

# Annual Accountability Report

## ON EMERGENCY DEPARTMENTS

May 2011

NOVA SCOTIA

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# Accountability Statement

The *Annual Accountability Report on Emergency Department Closures* for the year ended March 31, 2011, is prepared pursuant to Section 6 of the *Emergency Department Accountability Act*. This Act requires that the District Health Authorities and the IWK report on all emergency department closures, hold public consultations in communities that have experienced a pattern of ongoing closures, and report on the outcomes of those consultations directly to the Minister of Health and Wellness.

In addition, the Minister of Health and Wellness has directed every emergency department in the province to review and adapt their processes so that care is provided in a way that reflects the needs of older Nova Scotians. As per the *Better Care Sooner* plan, progress in this area is reported in the current *Accountability Report on Emergency Departments*.

We acknowledge that this accountability report is the responsibility of the Department of Health and Wellness and is, to the greatest extent possible, a complete and accurate representation of emergency department closures reported by the District Health Authorities and IWK in Nova Scotia between April 1, 2010 and March 31, 2011.

*Minister of Health and Wellness*

*Deputy Minister*

# Executive Summary

In October 2009, the Province of Nova Scotia passed into law the province's first *Emergency Department Accountability Act*. This Act is meant to provide Nova Scotians with better information about emergency department closures and offer more transparency and accountability with regard to this important issue.

Improving wait times and reducing emergency department closures are key priorities for government. However, these issues needed to be addressed as part of a larger plan to improve health care and access.

To that end, in December 2010, government launched the *Better Care Sooner* plan. This plan is designed to improve the quality of emergency care, reduce overcrowding and wait times for patients in emergency departments, and provide better health care for individuals and families in Nova Scotia.

The *Accountability Report on Emergency Departments* helped to inform the creation of *Better Care Sooner*, as did extensive consultation with health professionals, administrators, and communities.

Over the past year, through *Better Care Sooner*, the Department of Health and Wellness has taken strong action to reduce the number of emergency room closures in our province including:

(a) launching Nova Scotia's first Collaborative Emergency Centre in Parrsboro, with three more such centres set to be launched later this year;
(b) diverting almost 1,200 patients headed for the emergency rooms to the new Rapid Assessment Unit at our busiest ER in Halifax getting them better care sooner;
(c) hiring paramedics to work at nursing homes so Nova Scotia's highly trained paramedics will be able to treat seniors in the place they live, rather than making the frail and elderly wait in ambulances at the ER;
(d) training advanced care paramedics to immediately give life-saving drugs to Nova Scotians having heart attacks rather than waiting until they arrive at hospital;
(e) launching the *Supportive Care Program* which gives low-income seniors and their caregivers greater control and flexibility to organize homecare.
(f) beginning a Healthlink 811 public awareness campaign so people across Nova Scotia know they can call a nurse 24 hours a day and receive professional advice on the phone.

Some facilities, such as Digby General Hospital, have already seen vast improvements in the number of closure hours. Over the past year, Digby General was able to reduce its closures by over 1,500 hours.

On the whole, there was a decrease of 196 hours of emergency department closures in 2010–2011 as compared with the previous year. Emergency departments across the province were open 94.3% overall.

Progress is being made. However, there is work still to be done. Every emergency department closure still has an impact on patients and on our provincial emergency care system.

More initiatives under the *Better Care Sooner* plan are expected and positive results of all these actions will be reflected in the years to come.

As implementation continues on the *Better Care Sooner Plan*, this *Accountability Report on Emergency Department Closures* will evolve to include more information about even greater progress being made in improving emergency care.

# Overview

This second annual *Accountability Report on Emergency Departments* lists the dates and total hours of emergency department closures in the province for the fiscal year 2010–2011. Data is provided both provincially and by District Health Authority/IWK, along with a provincial comparison of emergency department closures between 2009–2010 and 2010–2011.

This report also provides details of the nature and outcome of all public consultations that have taken place in communities experiencing an ongoing pattern of closures. The report summarizes the proposed solutions discussed and the actions taken as a result of consultations in the Districts/IWK.

In addition, as per the Better Care Sooner plan, this report outlines the District Health Authority/IWK plans of action as they relate to improving emergency departments to become more senior-friendly.

It should be noted that this report may be modified for the upcoming 2011–2012 reporting period as the Department of Health and Wellness works with the District Health Authorities/IWK as they redefine emergency department operational hours and scheduled closures.

Please note that for consistency purposes, this report uses the term 'emergency department' and the acronym 'ED' rather than 'emergency room' or 'ER.'

Data is collected for two types of closures: scheduled and temporary.

Scheduled closures are those that are predicted and planned for well in advance of the closure. This planning means that:

(a) staff are not scheduled to work;
(b) neighboring hospitals and ambulance services adjust their plans and services to accommodate the scheduled closure; and
(c) the public are notified well in advance.

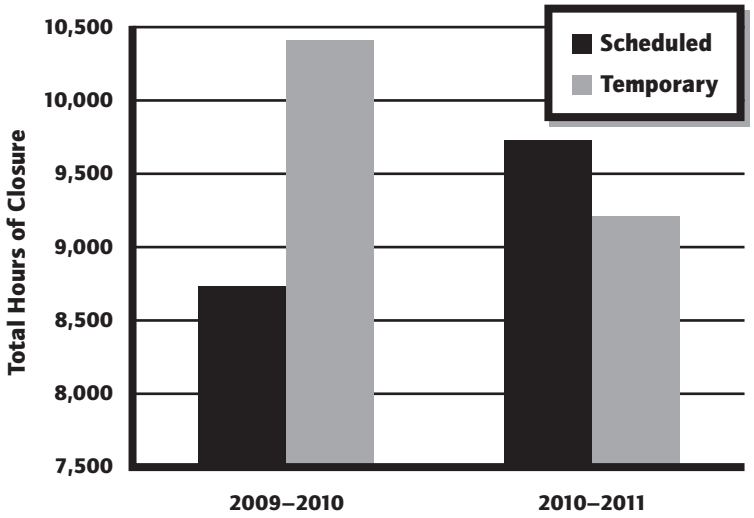
Since its inception, the Cobequid Community Health Centre was authorized to operate from 7:00 a.m.to 10:00 p.m. seven days a week. The Centre reported no scheduled or temporary closures during those hours in 2010–2011.

In 2010–2011, five hospitals in our province closed their emergency departments on a regularly scheduled basis. These types of scheduled closures accounted for 51% of all emergency department closures.

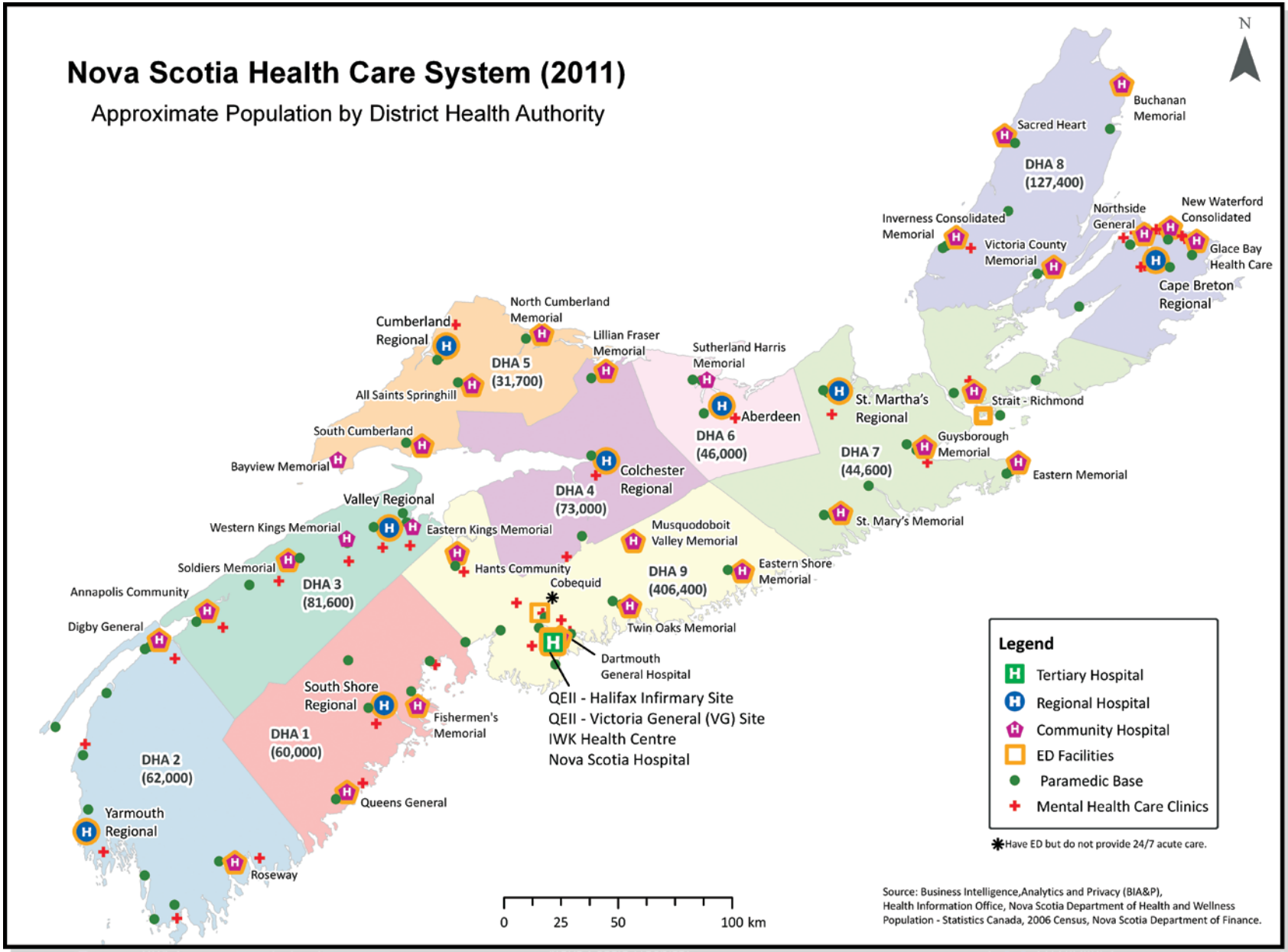
Temporary closures (reported in the 2010 *Annual Accountability Report on Emergency Departments* as 'unscheduled closures') are those that are unpredictable and unplanned. These closures mainly occur when doctors or nurses are unavailable to cover a shift for an unforeseen reason. When an emergency department temporarily closes for an indeterminate period of time, it is more challenging for patients and the provincial emergency care system to adapt. In 2010–2011, eleven hospitals experienced temporary closures, accounting for 49% of all emergency department closures.

The graph below compares scheduled and temporary emergency department closures in 2009–2010 with 2010–2011. As depicted, there was an increase in scheduled emergency department closures and a decrease in temporary emergency department closures.

**Emergency Department Closures**
**2009–2010 and 2010–2011**




Some District Health Authorities, in consultation with their communities, have developed operational hours that incorporate scheduled closures. These closures are well-publicized and are part of the District Health Authority planning process to offer the best service and maximize the quality of care. As such, the 2010–2011 increase in the scheduled closures means that Nova Scotia patients and families benefitted from more stability and security regarding emergency department operations in their communities.


Nova Scotia Health Care System (2011)
Approximate Population by District Health Authority
N
Buchanan Memorial
Sacred Heart
DHA 8 (127,400)
Inverness Consolidated Memorial
Northside General
New Waterford Consolidated
Victoria County Memorial
Glace Bay Health Care
Cape Breton Regional
North Cumberland Memorial
Cumberland Regional
Lillian Fraser Memorial
Sutherland Harris Memorial
DHA 5 (31,700)
All Saints Springhill
Aberdeen
St. Martha's Regional
Strait - Richmond
DHA 6 (46,000)
South Cumberland
Guysborough Memorial
DHA 7 (44,600)
Bayview Memorial
Colchester Regional
Eastern Memorial
DHA 4 (73,000)
Valley Regional
St. Mary's Memorial
Western Kings Memorial
Eastern Kings Memorial
Musquodoboit Valley Memorial
Soldiers Memorial
Hants Community
Eastern Shore Memorial
DHA 3 (81,600)
Annapolis Community
Cobequid
DHA 9 (406,400)
Digby General
Twin Oaks Memorial
Dartmouth General Hospital
South Shore Regional
QEII - Halifax Infirmary Site
QEII - Victoria General (VG) Site
IWK Health Centre
Nova Scotia Hospital
Fishermen's Memorial
DHA 1 (60,000)
DHA 2 (62,000)
Queens General
Yarmouth Regional
Roseway
0
25
50
100 km
Legend
Tertiary Hospital
Regional Hospital
Community Hospital
ED Facilities
Paramedic Base
Mental Health Care Clinics
Have ED but do not provide 24/7 acute care.
Source: Business Intelligence,Analytics and Privacy (BIA&P),
Health Information Office, Nova Scotia Department of Health and Wellness
Population - Statistics Canada, 2006 Census, Nova Scotia Department of Finance.

# Scheduled and Temporary Closures by Facility and Hospital Type

| HOSPITAL TYPE | DHA | FACILITY | HOURS OF ER CLOSURES APRIL 1, 2010 TO MARCH 31, 2011 | | |
|---|---|---|---|---|---|
| | | | Scheduled | Temporary | Grand Total |
| Tertiary Hospitals | 9 | QEII Health Sciences Centre | 0 | 0 | 0 |
| | IWK | IWK Health Centre | 0 | 0 | 0 |
| Regional Hospitals | 1 | South Shore Regional | 0 | 0 | 0 |
| | 2 | Yarmouth Regional | 0 | 0 | 0 |
| | 3 | Valley Regional | 0 | 0 | 0 |
| | 4 | Colchester Regional | 0 | 0 | 0 |
| | 5 | Cumberland Regional HCC | 0 | 0 | 0 |
| | 6 | Aberdeen Hospital | 0 | 0 | 0 |
| | 7 | St. Martha's Regional | 0 | 0 | 0 |
| | 8 | Cape Breton Regional | 0 | 0 | 0 |
| | 9 | Dartmouth General | 0 | 0 | 0 |
| Other Hospital Emergency Departments | 1 | Fishermen's Memorial | 3,285 | 128 | 3,413 |
| | 1 | Queens General | 0 | 0 | 0 |
| | 2 | Digby General Hospital | 0 | 563 | 563 |
| | 2 | Roseway Hospital | 0 | 15 | 15 |
| | 3 | Soldiers' Memorial | 0 | 445 | 445 |
| | 3 | Annapolis CHC | 1,512 | 0 | 1,512 |
| | 5 | All Saint's Hospital | 0 | 1,234 | 1,234 |
| | 7 | Strait Richmond Hospital | 0 | 0 | 0 |
| | 8 | Glace Bay Health Care Facility | 0 | 780 | 780 |
| | 8 | Inverness Consolidated Hospital | 0 | 0 | 0 |
| | 8 | New Waterford Consolidated | 510 | 1,346 | 1,856 |
| | 8 | Northside General Hospital | 510 | 1,361 | 1,871 |
| | 9 | Cobequid CHC | 0 | 0 | 0 |
| | 9 | Hants Community Hospital | 0 | 0 | 0 |
| | 4 | Lillian Fraser Memorial | 0 | 1,952 | 1,952 |
| | 5 | North Cumberland Memorial | 0 | 854 | 854 |
| | 5 | South Cumberland CC | 0 | 525 | 525 |
| | 7 | Eastern Memorial Hospital | 0 | 0 | 0 |
| | 7 | Guysborough Memorial | 0 | 0 | 0 |
| | 7 | St. Anne Comm & Nursing Care | 0 | 0 | 0 |
| | 7 | St. Mary's Memorial | 0 | 0 | 0 |
| | 8 | Buchanan Memorial CHC | 0 | 0 | 0 |
| | 8 | Sacred Heart CHC | 0 | 0 | 0 |
| | 8 | Victoria County Memorial | 0 | 0 | 0 |
| | 9 | Eastern Shore Memorial | 0 | 0 | 0 |
| | 9 | Musquodoboit Valley Memorial | 3,900 | 0 | 3,900 |
| | 9 | Twin Oaks Memorial | 0 | 0 | 0 |
| **TOTALS** | | | **9,717** | **9,203** | **18,920** |

# Scheduled and Temporary Closures by District Health Authority

| DHA | FACILITY | HOURS OF CLOSURE APRIL 1, 2010 TO MARCH 31, 2011 | | |
|---|---|---|---|---|
| | | Scheduled | Temporary | Grand Total |
| 1 | South Shore Regional | 0 | 0 | 0 |
| | Fishermen's Memorial | 3,285 | 128 | 3,413 |
| | Queens General | 0 | 0 | 0 |
| 2 | Digby General Hospital | 0 | 563 | 563 |
| | Roseway Hospital | 0 | 15 | 15 |
| | Yarmouth Regional | 0 | 0 | 0 |
| 3 | Valley Regional | 0 | 0 | 0 |
| | Soldiers' Memorial | 0 | 445 | 445 |
| | Annapolis CHC | 1,512 | 0 | 1,512 |
| 4 | Colchester Regional | 0 | 0 | 0 |
| | Lillian Fraser Memorial | 0 | 1,952 | 1,952 |
| 5 | Cumberland Regional HCC | 0 | 0 | 0 |
| | North Cumberland Memorial | 0 | 854 | 854 |
| | All Saint's Hospital | 0 | 1,234 | 1,234 |
| | South Cumberland CC | 0 | 525 | 525 |
| 6 | Aberdeen Hospital | 0 | 0 | 0 |
| 7 | St. Martha's Regional | 0 | 0 | 0 |
| | St. Anne Comm & Nursing Care | 0 | 0 | 0 |
| | St. Mary's Memorial | 0 | 0 | 0 |
| | Strait Richmond Hospital | 0 | 0 | 0 |
| | Eastern Memorial Hospital | 0 | 0 | 0 |
| | Guysborough Memorial | 0 | 0 | 0 |
| 8 | Cape Breton Regional | 0 | 0 | 0 |
| | Glace Bay Health Care Facility | 0 | 780 | 780 |
| | Victoria County Memorial | 0 | 0 | 0 |
| | Inverness Consolidated Hospital | 0 | 0 | 0 |
| | New Waterford Consolidated | 510 | 1,346 | 1,856 |
| | Buchanan Memorial CHC | 0 | 0 | 0 |
| | Sacred Heart CHC | 0 | 0 | 0 |
| | Northside General Hospital | 510 | 1,361 | 1,871 |
| 9 | Cobequid CHC | 0 | 0 | 0 |
| | QEII Health Sciences Centre | 0 | 0 | 0 |
| | Dartmouth General | 0 | 0 | 0 |
| | Eastern Shore Memorial | 0 | 0 | 0 |
| | Musquodoboit Valley Memorial | 3,900 | 0 | 3,900 |
| | Twin Oaks Memorial | 0 | 0 | 0 |
| | Hants Community Hospital | 0 | 0 | 0 |
| IWK | IWK Health Centre | 0 | 0 | 0 |
| **TOTALS** | | **9,717** | **9,203** | **18,920** |

# Summary of Emergency Department Closures by District Health Authority

## APRIL 1, 2010 TO MARCH 31, 2011

| DHA | TOTAL HOURS OF TEMPORARY CLOSURES | TOTAL HOURS OF SCHEDULED CLOSURES | GRAND TOTAL OF CLOSURES |
|---|---|---|---|
| 1 | 128 | 3,285 | 3,413 |
| 2 | 578 | 0 | 578 |
| 3 | 445 | 1,512 | 1,957 |
| 4 | 1,952 | 0 | 1,952 |
| 5 | 2,613 | 0 | 2,613 |
| 6 | 0 | 0 | 0 |
| 7 | 0 | 0 | 0 |
| 8 | 3,487 | 1,020 | 4,507 |
| 9 | 0 | 3,900 | 3,900 |
| IWK | 0 | 0 | 0 |

# Summary of Scheduled Closures

## APRIL 1, 2010 TO MARCH 31, 2011

| EMERGENCY DEPARTMENT | HOURS OF OPERATION | TOTAL HOURS OF SCHEDULED CLOSURES |
|---|---|---|
| DHA 1: Fishermen's Memorial Hospital | Open daily from 7:30 a.m. to 10:30 p.m. | 3,285 |
| DHA 3: Annapolis Community Health Centre | April – September 2010: Open 24 hours a day, closed Tuesdays and Thursdays<br>October – November 2010: Open 24 hours a day, closed Tuesdays<br>December 2010 – March 2011: Open 24/7 | 1,512 |
| DHA 8: Northside General Hospital | Open 24 hours a day seven days a week. Closed for 3 offsetting weeks each during the summer | 510 |
| DHA 8: New Waterford Consolidated | Open 24 hours a day seven days a week. Closed for 3 offsetting weeks each during the summer | 510 |
| DHA 9: Musquodoboit Valley Memorial Hospital | Open 8:00 a.m. to 5:00 p.m. on weekdays and 24 hours on weekends | 3,900 |
| **TOTAL** | | **9,717** |

## FISHERMEN'S MEMORIAL HOSPITAL (DHA 1)

Fishermen's Memorial Hospital's (FMH's) emergency department has been closed overnight (10:30 p.m. to 7:30 a.m. daily) since July 1, 2008. The emergency department had been experiencing frequent closures due to staffing issues and the number of visits to the emergency department between midnight and 7 am was very low (average of 1 to 2 visits per night). Overnight closures allowed South Shore Health to safely staff the emergency department during its busiest times and provide a more reliable, consistent level of service to the community. This schedule has greatly reduced but not eliminated temporary closures. However, South Shore Health's ongoing efforts to stabilize staffing levels in the FMH Emergency Department have resulted in greater consistency for the community.

## ANNAPOLIS COMMUNITY HEALTH CENTRE (DHA 3)

Annapolis Community Health Centre (ACHC) has planned for regular emergency department closures since 2009, due to lack of physician resources. This emergency department has been closed either one day per week (Tuesday) or twice weekly (Tuesday/Thursday) since May 2009. In October 2010, this site regulated closures to Tuesdays only, and the emergency department has been operational 24/7 since December 2010. ACHC continues to work actively with the community in order to improve accessibility to services and effectively meet their emergency care needs.

## NORTHSIDE GENERAL HOSPITAL AND NEW WATERFORD CONSOLIDATED (DHA 8)

In order to accommodate for reduced physician availability during the summer of 2010, the Cape Breton District Health Authority planned for three weekly closures of these two emergency departments, occurring at offsetting weeks. These closures are planned and communicated to the surrounding communities well in advance.

## MUSQUODOBOIT VALLEY MEMORIAL HOSPITAL (DHA 9)

Due to lack of physician resources, Musquodoboit Valley Memorial Hospital (MVMH) has been operating under a new model of care since July 2009. This model includes an emergency department that operates from 8 a.m. to 5 p.m. Monday to Friday in conjunction with a collaborative care clinic. The model allows for same-day appointments with family physicians to improve access to primary care. In addition, there is 24 hour access to the emergency department on Saturdays and Sundays. This model of care has been well-received by the community. Family physicians have improved control over their work life, and patients appreciate the stability and security of the regular operational hours.

# Summary of Temporary Closures

## APRIL 1, 2010 TO MARCH 31, 2011

| EMERGENCY DEPARTMENT | REASON FOR TEMPORARY CLOSURES* | TOTAL HOURS OF TEMPORARY CLOSURES |
|---|---|---|
| DHA 1: Fishermen's Memorial | Nursing Staff Shortages | 128 |
| DHA 2: Digby General Hospital | Physician unavailability | 563 |
| DHA 2: Roseway Hospital | Physician unavailability | 15 |
| DHA 3: Soldiers' Memorial Hospital | Physician unavailability | 445 |
| DHA 4: Lillian Fraser Memorial Hospital | Physician unavailability | 1,952 |
| DHA 5: North Cumberland Memorial Hospital | Physician unavailability | 854 |
| DHA 5: South Cumberland Community Care Centre | Physician unavailability | 525 |
| DHA 5: All Saints Springhill | Physician unavailability | 1,234 |
| DHA 8: Glace Bay Health Care Facility | Physician unavailability | 780 |
| DHA 8: New Waterford Consolidated Hospital | Physician unavailability | 1,346 |
| DHA 8: Northside General Hospital | Physician unavailability | 1,361 |
| **TOTAL** | | **9,203** |

Throughout the 'Analysis by District Health Authority' sections, there is reference to the total number of days over which temporary emergency department closures spanned. For example, "Temporary closures at Fishermen's Memorial Hospital spanned over a total of 12 days in the 365-day period." This indicates that there were 12 days in which the emergency department experienced a closure of anywhere between one hour to 24 hours. Please note that this does not indicate that this emergency department experienced a total of 12 closures, keeping in mind that some closures may span over more than one day.

* This denotes the reason for closure in the majority of cases. Other recorded reasons for closure included infrastructure renovations and maintenance upgrades.

## DISTRICT HEALTH AUTHORITY

# South Shore Health

(Reporting Period: April 1, 2010 – March 31, 2011)

| HOURS OF EMERGENCY DEPARTMENT CLOSURES | | |
|---|---|---|
| **Facility** | **Scheduled Closures** | **Temporary Closures** |
| Fishermen's Memorial Hospital | 3,285 hours | 128 hours |
| South Shore Regional Hospital | 0 hours | 0 hours |
| Queens General Hospital | 0 hours | 0 hours |

### SUMMARY

- Emergency departments in DHA 1 were open 87% overall in 2010–2011.
- Scheduled closures accounted for 96% of all closures at Fishermen's Memorial Hospital (FMH). Please refer to 'Summary of Scheduled Closures' for more information on operational hours at Fishermen's Memorial Hospital.
- Temporary closures at Fishermen's Memorial Hospital spanned over a total of 12 days in the 365-day period. Please refer to 'ED Closures by Date' for further detail on these temporary closures.

### PUBLIC CONSULTATIONS

| Date | Community | Chair/Speakers | Approx. # of Attendees |
|---|---|---|---|
| September 10, 2010 | Bridgewater | Roxie Smith, Board Chair<br>Alice Leverman, CEO<br>Dr. Peter Vaughan, VP Medicine | 60 |

**Summary of Discussion**

- It was noted that South Shore Health continues to focus on enhancing access to primary health care. South Shore Health has continued to support established collaborative practice clinics in Caledonia and Lunenburg and is exploring similar options in the Bridgewater and Liverpool areas.
- Recruitment of nurses is an ongoing challenge; however, South Shore Health has significantly reduced the number of nursing vacancies in the District through initiatives such as Models of Care and the bursary program.
- The emergency department at South Shore Regional Hospital (SSRH) has periods of overcrowding and long waits for triage and admission to hospital. South Shore Health serves a population with increasingly complex health needs. However, new long-term care beds (including a 65 long-term care facility in Bridgewater and plans to open new beds in Lunenburg and New Germany) are expected to reduce the pressures resulting from alternate level of care patients.

**DHA Action**

- Ongoing efforts to minimize closures at FMH including cross training staff between SSRH and FMH, active recruitment of experienced ED staff and use of advanced paramedics for casual staffing
- Ongoing promotion of 811
- Continued efforts to strengthen primary health care throughout the District by developing Primary Health Collaborative Practices in Bridgewater and Liverpool
- South Shore Health's Board and executive team has identified the need to address key pressure points in the system as a way to advance broader community healthcare transformation. Critical initiatives now underway include plans to improve emergency services at South Shore Regional and Fishermen's Memorial Hospital. A plan has been developed to deal with physical space, process, staffing and service delivery components in these critical areas. Initiatives include:
  - Geriatric Resource Coordinator providing support to the ED
  - Overcrowding Protocol being reviewed
  - Exploring role of volunteers in emergency department
  - Initiatives to improve communication and patient and family satisfaction
  - Developing a proposal to improve the physical environment for patients and staff
  - Exploring ways to improve utilization to reduce wait time for admission

## DISTRICT HEALTH AUTHORITY

# South Shore Health (continued)

| Date/Time | Community | Chair/Speakers | Approx. # of Attendees |
|---|---|---|---|
| February 16, 2010 | Lunenburg | Janet Simm, VP Health Services<br>Alice Leverman, CEO | 15 |

**Summary of Discussion**

- Better Care Sooner provides an opportunity to look and decide together how we enhance the services we have at Fishermen's Memorial Hospital with a focus improving access to emergency care. Changes must align with, and support, service delivery throughout the District. The project is broader than just development of a collaborative emergency care center at FMH. It is about transforming emergency care in our District and includes quality of care and implementation of Provincial ED Standards.
- Community support and pride in the facility and services that exist are a building block for success. Providers are excited about the possibilities to transition the emergency department to a Collaborative Emergency Care Center. Creating a model for the CEC (in partnership with the community that they serve) that is responsive to the needs of those served by this site is very motivating for providers. It will be critical to address access and flow and wait times at South Shore Regional Emergency Department through process and structural redesign. The community must be involved in discussion. Ongoing dialogue and education will be critical.

**DHA Action**

- A Steering Committee, including representation from the community, has been established to oversee efforts to move forward with Better Care Sooner. They will serve as a key link to community and stakeholder groups.
- Development of a proposal/vision document that could be used as the basis for consultation with the community. Small group of key stakeholders brought together to begin this work prior to broader community consultation.
- Development of a communication and engagement strategy underway

**BETTER CARE FOR SENIORS IN ED'S**

**Summary**

- SSDHA is in the process of introducing a Geriatric Resource Coordinator in to the Regional Hospital ED. This Coordinator will be a member of the Seniors' Team that will have the ED as one of the primary assignments.
- The government has announced that SSH is one of the 4 sites to receive resources to support a Nurse Practioner for long term care. The NP will work with the Bridgewater and Mahone Bay long term care facilities. Work is underway to implement this new resource. A formal relationship with the ED and the Geriatric Resource Coordinator will be included in this role.
- South Shore DHA has identified the transformation of Emergency Care in South Shore Health as one of our top priorities. A project team has been established and work is underway. They have a number of initiatives that will improve the quality and efficiency of delivery of care. In addition, they are targeting initiatives that will improve the "customer experience". The initiatives aimed at improving the "customer experience" will be designed specifically to respond to the feedback we have received from our senior population. These initiatives include:
  - Customer service training for staff
  - Reducing non care-related traffic in the ED with a goal to reduce crowding and noise levels.
  - Exploring the role of volunteers to support comfort measures for those waiting for care as well as those awaiting admission
  - Face in the Crowd Initiative - Discussion with admitted patients and families regarding the admission procedure, approximate time frame for admission, what to expect, and which unit they will be admitted to.
  - Staffing ratios - Have explored CCAs at night to support care for admitted clients; however, have concluded that an LPN allows for greater flexibility as the skill set can support all ED patient needs when required
  - Triaging - Protocol for advising individuals waiting regarding availability of Walk in Clinic and Fishermen's ED
  - Working to reduce the number of admitted patients and the length of time they wait for admission to an in-patient care unit
  - Infrastructure/Design (Potential that the Auxiliary will contribute $400,000 to support this)

## DISTRICT HEALTH AUTHORITY

# South West Health

(Reporting Period: April 1, 2010 – March 31, 2011)

| HOURS OF EMERGENCY DEPARTMENT CLOSURES | | |
|---|---|---|
| **Facility** | **Scheduled Closures** | **Temporary Closures** |
| Digby General Hospital | 0 hours | 563 hours |
| Roseway Hospital | 0 hours | 15 hours |
| Yarmouth Regional Hospital | 0 hours | 0 hours |

### SUMMARY

- Emergency departments in DHA 2 were open 98% overall in 2010-2011.
- All closures were temporary and occurred at Digby General Hospital and Roseway Hospital.
- Temporary closures spanned over 48 days at Digby General Hospital and 1 day at Roseway Hospital in the 365-day period. Please refer to 'ED Closures by Date' for more detail on these temporary closures.

### PUBLIC CONSULTATIONS

| Date | Community | Chair/Speakers | Approx. # of Attendees |
|---|---|---|---|
| July 25, 2010 and October 14, 2010 | West Pubnico and Digby | Gerald Pottier, SWH Board Chair<br>Blaise MacNeil, CEO, SWH<br>Dr. John Black, Chief of DGH Medical Staff<br>Hubert d'Entremont, Site Manager, DGH | 10 |

**Summary of Discussion**

There was discussion around using nurse practitioners and paramedics in the emergency department to take care of non-urgent health issues (triage levels 4 & 5). There was also discussion regarding the use of electronic patient records to help attract family physicians.

**DHA Action**

- Additional publicity required for next consultation session
- Advocating for additional nurse practitioner and paramedics to support non-urgent medical issues

### BETTER CARE FOR SENIORS IN ED'S

**Summary**

With respect to building a responsive ED for all patients, SWH will do all that it can to make their EDs more "senior friendly."

The national Canadian Emergency Triage and Acuity Scale (CTAS) Guidelines is utilized to assess all patients presenting to the ED, including seniors. The following considerations are given when triaging seniors:

Mode of arrival (EHS, walk in, wheelchair, stretcher); Communication; Assessment (vital signs, pain scale, modifiers if appropriate); 'Critical look'; Informal Discharge Risk Assessment (to identify potential issues preventing return home, caregiver issues, signs of abuse requiring AP or social work referral, cognitive issues, mobility issues, medication management, etc); Supports; Falls Risk; Placement (Waiting room, gerichair, stretcher); Safety (wanderer, potential to harm self or others including staff, security issue, mentally altered state); Security issues; and Behaviour.

Appropriate referrals are made as needed to the following agencies & services:

Community Services, Mobility Team, Adult Protection, Home Care/VON, Social Work, Falls Prevention EDs, Least Restraint, Palliative Services, Dietitian, Pharmacies, Pharmacist Medication Reconciliation Clergy, Placement Process

SWH initiated a Volunteers program in the YRH ED that includes particular attention to comfort measure for seniors who are either waiting for or receiving treatment or awaiting admission. Their main line of communication is via the Triage RN. SWH has continued the practice of including a LPN as part of the core staffing of the ED to ensure appropriate care provider for all circumstances, in particular the extra support required by their seniors population. Through previous ALC Initiative funding they have added a Social Worker to Supportive Care Services to respond to Caregiver Breakdown issues, with priority to the ED. SHW is also one of the districts that will receive resources to support a Nurse Practitioner in LTC, which is expected to benefit the EDs both directly and indirectly.

## DISTRICT HEALTH AUTHORITY
# South West Health (continued)

SWH is paying particular attention to Access & Flow through the ED. They have initiated processes to decant the ED at all times, with particular focus on saturation rates and acuity. They have had success with this from the ED perspective, but have created overcapacity issues on their in-patient units. They are also exploring the potential of internal waiting areas within the ED to provide a more appropriate space for patients, including seniors. SWH is exploring all options regarding a Minor Emergency Care (similar to AVH) component to partially address long wait times in the YRH ED. Their greatest challenge with this is the need for second primary care practitioner in the ED so the 2 streams of patients can be addressed.

## DISTRICT HEALTH AUTHORITY
# Annapolis Valley Health

(Reporting Period: April 1, 2010 – March 31, 2011)

**HOURS OF EMERGENCY DEPARTMENT CLOSURES**

| Facility | Scheduled Closures | Temporary Closures |
|---|---|---|
| Annapolis Valley CHC | 1,512 hours | 0 hours |
| Soldier's Memorial | 0 hours | 445 hours |
| Valley Regional | 0 hours | 0 hours |

**SUMMARY**

- Emergency departments in DHA 3 were open 93% overall in 2010–2011.
- 77% of closures were scheduled and occurred at Annapolis Valley CHC. Please refer to 'Summary of Scheduled Closures' for more information on operational hours at Annapolis Valley CHC.
- Temporary closures at Soldier's Memorial hospital spanned over 49 days in the 365-day period. Please refer to 'ED Closures by Date' for more detail on these temporary closures.

**PUBLIC CONSULTATIONS**

| Date | Community | Chair/Speakers | Approx. # of Attendees |
|---|---|---|---|
| April 26, 2010 | Annapolis Royal | Dave Logie, Chair, Board of Directors<br>Janet Knox, President and CEO | 150 |

**Summary of Discussion**

In the 2010–2011 fiscal year the emergency department at Annapolis Community Health Centre had planned closures due to lack of physician resources on Tuesdays and Thursdays from April through to September. In late September, this was reduced to a Tuesday closure and since December 2010, there have been no closures. The public consultation provided the opportunity for citizens to share their concerns and challenges around access to primary health care and provide them with accurate information.

**DHA Action**

Annapolis Valley Health continues to interact with the community as they attempt to improve accessibility to services and effectively meet the citizen's needs.

## DISTRICT HEALTH AUTHORITY

# Annapolis Valley Health (continued)

| Date/Time | Community | Chair/Speakers | Approx. # of Attendees |
|---|---|---|---|
| March 2, 2011 | Lawrencetown | Dave Logie, Chair, Board of Directors<br>Janet Knox, President and CEO | 25 |

**Summary of Discussion**

In the 2010/11 fiscal year the emergency department at Soldiers Memorial Hospital has had two instances of closure due to facility maintenance work and the remaining closures due to lack of physician resources.

The citizens expressed a desire for a sustainable hospital and are willing to work with Annapolis Valley Health on physician recruitment. Representatives from the Middleton town council were present and expressed interest in working with Annapolis Valley Health on better recruitment marketing in the Middleton area. Dialogue will continue with this group.

Citizens expressed a desire to bring more students to the area to work with local physicians and gain exposure to rural medicine. This might boost the willingness of young professionals to relocate on a more permanent basis. Citizens also expressed concern for the Middleton area's recruitment challenges in that finding the physician to come was one part of the challenge; the other is finding gainful employment for their spouses.

The Soldier's Memorial Hospital Foundation offered their financial support for incentives to recruit and attract physicians. It was noted that the hourly rate for Middleton was lower than other nearby areas and Annapolis Valley Health was questioned as to why they were not "topping up" physician salaries. Dialogue will continue with this group.

**DHA Action**

- Annapolis Valley Health continues to interact with the community as we attempt to improve accessibility to services and effectively meet the citizen's needs.
- Annapolis Valley Health will pursue a Dalhousie Family Residency Program for the area.

## BETTER CARE FOR SENIORS IN ED'S

Annapolis Valley Health uses a population health based approach to program planning. When examining a population, seniors over the age of 65 make up a large portion of the population served. Over the last several years, AVH has responded to the needs of this population in many ways through program development and services offered.

The recent release of the Better Care Sooner document along with the Nova Scotia Standards for Emergency Care has engaged Valley Health to examine how Senior Friendly care is provided within their Emergency system. They have identified the supports and services they provide and divided these into two categories: improving seniors care within our community to prevent unnecessary visits to the emergency department and improving seniors care while they are in the ED.

**Improving community care to prevent unnecessary visits to ED**

- Seniors Community Team – The Team visits seniors at risk in their homes and conducts geriatric assessments, fall assessments, home safety checks, caregivers concerns, and recommends assistive devices. The team also makes referrals to home care and community program
- Adult Day Programs – VON and Seniors Community Team provide respite for care providers through socialization, recreation, and leisure activities as well as activities aimed at falls prevention. Each program serves about 10 seniors each day, 3 days per week. These programs are delivered at the Western Kings Memorial Health Centre.
- Respite Care Lunch Brunch – This is a social program with the VON.
- Safe Seniors Warm Line – This is a voluntary service offered in both Kings and Annapolis County, where seniors receive a friendly phone call each morning to make sure the person is OK and that there is personal contact to reduce the feeling of isolation.
- Meals on Wheels – Delivery of food to seniors in their homes.
- Challenging Behaviours Resource Consultant- This position was created to coordinate the provincial PIECES program in our district. This program uses an approach to understanding the person and the underpinnings of their behaviour. The work of this role is to provide consultation and education for teams to improve their ability to deal with clients with behaviours such as aggression.
- Seniors Afternoon Out-Annapolis Royal – Recreation staff and Annapolis Royal Nursing Home staff coordinate outings for seniors.

## DISTRICT HEALTH AUTHORITY

# Annapolis Valley Health (continued)

**Improving care for Seniors when they are in the ED**

- Seniors Rapid Assessment Team (SRA) at Valley Regional Hospital (VRH). This is an innovative program that was added to the VRH ED after the redevelopment project to assist in managing the care of seniors with a focus on trying to avoid admission to hospital and assist the senior to return home to the community. Annapolis Valley Health in collaboration with South Shore, and South West developed a video, Changing our Picture of Health, which can be found at: *http://www.changingourpictureofhealth.ca/*.
- Volunteers in waiting room – Volunteers meet seniors as they enter the ED and help them navigate the system.
- Equipment – All new equipment purchased will be assessed for senior friendly environment

As a team, AVH has also examined how they can further provide seniors friendly care within our facilities and our community. The following initiatives will be considered when program planning for the next year.

- All patients over the age of 65 will have a frailty scale assessment when they are triaged in the ED (e-triage at VRH and SMH)
- Environmental Scan of all ED's in the district to determine if they are "Frail Friendly"
- Any and all renovations (redevelopment) to ED or other departments will need to have an environmental scan to determine if Frail Friendly
- Build on the success of the SRA Team and Seniors Community Team
- Culture Shift among ED and Primary Care Physicians "Admission is the last option, not the first"
- Admission Criteria
- Improve Primary Care for Seniors to keep them out of the ED's
- Education in Seniors Care for all team members
- Educate providers to have different discussions with families and seniors (level of care options)
- Maximizing use of Home Care
- Visit Program; Promote and Expand
- Improving seniors palliative care and Adult Protection
- Introduce Smart Technology
- Increased Geriatric Assessment Clinics and expand Seniors Afternoon Out Program
- Seniors Wellness Clinics
- Working with Nursing Home and Residential Care Facility to prevent ED visits

Annapolis Valley Health is committed to providing improved care to seniors within our community to prevent unnecessary visits to the emergency department and improving seniors care while they are in the emergency department and we will continue our work on these important initiatives.

## DISTRICT HEALTH AUTHORITY

# Colchester East Hants Health

(Reporting Period: April 1, 2010 – March 31, 2011)

| HOURS OF EMERGENCY DEPARTMENT CLOSURES | | |
|---|---|---|
| **Facility** | **Scheduled Closures** | **Temporary Closures** |
| Colchester Regional | 0 hours | 0 hours |
| Lillian Fraser Memorial | 0 hours | 1,952 hours |

**SUMMARY**

- Emergency departments in DHA 4 were open 89% overall in 2010–2011.
- All of the emergency department closures in DHA 4 were temporary closures and occurred at LillianFraser Memorial.
- Temporary closures spanned over 121 days in the 365-day period at Lillian Fraser Memorial Hospital. Please refer to 'ED Closures by Date' for more detail on these temporary closures.

**PUBLIC CONSULTATIONS**

| Date | Community | Chair/Speakers | Approx. # of Attendees |
|---|---|---|---|
| October 26, 2010 | Tatamagouche | Peter MacKinnon, CEO, CEHHA<br>Barbie Cook, Site Manager, LFMH<br>Video message from Dr. John Ross, Provincial Advisor, Emergency Care | Foundation, Auxiliary & Community Health Board Members (20) |

**Summary of Discussion**

- Discussion regarding current status of ED closures and progress related to development of new primary health care centre/ collaborative practice on site at the facility
- Presentation of finding of Dr. Ross Report, including reasons for closures, importance of enhancing access to primary health care services that can help meet needs of residents
- Desire to have stakeholder and community involvement in development of local plan

**DHA Action**

- CEHHA and the Department of Health renovated the Lillian Fraser Memorial Hospital to establish a community-based, multidisciplinary, comprehensive care model to ensure local service continuity. One physician moved his practice into the facility in 2009. This physician has helped with general community access to health services, either through the emergency department or through the primary care section of the building.
- In May 2009 an alternative payment plan for physicians was introduced that initially helped reduce the number of emergency closures at the site, however closures became more frequent once again. A nurse practitioner was recruited to the community in the summer of 2010. Her role includes participating in the collaborative practice. She has also initiated wellness clinics for members of the community at large including well women's clinics and the district's first well men's clinic in March 2011. In April she will be launching a series of free wellness talks related to hot topics including hypertension and menopause. Other primary care services such as mental health, community-based occupational therapy, and addiction services have also expanded to the community.

| Date | Community | Chair/Speakers | Approx. # of Attendees |
|---|---|---|---|
| January 12, 2011 | Tatamagouche | Hon. Maureen MacDonald, Minister of Health & Wellness<br>Peter MacKinnon, CEO, CEHHA<br>John K. MacDonald, Board Chair, CEHHA | Foundation, Auxiliary, CHB Members, local MLA, municipal leaders, EHS representatives, staff, physicians, community leaders, and others (40) |

## DISTRICT HEALTH AUTHORITY

# Colchester East Hants Health (continued)

**Summary of Discussion**

- Discussion regarding Dr. John Ross Report on Emergency Care and government's Better Care Sooner plan, including recommendation to establish collaborative emergency care (CEC) clinic at the site.
- Desire to have stakeholder and community involvement in planning and clear communication to stakeholders about what implementation of Better Care Sooner recommendations will mean for North Shore residents.
- Discussion regarding status of recent ED closures, the various services available and the reliance on emergency department when other services are not available in a timely manner.

**DHA Action**

- CEHHA and the Department of Health renovated the Lillian Fraser Memorial Hospital to establish a community-based, multidisciplinary, comprehensive care model to ensure local service continuity. One physician moved his practice into the facility in 2009. This physician has helped with general community access to health services, either through the emergency department or through the primary care section of the building.
- In May 2009 an alternative payment plan for physicians was introduced that initially helped reduce the number of emergency closures at the site, however closures became more frequent once again. A nurse practitioner was recruited to the community in the summer of 2010. Her role includes participating in the collaborative practice. In partnership with other health care providers, she has also initiated wellness clinics for members of the community at large, including well women's clinics and the district's first well men's clinic held in March 2011. In April 2011 she is launching a series of free wellness talks related to hot topics including hypertension and menopause. Other primary care services such as mental health, community-based occupational therapy, and addiction services have also expanded to the community.
- CEHHA has been engaged in ongoing discussions with staff, physicians and the Department of Health and Wellness related to the current model of care and funding related to emergency services at the Lillian Fraser Memorial Hospital. The district is awaiting clarification related to the funding model and guidelines regarding CECs. Further stakeholder and public consultations will occur this spring as these details become available.

**BETTER CARE FOR SENIORS IN ED'S**

- Wheelchairs are accessible; CRH entrance has a sloped rise for wheelchair accessibility. A drop off/pick up circle located in front of the entrance and wheelchair accessible parking is available at LFMH and in all three parking locations at CRH. There is provision of dedicated parking spaces for rehabilitation clients during targeted hours to enhance access for mobility compromised clients at CRH.
- Assistance is provided to help mobility challenged patients to exit and enter vehicles. At CRH, when necessary, families are directed to drive the vehicle into ambulance bay so staff can provide additional assistance. There is minimal use of overhead paging (fire codes, code white and code yellow only are broadcast) to provide a restful environment at the regional facility. Considerable work has being done on reducing noise levels at LFMH with a 99% reduction in usage of overhead paging occurring over the past year.
- Blanket warmer is located within the emergency department at CRH and in close proximity at LFMH and wheelchair accessible bathrooms are located in ED at CRH and near the ED at LFMH. Security presence within the CRH ED is visible to the waiting area. Clocks are provided in each room at both sites to help provide orientation cues to patients in windowless rooms and wall colours are neutral with no bold patterns.
- Two recent pressure relief mattresses acquired for use within the emergency department at CRH. Should there be a delay in admission to an inpatient bed, we will bring a hospital bed down into the department at CRH. Low positioning stretchers are available at CRH to assist with getting on and off.
- CEHHA has been doing significant amount of work within their organization around patient flow. There have been several projects within the emergency department that impact on seniors. Continuing Care brochures have been developed and these are about to be distributed to all family doctors. They will serve to highlight referral eligibility as well as services available in the continuing care sector.
- Chairs are covered in non slip fabric with moisture barrier to protect from incontinence. Flooring is non-glare. Handrails – non stick and smooth to prevent abrading of skin. Minimal clutter within treatment exam rooms. In elevators, handrails are mounted at recommended height and are provided on three sides of the cabin. Efforts are continuously made to try and keep walls and doors free of cluttering notices.

## DISTRICT HEALTH AUTHORITY

# Colchester East Hants Health (continued)

- Continued work being done with the emergency department staff regarding the transfers of patients between long term care and acute care, to make enhanced information sharing.

**Work Being Planned as Part of New Facility Construction**

- Signage/ Way finding – planning is underway to use signs to enhance the communication process. The intent is to keep signs to a minimum, in straightforward language, and not duplicated on multiple surfaces. Large appropriately coloured signs will indicate floor number outside of each elevator. Direction signs are planned at all major intersections and universal symbols (i.e. Washrooms) are used where ever possible.
- Decentralized registration is planned in all high traffic programs to allow older adults to proceed directly to specific treatment or service areas and avoid confusing, crowded central areas. Reception/information counters are designed to have wheelchairs access points throughout the building including nursing stations in the inpatient units
- Enhanced use of natural light where ever possible to assist with orientation to day/night. Handrails are located throughout with tactile signal to indicate termination of the rail. They will also be in a contrasting colour to the walls and floors. Doors in areas are wood grain finish and contrast with the walls to enhance navigation. Doors have lever style handles where possible, and push bars or automatic openers in other areas.
- Wheelchair parking spaces will be within code requirements. There are sheltered drop off areas for cars and taxis at the entrance to protect older adults from severe environmental conditions. Walkways and ramps will be firm and slip resistant. Silent or quiet type switches will be used. Doorsteps and raised threshold are eliminated or kept within minimum height recommendations. Handrails are on both sides of stairways and hallways.
- Inpatient Areas: Overhead ceiling lifts in the inpatient units to assist with mobilizing, specialty tubs in the inpatient areas, and barrier free washrooms. There is no ledge/ barrier to the showers within the washrooms and floors are nonslip. Wall basins will be mounted and wheelchair accessible with a clear space under the sink. Nightlights are to be inside patient washrooms. Floors and walls are in contrasting colours with non glare finish. Beds have four adjustable split side rails. Beds can be electronically adjusted to meet the height requirements of the patient. Raised toilet seats will be available in all in patient rooms. Roll out toilets will be in place within the ED. Increased number of single occupant rooms.

## DISTRICT HEALTH AUTHORITY

# Cumberland Health

(Reporting Period: April 1, 2010 – March 31, 2011)

### HOURS OF EMERGENCY DEPARTMENT CLOSURES

| Facility | Scheduled Closures | Temporary Closures |
|---|---|---|
| All Saint's Hospital | 0 hours | 1,234 hours |
| Cumberland Regional HCC | 0 hours | 0 hours |
| North Cumberland Memorial | 0 hours | 854 hours |
| South Cumberland CC | 0 hours | 525 hours |

### SUMMARY

- Emergency departments in DHA 5 were open 93% overall in 2010–2011.
- All closures in DHA 5 were temporary.
- In a 365-day period, closures at All Saints Hospital spanned over 153 days, closures at North Cumberland Memorial spanned over 71 days, and closures at South Cumberland Community Centre spanned over 43 days. Please refer to 'ED Closures by Date' for more detail on these temporary closures.

### PUBLIC CONSULTATIONS

| Date | Community | Chair/Speakers | Approx. # of Attendees |
|---|---|---|---|
| October 7, 2010<br>CHA Annual General Meeting | Amherst | Bruce Saunders, Board Chair<br>Bruce Quigley, CEO | 15 |

**Summary of Discussion**

- Indicated the CHA's ongoing concerns with ED closures and the impact on communities
- Reiterated that every effort is made to find physician coverage up until the very last possible moment.
- Provided overview of how Dr. John Ross' report was developed and that the district was hopeful that the information to be released by Dr. Ross later in the month would provide a framework for the delivery of emergency care particularly in rural communities like those in Cumberland County.

**DHA Action**

Commitment made to keep the community informed of all closures and to share information with citizens on the potential impact of the Ross report on Cumberland County.

### BETTER CARE FOR SENIORS IN ED'S

Considerations around accessibility were an integral component of the construction of the CRHCC which opened in 2002. Hallways with hand rails, wheelchair accessible washrooms, lever-style handles, etc. were part of the specifications that led to a facility that is both accessible and senior-friendly.

**Parking and Entrance**

There are accessible parking spaces located adjacent to the emergency department and main entrances. Those spaces are level with the emergency entrance. All entrance doors have auto-openers and there are a number of wheelchairs located just inside the main foyer at the main entrance. There is a heated foyer equipped with a pay-phone between the outside door and the door into the registration/waiting area. Assistance is provided to mobility-challenged patients entering or exiting their vehicles when needed.

**Registration**

Registration for the emergency department is located immediately inside the door, is wheel-chair accessible and has a view of the waiting room. The triage room is just steps from the registration desk and has blinds that can be raised to observe the waiting room.

**Waiting Area**

The emergency waiting area has windows and is equipped with comfortable, wide arm chairs covered in non slip fabric with a moisture barrier that are easy to stand from. There is a TV, vending machines and washrooms located just down the hallway. There is also a quiet room located near the waiting area where elderly patients are often seated with pillows and warm blankets.

## DISTRICT HEALTH AUTHORITY

# Cumberland Health (continued)

**General Environment**

The interior decoration of the entire facility is in earth tones which present a neutral, calming atmosphere. There is minimal use of the overhead paging. Careful selection of what is posted on walls, doors, etc. helps ensure information is presented in a less-cluttered, viewer-friendly manner.

**Equipment**

A blanket warmer is located within the emergency department. There is access to pressure relief mattresses if required. Efforts to minimize clutter within the department are ongoing.

**Care**

Given that over 20% of Cumberland County's population is over age 65, a number of practices have developed over time that are elder-friendly.

- During the overnight hours, a patient awaiting admission will be placed in exam rooms in the ED so they are not in the hallway. This limits disruption to their sleep from traffic, bright lights, ambulance arrivals, etc.
- CHA has recently piloted a rapid assessment team consisting of nursing staff, continuing care coordinator, social worker, physiotherapist and/or occupational therapist. This team provides an assessment of the patient, while still in the department, to assess their health needs/home environment to avoid unnecessary admissions. At present, an evaluation of the team's effectiveness is underway.
- Even if an elderly patient's CTAS score is lower than others waiting, they are frequently brought into an exam room or other space to lie down if it is available.

**Future Plans**

CHA has received approval for a NP for long term care in the Amherst area which should reduce the number of presentations to the ED for seniors primary care needs.

- CHA is planning to fast-track patient flow through the emergency department (i.e. CTAS 4 and 5) which will reduce wait times. CHA will also be looking at patient flow throughout the facility which will ultimately improve wait times for admission through the emergency department.
- CHA will be implementing primary triage whereby the nurse will be the first point of contact upon patient presentation. This should help ensure frail, elderly patients are more quickly made comfortable (i.e. lie down, warm blanket, etc.)
- Future purchases (i.e. stretchers that can be lowered to the floor) will be considered with an "elderly lens".
- CHA is considering the implementation of a checklist for elderly patient safety as part of the regular OH & S checks. Staff education regarding elder-friendly environments will be provided.
- As the Model of Care initiative continues to be rolled out, there will be an increased awareness by health care professionals of our patient populations and their specific care needs.
- Medication reconciliation is done on admission in the emergency department and at the medical unit.

## DISTRICT HEALTH AUTHORITY

# Pictou County Health

(Reporting Period: April 1, 2010 – March 31, 2011)

| HOURS OF EMERGENCY DEPARTMENT CLOSURES | | |
|---|---|---|
| **Facility** | **Scheduled Closures** | **Temporary Closures** |
| Aberdeen Hospital | 0 hours | 0 hours |

**SUMMARY**

The Aberdeen Emergency Department was open 100% of the time in 2010–2011.

**PUBLIC CONSULTATIONS**

| Date | Community | Chair/Speakers | Approx. # of Attendees |
|---|---|---|---|
| N/A | N/A | N/A | N/A |

**BETTER CARE FOR SENIORS IN ED'S**

With regard to senior-friendly emergency care, PCHA is making this project one of their priorities for re-allocation of resources and will make progress toward this goal in the upcoming year. Activities will include:

- Working with others, including the Department of Health and Wellness, to create alternatives to care for the frail elderly outside of the ED. For example:
  - increase acute care service at home and in long term care facilities
  - support physicians to see their patients at home or in long term care facilities
  - virtual bed program
  - increase number of nurse practitioners hired to work in long term care
- Improving the care and service provided at the emergency department, including
  - Physical environment improvements (lighting, flooring, signs, reading material, furniture, washrooms, security, orientation, etc).
  - Care improvements (falls prevention, wound care, poly-pharmacy, and discharge/referral planning)
- Customer service improvements, including development of an enhanced customer service strategy. Initiatives to be considered include:
  - Accommodating for decreased hearing and sight
  - Involvement of family or substitute decision-maker
  - Training on dementia, responsive behaviors, and care-giver support
  - Staff education on the needs of older adults (attentive and calm manner to reassure older patients, providing appropriate information on their clinical condition, wait times, and reasons for wait)
  - Address the perception of wait time (improve staff friendliness, updating patients on reasons for waits, expanding volunteer roles to ensure patients are comfortable).

## DISTRICT HEALTH AUTHORITY
# Guysborough Antigonish Strait Health (Reporting Period: April 1, 2010 – March 31, 2011)

| HOURS OF EMERGENCY DEPARTMENT CLOSURES | | |
|---|---|---|
| Facility | Scheduled Closures | Temporary Closures |
| Eastern Memorial Hospital | 0 hours | 0 hours |
| Guysborough Memorial | 0 hours | 0 hours |
| St. Anne Community & Nursing Care | 0 hours | 0 hours |
| St. Martha's Regional | 0 hours | 0 hours |
| St. Mary's Memorial | 0 hours | 0 hours |
| Strait Richmond Hospital | 0 hours | 0 hours |

**SUMMARY**

Emergency departments in DHA 7 were open 100% of the time in 2010–2011.

**PUBLIC CONSULTATIONS**

| Date/Time | Community | Chair/Speakers | Approx. # of Attendees |
|---|---|---|---|
| N/A | N/A | N/A | N/A |

**BETTER CARE FOR SENIORS IN ED'S**

- Providing quality care for seniors is complex and requires a collaborative effort from many health care providers in facilities and within the community
- Efforts to enhance supports and services to seniors and frail elderly in their place of residence and the primary care setting are a priority
- Several targeted interventions are currently underway in GASHA, including:
  - Implementation of a rapid response team for seniors
  - Development of a responsive behavior team
  - Palliative and Therapeutic Harmonization (PATH) training and implementation which includes a common gerontology assessment supported by clinical guidelines for poly-pharmacy management for seniors
  - Establishing palliative care medication kits so patients do not need to visit the ED for medication management on weekends or holidays.

## DISTRICT HEALTH AUTHORITY

# Cape Breton Health

(Reporting Period: April 1, 2010 – March 31, 2011)

| HOURS OF EMERGENCY ROOM CLOSURES | | |
|---|---|---|
| **Facility** | **Scheduled Closures Unscheduled Closures** | **Unscheduled Closures** |
| Buchanan Memorial CHC | 0 hours | 0 hours |
| Cape Breton Regional | 0 hours | 0 hours |
| Glace Bay Health Care Facility | 0 hours | 780 hours |
| Inverness Consolidated Hospital | 0 hours | 0 hours |
| New Waterford Consolidated | 510 hours | 1,346 hours |
| Northside General Hospital | 510 hours | 1,361 hours |
| Sacred Heart CHC | 0 hours | 0 hours |
| Victoria County Memorial | 0 hours | 0 hours |

**SUMMARY**

- Emergency departments in DHA 8 were open 94% overall in 2010–2011.
- 23% of closures were scheduled and occurred at New Waterford Consolidated and Northside General Hospital. Please refer to 'Summary of Scheduled Closures' page for more information on these closures.
- Temporary emergency department closures occurred over a span of 57 days at Glace Bay Health Care Facility, 98 days at New Waterford Consolidated, and 88 days at Northside General Hospital. Please refer to 'ED Closures by Date' for more detail on these temporary closures.

**PUBLIC CONSULTATIONS**

| Date | Community | Chair/Speakers | Approx. # of Attendees |
|---|---|---|---|
| April 8, 2010<br>4:30–6:30 p.m. &<br>7:00–9:00 p.m. | New Waterford | John Malcom, District CEO | 4:30–6:30 p.m. — 98<br>7:00–9:00 p.m. — 112 |

**Summary of Discussion**

- Hire more nurse practitioners
- Encourage more family physicians to use Same Day Access model
- Same pay rate for doctors working in emergency departments across the District

**DHA Action**

The District released a follow-up report on these public meetings. The "Emergency Department Public Consultation Report 2010" can be found on the District's website *www.cbdha.nshealth.ca* under Public Affairs "Emergency Department Public Consultations."

| Date | Community | Chair/Speakers | Approx. # of Attendees |
|---|---|---|---|
| April 15, 2010<br>2:00–4:00 p.m. &<br>6:30–8:30 p.m. | North Sydney | John Malcom, District CEO | 2:00–4:00 p.m. — 20<br>6:30–8:30 p.m. — 40 |

**Summary of Discussion**

- Hire more physicians, nurses and nurse practitioners
- Provide more education about emergency departments: proper use, triage levels etc.
- Same pay rate for doctors working in emergency departments across the District
- Charge user fees for less urgent and non-urgent patients
- Encourage more family physicians to use Same Day Access model

**DHA Action**
The District released a follow-up report on these public meetings. The "Emergency Department Public Consultation Report 2010" can be found on the District's website *www.cbdha.nshealth.ca* under Public Affairs "Emergency Department Public Consultations."

## BETTER CARE FOR SENIORS IN ED'S

DHA 8 has identified three potential areas for consideration. These are:

**1. A Review of the Physical Environment**
Review will be informed by recent reports, including a recent Australian report, "Improving the Patient Experience Program Audit Report 2009". This review will focus on physical environment and areas where improvements could be considered. In addition, CBDHA is examining research regarding opportunities to improve physical environments in institutions, although this is not solely restricted to emergency departments.

**2. Multiple Visits to the Emergency Department**
This is a signal that other components in our system are not functioning as effectively as they might in providing appropriate support to seniors. With the upcoming integration of continuing care services to the District, there is an opportunity to look at different ways and approaches in responding to the needs of our seniors. As an example, CBDHA hopes they will be able to use a portion of the time of the recently approved nurse practitioner for continuing care to respond to the needs of seniors awaiting placement in the community, not just those that presently institutionalized, including seniors with multiple visits to emergency departments.

**3. The Need for Improved Education of Our Staff**
Each year, CBDHA has a NICHE conference focusing on how better to respond to the needs of our seniors within the institution. Last year, one of the presentations dealt with a survey focusing on "emergency department nursing staff knowledge and attitudes about aging." This allows for focused education on ageism and sensitivity, communication, atypical presentations as well as geriatric facts. CBDHA is presently looking at whether it might be possible to offer compressed programs in our District, however, in addition to the cost associated with this additional education, the challenges of releasing staff in an area that is already difficult to manage due to vacancies presents added pressure.

## DISTRICT HEALTH AUTHORITY

# Capital Health

(Reporting Period: April 1, 2010 – March 31, 2011)

| HOURS OF EMERGENCY DEPARTMENT CLOSURES | | |
|---|---|---|
| **Facility** | **Scheduled Closures** | **Temporary Closures** |
| Cobequid CHC | 0 hours | 0 hours |
| Dartmouth General | 0 hours | 0 hours |
| Eastern Shore Memorial | 0 hours | 0 hours |
| Hants Community Hospital | 0 hours | 0 hours |
| Musquodoboit Valley Memorial | 3,900 hours | 0 hours |
| Twin Oaks Memorial | 0 hours | 0 hours |
| QEII Health Sciences Centre | 0 hours | 0 hours |

## SUMMARY

- Emergency departments in DHA 9 were open 93% overall in 2010–2011.
- All closures were scheduled and occurred at Musquodoboit Valley Memorial Hospital. Please refer to 'Summary of Scheduled Closures' page for more information on the model of care and operational hours at Musquodoboit Valley Memorial Hospital.

## PUBLIC CONSULTATIONS

**Summary of Discussion**

The surrounding community was engaged in consultations regarding the model of care currently implemented at Musquodoboit Valley Memorial Hospital.

## BETTER CARE FOR SENIORS IN ED'S

CDHA is on a journey to improve services to all patients. Recognizing that the elderly comprise a significant portion of our ED visits and that they present unique and common challenges, our EDs are concerned about and committed to delivering safe, effective and person-centered care. While improvements have been implemented much remains to be done. Low cost initiatives are being implemented immediately. Other renovations or larger projects will require financial support through business planning. In the meantime, care providers and others are aware and are working towards making all episodes of care excellent, safe, and satisfactory to the patient. The Capital District Emergency Services Council has representatives from all emergency departments/services and the issue of better care for seniors is a priority area. As a group we will continue to research best practice and innovations in senior's care.

CDHA has four emergency departments and three emergency services which are all networked but distinct. Each has different approaches catering to seniors but have common themes and initiatives in place.

All departments provide:

- Volunteer greeters, warm blankets, and staff familiar with the unique needs and considerations of the elderly population
- Conscious attention to a supportive environment (physical, emotional)
- Checklists used by staff to ensure safe movement (i.e. check for electrical cords)
- Wheelchairs easily accessible and visible and ambulation aids are available
- Welcome family members to stay with the patient throughout the episode. This enhances communication and understanding with both the family and the patient, reducing anxiety and/or disorientation while facilitating better follow-up care due to an informed family
- Commodes with brakes, high-low automatic beds, and mechanical lifts
- Philosophy and care processes that include the added attention required for the elderly
- Automatic requisitioning algorithms to expedite care (such as chest x-ray protocols for stable elderly with pneumonia)
- Attempts to see elders sooner and hold them in the departments for less time
- The QEII has adequate washrooms.

Active consideration, planning, and implementation are currently being given to the following needs recognized as beneficial to the elderly population.

## DISTRICT HEALTH AUTHORITY

# Capital Health (continued)

**Enhanced Safety and Way-finding through**
- Signage (black on white with mixed case)
- Floor lines to warn of exits, etc.

**Adaptations for Activities of Daily Living (ADL) Support while in the Emergency System**
- Large print instructional and educational handouts and availability of magnifying glass (reading assist)
- Pocket talkers for patient use, large numbered phone pads, and extra hearing aid batteries for patients.

**Physical Plant**
- Solid walled cubicles to enhance privacy and noise pollution (currently only available at QEII)
- Additional washrooms and automatic flush toilets
- Sensor lighting to automatically light the room and textured walls to absorb sound
- Glare reduction (reading lamps, T8 lighting) (lighting audit and refit)
- Flooring refit to non-glare finish patterned for safety
- Barrier free access (internal as well as external) (levered door handles, automatic doors, automatic taps, etc.)
- Railings at required height and bar shape throughout the departments.

**Other**
- Calming décor; pastoral or family content pictures
- Safe, secure storage for personal possessions
- Holders on all mobility aides for portable oxygen canisters
- Variety of chairs available including stretchers that convert to geriatric-chairs
- Food availability where food services are not present (especially at CCHC).

## DISTRICT HEALTH AUTHORITY

# IWK

(Reporting Period: April 1, 2010 – March 31, 2011)

| HOURS OF EMERGENCY DEPARTMENT CLOSURES | | |
|---|---|---|
| Facility | Scheduled Closures | Temporary Closures |
| IWK Health Centre | 0 hours | 0 hours |

**SUMMARY**

The IWK Health Centre Emergency Department was open 100% of the time in 2010–2011.

**PUBLIC CONSULTATIONS**

| Date/Time | Community | Chair/Speakers | Approx. # of Attendees |
|---|---|---|---|
| N/A | N/A | N/A | N/A |

**BETTER CARE FOR SENIORS IN ED'S**

The IWK seeks feedback from patients in their emergency department through Family Satisfaction Surveys, which are sent out quarterly to 200 families who have visited the ED. The responses to these are compiled and sent to appropriate people for follow-up. This is coordinated by the IWK's Feedback Coordinator. We also have a Family Advisory Council that meets quarterly to review and provide feedback on services and programs offered in our ED. Finally, we have two suggestion boxes in the ED and the responses in these are reviewed at the Family Advisory Council.

Either the Chief or Associate Chief of Emergency Medicine, the Clinical Leader, or Manager of the Emergency Department responds to all complaints coming from families.

# ED Closures by Facility and District

## APRIL 1, 2010 – MARCH 31, 2011

| DHA 1: FISHERMEN'S MEMORIAL | |
|---|---|
| Date | Hours Closed |
| 04/16/2010 | 15 |
| 04/19/2010 | 15 |
| 05/22/2010 | 8 |
| 05/23/2010 | 8 |
| 06/12/2010 | 15 |
| 06/13/2010 | 15 |
| 07/02/2010 | 4 |
| 07/30/2010 | 13 |
| 08/06/2010 | 4 |
| 01/15/2011 | 15 |
| 03/18/2011 | 8 |
| 03/25/2011 | 8 |
| **TOTAL TEMPORARY** | **128** |
| **TOTAL SCHEDULED*** | **3,285** |
| **GRAND TOTAL** | **3,413** |

*Please refer to 'Summary of Scheduled Closures' page for more information.

| DHA 2: ROSEWAY HOSPITAL | |
|---|---|
| Date | Hours Closed |
| 08/29/2010 | 15 |
| **TOTAL TEMPORARY** | **15** |
| **TOTAL SCHEDULED** | **0** |
| **GRAND TOTAL** | **15** |

| DHA 2: DIGBY GENERAL HOSPITAL | | | | | |
|---|---|---|---|---|---|
| Date | Hours Closed | Date | Hours Closed | Date | Hours Closed |
| 04/08/2010 | 4 | 06/07/2010 | 13 | 08/05/2010 | 8 |
| 04/09/2010 | 8 | 06/09/2010 | 12 | 08/09/2010 | 12 |
| 04/12/2010 | 5 | 06/14/2010 | 12 | 08/11/2010 | 2 |
| 04/14/2010 | 12 | 06/16/2010 | 12 | 08/12/2010 | 8 |
| 04/21/2010 | 12 | 06/16/2010 | 12 | 08/16/2010 | 13 |
| 04/28/2010 | 12 | 06/21/2010 | 13 | 08/23/2010 | 12 |
| 05/03/2010 | 13 | 06/23/2010 | 12 | 08/30/2010 | 12 |
| 05/05/2010 | 16 | 06/28/2010 | 12 | 10/10/2010 | 12 |
| 05/06/2010 | 8 | 06/30/2010 | 12 | 10/14/2010 | 4 |
| 05/10/2010 | 12 | 07/02/2010 | 4 | 10/15/2010 | 8 |
| 05/12/2010 | 16 | 07/03/2010 | 24 | 01/01/2011 | 16 |
| 05/13/2010 | 8 | 07/04/2010 | 24 | 01/02/2011 | 24 |
| 05/17/2010 | 13 | 07/05/2010 | 21 | 01/03/2011 | 8 |
| 05/19/2010 | 12 | 07/12/2010 | 12 | **TOTAL TEMPORARY** | **563** |
| 05/24/2010 | 12 | 07/19/2010 | 13 | **TOTAL SCHEDULED** | **0** |
| 05/26/2010 | 12 | 07/26/2010 | 12 | **GRAND TOTAL** | **563** |
| 05/31/2010 | 12 | 08/02/2010 | 13 | | |
| 06/02/2010 | 12 | 08/04/2010 | 4 | | |

| DHA 3: SOLDIER'S MEMORIAL HOSPITAL | | | | | |
|---|---|---|---|---|---|
| Date | Hours Closed | Date | Hours Closed | Date | Hours Closed |
| 04/02/2010 | 13 | 07/07/2010 | 14 | 11/20/2010 | 14 |
| 04/05/2010 | 12 | 07/08/2010 | 12 | 12/03/2010 | 14 |
| 04/09/2010 | 13 | 08/04/2010 | 14 | 12/04/2010 | 12 |
| 04/16/2010 | 12 | 08/06/2010 | 14 | 12/28/2010 | 14 |
| 05/30/2010 | 14 | 08/09/2010 | 14 | 03/15/2011 | 14 |
| 05/30/2010 | 12 | 08/23/2010 | 14 | 03/16/2011 | 12 |
| 06/03/2010 | 14 | 09/04/2010 | 14 | 03/17/2011 | 14 |
| 06/07/2010 | 14 | 09/05/2010 | 12 | **TOTAL TEMPORARY** | **445** |
| 06/10/2010 | 14 | 09/18/2010 | 14 | **TOTAL SCHEDULED** | **0** |
| 06/16/2010 | 14 | 09/20/2010 | 14 | **GRAND TOTAL** | **445** |
| 06/21/2010 | 14 | 09/20/2010 | 12 | | |
| 06/26/2010 | 15 | 10/10/2010 | 14 | | |
| 06/28/2010 | 14 | 10/17/2010 | 14 | | |

# ED Closures by Facility and District

## APRIL 1, 2010 – MARCH 31, 2011

| DHA 3: ANNAPOLIS COMMUNITY HEALTH CENTRE | |
|---|---|
| TOTAL TEMPORARY | 0 |
| TOTAL SCHEDULED* | 1,512 |
| GRAND TOTAL | 1,512 |

* Please refer to 'Summary of Scheduled Closures' page for more information.

**DHA 4: LILLIAN FRASER MEMORIAL HOSPITAL**

| Date | Hours Closed | Date | Hours Closed | Date | Hours Closed |
|---|---|---|---|---|---|
| 04/04/2010 | 8 | 08/22/2010 | 24 | 12/27/2010 | 13 |
| 04/05/2010 | 24 | 08/28/2010 | 24 | 12/28/2010 | 12 |
| 04/09/2010 | 2 | 08/29/2010 | 24 | 12/31/2010 | 24 |
| 04/16/2010 | 2 | 09/02/2010 | 13 | 01/01/2011 | 24 |
| 04/23/2010 | 13 | 09/04/2010 | 24 | 01/02/2011 | 13 |
| 04/30/2010 | 13 | 09/05/2010 | 24 | 01/09/2011 | 13 |
| 05/07/2010 | 2 | 09/09/2010 | 12 | 01/13/2011 | 12 |
| 05/14/2010 | 14 | 09/19/2010 | 24 | 01/14/2011 | 12 |
| 05/15/2010 | 24 | 09/21/2010 | 13 | 01/15/2011 | 24 |
| 05/16/2010 | 24 | 09/26/2010 | 24 | 01/16/2011 | 13 |
| 05/28/2010 | 13 | 09/30/2010 | 24 | 01/21/2011 | 12 |
| 05/29/2010 | 14 | 10/01/2010 | 12 | 01/23/2011 | 13 |
| 06/05/2010 | 13 | 10/04/2010 | 12 | 01/28/2011 | 12 |
| 06/06/2010 | 24 | 10/08/2010 | 3 | 01/29/2011 | 24 |
| 06/13/2010 | 24 | 10/09/2010 | 24 | 01/30/2011 | 13 |
| 06/18/2010 | 13 | 10/10/2010 | 24 | 02/03/2011 | 24 |
| 06/19/2010 | 13 | 10/11/2010 | 24 | 02/06/2011 | 13 |
| 06/20/2010 | 13 | 10/15/2010 | 15 | 02/11/2011 | 4 |
| 07/01/2010 | 24 | 10/16/2010 | 24 | 02/13/2011 | 13 |
| 07/02/2010 | 13 | 10/17/2010 | 24 | 02/18/2011 | 4 |
| 07/03/2010 | 24 | 10/18/2010 | 3 | 02/20/2011 | 13 |
| 07/04/2010 | 24 | 10/24/2010 | 24 | 02/24/2011 | 12 |
| 07/11/2010 | 24 | 10/25/2010 | 3 | 02/27/2011 | 12 |
| 07/18/2010 | 24 | 10/29/2010 | 12 | 03/03/2011 | 12 |
| 07/19/2010 | 13 | 10/30/1200 | 24 | 03/04/2011 | 24 |
| 07/20/2010 | 12 | 11/01/2010 | 3 | 03/05/2011 | 24 |
| 07/24/2010 | 24 | 11/02/2010 | 2 | 03/06/2011 | 24 |
| 07/25/2010 | 24 | 11/11/2010 | 13 | 03/10/2011 | 12 |
| 07/26/2010 | 13 | 11/15/2010 | 3 | 03/11/2011 | 12 |
| 07/27/2010 | 12 | 11/19/2010 | 3 | 03/14/2011 | 12 |
| 07/29/2010 | 13 | 11/21/2010 | 13 | 03/18/2011 | 24 |
| 07/30/2010 | 13 | 11/26/2010 | 3 | 03/19/2011 | 24 |
| 07/31/2010 | 24 | 11/28/2010 | 13 | 03/20/2011 | 24 |
| 08/04/1200 | 24 | 12/03/2010 | 12 | 03/21/2011 | 12 |
| 08/06/2010 | 24 | 12/13/2010 | 13 | 03/24/2011 | 4 |
| 08/07/2010 | 24 | 12/17/2010 | 24 | 03/25/2011 | 16 |
| 08/08/2010 | 24 | 12/18/2010 | 24 | 03/26/2011 | 24 |
| 08/10/2010 | 13 | 12/19/2010 | 13 | **TOTAL TEMPORARY** | **1,952** |
| 08/11/2010 | 24 | 12/20/2010 | 13 | **TOTAL SCHEDULED** | **0** |
| 08/13/2010 | 13 | 12/24/2010 | 24 | | |
| 08/14/2010 | 12 | 12/25/2010 | 24 | | |
| 08/15/2010 | 13 | 12/26/2010 | 13 | **GRAND TOTAL** | **1,952** |

# ED Closures by Facility and District

## APRIL 1, 2010 – MARCH 31, 2011

**DHA 5: ALL SAINTS SPRINGHILL HOSPITAL**

| Date | Hours Closed |
|---|---|
| 08/03/2010 | 16 |
| 08/04/2010 | 8 |
| 08/10/2010 | 16 |
| 08/11/2010 | 8 |
| 08/17/2010 | 12 |
| 08/24/2010 | 12 |
| 08/26/2010 | 12 |
| 08/31/2010 | 12 |
| 09/02/2010 | 12 |
| 09/03/2010 | 12 |
| 09/17/2010 | 16 |
| 09/18/2010 | 8 |
| 09/20/2010 | 4 |
| 09/21/2010 | 8 |
| 09/23/2010 | 4 |
| 09/24/2010 | 12 |
| 09/25/2010 | 8 |
| 09/27/2010 | 4 |
| 09/28/2010 | 8 |
| 09/29/2010 | 4 |
| 09/30/2010 | 8 |
| 10/01/2010 | 4 |
| 10/02/2010 | 8 |
| 10/05/2010 | 4 |
| 10/06/2010 | 8 |
| 10/07/2010 | 4 |
| 10/08/2010 | 12 |
| 10/09/2010 | 8 |
| 10/13/2010 | 4 |
| 10/14/2010 | 12 |
| 10/15/2010 | 12 |
| 10/16/2010 | 8 |
| 10/19/2010 | 4 |
| 10/20/2010 | 12 |
| 10/21/2010 | 8 |
| 10/22/2010 | 4 |
| 10/23/2010 | 8 |
| 10/27/2010 | 4 |
| 10/28/2010 | 12 |
| 10/29/2010 | 12 |
| 10/30/2010 | 8 |
| 11/02/2010 | 4 |
| 11/03/2010 | 12 |
| 11/04/2010 | 12 |
| 11/05/2010 | 8 |
| 11/09/2010 | 4 |
| 11/10/2010 | 8 |
| 11/12/2010 | 4 |
| 11/13/2010 | 8 |
| 11/15/2010 | 4 |
| 11/16/2010 | 12 |
| 11/17/2010 | 8 |
| 11/18/2010 | 4 |
| 11/19/2010 | 8 |
| 11/23/2010 | 4 |
| 11/24/2010 | 8 |
| 11/25/2010 | 4 |
| 11/26/2010 | 12 |
| 11/27/2010 | 8 |
| 11/30/2010 | 4 |
| 12/01/2010 | 8 |
| 12/02/2010 | 4 |
| 12/03/2010 | 4 |
| 12/04/2010 | 8 |
| 12/06/2010 | 4 |
| 12/07/2010 | 12 |
| 12/08/2010 | 8 |
| 12/09/2010 | 4 |
| 12/10/2010 | 12 |
| 12/11/2010 | 8 |
| 12/13/2010 | 4 |
| 12/14/2010 | 12 |
| 12/15/2010 | 12 |
| 12/16/2010 | 12 |
| 12/17/2010 | 8 |
| 12/21/2010 | 4 |
| 12/22/2010 | 12 |
| 12/23/2010 | 12 |
| 12/24/2010 | 12 |
| 12/25/2010 | 8 |
| 12/27/2010 | 4 |
| 12/28/2010 | 8 |
| 12/29/2010 | 4 |
| 12/30/2010 | 12 |
| 12/31/2010 | 12 |
| 01/01/2011 | 8 |
| 01/04/2011 | 4 |
| 01/05/2011 | 8 |
| 01/06/2011 | 4 |
| 01/07/2011 | 12 |
| 01/08/2011 | 8 |
| 01/11/2011 | 4 |
| 01/12/2011 | 8 |
| 01/13/2011 | 4 |
| 01/14/2011 | 12 |
| 01/15/2011 | 8 |
| 01/17/2011 | 4 |
| 01/18/2011 | 12 |
| 01/19/2011 | 8 |
| 01/20/2011 | 4 |
| 01/21/2011 | 12 |
| 01/22/2011 | 8 |
| 01/24/2011 | 6 |
| 01/25/2011 | 12 |
| 01/26/2011 | 8 |
| 01/27/2011 | 4 |
| 01/28/2011 | 12 |
| 01/29/2011 | 8 |
| 01/31/2011 | 4 |
| 02/01/2011 | 12 |
| 02/02/2011 | 8 |
| 02/03/2011 | 4 |
| 02/04/2011 | 24 |
| 02/05/2011 | 8 |
| 02/08/2011 | 4 |
| 02/09/2011 | 12 |
| 02/10/2011 | 12 |
| 02/11/2011 | 12 |
| 02/12/2011 | 8 |
| 02/15/2011 | 4 |
| 02/16/2011 | 8 |
| 02/17/2011 | 4 |
| 02/18/2011 | 12 |
| 02/19/2011 | 8 |
| 02/22/2011 | 4 |
| 02/23/2011 | 8 |
| 02/24/2011 | 16 |
| 02/25/2011 | 12 |
| 02/26/2011 | 8 |
| 03/01/2011 | 4 |
| 03/02/2011 | 8 |
| 03/03/2011 | 4 |
| 03/04/2011 | 12 |
| 03/05/2011 | 8 |
| 03/08/2011 | 4 |
| 03/09/2011 | 8 |
| 03/10/2011 | 4 |
| 03/11/2011 | 12 |
| 03/12/2011 | 8 |
| 03/15/2011 | 4 |
| 03/16/2011 | 8 |
| 03/17/2011 | 4 |
| 03/18/2011 | 12 |
| 03/19/2011 | 8 |
| 03/21/2011 | 4 |
| 03/22/2011 | 8 |
| 03/24/2011 | 4 |
| 03/25/2011 | 12 |
| 03/26/2011 | 8 |
| 03/29/2011 | 4 |
| 03/30/2011 | 8 |
| 03/31/2011 | 4 |
| **TOTAL TEMPORARY** | **1,234** |
| **TOTAL SCHEDULED** | **0** |
| **GRAND TOTAL** | **1,234** |

# ED Closures by Facility and District

## APRIL 1, 2010 – MARCH 31, 2011

**DHA 5: NORTH CUMBERLAND MEMORIAL HOSPITAL**

| Date | Hours Closed |
|---|---|
| 04/21/2010 | 12 |
| 05/05/2010 | 12 |
| 05/07/2010 | 12 |
| 05/19/2010 | 12 |
| 07/02/2010 | 16 |
| 07/03/2010 | 8 |
| 07/05/2010 | 16 |
| 07/06/2010 | 24 |
| 07/07/2010 | 8 |
| 07/16/2010 | 16 |
| 07/17/2010 | 8 |
| 07/19/2010 | 12 |
| 07/20/2010 | 12 |
| 07/23/2010 | 16 |
| 07/24/2010 | 8 |
| 07/28/2010 | 12 |
| 07/29/2010 | 16 |
| 07/30/2010 | 20 |
| 08/03/2010 | 16 |
| 08/04/2010 | 24 |
| 08/05/2010 | 8 |
| 08/11/2010 | 12 |
| 08/12/2010 | 16 |
| 08/13/2010 | 8 |
| 08/17/2010 | 16 |
| 08/19/2010 | 8 |
| 08/23/2010 | 16 |
| 08/24/2010 | 8 |
| 08/25/2010 | 12 |
| 09/01/2010 | 4 |
| 09/02/2010 | 8 |
| 09/08/2010 | 4 |
| 09/09/2010 | 8 |
| 09/10/2010 | 16 |
| 09/11/2010 | 8 |
| 09/15/2010 | 16 |
| 09/16/2010 | 20 |
| 09/22/2010 | 4 |
| 09/23/2010 | 8 |
| 09/28/2010 | 16 |
| 09/29/2010 | 8 |
| 09/30/2010 | 16 |
| 10/01/2010 | 8 |
| 10/07/2010 | 4 |
| 10/08/2010 | 24 |
| 10/09/2010 | 8 |
| 10/20/2010 | 4 |
| 10/21/2010 | 8 |
| 10/26/2010 | 16 |
| 10/27/2010 | 8 |
| 11/15/2010 | 6 |
| 11/16/2010 | 8 |
| 12/26/2010 | 16 |
| 12/27/2010 | 8 |
| 12/31/2010 | 16 |
| 01/01/2011 | 8 |
| 01/02/2011 | 4 |
| 01/03/2011 | 8 |
| 01/07/2011 | 12 |
| 01/12/2011 | 16 |
| 01/13/2011 | 20 |
| 01/19/2011 | 12 |
| 01/28/2011 | 16 |
| 01/29/2011 | 8 |
| 02/04/2011 | 12 |
| 02/25/2011 | 16 |
| 02/26/2011 | 8 |
| 03/18/2011 | 16 |
| 03/19/2011 | 8 |
| 03/25/2011 | 12 |
| **TOTAL TEMPORARY** | **854** |
| **TOTAL SCHEDULED** | **0** |
| **GRAND TOTAL** | **854** |

**DHA 5: SOUTH CUMBERLAND COMMUNITY CARE CENTRE**

| Date | Hours Closed |
|---|---|
| 04/06/2010 | 16 |
| 04/07/2010 | 20 |
| 04/14/2010 | 18 |
| 04/15/2010 | 8 |
| 04/26/2010 | 16 |
| 04/27/2010 | 8 |
| 04/29/2010 | 12 |
| 05/03/2010 | 16 |
| 05/04/2010 | 24 |
| 05/05/2010 | 15 |
| 05/19/2010 | 7 |
| 05/20/2010 | 11 |
| 05/25/2010 | 16 |
| 05/26/2010 | 8 |
| 06/03/2010 | 11 |
| 06/09/2010 | 10 |
| 06/10/2010 | 19 |
| 07/09/2010 | 11 |
| 07/19/2010 | 16 |
| 07/20/2010 | 8 |
| 07/27/2010 | 16 |
| 07/28/2010 | 8 |
| 08/03/2010 | 11 |
| 08/11/2010 | 11 |
| 08/16/2010 | 16 |
| 08/17/2010 | 8 |
| 08/18/2010 | 16 |
| 08/19/2010 | 8 |
| 10/06/2010 | 11 |
| 10/13/2010 | 5 |
| 11/08/2010 | 16 |
| 11/09/2010 | 8 |
| 11/10/2010 | 10 |
| 11/11/2010 | 8 |
| 12/03/2010 | 5 |
| 12/10/2010 | 7 |
| 12/11/2010 | 24 |
| 12/12/2010 | 19 |
| 12/22/2010 | 16 |
| 12/23/2010 | 8 |
| 02/04/2011 | 16 |
| 02/05/2011 | 8 |
| **TOTAL TEMPORARY** | **525** |
| **TOTAL SCHEDULED** | **0** |
| **GRAND TOTAL** | **525** |

# ED Closures by Facility and District

## APRIL 1, 2010 – MARCH 31, 2011

| DHA 8: GLACE BAY HOSPITAL | |
|---|---|
| Date | Hours Closed |
| 04/03/2010 | 14 |
| 04/04/2010 | 14 |
| 04/30/2010 | 14 |
| 05/01/2010 | 14 |
| 05/08/2010 | 14 |
| 05/21/2010 | 14 |
| 05/22/2010 | 8 |
| 05/25/2010 | 14 |
| 05/30/2010 | 14 |
| 06/11/2010 | 14 |
| 06/13/2010 | 14 |
| 06/19/2010 | 8 |
| 06/20/2010 | 8 |
| 07/02/2010 | 14 |
| 07/03/2010 | 14 |

| Date | Hours Closed |
|---|---|
| 08/04/2010 | 14 |
| 08/10/2010 | 14 |
| 09/05/2010 | 14 |
| 09/17/2010 | 14 |
| 09/25/2010 | 20 |
| 09/26/2010 | 8 |
| 10/01/2010 | 14 |
| 10/23/2010 | 8 |
| 10/30/2010 | 14 |
| 11/02/2010 | 14 |
| 11/03/2010 | 14 |
| 11/07/2010 | 14 |
| 11/08/2010 | 14 |
| 11/09/2010 | 14 |
| 11/17/2010 | 14 |

| Date | Hours Closed |
|---|---|
| 12/18/2010 | 14 |
| 12/29/2010 | 14 |
| 12/30/2010 | 14 |
| 01/01/2011 | 14 |
| 01/02/2011 | 14 |
| 01/03/2011 | 14 |
| 01/16/2011 | 8 |
| 01/21/2011 | 14 |
| 01/29/2011 | 14 |
| 01/31/2011 | 14 |
| 02/01/2011 | 26 |
| 02/03/2011 | 14 |
| 02/04/2011 | 14 |
| 02/05/2011 | 14 |
| 02/12/2011 | 14 |

| Date | Hours Closed |
|---|---|
| 02/14/2011 | 14 |
| 02/19/2011 | 8 |
| 03/01/2011 | 14 |
| 03/02/2011 | 14 |
| 03/06/2011 | 24 |
| 03/16/2011 | 14 |
| 03/19/2011 | 38 |
| 03/22/2011 | 14 |
| 03/26/2011 | 14 |
| 03/27/2011 | 14 |
| **TOTAL TEMPORARY** | **780** |
| **TOTAL SCHEDULED** | **0** |
| **GRAND TOTAL** | **780** |

| DHA 8: NEW WATERFORD CONSOLIDATED HOSPITAL | |
|---|---|
| Date | Hours Closed |
| 04/03/2010 | 27 |
| 04/10/2010 | 12 |
| 04/16/2010 | 16 |
| 04/24/2010 | 11 |
| 04/25/2010 | 14 |
| 05/01/2010 | 11 |
| 05/02/2010 | 14 |
| 05/04/2010 | 16 |
| 05/07/2010 | 63 |
| 05/15/2010 | 11 |
| 05/16/2010 | 35 |
| 05/22/2010 | 11 |
| 05/23/2010 | 25 |
| 05/28/2010 | 29 |
| 05/30/2010 | 14 |
| 06/04/2010 | 15 |
| 06/05/2010 | 36 |
| 06/08/2010 | 21 |
| 06/12/2010 | 11 |
| 06/13/2010 | 14 |
| 06/19/2010 | 11 |
| 06/20/2010 | 14 |

| Date | Hours Closed |
|---|---|
| 06/26/2010 | 11 |
| 06/27/2010 | 14 |
| 07/02/2010 | 12 |
| 07/03/2010 | 35 |
| 07/11/2010 | 11 |
| 07/16/2010 | 12 |
| 07/18/2010 | 15 |
| 07/31/2010 | 11 |
| 08/01/2010 | 14 |
| 08/14/2010 | 36 |
| 08/28/2010 | 12 |
| 08/29/2010 | 13 |
| 09/12/2010 | 12 |
| 09/19/2010 | 11 |
| 10/01/2010 | 12 |
| 10/02/2010 | 35 |
| 10/09/2010 | 35 |
| 10/16/2010 | 11 |
| 10/17/2010 | 14 |
| 10/23/2010 | 11 |
| 10/24/2010 | 14 |
| 10/30/2010 | 11 |

| Date | Hours Closed |
|---|---|
| 10/31/2010 | 14 |
| 11/06/2010 | 11 |
| 11/07/2010 | 14 |
| 11/13/2010 | 22 |
| 11/14/2010 | 9 |
| 11/21/2010 | 15 |
| 12/03/2010 | 29 |
| 12/04/2010 | 14 |
| 12/18/2010 | 11 |
| 12/19/2010 | 14 |
| 12/25/2010 | 6 |
| 12/26/2010 | 11 |
| 12/28/2010 | 26 |
| 12/31/2010 | 12 |
| 01/01/2011 | 9 |
| 01/15/2011 | 11 |
| 01/16/2011 | 14 |
| 01/22/2011 | 11 |
| 01/23/2011 | 14 |
| 01/29/2011 | 11 |
| 01/30/2011 | 14 |
| 02/05/2011 | 23 |

| Date | Hours Closed |
|---|---|
| 02/12/2011 | 11 |
| 02/13/2011 | 14 |
| 02/19/2011 | 11 |
| 02/20/2011 | 14 |
| 02/26/2011 | 11 |
| 02/27/2011 | 14 |
| 03/05/2011 | 11 |
| 03/06/2011 | 14 |
| 03/09/2011 | 17 |
| 03/12/2011 | 11 |
| 03/13/2011 | 25 |
| 03/16/2011 | 26 |
| 03/18/2011 | 12 |
| 03/19/2011 | 10 |
| 03/20/2011 | 12 |
| 03/26/2011 | 11 |
| 03/27/2011 | 14 |
| **TOTAL TEMPORARY** | **1,346** |
| **TOTAL SCHEDULED** | **510** |
| **GRAND TOTAL** | **1,856** |

# ED Closures by Facility and District

## APRIL 1, 2010 – MARCH 31, 2011

| DHA 8: NORTHSIDE GENERAL HOSPITAL | |
|---|---|
| Date | Hours Closed |
| 04/03/2010 | 27 |
| 04/12/2010 | 16 |
| 05/01/2010 | 16 |
| 05/09/2010 | 16 |
| 05/10/2010 | 16 |
| 05/15/2010 | 16 |
| 05/17/2010 | 16 |
| 05/18/2010 | 16 |
| 05/21/2010 | 16 |
| 05/22/2010 | 16 |
| 05/26/2010 | 16 |
| 05/29/2010 | 16 |
| 05/30/2010 | 16 |
| 05/31/2010 | 16 |
| 06/01/2010 | 16 |
| 06/04/2010 | 26 |
| 06/05/2010 | 16 |
| 06/06/2010 | 16 |
| 06/07/2010 | 16 |
| 06/11/2010 | 12 |
| 06/12/2010 | 16 |
| 06/13/2010 | 16 |
| 06/14/2010 | 16 |
| 06/15/2010 | 16 |
| 06/18/2010 | 16 |
| 06/27/2010 | 16 |
| 07/03/2010 | 16 |
| 07/04/2010 | 16 |
| 07/06/2010 | 16 |
| 08/05/2010 | 16 |
| 08/28/2010 | 16 |
| 09/01/2010 | 16 |
| 09/03/2010 | 16 |
| 09/04/2010 | 16 |
| 09/10/2010 | 16 |
| 09/18/2010 | 16 |
| 09/19/2010 | 16 |
| 09/26/2010 | 16 |
| 10/02/2010 | 26 |
| 10/03/2010 | 16 |
| 10/04/2010 | 16 |
| 10/05/2010 | 16 |
| 10/09/2010 | 40 |
| 10/11/2010 | 16 |
| 10/17/2010 | 16 |
| 11/01/2010 | 16 |
| 11/02/2010 | 16 |
| 11/04/2010 | 16 |
| 11/06/2010 | 16 |
| 11/14/2010 | 26 |
| 11/15/2010 | 16 |
| 11/17/2010 | 16 |
| 11/24/2010 | 16 |
| 12/29/2010 | 16 |
| 01/02/2011 | 16 |
| 01/19/2011 | 16 |
| 01/30/2011 | 16 |
| 02/01/2011 | 26 |
| 02/04/2011 | 16 |
| 02/06/2011 | 16 |
| 02/11/2011 | 16 |
| 02/13/2011 | 26 |
| 02/19/2011 | 40 |
| 02/25/2011 | 16 |
| 02/27/2011 | 16 |
| 03/02/2011 | 16 |
| 03/03/2011 | 16 |
| 03/05/2011 | 16 |
| 03/06/2011 | 16 |
| 03/08/2011 | 16 |
| 03/11/2011 | 16 |
| 03/13/2011 | 26 |
| 03/15/2011 | 16 |
| 03/17/2011 | 26 |
| 03/20/2011 | 16 |
| 03/24/2011 | 8 |
| 03/25/2011 | 16 |
| 03/29/2011 | 12 |
| **TOTAL TEMPORARY** | **1,361** |
| **TOTAL SCHEDULED** | **510** |
| **GRAND TOTAL** | **1,871** |

| DHA 9: MUSQUODOBOIT VALLEY MEMORIAL | |
|---|---|
| **TOTAL TEMPORARY** | **0** |
| **TOTAL SCHEDULED*** | **3,900** |
| **GRAND TOTAL** | **3,900** |

*Please refer to 'Summary of Scheduled Closures' page for more information.