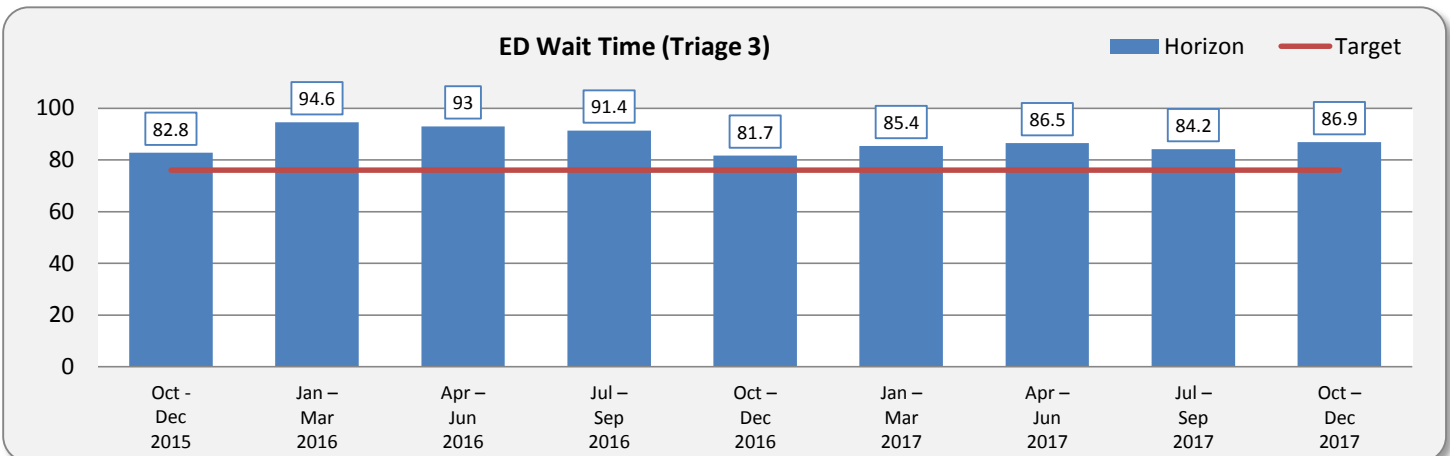
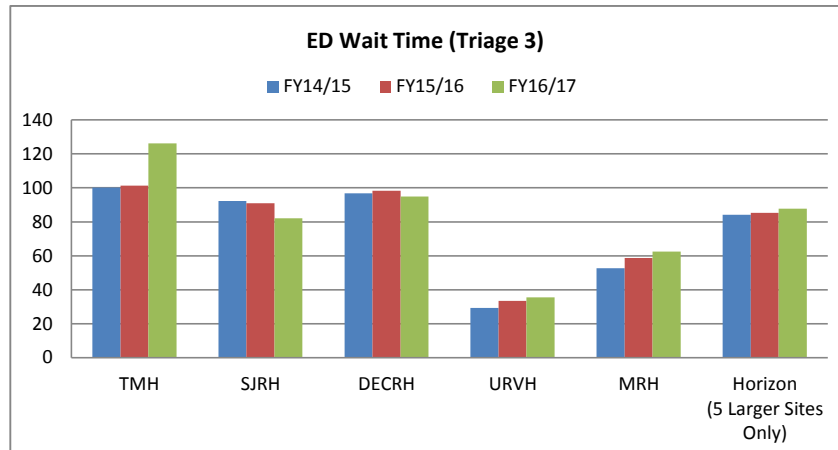


The Emergency Department (ED) uses a nationally recognized triage scale to assist providers in prioritizing the order in which patients need to be seen. The Canadian Triage Acuity Scale (CTAS) is a five point scale with CTAS 1 being resuscitation and CTAS 5 being a non-urgent visit. CTAS 3, the level monitored in this indicator, is defined as urgent care. The recommended time for a patient to be seen who is classified as CTAS 3 is 30 minutes. All EDs across Horizon utilize this scale. In Horizon, the recommended time to be seen for CTAS 1 and 2 patients is consistently met. The CTAS 3 patients include a wide variety of presenting complaints; and monitoring and reducing the wait times for this patient population is a goal for all EDs.

Definition: The average time (in min) a triage 3 patient waits in ED from the time they are triaged/ registered to the time they are seen by a physician. Excludes those patients where no seen time was documented. The 5 regional hospitals (TMH, SJRH, DECRH, URVH, MRH) are included in this indicator. NOTE: Treatment may have been initiated by nursing staff prior to being seen by a physician.

2017/18 Target: 76 minutes or less



Analysis: Overall the wait time for this patient group has increased over the last 3 years. There has been some improvement noted in SJRH and DECH but the wait time still does not meet target.

Wait times in the ED are affected by multiple factors including the number of patients who are being seen in the ED, the number of spaces to see patients, acuity of patients and the ability to transfer admitted patients to inpatient units.

Each of the EDs have been working on local initiatives to reduce wait times. Some examples include:

- a review and revision of facility overcapacity guidelines to help facilitate transfers to the inpatient units,
- adjustment in shift times for physicians and nurse practitioners to assist in meeting the demand at certain times of the day,
- the establishment and review of rapid assessment areas for less acute patients and
- ED redirect initiatives to redirect less ill patients to alternate locations and care providers.

Although the target is not met at this time, each ED is monitoring the wait times, prioritizing patient care and actively working on improving their results.