

**Communiqué to Emergency Department Chiefs,
Hospital Chief Executive Officers & Chiefs of Staff**

2011 SUMMER INITIATIVES FOR EMERGENCY DEPARTMENTS

Summer Incentive

The Ministry of Health and Long-Term Care recognizes the challenges of staffing emergency departments (EDs), especially in the summer months. With a focus on assisting Ontario's hospitals in averting unplanned ED closures during the summer of 2011, this incentive is directed primarily to the smaller, single-coverage sites that are generally at the highest risk of closure. Funding is available to support local physicians to provide additional coverage, minimizing the use of locum physicians, and keeping the ED open.

Who is eligible?

In order to be eligible an ED must:

- Remain open between **June 13 – September 11, 2011 (inclusive)** AND;
- Be one of the designated EDs identified as highest need for the summer of 2011, as outlined below:
 - All hospitals participating in the Emergency Department Coverage Demonstration Project (EDCDP) between June 1 and August 31, 2011.
 - All other ED Alternate Funding Arrangement (AFA) hospitals with 30 hours of coverage per day or less (based on established Hours of Coverage for fiscal year 2011-12).
 - All other Fee For Service (FFS) hospitals with total volumes of 30,000 or less (based on National Ambulatory Care Reporting System data from April 1, 2009 to March 31, 2010).
 - All EDs whose coverage is provided through a Rural and Northern Physician Group Agreement (RNPGA).

Is partial funding an option?

No. If a designated ED is unable to maintain 24/7 coverage during the incentive period, it will not receive any Summer Incentive funding.

What is the amount of funding for each ED?

TYPE OF ED	FUNDING
EDCDP Regional Referral Centers	\$50,000, -\$50 hourly reduction based on EDCDP usage (maximum reduction \$20,000)
All other EDCDP participants	\$30,000, -\$50 hourly reduction based on EDCDP usage (maximum reduction \$20,000)
Non-EDCDP EDs (ED AFAs with ≤30hrs coverage/day or FFS sites with ≤30,000 visits per year)	\$20,000
EDs covered through an RNPGA	\$10,000

Do I have to apply?

No. In summer 2011, eligible EDs will receive a letter from the Ministry of Health and Long-Term Care outlining your funding eligibility and accountability requirements. Summer Incentive funding must be utilized in a manner that demonstrably supports keeping EDs open during the specified time period.

How does the funding flow?

Subject to fulfillment of accountability requirements, and all other program conditions being met, funds will flow to the ED physician group in early fall 2011.

What can the incentive be used for?

This is up to the ED physician group. For example, it might be used to recognize physicians who rearrange their personal plans in order to pick up extra or unfilled shifts over the summer or physicians who defer holiday time until a non-peak period, including those who normally only work a limited number of shifts. In the fall, the EDCDP will conduct an evaluative survey whereby the physician groups will have an opportunity to share leading practices and use of funds in maintaining 24/7 coverage.

What happens if an ED group needs the EDCDP to fill shifts over the summer?

Groups that are eligible for EDCDP support will still be able to call on EDCDP for assistance. Every hour of EDCDP assistance that is used from June 13 to September 11, 2011 (inclusive) will reduce the Summer Incentive by \$50, with a maximum reduction of \$20,000.

What happens if an eligible ED is unable to maintain 24/7 ED coverage for any period between June 13 – September 11, 2011 (inclusive)?

The physician group will not be eligible to receive any Summer Incentive funding.

Who is the contact for questions about the Summer Incentive?

EDCDP Hospitals

Naomi Marble
Operations Coordinator
Emergency Department Coverage Demonstration Project
HealthForceOntario Marketing and Recruitment Agency
emerg@healthforceontario.ca

All Other Hospitals

John Amodeo
Director
Health Sector Labour Market Policy Branch
Ministry of Health and Long-Term Care
John.Amodeo@ontario.ca

Existing Initiatives

Holiday Long-Weekend Premiums

A 25% on service encounter reporting premium (shadow billing) will be paid on summer long weekends in addition to the existing premiums (of either 10% or 35%, depending on whether the ED AFA physician group has selected billing Option 1 or 2).

The holiday “H” schedule of benefit codes may be billed on statutory holiday dates as shown in the chart below.

SUMMER STATUTORY HOLIDAY PREMIUM DATES			
Holiday	Start Date	End Date	# of Days
Victoria Day	May 21, 2011	May 23, 2011	3
Canada Day	July 1, 2011	July 3, 2011	3
Civic Day	July 30, 2011	Aug 1, 2011	3
Labour Day	Sept 3, 2011	Sept 5, 2011	3

ED AFAs with fewer than 30,000 unscheduled visits per year

Physicians at hospitals with annual ED volumes of fewer than 30,000 visits receive an additional 25% shadow-billing premium during July and August, excluding the statutory holidays that are already eligible for this shadow billing premium. This premium is designed to assist smaller hospitals in attracting physician coverage over the summer months, and means that groups receive between 35% and 60% shadow billing premiums during the months of July and August.

Hours of coverage for workload ED AFAs

Workload hospitals with scheduling issues during the July 1 – October 15 period may reduce total hours scheduled without being subject to recovery at the end of the year as long as the hospital stays open 24/7 and the hours of coverage do not fall below the minimum number of hours required for a Workload hospital (40% of the hours over 24). The physician group determines the use of these additional funds, which may be used to provide an incentive to physicians who pick up extra shifts over the summer or who work unsociable hours.

Off-Site Flexibility for 24hr ED AFAs

To provide additional flexibility at the local level during the July 1 to October 15 period, hospitals with scheduling issues may agree, together with the Emergency Group and with volumes permitting, that the on-duty ER physician may be on-call from outside the ED. This is provided that the on-duty physician is available to provide emergency services within 15 minutes of a call or within a time frame agreed upon by the hospital and the Emergency Group within funding levels 4A and 4B.

ED Recruitment Program

The ED Recruitment Program is a two-year program developed to increase the number of full-time ED physicians in Ontario. Under the program, the candidate agrees to provide emergency services for at least 28 hours/week for a 52-week period or a minimum of 1,456 hours per year. Available to both FFS and ED AFA sites, the program is made up of two tiers, based on the extent of physician shortage and/or reliance on locum services. Physician groups that recruit physicians meeting the eligibility criteria to the ED may receive total funding of between \$25,000 and \$75,000 over two years.

ED Mentorship Program

This program is intended to promote the integration of community-based family practitioners into EDs. Monthly funding is provided to the ED physician group in exchange for the provision of a minimum of 32 hours/month of clinical mentoring for a four-month period. Mentored physicians are paid for the clinical services they provide. Only physicians who have not worked in an ED within the past year are eligible to be mentored. EDs are eligible for one possible candidate for every 15,000 patient visits and cannot have more than five candidates at any one time.

Who is the contact for questions about the existing initiatives?

Barbara Roston
Program Manager
Specialist Physician Contracts
Ministry of Health and Long-Term Care
Barbara.Roston@ontario.ca