



# Emergency Room Wait Times: Impact of "Late Stay" Call Model

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## BACKGROUND



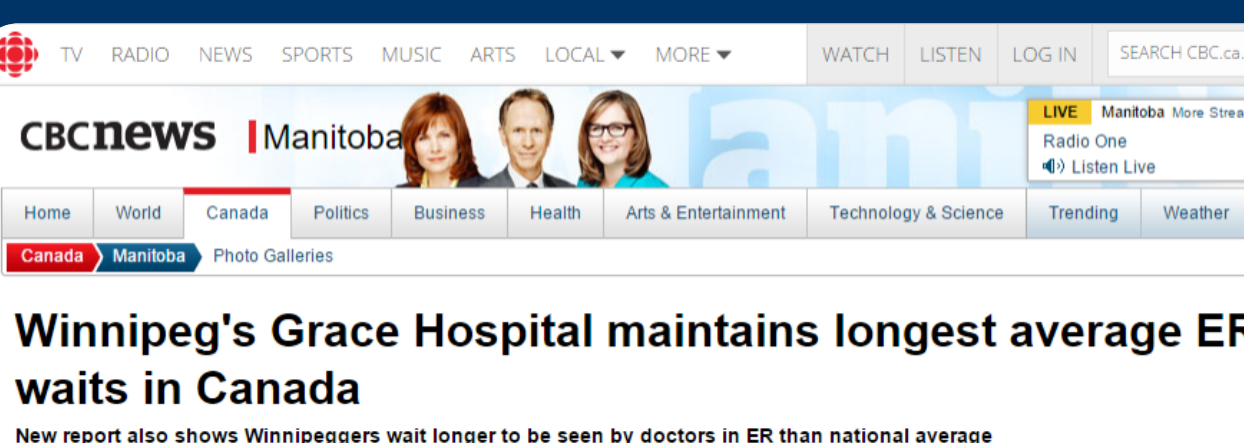
Grace Hospital

September 2014



Year (Sept – Sept)	90 <sup>th</sup> % Time (hours)
2012-2013	9.1
2013-2014	7.9

June 2015



Year (Sept – Sept)	90 <sup>th</sup> % Time (hours)
2014-2015	7.9

December 2015



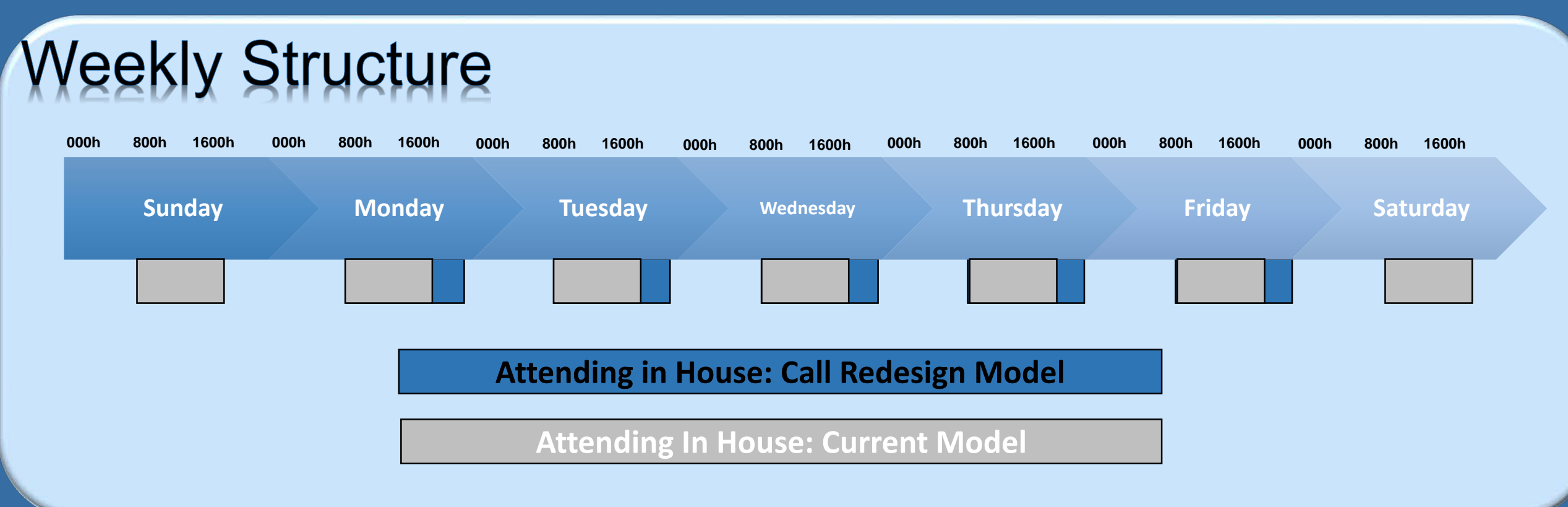
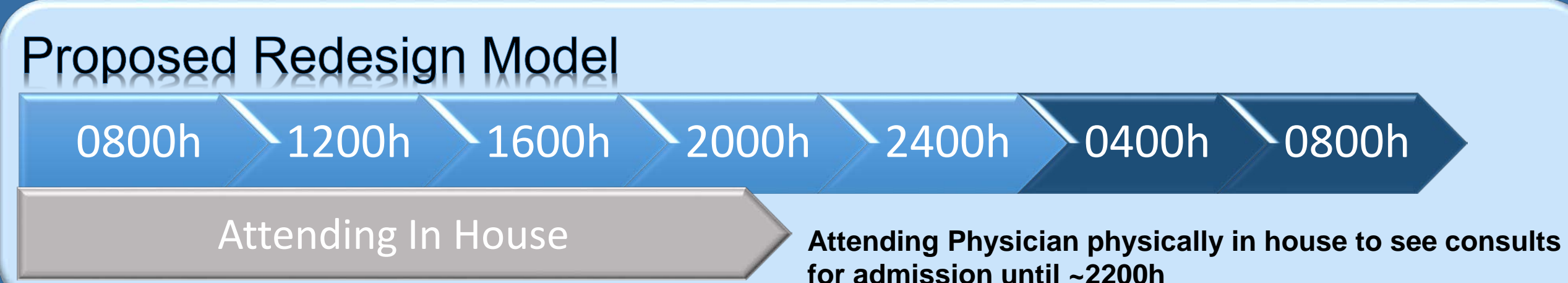
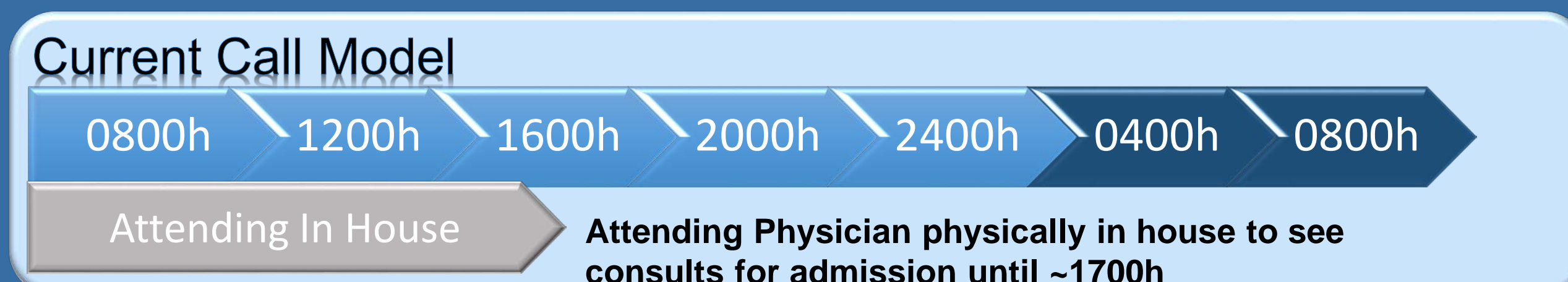
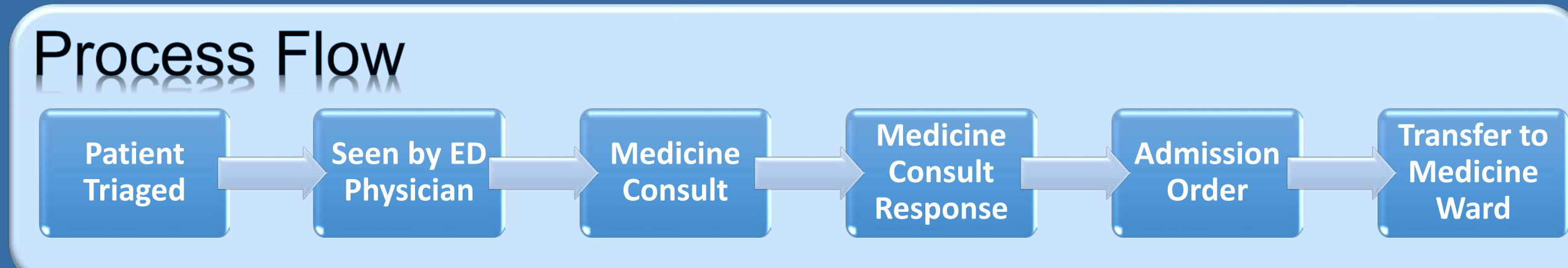
Year (Sept – Sept)	90 <sup>th</sup> % Time (hours)
2014-2015	6.3

## INTRODUCTION

In January 2013 the Winnipeg Regional Health Authority announced regional flow targets as achievable goals by January 2015

- 1.90% of all patients discharged from ER within 4 hours
- 2.90% of all admitted patients to be admitted within 8 hours**
- 3.No patients in ER for > 24 hours

Potential for Internal Medicine Service to streamline flow through the ED



## DATA SETS

Data Set 1: Control Data: May 5, 2015 – May 25, 2014

- Inclusions: Weekdays
- Exclusions: Weekends (consults from Saturday 0800h – Monday 0800h), Victoria Day

Data Set 2: Trial Data: May 26, 2014 – June 22, 2014

- Inclusions: Weekdays
- Exclusions: Weekends (consults from Saturday 0800h – Monday 0800h)

Data Set 3: Trial Data: Nov 2, 2014 – Jan 17, 2015

- Inclusions: Weekdays
- Exclusions: Weekends (consults from Saturday 0800h – Monday 0800h), Dec 24, 25, 26, 31, Jan 1, 2

## DISCUSSION

Implementation of a call structure which requires the attending physician to remain in house until 2200h may result in a more streamlined flow of patients in the emergency department due to the earlier occurrence of the Admission Order versus control.

One major limitation of the study is the inability to determine the actual time interval between the Admission Order and the Transfer to the Medicine Ward. The reason for this is the lack of control of inpatient bed availability. Thus, the effectiveness of the implementation was measured by comparing the time of the start of the Medicine Consult (by Medicine Attending Physician) to the time the Admission Order is written.

The results from this study will be used to support funding requests at the Grace General Hospital for physicians to adopt the proposed redesign call model.

## RESULTS

