

## Emergency Department (ED) Wait to See a Physician

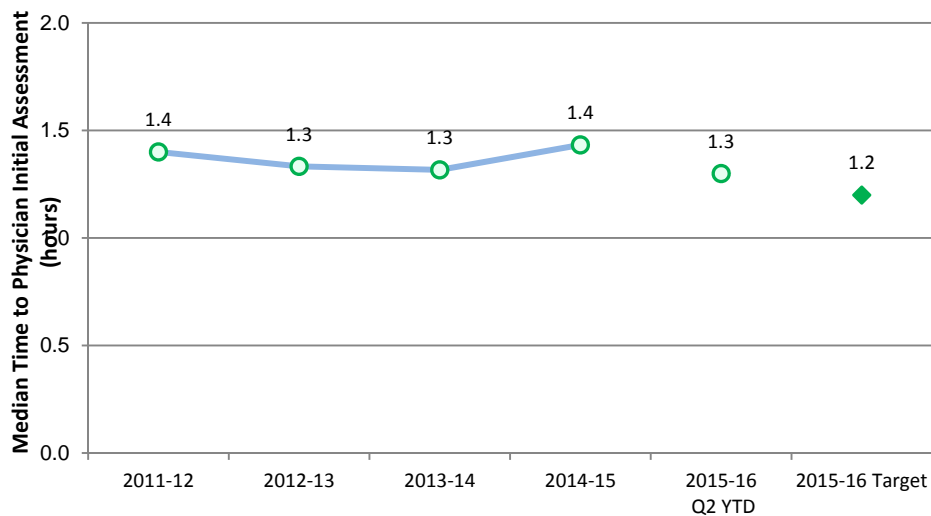
### Measure Definition

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.

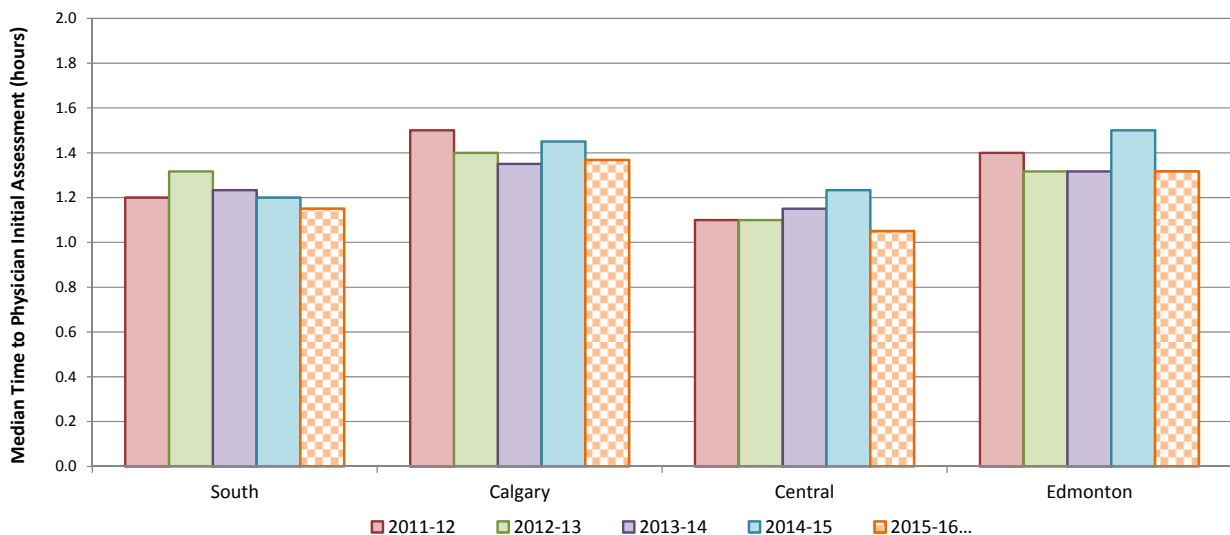
### Understanding this Measure

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.

ED Time to Physician Initial Assessment - Annual



ED Time to Physician Initial Assessment - by Zone



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

## ED Wait to See a Physician – Actions

<b>Provincial/ Strategic Clinical Network (SCN)</b>	<ul style="list-style-type: none"> <li>Supported by the Seniors Health SCN, introduced specialized dementia advice available through Health Link to help support individuals and caregivers living with dementia, including people with Alzheimer’s disease. The service was launched in North, Central and South Zones in September. It also aims to reduce the number of avoidable emergency department visits for dementia-related concerns.</li> </ul>
<b>South</b>	<ul style="list-style-type: none"> <li>“Move to chair” study in process where all patients are evaluated for appropriateness to be moved to a chair once assessment completed.</li> <li>Staff assignments realigned with a goal to improve consistent movement of patients into care spaces.</li> <li>Utilizing one patient care space for rapid assessments to improve triage to doctor time has been effective for treatment of triage 3, 4 patients.</li> <li>Developing patient protocols to standardize and improve patient care and outcomes. Two (out of seven) protocols are completed to date.</li> <li>Established a flow team centered for ongoing quality improvement in the Brooks operating room.</li> <li>Created standard processes for patients in Pincher Creek presenting with unscheduled and low acuity needs to clinic and emergency department, to provide timely care with patients’ own provider when appropriate.</li> </ul>
<b>Calgary</b>	<ul style="list-style-type: none"> <li>Reviewing nurse initiated protocols to reduce the number of tests/procedures automatically ordered for patients (Choosing Wisely).</li> <li>Developing automated surge triggers within Real-time Emergency Department Patient Access &amp; Coordination (REPAC) to bring in on-call physician.</li> <li>Implemented Radar Rounds at Peter Lougheed Centre for complex patients. This initiative brings together a multi-disciplinary 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.</li> <li>Several initiatives underway at acute care sites to increase efficiencies within the ED including Model of Care work at Foothills Medical Centre, Emergency Medical Services Hallway Process at Rockyview General Hospital, pharmacy pilot of daily lab reviews for physicians and nurses optimizing clinical intake space at Alberta Children’s Hospital.</li> </ul>
<b>Central</b>	<p>At Red Deer Regional Hospital:</p> <ul style="list-style-type: none"> <li>Reviewing staffing levels to address volume and acuity of patients seen in the Minor Treatment Area in the ED. Rotation development to regularize nursing staffing.</li> <li>Revised ED physician schedules implemented to better match demand with physician availability.</li> <li>Exploring strategies with Red Deer Primary Care Network to address visits that could be seen outside the ED.</li> </ul>
<b>Edmonton</b>	<ul style="list-style-type: none"> <li>Surge protocol developed at Royal Alexandra, Sturgeon and University of Alberta Hospitals and the Mazankowski Alberta Heart Institute.</li> <li>Redeveloped EMS overcapacity protocol.</li> </ul>
<b>North</b>	<ul style="list-style-type: none"> <li>Regional sites initiating reporting and documentation processes and requirements.</li> </ul>

### IN SUMMARY

Q2 year-to-date, provincially and all reporting zones have shown an improvement in wait times compared to the same period as last year. Two zones have achieved 2015-16 targets.

AHS monitors transfer processes and has identified 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 medical condition.

### DID YOU KNOW

*Real-time Emergency Department Patient Access & Coordination (REPAC) is a real-time dashboard that provides information on patient volumes, incoming EMS volumes and other information on capacity across urban hospitals and urgent care centres.*

## 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 - Busiest Sites	2012-13	2013-14	2014-15	Q2 YTD		Trend *	2015-16 Target
				2014-15 Last Year	2015-16 Current		
<b>Provincial</b>	<b>1.3</b>	<b>1.3</b>	<b>1.4</b>	<b>1.4</b>	<b>1.3</b>	↑	<b>1.2</b>
<b>South Zone Total</b>	<b>1.3</b>	<b>1.2</b>	<b>1.2</b>	<b>1.3</b>	<b>1.2</b>	↑	<b>1.2</b>
Chinook Regional Hospital	1.4	1.3	1.2	1.2	1.2	→	1.2
Medicine Hat Regional Hospital	1.2	1.1	1.2	1.3	1.1	↑	1.1
<b>Calgary Zone Total</b>	<b>1.4</b>	<b>1.4</b>	<b>1.5</b>	<b>1.5</b>	<b>1.4</b>	↑	<b>1.2</b>
Alberta Children's Hospital	1.2	1.1	1.2	1.1	1.0	↑	1.0
Foothills Medical Centre	1.5	1.5	1.5	1.5	1.5	→	1.3
Peter Lougheed Centre	1.6	1.8	1.8	1.8	1.6	↑	1.4
Rockyview General Hospital	1.4	1.3	1.4	1.4	1.4	→	1.2
South Health Campus	N/A	1.3	1.6	1.6	1.5	↑	1.2
<b>Central Zone Total</b>	<b>1.1</b>	<b>1.2</b>	<b>1.2</b>	<b>1.3</b>	<b>1.1</b>	↑	<b>1.1</b>
Red Deer Regional Hospital Centre	1.1	1.2	1.2	1.3	1.1	↑	1.1
<b>Edmonton Zone Total</b>	<b>1.3</b>	<b>1.3</b>	<b>1.5</b>	<b>1.5</b>	<b>1.3</b>	↑	<b>1.2</b>
Grey Nuns Community Hospital	1.3	1.1	1.2	1.2	1.1	↑	1.1
Misericordia Community Hospital	1.5	1.4	1.4	1.4	1.2	↑	1.3
Northeast Community Health Centre	1.5	1.4	1.4	1.4	1.3	↑	1.3
Royal Alexandra Hospital	1.5	1.9	2.2	2.2	1.9	↑	1.4
Stollery Children's Hospital	0.8	0.8	1.1	1.0	0.9	↑	0.8
Sturgeon Community Hospital	1.3	1.3	1.5	1.5	1.3	↑	1.2
University of Alberta Hospital	1.3	1.5	2.1	2.1	1.7	↑	1.3

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

N/A: No results available. South Health Campus opened February 2013.

\*Trend: ↑ Improvement → Stability ↓ Area requires additional focus

ED Time to Physician Initial Assessment - Eligible Cases (Busiest Sites)	2012-13	2013-14	2014-15	Q2 YTD	
				2014-15 Last Year	2015-16 Current
<b>Provincial</b>	<b>843,610</b>	<b>894,448</b>	<b>891,643</b>	<b>453,522</b>	<b>444,178</b>
South Zone	84,840	85,567	86,187	43,824	43,026
Calgary Zone	321,448	363,570	367,775	185,001	180,976
Central Zone	56,861	54,730	55,861	28,414	28,190
Edmonton Zone	380,461	390,581	381,820	196,283	191,986
North Zone	127,588	126,080	123,230	61,772	58,098