

Average number of inpatients receiving care in unconventional spaces or ER stretchers per day

Alternate Name*

Average number of inpatients receiving care in unconventional spaces or ER stretchers per day

INDICATOR DESCRIPTION

Description*

This indicator measures the average number of inpatients receiving care in unconventional spaces or ER stretchers per day within a given time period.

Indicator Status*

Active

HQO Reporting tool/product

Quality Improvement Plans (QIPs)

Dimension*

Efficient

Type*

Process

DEFINITION AND SOURCE INFORMATION

Unit of Measurement*

Number of patients

Calculation Methods*

Total number of inpatients receiving care in unconventional spaces or ER stretchers in each day (at 12am), summed for all days in the given reporting period, divided by total submission days within the given time period.

Unconventional Spaces (UNCONVENTIONALBEDSUSED):

An unconventional space is an area in a hospital, which has been enabled to place beds to provide care to inpatients. Unconventional spaces refer specifically to the placement of a bed in any place spacious enough, i.e. an office, hallways, including hallways in the emergency department or inpatient unit, or auditorium that does not meet the required fire and safety standards.

Beds in unconventional space can be beds or stretchers (not gurney type) that have been placed to provide care.

These beds have been brought in to provide care for inpatients in the event of shortages or surges, as such these beds do not have assigned staff but staff has been called in to care for these patients. Patients placed in beds in unconventional spaces do not have access to nurse call-bell, washrooms, suction, oxygen, etc.

ER Stretchers (ERSTRETCHERSUSED):

Includes any emergency beds/emergency stretchers (not gurney type) or any other area in acute care, recovery or after care (e.g. PACU/PARR)

with staff assigned and located in an area or space meeting the fire protection and safety standards (excludes emergency stretchers in hallways) that were used to provide services to inpatients.

Note: If a patient is discharged the same day he/she is admitted, the daily BCS count will only include the admission and the discharge. The bed is no longer relevant, as there is no patient occupying a bed at midnight.

For detailed information on unconventional spaces, please refer to the Daily BCS FAQ document provided to registered users within the Health Data Branch Web Portal, Ministry of Health and Long-Term Care.

Numerator including inclusion/exclusion*

Inclusions:

All patients admitted to a bed/stretcher etc. that is placed at an unconventional space or ER stretcher to receive care at 12am.

Exclusions:

Patients admitted and discharged the same day (i.e. not occupying a bed at 12am)

Denominator including inclusion/exclusion*

N/A

Data Source

Bed Census Summary (BCS)

Data provided to HQO by

Ministry of Health and Long-Term Care (MOHLTC)

OTHER RELEVANT INFORMATION

Comments Detailed

This indicator is a Priority indicator for QIP 2019/20. The indicator data reporting period is Q3 FY 2018/19 i.e. October 2018 – December 2018. Daily Bed Census Summary (Daily BCS) Note: data was self-reported daily by hospitals and available the following day. For general information on BCS, please visit <https://www.ontario.ca/data/bed-census-summary-bcs>.

TAGS

TAGS*

Acute Care/Hospital
Process
Wait Times
Efficient
Bed Census Summary (BCS)

PUBLISH

PUBLISH DATETIME*

26/02/2019 14:15:00