

Emergency Department Wait Time for Physician Initial Assessment (90% Spent Less, in Hours)

Name	Emergency Department Wait Time for Physician Initial Assessment (90% Spent Less, in Hours)
Short/Other Names	Emergency Department Wait Time for Physician Initial Assessment
Description	This indicator measures the time interval between the earlier of triage date/time or registration date/time and the date/time of physician initial assessment in the emergency department (ED).
Interpretation	The 90th or 50th percentile of this indicator represents the maximum length of time that 90% or 50% of patients waited in the ED for a physician initial assessment. A small number is desirable for this indicator.
HSP Framework Dimension	Health System Outputs: Access to comprehensive, high-quality health services
Areas of Need	Getting Better
Geographic Coverage	Prince Edward Island, Nova Scotia, Ontario, Manitoba, Saskatchewan, Alberta, British Columbia, Yukon
Reporting Level/Disaggregation	National, Province/Territory, Region, Facility, Corporation, Peer group
Indicator Results	Accessing Indicator Results on Your Health System: In Depth

Identifying Information

Name	Emergency Department Wait Time for Physician Initial Assessment (90% Spent Less, in Hours)
Short/Other Names	Emergency Department Wait Time for Physician Initial Assessment
Indicator Description and Calculation	
Description	This indicator measures the time interval between the earlier of triage date/time or registration date/time and the date/time of physician initial assessment in the emergency department (ED).
Calculation: Description	The indicator is measured in hours, usually using the 90th percentile and/or 50th percentile, which represents the maximum length of time that 90% and/or 50% of patients stay in the ED until they are initially assessed by a physician.
Calculation:	Unit of analysis: Single ED visit
Geographic Assignment	Place of service
Calculation: Type of Measurement	Number - Number of hours, percentile
Calculation: Adjustment Applied	None
Calculation: Method of Adjustment	Not applicable
Denominator	

Description:

All emergency visits

Inclusions:

Unscheduled emergency visits with a valid and known registration date/time or triage date/time and a valid and known physician assessment date/time

Numerator

Exclusions:

1. Scheduled emergency visits
2. Unscheduled emergency visits with Visit Disposition 02 (patient registered but left without being seen or triaged) and 03 (patient triaged but left before further assessment)
3. Both registration and triage date/time are unknown, or physician assessment date/time is unknown

Background, Interpretation and Benchmarks

Time is crucial to the effectiveness and outcome of patient care, especially for emergency patients. In conjunction with other indicators, this can be used to monitor the time patients spend in the ED in an effort to improve the efficiency and, ultimately, the outcome of patient care.

Rationale

Multiple factors can influence the indicator results, including triage level, patient population and availability of resources. The 90th or 50th percentile of this indicator represents the maximum length of time that 90% or 50% of patients waited in

Interpretation	the ED for a physician initial assessment.
	A small number is desirable for this indicator.
HSP Framework Dimension	Health System Outputs: Access to comprehensive, high-quality health services
Areas of Need	Getting Better
Targets/Benchmarks	Not applicable
References	Not applicable
Availability of Data Sources and Results	
Data Sources	NACRS
	Type of Year:
	Fiscal
Available Data Years	First Available Year:
	2012
	Last Available Year:
	2017
Geographic Coverage	Prince Edward Island, Nova Scotia, Ontario, Manitoba, Saskatchewan, Alberta, British Columbia, Yukon
Reporting Level/Disaggregation	National, Province/Territory, Region, Facility, Corporation, Peer group
Result Updates	
Update Frequency	Twice a year
	Web Tool:
	Your Health System: In Depth and Your Health System: Insight
Indicator Results	
	URL:
	Accessing Indicator Results on Your Health System: In Depth
Updates	Not applicable
Quality Statement	
Caveats and Limitations	Not applicable
Trending Issues	Coverage in the National Ambulatory Care Reporting System (NACRS) changes over time as more jurisdictions participate.
	For more information on NACRS coverage, please see the NACRS Quick Stats: https://www.cihi.ca/en/quick-stats .
	Depending on the acuity of the case or hospital procedures, triage may occur before registration or vice versa. Therefore, the earlier of these 2 events is used as the starting point for this indicator's calculation.
Comments	Indicator results are also available as of 2012 in Your Health System: Insight .