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, Quebec, 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).

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.

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

Exclusions:
1. Scheduled emergency visits
2. Unscheduled emergency visits with Visit Disposition = 61 (leave post-registration) and 63 (left after triage)
3. Both registration and triage date/time are unknown, or physician assessment date/time is unknown

Background, Interpretation and Benchmarks
Rationale: 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.

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 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
First Available Year: 2014
Last Available Year: 2019

Geographic Coverage: Prince Edward Island, Nova Scotia, Quebec, Ontario, Manitoba, Saskatchewan, Alberta, British Columbia, Yukon
Reporting Level/Disaggregation: National, Province/Territory, Region, Facility, Corporation, Peer group

Result Updates
Update Frequency: Every year

Web Tool: Your Health System: In Depth and Your Health System: Insight
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 2014 in Your Health System: Insight.