

Island Health Performance Measures

Acute Length of Stay



Year to Date Performance	76%	Performance Assessment	 Yellow
Island Health Target	Greater than or equal to 80%	Performance is outside acceptable range; monitor and take action as appropriate.	

What do we measure and why?

'Length of Stay' (LOS) refers to the number of days a patient spent in an acute care hospital (as opposed to a rehabilitation hospital or other facility).

'Expected Length of Stay' (ELOS) is a Canadian benchmark for an appropriate length of stay, based on patient age and condition. 'Acute Length of Stay' (ALOS) reports the percentage of typical patient hospital stays that were within their ELOS.

Measuring ALOS allows comparisons among similar cases across Canada, and indicates where care processes may require attention. The Canadian Institute for Health Information (CIHI) calculates an ELOS for typical cases each year, taking into account the reason for hospitalization, age, co-morbidity, and complications.

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 (ALC) days are also excluded. ALC is a designation for patients who are in hospital, but do not require acute care services (for example, are waiting for placement in a long term care facility).

What is the target?

The target for 2019/20 is 80% or higher. Rates below 76% will be assessed as red, indicating that the rate is significantly out of range and action is required.

How are we doing?

As of February 2020, Island Health was not meeting the target. This rate has been very stable over the past several years.

What actions are we taking?

Planned initiatives include:

- Improving general/family practice and hospitalist communication and partnerships to enhance continuity of care, eliminate unnecessary days in hospital and prevent readmissions;
- Screening for and removing discharge barriers; improving turnaround time for diagnostics (e.g. lab/imaging results);
- Improving regional patient transport processes;
- Revitalize acute flow and discharge planning best practice structures;
- Establish best practice inter-facility patient transfer and Higher Level of Care Processes; and
- Implement data-informed and technology enabled solutions.