



## Information Sheet

Emergency department (ED) statistics are provided in the National Ambulatory Care Reporting System (NACRS) Quick Stats, which include ED visits and time spent in the ED by age group, sex, triage level, visit disposition and main problem. These statistics are available according to the fiscal year of patient registration from 2003–2004 onward.

For 2012–2013, **NACRS** included more than 10 million ED visits from participating facilities in British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, Nova Scotia, Prince Edward Island and Yukon, representing approximately 59% of ED visits in Canada.

# Emergency Department Trends, 2012–2013

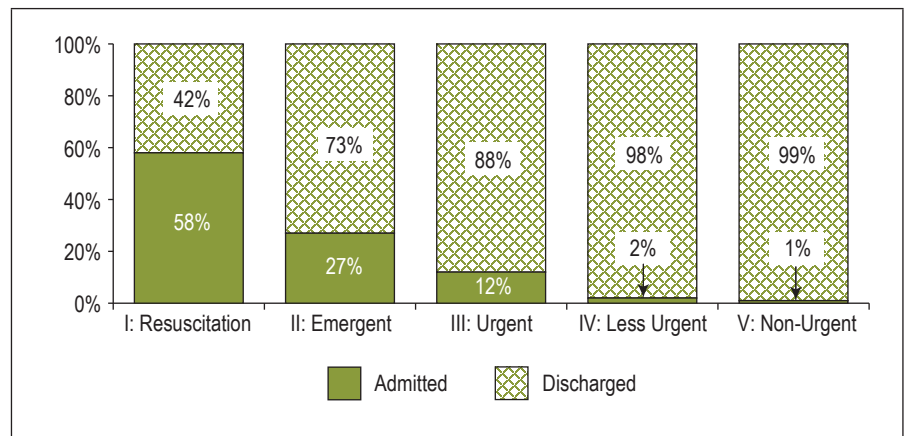
## How long do patients spend in the ED?

The total time spent in the emergency department (ED) is the time that elapses from the patient's registration to the time he or she physically leaves the ED. In 2012–2013, after adjusting for age, 9 out of 10 patients spent 7.4 hours or less in the ED.

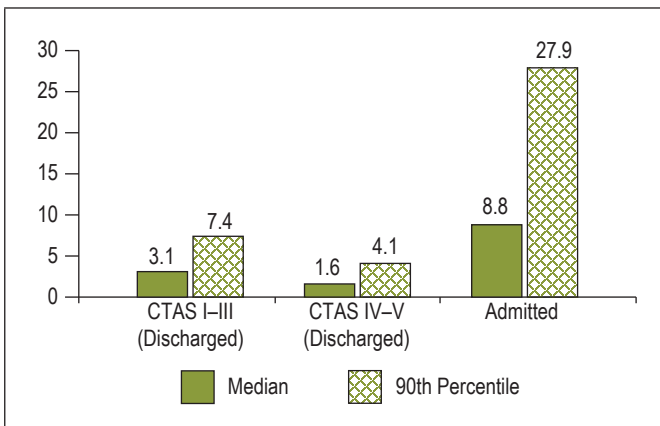
## How does the total time patients spend in the ED relate to the severity of their condition?

The Canadian Triage and Acuity Scale (CTAS) is used to triage ED patients according to the type and severity of their presenting signs and symptoms. In 2012–2013, 55% of ED cases were categorized as CTAS levels I, II and III—the most severe. Of these, 16% were eventually admitted from the ED to the reporting hospital.

Figure 1: Admitted and Discharged Patients by CTAS Level

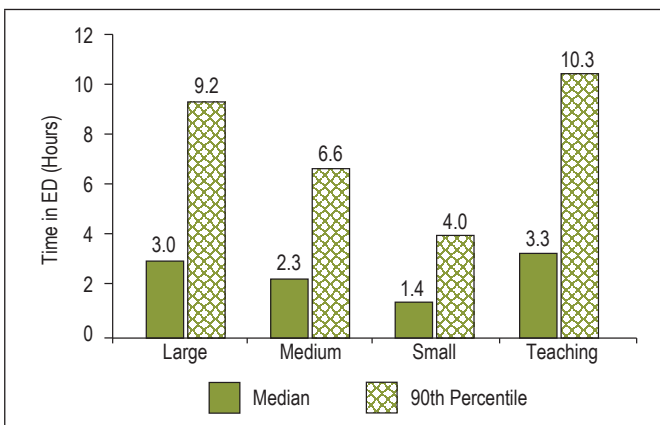


**Figure 2: ED Length of Stay in Hours, CTAS Levels and Admitted Cases**



Nine out of 10 discharged ED visits with CTAS level I, II or III lasted 7.4 hours or less, whereas 90% of those with CTAS level IV or V lasted 4.1 hours or less. Those ED visits that resulted in an admission to the reporting hospital were the longest (90th percentile of 27.9 hours).

**Figure 3: Total Time Spent in ED by Hospital Type**



## More Information

For more information, please access the interactive data available in CIHI's **NACRS Quick Stats**. In addition to the interactive data, NACRS pre-formatted tables can be also accessed via **Quick Stats**. These tables present data on 2012–2013 NACRS ED visits and length of stay by CTAS levels and CHRP peer groups.

Feedback and questions are welcome at [cad@cihi.ca](mailto:cad@cihi.ca).

## How does the total time patients spend in the ED relate to hospital volume and teaching status?

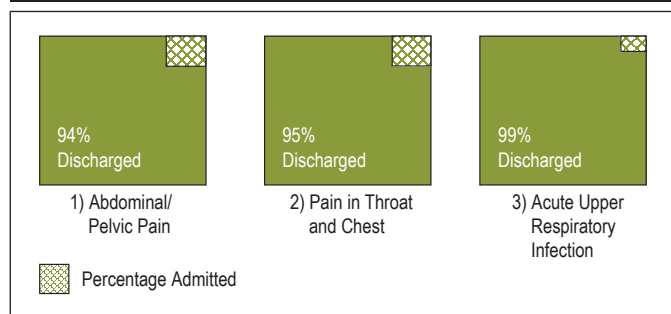
There appears to be a relationship between hospital volume/type and time patients spend in the ED. When looking at EDs by the four main types of hospital<sup>i</sup> (large, medium, small and teaching), a majority of ED visits in 2012–2013 took place in large community hospitals.

In 2012–2013, 9 out of 10 ED visits that took place in large community hospitals lasted 9.2 hours or less, whereas 90% of those in small community hospitals lasted 4 hours or less. A similar trend existed in 2011–2012, despite changes in coverage.

## What are the top three reasons for visiting an ED?

The top three reasons (main problems) in 2012–2013 for visiting an ED were abdominal/pelvic pain, pain in throat and chest, and acute upper respiratory infection. Nine out of 10 visits for these three conditions lasted 8.8, 8.9 and 3.9 hours or less, respectively. Most of these cases were not admitted to the reporting facility.

**Figure 4: Top Three Reasons for Visiting an ED**



i. The Canadian Hospital Reporting Project (CHRP) methodology assigns hospitals to four peer groups by categorizing facilities that have similar structural and patient characteristics.