

Patients Admitted from Emergency Department within 8 hours (%) (All Sites)

Zone	Action Item	Actions Completed to Date	Subsequent Actions Planned
South	<i>Chinook Regional Hospital (CRH):</i> Increase utilization of medical protocols to standardize and expedite care.	<ul style="list-style-type: none"> Ongoing participation in system wide improvement and flow initiatives to support inpatient bed capacity for ED patients and earlier disposition decision in the ED. 	<ul style="list-style-type: none"> Plans are being prepared for ED2 Home in Lethbridge including EMS / ED demand reduction as part of the South Zone Integrated Plan.
	<i>Medicine Hat Regional Hospital:</i> ED2Home and AIM Learning Sessions EMS / ED Integration.	<ul style="list-style-type: none"> ED2Home positions have been annualized and are now a permanent part of operations. AIM Learning Sessions ongoing to March 2012. Evaluating sustainability of current EMS / ED process. 	<ul style="list-style-type: none"> Ongoing Monitoring of outcomes of the ED2 Home Project. Medicine Hat will be part of the Zone EMS/ED demand reduction project as part of the South Zone Integrated Plan.
	<i>Rural Facilities – Southwest:</i> Encourage physicians to continue to evaluate patients in a timely manner following diagnostics and/or treatment for decision regarding admission to hospital	<ul style="list-style-type: none"> Utilize information from Continuum Tool to optimize patient flow. Maintain good communication between Acute Care and physicians 	<ul style="list-style-type: none"> Implement SBAR (Situation-Background-Assessment-Recommendation) Communication Tool – to be used between disciplines, - e.g. – EMS, Unit to Unit, Facility to Facility.
	<i>Rural Facilities – Southeast:</i> Ensure accurate and timely documentation for patients admitted to acute care.	<ul style="list-style-type: none"> Documentation process and guidelines regarding admission being reviewed at one site with staff / physicians. Future practice will align with normal practices. Most recent monthly stats for admission of patients from ER to Acute Care now are aligned for all rural facilities, Southeast. 	<ul style="list-style-type: none"> Implement change of documentation / admission practice at one site to align with other site. Change in practice regarding admission of patients from ER at site in question has occurred. Monitoring will continue.
Calgary	Enhancement and refinement of over capacity protocol triggers.	<ul style="list-style-type: none"> High volumes in the ED and increased surgical volumes are continuing to contribute to capacity challenges. Site occupancy is now consistently being calculated and reported daily at a zone level. Load Levelling plans are developed, and further consultation is occurring in order to mitigate risk of variable Emergency Inpatients (EIPs) between sites. 	<ul style="list-style-type: none"> Load levelling plan is pending approval and implementation. Automation of the 0600 Bed Report with a plan to implement in May 2012. The report will provide views of occupancy at a service level in real time with the electronic application.

Zone	Action Item	Actions Completed to Date	Subsequent Actions Planned
	Implementation of a clinical decision unit with the Emergency.	<ul style="list-style-type: none"> • Presentations and ongoing dialogue, regarding Clinical Decision Unit (CDU) and Medical Assessment Unit (MAU) models. 	<ul style="list-style-type: none"> • Continuing to explore this opportunity within the Calgary Zone.
	Increase and improve our timeliness of repatriations of patients from urban and regional facilities back to their home community or referring site within 24 hours of decision that patient can be repatriated.	<ul style="list-style-type: none"> • AHS repatriation policy approved and implemented. Ongoing work to increase awareness and utilization of the repatriation process. • Funding request to support increased workload at RAAPID due to repatriation policy has been approved. 	<ul style="list-style-type: none"> • Continue to monitor repatriation policy implementation. • Repatriation log is being disseminated to all zones identifying patients ready for repatriation. • Start referral for Red Deer Regional Hospital ICU on May 17, 2012.
Central	Heart Function Optimization initiative to decrease readmission.	<ul style="list-style-type: none"> • Soft launch of 13 change ideas on Cardiology Unit – staff and patient education are underway. 	<ul style="list-style-type: none"> • Track & monitor change ideas by March 31, 2012.
	Explore opportunity to open 2 of 4 closed ICU beds at Red Deer Regional Hospital.	<ul style="list-style-type: none"> • 8.42 RN positions posted and hired; one bed opened Nov 1, 2011. 	<ul style="list-style-type: none"> • Review budget to determine further bed openings.
	Discharge Management practice improvements.	<ul style="list-style-type: none"> • Rapid rounds implemented at Olds, Drumheller, Rocky Mountain House, Stettler and Lacombe Hospitals. Will continue to monitor the effectiveness in facilitating timely admissions and discharge of patients from the ED's. • The Shift Coordinator role at Red Deer Hospital is changing from an evening and weekend supervisory role, to a case management role for the patients who are admitted in the ED, but have not yet been assigned a bed on an inpatient unit. • Rapid Rounds will be introduced in Ponoka (March 15, 2012) and Wetaskiwin in April 2012 (one unit). 	<ul style="list-style-type: none"> • Perform an ED Flow project in Drayton Valley to address long wait times from decision to admit to an inpatient bed. • Implement an ED process improvement plan for Ponoka, and re-open 6 additional inpatient subacute beds by April 2012.
	4 Cardiac Step Down beds in Telemetry Unit to improve patient flow between ED, ICU & inpatient units.	<ul style="list-style-type: none"> • 4 beds were redesignated and opened in November 2011. • Cardiac Monitors have been installed. 	<ul style="list-style-type: none"> • Explore the feasibility of additional monitored beds to address surgical step down requirements.

Zone	Action Item	Actions Completed to Date	Subsequent Actions Planned
Edmonton	Implement Care Transformation at Royal Alexandra Hospital (RAH). Phase II – October 2011 – June 2012.	<ul style="list-style-type: none"> • Trained over 300 staff at UAH and RAH to work on Transformational Teams (TT) assigned to implement actions designed to improve inefficiencies by June 2012. • During March, the UAH ED, General Internal Medicine (GIM) and Family Medicine (FM) teams participated in a pilot process aimed at testing and finding ways to improve patient care by making the pathway from the ED to services wards more direct. 	<ul style="list-style-type: none"> • Working Groups at RAH, UAH and SCH to identify top 3 areas of the discharge process for further process mapping • Develop bed map for the Edmonton Zone (RAH, UAH, SCH) starting January 2012. • Staff recruitment for opening Fast Track area at RAH in mid May.
	Develop and implement an Edmonton Zone Demand Capacity Response Plan.	<ul style="list-style-type: none"> • Implemented Demand Capacity Protocol February 28, 2012. 	<ul style="list-style-type: none"> • Establishing supports to reduce the number of Emergency Medical Services (EMS) units waiting in the Emergency Department (ED) and setting a target for the maximum wait time for off loading patients from EMS to ED. • Establishing service specific targets for enhanced overcapacity spaces to address Emergency In Patient (EIP) volumes. • Establishing additional capacity opportunities within the community setting.
	Develop and Implement a Zone Winter Capacity Plan by Jan 2012.	<ul style="list-style-type: none"> • Winter Capacity Plan and associated budget approved. • Implemented approved Winter Pressures initiatives including: <ul style="list-style-type: none"> ○ 11 temp beds at RAH ○ 18 temp beds at UAH ○ 8 Mental Health temp beds at Grey Nuns Community Hospital ○ 9 temp beds at SCH and 6 ED stretchers at SCH. 	<ul style="list-style-type: none"> • Increased Home Care on evenings and week ends.

Zone	Action Item	Actions Completed to Date	Subsequent Actions Planned
	Implement Process Improvement at Westview Health Centre by Mar 31 2012. Complete Renovation projects at Westview Health Centre.	<ul style="list-style-type: none"> ED Improvement team attended Streamlining Processes Nov/ Dec. Project Charter developed for improvement of doctor to disposition times. (Goal to improve 4 hr target by 10% and decrease Leave Without Being Seen (LWBS) by 44%.) 	<ul style="list-style-type: none"> Complete renovations for bed conversions (Maternity to medicine) by Mar 31, 2012. Continue monitoring progress.
	Stollery ED Upgrade	<ul style="list-style-type: none"> Phase 1 of Stollery Pediatric ED opened to patients January 31, 2011 including dedicated pediatric walk-in entrance, triage stations, patient registration and a waiting room with child play area. 	<ul style="list-style-type: none"> Phase 2 opening in May 2012 with 1 additional trauma room, a four-bed Observation area and two fast track spaces.
North	Implement the ED to Home Initiative to enable seniors to be at home with appropriate supports, i.e. home care	<ul style="list-style-type: none"> Northern Lights Regional Health Centre (NLRHC): Positions have been hired and EMS homecare referral program initiated December 2011. Queen Elizabeth II Regional Health Centre (QE II) ED to Home Case Manager has been hired. 	
	Ongoing Implementation of ED Overcapacity Protocol to address crowding pressures and wait times.	<ul style="list-style-type: none"> In place and ready to be implemented in the event of an ED overflow. 	<ul style="list-style-type: none"> Have plan available for implementation if needed.
	Add to new ED capacity at Queen Elizabeth II Regional Health Centre.	<ul style="list-style-type: none"> Emergency Department Renovation into final phase – expected completion April, 2012. Emergency Department successfully re-located March 20th, 2012. Additional staffing approved and posted (RN's, LPN's and Unit Clerks). 	<ul style="list-style-type: none"> Hire additional approved staff.