

## Emergency Department Length of Stay for Discharged Patients

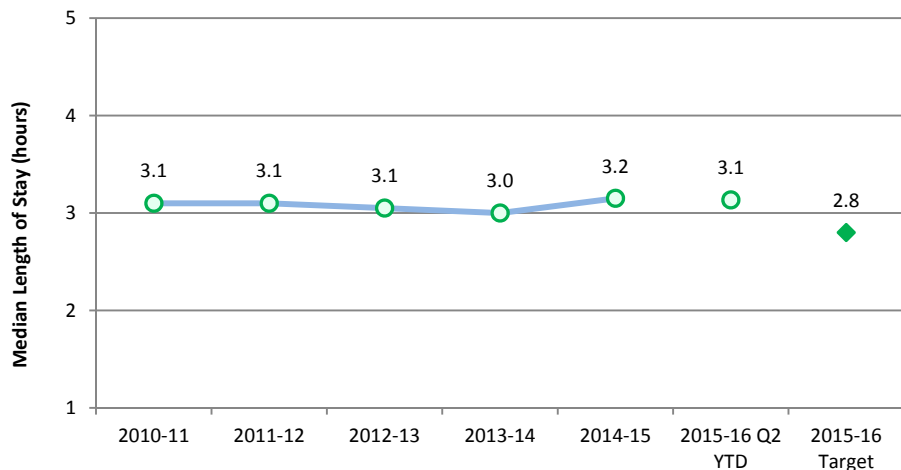
### Measure Definition

The average patient's length of time (hours) in the ED from the time a patient is assessed by a nurse until the time they are discharged at the busiest 17 EDs. This is calculated as the median length of stay which means that 50 per cent of patients stay in the ED this length of time or less.

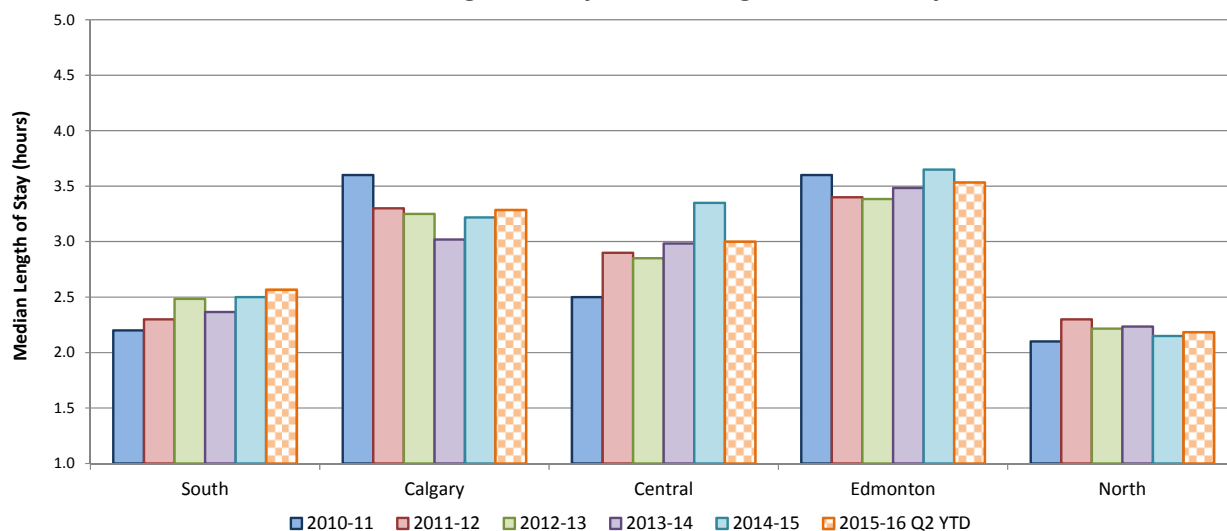
### Understanding this Measure

Patients treated in an emergency department should be assessed and treated in a timely fashion. This measure focuses on the total time these patients are in the ED before being discharged home. Many patients seen in the emergency do not require admission to hospital. The length of stay in an ED is used to assess the timeliness of care delivery, overall efficiency, and accessibility of health services throughout the system.

**ED Length of Stay for Discharged Patients - Annual**



**ED Length of Stay for Discharged Patients - by Zone**



## ED Length of Stay for Discharged Patients – Actions

<b>Provincial/ Strategic Clinical Network (SCN)</b>	<ul style="list-style-type: none"> <li>Emergency departments have incorporated the Emergency Nursing Provincial Educational Program modules into their orientation program for new staff (project led by the Emergency Department SCN and AHS Health Professions Strategy &amp; Practice).</li> </ul>
<b>South</b>	<ul style="list-style-type: none"> <li>Working with Healthy Living to develop process for early access to programs for patients with congestive heart failure and chronic obstructive pulmonary disease.</li> <li>Identify high-frequency users to ED with mental health and/or addiction issues.</li> <li>Continue to utilize transition team to plan early effective discharge for patients or to find alternative arrangements instead of admissions.</li> <li>Continue move to chair initiative which helps to decrease initial time to physician and overall length of stay.</li> <li>Creating more ambulatory care spaces to shorten lengths of stay for discharged patients.</li> </ul>
<b>Calgary</b>	<ul style="list-style-type: none"> <li>Intake processes at all sites being reviewed and refined to ensure continued improvement of early access to physician assessment and treatment.</li> <li>Working with mental health team on processes to enhance access to Psychiatric Assessment Services.</li> <li>Launched a project between Rockyview General Hospital and Primary Care Network (PCN) for patients to access the PCN clinic for ultrasound and medical follow up instead of using ED resources.</li> <li>Continual work with physicians and nursing to ensure patients who present with limb injuries received timely pain medication, education and proper follow up.</li> </ul>
<b>Central</b>	<ul style="list-style-type: none"> <li>A joint initiative between Emergency Medical Services (EMS), Continuing Care and Palliative Care, working on improving end of life care and reducing transport of palliative care clients to the ED, where that care could be supported in the home is underway.</li> <li>Palliative and End of Life Care (PEOLC) and EMS online medical control physicians engaged to develop PEOLC symptom management guidelines. Education for EMS practitioners, health care clinicians and emergency communications officers developed and training delivered.</li> </ul>
<b>Edmonton</b>	<ul style="list-style-type: none"> <li>ED avoidance process has been reviewed for non-emergency care to be moved out of Royal Alexandra Hospital (RAH) ED.</li> <li>Expanding the role of the Rapid Transfer Unit at the University of Alberta Hospital to take patients waiting for pick up following discharge as well as stable patients requiring a direct consult.</li> <li>Expanded hours of Inner City Support Team to seven days/week at the RAH ED as of September.</li> <li>CREMS (Crisis Response and EMS) expanded service hours Monday to Friday from 12 to 18 hours in September.</li> </ul>
<b>North</b>	<ul style="list-style-type: none"> <li>Triple AIM project at Queen Elizabeth II with ED flow nurse investigating options involving other community supports for high use ED patients.</li> </ul>

### IN SUMMARY

Q2 year-to-date, provincial results have remained stable and two zones have shown an improvement in wait times compared to the same period as last year.

Albertans can seek alternative ways to get treatment before going to the ED, such as visiting your family physician, going to a walk-in clinic and using other community services.

Use the AHS web site to access ED Wait Times  
[www.albertahealthservices.ca/4770.asp](http://www.albertahealthservices.ca/4770.asp) as well as “Know Your Options”  
[www.albertahealthservices.ca/7581.asp](http://www.albertahealthservices.ca/7581.asp) to learn when to go to the ED and what options you have for a shorter wait time.

AHS is committed to working with communities to focus more on health promotion and prevention of chronic diseases, disabilities, and injuries. This will help improve quality of life while reducing disparities in health and the impact on individuals, families, communities, and the overall health care system.

## ED Length of Stay for Discharged Patients – Zone and Site Details

The average patient's length of time (hours) in the ED from the time a patient is assessed by a nurse until the time they are discharged at the busiest 17 EDs. This is calculated as the median length of stay which means that 50 per cent of patients stay in the ED this length of time or less.

ED LOS Discharged - 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>3.1</b>	<b>3.0</b>	<b>3.2</b>	<b>3.1</b>	<b>3.1</b>	→	<b>2.8</b>
<b>South Zone Total</b>	<b>2.5</b>	<b>2.4</b>	<b>2.5</b>	<b>2.5</b>	<b>2.6</b>	↓	<b>2.5</b>
Chinook Regional Hospital	2.6	2.4	2.4	2.4	2.4	→	2.5
Medicine Hat Regional Hospital	2.4	2.3	2.7	2.6	2.8	↓	2.4
<b>Calgary Zone Total</b>	<b>3.3</b>	<b>3.0</b>	<b>3.2</b>	<b>3.2</b>	<b>3.3</b>	↓	<b>3.0</b>
Alberta Children's Hospital	2.3	2.2	2.4	2.2	2.2	→	2.3
Foothills Medical Centre	4.0	3.7	3.8	3.8	4.0	↓	3.3
Peter Lougheed Centre	3.7	3.6	3.7	3.7	3.6	↑	3.2
Rockyview General Hospital	3.5	3.1	3.4	3.3	3.6	↓	3.1
South Health Campus	N/A	2.8	3.3	3.3	3.5	↓	3.0
<b>Central Zone Total</b>	<b>2.9</b>	<b>3.0</b>	<b>3.4</b>	<b>3.4</b>	<b>3.0</b>	↑	<b>2.8</b>
Red Deer Regional Hospital Centre	2.9	3.0	3.4	3.4	3.0	↑	2.8
<b>Edmonton Zone Total</b>	<b>3.4</b>	<b>3.5</b>	<b>3.7</b>	<b>3.6</b>	<b>3.5</b>	↑	<b>3.0</b>
Grey Nuns Community Hospital	3.1	3.3	3.3	3.4	3.2	↑	2.9
Misericordia Community Hospital	3.3	3.2	3.2	3.1	3.1	→	3.0
Northeast Community Health Centre	3.2	3.2	3.2	3.2	3.0	↑	3.0
Royal Alexandra Hospital	4.4	5.1	5.5	5.4	5.1	↑	3.4
Stollery Children's Hospital	2.3	2.3	2.7	2.5	2.6	↓	2.3
Sturgeon Community Hospital	3.0	2.9	3.3	3.3	3.2	↑	2.9
University of Alberta Hospital	4.6	4.9	5.7	5.6	5.6	→	3.4
<b>North Zone Total</b>	<b>2.2</b>	<b>2.2</b>	<b>2.2</b>	<b>2.2</b>	<b>2.2</b>	→	<b>2.1</b>
Northern Lights Regional Health Centre	2.1	2.1	1.8	1.9	2.0	↓	2.1
Queen Elizabeth II Hospital	2.3	2.4	2.7	2.7	2.5	↑	2.3

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

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

ED Discharges from ED - Busiest Sites	2012-13	2013-14	2014-15	Q2 YTD	
				2014-15 Last Year	2015-16 Current
<b>Provincial</b>	<b>832,699</b>	<b>892,057</b>	<b>878,560</b>	<b>447,896</b>	<b>432,290</b>
South Zone	76,322	76,902	75,132	38,289	37,512
Calgary Zone	255,767	307,564	308,414	156,305	150,289
Central Zone	47,743	45,682	46,311	23,673	23,215
Edmonton Zone	327,842	338,229	328,131	169,194	164,143
North Zone	125,025	123,680	120,572	60,435	57,131