

April 5, 2011

Community-based care reducing ED wait times 'Length of stay' shows steady improvement

EDMONTON - Alberta Health Services today provided an update on system-wide initiatives to reduce Emergency Department wait times. The focus of today's update includes new initiatives in home care, continuing care and mental health care, making it easier for patients to get the care they need when and where they need it.

"My commitment in October to reduce Emergency Department wait times included both immediate and long-term measures supported by the 5-Year Health Action Plan and the 5-year funding plan," said Health and Wellness Minister Gene Zwozdesky. "We've made progress on both fronts."

AHS is hiring more home care nursing and rehabilitation staff and increasing support services, such as personal care and respite care. The total cost of these initiatives is \$21.7 million, including the Capacity Protocols and \$6 million to expand home care services.

AHS is hiring 49 new community-based staff in Edmonton and 31 in Calgary to support increased home care.

"We have emphasized the importance of tackling wait times – not just in Emergency Departments, but everywhere we provide care – by working more closely with physicians and other care providers across the system and across the province," said Acting President and CEO Dr. Chris Eagle. "The Capacity Protocols are one piece of that puzzle. They are working because many teams of people are working together across Alberta Health Services and they are having a positive impact across the system."

In today's update:

- The trend line for wait times for the length of stay of patients waiting in Emergency Departments shows steady improvement. In September 2010, the median time for patients being treated in Emergency was 15.8 hours in Edmonton and 14.9 hours in Calgary. To the end of March 2011 that has been cut to 11.6 hours in Edmonton and 9.1 hours in Calgary – improvements of 26 per cent and 39 per cent respectively. See details, below.
- AHS has now opened 323 of the 360 new hospital beds that were scheduled to be opened March 31. The remaining 37 beds will be open by mid-May once staff are in place.
- AHS has also opened 1,174 of 1,300 new continuing care beds that were scheduled to be opened by March 31. The remaining 126 beds will be open by mid-May.

Five areas are detailed in the following Backgrounders:

- **Increasing community-based care** – Providing more care in the home and preventing injury and illness, particularly for seniors, helps keep people out of Emergency Departments.
- **Increasing community support following Emergency Department care** – AHS is providing more support for patients who needed Emergency care and have been treated and discharged. Most patients prefer care in the home whenever possible, and it is always based on the advice and direction of physicians as to where the safest, most appropriate care can be provided.
- **Getting patients home sooner** – More support for patients who required hospital admission and are ready to be discharged home with a higher level of support and where they can heal more quickly.
- **Opening more continuing care beds** – Summarizes innovations in the community and new beds that have been opened in the community.
- **Innovation in “patient flow” and opening more hospital beds** – Summarizes innovations within hospitals to provide more of the “right care in the right place.”

“There is no single solution to increasing access and reducing wait times,” said Dr. Eagle. “We start by asking where is the best place to provide care, and add capacity or, just as importantly, change the way we provide care to meet that need.”

This update focuses on initiatives in Calgary and Edmonton, where ED pressures are greatest. AHS can provide information to media interested in initiatives in other cities and communities.

Alberta Health Services is the provincial health authority responsible for planning and delivering health supports and services for more than 3.7 million adults and children living in Alberta. Its mission is to provide a patient-focused, quality health system that is accessible and sustainable for all Albertans.

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Metric	Sep-10	Mar-11	Total Percentage Improvement (Sept to Mar)
% of Admitted ED Patients Within Target - 2010/11 (Calgary)	26%	41%	15%
% of Admitted ED Patients Within Target - 2010/11 (Edmonton)	27%	31%	4%
% of Discharged ED Patients Within Target - 2010/11 (Calgary)	53%	61%	8%
% of Discharged ED Patients Within Target - 2010/11 (Edmonton)	50%	54%	4%
Median ED Length of Stay (Admitted Patients) - 2010/11 (Calgary)	14.9	9.1	38.9%
Median ED Length of Stay (Admitted Patients) - 2010/11 (Edmonton)	15.8	11.6	26.6%
Median ED Length of Stay (Discharged Patients) - 2010/11 (Calgary)	3.8	3.4	10.5%
Median ED Length of Stay (Discharged Patients) - 2010/11 (Edmonton)	4.0	3.7	7.5%
Daily Average Number of Emergency Inpatients (EIPs) - Morning Stats (2010/11) - Calgary	67.8	25.7	62.1%
Daily Average Number of Emergency Inpatients (EIPs) - Morning Stats (2010/11) - Edmonton	80.3	41.9	47.8%
Daily Average Number of Emergency Inpatients (EIPs) - Morning Stats (2010/11) - Red Deer	9.9	6.1	38.4%

NOTE:

- **PERCENTAGE OF ADMITTED ED PATIENTS** SHOWS IMPROVEMENT WHEN THE PERCENTAGE GOES UP, BECAUSE MORE PATIENTS ARE BEING TREATED WITHIN TARGET.
- PERCENTAGE IMPROVEMENT FOR THE **MEDIAN ED LENGTH OF STAY** SHOWS IMPROVEMENT WHEN THE NUMBER GOES DOWN, BECAUSE THE NUMBER OF HOURS, WHILE BEING TREATED, IS GETTING SHORTER.
- THE **AVERAGE NUMBER OF EMERGENCY INPATIENTS** SHOWS IMPROVEMENT WHEN THE NUMBER OF PATIENTS WAITING FOR A HOSPITAL BED GOES DOWN.
- ALL THREE AREAS ARE SEEING IMPROVEMENT