

| QUESTION   | ANSWER  |
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| <p><b>What do wait times and patient numbers mean?</b></p> | <p><b>“Patients Waiting”</b> is the number of patients who have registered with a triage nurse and are waiting to be seen by a physician, nurse practitioner, or physician assistant.</p> <p><b>Patients Being Treated</b> is the number of patients who are currently waiting for a diagnosis or being treated by a physician, nurse practitioner, or physician assistant. It can also include patients admitted to hospital and waiting in ED while a bed is being made available to them in the hospital.</p> <p><b>“Urgent”</b> refers to patients who have conditions in level 3 of the Canadian Triage and Acuity Scale (CTAS). They are in the most critical conditions and require more urgent care. Examples: chest/abdominal pain, broken bone and asthma attack. Because they are prioritized first, the wait time is lower.</p> <p><b>“Less Urgent”</b> refers to patients who have conditions that are in levels 4 and 5 of the CTAS. Examples: headache and sore throat. They are not in urgent need of critical care and could be seen by a primary health care provider, after-hours clinic or virtual care or receive advice provided through their pharmacists and/or Telecare 8-1-1. The wait times will be higher for these patients.</p> <p><b>The projected wait times represent the wait for a patient to be seen by a health care provider — they do not represent the total wait time within the Emergency Department.</b> It is measured as the time from registration to being seen by a clinician (Physician, NP, or physician assistant).</p> <p>The estimated wait times and patient numbers are updated every 15 minutes, but they are approximate and can change quickly, depending on patients’ needs in the Emergency Department.</p> |

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|   | <p>An incident such as a serious trauma can unexpectedly and significantly affect the wait time for others.</p>  |
| <p><b>Who goes first?<br/>(How are patients prioritized?)</b></p> | <p>Emergency Departments triage (sort) patients based on physical and mental need for care. While all patients are important and will be seen, some require care more quickly than others.</p> <p>Unlike walk-in clinics, patients are not cared for in the order that they arrive. The emergency department works on a “worst first” approach rather than a “first come, first seen” approach.</p> <p>All Canadian health care facilities use the Canadian Triage and Acuity Scale (CTAS) tool to determine the seriousness of a person’s illness or injury, and care for them appropriately, and the most critical are cared for first.</p> <p>When you arrive at the emergency department, the triage nurse will categorize your care as being one of the following:</p> <ul style="list-style-type: none"> <li>• <b>Level 1: Severe.</b> These are conditions that are threats to life or limb. For example: cardiac arrest and major trauma.</li> <li>• <b>Level 2: Emergent.</b> These are conditions that are a potential threat to life, limb or function. For example: chest pains.</li> <li>• <b>Level 3: Urgent.</b> These are serious conditions that require emergency intervention. For example: asthma and frostbite.</li> <li>• <b>Level 4: Semi-Urgent.</b> These are conditions that relate to patient distress or potential complications that would benefit from intervention. For example: mild pains, such as an earache.</li> <li>• <b>Level 5: Non-urgent.</b> These are conditions that are non-urgent or that may be part of a chronic problem. For example: sore throats and prescription refills.</li> </ul> |

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| <p><b>Why do some patients wait longer than others?</b></p>       | <p>You may notice that someone in the waiting room looks “normal” but is seen first, and that another’s injury looks painful, yet they are still waiting. We understand that your visit to the Emergency Department means you feel unwell and not knowing when you will be seen can be frustrating.</p> <p>We want you to know that all patients are important to us and that we’re doing our best to keep wait times down and provide you with quality care in a safe and timely manner.</p>   |
| <p><b>What do I do if my condition changes while waiting?</b></p> | <p>Your condition is assessed by a triage nurse who has special training to help gather information about your illness or injury by asking you to describe your symptoms and/or the circumstances that brought you here. If you feel your condition, mental or physical, or the condition of your loved one, has worsened since you arrived, please inform the triage nurse.</p> <p>Please do not leave without being seen by a physician, nurse practitioner, or physician assistant. Should you decide to leave without being treated, please let the triage nurse know</p>   |
| <p><b>What are my other options for care?</b></p>                 | <p>If you’re unwell, but your condition doesn’t require urgent care at the Emergency Department, there are several options for care:</p> <ul style="list-style-type: none"> <li>• <b>Mental Health Support:</b> <ul style="list-style-type: none"> <li>○ <b>Chimo Helpline:</b> 1-800-667-5005</li> <li>○ <b>Gambling Helpline:</b> 1-800-461-1234</li> <li>○ <b>Kids Help Phone:</b> Text TALK to 686868 or call 1-800-668-6868</li> <li>○ <b>Horizon’s Mobile Crisis Units</b> provide interventions to defuse situations in the community, supporting individuals and families outside of the usual hours of operations including evenings and weekends.</li> </ul> </li> <li>• <b>Tele-Care 811:</b> If you are unsure about a medical problem, contact Tele-Care anytime by dialling 8-1-1. They can help you figure out your next steps.</li> <li>• <b>Pharmacist:</b> You can discuss your medical condition with a pharmacist by phone or in person, without an appointment.</li> </ul> |

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|   | <ul style="list-style-type: none"> <li>• <b>Family Doctor or Primary Care Provider:</b> Your primary care provider understands your medical history, which helps inform their decisions about the best treatment options for you.</li> <li>• <b>Walk-in Clinic:</b> If a doctor is not available, you can visit an After-Hours/Walk-In Clinic to be seen about your symptoms.</li> <li>• <b>Nurse Practitioner Clinics:</b> Horizon has two nurse practitioner-led clinics – Fredericton Southside Health Centre and Saint John Uptown Health Centre. These health centres are led by a team of Nurse Practitioners who are establishing patient lists exclusively through the Patient Connect NB registry. Patients may book appointments for primary health care services through their assigned Nurse Practitioner. As well an ED diversion NP clinic has been established in Fredericton.</li> <li>• <b>Virtual Care:</b> Horizon has used Virtual Care (also referred to as Telehealth) since 1998. This has helped thousands of patients and clinicians enhance their care. Since March 2020, more than 1,500 clinicians have begun using Horizon’s Virtual Care Platform. Horizon’s community health centres are able to book Virtual Care appointments.</li> </ul> <p>To learn more about these options, visit <a href="http://sowhywait.ca">sowhywait.ca</a>.</p> |
| <p><b>When should I go to the ED?</b></p> | <p>If you or someone in your care has an urgent medical condition or is experiencing a health crisis, go to the nearest Emergency Department or call 9-1-1 immediately.</p> <p>Examples of an urgent/critical medical condition are:</p> <ul style="list-style-type: none"> <li>• Discomfort or tightness in the chest</li> <li>• Unusual shortness of breath</li> <li>• Abdominal pain</li> <li>• A prolonged and persistent headache or dizziness</li> <li>• An injury that may require stitches or may involve a broken bone</li> <li>• Prolonged diarrhea or vomiting (especially a child)</li> </ul>  |

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| <p><b>What should I bring with me to the ED?</b></p>                                  | <p>When you come to the Emergency Department, please bring:</p> <ul style="list-style-type: none"> <li>• Your Medicare card</li> <li>• An up-to-date list of your medication(s), including how much, how often and why you are taking each one</li> <li>• A list of any allergies</li> <li>• Emergency contact information</li> </ul> <p>This helps the emergency department staff provide efficient and timely care.</p> <p>Due to the COVID-19 pandemic, when you come to a Horizon Emergency Department, please wear your own face mask. You will be provided a new face mask during the screening process and asked to put on this face mask before entering.</p> <p>Patients visiting Emergency Departments who require assistance may have <b>ONE</b> support person only. No other visitors permitted. Only <b>ONE</b> person per pediatric patient is allowed (parent or caregiver only).</p> |
| <p><b>Why are you sharing estimated ED wait times?</b></p>                            | <p>Publishing wait times was <b>requested by patient focus groups</b> as a convenient tool they could use to help them evaluate whether or not the ED was the best option for their non-urgent medical need.</p> <p>We continue to encourage the public to <b>use appropriate alternatives</b> to Emergency Departments when they need non-urgent care.</p>   |
| <p><b>I saw on the screen I would be waiting 2 hours, but waited 5 hours. Why</b></p> | <p>The <b>projected wait times</b> represent <b>the wait for a patient to be seen by a health care provider — they do not represent the total wait time within the Emergency Department.</b> It is measured as the time from registration to being seen by a clinician (Physician, NP, or physician assistant).</p> <p>These projections are estimated <b>based on historical trends, and may vary from real-time variations in staffing, hospital bed availability and a variety of other factors.</b></p>   |

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| <p><b>the inconsistency?</b></p>                    | <p>The estimated wait times and patient numbers are updated every 15 minutes, but they are <b>approximate and can change quickly</b>, depending on patients' needs in the Emergency Department and staffing levels. An incident such as a serious trauma can unexpectedly and significantly affect the wait time for others.</p> <p>You may notice that someone in the waiting room looks "normal" but is seen first, and that another's injury looks painful, yet they are still waiting. <b>A triage system is in place in the Emergency Department, where the sickest and most vulnerable patients are cared for first.</b></p> <p>We understand that your visit to the Emergency Department means you feel unwell and not knowing when exactly you will be seen can be frustrating. We want you to know that all patients are important to us and that we're doing our best to keep wait times down and provide you with quality care in a safe and timely manner.</p>  |
| <p><b>Why are estimated wait times so high?</b></p> | <p>Horizon is working hard to ensure the provision of safe and quality care to patients of our Emergency Department.</p> <p>Horizon's Emergency Departments often operate in overcapacity situations, and while this situation is not new it has become more pronounced. This is typically caused by factors – or a combination of factors – including <b>a shortage of available staff, high patient volumes and a shortage of inpatient beds for admissions</b>. Overcapacity is not just a New Brunswick issue – it is felt across Canada and it's a problem that cannot be solved overnight, especially as our population continues to age.</p> <p>Our ED teams, based on available staffing resources, have undertaken measures such as adjusting the use of treatment locations within the department, which may result in longer wait times for patients presenting with less-acute medical needs.</p> <p>As always, hospital EDs are available to provide care for patients who present with emergency and urgent medical needs. We strongly encourage those with less urgent issues to contact their primary</p> |

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|  | <p>care provider or visit <a href="http://sowhywait.ca">sowhywait.ca</a> to explore other options, such as visiting an after-hours clinic, calling Tele-Care 811 or consulting with a pharmacist, while we continue to do our utmost to navigate through these challenges.</p>   |
| <p><b>What is Horizon doing to reduce ED wait times?</b></p> | <p>Our most challenging issues are the <b>shortage of registered nurses and the large number of patients waiting in hospital for long-term care services</b>. Horizon is continuing to work with our staff and partners to find solutions to this issue. This includes our <b>ongoing recruitment efforts</b> locally, nationally and internationally.</p> <p>As part of the strategy to improve congestion and lower wait times, the <a href="http://SoWhyWait.ca">SoWhyWait.ca</a> <b>awareness campaign</b> launched in 2017 to increase public awareness about all the options for care when unwell.</p> <p>We continue to encourage the public to <b>use appropriate alternatives</b> to Emergency Departments. When these measures are not sufficient, we begin to see overcapacity in our Emergency Departments.</p> <p><b>Physicians perform rounds daily on all acute patients, and discharge planners work with patients and their families to make necessary arrangements for discharge.</b> When occupancy levels rise, we see the impact in our Emergency Departments with longer wait. We may <b>need to assign patients to locations other than traditional patient rooms</b>. We may also <b>cancel non-emergency surgeries</b>.</p> <p>In early 2020, Horizon announced the addition of <b>21 nurse practitioners to improve care and wait times</b>; as of November 2021 <b>two NP-lead clinic sites are open</b> (Horizon's Saint John Uptown Health Centre and Fredericton Southside Health Centre).</p> |

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|   | <p>As part of our ongoing effort to reduce Emergency Department wait times while ensuring people receive the right care at the right time, Horizon can confirm that <b>our first ED Diversion Clinic</b> began serving patients in August. This clinic is located in close proximity to Horizon’s Dr. Everett Chalmers Regional Hospital at the Fredericton Southside Health Centre at 565 Priestman St., and will be led by a team of Nurse Practitioners (NPs). <b>Patients with non-urgent medical needs who present to the DECRH ED may be given the option of being referred to the Diversion Clinic</b>, where they will be seen by a NP who can provide care in a more appropriate setting. Horizon is excited about the potential for this initiative as a means of improving patient flow in the ED while ensuring those who may be subjected to longer wait times are seen more quickly. The clinic operates Monday through Friday.</p>  |
| <p><b>How did you come up with the data used in these estimated wait times?</b><br/><b>How do you know it’s accurate?</b></p> | <p>We pulled <b>historical data</b> from our existing ED information system on:</p> <ul style="list-style-type: none"> <li>• <b>registration date and time,</b></li> <li>• <b>patients’ triage level,</b> and</li> <li>• <b>patients’ wait times to their initial assessment by a health provider.</b></li> </ul> <p>Through feature engineering we generated various other parameters that were also included in the predictive model, such as number of patients in the queue, ratio of high acuity:low acuity patients waiting.</p> <p>Statistical models like Random Forest Regression and Time Series Forecasting were used for model development and the results of these models were applied against current waiting room volumes to determine the projected wait times.</p> <p><b>The accuracy of these projections may vary from facility to facility depending on factors like quality of historical data, real-time unexpected events in the department, staffing changes, as well as bed closures.</b></p> |

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| <p><b>How is Horizon evaluating the success of estimated ED Wait time displays?</b></p> | <p>Horizon <b>regularly audits</b> the performance of our projected ED wait times <b>against the actuals and continues to fine tune our algorithms based on these findings.</b></p>   |
| <p><b>How is COVID-19 impacting wait times?</b></p>                                     | <p>Managing the Emergency Department was challenging prior to COVID-19. It's not simply an Emergency Department issue – <b>staffing and bed space depend on the multi-level system of the whole hospital.</b> In the Emergency Department, the sickest and most vulnerable patients are prioritized, so patients with non-urgent medical issues may experience long wait times if they present to the Emergency Department.</p> <p>The COVID-19 pandemic <b>led to a temporary decrease in emergency department numbers</b> and wait times, but as we continue to move into the pandemic recovery phase, the numbers are quickly climbing back to their "pre-COVID" norm.</p> <p>When triaging/treating a patient that presents in an ED with symptoms of COVID-19, Horizon emergency department staff are advised to complete a point of care risk assessment to determine if eye protection is necessary. These protocols are nimble and may change at any time pending advice from Horizon's IPC team.</p> |
| <p><b>How are mental health issues prioritized?</b></p>                                 | <p>Horizon is <b>making considerable progress as we work to implement a number of initiatives to help address gaps in the delivery of emergency mental health services identified in <a href="#">the recommendations announced by the Minister of Health</a></b> this past spring.</p>  |

While much of this work remains ongoing, we remain consistently engaged with our partners at the Department of Health, Vitalite and in community as we collectively strive to enhance access to vital mental health services and intervention for those who need it most.

While this process is presently centred on **the Fredericton area**, these measures will be expanded to other zones, where work to prepare our sites is well underway. Examples of some of the progress being made on this file includes:

- Creation of a **quiet area** away from the larger waiting room in the Dr. Everett Chalmers Regional Hospital Emergency Department.
- **Hiring of staff** to implement the Collaborative Care Model to offer mental health crisis care at the Emergency Department. This process is ongoing.
- **Policy work** has been completed to **establish suicide risk screening and assessment process** for implementation in all areas along with a process to audit charts to ensure quality controls are in place.
- **'One-at-a-time', single session therapy** has been implemented in **community** Addiction and Mental Health centres for anyone to walk-in or by appointment during regular business hours.