


Island Health Performance Measures

Alternate Level of Care



Year to Date Performance	17%	Performance Assessment	 Red
Island Health Target	Less than or equal to 11%	Performance is significantly outside acceptable range; take action and monitor progress.	

What do we measure and why?

'Alternate Level of Care' (ALC) is a designation applied to hospital inpatients whose condition has stabilized, and who no longer need the level of care and service provided by an acute care hospital. 'Patient days' is the number of patients who were in hospital, multiplied by the number of days they spent in hospital. For example, 2 patients in hospital for 7 days each equals 14 patient days.

This indicator reports the percentage of total patient days by patients designated as ALC. Newborns are not included in the calculation.

ALC rates are monitored because beds occupied by ALC patients are not available to other patients who need specialized hospital care. As the ALC percentage increases, the availability of inpatient hospital beds decreases, and appropriate care can be delayed if patients have to wait for a bed. Emergency rooms can also become congested with patients waiting for a bed on an inpatient unit.

A lower percentage of ALC days indicates more appropriate use of acute care resources.

What is the target?

Island Health's internal target for 2019/20 is 11% or less. Rates above 13% are considered significantly outside the acceptable range and requiring action.

How are we doing?

As of January 2020, Island Health is not meeting the target.

What actions are we taking?

A regional ALC Avoidance Strategy, based on effective strategy from other Canadian jurisdictions, is being developed for implementation regionally. The strategy spans the acute, community, and primary care domains. It includes a screening tool to identify, at the time of hospital admission, a patient's risk of requiring an alternate level of care, and to trigger early planning for appropriate future care.

Port Alberni has had recent success with great partnership between the community and acute teams to transition clients between care settings.