

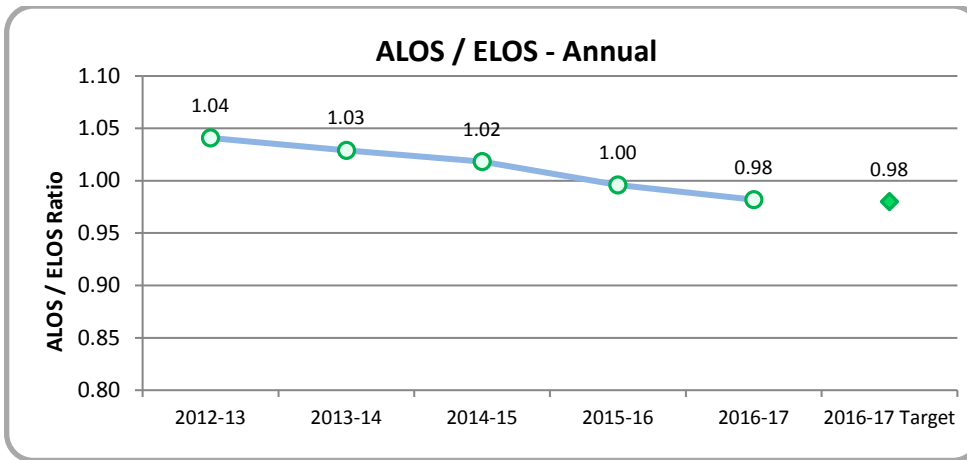
Acute Length of Stay (ALOS) Compared to Expected Length of Stay (ELOS)

Measure Definition

The number of acute 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.

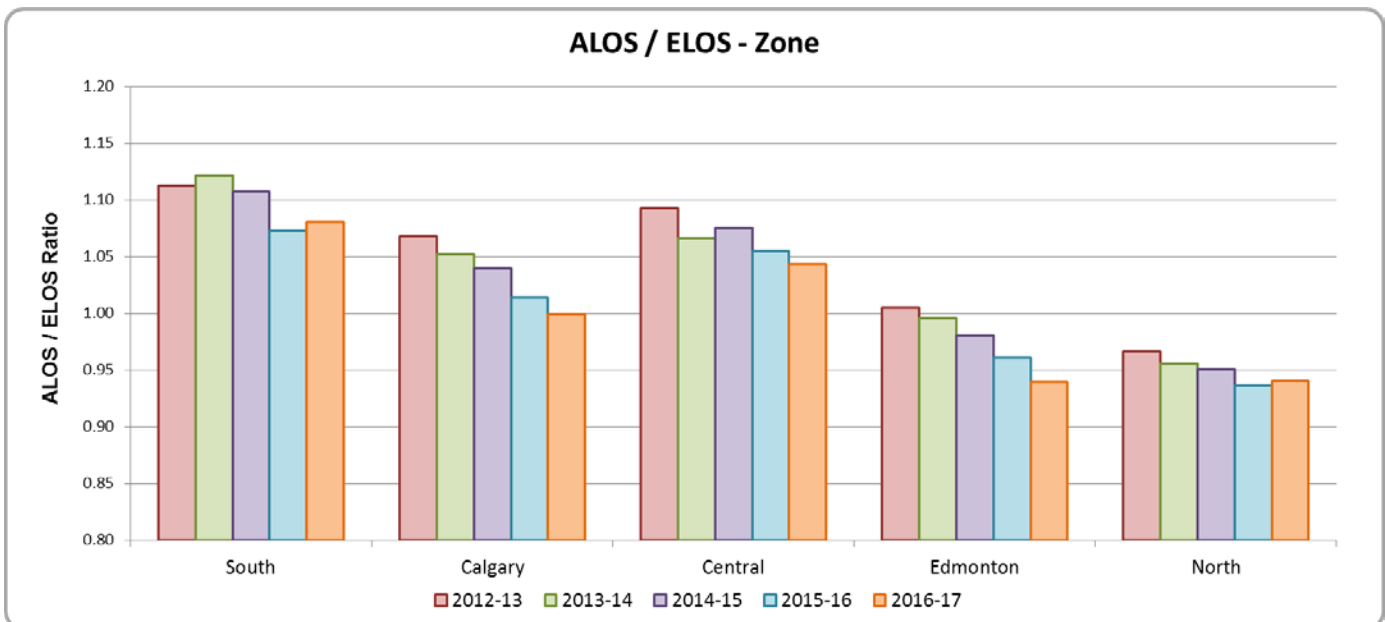
Understanding this Measure

This measure gauges how efficiently care is delivered 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.



How Do We Compare?

Alberta ranked 3rd best nationally out of nine provinces in 2015-16.



ALOS/ELOS

HIGHLIGHTS

ALOS/ELOS has been continuously improving over the last five years. Monitoring this measure can help healthcare teams ensure care appropriateness and efficiency. Improvement in this measure enables the ability to treat more patients with the existing beds and other resources.

CoACT is an innovative model of care in which care providers collaborate with patients. Elements of CoACT include integrated plans of care, transition rounds, patient scheduling, standard transition process, right bed first time, home team, home unit and partnerships with support services. Overall implementation of the project is 73%. CoACT has been extended into 2017-18 to ensure the project is transitioned to zones in a seamless manner.

Zones continue to deploy Medworxx, a tool used for proactive discharge planning, to improve patient flow, enhance how acute care capacity is managed and improve patient experience. Reports are used to identify barriers, delays and interruptions to patient care and to achieve an optimal length of stay.

The Strategic Clinical Networks (SCNs) and the zones are working collaboratively to spread pathways as opportunities for cost avoidance, reductions in unwarranted variation and better cost per case in multiple procedures. SCNs develop standardized care planning tools, such as care clinical care pathways for specific patient groups to improve communication between care providers, 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. The following clinical care pathways were developed in 2016-17:

- Diabetic Foot Care
- Inpatient Diabetes Management
- Repetitive Transcranial Magnetic Stimulation
- Breast Health
- Provincial Delirium Initiative
- Heart Failure
- Chronic Obstructive Pulmonary Disease (COPD)
- Conservative Kidney Management
- Provincial Perinatal

SUMMARY OF RESULTS

Provincial, Central and Edmonton Zones achieved target for Q4 YTD. Calgary Zone showed improvement from the same period as last year. South and North remained stable from the same period as last year.

We expect there to be fluctuations in “all other hospitals” due to smaller sites having low number of discharges and therefore more susceptible to variations. AHS monitors these fluctuations to see if deterioration in performance represents a trend over time or part of expected variation.

ALOS/ELOS

The number of acute 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	2013-14	2014-15	2015-16	Q4 YTD		Trend	2016-17 Target
				2015-16 Last Year	2016-17 Current		
Trend: ★ Target Achieved; ✓ Improving; ⇔ Stable*; ✖ Performance not improving							
Provincial	1.03	1.02	1.00	1.00	0.98	★	0.98
South Zone Total	1.12	1.11	1.07	1.07	1.08	⇔	1.06
Chinook Regional Hospital	1.15	1.13	1.09	1.09	1.09	⇔	1.07
Medicine Hat Regional Hospital	1.15	1.11	1.09	1.09	1.09	★	1.09
All Other Hospitals	0.99	1.04	1.00	1.00	1.02	⇔	0.99
Calgary Zone Total	1.05	1.04	1.01	1.01	1.00	✓	0.98
Alberta Children's Hospital	0.98	0.96	0.95	0.95	0.93	★	0.96
Foothills Medical Centre	1.08	1.07	1.04	1.04	1.04	⇔	1.00
Peter Lougheed Centre	1.04	1.02	1.02	1.02	1.01	✓	0.98
Rockyview General Hospital	1.05	1.05	1.02	1.02	0.99	✓	0.97
South Health Campus	N/A	1.00	0.95	0.95	0.92	★	0.95
All Other Hospitals	1.00	1.01	0.96	0.96	1.02	✖	0.96
Central Zone Total	1.07	1.08	1.05	1.05	1.04	★	1.04
Red Deer Regional Hospital Centre	1.09	1.11	1.09	1.09	1.06	★	1.07
All Other Hospitals	1.04	1.04	1.02	1.02	1.02	⇔	1.01
Edmonton Zone Total	1.00	0.98	0.96	0.96	0.94	★	0.96
Grey Nuns Community Hospital	0.99	0.98	0.96	0.96	0.93	★	0.96
Misericordia Community Hospital	1.04	1.03	0.98	0.98	0.94	★	0.99
Royal Alexandra Hospital	0.99	0.97	0.96	0.96	0.93	★	0.95
Stollery Children's Hospital	1.00	1.01	0.98	0.98	0.97	★	0.98
Sturgeon Community Hospital	0.99	0.96	0.92	0.92	0.91	★	0.93
University of Alberta Hospital	0.97	0.97	0.95	0.95	0.94	★	0.95
All Other Hospitals	1.10	1.01	1.03	1.03	1.04	⇔	0.97
North Zone Total	0.96	0.95	0.94	0.94	0.94	⇔	0.93
Northern Lights Regional Health Centre	0.96	0.97	0.93	0.93	0.94	★	0.95
Queen Elizabeth II Hospital	0.97	0.94	0.93	0.93	0.94	⇔	0.92
All Other Hospitals	0.95	0.95	0.94	0.94	0.94	⇔	0.93

* "Stable" trend indicates when current period performance is ≤ 3% from the same time period as last year.

Total Discharges	2013-14	2014-15	2015-16	Q4 YTD	
				2015-16 Last Year	2016-17 Current
Provincial	393,765	401,331	404,515	404,515	403,908
South Zone	31,093	31,125	30,485	30,485	30,521
Calgary Zone	136,598	140,563	143,063	143,063	143,633
Central Zone	44,589	45,691	45,577	45,577	45,242
Edmonton Zone	135,970	139,052	141,279	141,279	142,582
North Zone	45,515	44,900	44,111	44,111	41,930