

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

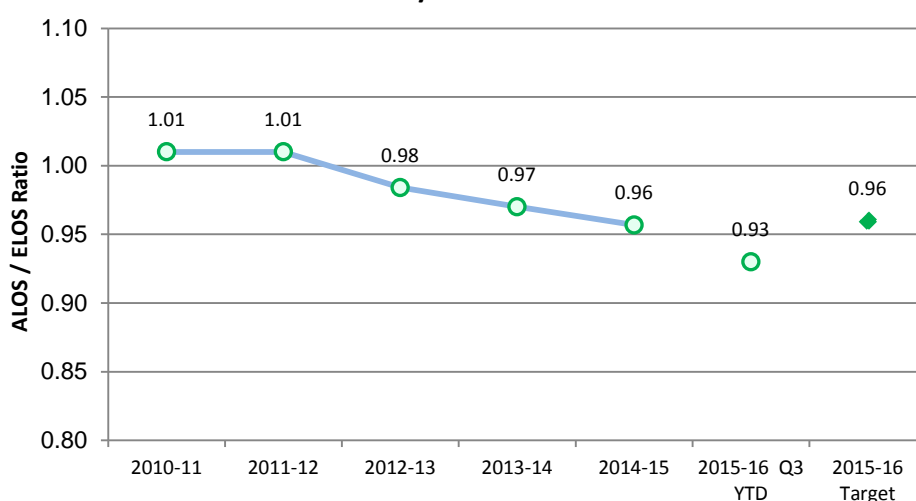
Measure Definition

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.

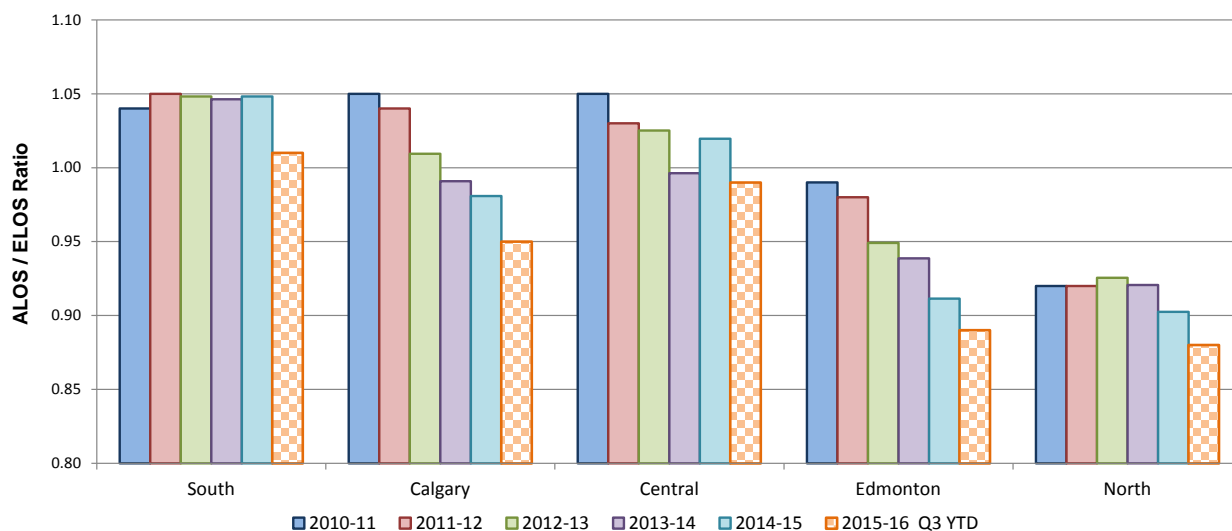
ALOS / ELOS - Annual



How Do We Compare?

Alberta ranked 3rd best nationally out of nine provinces.

ALOS / ELOS - By Zone



ALOS/ELOS – Actions

Provincial/ Strategic Clinical Network (SCN)	<ul style="list-style-type: none"> Continue implementation of CoACT 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. Continued implementation of the Enhanced Recovery After Surgery (ERAS) project at six early adopter sites (Surgery SCN). Funding approved for three additional sites and 12 additional protocols. SCNs are developing key clinical care pathways (i.e. Hip Fracture Pathway, Rectal Cancer Pathway, and Heart Failure Pathway) to reduce unwarranted practice variation. Led by the Diabetes, Obesity and Nutrition SCN, work continues on hospital glycemic 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.
South	<ul style="list-style-type: none"> Co-ACT implementation underway including education sessions to front-line staff regarding RAPID Rounds, care hubs, comfort rounds, and developing usability testing criteria for iRounds.
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 (SHC). A pilot project is planned at SHC to decrease average time of discharge and increase discharges on weekends. Referral Access Advice Placement Information Destination (RAAPID) proposal to have a repatriation nurse at Foothills Medical Centre to better assist with repatriation identification and paperwork.
Central	<ul style="list-style-type: none"> Continuing actions on the six priority CoACT core elements occurring at all in scope sites (Red Deer Regional Hospital, Wetaskiwin Hospital and Care Centre, and Drumheller Health Centre). Optimizing Medworxx utilization to facilitate interdisciplinary team communication and discharge planning and identification of delays that extend length of stay and impact timely discharge.
Edmonton	<ul style="list-style-type: none"> CoACT Phase 1 implementation at the Mazankowski Alberta Heart Institute is ongoing. This includes RAPID Rounds, standardized shift report and bedside safety checks. In addition, Quality Councils have been established, and metric and process improvement data boards are displayed in each unit. CoACT Phase 1 implementation in neurosciences at University of Alberta Hospital is ongoing. CoACT site team lead identified. Process improvement at Royal Alexandra Hospital is underway to ensure patients are on the appropriate service, thereby increasing efficiencies and throughput. Phase 1 of CoACT leading practices implemented on all surgery units.
North	<ul style="list-style-type: none"> Ongoing CoACT implementation on medicine units including RAPID Rounds and case conferencing. Enhancing the discharge planning process and implementing components of the Path to Home as best practice.

IN SUMMARY

Overall, the provincial and zone results have demonstrated an improvement in Q3 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

Medworxx is a tool used for proactive discharge planning, to enhance how acute care capacity is managed and improve patient experience. It is used by those involved in patient care / flow, including front-line nursing staff, physicians, clinical coordinators, discharge planners and hospital administration. These reports are used to identify barriers, delays and interruptions to patient care and to achieve an optimal length of stay.

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	Q3 YTD		Trend *	2015-16 Target
				2014-15 Last Year	2015-16 Current		
Provincial	0.98	0.97	0.96	0.96	0.93	↑	0.96
South Zone Total	1.05	1.05	1.05	1.04	1.01	↑	1.00
Chinook Regional Hospital	1.08	1.06	1.06	1.06	1.02	↑	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	0.97	0.95	↑	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	0.91	0.90	↑	0.96
Foothills Medical Centre	1.04	1.01	1.01	1.01	0.98	↑	1.00
Peter Lougheed Centre	0.99	0.98	0.97	0.97	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	0.94	0.88	↑	0.97
All Other Hospitals	0.96	0.96	0.96	0.97	0.92	↑	0.96
Central Zone Total	1.03	1.00	1.02	1.02	0.99	↑	0.98
Red Deer Regional Hospital Centre	1.06	1.03	1.05	1.04	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	0.85	↑	0.97
Misericordia Community Hospital	1.04	0.97	0.96	0.95	0.92	↑	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	0.91	0.92	↓	0.97
Sturgeon Community Hospital	0.90	0.92	0.90	0.90	0.86	↑	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	0.97	0.97	→	0.97
North Zone Total	0.93	0.92	0.90	0.90	0.88	↑	0.92
Northern Lights Regional Health Centre	0.95	0.96	0.93	0.92	0.89	↑	0.95
Queen Elizabeth II Hospital	0.93	0.93	0.87	0.87	0.86	↑	0.93
All Other Hospitals	0.92	0.91	0.91	0.91	0.90	↑	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	Q3 YTD	
				2014-15 Last Year	2015-16 Current
Provincial	385,536	393,765	401,331	302,250	302,772
South Zone	31,640	31,093	31,125	23,507	22,957
Calgary Zone	130,842	136,598	140,563	105,489	106,678
Central Zone	45,619	44,589	45,691	34,262	34,222
Edmonton Zone	132,337	135,970	139,052	104,896	105,967
North Zone	45,098	45,515	44,900	34,096	32,948