

## Primary Health Care

### How Will the Economic Downturn Affect Health?

There are increasing concerns about the recent global economic downturn and its impact on [health at a global and domestic level](#). A study in the *Lancet* found that in the 25 European Union countries long-term unemployment was associated with fewer healthy life years at 50 years of age, but for [men only](#). Another study that looked at 23 European countries found that although the negative relationship between unemployment and health is consistent across Europe, it varied by welfare state regime. Relative inequalities were larger in Northern European regimes than in Southern and Eastern regimes. Interestingly, this study found the negative health effect of unemployment was particularly strong [for women](#), especially in the Northern European systems.

## Chronic Disease Prevention and Management

### Canadian Developments in Asthma Research

A study of 540 individuals in eight Canadian cities published in the *CMAJ* found that approximately one-third of obese and non-obese Canadians with physician-diagnosed asthma did not have asthma when objectively assessed, suggesting that asthma may be over-diagnosed in countries such as Canada. Another study comparing 7,794 Chinese adolescents living in China or Vancouver found that [the prevalence of asthma increased with duration of residence in Canada](#), from 14.5% among those living in Canada for less than seven years to 20.9% among those who had lived their entire lives in Canada. A recently released CIHI study examining the health differences in 15 urban areas in Canada found that low socioeconomic status (SES) groups were more likely to be hospitalized for [child asthma](#) compared to high SES groups.

## Mental Health and Addictions

### Mental Health and the Workplace

The impact of mental illness on economic productivity has been confirmed again in a literature review that focused on bipolar disorder (BPD) among the employed. Data indicated that [BPD costs more than twice as much as depression](#) per affected employee. Mental illness among the employed also may increase their risk of mortality. A study analyzing diagnosis-specific sickness absences of more than [19,000 French public utility employees](#) concluded that mental disorders were a potential early indicator of groups at risk of fatal disease. Efforts to address mental health in the workplace include Ontario's [Mental Health Works](#) and an [online database](#) provided by The Partnership for Workplace Mental Health in the US that shares case examples of corporate approaches to address mental health in the workplace.

## Public Health

### Efforts in Preventing Influenza

Seasonal influenza may lead to increased health problems and [lost productivity](#). Research comparing targeted programs in other provinces to Ontario's universal influenza vaccination program found a [74% decrease in influenza-associated mortality](#) for the overall Ontario population compared to 57% in other provinces. Influenza-associated health care use decreased more in Ontario than other provinces for hospitalizations, emergency department use, and doctors' office visits. In collaboration with Canada's provinces and territories, the Public Health Agency of Canada (PHAC) recently launched a pan-Canadian web portal – [FightFlu.ca](#) – to provide one-stop access to influenza information and resources in more than [10 languages](#).

## Institutional Care/Sectors

### Designing Hospitals of the Future

[The Joint Commission](#) has recently released a [white paper](#) offering guiding principles and specific actions for hospital development in five core areas: economic viability, technology adoption, patient-centred care, staffing, and hospital design. Notably, it suggests hospitals can be designed to mitigate the spread of infectious diseases. An article published in *JAMA* suggested single-patient rooms may reduce the spread of infections and transfers, facilitate patient flow, and increase privacy, family support, and rest. [The Ward of the 21<sup>st</sup> Century](#) in Calgary, Canada, is a research initiative in hospital design with single-patient rooms as a cornerstone feature.

Note: Health Horizon newsletter draws on current research from peer-reviewed journals; you may need to obtain some of the articles referenced in Health Horizon through the MOHLTC Journal Access Centre or by purchasing them. For assistance with obtaining articles please contact the Health Horizon Staff Lead, Uyen Quach at [uyen.quach@ontario.ca](mailto:uyen.quach@ontario.ca), tel. (416) 326-0262

## World at a Glance



### Canada

#### Can Group Medical Visits Improve Health Care?

Aimed at improving family practices, approximately 200 of British Columbia's 4600 physicians have adopted [group medical visits](#) (GMVs) whereby one doctor sees multiple patients at one time. Generally regarded as "revenue-neutral" in BC, this model of care is gaining broad support from the BC Medical Association, Ministry of Health, BC's privacy watchdog, and [ImpactBC](#). Although there is limited literature on whether GMVs improve self-management in the long-term, studies do suggest the potential benefit of group visits for chronic diseases such as [diabetes](#).



### U.S.A.

#### Balancing Fiscal Pressures and Health Promises

Major federal funding will be needed to fulfill President Barack Obama's goals for health. The [Obama-Biden health plan](#) would provide affordable health insurance for all Americans, modernize the system to lower costs and improve quality, and focus on prevention while promoting public health. President Obama also has pledged to double foreign assistance for global health to \$50 billion a year. However, it is being predicted that the new administration will face a [difficult balance](#) between current fiscal realities and promises for health reform.



### United Kingdom

#### Improvements Needed to Support End of Life Care at Home

A recent report by the [National Audit Office](#), the public spending watchdog in the UK, has urged the redistribution of resources to allow for end-of-life care in the home. For example, the research indicated that in October 2007, [40% of patients](#) who died in one hospital did not have medical needs requiring treatment in hospital. The report concluded that a lack of NHS and social care support services is resulting in thousands of dying patients a year being unnecessarily admitted to hospital. The report's recommendations have been accepted by the Department of Health to support the national [End of Life Care Strategy](#).



### Africa

#### Improving Infectious Disease Monitoring

According to the WHO, control or containment of known risks to public health, such as infectious disease, food, and environmental safety is an important way to improve [international public health](#) security. A [report](#) presented to the [WHO Regional Committee for Africa](#) says public health laboratories in the region must be strengthened to respond to the high and growing health threats faced by Africans. The recent [cholera outbreak](#) in Zimbabwe has highlighted the importance of infectious disease control.



### European Union

#### The GAP Project (Guard, Anticipation, and Prediction)

The GAP Project is a new approach to health-risk prediction funded by the European Commission and led by a consortium of high-level representatives of European Health Ministries (Spain, France, Denmark, Italy) and Associated States (Israel). GAP aims to contribute to the [development of public health alarms](#) at the EU level and focuses on four types of risks: biological (communicable diseases and bioterrorism), natural, industrial, and nuclear and terrorist. A road map is being finalized that includes the identified key ICT (information and communication technology) research activities necessary to achieve an integrated and interoperable risk prediction system.

## Focus on Emergency Department Access and Flow

### Highlight

#### Creating Sustained Improvements in Patient Access and Flow: Six Success Factors

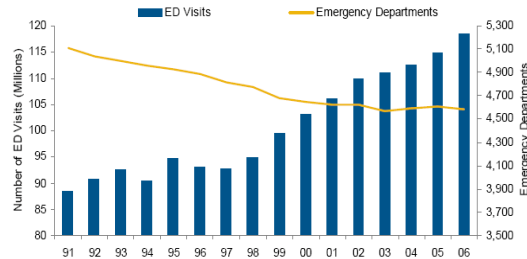
In a recent article in *Healthcare Quarterly*, the experiences of three Ontario health care institutions in their efforts to improve ED access and flow were discussed. In presenting their advice to other hospitals, six common success factors were identified:

1. **Demonstrate involvement of senior leadership.** The senior hospital team must be aligned on the scope and objectives of the project.
2. **Involve physicians and clinical and front line staff.** It is extremely important to get physicians on board early, establish cross-functional working teams, and establish project leaders.
3. **Lead with quality and safety.** This is about improving quality of care and patient safety, not reducing cost.
4. **Focus on sustainability measures from the beginning.** Incorporate performance management, skill building, and cultural change elements.
5. **Communicate, communicate, communicate.** Ensure that everyone knows what is going on before and during the project and stick with it when times are tough or change fatigue sets in.
6. **Recognize the need to incorporate the teaching mission (as appropriate).** It is crucial to incorporate the teaching mission and the staff's role in the change effort.

### Overview of Emergency Department Access and Flow

In recent years, there has been growing utilization of emergency departments (EDs) in various jurisdictions including the [United States](#), [Australia](#), and the [UK](#), suggesting the ED remains a major point of access into the health care system.

Emergency Department Visits and Emergency Departments in US Community Hospitals, 1991-2006



Source: [TrendWatch Chartbook 2008: Trends Affecting Hospitals and Health Systems](#)

A [recent review](#) of the causes, effects, and solutions of ED overcrowding highlighted the complex and multifaceted characteristics of this problem currently faced by many countries. One important implication of ED access and flow problems is its impact on [patient satisfaction](#) with efforts to improve flow and satisfaction currently being undertaken in many EDs.

### International Trends

Current research has highlighted potential drivers that may impact ED access and flow in other jurisdictions. These include:

**United States:** A report released by the National Research Council and Institute of Medicine on adolescent health care services found that specialty services were not accessible to most adolescents (e.g., mental health, sexual health, oral health, and substance abuse treatment). [This age cohort was most likely to rely on emergency departments for routine health care.](#)

**Australia:** *Key Drivers of Demand in the Emergency Departments*, a recent study of hospitals in New South Wales, Australia found that [75% of ED patients](#) cited lack of access to a general practitioner (GP) as their reason for attending the ED, but only 34% believed they really needed hospital or emergency treatment.

**United Kingdom:** [More than a third of doctors](#) in accident and emergency departments in England reported they were not reaching the target of dealing with patients within four hours in a [survey](#) published by the British Medical Association. A shortage of available hospital beds was cited as a key reason for difficulties in admitting patients.

### Patient Satisfaction and Responses to Improve ED Access and Flow

Time spent in the emergency department may be an influencing factor in patient satisfaction. According to the 2008 [Emergency Department Pulse Report](#), satisfaction was found to decline after two hours of waiting time and continued to fall with each additional hour. In British Columbia, patients waited [less than three hours](#) in the ED. [In Alberta, 57% of urban patients waited more than four hours compared to 11% in the rural group.](#) The average American patient spent [four hours and five minutes](#) in the ED. However, dissatisfaction in US hospitals was mitigated if there was communication with patients about delays and waiting room comfort was improved. Similarly, another study found clinical interaction about process issues (e.g., communication, ability to stay with the child, staff attitude) were factors that [outranked waiting times](#) in determining parent

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satisfaction in a pediatric ED. The [Patient and Family-Centred Care](#) model, which emphasizes these factors, was recently endorsed by various health care organizations for the ED.

Improving the efficient and effective flow of patients through EDs is the focus of many current and diverse efforts. In the past five years these have included: Ontario's [Emergency Room Strategy](#), the Calgary Health Region's [GRIDLOCC project](#), the UK's national maximum [four hour wait time](#) target, and the government of New South Wales' (Australia) [\\$16 million investment over five years to open after-hours GP clinics](#) to reduce reliance on EDs.

Notably, a [2006 systematic review on interventions to reduce overcrowding in EDs](#) found little to no evidence of effectiveness for interventions including float nurse pools, senior ED physician flow shifts, and "overload" units for in-patients. It also found that a lack of comparison studies made it difficult to determine the *relative effectiveness* of interventions.

### Ontario Case Studies

In a 2008 article entitled "[Creating Sustained Improvements in Patient Access and Flow](#)", three major Ontario hospitals in partnership with Ontario's Ministry of Health and Long-Term Care outlined their experiences with reforms in their respective EDs. The authors attributed the success of these institutions to their balancing of the "three pillars of sustainable change":

- **Efficient and effective operating system:** The "nuts and bolts" of an organization's processes. Areas of focus can include reducing variation in processes; improving equipment availability and basing staff on demand patterns.
- **Supportive management infrastructure:** The formal mechanisms to support and encourage change. Areas of focus can include clearly defining roles; frequent measuring and sharing operational metrics and improving visual management.
- **Deep-rooted learning organization:** The cultural fabric of the organization. Areas of focus can include engaging the front line in problem solving; a willingness to improve operations and sharing knowledge.

Results of these initiatives included:

- **St. Joseph's Health Centre of Toronto:** The percentage of patients admitted within eight hours increased from 10 to 22%.
- **London Health Sciences Centre – University Hospital:** In the ED, average length of stay (ALOS) has decreased 17% and the percentage of patients that leave without being seen has dropped to two percent.
- **University Health Network:** There has been an increase in the percentage of discharged patients leaving the ED within four hours at Toronto Western Hospital (from 45 to 52%) and Toronto General Hospital (from 59 to 65%).

In presenting advice for other hospitals, six common success factors were provided (see sidebar, page 3).

### Conclusions

Overall, there is a growing evidence base focused on improving patient access, flow and satisfaction in EDs with numerous initiatives implemented in various jurisdictions. Sustainable change in improving the ED system has also been a challenge; however some examples from Ontario have shown promising results.

## Selection of recent Cochrane Reviews

[New feature: Diagnostic Test Accuracy Reviews](#)

[Peer support telephone calls may be effective for improving health](#)

[Admission avoidance at home: No evidence that outcomes differ from inpatient hospital care](#)

[Formoterol for asthma: Evidence of adverse effects](#)

## Upcoming conferences/events

[ICES: Health Care 2009: Methods, Measurement and Engagement](#)  
Toronto, Ontario  
February 2, 2009

[UBC CHSPR: Health Innovation for Patients and Populations: Science, Systems & Structures](#)  
Vancouver, British Columbia  
February 24-25, 2008

## Interesting links

[Knowledge Translation \(KT\) Clearing House Webpage](#)

[The Canadian Best Practices Portal for Health Promotion and Chronic Disease Prevention](#)

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