



A Strategy to Reduce **Emergency Department Wait Times**
in Newfoundland and Labrador
2012



Minister's Message



The Government of Newfoundland and Labrador is committed to investing in the health and well-being of all of our residents and ensuring that health care programs and services are available to everyone. A key piece of that commitment is enhancing access and reducing wait times for patients in emergency departments throughout the province. As Minister of Health and Community Services, I am pleased to present the Provincial Government's *Strategy to Reduce Emergency Department Wait Times*.

Our vision through this Strategy is that all our residents will receive appropriate and timely access to services provided in emergency departments. This will help individuals, families and communities to achieve optimal health and well-being.

Enhancing the way emergency departments function for both health care professionals and patients is a main goal of the Strategy. The health care providers who work in the emergency departments in our province are well-trained, highly-skilled professionals. They come to work each day committed to providing the best possible care to their patients. By taking actions to reduce patient wait times, both the patients and health care providers will be better served.

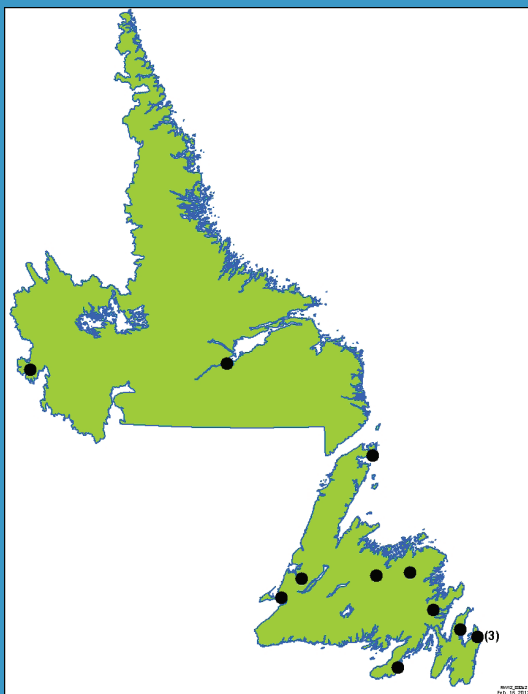
Implementation of the goals and objectives of the strategy will be a long-term process and require a coordinated approach, with departmental, regional health authorities' and health professionals' cooperation and input. We are committed to this process, which will be led by the new Access and Clinical Efficiency Division within the Department of Health and Community Services.

We recognize that health care affects each and every individual in our province and we will ensure that our investments result in improvements to the health care system for everyone. I look forward to reporting to the public on our *Strategy to Reduce Emergency Department Wait Times*.

Sincerely,

Honourable Susan Sullivan
MHA, Grand Falls-Windsor-Buchans
Minister of Health and Community Services

Map of Newfoundland and Labrador showing the location of the 13 Category A emergency departments



Within the first 120 days in office, we will produce a provincial strategy on reducing wait times in emergency rooms. This strategy will identify means of improving the timeliness of services, utilization of existing emergency room capacity, physical infrastructure and policies to enhance “patient flow” and communication with patients regarding the anticipated wait time. (2011 Blue Book)

INTRODUCTION

For many individuals the emergency room or department represents the “front door” to the province’s health care system. In Canada, almost 60 per cent of admissions to hospital are through an emergency department.¹ With a population of approximately 512,000, in 2010-11, 520,000 patient visits were made to the 33 emergency departments in Newfoundland and Labrador. Of the 33 emergency departments, 13 are larger, have the highest number of patient visits each year and are most often the sites where patients may experience long wait times.² In 2010-11, a total of 180 physicians and 344 staff, including nurses, nurse practitioners, licensed practical nurses, and clerks, provided coverage in the larger emergency departments.

The Provincial Government knows that the public expects more timely access, shorter wait times and better communication and information regarding emergency department wait times. In 2011, the Provincial Government made a commitment to address wait times in emergency departments.

Recognizing the need for health care system enhancements, the Provincial Government has invested over \$140 million over the past eight years to improve wait times throughout the province, but more needs to be done. This Strategy builds on that recognition and furthers the commitment to ensure Newfoundlanders and Labradorians receive appropriate and timely access to services provided in emergency departments.

¹ Canadian Institute for Health Information report, 2008

² This province has 13 emergency departments that are designated as Category A and 20 designated as Category B (refer to Appendix A for a list of emergency departments by category and facility). Category A emergency departments have a minimum of one physician dedicated to providing emergency services and on-site 24-hours a day and are in hospitals that, by definition, have acute care beds and specialty services. Category B emergency departments are primarily in the more rural areas of the province, have lower patient volumes and while a physician is always available, they may not be on-site.

WAIT TIME ISSUES

The anatomy of an emergency department wait time

A patient's wait time starts as soon as they walk through the doors of an emergency department and doesn't end until the patient is either discharged home or admitted to hospital. The causes of long wait times are complex and often unique to each emergency department.

A patient's visit is made up of a series of smaller events or services and is referred to as the patient flow. These services can include such things as triage (the first nursing assessment of how urgent the patient's presenting condition is), registration, nursing assessment, physician (or nurse practitioner) assessment, consultations, investigations and treatments. A delay in any one of these events or services will increase a patient's wait time and can create bottlenecks in the emergency department.

Research has shown that emergency department wait times are also affected by what's happening outside of the emergency department, in both the hospital and the community. This includes such things as how quickly in-patient beds are vacated and cleaned to be able to transfer a patient who is waiting for admission from the emergency department to the number of family doctors working in the community and providing evenings and weekend clinics.

The order in which patients are seen and the maximum time that a patient should have to wait to be seen initially by a physician (or nurse practitioner) will vary and should be based on the severity or urgency of the patient's condition. In Canada, the most commonly used scale to assign patient urgency in the emergency department is the Canadian Triage and Acuity Scale (CTAS). More detailed information on CTAS is available on page 12 of this document.

Unlike other health care services, such as radiation treatment for cancer, there are no nationally agreed upon benchmarks for wait times in Canadian emergency departments. In this province, there is a lack of emergency department wait times data and the data available is not consistently gathered, which limits the ability to compare and appropriately plan. Based on a sample of patient visits reviewed in preparation for this Strategy, we know that the more urgent patients are being seen quickly, while moderate and less urgent patients may be waiting longer than recommended, particularly in the higher volume emergency departments.



10 of 13 Category A emergency departments are trained in and recording CTAS levels.

Combined, the Health Sciences Centre and St. Clare's Mercy Hospital emergency departments have more than 85,000 patient visits a year.

What we have learned

Understanding the factors that contribute to wait times is the first step in addressing the issue. As part of the development of this Strategy, Eastern Health, in collaboration with the Department of Health and Community Services, contracted with an internationally recognized group of experts in emergency department wait times to complete reviews of its two busiest adult emergency departments at the Health Sciences Centre and St. Clare's Mercy Hospital. The reviews included two weeks of on-site shadowing and patient sampling to help understand how the two emergency departments were operating and staff were providing services. Staffing schedules, patient volumes, CTAS ratings and physical structures were reviewed and recommendations made to improve patient flows and shorten wait times.

Each emergency department is unique and serves its own patient population. The recommendations that were made by the external consultants to reduce emergency department wait times at the Health Sciences Centre and St. Clare's Mercy Hospital provided both specific requirements for each of the two emergency departments as well as lessons learned that can be generalized to all of the emergency departments in the province.

Some of these lessons include:

- Emergency department wait times can be reduced through better use of existing resources. The number and type of staff and how they are scheduled must line up with the numbers and timing of when patients present to the emergency department. The physical layout of an emergency department may limit the number of patients that can be seen, including where they are seen. Additionally, if equipment and supplies are not stored properly and conveniently, the time that staff can spend with patients will be reduced.
- Hospitals that focus only on what happens in the emergency department to reduce wait times will not be completely successful. Other hospital policies, such as how the X-ray and lab departments prioritize patients, must be reviewed and wherever possible, aligned to meet the needs of the emergency department.

- In some cases, emergency departments are replacing the services that would normally be provided in the community and in particular by family doctors. Finding community-based alternatives to emergency department care, such as the addition of urgent care clinics and after-hours primary care services can significantly reduce the number of patient visits to an emergency department³ and wait times.
- Patients may think that they can get faster access to specialists and investigations of their medical condition(s) by going to the emergency department, rather than being referred by their family doctor.
- Through real time observation and the recording of the time periods that make up a patient visit, issues that are causing longer wait times can be identified and actions quickly taken to reduce them. Currently, no emergency department in the province is publicly reporting on their emergency department wait time statistics.
- Listening to patients and communicating with them and the public about wait times in the emergency department is essential for successful outcomes.

What we have done

In advance of the Strategy, the Department of Health and Community Services has already implemented initiatives that complement the actions of this Strategy, including: increased the number of medical school seats from 64 to 84 (planned for September 2013); increased the number of family practice residency positions; funded an additional year in the Family Practice residency program for physicians planning to work in an emergency department; and, increased the number of bursaries offered to family practice residents. The Provincial Government has also increased the number of nursing seats from 255 to 291 and continues to provide BN and Nurse Practitioner bursary programs.

The Access and Clinical Efficiency Division in the Department of Health and Community Services was established in 2011 to take the provincial lead on the issue of wait times in the province's health care system.

³ Jones D.C., Carrol L.J., and Frank L., 2011 *After Hours Care in Suburban Canada: Influencing Emergency Department Utilization*; Journal of Primary Care and Community Health, May 25, 2011.



In 2011-12, 50 bursaries were offered to 47 Family Practice residents, at a cost of \$1.25 million. Each bursary has a one year return in service commitment to an area of need in the province.

Work, in collaboration with the four regional health authorities, is currently being done to reduce wait times for selected services, such as endoscopy.

The Department of Health and Community Services has also recently developed other strategies for implementation, related to wellness and chronic disease management. Actions arising from these strategies will impact on emergency department utilization and help reduce wait times.



THE STRATEGY

This is a five-year Strategy, designed to reduce wait times in the province's higher volume emergency departments, while promoting patient safety, quality of care and treatment standards.

To reduce wait times, the Strategy has five goals:

1. To improve the efficiency of higher volume (Category A) emergency departments;
2. To improve access to community-based health services that will support effective utilization of emergency departments;
3. To implement a province-wide standard for patient triage and wait times to receive initial medical attention;
4. To improve the collection, reporting and use of emergency department wait time data; and,
5. To improve communication with patients and the public regarding emergency department wait times.

These goals are consistent with the *2011-2014 Strategic Plan* of the Department of Health and Community Services under the issues of improved access and increased efficiency. By meeting these goals, the provincial health care system will be able to provide high quality emergency department care in as short a time as possible for the people of the province.

To develop the Strategy, the Department of Health and Community Services worked closely with the support of senior leadership in the four regional health authorities, various emergency physicians, the Canadian Association of Emergency Physicians and other health care professionals involved in providing emergency department services.

The Department's Access and Clinical Efficiency Division has responsibility to work with the four regional health authorities to implement the Strategy's actions.

Goal #1 To improve the efficiency of higher volume (Category A) emergency departments

Improving how an emergency department functions does not always require more money or new resources. Rather, the focus should be on removing the barriers that impede or slow down patient flow. Each emergency department is unique and remedies have to be tailored to recognize this; for example, each emergency department makes staffing decisions based on its own patient volumes and levels of patient acuity or urgency.

Objective: Ensure optimal staff scheduling, skill mix, supportive policies, physical layout and patient flow in emergency departments.

In order to improve efficiency in high volume emergency departments, the way staff is scheduled and what duties health professionals are required to do, must be addressed. Staffing schedules need to match patient volumes, acuity and time of presentation. Skill mix also has to be optimized to ensure that the right staff are there to meet the needs of the patients. This includes reviewing the potential role of nurse practitioners to help address high volumes of less urgent patients.

Efficiency also relies on factors other than staffing levels. Some hospital policies can negatively impact emergency department wait times, such as their Discharge Policy, including how early in the day discharge orders must be written by a physician. These policies need to be identified, reviewed and changed wherever possible so that they align with emergency department needs. The physical layout of the emergency department can also negatively impact efficiency; proper set up can reduce or eliminate inefficiencies.

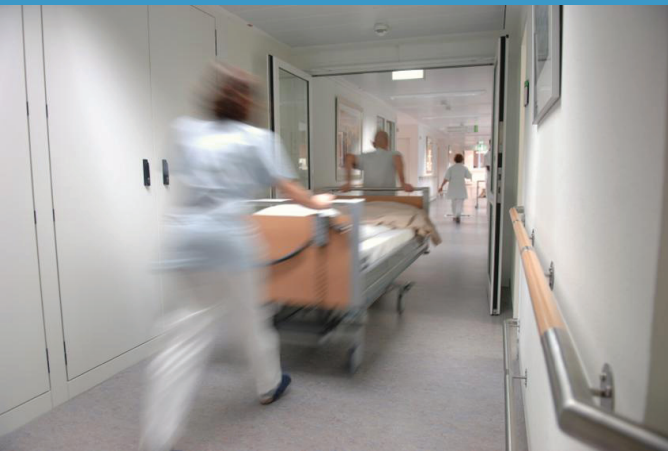
Ensuring that high volumes of less urgent patients are seen efficiently can reduce emergency department overcrowding. As these patients often do not need a bed to be seen and treated, emergency departments and nearby spaces should be set up to meet the needs of this group of patients.



The use of standardized protocols should be considered, in consultation with emergency physicians. This will allow nursing staff to begin a patient's investigations and possible treatments based on the patient's presenting problem while waiting for the physician, for example, administering medication to a child presenting with a fever or completing blood work and an EKG on a patient with chest pain.

Actions:

- **External reviews of all 13 Category A facilities will be completed to determine current and baseline wait times, identify the causes of delays in patient flow and implement quick wins and solutions to reduce wait times.**
 - It takes three to four months to complete an external utilization and staffing review of an emergency department;
 - Completion of all 13 Category A emergency departments reviews is planned within three years; and,
 - The Provincial Government will allocate funding for six new nursing staff positions to be placed in St. John's, Gander and Grand Falls-Windsor emergency departments, as well as one ward clerk position in Stephenville.
- **Front-line emergency department staff will be educated and trained in process improvements to reduce wait times in an emergency department.**
 - A three-day workshop is planned for Spring 2012 and providers from all 13 Category A emergency departments will be invited to participate.
 - Other training needs will be identified and addressed as each review is completed.



Goal #2 **To improve access to community-based health services that will support effective utilization of emergency departments**

Many patients visit an emergency department as they either do not have a family doctor or they are not able to see one quickly. Some patients use the emergency department to try and access specialists and diagnostic tests (X-ray and other services) more quickly.

High volumes of low-urgency patients can create overcrowding in an emergency department and lead to longer wait times. In 2010-11, 56 to 86 per cent of patients who presented in one of the 10 Category A emergency departments that are using CTAS, were triaged as either CTAS 4 or 5, indicating non-urgent, routine conditions.

Historically, the thinking has been that reducing or diverting the number of low-urgency patients would not significantly reduce demands on and wait times in an emergency department.⁴ Recent research however, demonstrates that community-based alternatives to the emergency department reduce the number of patients who would otherwise present there.⁵

To achieve this goal, the Strategy has three objectives to: 1) increase access to family doctors, 2) increase awareness and usage of the provincial HealthLine and 3) provide community-based alternatives to hospital admission by seniors, where appropriate.

Objective: **Increase access to family doctors**

Some patients present to the emergency department as their family doctors may not have appointments available to see them quickly or they do not offer services after hours or on the weekends. The Canadian College of Family Physicians and the Institute for Health Care Improvement have endorsed the model of Open Access Scheduling. This is a type of scheduling that can be used in a family doctor's office, where a number of appointment times are left open each day so they can provide same-day appointments to patients who call with acute illnesses. This approach also enhances the coordination of care as patients are seen by their own physician, instead of visiting the emergency department.



⁴ Auditor General of Ontario report, Chapter 3, Section 3.05, *Hospital Emergency Departments*, 2011

⁵ Alberta Medical Association, Primary Care Network Backgrounder, January 21, 2011.

Some family physicians are in solo or group practices that provide clinics only on weekdays and during regular working hours. As a result, patients often feel that they have no other choice but to seek medical attention in an emergency department when they require care after hours.

Action:

- **The Department of Health and Community Services will collaborate with the Newfoundland and Labrador Medical Association to increase the availability of community-based services by:**
 - Promoting the use of Open Access Scheduling;
 - Providing incentives to family doctors to increase the number of evening and weekend clinics they provide; and,
 - Exploring alternate models of care, including family doctors working with other groups of physicians to provide after-hours coverage or in teams with other health care providers.

Objective: Increase awareness and use of the provincial HealthLine

Today's public is often confused about who to call and where they should go to receive advice on their medical problem or condition. Since September 2006, the Department of Health and Community Services has been funding HealthLine, a provincial phone line, which is staffed by experienced nurses, to provide both medical advice and direction to patients who have minor, non-urgent health complaints. Currently, capacity exists to increase the number of phone calls that HealthLine receives.

The HealthLine receives approximately 2,600 calls a month, with 50 per cent repeat callers. Approximately 75 per cent of the phone calls are made by either patients or care-givers regarding medical symptoms. Of these, approximately 20 per cent are referred to an emergency department, 60 per cent are referred to the family doctor or health care provider for follow up if their symptoms don't resolve and 20 per cent are recommended self-treatment.



Each month the HealthLine does a follow-up survey of clients who called in the prior month. On average, 80-85 per cent of the clients surveyed reported that they followed the nurse's recommendations.

The Department of Health and Community Services is collaborating with the Newfoundland and Labrador Centre for Health Information to complete an external review of the impact of HealthLine on the provincial health care system. To date, Phase One of the review has been completed, which included an extensive literature review and audit of the HealthLine's statistical reports. Phase Two of the review will focus on patient satisfaction and the impact that the information provided by the HealthLine has on a patient's subsequent behavior and in particular, whether it deters them from presenting to an emergency department for those who were advised otherwise.

Actions:

- **The Department of Health and Community Services will continue to promote awareness and use of the provincial HealthLine.**
- **The Department of Health and Community Services, in collaboration with the Newfoundland and Labrador Centre for Health Information, will complete Phase Two of its utilization review of the HealthLine.**
- **Eastern Health will commission the HealthLine to do follow-up, within 24 hours of the visit, of patients who left their emergency departments without being seen to determine their status.**

Objective: **Provide community-based alternatives for seniors to prevent hospital admissions**

One of the most common reasons for long wait times in an emergency department is patients staying in an emergency department for long periods of time after the decision to admit them has been made but no hospital in-patient bed is available. As a result, these patients experience longer wait times in the emergency department and both the emergency department and acute care system are impacted. Policies and actions that increase the number of available hospital beds will lead to decreased wait times in an emergency department.



In 2010-11, 35 per cent of all hospital admissions were for patients aged 65+; 70 per cent of these admissions were through an emergency department.

In our province, 94 per cent of seniors live at home; 25 per cent live alone. Often, seniors present to the emergency department with a worsening of a chronic medical condition, such as chronic obstructive lung disease and because they need some level of nursing or supportive care that prevents them from returning home, they are admitted to hospital. Once admitted, a senior's length of stay is 50 per cent longer than a non-senior being treated for the same condition.

We also know that 71 per cent of patients that are designated as requiring alternate levels of care (patients who are medically discharged but need rehabilitation or are unable to return home) are admitted through an emergency department.

Other jurisdictions have found that by delivering rehabilitation and other services to seniors with medical needs in their own homes, admissions through emergency departments have been reduced. Following the implementation of such a program at the Red Deer Regional Hospital Centre in Alberta, a 50 per cent reduction in admissions to hospital through their emergency department was reported.

Action:

- **The Department of Health and Community Services will work with the regional health authorities to provide access to enhanced community-based health services for seniors, who present at an emergency department and could otherwise be supported at home and avoid hospital admission, by piloting two Community-based Rapid Response Teams.**
 - A community-based rapid response team is comprised of medical professions including nursing, physiotherapy, occupational therapy and physicians who provide short-term intervention and support to seniors in their own homes;
 - Seniors, who are identified by the emergency department physician as being able to return home with additional supports, will be referred to the team for follow-up care and monitoring in the patient's home. As their condition improves, patients will be referred back to regular community supports; and,
 - 24-hour home support for up to seven days will also be available.

Goal #3 To implement a province-wide standard for patient triage and wait times to receive initial medical attention

How long a patient waits to be seen and assessed in an emergency department will vary. Some of the variation is medically acceptable and based on the urgency of the patient's condition at the time of arrival in the emergency department.

The most common classification system used in Canadian emergency departments to determine the urgency or severity of a patient's condition on arrival to the emergency department is the Canadian Triage and Acuity Scale (CTAS), developed by the Canadian Association of Emergency Physicians in 1998. CTAS is being used in approximately 80 per cent of Canadian emergency departments for quality assurance and standardization purposes. CTAS is currently being used by 10 of the 13 Category A emergency departments in the province. Implementation of a province-wide system, like CTAS, will allow the capture of consistent data and help reduce wait times in emergency departments.

CTAS is a five point scale that an emergency department can use to evaluate a patient's presenting condition and identify their need for care. CTAS also establishes the maximum recommended time that a patient should wait until their initial medical assessment, by either a physician or appropriate health care provider.

When used, each patient is assigned a CTAS level of 1-5 during the initial nursing assessment (triage). The following summarizes the CTAS:

- **Level 1** - Resuscitation (e.g. cardiac arrest) requiring an immediate response;
- **Level 2** - Emergent (e.g. chest pain) requiring a response within 15 minutes;
- **Level 3** - Urgent (e.g. mild to moderate asthma) requiring a response within 30 minutes;
- **Level 4** - Less Urgent (e.g., minor trauma, urinary symptoms) requiring a response within 60 minutes; and,
- **Level 5** - Non-Urgent (e.g. common cold, sore throat) requiring a response within 120 minutes.



The two adult emergency departments in St. John's see 25 per cent of the total patients that visit Category A emergency departments.

Currently, 50 per cent of Category A emergency departments are electronically recording at least one of the four key metrics.

The training for, implementation and use of the CTAS scale (or equivalent) is the first step in measuring emergency department wait times and establishing wait time targets in the province.

Action:

- **The Department of Health and Community Services will adopt and implement CTAS as the provincial standard for both patient triage and recommended maximum wait times to initially be seen by either a physician or appropriate health care provider in all 13 Category A emergency departments.**

Goal #4 To improve the collection, reporting and use of emergency department wait time data

Prior to the completion of the two emergency department reviews in Eastern Health, no Category A emergency department was recording a comprehensive list of patient wait times. The two adult emergency departments in St. John's have now started. Collection of this information is essential to understand the magnitude of wait time delays in an emergency department, be able to set reasonable and realistic targets to reduce excessive wait times and report to the patients and the public.

There are four nationally recognized wait time metrics or measurements that document how well an emergency department is meeting the needs of the population it serves. Collection of information on these four measures has been recommended by the consultants who completed the two external reviews of the adult emergency departments in St. John's and includes:

1. **“Door to Doc”** - This time period is based on the CTAS and includes the time from when the patient presents to an emergency department and is registered or triaged until they are initially seen by a physician or the most appropriate health care provider. This time period sets the standard for a commitment to safety and is often the one that determines a patient’s overall satisfaction with their visit.
2. **Length of stay** - This is the total time that a patient spends in the emergency department, from when they first arrive until they are either discharged home or admitted to hospital. This time period indicates how well an emergency department is working and performing.
3. **Left without being seen** - This is the percentage of patients who registered in the emergency department but left before their visit was completed. It is an indirect measure of wait times and indicates patient dissatisfaction. It may also indicate that the visit to the emergency department was not required.
4. **Patient satisfaction** - All regional health authorities have Complaint/Compliment procedures. However, none of the regional health authorities have an emergency department satisfaction survey.

An electronic wait time system allows for the ongoing gathering of information and recognition of bottlenecks in patient flow so that quick actions can be taken to resolve the problem. These systems, which support the monitoring and communication of actual and current wait times, are best utilized in larger, high volume emergency departments.

The recommended target for left without being seen is two to three per cent or less.



Actions:

- **The Department of Health and Community Services, working with Eastern Health, will implement an electronic Emergency Department Information System in the emergency departments at the Health Sciences Centre and St. Clare's Mercy Hospital.**
 - Business cases will be completed during each external review of the higher volume emergency departments to determine the return on investment of implementing an Emergency Department Information System in other Category A emergency departments.
- **The Department of Health and Community Services will standardize the measurement of provincial emergency department wait times based on the collection and recording of, at a minimum: Door to Doc and length of stay wait times, the percentage of patients who left without being seen and patient satisfaction.**

Goal #5 **To improve communication with patients and the public regarding emergency department wait times**

Knowledge is power. An emergency department that is patient-focused should communicate to the patients who are waiting, as best they can, what their expected wait time should be. Patients need to be educated that wait times are based on urgency and not the order in which they register. Patients also need to understand that unplanned and urgent events, such as a motor vehicle accident or a cardiac arrest, will impact their wait time. Priority will always be given to the most urgent patients, making less urgent patients wait longer. Improving a patient's knowledge, their experience and the service they receive all contributes to patient satisfaction.

One way to improve a patient's knowledge of expected emergency department wait times is through the use of historical, averaged wait time data. In those emergency departments where an emergency department information system has been implemented, wait time information can be available in real time.

To date, the Provincial Government is reporting quarterly on provincial and regional wait times in the five priority areas identified in the 2004 *Canadian Health Accord*; emergency department wait times were not included. No regional health authority is providing information on emergency department wait times to the public.

Actions:

- The Department of Health and Community Services will work with each regional health authority to ensure that information on CTAS is posted in the waiting rooms of all Category A emergency departments.
- Emergency departments will provide wait time information to patients in either real time or on a historical basis.
- In consultation with the Department of Health and Community Services, each regional health authority will develop a communication strategy to determine patient satisfaction with their emergency department visit.
- The Provincial Government will report annually to the public on emergency department performance, including wait times, on the Department of Health and Community Services' website as emergency department-specific information becomes available.



CONCLUSION

Improving overall access to the health care system is a priority for the Government of Newfoundland and Labrador. In 2011, the Provincial Government committed to reduce wait times in emergency departments. This Strategy is evidence of this commitment and provides the means for the promise to be met.

Actions that make an emergency department more efficient, reduce the number of low urgency patients that use the emergency department and reduce the number of hospital admissions by seniors, where appropriate, will reduce emergency department wait times. These actions will ensure that patients receive timely access to the health care system in the most appropriate setting. By replicating the external reviews that have already been completed and have begun to reduce wait times in the province's two largest emergency departments, we will reduce emergency department wait times throughout the province on a site by site basis. The plan is that within three years, all Category A emergency departments will be reviewed, recording wait times information and will have begun to implement changes that will reduce wait times. While Category B emergency departments are not the focus of this Strategy, the lessons learned and changes that are made in larger volume emergency departments can be considered at all sites.

We care about what we measure. By adopting CTAS standards and ensuring that emergency departments are recording, monitoring and reporting on wait time information, we know that this, in itself, will reduce wait times. Improving communication with patients and the public on wait times will increase transparency, performance and satisfaction.

The information that we collect through the implementation of this Strategy will help to ensure that the Provincial Government is able to establish evidence-based wait time targets for our 13 Category A emergency departments that meet the needs of the public and can be achieved.



APPENDIX A

Category A Emergency Departments

Eastern Health

- Burin Peninsula Health Care Centre, Burin
- Carbonear General Hospital, Carbonear
- Dr. G.B. Cross Memorial Hospital, Clarenville
- Health Sciences Centre, St. John's
- Janeway Children's Health and Rehabilitation Centre, St. John's
- St. Clare's Mercy Hospital, St. John's

Central Health

- Central Newfoundland Regional Health Centre, Grand Falls-Windsor
- James Paton Memorial Regional Health Centre, Gander

Western Health

- Sir Thomas Roddick Hospital, Stephenville
- Western Memorial Regional Hospital, Corner Brook

Labrador-Grenfell Health

- Captain William Jackman Memorial Hospital, Labrador City
- Charles S. Curtis Memorial Hospital, St. Anthony
- Labrador Health Centre, Happy Valley-Goose Bay

Category B Emergency Departments

Eastern Health

- Bonavista Community Health Centre, Bonavista
- Dr. A.A. Wilkinson Memorial Health Centre, Old Perlican
- Dr. Walter Templeman Community Health Centre, Bell Island
- Dr. William Newhook Community Health Centre, Whitbourne
- Grand Bank Community Health Centre, Grand Bank
- Placentia Health Centre, Placentia
- U.S. Memorial Health Centre, St. Lawrence

Central Health

- A.M. Guy Memorial Health Centre, Buchans
- Baie Verte Peninsula Health Centre, Baie Verte
- Brookfield/Bonnews Health Care Centre, Brookfield
- Connaigre Peninsula Health Care Centre, Harbour Breton
- Dr. Hugh Twomey Health Care Centre, Botwood
- Fogo Island Hospital, Fogo
- Green Bay Community Health Centre, Springdale
- North Haven Emergency Centre, Lewisporte
- Notre Dame Bay Memorial Health Centre, Twillingate

Western Health

- Bonne Bay Health Centre, Bonne Bay
- Calder Health Care Centre, Burgeo
- Dr. C.L. Legrow Health Centre, Port aux Basques
- Rufus Guinchard Health Care Centre, Port Saunders



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