



TECHNICAL BACKGROUNDER

RE: ER Provincial Summary Report – September 2022 (Ontario Health)

The purpose of this backgrounder is to provide an objective interpretation of the above-named report.

This is a continuation in the series of ER Provincial Summary Reports prepared under Ontario Health, and represents an additional month of data for September 2022 while making comparison to historical data extending all the way back to 2008.

The following conclusions are substantiated by data in the report:

- On nearly every measure, the healthcare system has further deteriorated in the month of September. **This is true whether looking at the data month-to-month (e.g. August 2022 compared to September 2022) or year-on-year (September 2021 compared to September 2022).**
- Wait times, ER length of stay, time to inpatient bed and ambulance offload times in September were the worst they have ever been when compared to every other September since 2008. As predicted last month, the trends continue to indicate that this year will be record-breaking in the months to come.
- There has been no improvement in ER wait time performance or ambulance offload times compared to last September. In the vast number of cases, things have become considerably worse.
- The provincial healthcare strategy which was announced on August 18, called *A Plan to Stay Open*, has failed to prevent a dramatic and accelerating deterioration across the healthcare system.

A note about statistics and percentiles:

Much of the data in the OH report is presented as a “90th percentile”. This is a statistic that captures 90% of all values for a given metric. For example, if the 90th percentile for length of stay of admitted patients in an ER is 45.2 hours, it means that 90% of patients waited up to 45.2 hours to go to a hospital bed. Conversely, 10% of patients waited *longer* than 45.2 hours.

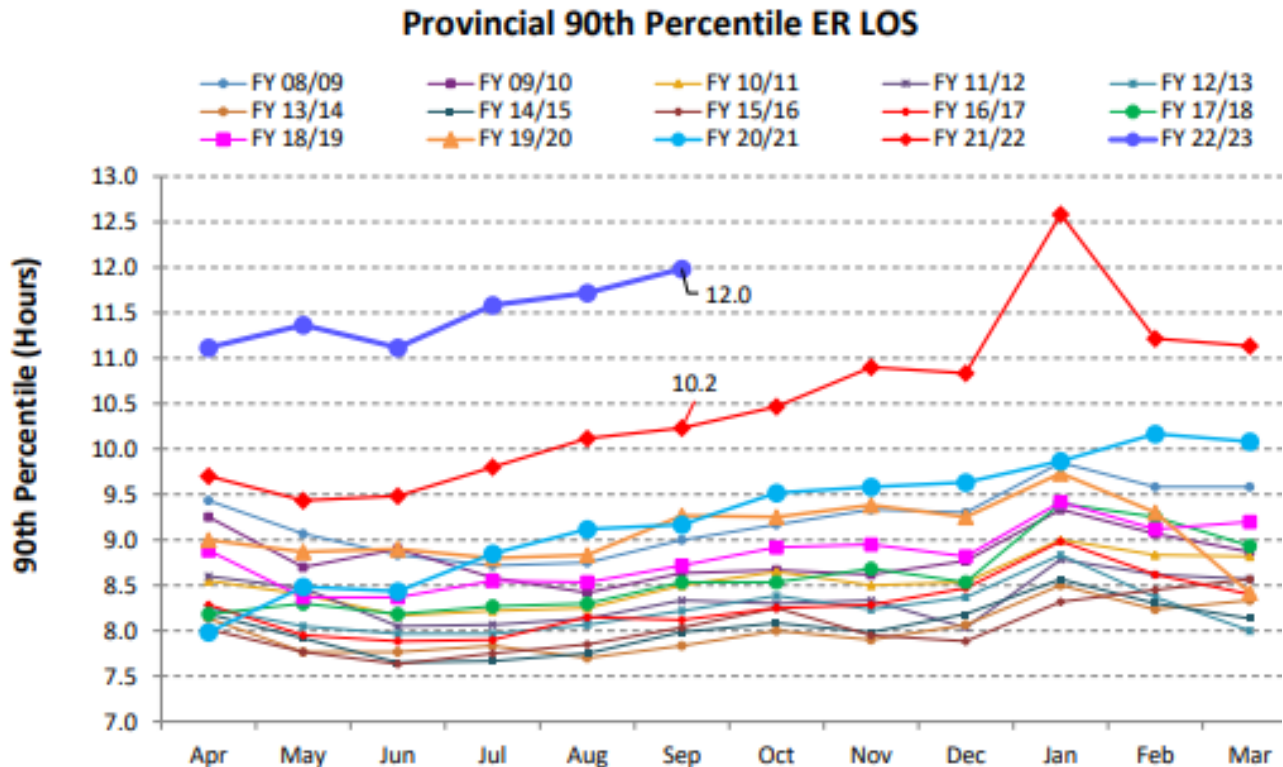
It is helpful to look at wait times in this way because the 90th percentile reveals the longest waits and the most dangerous scenarios. Average wait time is another measure that is publicly reported on the Ontario Health/Health Quality Ontario website. It shows similar trends where comparable data exists, though hides some of the more extreme values of patients with longer waits.

The data

As with the previous report, this data seeks to answer five questions.

1. Have there been improvements in ED wait time performance in Ontario?

No. The length of stay for all patients (90th percentile) in the emergency department has worsened by 17.1% compared to one year ago (it is now 12.0 hours), and for patients in the ED who have been admitted but are waiting for a bed, it has worsened by 40.5% (length of stay has increased to 45.2 hours). In fact, ER length of stay is the worst it has been for September since 2008/09.



Furthermore, wait times (captured by “Physician Initial Assessment” or PIA time) have increased by 10.2% across the province despite the fact that ER volumes went down by approximately 5.1% compared to the September before. The decrease in patient volume was driven by low severity patients who came to the ER less frequently.

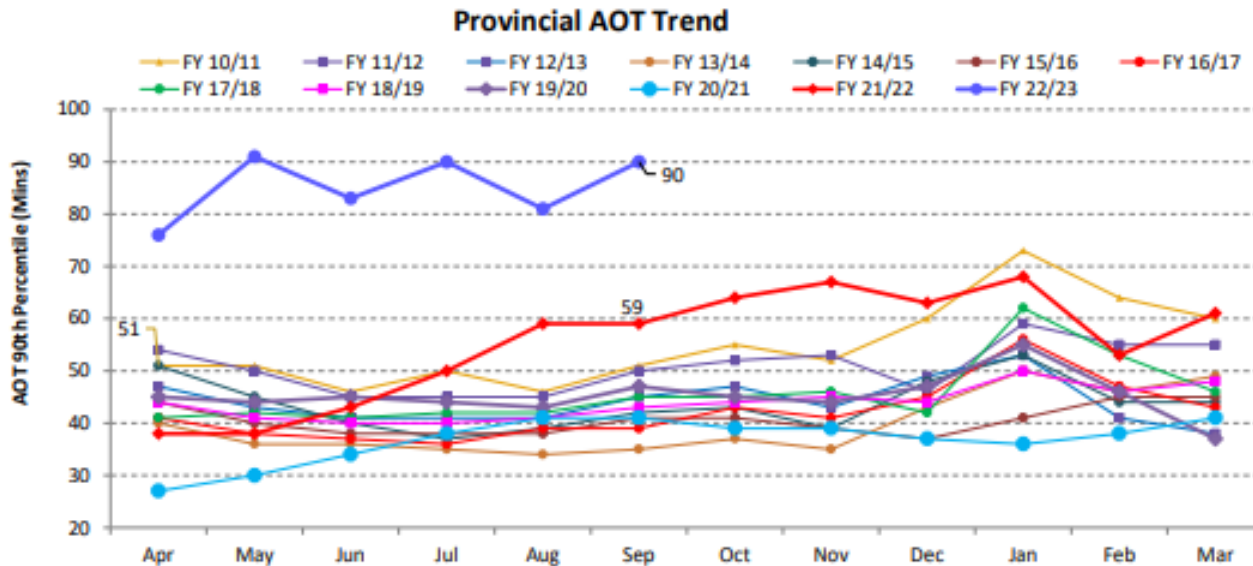
2. What is the variation in ER performance at the subregion, hospital group and site level?

Out of the 14 sub-regions (formerly called LHINs) across the province, *not a single one* had a length of stay less than eight hours when expressed as a 90th percentile. Furthermore, *none of the LHINs* showed improvement when compared with last year.

Pediatric hospitals and teaching hospitals continue to fare the worst, and the few hospitals to show improvements are typically the ones with very low volumes to begin with.

3. Have there been improvements in Ambulance Offload Times (AOT)?

No. The most recent data continues the trend of unacceptably high ambulance off-load times, which have worsened compared to August. In September, ambulance offload times (90th percentile) increased by 52.5% compared to one year earlier. The 90th percentile AOT for September is now 90 minutes instead of 83 minutes. The trend for this year is dramatically worse compared with any other year in the past.



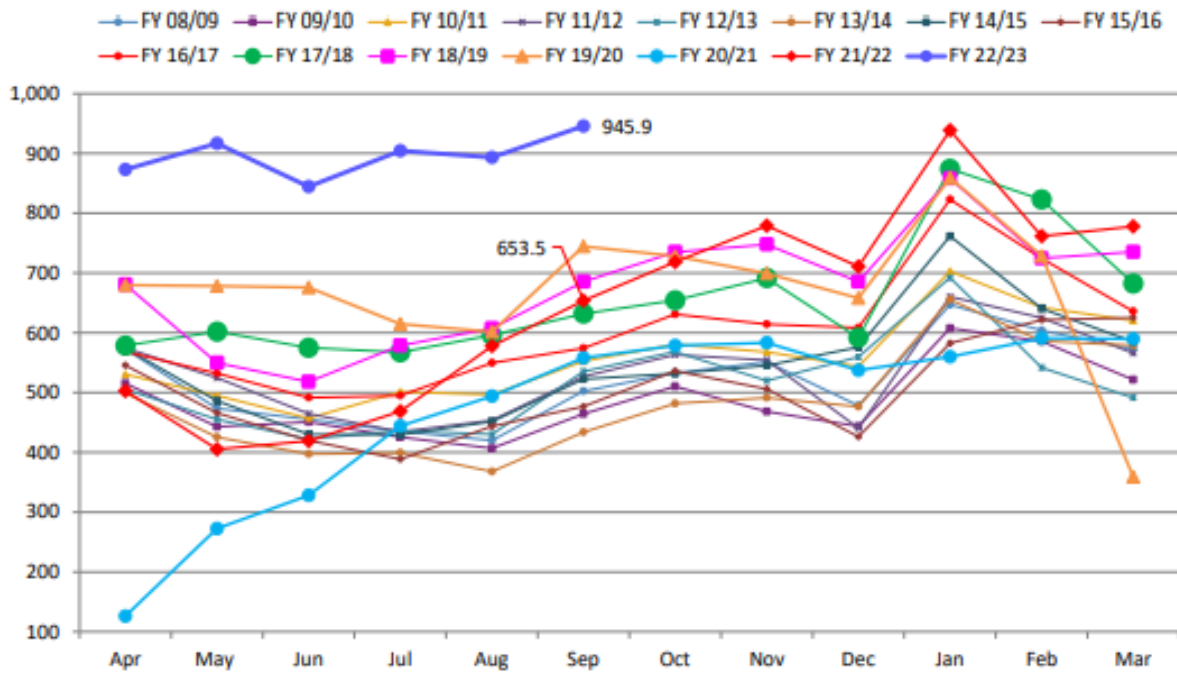
4. What factors are contributing most to ER Length of Stay?

Hospitals with a higher percentage of complex patients had a higher ER length of stay. ER length of stays went up even as volumes generally remained stable or came down, though there were a small number of exceptions.

5. What does the admitted patient population look like?

The average number of admitted patients waiting for an inpatient bed everyday across the province is 945.9 patients. This is an increase of 44.7% compared to one year ago, and is up noticeably from the month prior. The trend this year is dramatically higher than last year.

Daily Average Number of Patients in ER Waiting for Inpt Bed at 8:00 AM ²



The admission rate has not changed dramatically compared to one year ago (it increased by 0.3%). All 14 sub-regions continue to have an ALC rate greater than 10%. *The regions with the highest ALC rate do not seem to correlate with the ones that have the highest ED length of stay.*