

Report on Feedback from Kanata Seniors' Council Forum

On February 9, 2012 Ms. Judy Brown and Drs. Chris Winckel and Debbie Weatherhead met with the Kanata Seniors' Council to discuss some concerns the Council had regarding care of seniors in the QCH Emergency Department. The meeting was well received by all and the environment allowed for excellent open discussion in both small group sessions as well as open floor discussions. Several areas of concern were raised by the Council and several very good suggestions were offered. In follow up to this meeting, I would like to address some specific concerns the Council raised. I will address these concerns based on themes that arose.

1) Wait times in the ED

Successes

The QCH is very aware of the issue of wait times in the ED. There is a proactive approach in the QCH by administrators, physicians, nurses and other staff that is heavily focused on trying to improve wait times. To illustrate this, in 2011/2012 the MOHLTC sponsored a program to address wait times. This program was initially termed the "Pay for Performance" program. As a result of the successful changes the QCH implemented, the QCH received the most bonus funding of all eight hospitals that participated in this program in the Champlain LHIN.

Suggestions

The question of posting wait times online or in the Emergency Department was raised.

We at the QCH have had this discussion several times. The concern that repeatedly comes to the forefront when discussing this matter is that individuals who should be coming to the ED to seek medical care may be "scared off" by prolonged wait times.

It has been my experience, over the past twenty plus years, that it is the seniors who do not want to come to the ED. Some of the more common reasons seniors do not want to come to the ED include:

- a) "I don't want to bother anyone."
- b) "They are already so busy in the Emergency Department.... I don't need to go."
- c) "There are other people who are sicker than me."
- d) Fear of catching something while in the ED.
- e) Fear of requiring an admission to hospital.

These are all very common reasons we hear why seniors do not want to come to the ED. All but the last example may potentially worsen if seniors see a prolonged wait time posted.

Fifty-eight percent of all patients admitted to the hospital from the ED are 65 years or older.

Challenges

Although we have made some significant changes at the QCH in an attempt to address the wait times, on a yearly basis our patient volumes as well as the severity of illness continues to climb.

For the 2011/2012 year, the QCH ED saw approximately 73,000 patients. This is 5% more patients compared to the previous year.

The volume of our critically ill (immediately limb-threatening or life threatening) patients seen in the QCH has increased by 14 % in this past year. We expect both these volumes to continue to climb.

2) Concerns About Care

One of the common themes raised by the Council is the concern of seniors being discharged when the individual (or the family) do not feel ready for discharge. Also, recurrent visits to the ED were also a common theme. It is recognized that often recurrent visits to the ED occur when appropriate supports/services are not yet available in the home.

To address these issues, the QCH is being proactive in that it has agreed to participate in a new project called the “Home First Initiative”.

“Home First Initiative”

The “Home First Initiative” is a program that is focused at ensuring appropriate supports and services are in place in the home such that seniors are able to stay in his/her own home as long as possible.

In an effort to meet this goal, there will be more support available within the community and the home to ensure a senior can safely return to his/her home when an admission to hospital is not medically necessary.

3) Environment

Concerns were raised about waiting in the same area as others who may be contagious.

The QCH ED main waiting room does have a separate area within the waiting room for individuals who have been identified by the triage nurse as at risk of infecting others.

I also encourage all seniors to ask the triage nurse for a mask to wear while in the ED if concerned about catching infections while in the ED.

4) Staff Concerns

There were inquiries about staff who are specially trained to work with seniors.

We do have a GEM (geriatric emergency medicine) nurse in the ED most days. With the QCH’s involvement in the new “Home First Initiative” it is anticipated there will be more senior focused staff working in and with the ED.

Also, one of QCH’s ED nurses is completing a Fellowship on “Improving the care of seniors in the Emergency Department”. This will be a tremendous

asset for the staff and physicians to support the care and environment in the ED.

5) Assistance by Volunteers

Several suggestions were focused on more assistance to seniors by the Volunteers at the QCH. We do intend to explore these suggestions more thoroughly.

At present, if an individual would like a volunteer to sit with him/her while in the main waiting room of the ED, we ask that the individual make that request to the triage nurse or registration clerk.

In closing, I know there were many more suggestions offered by the Council. Your concerns and suggestions are important to us at the QCH ED. All your comments, concerns and suggestions have been shared with the appropriate managers for their review and consideration.

We are excited about the “Home First Initiative” and are hopeful this will assist us in making your next ED visit a more positive experience. You also have my assurances we will continue to work diligently to improve the wait times but ask for your patience and understanding as we tackle that challenge.

Submitted by:

Dr. Debra J. Weatherhead
Chief, Emergency Department
Queensway Carleton Hospital

Judy Brown
Director, Communications & Patient Relations
Queensway Carleton Hospital