

# 90th percentile emergency department length of stay for complex patients (Retired)

## Alternate Name\*

90th percentile emergency department length of stay for complex patients

## INDICATOR DESCRIPTION

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### Description\*

This indicator measures the total ED length of stay\* where 9 out of 10 complex patients completed their visits.

\*ED length of stay defined as the time from triage or registration, whichever comes first, to the time the patient leaves the ED.

### Indicator Status\*

Retired

### HQO Reporting tool/product

Quality Improvement Plans (QIPs)

### Dimension\*

Timely

### Type\*

Process

## DEFINITION AND SOURCE INFORMATION

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### Unit of Measurement\*

Hours

### Calculation Methods\*

Step 1: Calculate ED length of stay in hours for each patient.

Step 2: Apply inclusion and exclusion criteria.

Step 3: Sort the cases by ED length of stay from shortest to longest.

Step 4: The 90th percentile is the case where 9 out of 10 complex patients have completed their visits.

*Inclusions:*

- Admitted patients - Disposition Codes 06 and 07
- Non-Admitted Patients - (Disposition Codes 01, 04 - 05 and 08 - 15) with assigned CTAS I, II, or III

*Exclusions:*

- ED visits where Registration Date/Time and Triage Date/Time are both blank/unknown (9999)
- ED visits where the MIS functional centre is under Emergency Trauma, Observation or Emergency Mental Health Services (as of January 2015 data)
- Duplicate cases within the same functional center where all ER data elements have the same values except for Abstract ID number
- ED visits where the ED visit Indicator is = '0'
- ED visits where patient has left without being seen by a physician during his/her visit (Disposition Code 02 and 03)
- ED Length of Stay is greater than or equal to 100000 minutes (1666 hours)
- Non-Admitted Patients (Disposition Codes 01 - 05 and 08 - 15) with assigned CTAS IV or V
- Non-Admitted Patients (Disposition Codes 01 - 05 and 08 - 15) with missing CTAS

**Numerator including inclusion/exclusion\***

N/A

**Denominator including inclusion/exclusion\***

N/A

**Data Source**

National Ambulatory Care Reporting System (NACRS)

#### Data provided to HQO by

Cancer Care Ontario (CCO)

### OTHER RELEVANT INFORMATION

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#### Comments Detailed

This is a QIP additional indicator for 2018/19. QIP current performance reporting period: January 2017 - December 2017. How to access data: Refer to Health Quality Ontario's QIP Navigator. Data will be available in February 2018. Alternatively, these data can be gathered by going to iPort Access (<https://www.accesstocare.on.ca/cms/One.aspx?portalId=120513&pageId=128286>) Calculated indicator value is based on ED visits submitted by 126 sites participating in the ER National Ambulatory Care Reporting System (NACRS) Initiative (ERNI) reporting to the NACRS database. Approximately 90% of ED Visits in Ontario are captured by hospital sites participating in ERNI (based on NACRS 13/14 data released July 2014). As of April 2009, patient's stay in a designated Clinical Decision Unit (CDU) will be excluded in the total time spent in ED. This indicator was retired in the 2019/20 QIP.

### TAGS

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#### TAGS\*

Acute Care/Hospital

Process

Wait Times

Timely

National Ambulatory Care Reporting System (NACRS)

### PUBLISH

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#### PUBLISH DATETIME\*

04/03/2019 10:08:00