

## ER Provincial Summary Report - August 2022

Provincial, LHIN and Site Level

**October 3, 2022**

Prepared by: Access to Care Analytics

**Notes:**

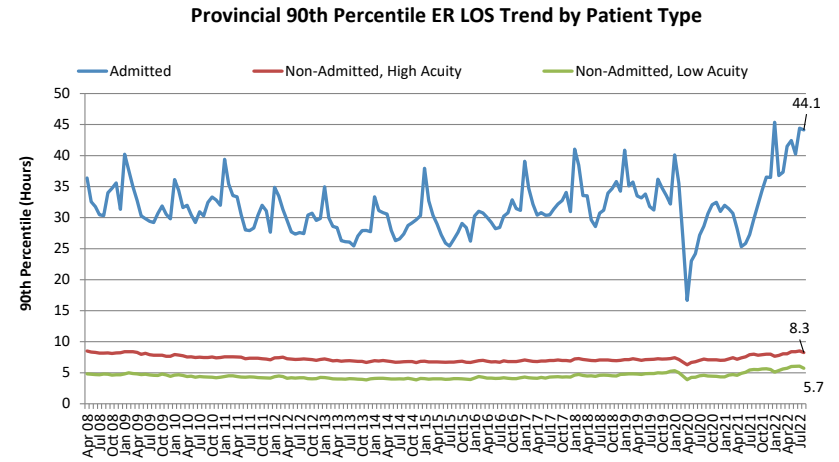
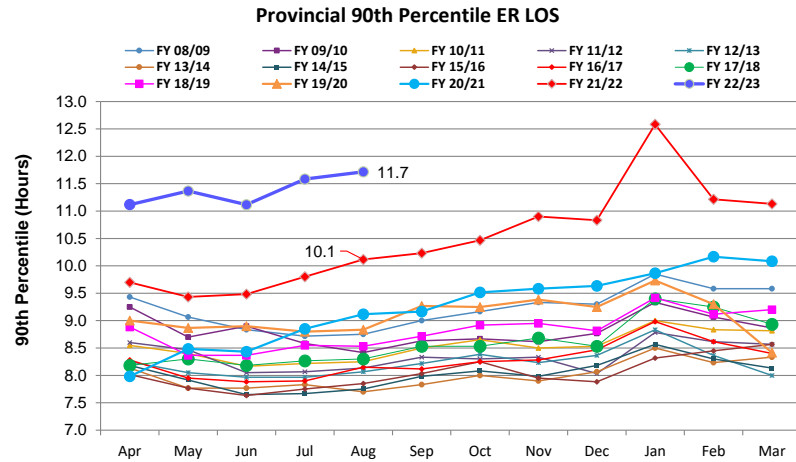
1. Wait times are not displayed when categories have no volume or volume is below 6 cases. Therefore, "NV" or "LV" will be shown when presented in tabular form. In the graphical form, lines are not connected when data is NV or LV for at least two consecutive months.
2. ER Data: FY 21/22 YTD Data Inclusion: April 2021 to August 2021; FY 22/23 YTD Data Inclusion: April 2022 to August 2022
3. NS: This facility either does not offer the service, is not required to report or no data is available.
4. RI (Reporting Issues): Please note that this facility did not meet the data quality criteria for reporting purposes. However the facility's data has been incorporated in the LHIN and Provincial level data (where applicable).
5. ER hospital groups are updated based on the final Level 3 data for the most recent closed fiscal year (FY19/20)
6. Due to the impact of the COVID-19 pandemic on the health system, results from March 2020 onwards may not conform to historical trends.

*Parts of this material are based on data and information compiled and provided by CIHI. However, the analyses, conclusions, opinions and statements expressed herein are those of the author, and not necessarily those of CIHI.*

# Question: Have there been improvements in ED wait time performance in Ontario?

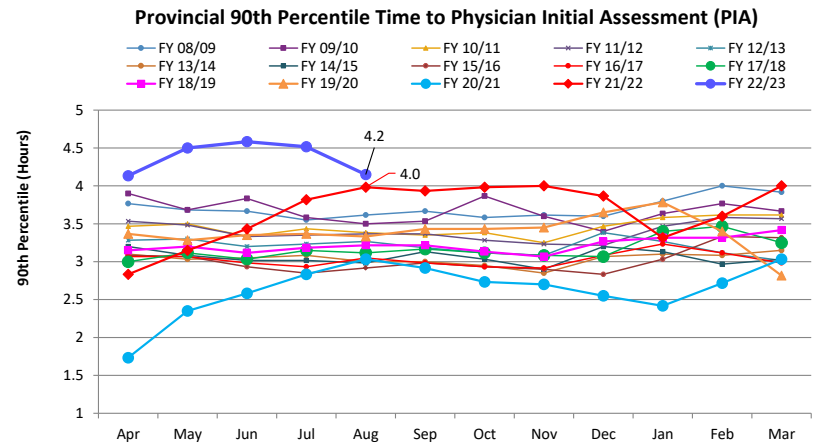
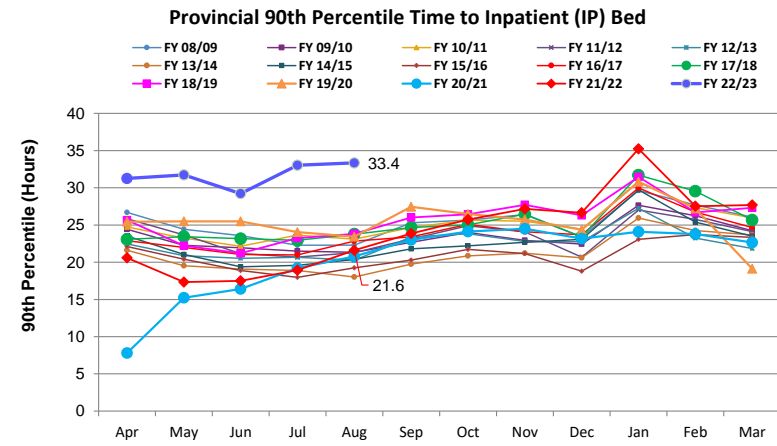
## ED LENGTH OF STAY

- Provincial 90th Percentile ER LOS in August 2022 was 11.7 hours. This was a(n) 15.8% increase compared to August 2021.
- Provincial 90th Percentile ER LOS for admitted patients was 44.1 hours. This was a(n) 48.2% increase compared to August 2021.
- Provincial 90th Percentile ER LOS for Non-Admitted, High Acuity patients was 8.3 hours. This was a(n) 3.3% increase compared to August 2021.
- Provincial 90th Percentile ER LOS for Non-Admitted, Low Acuity patients was 5.7 hours. This was a(n) 3.6% increase compared to August 2021.



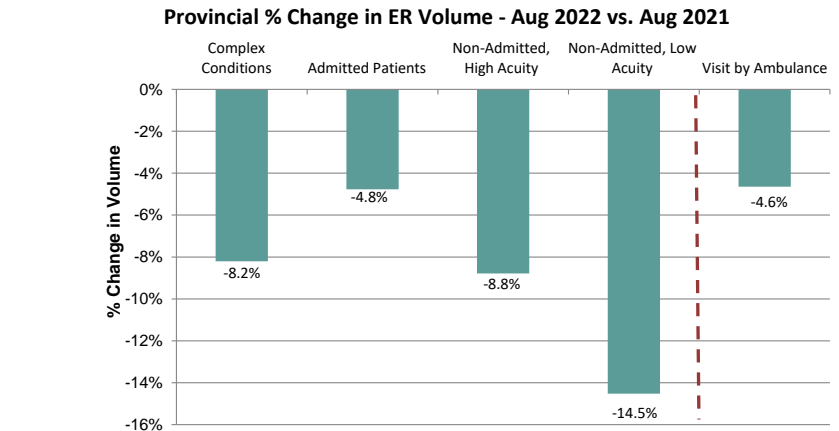
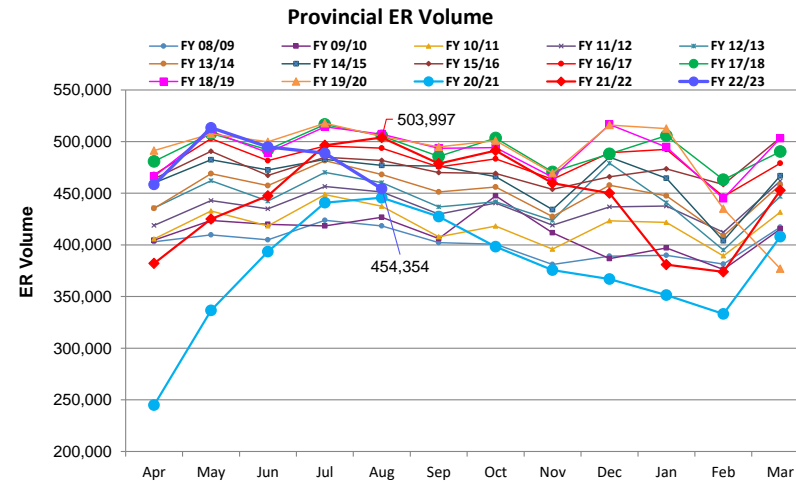
## TIME TO IP BED / TIME TO PIA

- Provincial 90th Percentile Time to Inpatient Bed for August 2022 was 33.4 hours. This was a(n) 54.3% increase compared to August 2021.
- Provincial 90th Percentile Time to PIA for August 2022 was 4.2 hours. This was a(n) 4.2% increase compared to August 2021.



## VOLUME

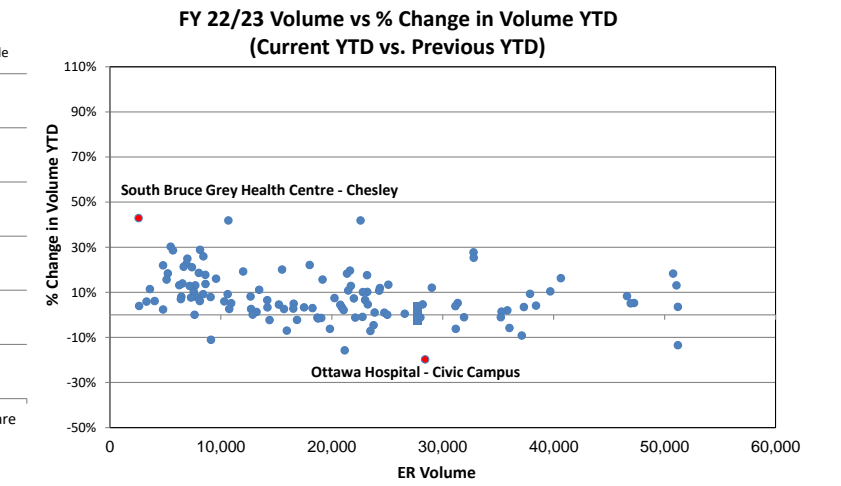
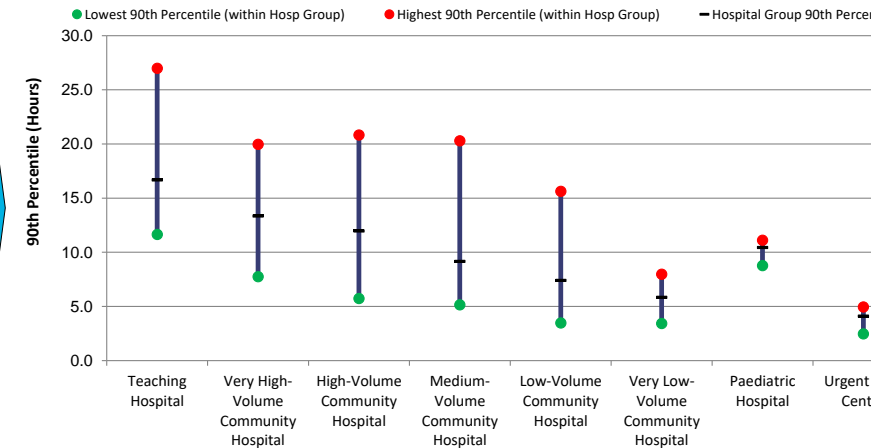
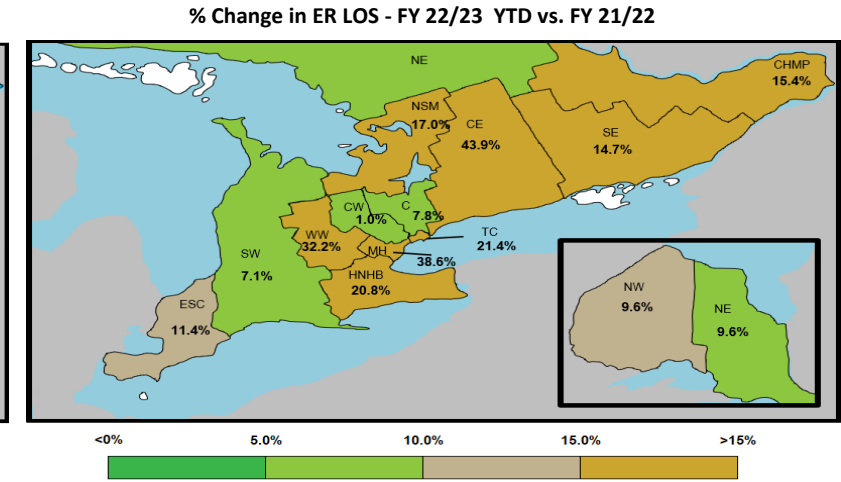
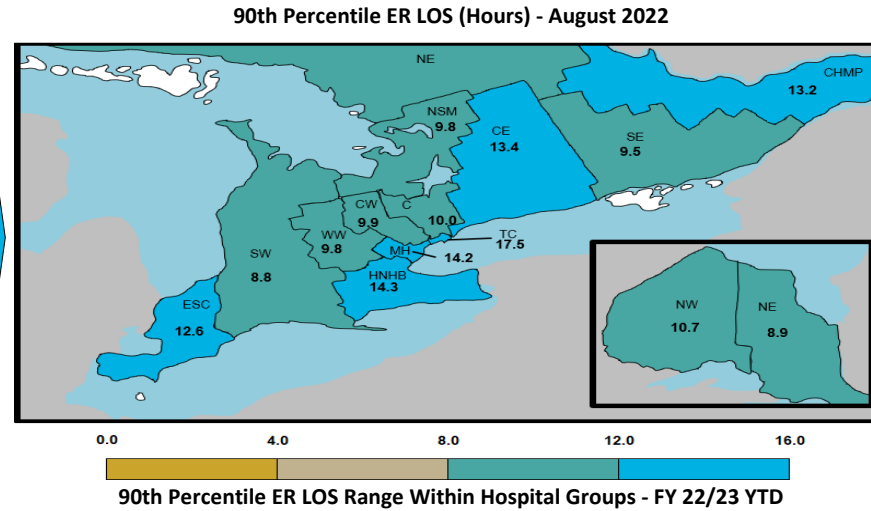
- August 2022 ER volumes were 454,354. This was 9.8% lower compared to August 2021.
- The decrease in volumes was driven by Non-Admitted, Low Acuity patients which decreased by 14.5%. This patient group accounted for 23.9% of total ER volume for that month.
- August 2022 ambulance volumes were 90,010 and down 4.6% compared to August 2021.
- Please note there were Reporting Issues (RI) in August 2022.



Note: February 2012, 2016 and 2020 were 29 days long (leap year). In order to ensure comparability with previous February data, the volume was adjusted to reflect 28 days of data (i.e., the daily average volume was subtracted from the reported February 2012, 2016 and 2020 volume for 29 days). February 2012, 2016 and 2020 actual volumes were 426,979, 474,814 and 450,598 respectively.

LHIN OVERVIEW

- The LHINs with the longest 90th Percentile ER LOS were Toronto Central and Hamilton Niagara Haldimand Brant LHINs. The LHINs with the shortest 90th Percentile ER LOS were South West and North East LHINs.
- 0/14 LHINs had a 90th Percentile ER LOS less than or equal to 8 hours.
- None of the LHINs showed improvement in 90th Percentile ER LOS this fiscal YTD compared to last fiscal YTD.
- The LHINs where ER LOS showed the greatest increase were Central East and Mississauga Halton LHINs.



HOSPITAL GROUP/ VOLUME TRENDS

- In the current fiscal YTD, the Very Low-Volume Community Hospital group had the shortest 90th Percentile ER LOS (excluding UCCs) while the Teaching Hospital group had the longest ER LOS at the 90th Percentile.
- In the current fiscal YTD, the Teaching Hospital group had the greatest variation in ER LOS between its peer hospitals.
- 97 (82.2%) hospitals experienced an increase and 21 (17.8%) hospitals experienced a decrease in their current fiscal YTD volumes compared to their previous fiscal YTD volumes.
- South Bruce Grey Health Centre - Chesley and Ottawa Hospital - Civic Campus experienced the greatest change, a 43% increase and 20% decrease in volumes, respectively.

IMPROVEMENT

- For current fiscal YTD (22/23) compared to previous YTD (21/22), the three hospitals showing the greatest improvement in 90th Percentile ER LOS were (excluding UCC):
- South Bruce Grey Health Centre - Durham from the Very Low-Volume Community Hospital Group with a reduction of 17.5%.
- Grey Bruce Health Services - Lions Head Hospital from the Very Low-Volume Community Hospital Group with a reduction of 11.9%.
- Quinte Healthcare - Prince Edward County Memorial from the Low-Volume Community Hospital Group with a reduction of 6.2%.

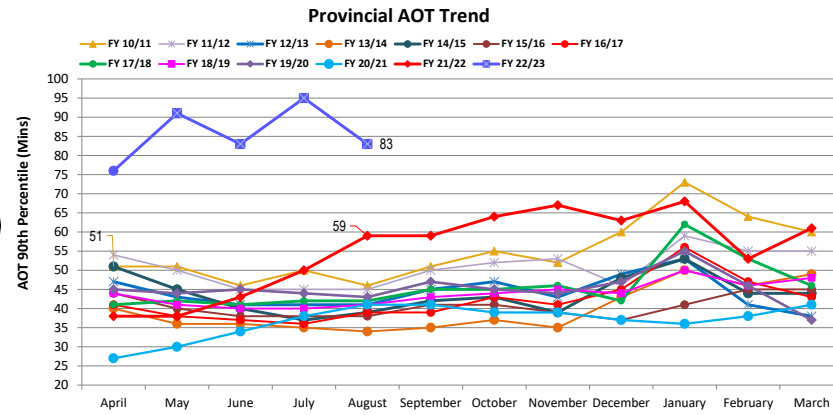
Most Improved Sites by Hospital Group - Based on % Change in 90th Percentile ER LOS \*

Site	LHIN	90th Percentile				
		ERLOS (Hrs)			Time to PIA (Hrs)	Time to IP Bed (Hrs)
		Current Fiscal YTD	Previous Fiscal YTD	% Change	Current Fiscal YTD	Current Fiscal YTD
<b>Teaching Hospital</b>						
Unity Health Toronto - St. Michael's	Toronto Central	15.0	13.9	7.4%	4.0	23.1
Thunder Bay Regional Health Sciences Centre	North West	11.7	10.4	12.2%	3.8	32.9
<b>Very High-Volume Community Hospital (85,000 and over ER visits)</b>						
Mackenzie Health	Central	9.8	10.0	-2.5%	1.8	45.6
Humber River Hospital - Wilson Site	Central	11.2	10.9	2.6%	5.5	11.6
<b>High-Volume Community Hospital (between 50,000 and less than 85,000 ER visits)</b>						
Toronto East Health Network - Michael Garron Hospital	Toronto Central	13.2	13.4	-1.2%	3.8	20.7
Bluewater - Samia General Site	Erie-St.Clair	6.8	6.8	0.5%	2.9	13.1
<b>Medium-Volume Community Hospital (between 30000 and less than 50000 ER visits)</b>						
Timmins & District General Hospital	North East	5.2	5.3	-1.9%	2.3	11.6
Joseph Brant Hospital	Hamilton Niagara Haldimand Brant	7.2	7.2	0.5%	2.6	13.3
<b>Low-Volume Community Hospital (between 17,500 and less than 30,000 ER visits)</b>						
Quinte Healthcare - Prince Edward County Memorial	South East	4.5	4.8	-6.2%	2.0	22.5
Huron Perth Healthcare Alliance - Stratford General Hospital	South West	6.6	6.7	-2.2%	3.1	5.9
<b>Very Low-Volume Community Hospital (less than 17,500 ER visits)</b>						
South Bruce Grey Health Centre - Durham	South West	3.5	4.2	-17.5%	1.3	2.1
Grey Bruce Health Services - Lions Head Hospital	South West	3.6	4.1	-11.9%	1.8	1.2
<b>Paediatric Hospital</b>						
Hospital For Sick Children	Toronto Central	11.1	8.6	29.8%	6.6	8.1
Children's Hospital of Eastern Ontario - Ottawa Site	Champlain	10.5	8.0	30.6%	7.1	18.5
<b>Urgent Care Centre</b>						
Kingston Health Sciences Centre - Hotel Dieu	South East	5.0	4.8	3.1%	2.6	1.7
Niagara Health System - Port Colborne General Site	Hamilton Niagara Haldimand Brant	3.9	3.7	7.8%	2.7	NV

\* Values in the '%Change' column may differ from calculations using the numbers within the table as trailing decimals are rounded to one digit.

AMBULANCE OFFLOAD TIME

- Provincial 90th Percentile Ambulance Offload Times (AOT) in August 2022 was 83 minutes. This was a(n) 40.7% increase compared to August 2021.
- Since April 2010, AOT has increased by 62.7%.
- In the current fiscal YTD, Hamilton Niagara Haldimand Brant and Central LHIN(s) had the highest ambulance volume.
- In the current fiscal YTD, North East and South East LHIN(s) had the lowest AOT Rank.



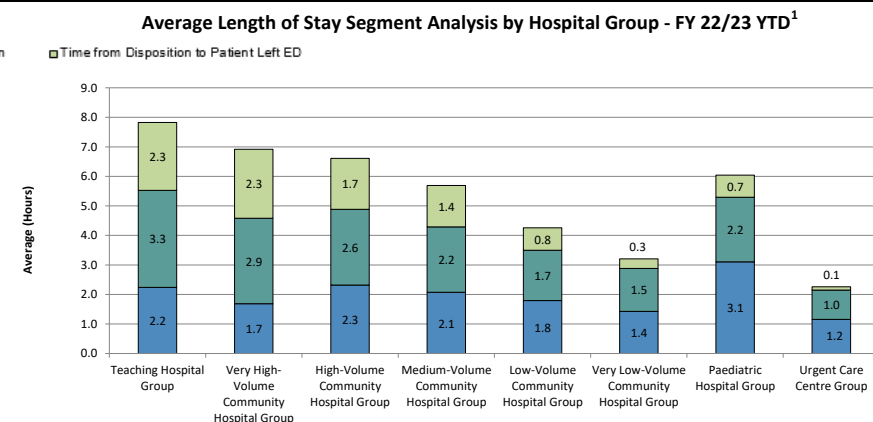
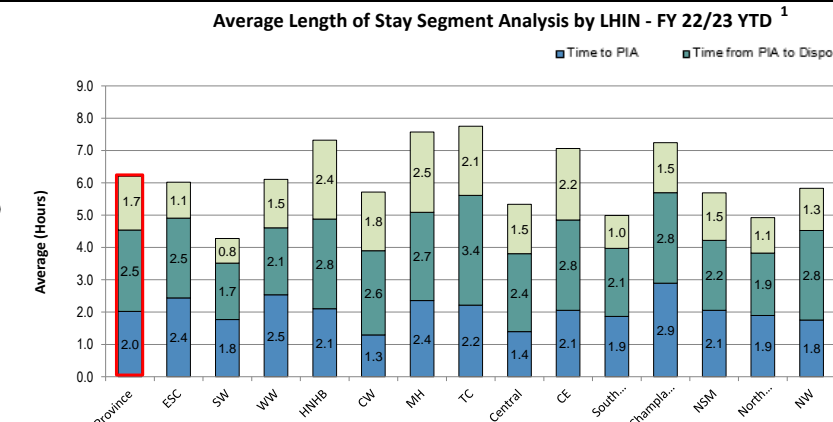
LHIN	Ambulance Volume	AOT 90th Percentile (minutes)	AOT Rank
Hamilton Niagara Haldimand Brant	52,512	153	14
Central	49,051	38	3
Toronto Central	48,887	84	9
Central East	48,724	145	13
Champlain	44,622	112	12
South West	38,131	91	10
Mississauga Halton	28,607	71	7
Erie-St.Clair	24,241	62	6
South East	23,709	27	2
Central West	23,069	43	4
Waterloo Wellington	22,122	101	11
North East	22,095	23	1
North Simcoe Muskoka	20,636	44	5
North West	10,730	73	8

Note: For LHINs with the same 90th Percentile AOT, the same AOT rank is assigned.

Question: What factors are contributing most to ER Length of Stay?

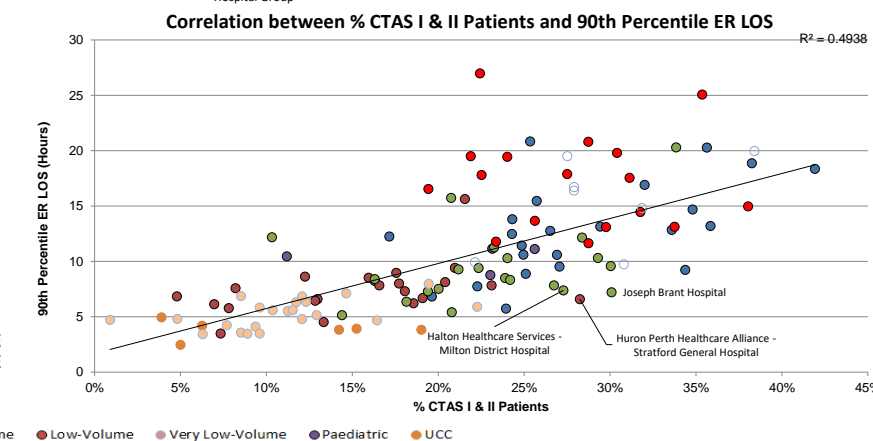
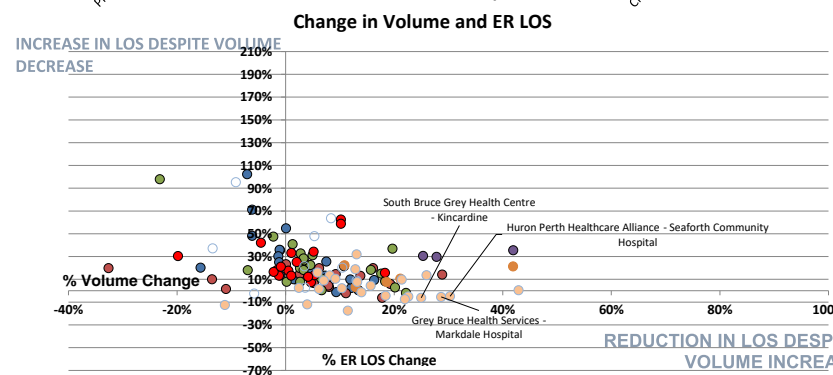
LOS SEGMENT ANALYSIS

- In the current fiscal YTD, the longest average LOS segment in the province was Time from PIA to Disposition (2.5 hours), followed by Time to PIA (2.0 hours).
- In almost all LHINs and hospital groups, the longest average LOS segment was Time from PIA to Disposition.
- In almost all LHINs and hospital groups, the shortest average LOS segment was Time from Disposition to Patient Left ED.



VOLUME & COMPLEXITY

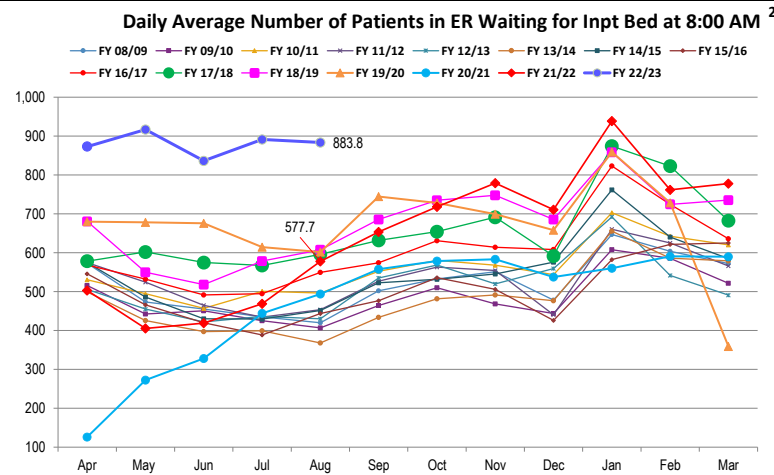
- VOLUME**
- 13/125 (10%) sites were able to reduce ER LOS despite an increase in their volumes. 11 of the 13 hospitals (85%) that were able to reduce ER LOS despite increasing volumes were from Very Low-Volume Community Hospital Group and Low-Volume Community Hospital Group
  - The following hospitals achieved the greatest improvement in ER LOS while at the same time facing the greatest increase in volume:
    - Grey Bruce Health Services - Markdale Hospital faced an increase in volume of 28.7% but reduced ER LOS by 5.4%
    - Huron Perth Healthcare Alliance - Seaforth Community Hospital faced an increase in volume of 30.3% but reduced ER LOS by 4.9%
    - South Bruce Grey Health Centre - Kincardine faced an increase in volume of 25.0% but reduced ER LOS by 6.2%
- COMPLEXITY**
- In general, hospitals with a higher percentage of complex CTAS I and II patients had a higher 90th Percentile overall ER LOS
  - 43/125 (34%) hospitals provided care to an ER population with greater than 25% CTAS I & II patients. Within these hospitals, the following sites had the lowest 90th Percentile ER LOS:
    - Huron Perth Healthcare Alliance - Stratford General Hospital (6.6 hours)
    - Joseph Brant Hospital (7.2 hours)
    - Halton Healthcare Services - Milton District Hospital (7.4 hours)



# Question: What does the admitted patient population look like?

## TIME TO INPATIENT BED

- At the provincial level, the daily average number of patients in ER waiting for a hospital bed at 8:00 AM was higher in FY 22/23 YTD period compared to the previous fiscal YTD. In August 2022 the number was 883.8. This was an increase of 53.0% compared to August 2021.
- The LHIN with the lowest daily average number of patients in ER waiting for a hospital bed at 8:00 AM was North West LHIN. The LHIN with the highest daily average number of patients in ER waiting for a hospital bed at 8:00 AM was Toronto Central LHIN.
- In August 2022, the LHIN with the lowest ER LOS for admitted patients was Erie St.Clair LHIN (29.7 hours). None of the LHINs had improvement in ER LOS of admitted patients compared to August 2021.



## LHIN View: Daily Avg # Pts Waiting for IP Bed at 8AM, ED LOS (Admitted), Time to IP Bed<sup>2</sup>

Province	Waiting in ER for IP Bed at 8 AM	Admitted ER LOS (hours)	Time to IP Bed (hours)
	Aug22	Aug22	Aug22
7 Toronto Central	883.8	44.1	33.4
4 Hamilton Niagara Haldim Central	132.6	48.7	38.4
6 Mississauga Halton	122.1	50.9	41.7
9 Central East	109.4	41.9	33.3
11 Champlain	89.5	52.3	42.3
2 South West	88.9	53.1	41.7
5 Central West	64.5	36.5	26.0
13 North East	51.3	35.2	24.0
3 Waterloo Wellington	49.2	49.1	41.2
12 North Simcoe Muskoka	34.4	30.8	24.5
1 Erie St.Clair	33.1	31.3	25.4
10 South East	32.8	34.9	28.0
14 North West	31.6	29.7	22.0
	30.0	33.2	26.2
	14.4	38.5	28.7

Daily Average Volume % change	90th Percentile % change	90th Percentile % change
>= 0%	>= 0%	>= 0%
-15% to 0%	-15% to 0%	-15% to 0%
<-15%	<-15%	<-15%

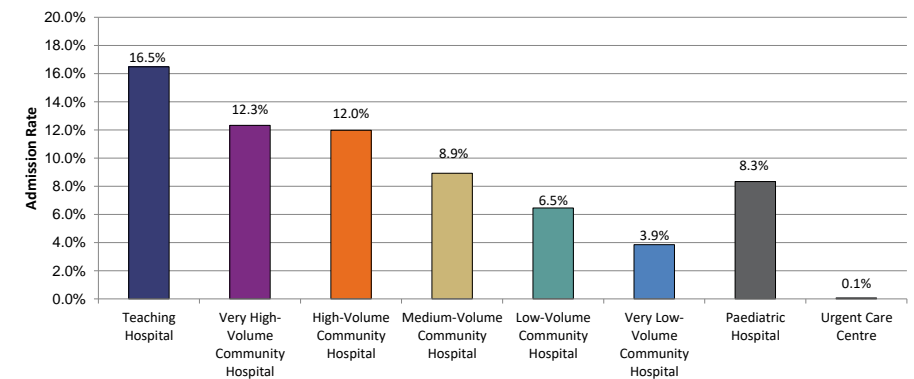
## ADMISSION RATE

- Provincially, the admission rate in August 2022 was 11.4%. This was an increase of 0.6% compared to August 2021 and an increase of 1.2% compared to April 2008 baseline. The Mississauga Halton LHIN experienced the largest change in admission rate, a(n) 1.4 percentage point increase compared to August 2021.
- Toronto Central had the highest admission rate in August 2022 at 15.2%. South East LHIN had the lowest admission rate in August 2022 at 8.6%.
- Teaching Hospitals had the highest admission rate in the FY 22/23 YTD period at 16.5%. Very Low-Volume Community Hospitals had the lowest admission rate in the FY 22/23 YTD period at 3.9% (excluding UCC).

### LHIN View: Admission Rate

LHIN	Admission Rate			% Change	
	Aug22	Aug21	APR 08	Aug22 VS Aug21	Aug22 VS APR 08
Province	11.4%	10.8%	10.2%	0.6%	1.2%
7 Toronto Central	15.2%	14.6%	13.8%	0.6%	1.4%
6 Mississauga Halton	13.78%	12.4%	11.2%	1.4%	2.6%
4 Hamilton Niagara Haldim	13.77%	13.0%	13.7%	0.7%	0.1%
1 Erie St.Clair	13.4%	12.2%	9.5%	1.2%	3.9%
14 North West	11.9%	11.4%	9.9%	0.5%	2.1%
3 Waterloo Wellington	11.8%	10.7%	9.9%	1.1%	1.9%
13 North East	11.5%	11.1%	9.7%	0.4%	1.8%
11 Champlain	11.1%	10.4%	9.2%	0.7%	1.9%
9 Central East	10.7%	9.6%	10.0%	1.1%	0.6%
8 Central	10.3%	10.1%	10.8%	0.2%	-0.5%
12 North Simcoe Muskoka	9.7%	9.3%	9.0%	0.4%	0.7%
5 Central West	9.1%	9.6%	12.1%	-0.5%	-3.0%
2 South West	8.7%	8.4%	7.2%	0.3%	1.6%
10 South East	8.6%	8.2%	6.4%	0.4%	2.2%

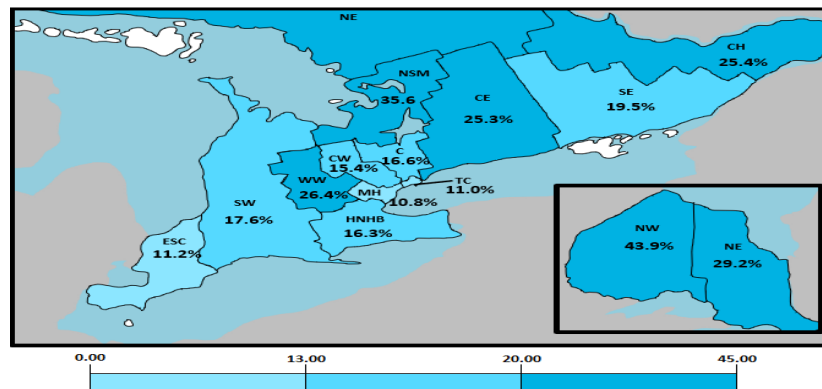
### Admission Rate by Hospital Group - FY 22/23 YTD



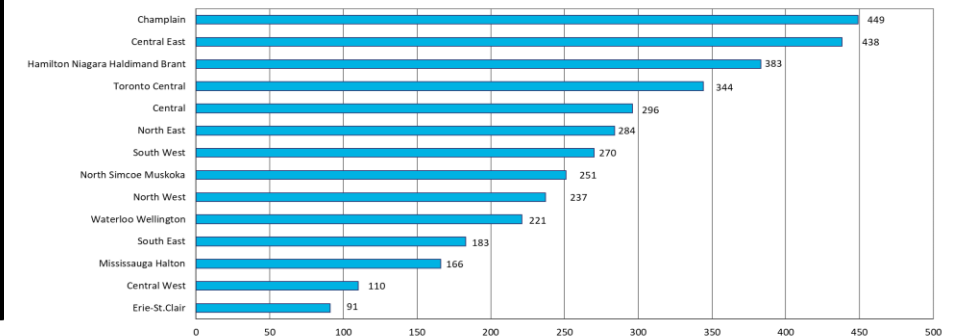
## ALC<sup>3</sup>

- In August 2022, all 14 LHINs had an acute care ALC rate greater than 10%. The highest acute ALC rates were in North West LHIN (43.9%), North Simcoe Muskoka LHIN (35.6%) and North East LHIN (29.2%).
- By LHIN, Champlain LHIN had the highest number of patients designated ALC on the waitlist in acute care, followed by Central East LHIN.
- For more detailed ALC information, please see the Provincial Monthly Alternate Level of Care Performance Summary Report.

### ALC Rate by LHIN - August 2022



### Number of Patients Designated ALC in Acute Care by LHIN (August 2022)



<sup>2</sup> Please note that effective September 2014 data, for the purposes of ATC ED performance reports, the indicator "Daily Average # of Patients Waiting for an Inpatient Bed at 8AM" will show values to one decimal point at all levels of aggregations including LHIN and Province. This change will be applied to all historic months since April 2008.

<sup>3</sup> Interpretation Note: During the data stabilization period, patients designated ALC and transferred to Reactivated Care Centre (RCC) sites under Humber River Hospital, North York General Hospital, Southlake, Markham Stouffville, Mackenzie Health, Sunnybrook Hospital, St Joseph's Health Center Toronto, Unity Health Toronto, Trillium Health Partner, and William Osler Health System will be reported separately from regularly monthly performance reports. Therefore, the figures presented herein do not include the patient population designated ALC at RCC sites.