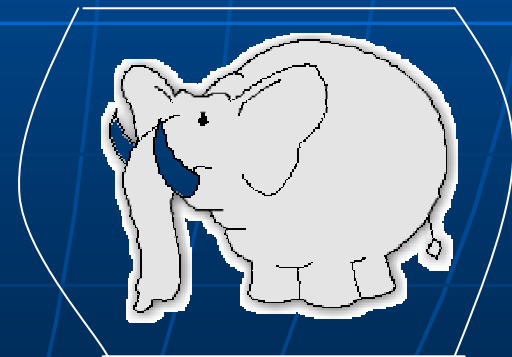




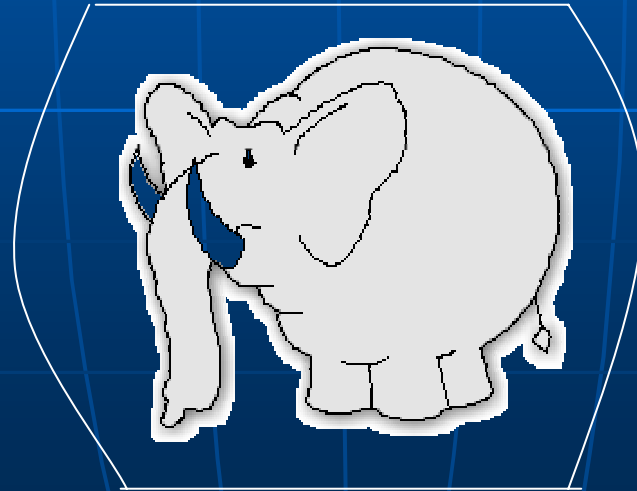
# Reporting Role of the WGWTA

- Produce an overview of current activities
- Assist with sharing of information
- Identify Best Practices
- Identify Practices that have NOT been useful
- Talk about some Elephants



# The ER Connection

To the Scheduled Waitlist Problem  
in Health Care



# Traditional View of Waitlist Problem

## Electives (Booked) Cases

### Causes:

- Demand vs Supply
- Lack of Prioritization
- Historical Systems

### Cures:

- Thresholds
- Orderly Booking Processes
- Priority Setting
- Queue Management (IT)

## Emergency Department

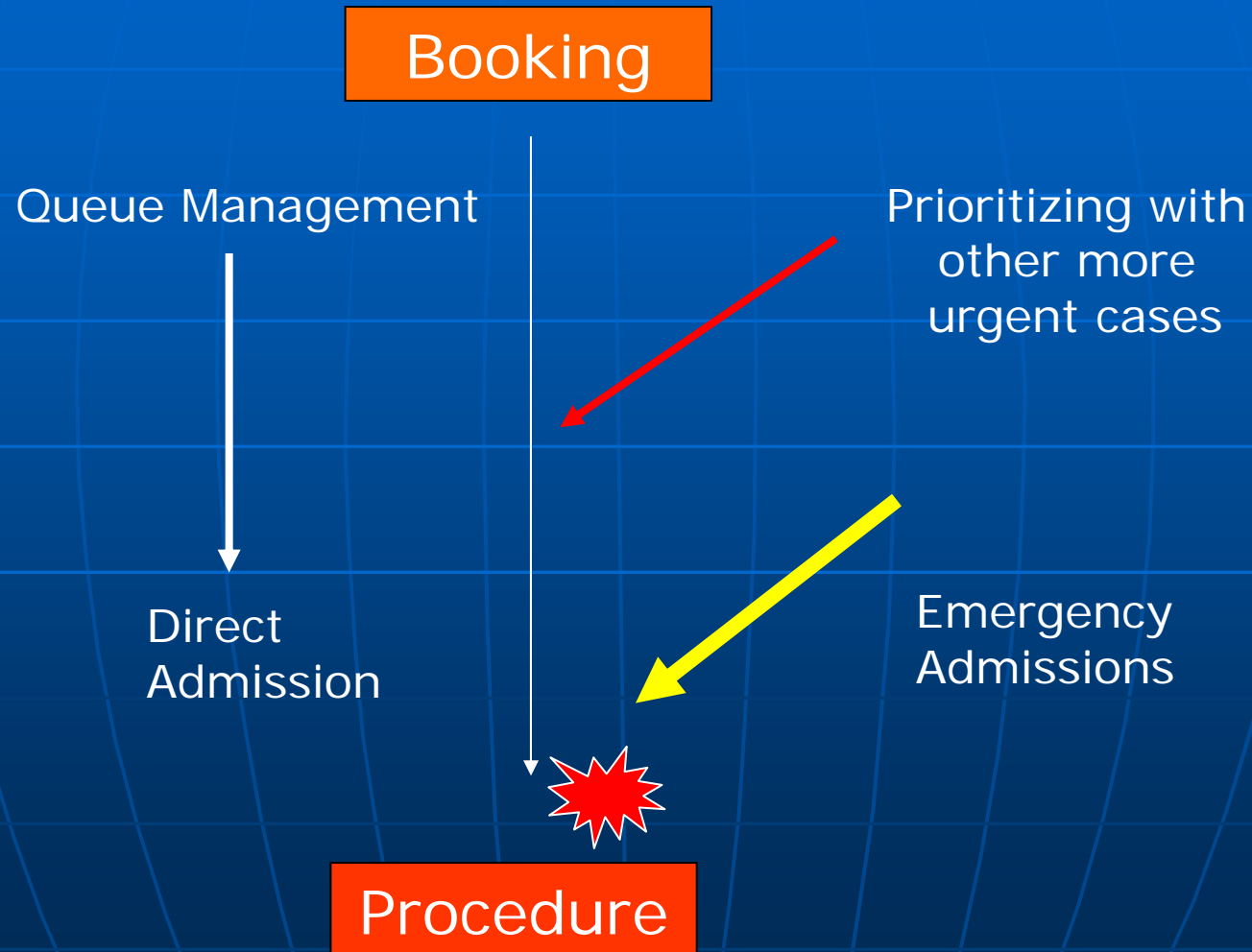
### Causes:

- Overuse
- Lack of Alternatives
- Back Door Problems

### Cures:

- Better Primary Care
- Alternatives to ED visit
- Alternatives to admission
- Gatekeeper vigilance

# The **Collision** between ER and Elective Admissions



# ER Admissions: *Who Are They?*

- NOT the same as ER *Visits*
- All are selected for urgent need by an independent physician:
  - At the time of actual need
  - With optimal access to diagnostics
  - Under strong disincentives to admit
  - After failed trial of out-patient management

# What Else?

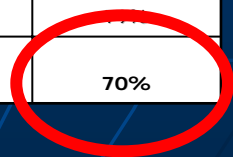
- Usually no other option to hospital admission
- Tend to have longer LOS than predicted by CMG benchmarks
- Volumes are relatively predictable from year to year

# The E/D Ratio for 20 Selected BC Hospitals

Hospital Name	Emergency Entries		Direct Entries		ER as % of Total	
	Days	Cases	Days	Cases	% of Cases	% of Days
Vancouver General Hospital	114886	10806	80907	10895	50%	59%
St. Paul's Hospital	73146	6895	41050	4782	59%	64%
Royal Columbian Hospital	75565	8161	38200	5359	60%	66%
Lions Gate Hospital	69369	6186	21064	2831	69%	77%
Langley Memorial Hospital	45134	5301	11104	1566	77%	80%
Surrey Memorial Hospital	92326	7783	23027	2861	73%	80%
Richmond General Hospital	43470	5130	10424	1855	73%	81%
Burnaby Hospital	61484	6033	13786	2153	74%	82%
Peace Arch District Hospital	54857	4337	8360	1159	79%	87%
Eagle Ridge Hospital	19746	2484	12163	1664	60%	62%
Royal Jubilee Hospital	107377	8680	56951	6951	56%	65%
Victoria General Hospital	62297	7254	29050	5394	57%	68%
Vernon Jubilee Hospital	25124	3943	14031	2151	65%	64%
Kelowna General Hospital	66317	10434	37511	6178	63%	64%
Penticton Regional Hospital	28201	3730	12300	1993	65%	70%
Royal Inland Hospital	47695	5704	21503	3411	63%	69%
Chilliwack General Hospital	24804	4202	9809	1617	72%	72%
Mission Memorial Hospital	6145	1117	3010	338	77%	67%
Matsqui-Sumas-Abbotsford	47716	6394	14878	2065	76%	76%
Ridge Meadows Hospital	30146	3266	7825	1029	76%	77%
<b>TOTALS</b>	<b>1,095,805</b>	<b>117,840</b>	<b>466,953</b>	<b>66,252</b>	<b>64%</b>	<b>70%</b>

←  
Lowest

←  
Highest



# The E/D Ratio for Fraser Health Authority Hospitals

Site	Emergency		Direct		E/D Ratios	
	Cases	Tot Days	Cases	Tot Days	Cases	Days
Burnaby Hospital	6433	70437	2847	17969	69%	80%
Chilliwack General Hospital	3887	27425	1619	9707	71%	74%
Delta Hospital	1938	14730	309	3947	86%	79%
Eagle Ridge Hospital	2687	18474	1913	11810	58%	61%
Fraser Canyon Hospital	428	2824	83	795	84%	78%
Langley Memorial Hospital	5417	46692	1550	12092	78%	79%
Mission Memorial Hospital	1025	5680	172	1862	86%	75%
MSA General Hospital	6291	45307	2398	16822	72%	73%
Peace Arch Hospital	4570	50013	1191	8370	79%	86%
Ridge Meadows Hospital	3228	29663	1254	9574	72%	76%
Royal Columbian Hospital	8351	77182	5607	51344	60%	60%
Surrey Memorial Hospital	8158	92842	3406	28113	71%	77%
<b>Totals</b>	<b>52413</b>	<b>481269</b>	<b>22349</b>	<b>172405</b>	<b>70%</b>	<b>74%</b>



Lowest



Highest





# Calculating the *ADJUSTED* E/D Ratio

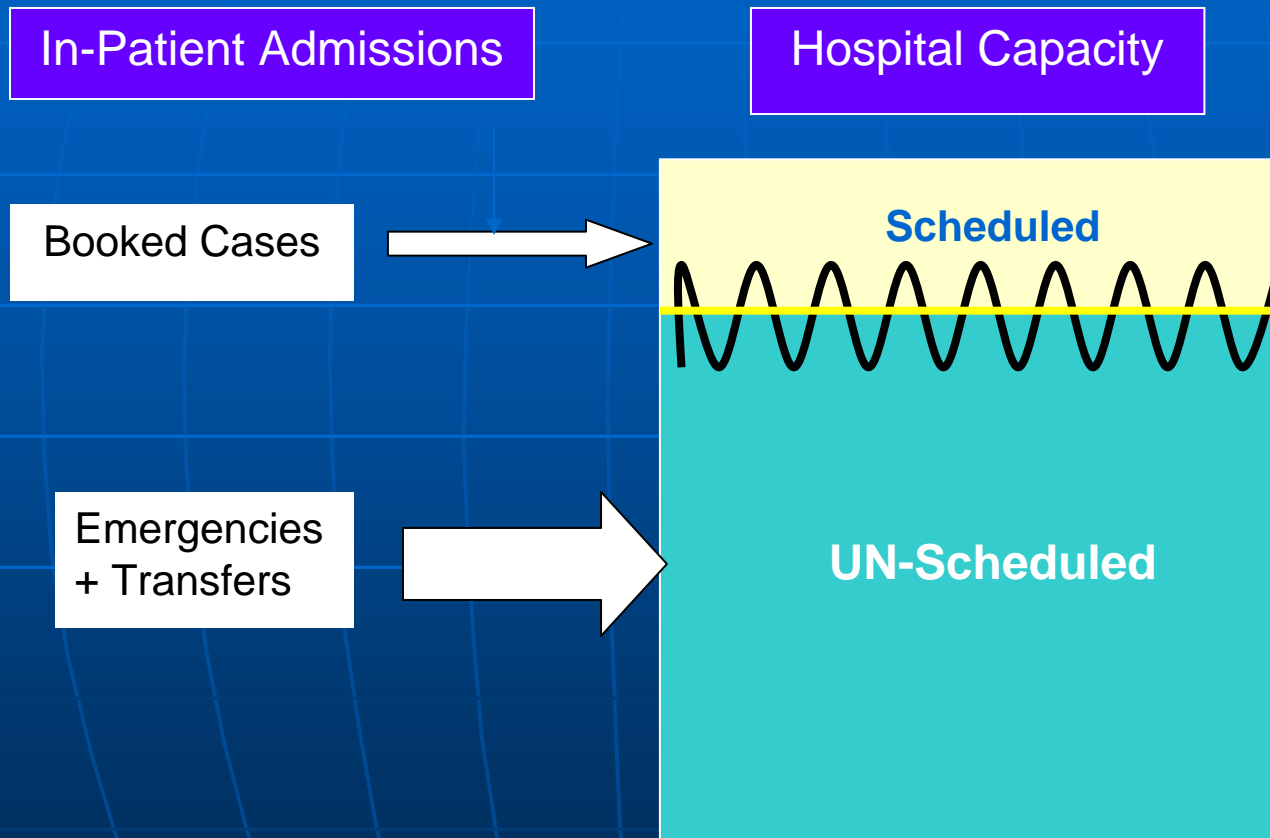
## For FHA Hospitals

(fiscal 2003 Year)

	Emergency		Directs		E/D Ratios	
	Cases	Days	Cases	Days	Cases	Days
Totals for all FHA Hospitals	52413	481269	22349	172405	70%	74%
<b>Transfers from Other Acute Hospitals</b>			4806	79695		
<b>Adjusted E/D Ratio</b>	57219	560964	17543	92710	77%	86%

The **Adjusted E/D Ratio** represents the proportion of hospital Resources devoted to **Unscheduled vs Scheduled Services**

# The 14% Problem



A Rx for Uncertainty in Scheduled Services

# The Message

- Elective waiting lists and ER congestion are different aspects of the SAME THING
- A solution to the uncertainty in elective waitlists *must* include:
  - Protection from the variation inherent in the ER workload
  - Separate capacity calculations based on anticipated volume