

Acute (Actual) Length of Hospital Stay (ALOS) Compared to Expected Length of Stay (ELOS)

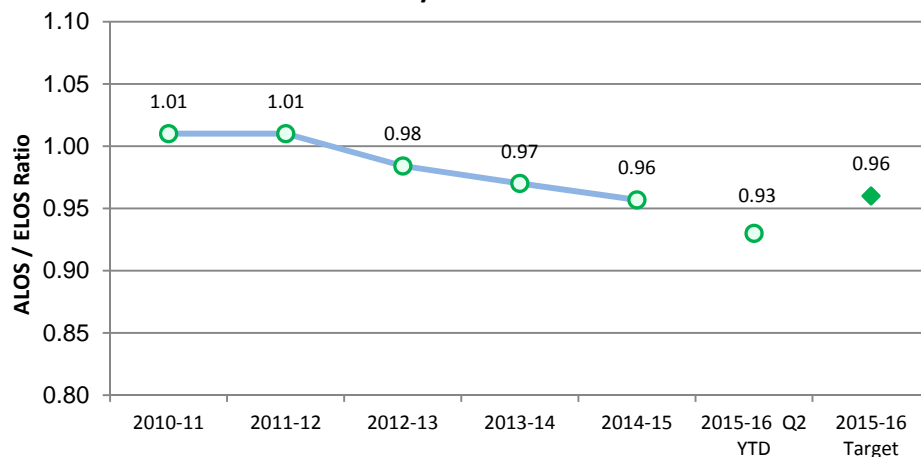
Measure Definition

The average number of actual days patients stay in acute care hospitals compared to the expected length of stay for a typical patient. This measure compares actual length of stay in hospital to expected length of stay after adjusting for factors that affect in-hospital mortality, such as patient age, sex, diagnosis and other conditions. The expected length of stay is based on comparison to similar patients in national databases.

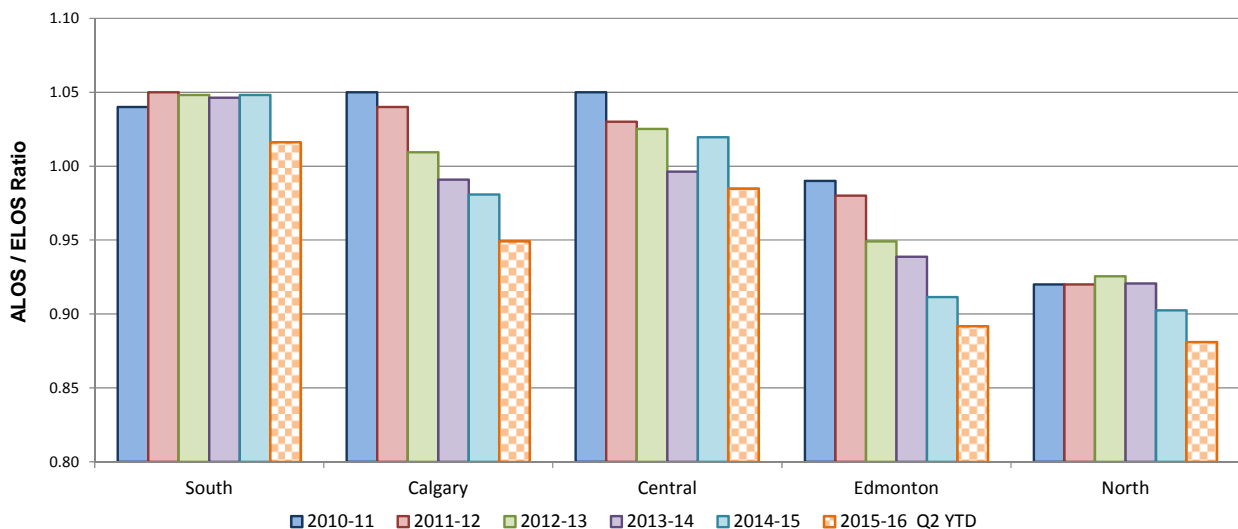
Understanding this Measure

This measure gauges how efficiently beds are utilized in the hospital. A ratio of actual to expected length of stay which is below one, represents an overall greater than expected efficiency and indicates that more patients are able to be treated for a given inpatient bed. Monitoring this ratio can help health-care teams ensure care appropriateness and efficiency. Improvement in this measure enables the ability to treat more patients with the existing beds and other resources.

ALOS / ELOS - Annual



ALOS / ELOS - By Zone



ALOS/ELOS – Actions

Provincial/ Strategic Clinical Network (SCN)	<ul style="list-style-type: none"> For all 16 in-scope AHS facilities, commence implementation and audit process for bedside shift report, bedside whiteboards, care hubs, comfort rounds, Rapid Rounds and frontline leadership development. Continue deployment of Medworxx across acute care system in Alberta. Continue implementation of the Enhanced Recovery After Surgery (ERAS) project at six early adopter sites (Surgery SCN). Improve hospital glycemc management of diabetics by implementing basal bolus insulin therapy to reduce prevalence of hyperglycemia associated with increased infections, delayed wound healing, increased length of stay, readmissions and mortality. This work is led by the Diabetes, Obesity and Nutrition SCN. SCNs are developing key clinical care pathways (i.e. Hip Fracture Pathway, Rectal Cancer Pathway, and Heart Failure Pathway) to reduce unwarranted practice variation.
South	<ul style="list-style-type: none"> Implementation of Phase 1 CoACT deliverables at two regional pilot sites including: collaborative care leadership, care hub, comfort rounds, rapid rounds, patient bedside whiteboard, and bedside shift report. Established process for early identification of discharge needs expectation for discharge planning.
Calgary	<ul style="list-style-type: none"> Implementation of the six core elements of CoACT including care hubs at Rockyview General Hospital and South Health Campus. Pilot started at Foothills Medical Centre to support both timely transfer of patients to inpatients and prompt ED discharge.
Central	<ul style="list-style-type: none"> Optimizing Medworxx utilization as a platform to facilitate interdisciplinary team communication, discharge planning and identification of delays that extend LOS and impact timely discharge. Continuing action on the six priority CoACT core elements occurring at all in scope sites (Red Deer Regional Hospital, Wetaskiwin and Drumheller). Standardizing Intake Criteria and processes for referral to restorative beds underway to improve utilization of the beds.
Edmonton	<ul style="list-style-type: none"> Utilization of predictive tools and communication strategies for proactive management of patient discharge and bed management is ongoing. Implement CoACT leading practices at acute care sites.
North	<ul style="list-style-type: none"> Improvements to discharge planning processes implemented through use of quality/whiteboards and rapid rounds (CoACT) at several sites.

IN SUMMARY

Overall, the provincial and zone results have demonstrated an improvement in Q2 year-to-date.

AHS is developing standardized care planning tools such as care pathways for specific patient groups, to improve communication between all team members, our patients and their families. This will ensure that every patient receives the best quality of care for their medical condition as well as their personal situation.

DID YOU KNOW

Enhanced Recovery After Surgery (ERAS) provides new and consistent ways of managing care before, during and after surgery. For example, reducing pre-surgical fasting times, carbohydrate loading, avoiding salt and water overload, not using surgical drain tubes, using specific anesthetic approaches, mobilizing and eating early after surgery all help with early recovery.

Medworxx is used by those involved in patient care and flow (nurses, physicians, clinical coordinators, discharge planners and administration) to enhance how acute care capacity is managed and improve patient experience by addressing challenges associated with patient care and flow.

ALOS/ELOS– Zone and Site Details

The average number of actual days patients stay in acute care hospitals compared to the expected length of stay for a typical patient.

Acute (Actual) Length of Hospital Stay Compared to Expected Stay	2012-13	2013-14	2014-15	Q2 YTD		Trend *	2015-16 Target
				2014-15 Last Year	2015-16 Current		
Provincial	0.98	0.97	0.96	0.95	0.93	↑	0.96
South Zone Total	1.05	1.05	1.05	1.04	1.02	↑	1.00
Chinook Regional Hospital	1.08	1.06	1.06	1.06	1.03	↑	1.01
Medicine Hat Regional Hospital	1.05	1.08	1.06	1.05	1.03	↑	1.00
All Other Hospitals	0.95	0.93	0.98	0.96	0.96	→	0.95
Calgary Zone Total	1.01	0.99	0.98	0.98	0.95	↑	0.97
Alberta Children's Hospital	0.98	1.00	0.91	0.94	0.86	↑	0.96
Foothills Medical Centre	1.04	1.01	1.01	1.01	0.99	↑	1.00
Peter Lougheed Centre	0.99	0.98	0.97	0.96	0.95	↑	0.97
Rockyview General Hospital	1.00	0.99	0.99	0.98	0.95	↑	0.97
South Health Campus	N/A	0.94	0.94	0.95	0.88	↑	0.97
All Other Hospitals	0.96	0.96	0.96	0.97	0.91	↑	0.96
Central Zone Total	1.03	1.00	1.02	1.01	0.98	↑	0.98
Red Deer Regional Hospital Centre	1.06	1.03	1.05	1.03	1.00	↑	1.00
All Other Hospitals	1.00	0.97	0.99	0.99	0.97	↑	0.97
Edmonton Zone Total	0.95	0.94	0.91	0.91	0.89	↑	0.94
Grey Nuns Community Hospital	0.99	0.93	0.88	0.88	0.86	↑	0.97
Misericordia Community Hospital	1.04	0.97	0.96	0.95	0.93	↑	0.99
Royal Alexandra Hospital	0.92	0.93	0.91	0.91	0.88	↑	0.91
Stollery Children's Hospital	0.98	1.00	0.92	0.92	0.94	↓	0.97
Sturgeon Community Hospital	0.90	0.92	0.90	0.91	0.87	↑	0.90
University of Alberta Hospital	0.92	0.91	0.91	0.91	0.89	↑	0.92
All Other Hospitals	0.98	1.02	0.97	0.95	0.97	↓	0.97
North Zone Total	0.93	0.92	0.90	0.89	0.88	↑	0.92
Northern Lights Regional Health Centre	0.95	0.96	0.93	0.92	0.88	↑	0.95
Queen Elizabeth II Hospital	0.93	0.93	0.87	0.88	0.86	↑	0.93
All Other Hospitals	0.92	0.91	0.91	0.90	0.89	↑	0.91

N/A: No results available. South Health Campus opened February 2013. *Trend: ↑ Improvement → Stability ↓ Area requires additional focus
The ALOS/ELOS ratio is calculated using the Expected Length of Stay (ELOS) from the 2014 Case Mix Group Plus (CMG+) for each inpatient case. The CMG+ methodology is updated on a yearly basis by the Canadian Institute for Health Information (CIHI). There were significant methodology differences between the 2014 and 2015 CMG+ methodologies producing results which are not comparable from 2014/15 to 2015/16. To address this limitation, the 2015/16 results in this Q2 report are calculated using the 2014 CMG+ methodology.

Total Discharges	2012-13	2013-14	2014-15	Q2 YTD	
				2014-15 Last Year	2015-16 Current
Provincial	385,536	393,765	401,331	202,423	202,634
South Zone	31,640	31,093	31,125	15,868	15,513
Calgary Zone	130,842	136,598	140,563	70,324	70,986
Central Zone	45,619	44,589	45,691	22,956	23,011
Edmonton Zone	132,337	135,970	139,052	70,220	70,835
North Zone	45,098	45,515	44,900	23,055	22,289