Wide range of volume and acuity of ED visits provincially

Snapshot of ED volumes in 2016/17
- WRHA sites = over 30,000 visits
- Other RHAs = 10 sites > 10,000 visits;
- 34 sites 1,000-10,000 visits;
- 16 sites < 1,000 visits

Manitoba had 502 days of service suspended due to physician unavailability at 16 rural EDs from Jul-Sept 2018

In 2016 and 2017, there were between 600 & 700 patients transferred annually from non-WRHA to WRHA sites for critical care and internal medicine admissions

For outpatient medical procedures, 49% of Northern and 55% of Interlake-Eastern patients received care in Winnipeg

Challenges with sustainability of ED operations and consistent clinician availability

Variable access to specialist consultations for EDs, hospital units, and primary care in rural/remote areas.

High volume of non-WRHA patients transferred to WRHA hospitals annually for acute and critical care needs

Emergency, Critical Care & Acute Medicine Provincial Clinical Team

**OPPORTUNITIES AND POSSIBILITIES**

- Establish clear levels of emergency care, including identifying the criteria for 24/7 EDs and enhanced primary care models to support consolidation of sites

- Advance clinicians, such as NPs and Paramedics, to work to full scope of practice

- Create standardized pathways and practices across service levels and criteria for direct admission of patient transfers (rather than through the ED)

- Create a provincial consultation service to provide access to ED, General Internist, Subspecialist, and Intensivist, and paramedic consults

- Determine SCU requirements to support networks and patient needs for patients that do not require ICU level of care

- Rapid access to internal medicine clinics and virtual home monitoring to reduce readmissions

- Enhance acute medicine and critical care for key areas in PMH and the North

- Standardize consult and referral protocols, and pathways

- Use of virtual tools, such as tele-ICUs and remote multidisciplinary rounding to support care closer to home

**KEY INTERDEPENDENCIES**

Chronic & Complex  Trauma Services  Surgery & Anaesthesia  Primary Health & Community Services  Mental Health & Addictions

The use of tele-discharge and tele-rounding enhances care and improves outcomes along the continuum of care for patients at facilities outside of the main hospital

MD Anderson (USA)

Urgent Care Centre (UCC) is designed to reduce non-elective admissions to acute care by giving the GP a larger role in the minor illnesses and Triage area, ensuring that inappropriate patients are not admitted to the ED.

Urgent Care Model (WRHA & UK)

Multi-purpose Service Clinics provide integrated care to small regional and remote communities that could not viably support stand-alone hospitals; flexible use of funding and/or resource infrastructure within integrated service planning

Norway House & Australia

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