

# 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.

### 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 (short description i.e. not inclusions/exclusions)\***

N/A

**Denominator (short description i.e. not inclusions/exclusions)\***

N/A

**Adjustment (risk, age/sex standardization)- generalized**

None

### 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 Summary

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>) 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