

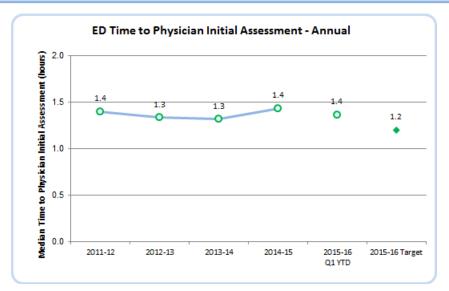
Emergency Department (ED) Wait to See a Physician

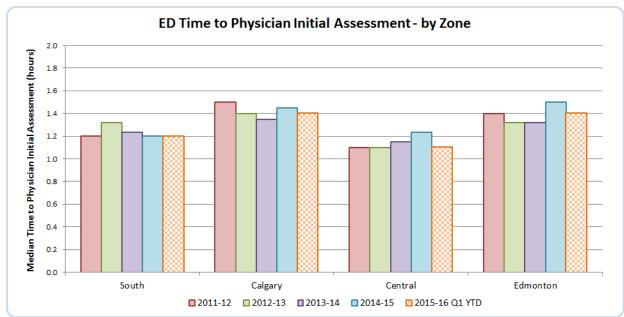
Measure Definition

The average patient's length of time (hours) that they wait to be seen by a physician at the busiest emergency departments. This is calculated as the median wait which means that 50 per cent of patients wait to be seen by a physician in the emergency department in this length of time or less. This measure is the time between when a patient is assessed by a nurse in the emergency department and when they are first seen by a physician.

Understanding this Measure

Patients coming to the emergency department need to be seen by a physician in a timely manner for diagnosis or treatment. It is important to keep this number low to ensure people do not leave without being seen.





Note: North Zone results not reported due to to low percentage of eligible cases with Physician Assessment Time recorded.



ED Wait to See a Physician – Actions

Provincial/ Strategic	 Supported by the Seniors Health SCN, Dementia Link is being developed in collaboration with Health Link to respond to the 	IN SUMMARY
Clinical Network (SCN)	immediate needs of caregivers of persons with dementia.	AHS monitors transfer processes and has identified
South	 Evaluating new criteria and process for patient transfer to chair from stretcher to create more stretcher space for incoming patients. Quality Improvement project to improve access for Triage Level 3 patients. Staff assignments realigned with a goal to improve consistent movement of patients into care spaces. Utilizing one patient care space for rapid assessments to improve triage to doctor time. Continuing to develop patient protocols to standardize and improve patient care and outcomes. 	opportunities for improvement. This includes increasing communication and collaboration as patients move through the hospital. Call Healthlink Alberta at 8-1-1 for advice if you are unsure if you have an emergency
Calgary	 Continue to work on strategies to ensure the right number of physicians is on per shift and align with patient volumes. Reviewing nurse initiated protocols to reduce the number of tests/procedures automatically ordered for patients (Choosing Wisely). Developing automated surge triggers within Real-time Emergency Department Patient Access & Coordination (REPAC) to bring in oncall physician. Implemented Radar Rounds at Peter Lougheed Centre for complex patients. This initiative brings together a multidisciplinary team to quickly identify complex patients on admission and to problem-solve and expedite decision-making for those individuals with no discharge or housing option. 	medical condition. <i>DID YOU KNOW</i> <i>Real-time Emergency</i> <i>Department Patient</i> <i>Access & Coordination</i> <i>(REPAC)</i> is a real-time dashboard that provides information on patient volumes, incoming EMS volumes and other information on
Central	 Revised ED physician schedules implemented to better match demand with physician availability. Reviewing staffing levels to address volume and acuity of patients seen in Minor Treatment Area in the ED. 	capacity across urban hospitals and urgent care centres. The information REPAC provides allows for
Edmonton	 Developing ED physician performance metrics. Physician handover process to be standardized. Developing process improvements to improve flow for length of stay in ED from triage to admission to ward within 8 hours. Surge Protocol developed at Royal Alexandra Hospital. 	improved workload balance between hospitals and allows health care providers to collaborate in order
North	 Family Care Clinic in Slave Lake has enhanced access to after- hours care for residents by offering more evening clinics. Engagement of provincial teams to inform and address data reporting concerns to ensure reliable site data. 	to better manage the fluctuating demand and improve access to vital services.

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ED Wait to See a Physician – Zone and Site Details

The average patient's length of time (hours) that they wait to be seen by a physician at the busiest emergency departments

ED Time to Physician Initial Assessment		2013-14	2014-15	Q1 YTD			2015-16
- Busiest Sites	2012-13			2014-15	2015-16	Trend *	Target
				Last Year	Current	nt	Target
Provincial	1.3	1.3	1.4	1.5	1.4	1	1.2
South Zone Total	1.3	1.2	1.2	1.3	1.2	1	1.2
Chinook Regional Hospital	1.4	1.3	1.2	1.2	1.2	\rightarrow	1.2
Medicine Hat Regional Hospital	1.2	1.1	1.2	1.3	1.2	\uparrow	1.1
Calgary Zone Total	1.4	1.4	1.5	1.4	1.4	÷	1.2
Alberta Children's Hospital	1.2	1.1	1.2	1.2	1.1	1	1.0
Foothills Medical Centre	1.5	1.5	1.5	1.5	1.5	\rightarrow	1.3
Peter Lougheed Centre	1.6	1.8	1.8	1.7	1.6	\uparrow	1.4
Rockyview General Hospital	1.4	1.3	1.4	1.3	1.4	\downarrow	1.2
South Health Campus	N/A	1.3	1.6	1.5	1.5	\rightarrow	1.2
Central Zone Total	1.1	1.2	1.2	1.2	1.1	1	1.1
Red Deer Regional Hospital Centre	1.1	1.2	1.2	1.2	1.1	\uparrow	1.1
Edmonton Zone Total	1.3	1.3	1.5	1.6	1.4	1	1.2
Grey Nuns Community Hospital	1.3	1.1	1.2	1.3	1.1	\uparrow	1.1
Misericordia Community Hospital	1.5	1.4	1.4	1.5	1.3	Ϋ́	1.3
Northeast Community Health Centre	1.5	1.4	1.4	1.6	1.4	Ϋ́	1.3
Royal Alexandra Hospital	1.5	1.9	2.2	2.2	2.0	↑	1.4
Stollery Children's Hospital	0.8	0.8	1.1	1.2	1.3	\downarrow	0.8
Sturgeon Community Hospital	1.3	1.3	1.5	1.5	1.4	Ϋ́	1.2
University of Alberta Hospital	1.3	1.5	2.1	2.1	1.8	\uparrow	1.3

Note: North Zone results not reported due to to low percentage of eligible cases with Physician Assessment Time recorded. N/A: No results available. South Health Campus opened February 2013.

*Trend: \uparrow Improvement \rightarrow Stability \downarrow Area requires additional focus

ED Time to Physician Initial Assessment -	2012-13	2013-14	2014-15	Q1 YTD		
Eligible Cases (Busiest Sites)				2014-15	2015-16	
Lingible Cases (Duslest Sites)				Last Year	Current	
Provincial	843,610	894,448	891,588	228,745	224,452	
South Zone	84,840	85,567	86,187	21,602	21,802	
Calgary Zone	321,448	363,570	367,723	93,808	92,452	
Central Zone	56,861	54,730	55,861	14,187	13,886	
Edmonton Zone	380,461	390,581	381,817	99,148	96,312	
North Zone	127,588	126,080	123,230	30,967	29,795	