


# Length of Stay vs. Expected Length of Stay in Acute Care



Year to Date Performance	<b>1.01</b>	Performance Assessment	 <b>Red</b>
Island Health Target	Less than or equal to <b>1.00</b>	Performance is significantly outside acceptable range; take action and monitor progress.	

### What do we measure and why?

'Actual Length of Stay' refers to the number of days a patient spent in an acute care hospital.

'Expected Length of Stay' (ELOS) is a Canadian benchmark for an appropriate length of stay, taking into account the reason for hospitalization, age, co-morbidity, and complications. Comparing actual length of stay to ELOS helps identify potential opportunities to improve.

This indicator is the ratio of actual length of stay to expected length of stay (ALOS:ELOS) for acute typical medical inpatient discharges.

Atypical cases (which include patients who were at more than one hospital, died in hospital, were discharged against medical advice, or had an unusually long length of stay) are excluded from this indicator. Approximately 20% of Island Health cases are atypical. Alternate Level of Care days (for example, when a patient is waiting for placement in a long-term care facility), surgical cases, obstetrics, newborns, and Queen Alexandra data are also excluded.

### What is the target?

The target for 2022/23 is less than or equal to 1.00. Greater than 1.00 means patients are staying longer than expected, while less than 1.00 means patients are staying fewer days than expected.

Lower values are better.

### How are we doing?

As of January 2023, Island Health is not meeting the target (by a very small margin).

### What actions are we taking?

Initiatives include: improving general/family practice and hospitalist communication and partnerships to enhance continuity of care; eliminating unnecessary days in hospital and preventing readmissions; screening for and removing discharge barriers.

Other initiatives include improving turnaround time for diagnostics (e.g. lab/imaging results), improving regional patient transport processes, and connecting patients to community services more quickly.