Better Care Sooner

the plan to improve emergency care

NOVA SCOTIA

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December 2010

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Contents

Message from the Minister

Emergency room problems have plagued Nova Scotia's health-care system for many years.

The problems are well-known—long waits; emergency room closures; frustrated emergency room doctors, nurses, and paramedics; improper treatment of the frail elderly; a public that has lost confidence in the system. Some of the people waiting in emergency room hallways need access to a health-care provider but not the expensive critical care that an emergency room is designed to provide.

Our government made a commitment to address these problems to keep emergency rooms open, to reduce waits for patients, and to provide better care for today's families.

We hired as our provincial advisor Dr. John Ross, an experienced emergency room doctor who had the courage to speak out publicly in an effort to get the government of the day to address the overcrowding at the province's largest and busiest emergency room.

Dr. Ross's report, with its 26 recommendations, is a road map to better health care sooner. As Minister of Health, I accept all of the report's recommendations and I am ready to act on their implementation starting with:

- Collaborative Emergency Centres that result in faster, quality care by nurses, doctors, and other health-care providers like social workers
- expanding province-wide training of our paramedics to save lives in ambulances by giving patients clot-busting drugs
- better communication with and care for patients while they wait in crowded emergency rooms
- better assessment and treatment of our seniors and mentally ill in emergency rooms
- new nurse practitioners in nursing homes to decrease the need for elderly people to go to the emergency room for ailments that can be assessed and treated on site

Through this plan there are many goals we want to reach. It won't be easy. It won't happen overnight. It will require strong leadership from health-care providers, community members, and all of us working together to make this change.

Maureen MacDonald,
Minister of Health

Introduction

Doctors, nurses, paramedics, and all health-care workers in Nova Scotia are extremely committed and care deeply about their patients. In turn, patients value and respect the people who work in health care, but they are frustrated by the system.

In a nutshell, people are waiting too long for primary and emergency health care. They expect and deserve better.

Our government is committed to providing Better Care Sooner. This means reducing wait times and keeping emergency rooms open. Getting to where we want to be starts with understanding the underlying causes of why the primary and emergency care system are not working.

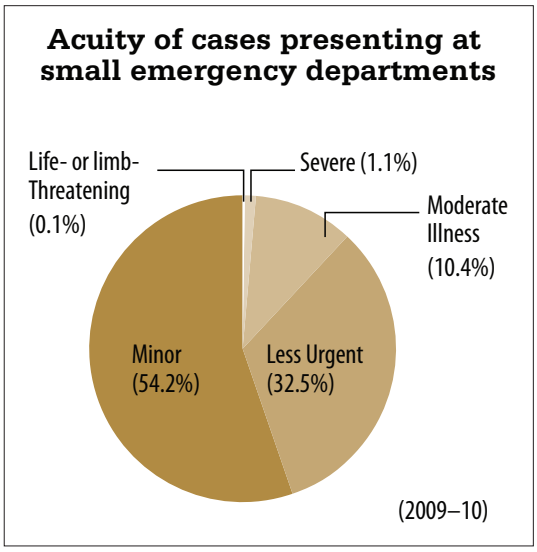
1. People wait too long to see a doctor.

In smaller communities, people may wait weeks to see a doctor or other health-care provider. For a mom worrying about a sick child, for a senior whose chronic condition worsens as he waits, for anyone—this is unacceptable.

Some people wait six or seven weeks to get an appointment to see their family doctor.

2. People go to their local emergency departments because they have no other choice.

In smaller communities, just one or two of every hundred people who come to the emergency room have severe or life-threatening conditions. Nighttime visits are also rare, with several smaller hospitals averaging about one patient per night. Many family practices are open Monday to Friday, from 9:00 am – 5:00 pm and same or next day appointments are difficult to arrange, making it challenging for some people to see a family doctor quickly when they need to. In these situations, an emergency room is their only choice.



3. People are worried that when they need ER care it won't be there.

For people who have a severe or life-threatening condition, they must have access to quality emergency care, quickly, whenever they need it. Now, with ER closures announced almost weekly in some communities, they do not feel like they have that assurance. They fear that if the ER closes, other services they value in their small hospital will be in jeopardy.

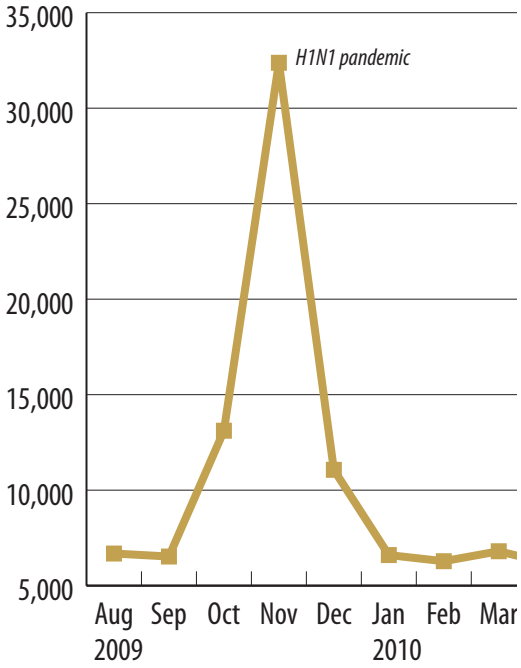
Many smaller communities are fearful of losing their hospital. Better Care Sooner is rooted in an understanding of how much people value their hospital, and is intended to strengthen and enhance the services that can be offered from within it.

Scheduled and Unscheduled ER Closures, 2009–10	
Unscheduled Closures	10,398 hours
Scheduled Closures	8,718 hours
TOTAL HOURS CLOSED	**19,116 hours**

4. People are confused about whom to call or where to go when they have a health question or concern.

Many Nova Scotians are unaware of the 811 service. And, they are confused about ambulance fees and when to call 911.

Total calls for 811 nurse line



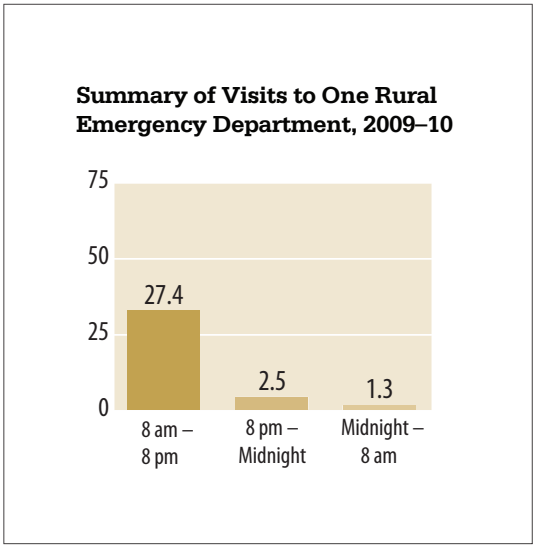
5. Doctors and nurses trained in emergency care, and other health-care workers, are in short supply.

About seven per cent of Nova Scotians don't have access to a family doctor.

While Nova Scotia has the highest number of specialists and family doctors per capita in Canada, they are not necessarily located where they are needed most. This is one of the main reasons that emergency rooms close unexpectedly, causing confusion for Nova Scotians who don't know when or if their ER is open, and delaying their care.

6. Doctors, nurses, and other health-care workers in smaller communities are expected to work at times when few patients need them.

We must make the very best use of the time and talent of our doctors, nurses, and everyone who provides care for patients. We simply cannot afford to have doctors on call or paid waiting for patients who seldom arrive. We need to consider a better use of their time to ensure they are available to patients, and work with other health professionals as part of a team, during the day and when they are needed most.



7. Larger emergency rooms are overcrowded, and care is organized more around the needs of the system than the patient.

Some people now wait more than eight hours to move through the emergency department to a hospital bed, nursing home, or back home.

People needing care in our larger emergency departments are waiting too long. Emergency departments are overcrowded because they are not designed or organized for optimum patient flow and treatment. And, emergency departments are being used as an entry-way into the health-care system for non-emergency patients who need access to a specialist or by seniors who can't get the primary care they need. Emergency departments need to be organized and managed differently, focused on the needs of the patients.

This means patients must be moved through the emergency departments as quickly as possible instead of laying under bright lights on a stretcher or in an uncomfortable chair for hours. This delays the care they need, and the care of others behind them in the queue.

Patients also need to be treated in a way that respects the anxiety—and pain and discomfort—they are feeling when they come to the ER. This is particularly true for seniors, people with mental illness, and others who are most vulnerable or who have complex needs.

The time has come to organize emergency care in a way that delivers better care sooner to everyone who needs it. This is what our plan is all about.

Better Care Sooner

The root of our ER problems is not financial. So the solution is not to add more money. The way for Nova Scotia's emergency care system to move forward is to do things differently—using our resources more strategically.

To improve emergency care in Nova Scotia the Better Care Sooner plan will:

1. Improve Access to Doctors, Nurses, and Other Health Care Professionals

2. Make Emergency Care More Streamlined and Patient-Centred

3. Provide Better Care for Seniors, People with Mental Illness, and Others with Complex Needs

4. Increase Public Use of the 811 nurse line and 911 in Urgent Situations and Emergencies

5. Funding for Performance and Quality Care

Our plan is based on comprehensive minimum emergency care standards that set and raise the bar for quality care. The standards describe, in clinical terms, what Better Care Sooner means. They also will give people across the province access to a consistent, predictable quality of care.

Standards start with access. Nova Scotians will be able to access emergency care in a number of ways.

Provincial Emergency Department

The IWK and QEII in Halifax provide the full range of emergency care services for people across the province.

Regional Emergency Department

These are the larger hospitals within districts where patients from smaller hospitals are often referred.

Community Emergency Departments

These emergency departments can receive people by ambulance for certain conditions, although ambulances go directly to the regional hospitals for life-threatening conditions such as major trauma and stroke.

Collaborative Emergency Centres

The doctors and care teams here focus on treating people with moderate and minor illness and injuries. However, care is also accessible at the hospital to anyone at any time who believes they have an urgent medical problem.

911 Emergency Health Services

Paramedics can assess patients and begin stabilizing patients immediately. They are trained and equipped to offer a wide range of pre-hospital care, from the delivery of clot-busting medication for someone having a heart attack, to stabilizing trauma patients.

811 nurse line

Registered nurses can provide anyone with health advice at any time.

The standards also focus on

- triage so all patients entering an emergency department are assessed the same way. That includes checking vital signs, monitoring pain levels, watching for self-harm or threatening behaviors, and repeating assessments on a regular basis.
- transfers among hospitals so patients are in the hospital with the staff and equipment most appropriate to their needs.
- staff qualifications and quality reviews so training and support plans are developed and monitored.

- hospital performance relating to factors such as the maximum amount of time patients should be in the emergency department.
- district health authority performance to deal with issues relating to quality and safety, as well as their ability to respond to a disaster or mass casualty event.
- patient satisfaction so hospitals can learn about and continue to improve the patient's experience.
- equipment so the care teams at each hospital have what they need to assess and treat the patients they see.

This plan is rooted in the expert advice of provincial emergency care advisor, Dr. John Ross. Dr. Ross listened to the ideas of hundreds of Nova Scotians, and went to every emergency room in the province. His experience, expertise, and integrity in his main report and standards have been critical in helping us make the right decisions to provide Better Care Sooner. We agree with all 26 of his recommendations.

Improve Access to Doctors, Nurses, and Other Health Care Professionals

Access to primary care in smaller communities is a priority. Improving access to primary care will also relieve pressure in emergency rooms.

"The use of rural Emergency Departments will naturally decrease with better access to primary care."

Dr. John Ross

Primary health care is usually the first place patients go when they need health advice or care and it is the place responsible for co-ordinating the access to other parts of the health care system. Examples include visits to family doctors, nurses, nurse practitioners and mental health workers; telephone calls to health information lines; and advice received from pharmacists. It is also the best part of the health care system to prevent illness and injury and promote good health.

Musquodoboit Valley Memorial Hospital:

In the summer of 2009, with only 2 physicians to staff the hospital, Capital Health knew that it could not continue to meet the needs of patients in the area. The community had been very unhappy with chronic ER closures and long waits to see a family physician or nurse practitioner. After reviewing the data of when and how patients accessed service at MVMH—which showed that only 2.9 per cent of patients came to the hospital after midnight—a new model of care was developed. The solution was to operate the emergency department from 8 a.m. to 5 p.m. Monday to Friday, in conjunction with a collaborative care clinic, and to have 24 hour access to the emergency department on Saturdays and Sundays. Following public consultations, the model was further enhanced to provide same-day appointments with family physicians, to improve access to primary care. The result is more satisfied family physicians who had input into the solution and now have greater control over their work life, and patients who appreciate the stable and predictable service. The new model has also helped to recruit additional physicians to support the service.

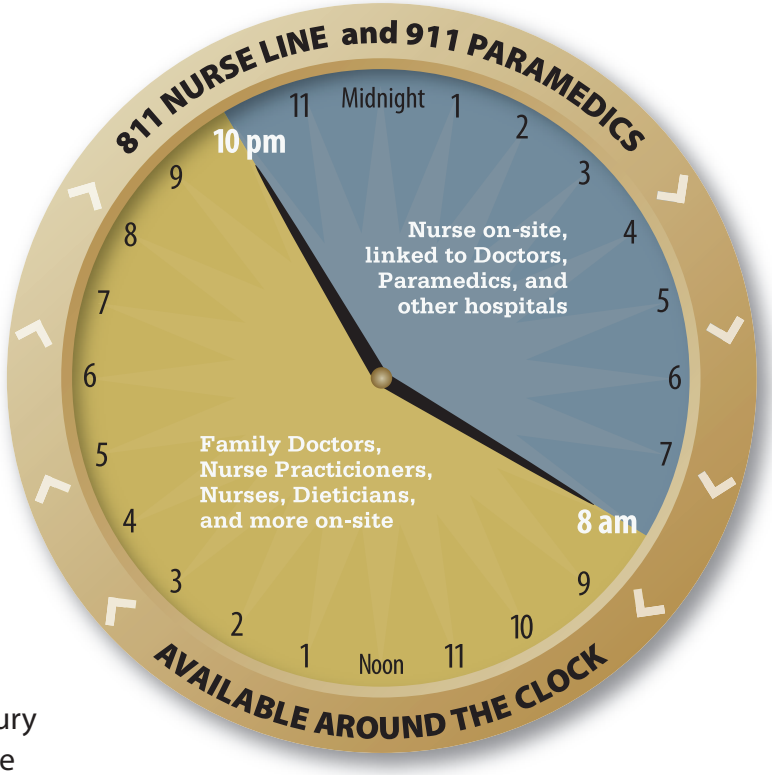
Musquodobit Valley Memorial is a good example of a site ready to move to a Collaborative Emergency Centre model.

Better Care Sooner will build on the progress in this community, and bring improvements in primary and emergency care to hospitals across the province.

Collaborative Emergency Centres are intended to match the level of services with the needs of their communities. While patients will have access to emergency care around the clock, the members of the care teams, the levels of service, and the hours those services are provided may vary, tailored to community needs. The clock graphic at right presents one example.

As is currently the case within our hospitals, the people working in the Collaborative Emergency Centres have the training, experience, and equipment best suited to treat moderate and minor injury and illness as defined by the Canadian Triage and Acuity Scale (CTAS). This includes illnesses requiring X-rays, blood, urine, or other specimen testing, broken bones, cuts, and minor burns or injuries (CTAS 3–5). Further, the vast majority of patients who are coming to these hospital emergency rooms now arrive with these types of injuries and illnesses.

When doctors see few severe or life-threatening emergencies, they do not have the opportunity to practice their emergency care skills. Therefore, their experience, and often their interest, is better matched to meeting the primary care needs of their patients. Staff qualifications, as defined in the standards of care, include a requirement to be familiar with issues relating to mental health disorders, rapid risk assessment, and substance abuse.



Better Care Sooner: Access to Health Care 24/7

CTAS 1: life- or limb-threatening

CTAS 2: severe pain or unstable vital signs

CTAS 3: moderate illness that may require tests

CTAS 4: bone fracture or large cuts

CTAS 5: minor injury

OBJECTIVE:

Improve access to emergency care.

ACTIONS:

- New Collaborative Emergency Centres will be created in smaller communities across the province. Services in each centre will match the needs of the individual communities, while sharing common features:
  - same- or next-day medical appointments
  - collaborative care teams (a mix of professionals who work in primary care) working closely together—ideally under one roof
  - extended hours and expanded services for primary care
  - 24–7 access to emergency care
  - access, equipment, training, and other features of the emergency centre will be based on the standards for quality care
- Patients who have serious or life-threatening conditions will have better access to emergency care through better access to paramedics and ambulance services (see page 21).
- Patients will have access to a nurse on-site at night who can do preliminary assessments and link with doctors, paramedics, and other hospitals through innovative on-call systems. This will include expanding the use of health technology to improve physician consultation at a distance between larger and smaller centres. We will also increase use of technology between physicians and paramedics so they will have more direct communication with emergency doctors via computer, radios, and telephone access as they triage and treat patients.
- Paramedics will play a bigger role in care for seniors in their homes, and in providing care to patients in nursing homes.

OBJECTIVE:

Better access to primary care.

ACTIONS:

- A Physician Resource Plan will be developed to identify physician numbers needed according to specialty and location across the province. For example, while the province has more doctors per capita than the national average, some rural communities are struggling to recruit and retain family doctors. As well, the province has about an equal number of general practitioners and specialists. The Physician Resource Plan will help determine the right balance between generalists and specialists, so the province's investment in training doctors is matched to areas of greatest need. A request for proposals to lead this work will be issued in early 2011. This will be part of the larger health human resource plan, to ensure all hospitals have the staff, with the appropriate training, to meet their communities' needs.
- The Emergency Room Protection Fund will be used to help hospitals find doctors for hard-to-fill shifts.
- Nine additional nurse practitioners will be hired next year to improve access to primary care.
- Working with the District Health Authorities and communities, we will begin in 2011 by setting up Collaborative Emergency Centres across the province. Sites will be selected based on input from communities and where the need and interest are greatest.
- The Department of Health will develop clear policies to guide District Health Authorities as they work with communities in matching the appropriate services—and hours to operate those services—to meet their needs.

Make Emergency Care More Streamlined and Patient-Centred

Emergency care in larger hospitals will become more patient-centred and streamlined, providing assessment and care, to move patients out of the emergency room as efficiently and quickly as possible.

The health care system should alleviate a patient's distress—not worsen it. That is where Better Care Sooner comes in. Our plan will make the journey a better one for patients, their families, and loved ones. It streamlines the system to reduce waits so people get to see a doctor or specialist, or get into hospital or back home, as quickly as possible. It also ensures that everything that happens once they enter the health-care system has one purpose in mind: to provide Better Care Sooner.

OBJECTIVE:

Provide consistent, safe, quality care.

ACTION:

- Government is adopting province-wide emergency care standards, proposed by Dr. John Ross. These standards will ensure hospitals have minimum requirements for patient access, triage, patient transfer, staffing qualifications, equipment, and site performance. The first step is to determine where emergency departments are now in relation to these standards, and where adjustments are necessary to improve patient flow and meet the needs of communities.

OBJECTIVE:

Get people off ambulance stretchers and into the ER more quickly.

ACTION:

- The amount of time it takes to "off-load" an ambulance in Nova Scotia will improve. The quicker patients make it to the emergency department the faster they can be seen by someone—and the sooner the ambulance can get back on the road. The minister has directed every District Health Authority to submit a plan within six months on how they will meet this goal within their district.

OBJECTIVE:

Move people through the emergency room more quickly.

ACTIONS:

- Total lengths of stay in emergency departments should be no longer than what are defined in the standards for emergency care. Every regional hospital has been asked for a plan to make this happen.

Patients with severe or life-threatening conditions should not be in the emergency department for more than eight hours, 90 per cent of the time. Patients with moderate or minor conditions should not be in the emergency department for more than four hours, 90 per cent of the time. No patient should remain for more than 24 hours from triage to departure.

- District Health Authorities will develop plans to stream patients more effectively to special purpose areas for assessment and treatment, based on their needs. Equipment for common procedures and appropriate staff can then be within these areas, providing Better Care Sooner. As well, the layout and structure of emergency rooms will be assessed to determine what physical changes to the space can be made to help make the patient's stay within the emergency department as short, safe, and comfortable as possible.

Streamlining the arrival of patients in emergency rooms will reduce wait times. This is already happening at the province's largest hospital, the Halifax Infirmary, where the new Rapid Assessment Unit (opened in fall 2010) takes in patients from across the province directly rather than forcing them to go through the emergency room. A 13-bed Intermediate Care Unit has been created, and eight new general medicine beds have opened at the Halifax Infirmary, all of which will help get patients admitted from the emergency department faster. The Cape Breton District Health Authority intentionally keeps vacant beds so that patients who need to be admitted into hospital have shorter waits.

- The Department of Health is developing a bed tracking and management system. This system will provide the information health-care providers need to admit patients to hospital beds sooner, and to safely transfer patients as quickly as possible to a hospital bed closer to home.
- The Emergency Department Information System can be used province-wide to electronically assist and speed up triage, patient tracking, results, and discharge. The fast and easy access to clinical information will improve patient flow through the emergency department and provide information about emergency department activity that is not now readily available to hospital administration, beyond the Capital District Health Authority. Ways to implement this system province-wide are currently being investigated.

OBJECTIVE:

Treat emergency care like an emergency; reallocate staff; ensure staff are appropriately trained and being used to their full potential.

ACTIONS:

- Work will continue with health professionals on ensuring they work to their full scope of practice, so everyone's talents and skills are being used to their full potential. This approach has been working in a project known as "model of care" in some Nova Scotia hospitals. Results have shown better co-ordination of care, fewer readmissions to hospital, and improved satisfaction for patients and people providing care. Results from the evaluation of the model of care project will be applied to how collaborative care teams are created and supported in large and small hospitals. This will also include how to stagger shift changes to avoid interruption in patient care and the potential for errors as many staff change shifts at the same time. Staff should also benefit from smoother shift changes and more flexibility in shift schedules.

- A portion of funding allocated to District Health Authorities for the province's nursing strategy and continuing care should be used to mentor and support nurses working in emergency care. This will reinforce the specialized training they need to care for patients who may be critically ill. The nursing strategy is renewed annually based on provincial priorities. Mentoring programs are supported through orientation and retention programs and collective agreements.

- The need and approach to train more specialists will be considered in the context of the broader plan for health human resources.

OBJECTIVE:

Treat seniors, persons with mental illness, and all patients in a way that respects the anxiety—and pain and discomfort—they are feeling.

ACTIONS:

- Patients will get more information and be made more comfortable when they are in emergency departments. They will know how long they can expect to wait and what services are available to them to make them more comfortable. District Health Authorities will be asked to develop regular communication with people in their waiting areas to explain the process, and if waiting is necessary, approximately how long their wait will be.
- The Minister of Health has directed all District Health Authorities to adopt a patient-centred approach, particularly targeted at the elderly and those with a mental illness. Beyond keeping patients informed about the length of their wait and comfort services available to them, the districts should assess the physical layout of their emergency departments to reduce noise and stress, and increase comfort. People must also be able to easily access emergency department staff if they need assistance.

Provide Better Care for Seniors, People with Mental Illness, and Others with Complex Needs

Care will be better tailored to the needs of patients, particularly seniors and others whose needs are more complex. This includes giving seniors the care they need in the right place.

Cookie cutter health care rarely works. That's particularly true of patients with complex needs. Patients with mental health problems are admitted to hospital from the emergency department. Therefore, emergency departments need to be appropriately staffed to manage psychiatric emergencies.

Older Nova Scotians tend to be sicker than younger people. They are also more likely to suffer from multiple ailments—known in health-care circles as "comorbidities". With the exception of infants, research shows that no one goes to ERs more often than seniors. This is noteworthy because Nova Scotia's population of seniors is growing rapidly.

We must ensure seniors and those suffering from mental illness receive care that respects their unique and complex needs. When a trip to the ER is necessary, Better Care Sooner ensures these patients get the care they need while there.

OBJECTIVE:

Provide seniors with care better suited to their needs.

ACTIONS:

- The Minister of Health 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. Progress in this area will be reported in the minister's Accountability Report.

- Four new nurse practitioners will be working in nursing homes in the province—providing more proactive alternatives to emergency and acute care.
- Stroke care is being reorganized in hospitals to provide coordinated and comprehensive care. New stroke units are focused on enabling stroke victims to be discharged and sent home sooner with less disability. Five stroke units are now fully functioning and two more will be fully functioning in early 2011.
- Every frail patient over the age of 75 will be assessed using a geriatric assessment tool, which will improve health outcomes and result in shorter hospital stays and fewer nursing home referrals. Using standardized tests, a team of health-care providers assesses the senior's physical and mental health. For example, these tools can be used in emergency departments to assess patients at risk of falling, and the rate that their health is deteriorating. This information can then be used to develop a care plan to support seniors returning to their homes and communities. Geriatric assessment tools will be integrated into practice across the province to support better care for seniors in every region.
- Paramedics will play a bigger role in care for seniors in their homes, and providing care to patients in nursing homes.
- Plans and programs to help seniors stay in their homes and communities longer will be supported. The responsibility for delivering continuing care is moving from the Department of Health to district health authorities—closer to seniors in communities and to the home care and long-term care providers who serve them.

OBJECTIVE:

Provide people with mental illness emergency care better suited to their needs.

ACTIONS:

- The Minister of Health has appointed a Mental Health Strategy Advisory Committee to inform the development of a Mental Health and Addictions Strategy for Nova Scotia. Broad consultation will take place with the formal mental health and addiction service delivery system and key stakeholders as part of this process. The strategy will ensure that patients are well served by mental health and addictions services.
- District Health Authorities will build on the collaborative work already underway between emergency departments, mental health programs, and the police to provide a crisis response to mental health emergencies. District Health Authorities will formalize this response and accommodate a mobile component to address the small number of situations requiring this level of intervention. Currently there is a Mobile Mental Health Team covering the Capital District.

Increase Public Use of the 811 nurse line and 911 in Urgent Situations and Emergencies

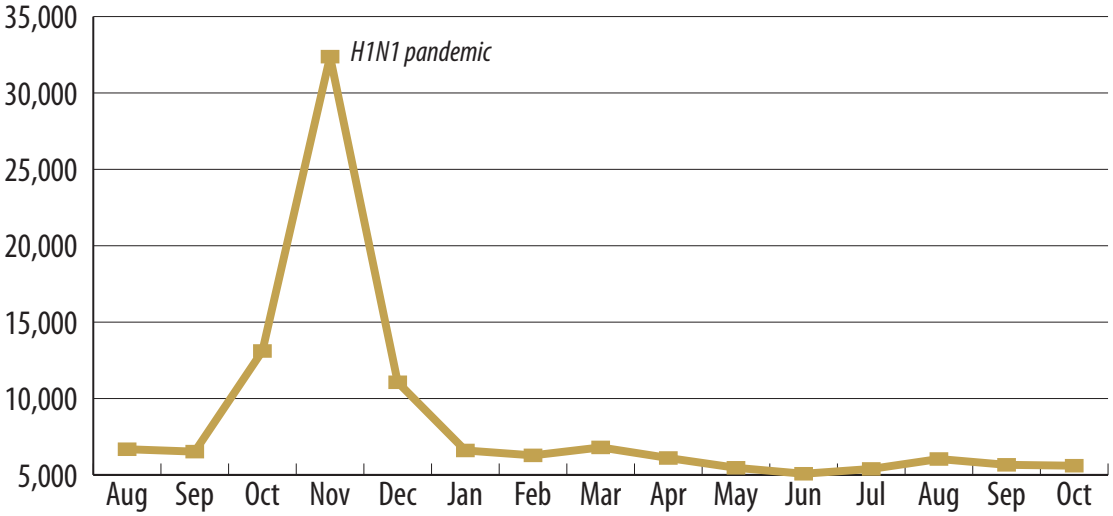
Nova Scotians have two world-class systems to provide rapid response care—Emergency Health Service and the 811 nurse line.

Nova Scotia's paramedics can administer life-saving drugs, intubate patients, set up intravenous lines, and receive direct medical advice via the radio from emergency doctors. Nova Scotia's integrated ground ambulance, air ambulance, and medical teams were recognized internationally in 2010 for the high level of care they provide—receiving a perfect score in how they operate and provide care for patients.

The trouble is, too few people know that paramedics have these skills and that ambulances have this sophisticated equipment.

Similarly, people are not taking enough advantage of the 811 nurse line. While use of the line peaked during H1N1 last fall, more can be done to increase use of the line to ensure Nova Scotians are supported in self-directed and managed care by registered nurses over the phone.

Total Calls for 811 nurse line: Aug. 2009 – Oct 2010



OBJECTIVE:

Increase public awareness of the importance of 811 and 911 services in urgent and emergency situations.

ACTION:

- We will launch a public awareness campaign to help the public better understand when to call 911 and 811 so these valuable services are used more often.

How the public uses the services available to them has a significant impact on the health system. By educating people we can help them use the services available to them appropriately. This will relieve pressure on emergency rooms, get people quickly to the hospital best equipped to meet their needs, and help people stay at home with their families when they really don't need emergency care.

OBJECTIVES:

Enhance paramedic training and equipment; expand services provided by 811 registered nurses.

ACTIONS:

- The scope of practice for paramedics across Nova Scotia will be expanded to enable them to deliver life-saving clot-busting drugs.
- A new Extended Care Paramedic Program is being introduced that will bring the emergency department to nursing home residents—reducing the need for transfers to hospitals. Current transfer services will be reviewed and adjusted to ensure appropriate levels of supervision and care.
- Reducing "off-load" times—the amount of time it takes to move people from ambulances into the care of people working in emergency—will get paramedics back on the road and into communities more quickly.
- EHS will have a full-time dedicated fixed-wing aircraft. This will significantly increase the ability of Emergency Health Services to provide critical care transports in poor weather, multiple emergencies, and when the helicopter is being maintained. More than one patient can also be transferred from Yarmouth and Sydney to Halifax for procedures such as catheterizations, reducing the need for ground ambulance transportations and enabling paramedics to provide more care in their communities instead of driving to and from Halifax.
- The province's first two-stretcher ambulance will be on the road in early 2011, saving valuable time for paramedics and transporting patients comfortably and cost-effectively.
- Highly skilled 811 nurses—who now determine whether a caller needs 911 help, or whether they can stay home and be checked by a doctor the next day—will be able to make appointments with physicians in practices where possible.

Better care sooner: In Cape Breton, about 75% of patients treated by paramedics received clot-busting drugs within half an hour of seeing a paramedic and an hour earlier than if they had gone to the Emergency Department.

OBJECTIVE:

Adjust ambulance fees to support the new Collaborative Care Centres.

Some Nova Scotians do not call an ambulance because they are unaware of the life-saving care that can come to their door—an emergency room on wheels—if they call.

ACTION:

- A new ambulance fee policy will be developed as we move toward Collaborative Emergency Centres so people in need of urgent care can get urgent care, wherever they live.

Funding for Performance and Quality Care

Health-care funding should be linked to better patient-centred care.

No one wants better health results for their patients than the doctors and others who care for them.

The first step is to explore innovative, performance-based funding models that are in place in other countries and in Canada.

Doctors working in emergency rooms across Nova Scotia are currently paid in a variety of ways (hourly, fee for service, or alternative payment plans). Doctors in community and smaller emergency rooms are primarily paid fee for service during the day. Dr. Ross describes this form of compensation as leading to high-volume "turnstile medicine," which may not gain the best results for patients. It is also frustrating and stressful for doctors. This must change to assist in recruiting and retaining doctors in rural communities who want to spend the time they need to improve the health of their patients.

For our new Collaborative Emergency Centres to work, we have to provide incentives for physicians to work with a team of health-care providers and look after the whole patient, rather than focus on a single ailment at a time. Ideally, patients should be able to see their family physician and other health providers, and be able to receive comprehensive care in a reasonable time frame.

In addition, the way doctors are compensated for after-hours and weekend availability at smaller emergency departments also has a downside. It costs taxpayers between $400,000 and $800,000 per year, per site to make doctors available overnight and on weekends, regardless of the number of patients being seen or treated. Funding in this way is inefficient and not patient focused.

OBJECTIVE:

Develop new funding models for the health-care system and physicians.

ACTIONS:

The province paid doctors $661 million in 2009 and is expected to pay $699 million in 2010–11. Everyone—including doctors—wants to ensure health outcomes are improving as a result of this investment.

- The Department of Health is working with Doctors Nova Scotia on alternative ways to compensate emergency room physicians in the years ahead. The Master Agreement, which is negotiated with Doctors Nova Scotia and governs compensation for doctors, also includes funding to provide incentives such as those outlined in this plan. Incentives could be put in place for family doctors to see patients in the evening and on weekends, for home visits, for older patients, to provide care to patients in long-term care facilities, and for management of select chronic diseases. Additionally, the Master Agreement provides funding for physicians to collaborate with other licensed health-care providers.
- The Department of Health will work with partners to engage physicians and facilitate funding arrangements to support the model for Collaborative Emergency Centres. Innovative, performance based, fiscally responsible models of compensation aimed to improve health-care outcomes will be explored.

Conclusion

Our government is committed to providing Better Care Sooner. This plan for emergency care is an example of how we are doing things differently, to get the best possible care we can provide, in order to shorten wait-times and keep ERs open—just as we promised.

Elements of our plan will cost money. But as Dr. John Ross and others have said, it's not necessarily about spending more; it's about spending strategically and doing things differently.

The health budget includes investments to directly support this plan: the $3 million Emergency Room Protection Fund, funding to open more general medicine beds, funding provided to District Health Authorities to hire and train health-care providers every year, as well as redirected funds from their acute care budgets. The Master Agreement that governs compensation for doctors also includes funding to provide incentives such as those outlined in this plan. We will also continue to partner with communities who raise funds for capital improvements to enhance the services their hospitals provide.

As Better Care Sooner is implemented, we will continue to listen to Nova Scotians. A Ministerial Oversight Committee will be created involving people who work in emergency and primary health care, as well as community representatives. The team will provide oversight and advice to the minister as the words in this plan are put into action. The Minister of Health will also meet with each District Health Authority and community representatives to hear first-hand how people believe better care can be delivered, based on their needs.

Action will be under way in all areas of the plan by 2014 and much begins now. Nova Scotians will be kept apprised of our progress through an annual Accountability Report on Emergency Departments.

Dr. John Ross called his report *The Patient Journey through Emergency Care in Nova Scotia*. He wants patients to have better access to primary care so more people can avoid having to take the emergency care journey. For those who do require emergency care, Dr. Ross wants their journey through the emergency department to be safe, comfortable, and as short as possible.

We agree. Improving the patient journey is what Better Care Sooner is all about.

Better Care Sooner

Action Plan	2009	2010	2011	2012	2013	2014
Better Access to Doctors, Nurses, and Other Health Care Professionals *(Ross recommendations 4, 9, 13, 14, 15, 16, 17, 26)*						
Hire Emergency Room Advisor	✓					
Set up Collaborative Emergency Centres (CEC)			✓			
Provide same or next day appointment with appropriate health care provider				✓		
Improve availability of health care providers evenings and weekends			✓			
Ensure clot-busting drug is available in ambulances across the province			✓			
Expand role of Paramedics to support home visits for seniors			✓			
Increase use of tele-consult			✓			
Dedicate a fixed-wing aircraft for EHS Lifeflight Service, available 24/7		✓				
Support mentally ill Nova Scotians through the development of a comprehensive strategy			✓			
Physician Resource Plan			✓			
Streamlined Patient-Centred Emergency Care *(Ross recommendations 4, 5, 6, 7, 8, 10, 11, 12, 19, 20, 21, 22)*						
Open hospital beds at Halifax Infirmary to improve patient flow		✓				
Open Rapid Assessment Unit at Halifax Infirmary		✓				
Stream emergency patients into special-purpose areas			✓			
Adopt new Emergency Department Standards		✓				
Ensure non-traditional providers are better integrated in the emergency health care system			✓			
Improve communication and care for waiting patients		✓				
Staff Emergency Departments to meet patient needs				✓		
Ensure the majority of admitted patients are in the Emergency Department less than eight hours					✓	
Use IT to track and enhance the patient experience			✓			
Improve patient off load-times from ambulances			✓			
Develop shuttle service for select hospital transfers			✓			
Better coordinate the movement of patients between health facilities			✓			
Improve health outcomes of stroke patients by rerouting to specialized units across province			✓			
Better Care for Seniors, People with Mental Illness, and Others with Complex Needs *(Ross recommendations 13, 23, 24, 25)*						
Emergency Departments will be changed to better meet the needs of seniors			✓			
Hire Nurse Practitioners for nursing homes			✓			
Frail patients over the age of 75 will be assessed using a comprehensive geriatric tool				✓		
Greater Awareness of 811 and 911 *(Ross recommendation 18)*						
Expand 811 service to make appointments with a variety of health care providers					✓	
Launch public awareness campaign to increase understanding of 24/7 emergency health care system		✓				
Funding for Performance and Quality Care *(Ross recommendations 1, 2, 3)*						
Emergency Department Accountability report	✓	✓	✓	✓	✓	✓
Work with communities to better understand and respond to their needs			✓			
Develop new funding models for the health care system and physicians				✓		
Introduce a new funding model for physicians working in emergency care				✓		