

# Overview of the Hospital/Emergency Department (ED) Performance Measurement and Monitoring Initiative and Scorecard

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# Contents

Background.....	3
Hospital/ED PM&M Initiative Overview.....	3
<b>In-Scope Sites</b> .....	4
Scorecard Overview.....	4
<b>Indicators</b> .....	4
<b>Available Data</b> .....	6
Monthly Data.....	6
Quarterly Data .....	6
<b>Access to Scorecard</b> .....	7
Frequently Asked Questions.....	7

# Background

In summer of 2023, Ontario Health officially formed the Emergency Services Program to provide system strategy, central leadership and stabilization to Emergency Departments (EDs) in Ontario. While a number of ED supports and programs existed prior to 2023, this new Program, in close collaboration with Ontario Health Regions, aims to align and drive system improvement through its clinical leadership and engagement with EDs and system partners.

There are many challenges that emergency care is facing, including escalating workforce shortages, lacking hospital inpatient bed capacity to support patients admitted via the ED, increasing demand on ED services for which they were not designed and growing demand for care of more clinically and socially complex patients. A key priority for Ontario Health is to ensure the ability to monitor the performance of both hospital capacity and ED metrics using a provincial, regional, local and site lens. There is a large repository of data available on ED performance metrics through programs such as Pay-for-Results (P4R) Program; however, there is no documented, standardized process available that uses a measurement scorecard, supports collaboration with sites that are struggling, learns what are the barriers to performance improvement and initiates changes. Thus, Ontario Health's Hospital/ED Performance Measurement and Monitoring (PM&M) Initiative ('Initiative') will address this need by providing a system-level scorecard and leadership framework.

## Purpose of this Document

This document aims to provide background information on the Initiative and the scorecard.

# Hospital/ED PM&M Initiative Overview

Ontario Health developed a provincial framework to measure and monitor hospital/ED performance and help create accountability for all 163 EDs across the province. It includes a provincial scorecard with priority key performance indicators (KPIs) measured at both monthly and quarterly intervals. In addition, a regular engagement and performance documentation approach was developed in collaboration with hospitals to review performance, understand successes and challenges, learn, support and spread knowledge. Key accountabilities for performance improvement, standardized measures and scheduled engagement and reporting are the underpinnings of this Initiative.

The Initiative aims to:

- Proactively learn and share best practices to encourage continuous quality improvement across domains in [Quintuple Aims](#);
- Align performance with ED system priorities in patient care and outcomes, system capacity and pressures; and,
- Define and communicate performance expectations and monitor progress.

# In-Scope Sites

All 163 hospitals with ED in Ontario are in scope for this Initiative. Hospital-affiliated urgent care centres are currently out-of-scope.

# Scorecard Overview

The Hospital/ED Performance Scorecard (the “Scorecard”) is a monitoring tool that uses National Ambulatory Care Reporting System (NACRS) data from existing Ontario Health sources to provide a consistent and standardized view of hospital and ED performance-related data. It is intended to measure and monitor performance over a rolling 13-month timeframe and in relation to specific provincial targets.

The data are intended to support discussions about overall ED system performance, as well as hospital, regional and system barriers in meeting performance targets. Ontario Health Regions can use the Scorecard to facilitate conversations with and learn from their hospital and ED leaders, identify support needs, disseminate best practices and advocate for system processes and improvement opportunities. The Scorecard is not a public-reporting tool.

As of September 2024, data from 119 hospitals are available on the Scorecard. The remaining hospitals are being onboarded to submit monthly data into NACRS through the Canadian Institute for Health Information (CIHI). All in-scope hospitals will have their data available on the Scorecard by FY 2025/26.

# Indicators

The indicators on the Scorecard were selected because:

- They can inform how the overall ED system is performing;
- Data are of good quality and readily available; and,
- Data can be added into the Scorecard quickly (due to the short development timeframe).

Table 1 lists the indicators captured on the Scorecard, in order of their appearance. Data for each indicator are available as an average or at the 90th percentile. Technical details on the indicators can be found on the *Methodology* document (through a tab to the left of the Scorecard or the button at the top right corner of the Scorecard).

**Table 1:** List of indicators on Hospital/ED Performance Scorecard

<b>Indicator</b>	<b>Indicator Type (Relation to ED flow)</b>	<b>Definition</b>
<b>Total Volume</b>	Contextual (Input)	Total number of unscheduled ED visits for the selected time period.
<b>Time to Physician Initial Assessment (PIA)</b>	KPI (Throughput)	Time (in hours) to first assessment by a doctor or by non-physician healthcare professionals (i.e., Nurse Practitioner, Physician Assistant, or Dentist) (NPIA), whichever occurs first.
<b>Ambulance Offload Time (AOT)</b>	KPI (Throughput)	Time (in minutes) spent for the transfer of care from the ambulance to the ED to be completed.
<b>Daily Average Number of Patients Waiting for Inpatient Bed at 8AM</b>	KPI (Patient Experience)	Daily average number of admitted patients who, at 8:00 am, had been waiting at least 2 hours since their disposition decision was made and who left the ED after 8:00 am.
<b>Admitted Length of Stay (LOS)</b>	KPI (Throughput)	Time (in hours) spent in the ED for admitted patients.
<b>Non-Admitted LOS</b>	KPI (Throughput)	Time (in hours) spent in the ED for non-admitted patients.
<b>Time to Inpatient Bed (IPB)</b>	KPI (Output)	Time (in hours) spent from the admitted disposition to when the patient leaves the ED to go to an inpatient unit/bed.
<b>Left Without Being Seen Rate</b>	KPI (Patient Experience)	Percent of patients that left after registration/triage.
<b>Acute Alternate Level of Care Rate</b>	Contextual (Capacity)	Percent of inpatients in acute care beds that are designated ALC.
<b>Acute Bed Occupancy Rate</b>	Contextual (Capacity)	Percent of available acute care beds that are occupied by inpatients.
<b>Electronic Canadian Triage Acuity Scale (eCTAS) Override Rate</b>	KPI (Quality)	Percent of calculated eCTAS scores that were manually overridden by ED nursing staff.
<b>Revisit Rate Within 7 Days</b>	KPI (Quality)	Percent of unscheduled ED visits that resulted in an unscheduled revisit to the ED within 7 days of the initial ED visit.

Indicator	Indicator Type (Relation to ED flow)	Definition
<b>Revisit Rate Within 30 Days</b>	KPI (Quality)	Percent of unscheduled ED visits that resulted in an unscheduled revisit to the ED within 30 days of the initial ED visit.
<b>Re-admission Rate Within 30 Days</b>	KPI (Quality)	Percent of re-admissions through the ED as a percentage of total hospital discharges by month.
<b>Return Visits for Sentinel Events*</b>	KPI (Quality)	Percent of patients presenting back to the ED and admitted with a sentinel diagnosis within 7 days of an initial ED visit that belong to one of 3 sentinel groups: Acute Myocardial Infarction (AMI), Subarachnoid Hemorrhage (SAH) and Pediatric Sepsis.
<b>P4R Performance Rank</b>	Composite Ranking	Final performance rank based on the cumulative performance from Dec to current month for the current performance year ( <i>Note: Performance year is from Dec to following Nov</i> ).

\* *Note: These data should not be used in its raw form as a quality indicator. They are included in the Scorecard as a reminder of the opportunity to enhance your quality culture through active engagement in the ED Return Visit Quality Program (RVQP).*

## Available Data

Data for most of the KPIs are available in two ways: monthly and quarterly. The only exception is the data for Return Visits for Sentinel Events, which are collected on a quarterly basis.

### Monthly Data

The **monthly data** enable system partners to monitor the system for any potential emerging hospital and ED performance issues. The monthly data will be available in the Scorecard on the **first business day of the month**. *Please note that there is a 2-month data lag between the data presented on the Scorecard and when the Scorecard is available (e.g., the August Scorecard is available in October).*

### Quarterly Data

The **quarterly data** is designed to enable Ontario Health to identify hospitals to engage in conversations related to performance, as well as learn and support quality improvement efforts. In addition, innovative ideas and best practices identified from these conversations could be shared through the Provincial Emergency Services Community of Practice.

The **quarterly data** will be available in the Scorecard on the **first business day of the second month in a quarter**. Please note there is a quarter-lag between the data presented on the Scorecard and when the Scorecard is available (e.g., the Q2 Scorecard is available in November).

## Access to Scorecard

The Scorecard is accessible to individuals/teams at the Ministry of Health (Hospital Branch and Emergency Health Services Branch), Ontario Health and in-scope hospitals.

To gain access to the Scorecard, please contact your facility's ONE ID Local Registration Authority (LRA) and Health System Insights Facility Roles Administrator (FRA) to have your account permissioned accordingly. Once completed, visit <https://hsi.ontariohealth.ca/> and log in using your ONE ID credentials.

For further assistance contact your facility's HSI FRA or contact Ontario Health's Service Desk at [itservicedesk@ontariohealth.ca](mailto:itservicedesk@ontariohealth.ca).

## Frequently Asked Questions

### Q.1 Why is 90th percentile used in the Scorecard?

The 90th percentile represents the longest time spent among 90% of patients. So, for example, if 10 people visited the ED, and eight of them stayed 2 hours, one stayed 12 hours and one stayed 14 hours, the 90th percentile ED LOS would be 12 hours.

The 90<sup>th</sup> percentile is used as a system performance metric because it encompasses the longer stays in the EDs experienced by some patients.

Ontario Health's [public reporting on emergency departments](#) uses the average, rather than the 90th percentile, as it better reflects how long the typical patient can expect to stay or wait, and is more easily understood.

### Q.2 Why is the P4R Performance Rank included in the Scorecard?

In order to compare hospitals on overall performance, it was necessary to have a single composite score that encapsulate the performance of a hospital/ED across multiple inter-related KPIs.

P4R Performance Rank was an appropriate choice as majority of the KPIs used for its calculation are already part of the Scorecard, and no new composite score needs to be created. Moreover, P4R Performance Rank is calculated based on high-quality data and is a longstanding performance composite score well-accepted by all key system partners. Thus, it is chosen to function as an overall performance composite score for the Scorecard at this time.