

Stronger Health System

ICES is helping to improve wait times, lengths of stay and quality of care in Ontario's emergency departments.

The Problem

Patients in emergency departments (EDs) in Ontario, as in many jurisdictions, often experience long wait times. Long waits in EDs and hallways not only create discomfort and distress for the patients and their families, but they can be dangerous. A 2011 ICES study showed that each additional hour a patient spent waiting in the ED was associated with an increased risk of hospitalization or death. In response, Ontario introduced a multifaceted strategy to reduce wait times, and ICES scientists were asked to evaluate its effectiveness.

The Research

ICES research has been influential, both in Canada and internationally, in pioneering new methodologies for emergency services quality improvement research, including evidence on wait times, quality of care, outcomes, and care following ED discharge. ICES research also provides evidence to answer specific questions from the Ontario Ministry of Health and Long-Term Care and other stakeholders about the Ontario Wait Times Strategy.

Recent Impact

ICES research is guiding policy and efforts in the field to improve the quality of emergency health services. A series of peer-reviewed ICES papers published in 2014–2016 demonstrate that:

- Achievement of wait time targets is associated with lower risk of death or hospitalization, supporting Ontario's specific wait time targets;
- A hospital pay-for-performance program led to modest ED wait time improvements, providing evidence for an ongoing policy incentive;
- A hospital lean intervention was not associated with improved ED waits, providing evidence to end this program; and
- Other ED care quality measures did not improve with shorter wait times, supporting efforts by hospitals and organizations such as Health Quality Ontario to implement other quality improvement programs in addition to tackling wait times.

Impact Highlights



Real-world evaluation of Ontario's Wait Times Strategy to assess effects of programs as they are implemented, with findings including:



Positive effect of specific wait time targets on reducing risk.



Moderate effect of pay-for-performance on reducing wait times.



No effect of lean intervention on reducing wait times.



No effect of reduced wait times on other measures of ED care quality.

"Timely, high-quality emergency care is a fundamental expectation of our health system. This requires policies that are informed by evidence, including actionable targets so we can measure progress and identify where there is none. The powerful linked data and sophisticated methodology at ICES are vital to the province's ongoing effort to improve care for Ontarians."

Michael Schull

CEO and Senior Scientist, Health System Planning and Evaluation Research Program

REFERENCES

Guttman et al. *BMJ* (2011).
Schull et al. *CJEM* (2015).
Vermeulen et al. *Ann Emerg Med* (2014).
Vermeulen et al. *Ann Emerg Med* (2015).
Vermeulen et al. *BMJ Qual Saf* (2016).