ED overcrowding causing heart attack patients to have dangerous waits for drugs

Issue
No study has examined how emergency department (ED) overcrowding affects the “door-to-needle time” (DNT) for heart attack patients to receive “clot-busting drugs”, known as thrombolytics.

Study
Examined ED overcrowding and delays in the time from when a suspected heart attack patient arrives at the ED until they receive clot-busting medications (the DNT), for patients from 25 Ontario community and teaching hospitals between 1998 and 2000. EDs located close together and sharing a common ambulance diversion system were grouped into “networks” of 2 to 5 hospitals each.

Key Findings
- Over a third (34.9%) of patients suffered a major delay of over an hour in their DNT.
- Patients treated in an ED network with high network crowding were 40% more likely to experience a major delay of more than an hour in getting the clot-busting drugs.
- The median DNT was 3.0 minutes longer for patients treated in moderate network crowding and 5.8 minutes longer for patients treated in high network crowding.
- Heart attack treatment delays increased when more EDs within a network were overcrowded.

Implications
Efforts to reduce ED overcrowding must be coordinated across hospital networks, as opposed to only in individual hospitals. Solutions should include improving primary and ambulatory care services for elderly patients with chronic illnesses, and increasing capacity and efficiency across neighbouring hospitals for patients admitted from EDs.

High volume surgeons better for patients with abdominal aortic aneurysms

Issue
The potential impact of regionalizing the repair of ruptured abdominal aortic aneurysms (AAA) to high volume surgeons and hospitals has not been well studied.

Study
Examined patient, surgeon and hospital characteristics for all patients who had surgery for either an elective or ruptured AAA repair between 1992 and 2001 in Ontario.

Key Findings
For both ruptured and elective AAA repair, patients of surgeons with higher annual volumes of the procedure were more likely to survive after surgery.

Implications
Although the results of this report support regionalizing AAA to high volume surgeons, further research is required in order to determine the length of patient transfer delays, and the magnitude of these delays on survival.

ICES report presents framework for Ontario’s first balanced scorecard for public health

Issue
Recent reports regarding Ontario’s public health system have called for increased public health accountability and performance reporting. However, there is no template for a public health performance report in Ontario.

Study
Review of the literature and consultations with numerous public health representatives were carried out to develop a framework for undertaking Ontario’s first report card on public health performance.

Key Findings
A modified version of the balanced scorecard used by many other health care sectors could be used to measure public health performance in four quadrants: health determinants and status; community engagement; resources and services; and integration and responsiveness.

Implications
The Ontario Ministry of Health and Long-Term Care (MOHLTC) should allocate funding for the independent development of a system-level public health balanced scorecard by the end of 2005. The scorecard should be developed using a process similar to that of the hospital report series, led by a collaboration of the Ontario Public Health Association, the Association of Public Health Agencies, and the MOHLTC.
Report outlines ICES’ experiences with privacy and data protection


**Issue**

One of the most important information needs for research organizations is estimating the costs of implementing privacy protections and maintaining the anticipated standards.

**Study**

Outlined the various privacy activities undertaken at ICES between November 2000 and March 2004, along with time estimates and associated costs.

**Key Findings**

The estimated time and approximate costs of ICES’ privacy and data security practices during the report period totaled 2,252 hours and $163,920. These initiatives included various activities: developing data security/privacy policies and procedures; instituting a web-based privacy orientation for staff; a privacy impact assessment (PIA); an internal PC audit; purchase of encryption software; staff educational conferences; legal fees; and other costs.

**Implications**

The funding and staff requirements for privacy diligence must be built into the costs and human resource policies of research organizations.

Nursing home residents less likely to get inappropriate drugs


**Issue**

The relative rates of inappropriate prescribing in older adults living in the community and in nursing homes are not known.

**Study**

Examined over 1,216,900 community-dwelling older adults and 58,719 nursing home residents aged 66 years and older in Ontario in 2001 to compare inappropriate prescribing of drug therapies that should always be avoided and are rarely appropriate in the elderly.

**Key Findings**

Community-dwelling older adults were significantly more likely to be dispensed at least one drug therapy in the always avoid or rarely appropriate category relative to nursing home residents. Nursing home residents were close to 50% less likely to be dispensed one of these potentially inappropriate drug therapies relative to community-dwelling older adults.

**Implications**

Clinical pharmacist services, which are mandated in the nursing home setting, may be responsible for these differences. Community-dwelling older adults may also benefit from a regular review of their drug therapy by a clinical pharmacist working in conjunction with their primary care physician.

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ICES is an independent, non-profit organization that conducts research on a broad range of topical issues to enhance the effectiveness of health care for Ontarians. Internationally recognized for its innovative use of population-based health information, ICES research provides evidence to support health policy development and changes to the organization and delivery of health care services.