

## Emergency Department Length of Stay for Admitted Patients

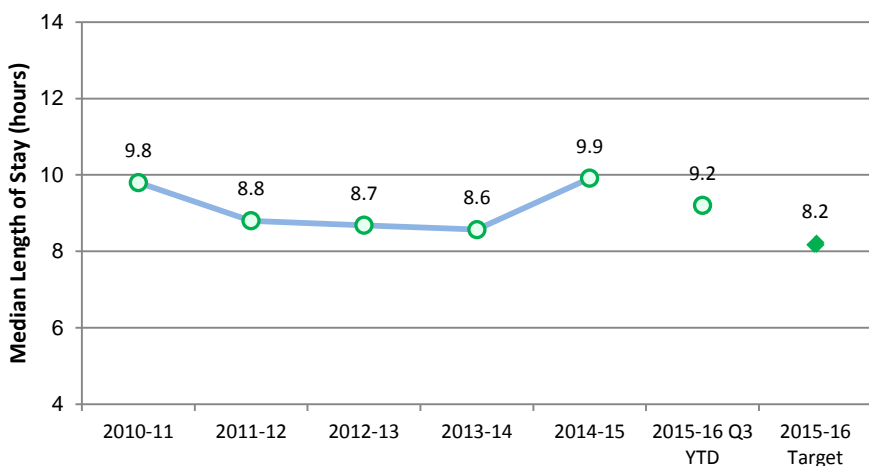
### Measure Definition

The average patient's length of time (hours) in the emergency department before being admitted to a hospital bed at the busiest emergency departments. This is calculated as the median length of stay which means that 50 per cent of patients stay in the emergency department this length of time or less, before being admitted. This measure is the time between when a patient is assessed by a nurse in the emergency department until the time they are admitted. AHS is performing better than the national average of 9.8 hours.

### Understanding this Measure

This measure reflects the performance of the entire system. It is influenced by our ability to manage complex patients in primary care, efficiencies in the Emergency Department, efficiencies and capacity in the acute care (when staying in hospital), better quality of care and integration with community services in reducing unplanned readmissions, timely placement of patients into continuing care (e.g., long-term care) and linking patients to the appropriate services in the community after a stay in hospital.

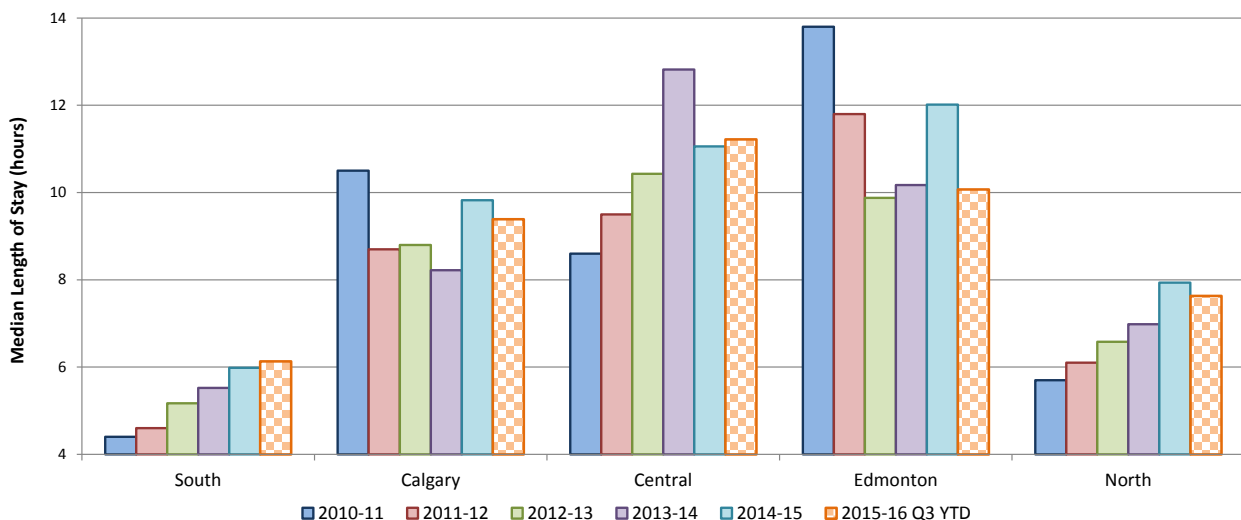
ED Length of Stay for Admitted Patients - Annual



### How Do We Compare?

Alberta ranked 3<sup>rd</sup> best nationally out of seven provinces. Alberta has a better emergency department length of stay for admitted patients than the national rate.

ED Length of Stay for Admitted Patients - by Zone



## ED Length of Stay for Admitted Patients – Actions

<b>Provincial/ Strategic Clinical Network</b>	<ul style="list-style-type: none"> <li>CoACT implementation is underway in all zones which will start to demonstrate a positive impact on efficiency and emergency department (ED) flow.</li> </ul>
<b>South</b>	<ul style="list-style-type: none"> <li>Collaborate with ED physicians and hospitalists to improve efficiency in the decision to admit and admission orders process.</li> <li>Continue to utilize daily bed huddles to ensure patient discharges are identified in timely manner.</li> <li>At Chinook Regional Hospital, ongoing collaboration with specialists to ensure timely consults in an effort to reduce length of stay on admitted patients.</li> </ul>
<b>Calgary</b>	<ul style="list-style-type: none"> <li>Developing improved processes to support transfer of ED admitted patients to inpatient units.</li> <li>Pilot started at Foothills Medical Centre (FMC) to support both timely transfer of patients to inpatients and prompt ED discharge.</li> <li>Collaborating with the Alberta Children Hospital mental health liaison to ensure optimal patient movement with FMC and South Health Campus adolescent unit.</li> </ul>
<b>Central</b>	<p>Red Deer Regional Hospital:</p> <ul style="list-style-type: none"> <li>Ongoing collaboration with rural sites to repatriate patients and receive diverted ED patients.</li> <li>Strategies were explored to utilize rural hospital capacity to provide an enhanced level of restorative/rehabilitative care for sub-acute patients.</li> <li>Enhanced utilization of Medworxx data to address long hospital length of stay.</li> <li>General Internal Medicine Clinic implementation planning is underway in effort to reduce inpatient length of stay.</li> </ul>
<b>Edmonton</b>	<ul style="list-style-type: none"> <li>At University of Alberta Hospital (UAH), implementation of ED to ED business rule: change in practice for triage nurses responding to demands of Inter-Facility Transfers to meet 30 minute off load targets. Improved coordination of transport arrival times and consideration of Zone Triage Time to prioritize these patients at triage.</li> <li>The change in hours opening at 0600 is working well for discharge patients that go to Rapid Transfer Unit (RTU) at UAH. Emergency Inpatients (EIP) time for patients discharged to RTU from ED decreased to average 4.2 hours in Q3 from 5.0 hours in Q2. Periods of lower census, RTU go to ED to assist with EIPs.</li> <li>At the Royal Alexandra Hospital, implementation of 0700-1700 Trauma Services supported by trauma surgeons in November 2015. New ED to ED protocol was implemented. Process improvements identified to move patients to inpatient bed once bed is ready. Review of consult processes to reduce time from consult to admission or discharge occurred.</li> </ul>
<b>North</b>	<ul style="list-style-type: none"> <li>Overcapacity protocol Northern Lights Regional Health Centre (NLRHC) revised to enhance flow during times of peak demand.</li> <li>Trial started in November with increased physician coverage in early afternoon and extended hours of fast track to assist with patient flow.</li> <li>Implementation of two admitting psychiatrists have seen decreased length of stay for mental health patients in ED.</li> </ul>

### IN SUMMARY

Q3 year-to-date, provincially and four zones have shown an improvement in wait times compared to the same period as last year.

Other initiatives are underway including operationalizing in-progress bed movement process to move patients to vacant beds in a more timely fashion.

AHS has created care units in some of its urban hospitals – called the Rapid Transfer Unit in Edmonton and the Rapid Access Unit in Calgary. These units are located next to the EDs and allow care providers to observe patients receiving treatments for a longer period of time, with the goal of being able to send them home rather than admit them to hospital.

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

The average patient's length of time (hours) in the emergency department before being admitted to a hospital bed at the busiest emergency departments.

ED LOS Admitted - Busiest Sites	2012-13	2013-14	2014-15	Q3 YTD		Trend *	2015-16 Target
				2014-15 Last Year	2015-16 Current		
<b>Provincial</b>	<b>8.7</b>	<b>8.6</b>	<b>9.9</b>	<b>9.9</b>	<b>9.2</b>	↑	<b>8.2</b>
<b>South Zone Total</b>	<b>5.2</b>	<b>5.5</b>	<b>6.0</b>	<b>5.9</b>	<b>6.1</b>	↓	<b>5.1</b>
Chinook Regional Hospital	5.6	6.0	6.0	6.1	6.1	→	5.5
Medicine Hat Regional Hospital	4.8	5.1	5.9	5.8	6.2	↓	4.7
<b>Calgary Zone Total</b>	<b>8.8</b>	<b>8.2</b>	<b>9.8</b>	<b>9.7</b>	<b>9.4</b>	↑	<b>8.3</b>
Alberta Children's Hospital	6.5	6.3	6.8	6.7	6.3	↑	6.4
Foothills Medical Centre	8.5	8.0	8.9	8.8	8.6	↑	8.3
Peter Lougheed Centre	9.8	9.1	11.5	11.3	11.0	↑	8.8
Rockyview General Hospital	9.4	8.6	11.1	10.9	10.1	↑	8.7
South Health Campus	N/A	8.1	10.2	10.2	11.1	↓	8.3
<b>Central Zone Total</b>	<b>10.4</b>	<b>12.8</b>	<b>11.1</b>	<b>11.0</b>	<b>11.2</b>	↓	<b>9.0</b>
Red Deer Regional Hospital Centre	10.4	12.8	11.1	11.0	11.2	↓	9.0
<b>Edmonton Zone Total</b>	<b>9.9</b>	<b>10.2</b>	<b>12.0</b>	<b>11.9</b>	<b>10.1</b>	↑	<b>8.8</b>
Grey Nuns Community Hospital	13.3	16.8	23.5	23.1	19.5	↑	9.4
Misericordia Community Hospital	12.0	12.5	17.0	16.8	12.2	↑	9.3
Royal Alexandra Hospital	9.7	9.9	11.5	11.4	9.8	↑	8.8
Stollery Children's Hospital	7.8	7.4	8.6	8.1	7.4	↑	7.7
Sturgeon Community Hospital	13.4	20.5	28.4	28.5	18.5	↑	9.4
University of Alberta Hospital	9.2	9.1	10.4	10.5	8.8	↑	8.6
<b>North Zone Total</b>	<b>6.6</b>	<b>7.0</b>	<b>7.9</b>	<b>8.0</b>	<b>7.6</b>	↑	<b>6.5</b>
Northern Lights Regional Health Centre	5.4	5.9	6.3	6.4	6.2	↑	5.3
Queen Elizabeth II Hospital	8.3	8.6	11.0	11.0	11.0	→	8.2

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

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

ED Admissions from ED - Busiest Sites	2012-13	2013-14	2014-15	Q3 YTD	
				2014-15 Last Year	2015-16 Current
<b>Provincial</b>	<b>130,323</b>	<b>133,310</b>	<b>137,390</b>	<b>103,322</b>	<b>104,179</b>
South Zone	11,475	11,656	11,939	8,918	8,654
Calgary Zone	52,473	54,634	56,732	42,535	42,961
Central Zone	8,901	8,815	9,254	6,864	7,197
Edmonton Zone	49,988	50,644	51,858	39,296	39,848
North Zone	7,486	7,561	7,607	5,709	5,519