



Emergency Department Staffing Reference Guide

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Version 2, August 17, 2007

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Background

Several hospitals in Ontario are reporting difficulty fully staffing their Emergency Departments (ED). The Ministry of Health and Long Term Care (MOHLTC) has developed a number of programs and tools to assist hospitals in addressing ED management and staffing challenges. In an extension of these efforts, the MOHLTC is now focusing on programs and processes that will assist hospitals in approaching ED staffing in a more comprehensive, strategic and sustainable manner.

This guide is meant to be a practical tool that provides quick access to information about available programs and incentives to assist with ED staffing challenges at both ED Alternative Funding Arrangement (EDAFA) and Fee For Service (FFS) hospitals. Many of the programs have been specifically designed to assist EDs during peak summer months.

This is the initial version of the guide. It will be updated and expanded periodically.

Appreciation is extended to those who participated in the development of this document (Appendix B).

Target Audience

This document has been developed to support ED Chiefs/Chiefs of Staff, Physician groups (ED/primary care groups), hospital administrators / delegates, Local Health Integration Network (LHIN) ED leads and LHIN representatives.

How to Use This Document

- **Strategies and Tips** – Starting on page 5, a number of slides outline leading practices, strategies and tips used by Ontario hospital EDs to successfully overcome ED staffing challenges. For each strategy, we provide a description of the strategy, an overview of benefits and challenges of using it, and recommendations on how to implement it.
- **ED Support Programs** – Starting on page 17, these slides outline the programs that provide specific funding to meet an array of staffing situations or challenges. For each program we provide a description, pre-requisites, the process for applying for the funding, and the contact information.



Strategies and Tips

Introduction

This section outlines some leading practices on overcoming common ED staffing challenges which:

- Were developed using interviews with a sample of Emergency Department Chiefs, Ontario Hospital Chief Executive Officers, Chiefs of Staff, LHIN representatives and MOHLTC staff;
- Are based on the efforts of hospitals that have successfully overcome common staffing challenges facing Ontario EDs; and,
- Reflect input from Workload and 24 hour ED Alternate Funding Arrangement (EDAFA) groups and Fee For Service (FFS) EDs.

These strategies and tips are meant to provide insight, ideas and strategies for Ontario hospitals facing ED staffing challenges. They are meant to be inspirational, not prescriptive.

This list is not intended to be comprehensive, and several of the ideas rely on long-term efforts (6 months or more).

Each physician group and hospital will need to determine the best implementation approach for their own organization or site.

ED Checklist

Version 2, August 17, 2007

Description

Steps that can be taken when there are difficulties filling shifts

Benefits

- Hospitals have a consistent approach in filling vacancies

Challenges

- Ensuring the steps are initiated far enough in advance

Recommendation:

1. Contact surrounding hospitals and their ED chiefs to request that their physicians/PGY3 residents be notified of the need for immediate ED coverage
2. Contact the following to request assistance in filling shifts
 - Hospital physicians
 - Community physicians
 - Organizations providing locum coverage
 - PAIRO
 - HFO through the website (www.HFOJobs.ca)
 - Community Development Officer in the region, including notification on their website
 - Local physician recruiter.
3. Contact your LHIN ED Lead

Description

Physicians should develop their schedules 3 to 6 months in advance and post schedules at least 1-2 months in advance so physicians have early notice of the unfilled shifts

Benefits

- Provides to the physicians and the hospital, an early indication of available shifts
- Decreases the occurrence of last minute staffing challenges
- Provides better picture for use of locums – the more advance notice they receive, the better the chance of filling a position (ensure locum commitment and commitment to locums)
- Provides better opportunity for balancing the “good” shifts with the “bad” shifts amongst physicians and locums

Challenges

- Requires a stable and committed ED physician group
- Requires significant time commitment by the ED Chief/Chief of Staff to work on a 3-6 month scheduling calendar

Recommendation

1. Focus first on overcoming short-term staffing needs
2. Fill single coverage shifts first, then fill double coverage shifts
3. Post the schedule in advance and clearly indicate which shifts are open
4. Be flexible with shift hours (e.g. when short an 8 hour shift in any 24 hour timeline, consider two 12 hour shifts)
5. Pre-plan vacation, weekend and holiday coverage, including rotating and staggering vacations
6. When offered, accept assistance for shorter shifts and when possible, extend the length of other shifts
7. When gaps have been identified, fill hard to fill shifts first

Creative Use of ED AFA Funding

Version 2, August 17, 2007

Description

EDAFAs hospitals receive global funding. A leading practice is to use the funding creatively by setting different rates for hard to fill shifts

Benefits

- Allows physician groups to create an attractive rate for hard-to-fill shifts within existing ED AFA funding
- EDAFAs determine their own rates to match their specific needs

Challenges

- Determining what rates to set

Recommendation

- Determine periods of peak demands or hard-to-fill shifts (e.g. nights, weekends, holidays or seasonal)
- Develop rates to match demand and hard-to-fill shifts
- Pay locums the same rate as local Full Time (FT) physicians

Description

Pay locums (and part-time physicians) the same rate as the Full time ED physicians on staff

Benefits

- Depending on current locum remuneration levels, this can result in a slight to significant increase in locum pay – making the hospital more attractive to locum physicians
- There is a strong link between pay and productivity/satisfaction
- Better paid locums will be more likely to return in the future
- Creates a feeling of equity for the locums
- Can simplify remuneration processes

Challenges

- Appropriate allocation of funds can be difficult to determine
- Some upfront work to change remuneration and scheduling policies
- In the end, the hospitals may still be dependent on availability of locums

Recommendation

- Provide locum physicians the same remuneration as the local FT physicians
- Develop different rates for day, night, weekend and holiday pay to incent coverage of hard to fill shifts.
- Be flexible and consider scheduling requests

Description

Provides hospitals with access to a single streamlined credentialing process for locum privileges in a public hospital.

Benefits

- Reduces the time, cost and administrative burden for locum candidates
- Locums are more likely to return to a hospital which has a shorter and easier administrative process

Challenges

- There may be an incorrect understanding that this process changes the hospital authority and responsibility regarding granting of privileges to physicians under the Public Hospitals Act

Recommendation

- Ensure your hospital participates in OHA's Locum Credentialing Application program. Contact locum@oha.com or emerg@healthforceontario.ca. This participation is a requirement for Tier 1 hospitals with HFO support
- Ensure all locums participate in the program
- Set up a process to ensure that candidate credentials are verified, and that there is compliance with the hospital by-laws, particularly regarding the criteria that must be satisfied for physician appointments

Nurse Practitioners/Clinical Nurse Specialist

Version 2, August 17, 2007

Description

Assign a nurse practitioner or clinical nurse specialist to work with ED physicians and to provide continuity of care for locum physicians.

Benefits

- Provides trained back-up to single coverage physicians
- Well trained in broad variety of skills, but can also be specialized (i.e. ACLS, ATLS, etc)
- Can provide valuable local source of knowledge for physicians on locum
- Continuity of care (are in the hospital daily)

Challenges

- Currently in high demand, so there is low availability within the province
- Scope of practice may require some medical directives

Recommendation

- Consider staffing ED with a nurse practitioner/clinical nurse specialist to work with ED physicians

Communication Point of Contact: sophia.ikura-macmillan@ontario.ca

Description:

- Physician Assistants (PAs) are skilled health professionals who support physicians in a range of health care settings.
- PAs are being introduced in Ontario through various pilot projects in different health care settings, including hospitals and emergency departments. These one and two-year pilot projects are designed to pilot test the integration of this role as a solution to Health Human Resources issues being experienced in Ontario's health care system.

Benefits:

- The overall aim is to help ensure more timely access to appropriate health care providers for Ontarians, with the goal of improved patient satisfaction and patient care.
- It is anticipated that the introduction of this new role will lead to reduced wait times and to increased quality of care for Ontario patients.

Pre-requisites or Restrictions:

- Access is currently limited to hospitals that have been selected to participate in the one-year ED or two-year hospital-based PA demonstration pilots (which also includes a number of ED sites).

Process:

- The pilot projects are designed to evaluate how PAs can best be used in the Ontario health care system. They will inform the long term use of this provider type within the system.

Communication Point of Contact: lynne.nagata@ontario.ca

Physician Involvement and Accountability for Staffing Challenges

Version 2, August 17, 2007

Description

Engage ED physicians in resolving ED issues through multiple strategies including scheduling and use of leading practices

Benefits

- More individuals are involved in creatively overcoming the challenges – there is a better chance at finding success
- Tasks and responsibilities are spread amongst several staff – one person does not get overwhelmed

Challenges

- Physicians may be unwilling to take on additional “administrative” responsibilities
- Positive impacts may not be immediate

Recommendation

- Set up regular meetings with ED physicians
- Agree on a joint commitment for resolving the staffing challenges
- Ensure expectations of physicians are clear, detailed and communicated

Create Small Business Mentality

Version 2, August 17, 2007

Description

Create a small business mentality amongst the ED physicians

Benefits

- Creates physician ownership and accountability for the solutions to ED staffing and management challenges
- Creates a group mentality – feeling of belonging to something “good”
- Spreads the staffing challenge risk amongst multiple people
- Provides a creative long-term vision for the physicians – a concept that has proven to be useful in successful hospitals
- Potential for “growing the business” rests with the physicians

Challenges

- Physicians own the risk – may be daunting at first
- Takes time to achieve results
- Potential for remuneration risk, if the organization shrinks

Recommendation

- Incorporate ED physicians as a small business
- Create a shareholders agreement amongst the participants
- Develop individual one year professional service contracts with each physician
- Evaluate the business annually

Description

Sometimes there are “softer” cultural issues affecting the ED physicians (e.g. strained working relationships, behavior problems, etc) that impact the workplace environment, and require a concerted effort to resolve

Benefits

- Improved staff morale
- Creates an attractive, positive ED work environment
- Can help ED staff overcome negative feelings

Challenges

- Not a “quick fix”, nor is it easy to do
- In itself, does not immediately solve staffing challenges – only the negative workplace feelings that surround persistent challenges may lead to a more recruitable environment
- Requires strong involvement and support from physicians and hospital executive

Recommendation

- Work with ED physicians, nurses, hospital executive and others to develop an approach
- Develop “quick wins” to establish a quick positive track record
- Focus on a positive “event” to build from - from an organizational perspective, it has been important to have a “clean start”
- Combine with the strategy of looking at longer-term vision

Executive Support for ED Chief

Version 2, August 17, 2007

Description

The hospital executive team provides support by assisting in calling locum physicians, providing a stipend for the ED Chief, and providing ongoing support and communication in resolving staffing challenge.

Benefits

- Provides support to ED Chief when needed
- Can arrange for assistance with administrative tasks, easing the ED Chief's burden (e.g. arrange/ensure physician credentialing, create orientation package for ED locums, etc.)
- Locums are more likely to return to a hospital when there is tangible support from both the physicians and the administrators
- Can facilitate timely access to specialist or consulting services

Challenges

- Specifying the expectations of the ED Chief
- Ensuring ongoing communication within the hospital

Recommendation

- Set up regular meetings between ED Chief (and/or Chief of Staff) and the hospital CEO
- Identify how the CEO's office can support the ED
- Arrange for ED Chief and CEO to "meet and greet" locum physicians and potential physician recruits when they start their shift – consider having the ED Chief or CEO lead or join the introductory tour of the hospital



Summer 2007 ED Staffing Support Programs

Summer Flexibility for Coverage Hours in Workload Hospitals

Version 2, August 17, 2007

Description:

- In July and August 2007, workload physician groups that are unable to schedule all contracted hours may reduce their total hours as long as the ED remains open 24/7. No funding recovery will occur for this period.

Benefits:

- Allows for flexible use of funds by the physicians – physician can choose when and how to use the excess funding (i.e. they can determine their most urgent shift needs and support hard-to-fill ED shifts)

Pre-requisites or Restrictions:

- EDs must stay open 24/7 without the help of HFO's ED coverage program.
- Coverage must not fall below the minimum Workload threshold (40% of the hours over 24 hours per day), as per the contract
- Go-forward funding will continue to be calculated based on actual patients seen, so this initiative should be used judiciously. The ministry will also review left-without-being-seen rates when evaluating the program at the end of the summer.

Process:

- Physician groups should do some initial planning: determine when they will reduce their shift coverage, and how they can use their funding to maintain 24/7 coverage
- Contact APPB for further information.

Communication Point of Contact: nebo.orazietti@ontario.ca

Summer Shift Premiums

Version 2, August 17, 2007

(for recruitment vacancies)

Description:

- In July and August 2007, the MOHLTC will provide additional funding to Tier 1 hospitals to compensate full time physicians who commit to working additional hours to cover vacant shifts in their home hospitals.

Benefits:

- Provides \$100/hour above regular base funding
- Compensates ED physicians for working extra hours to ensure coverage during ED staffing shortages.

Pre-requisites or Restrictions:

- Hospitals approved for recruitment funding through the APPB are designated Tier 1 and eligible
- Funding is available for up to 28 hours/week (over the month) for each Tier I recruitment position
- Single coverage hours are to be provided first
- Only physicians who are already working at least 28 hours/week over the month are eligible to receive this premium payment. These shift premiums will be applied above the 28 hours/week
- If the group has been getting assistance from HFO it will still be eligible to continue but must attempt to fill shifts using the summer shift premiums first.
- If the ED Group recruits during this period the eligibility for summer shift premiums will end on the recruit's start date.
- Best practices are followed in developing the schedule

Process:

- Groups apply to HFO
- The ED Chief sends the ED call schedule to HFO. For hospitals that have not previously used HFO, two previous months' schedules must also be submitted.
- The ED Chief offers the premium shifts to the full time physicians. At the end of the month, the ED Chief/Chief of Staff signs off on the hours worked. HFO verifies the shifts and MOHLTC provides the additional funding for those shifts to the ED group in the subsequent month.

Communication Point of Contact: emerg@healthforceontario.ca

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Summer Regional Group Locums

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Description:

- ED groups, including those from academic health science centers, who are not experiencing physician shortages are encouraged to assist hospitals experiencing difficulty by participating as a group in the HFO program.
- The ED group commits to 20 hours/month at \$2400 and the shifts are scheduled through HFO.
- Contracts are for 1-3 months

Benefits:

- Shift coverage is shared amongst a group of physicians.
- The group will be paid a \$2400 monthly stipend.
- Encourages strengthened relationships amongst physician groups and hospitals

Pre-requisites or Restrictions:

- Participating physicians must have CCFP (EM) qualifications or FRCP with certification in EM and American Board Emergency Medicine and/or 1 year of full-time ED experience within the last 3 years and current ATLS and ACLS training
- Participating ED groups must not reduce coverage at their home hospital and must ensure that their current ED remains fully covered.
- The Group must commit to an additional 20 hours per month, in addition to existing commitments at the home hospital.

Process:

- Interested groups apply to HFO and make a contractual commitment to ED coverage via the HFO program
- HFO will coordinate the shift coverage

Communication Point of Contact: emerg@healthforceontario.ca

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Description:

- Primary care groups (Family Health Networks, Family Health Organizations, Family Health Groups etc) and Family Health Teams with qualified, ED trained physicians are encouraged to support local EDs experiencing staffing shortages by participating as a group in the HFO program.
- The FHT commit to 20 hours/month at \$2400 and the shifts are scheduled through HFO.
- Contracts are for 1-3 months

Benefits:

- Strengthens community relationships between primary care groups and ED physician groups
- Shift coverage is shared amongst a group of physicians.
- The group will be paid a \$2400 monthly stipend.

Pre-requisites or Restrictions:

- Qualifying groups must commit to 20 hours of coverage per month.
- Family physicians should have ED experience and/or ACLS, ATLS and PALS

Process:

- Hospitals contact interested primary care organizations to determine interest and initiate the process
- Interested primary care groups apply to HFO to participate in program.
- HFO will coordinate the shift coverage with the hospital and the primary care group

Communication Points of Contact: emerg@healthforceontario.ca

Summer HFO ED Stipend Physicians

Version 2, August 17, 2007

Description:

- HFO has expanded its ED stipend physician pool to focus on short-term contracts for summer ED coverage of one to three months.

Benefits:

- Opportunity for more physicians to participate in the HFO ED program.
- Participants will be paid a \$2400 monthly stipend
- Direct costs for travel and accommodation are covered by the hospital: travel beyond 2 hours is compensated at \$300/half day to a maximum of 2 days per round trip.

Pre-requisites or Restrictions:

- Participants must commit to 20 hours of ED coverage per month in designated HFO hospitals.
- Participants must not reduce coverage at their home hospital(s) and must ensure that their current ED(s) remain fully covered.
- Physician candidates must have CCFP (EM) qualifications or FRCP with certification in EM and American Board Emergency Medicine and/or 1 year of full-time ED experience within the last 3 years and current ATLS and ACLS training

Process:

- Interested physicians contact HFO to apply for the stipend program
- Successful stipend physicians make a contracted commitment with HFO
- HFO obtains and posts the available shifts
- Physicians have access to password protected website to fill shifts

Communication Point of Contact: emerg@healthforceontario.ca

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Summer Variation Coverage

Version 2, August 17, 2007

Description:

- A 25% premium on service encounters during July and August, 2007 for all hospitals with a volume of less than 30,000 patients/year.

Benefits:

- Increased payment for services performed by ED physicians in summer.
- The ED physician group determines how to apply the additional funding.

Pre-requisites or Restrictions:

- Excludes statutory holidays that are already eligible for the Holiday Coverage Premium.

Process:

- Hospital volumes based on previous calendar year.

Communication Point of Contact: Erappreporting.moh@ontario.ca



Longer-Term ED Staffing Support Programs

Holiday Coverage Premium

Version 2, August 17, 2007

Description:

- Additional funding will be provided for EDAFA and FFS physicians working during specific holiday periods, when many primary care physicians have reduced hours and emergency departments are busier.

Benefits:

- Provides financial incentive to attract qualified physicians to work shifts that are hardest to fill
- The incentive is available to EDAFA and FFS physicians
- FFS ED physicians will receive an additional 3% increase on all ED 'H' codes, excluding Monday to Friday daytime codes.
- EDAFAs will receive an increase of 25% on service encounter premiums

Pre-requisites or Restrictions:

- Restricted to ED codes.
- Restricted to specific time periods*

Process:

- Inform ED physician group about the Holiday Coverage Premium well in advance of holiday periods.

Communication Point of Contact: Erappreporting.moh@ontario.ca

*currently Dec 24 to Jan 1, as well as 18 additional days throughout the year (stat holidays and associated long weekends).

Mentorship Program

(Enhanced July 1, 2007)

Version 2, August 17, 2007

Description:

- ED physicians provide mentorship to qualified family physicians, so they can assist in providing ED shift support
- mentored physicians in 24-hour EDAFAs will be paid the same hourly rate as the group. They will no longer bill FFS for this work but will shadow bill (service encounter reporting)
- Workload EDAFAs may request the hourly rate, but only if all hours of coverage are filled.
- In FFS EDs, mentored physicians can bill FFS

Benefits:

- Smaller hospitals can achieve double coverage during busy summer periods while bringing community physicians back to help support the ED in the future.
- The ED physician group receives additional funding for this initiative - \$2000 per month for each candidate for a 4 month period to use as they wish
- The mentored physician receives the EDAFA rate or FFS billings when working
- Important links with family physicians in the community are maintained or created

Pre-requisites or Restrictions:

- **Physicians who have not worked in an ED in over 12 months are eligible**
- Family physicians with ED experience and/or ACLS, ATLS, and PALs, will be given consideration.
- Limited to one physician per 15,000 annual ED visits, to a maximum of 5 physicians per hospital
- Mentored physicians must work a minimum of 32 hours of clinical service per month for four months

Process:

- ED Chiefs contact candidates for their group
- ED Chiefs contact APPB for enrollment
- ED groups will submit either FFS or SB claims to OHIP, with hours sent to HFO. The participant will be paid according to the hospital's payment schedule
- ED Group submits monthly report of mentored hours.

Communication Point of Contact: Sally.dawson@ontario.ca

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Emergency Department Coverage Demonstration Project (EDCDP)

Version 2, August 17, 2007

Description:

- HFO coordinates a locum pool of qualified physicians used to support designated high need EDs (Tier 1).

Benefits:

- Physicians receive a stipend of \$3000/month in exchange for a commitment of 60 hours of ED coverage each quarter
- All physicians participating in the program are paid for actual hours of work
- Direct costs for travel and accommodation are covered by the hospital: travel beyond 2 hours is compensated at \$300/half day to a maximum of 2 days per round trip.

Pre-requisites or Restrictions:

- Stipend physician candidates must have:
 - CCFP (EM) qualifications or FRCP with certification in EM and American Board Emergency Medicine
 - 1 year of full-time ED experience within the last 3 years and current ATLS and ACLS training
- Non-stipend physicians may also participate, without the same obligations, and must be:
 - Post-graduate Year 3 Family Medicine-Emergency Medicine Resident
 - Qualified physicians interested in committing hours of coverage to this program, with qualifications similar to the stipend physicians
 - Physicians who provide a minimum of 2 shifts per month over 3 months in designated hospitals are eligible for reimbursement of ACLS, ATLS and PALS training
- There are a limited number of stipend positions available

Process:

- Interested physicians contact HFO to apply for the stipend program and/or participate in the non-stipend program
- Successful stipend physicians make a contracted commitment with HFO
- HFO obtains and posts the available shifts
- Physicians have access to password protected website to fill shifts

Communication Point of Contact: emerg@healthforceontario.ca

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Contract Administration and Support

Version 2, August 17, 2007

Description:

- provides additional funding to the ED group for contract administration costs (maintenance of financial records, physician payment...etc) , proportional to ED patient volumes

Benefits:

- Funding is linked to volumes:
 - Less than 20,000 patient volume is \$5,000/year
 - 20,001 to 30,000 is \$10,000 /year
 - 30,001 to 45,000 is \$15,000/year
 - 45,001 to 60,000 is \$20,000/year
 - 60,001+ is \$30,000/year
- Supports the implementation of “best practices” and improves administrative efficiency

Pre-requisites or Restrictions:

- FFS groups will be eligible for the total amount if they form a group, have a governance agreement and agree not to accept top-up payments

Process:

- Payment is made automatically through the APPB

Communication Point of Contact: nebo.orazietti@ontario.ca

ED Recruitment Program

Version 2, August 17, 2007

Description:

- Tier 1 ED physician groups may receive up to \$75,000 for each eligible full-time recruit over two years (\$50,000 for the 1st year and \$25,000 for the 2nd year)
- Tier 2 ED physician groups will receive up to \$25,000 for each eligible full-time recruit over two years.

Benefits:

- Assist physician groups and hospitals in the recruitment of FT ED physicians.

Pre-requisites or Restrictions:

- Hospitals must post their vacancies on HFOJobs
- Funding is based on full-time equivalency (must provide 28 hour / wk for a 52 week period or 1,456 hours / year).
- ED physician groups in Tier 1/Tier 2 will receive funding once they have successfully recruited.
- Funding will be prorated and paid monthly
- All applications will be evaluated based on specific criteria including core complement need.
- Hospital and physician groups will be asked to participate in process improvements – e.g. using tool kits, coaching teams, etc.
- Under Tier 1 start up, up to \$10,000 is available to support the recruitment process. This funding will be deducted from the \$50,000 first year payment.

Tier 1:

- Any AFA and FFS ED whose full-time equivalent complement is lower than its calculated CTAS-adjusted volumes may apply
- Any 24 hour model that is actively recruiting and below the required FTE may apply

Tier 2:

- All other EDs that are recruiting to fill a vacancy that is critical to maintain a core complement may apply

Physician Eligibility:

Full-Time:

- Physicians with CCFP (EM) qualifications, or FRCP physicians with certification in EM or BBEM who are not currently working full-time in an ED within Ontario
- Physicians with at least one year of ED experience over the last three years– ATLS, ACLS, PALS preferred
- New graduates with CCFP (EM) or FRCP
- Family physicians who have completed a mentorship program through the Community Emergency Department Integration Initiative.
- Physicians who work at multiple sites and who work full-time with CCFP (EM) or FRCP

Part-Time:

- Physicians working part-time within Ontario who increase **their** hours to a full time level at **their** home hospital with a 2- year commitment will be considered to be eligible for a prorated recruitment fund.

Process:

- ED group applies to the APP Branch.
- MOHLTC and OMA jointly review applications

Communication Point of Contact: Carol.marble@ontario.ca

Enhancements to ED AFA Payments

Version 2, August 17, 2007

Description:

- Increase in service encounter (shadow billing) premium for ED AFA physicians.

Benefits:

- Increased funding for services being performed by ED AFA physicians.

Pre-requisites or Restrictions:

- EDAFA contracts with an increase to base funding received an increase on all approved service encounter reporting from 5% to 10% on April 1, 2007.
- EDAFA contracts that did not receive an increase to base funding will have their service encounter premiums increase from 20% to 25% on August 1, 2007.
- Smaller EDs, Levels A to 3, received an additional 2% base increase effective April 1, 2007.

Process:

- Payment will be handled through the automated payment process of the OHIP claims system.

Communication Point of Contact: Erappreporting.moh@ontario.ca

Flow Through Payment to Fee For Service

Description:

- All 'H' codes increased by 5%, excluding Daytime weekday codes, on September 1, 2006. A further 5% increase became effective December 1, 2006.

Benefits:

- Increased funding for services being performed by ED physicians.

Pre-requisites or Restrictions:

- Excludes:
 - daytime weekday codes
 - Third Party Services, Workers Safety and Insurance Board, Reciprocal Medical Billing and K018, K021, K050, K052, K053, K054, K055 and K061 – which will be paid at the appropriate fee-for-service amount.

Process:

- Payment will be handled through the automated payment process of the OHIP claims system.

Communication Point of Contact: Erappreporting.moh@ontario.ca

Hospital On Call Coverage

Version 2, August 17, 2007

Description:

- Provides ED backup support in response to unanticipated circumstances including surge volumes or staffing issues (e.g. duty physician is ill or the patient needs to be transported to another hospital for care).

Benefits:

- Additional funding for hospital on call coverage (HOCC) backup resources
- Enhanced surge capacity
- Backup coverage availability should make filling shifts easier
- Reduced wait times and “left without being seen” numbers
- 66 EDs who are currently eligible for HOCC level 3 coverage will become eligible for HOCC level 2 coverage

Pre-requisites or Restrictions:

- This program is not intended to provide staffing for the purpose of delivering service to scheduled patients
- Eligible EDs include all hospitals except Levels A, B, 1, 2, 3 (i.e. those hospitals that do not need a physician on-site but are available within a 15 minute window).
- The ED must have a distinct published physician back-up on-call roster and protocol
- There are no gaps in scheduled ED coverage
- The ED group must be participating in the Interim Enhanced HOCC Program
- The Chief of Emergency must have a set of criteria in place (and able to be shared with the MOHLTC on request) taking into account local variations and circumstances
- The backup on-call onsite response time must be 30 to 60 minutes as local circumstances dictate
- Backup HOCC funding is only available for those hospitals that are designated for 24 hour on-site ED physician coverage

Process:

- Payment will be handled through the automated payment process of the OHIP claims system.

Communication Point of Contact: Hocc@oma.org

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Appendices

Glossary (Appendix A)

Version 2, August 17, 2007

ACLS – Advanced Cardiac Life Support
APPB – Alternate Payment Program Branch
ATLS – Advanced Trauma Life Support
AFA – Alternate Funding Arrangement
CCFP (EM) – Certificate, College of Family Physicians
CEO – Chief Executive Officer
COO – Chief Operating Officer
CTAS – Canadian Triage Acuity Scale
ED – Emergency Department
EDAFA – Alternate Funding Arrangement Emergency Department
EDCDP – Emergency Department Coverage Demonstration Project
FFS – Fee For Service
FHN – Family Health Network
FHO – Family Health Organization
FHT – Family Health Team
FRCP – Fellowship of Royal College of Physicians

FT – Full-Time
“H” Codes – As per the schedule of benefits
HOCC – Hospital On Call Coverage
HFO – HealthForceOntario
LHIN – Local Health Integration Network
MOHLTC – Ministry of Health and Long-Term Care (designated by MOHLTC for ED funding assistance)
OHA – Ontario Hospital Association
OMA – Ontario Medical Association
PALS – Pediatric Advanced Life Support
Shadow billing – Reporting of client-based encounters provided by physicians receiving funding through Alternative Payment Programs (APP).
Tier 1 and Tier 2 – designated by the OMA and the MOHLTC for ED recruitment funding assistance

Participants in the Development of the Reference Guide (Appendix B)

Version 2, August 17, 2007

Sincere thanks are extended to the many individuals who provided advice and input regarding this reference guide. They include:

- ED Chiefs
- ED physicians
- Hospital Chiefs of Staff
- Hospital administrative and executive leaders
- LHIN representatives
- OMA representatives
- OHA representatives
- MOHLTC staff