

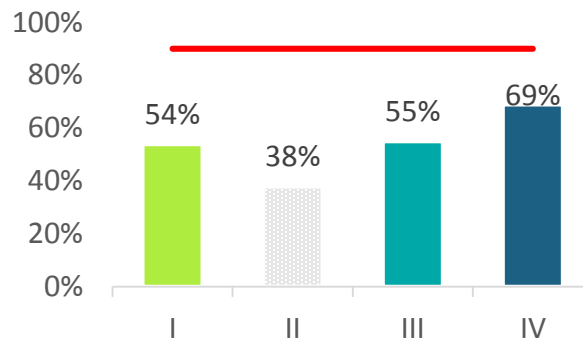
Patient Flow Indicator Reporting

Fiscal Year 2019-20

Improve Patient Flow - Emergency

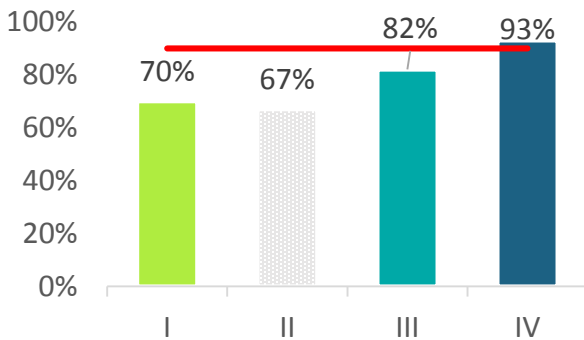
We are implementing a multi-year quality improvement plan for patient flow, including a standard approach to manage capacity issues in our hospitals.

As of March 31, 2020



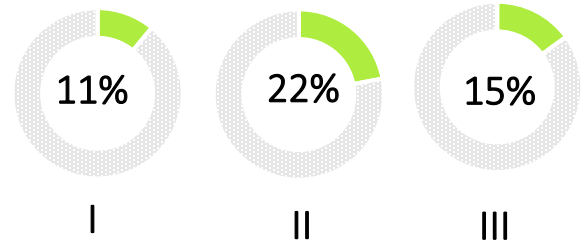
by Emergency Department (ED) levels 1 - 4, the percentage of admitted patients who had an ED length of stay < 12 hours

As of March 31, 2020



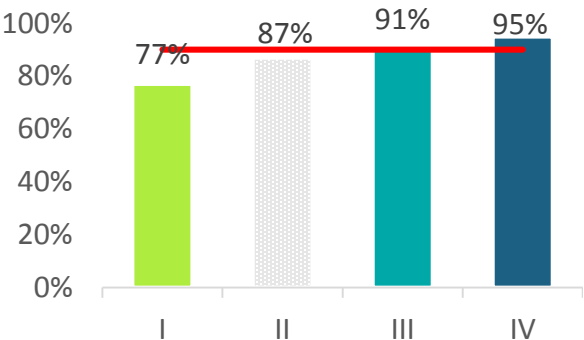
by ED levels 1 - 4 the percentage of discharged patients, CTAS 4-5, who had a total length of stay < 4 hours

As of March 31, 2020



of ED bed hours were used by admitted patients

As of March 31, 2020



by ED level 1 - 4, the percentage of discharged patients, CTAS 1-3, who had a total length of stay < 8 hours

Between April 2019 to March 2020

Nova Scotian Level 1, 2 and 3 EDs experienced **14,671** hours of unscheduled closures and level 4 EDs experienced **20,178** hours of unscheduled closures.

Looking Ahead

Improving patient flow remains a priority of NSHA and our efforts continue to be focused on access to care in appropriate settings.



Improve Patient Flow - Inpatient

We will leverage technology and evidence to monitor inpatient bed utilization to inform planning for hospital and community resources to support timely access to care in appropriate settings.

Appropriate Care

7.6% of acute patient days were conservable days* in FY 2019-20, down from 11.4% in the previous year.

**Conservable days are the total number of inpatient days that could have been saved if our Average Length of Stay for patients equaled the national Expected Length of Stay.*

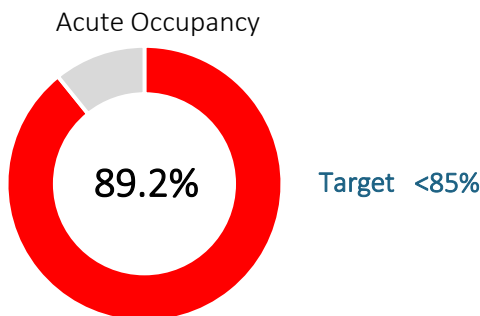
Alternative Level of Care

17.5% of patient days were Alternative Level of Care* days in FY 2019-20, down from 19.3% in the previous year.

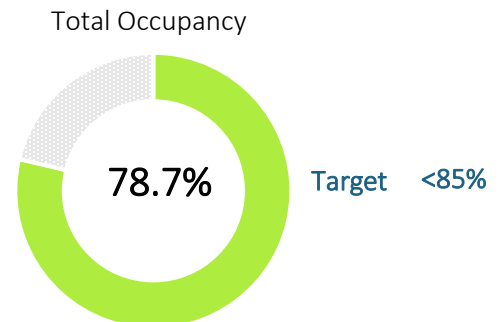
**Alternate Level of Care (ALC) is when a patient is occupying a bed in a facility and does not require the intensity of resources/services provided in that care setting.*

Inpatient Occupancy

NSHA is ensuring that acute care beds are occupied at an appropriate level to efficiently use resources, while maintaining capacity for variations in demand.



Acute occupancy includes inpatient units for medical, surgical, intensive care, obstetrics or pediatrics nursing services



Total occupancy includes all inpatient unit types