

## BC ER Workload Measures - Preliminary Measures

During initial meetings between the Ministry of Health, the Doctors of BC, and the BC Section of Emergency Medicine Workload Measures Group, the Ministry of Health agreed that the following four measures were particularly important for measuring changes in ED workloads over time. Please take note that the government later decided *not* to adapt any specific workload measures when calculating future FTE awards. Instead they decided to allow each site to make its own case to their respective health authority. However, when a site is preparing their workload application, these measures may be particularly prudent ones to consider.

1. **Pt Complexity** (factors patient arrives with that make them complex)
  - *Age distributions*: The percentage of ER patients by the following age categories - 0-1, 2-49, 50-59, 60-69, 70-79, 80+
  - *Ambulance arrival*: the percentage of ER patients who arrive by ambulance
  - *Transfers in*: the percentage of ER patients where are transferred from other facilities
2. **Acuity** (factors that indicate severity of patient illness, and impact work per patient )
  - *CTAS level*: the percentage of ER patients by CTAS category
  - *Admission*: the percentage of ER patients who are admitted at the site
  - *ICU admission*: the percentage of ER patients who are admitted from the ER to the ICU at the site
  - *Transfer out*: the percentage of ER patients who are transferred out to receive a higher level of care.
3. **Time to MD** (not a direct workload measure, but impacts patient care and increases workload when increases): the time from triage to MD for CTAS levels 2 and 3 patients.
4. **Volume**
  - *Absolute volume*: the volume of patients per FTE per year