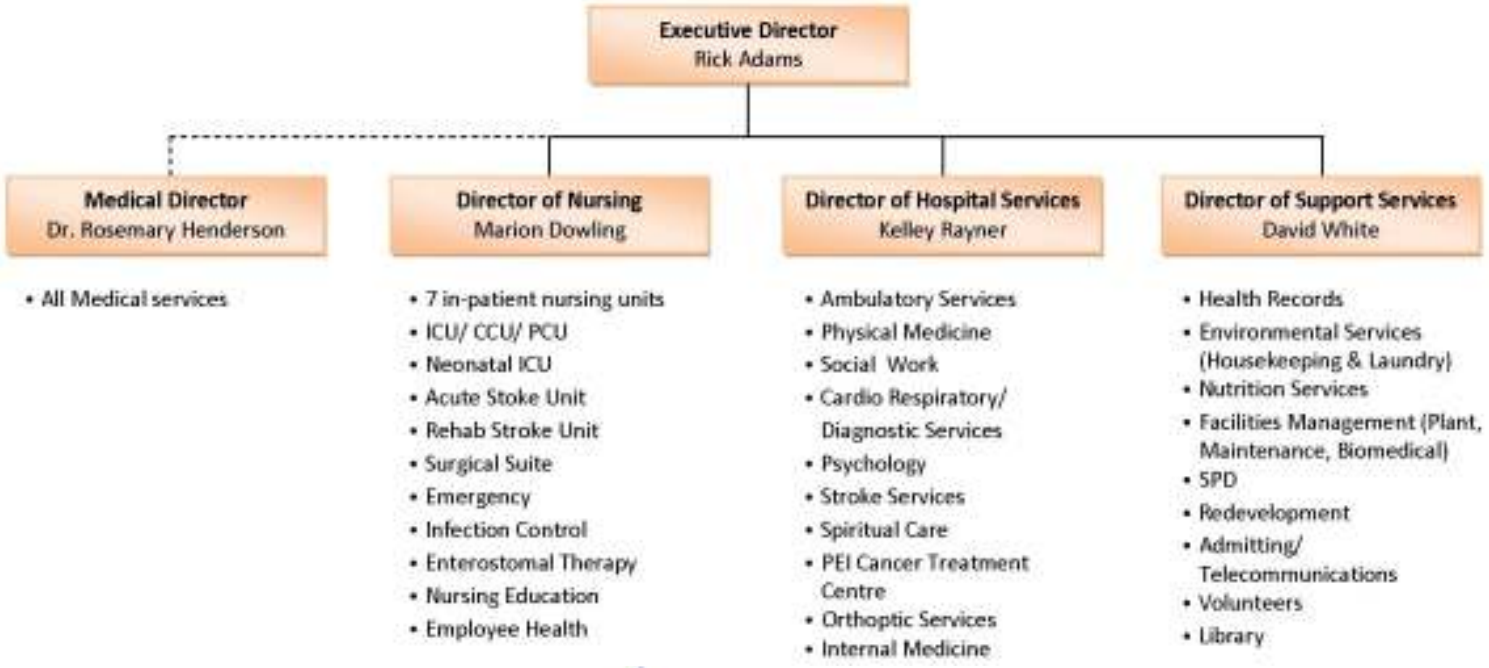
- Largest acute care hospital with 255 staffed beds
- Referral centre for **specialized provincial ambulatory and acute services**: lithotripsy, cystoscopy, urology, vascular lab/assessment, orthotics and prosthetics, vasectomy, orthopedics, MRI, radiation therapy, cancer registry, etc.
- **Acute Care Services**: emergency, family medicine, hospitalist service, general medicine (adult and pediatric), surgical (day surgery, general and specialized), intensive care, coronary intensive care, progressive care, neo-natal intensive care, acute stroke care, stroke rehabilitation care, provincial rehabilitation unit, other in-patient units (medical, surgical, maternity, pediatrics, and mental health).

Profile: Queen Elizabeth Hospital *continued…*

- **Ambulatory Care Services**: endoscopy, cardio-respiratory diagnostics, patient prep/recovery, electro-neuro diagnostics, echocardiography, enterostomal therapy, vascular lab, cystoscopy and urodynamics, eye clinic, asthma education centre, shared clinics (orthopedics, plastics, respiratory, ENT, heart health, pacemaker, minor procedures, urology and renal), same-day treatment unit (STU), blood/specimen collection, health information centre.
- Co-location of chronic hemodialysis unit in Ambulatory Care.
- Co-location of provincial Cancer Treatment Centre.

Profile: Queen Elizabeth Hospital *continued…*

- 955 FTEs
- Approx. 180 Island physicians
- 521 volunteers



PCH: Quick Stats 2011-12

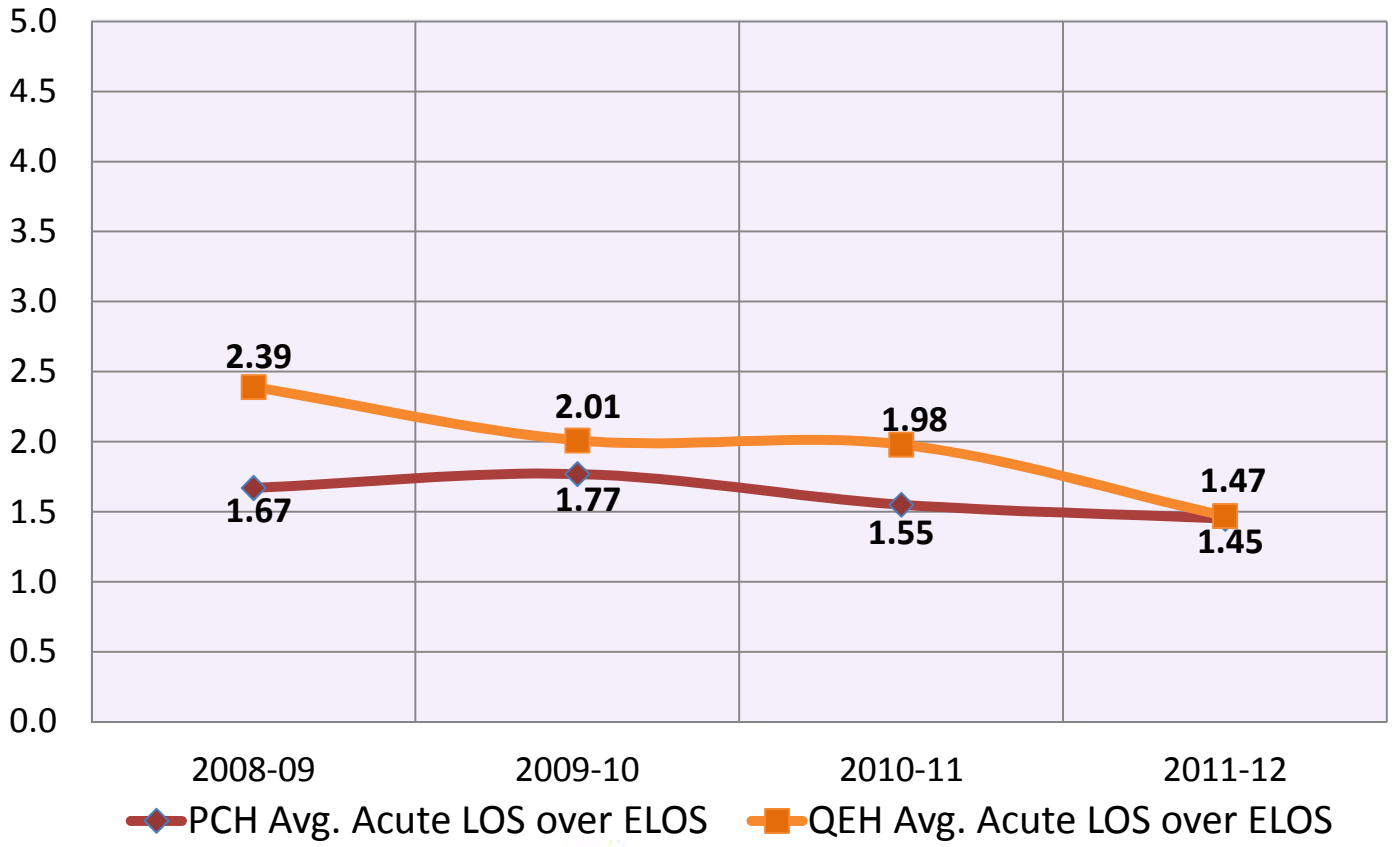
- Average daily census: 89
- 4,100 in-patients discharged
- 27,500 visits to Emergency Department
- 2,590 Surgeries
- C-Section Rate is 24.9% (Provincial is 29.5%)
- 461 Births
- 96.5% Patient Satisfaction Rate
- OR Utilization Rate is 86%
- 2,632 Endoscopy Clinic
- 4,882 Physiotherapy Clinic

QEH: Quick Stats 2011-12

- Average daily census: 215
- 9,757 in-patients discharged
- 40,035 visits to Emergency Department
- 8,136 Surgeries performed
- C-Section Rate is 31.6% (Provincial is 29.5%)
- 960 Births
- 95.8% Patient Satisfaction Rate

- 2,955 Endoscopy Clinic
- 7,498 Physiotherapy Clinic
- 7,161 Pediatric Clinic
- 9,655 Orthopedic Clinic
- 2,537 Same Day Treatment Unit

PCH & QEH:
Avg. Acute LOS over Expected LOS



Hospital Standardized Mortality Ratio: Business Level

	Benchmark	2008/09	2009/10	2010/11	2011/12
QEH	**100**	131	104	100	88*
PCH		106	96	99	100*
Provincial		**N/A**	**N/A**	**N/A**	**N/A**

** Based on first two quarters*

A Hospital Standardized Mortality Ratio (HSMR) equal to 100 suggests that there is no difference between the hospital's mortality rate and the overall average rate; greater then 100 suggests that the local mortality rate is higher than the overall average; and less than 100 suggests that the local mortality rate is lower than the overall average

Readmission Rates: Business Level

≤ 7 Day Readmission Rate: Business Level

	Target	2008/09	2009/10	2010/11	2011/12
QEH	**2.8**	2.9	2.6	2.7	2.6*
PCH		3.0	2.8	2.8	2.7*
Provincial		**3.2**	**2.8**	**3.0**	**2.9**

** Based on first three quarters*

8 to 28 Day Readmission Rate: Business Level

	Target	2008/09	2009/10	2010/11	2011-12
QEH	**3.9**	3.4	3.4	3.5	3.7*
PCH		3.3	3.7	3.7	3.0*
Provincial		**4.0**	**3.8**	**3.9**	**3.9**

** Based on first three quarters*

In-patient Satisfaction Rate: Business Level

	Target	2008/09	2009/10	2010/11	2011/12
QEH	**90%**	94%	95%	95%	96%
PCH		97%	98%	97%	97%
Provincial		**96%**	**96%**	**96%**	**96%**

HPPD*: Unit Breakdown

	Benchmark	2008/09	2009/10	2010/11
QEH - Surgical: Unit1	5.72	7.1	6.7	6.5
QEH - Med-Surgical: Unit 2		6.7	6.9	6.6
PCH - Surgical: Surgery Unit		6.4	7.8	7.6
QEH - Medical Unit 3	4.67 - 5.11	7.0	7.4	8.1
QEH - Medical Unit 8		7.3	7.3	7.8
PCH - Medical		6.1	7.0	6.9

**HPPD: Hours Per Patient Day*

Provincial Acute Care Initiatives

- **Ottawa Smoking Model (OSM)**
  - ➞ Launched at the QEH and PCH in January 2012 *(adopted by over 60 Canadian hospitals, best practice)*
  - ➞ In-patient smoking cessation program for patients who express a desire to quit smoking.
  - ➞ Goal: to increase the number of patients who are able to achieve long-term smoking cessation by offering best practice tobacco dependency treatment while in hospital and with post-hospital follow-up.
  - ➞ About 20% of patients admitted to PEI hospitals are smokers.

	% Potential Patients Treated	# Clinical Treatments for Tobacco-use Implemented	% Identified Smokers Placed in OSM Follow-up System
QEH	32%	8.65/10	78%
PCH	18%	9.15/10	56%

**Data based on Jan '12 – March '12*

Provincial Acute Care Initiatives

- **Organized Stroke Care Mode: Phase II – Ambulatory Stroke Services** *(launched November 2011)*
  - ➞ Improve patient and system outcomes thorough the used of an "early supportive discharge team" *(reduced LOS)*.
  - ➞ Improved patient outcomes through intensive specialized rehab therapy = ↑ quality of life, ↑ functionality post-stroke, ↓ hospital readmissions.
  - ➞ Acute and Rehabilitation Stroke Units (QEH) as well as Secondary Stroke Prevention Services (currently at PCH) work collaboratively with the provincial ambulatory stroke rehabilitation clinic (QEH) to develop effective treatment plans.
  - ➞ Provincial ambulatory stroke rehabilitation clinic functions as consultative service providing assessment, care plan and follow-up.
  - ➞ Ambulatory stroke rehabilitation district teams at QEH (supports Queens and Kings County) and PCH (supports Prince County) provide intensive therapy.

Provincial Acute Care Initiatives

- **Integration of Acute Care Quality Teams**
  - 9 acute care quality teams: 1) ambulatory care, 2) cancer care, 3) emergency care, 4) ICU/CCU, 5) maternal-newborn, 6) medical care, 7) pediatrics, 8) rehabilitative/restorative, and 9) surgical/OR/ SPD.
  - Each team is assigned a director sponsor to work with the team and ensure work plans are evidence-based and integrated provincially.
  - Ensured solid collaboration between QEH and PCH, as well as community hospitals with their inclusion on emergency and medical quality teams.
  - Integration has resulted in strong physician engagement and active participation on some quality teams, with ongoing recruitment to other teams.
  - Policies are being standardize across PEI to ensure quality of care is delivered to all patients.
  - Very positive progress

PCH Initiatives

- **Pulmonary Reconditioning and COPD Clinic**:
  - ↑ hospitalization rate for ambulatory care sensitive conditions such as Chronic Obstructive Pulmonary Disease (COPD) in PEI.
  - Demonstration project in Summerside featured a pulmonary reconditioning program at PCH and collaborative practice at Harbourside Health Centre (59 participants – 36 had COPD)
  - Goals: improve health outcomes, develop a care pathway linking acute and primary care, develop written treatment plan that is patient centric, and integrate clinical practice guidelines.
  - Consistent and collaborative approach, patients received appropriate assessment, education, care plan and monitoring
  - Resulted in ↓visits to ED (47 in 2010 to 20 in 2011), ↓ hospital admissions (8 in 2010 to 3 in 2011), ↓ COPD-related visits (16 in 2010 to 5 in 2011)… going forward – training and mentorship for Primary Care Networks.

PCH Initiatives

- **Western Physiotherapy Model**:
  - ➞ Lack of readily-available physiotherapy (PT) services to Western Hospital or Maplewood Manor, was resulting in growing and significant system pressures.
  - ➞ Team model was proposed, with a Regional Supervisor having responsibilities for PT services at PCH and West Prince facilities.
  - ➞ PTs in the rural hospitals are part of the regional team and attend staff meetings and educational sessions.
  - ➞ PT coverage for West Prince facilities is provided by if resident PT is absent for extended periods of time (e.g. vacation, sick time)
  - ➞ Improved success in PT recruitment with new model
  - ➞ Patients requiring PT services now have timely access to needed care.

QEH Initiatives

- **QEH Redevelopment**
  - → Phase I includes 3 parts:
    - Part 1: Emergency department and expansion of PEI CTC *(done 2011)*
    - Part 2: Ambulatory Care Centre *(opening August 2012)*
    - Part 3: Expansion of Day Surgery and Pre-Surgery (*Fall 2013)*
  - → Improved patient flow and realignment of out-patient services
  - → **Ambulatory Care Centre** allows for centralization of out-patient care services, ↑ capacity for patient care and ↑ accessibility for patients.
  - → **Same-Day Treatment Unit (STU)** realigns ambulatory care workload and patient volumes from ED, PEI CTC and in-patient units (↓ 300 visits/mo. in ED; currently 400 STU visits/mo.; anticipate ↑ to 850 STU visits/mo. in new Centre)
  - → **Expansion of pre-surgery and day surgery** will result in more efficient put-through of day surgeries, ↑ access to surgical beds for non-day surgeries (8 beds in Unit 2), ↑ OR time for other surgeries.

QEH Initiatives

- **Collaborative Model of Care (CMOC)**:
  - → Unit 3: Medical Unit
  - → Unit 7: Provincial Rehabilitation and Stroke Rehabilitation Unit
  - → Unit 8: Medical and Acute Stroke Unit
  - → Progress to date on Unit 3
    - Additional staffing (including PCWs)
    - Re-opened 7 beds
    - Reconfiguration of physical space
    - Transformed into a hospitalist unit
    - Improved LOS
    - Increased efficiencies

PCH: Challenges

- Progressing towards a complete electronic health record;
- Progressing towards medication reconciliation across admission, transfer and discharge;
- Single provider services *(e.g. Bio Med, Infection Control, Wound Care)*
- ↑ patient acuity levels and workload due to aging population and ↑ rates of chronic disease;
- Growing demand for services and public expectations;
- Accessing long-term care beds (↑ number medically discharged patients); and
- Meeting HPPD targets as outlined

QEH: Challenges

- Patient flow – UM systemic (↑ number IABs and medically discharged)
- Recruitment and retention of health care professionals (CTC)
- Information technology (adoption, integration, infrastructure)
- 30 year-old hospital infrastructure
- Budgetary pressures
- Surgical services
- Redevelopment
- Changing patient care needs (↑ technology and services)
- Work-life balance

Thank You

Questions?

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