

# 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

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### Description\*

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

### HQO Reporting tool/product

Quality Improvement Plans (QIPs)

### Dimension\*

Efficient

### Type\*

Process

## DEFINITION AND SOURCE INFORMATION

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

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.

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

Total number of submission days within the reporting period.

#### **Data Source**

Bed Census Summary (BCS)

#### **Data provided to HQO by**

Ministry of Health and Long-Term Care (MOHLTC)

## **OTHER RELEVANT INFORMATION**

### **Comments Summary**

This indicator provides contextual information on the average number of patients who were admitted into hospitals receiving care in unconventional spaces or ER stretchers during the third quarter, 2018/19. This may reflect seasonal surges. The indicator profiles the average number of beds over capacity in Ontario hospitals during this time. In conjunction with other indicators such as time to inpatient bed and the ALC rate, this indicator can be used to monitor a hospital's space capacity and contribute to a better understanding of the issue.

## **TAGS**

### **TAGS\***

Acute Care/Hospital

Process

Wait Times

Efficient

Bed Census Summary (BCS)

## PUBLISH

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### PUBLISH DATETIME\*

26/02/2019 14:15:00