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MCGUINTY GOVERNMENT EASING AMBULANCE OFFLOAD AND EMERGENCY DEPARTMENT WAIT TIMES

Acting On Ambulance Delay Report And Implementing Critical Care Strategy

TORONTO – The McGuinty government is reducing wait times at hospital emergency departments with a \$96 million comprehensive action plan, Health and Long-Term Care Minister George Smitherman announced today. Smitherman made the announcement as he released the final report of the Hospital Emergency Department and Ambulance Effectiveness Working Group.

“Our government is well aware of the importance of improving access to emergency services and reducing the time paramedics spend waiting with patients at emergency departments,” Smitherman said. “I thank Dr. Brian Schwartz and his committee for their diligent and thorough report. It will be extremely useful as we work with our health care partners to resolve these issues.”

In 2005, the Hospital Emergency Department and Ambulance Effectiveness Working Group, headed by Dr. Brian Schwartz of Sunnybrook and Women’s College Health Sciences Centre’s Base Hospital, was established to offer advice on enhanced access and quality of service within the emergency department. The report recommends ways for hospitals and ambulances to transfer patients more efficiently from ambulance paramedics to the hospital emergency department. In response to the report the government will:

- Appoint Ken Deane, President and CEO of St. Joseph’s Health Centre Toronto as chair of the Emergency Department and Ambulance Quality Implementation Team, which will help the government implement the report’s recommendations.
- Invest \$5.18 million in demonstration projects at North York General Hospital and Sunnybrook and Women’s College Health Sciences Centre to transport select patients to the Branson Urgent Care Centre and Women’s College Urgent Care Centre respectively, instead of the hospitals’ emergency departments.
- Provide \$698,000 to St. Michael’s Hospital to implement a surge capacity protocol on how to move patients from the ambulance and into hospital treatment faster, meaning fewer delays for both the patient and the medical professional attending to that patient.

“I look forward to working with the government and supporting hospitals in improving ambulance off-load times at Toronto area hospitals,” said Deane. “The working group’s exceptional report provides a solid framework for moving forward.”

Smitherman also unveiled his government's new Critical Care Strategy, which in conjunction with the Schwartz report's recommendations is designed to help ease emergency room pressures.

The Critical Care Strategy will be implemented over the next three years in hospitals across the province. It consists of initiatives in four categories:

- Critical Care Response Teams (CCRTs) – \$29.4 million to create CCRTs across Ontario. CCRTs consist of intensive care physicians, intensive care nurses and respiratory therapists who are available 24/7 to spread the skills and expertise of a critical care unit throughout the entire hospital. This year, the government is establishing 26 CCRTs .
- Increased Intensive Care Unit (ICU) bed capacity – A total of \$38.3 million to open more adult ICU beds and Chronic Assisted Ventilatory Care beds across Ontario.
- Health Human Resources – A total of \$10 million to provide critical care training to 450 nurses per year, increase the number of training spots for intensive care doctors by 10 (from eight per year to 18 per year), support CCRTs, train community hospital physicians in advanced resuscitation techniques and fund staff retention programs.
- Other system initiatives – An additional \$12.2 million will support related initiatives. Key areas that will receive support include the establishment of a Performance Measurement System; the development of a policy to address ethical issues related to critical care access and a series of quality improvement initiatives.

“Pressures in our emergency departments often reflect challenges in other parts of the health care system,” explains Dr. Schwartz. “Critically ill patients can be assessed and treated in the emergency department but they often stay there longer than necessary because there may not be an intensive care unit bed available. By improving services for critically ill patients through the Critical Care Strategy, the government is addressing another root cause of these delays.”

“Investing in Critical Care Response Teams, along with the other initiatives announced today, demonstrates the government's willingness and commitment to ensuring that not only Ontarians receive the critical care they deserve, but that they receive it in the most timely manner possible,” said Bob Bell, Co-chair of the Critical Care Steering Committee.

Improving access to emergency services is part of the McGuinty government's plan to build a health care system that delivers on three priorities – keeping Ontarians healthy, reducing wait times and providing better access to doctors and nurses.

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