

FOCUS on Emergency Departments: Technical Data Definitions and Data Sourcing^{1,2}

Hospital patients who require an alternate level of care	
Calculation	<p>Percentage of acute care inpatient days classified as Alternate Level of Care (ALC) days =</p> $\left(\frac{\text{Total number of acute care inpatient ALC days}}{\text{Total number of acute care inpatient days}} \right) \times 100$ <p>Metric: Percentage of acute care inpatient days classified as ALC days</p>
Description	<p>ALC: A patient is classified as an ALC patient if they are occupying an acute or sub-acute hospital bed, and they do not require the intensity of resources and/or services provided in that care setting; however, they do require an alternate level of care, so they cannot be discharged home.</p> <p>Beds included for ALC classification:</p> <ul style="list-style-type: none"> • Acute care beds • Mental health beds • Rehabilitation beds • Sub-acute care beds • Transition beds
Data source(s)	AHS Provincial Discharge Abstract Database (DAD)
Assumptions	None
Exclusions	<ol style="list-style-type: none"> 1. Inpatients are excluded if they do require acute care resources and/or services. 2. Results from May and June 2016 are not reported for the Northern Lights Regional Health Centre due to the forest fire that affected Fort McMurray and forced the closure of the Northern Lights Regional Health Centre.
Limitations	<ol style="list-style-type: none"> 1. Caution is urged when making comparisons between facilities prior to 2013; historical differences in data capture (i.e., inconsistent definitions, documentation, and coding practices) make comparisons between facilities unreliable prior to that time. 2. While in the hospital, there is a period of assessment to see whether a patient qualifies as requiring an alternate level of care. At the end of the assessment period an 'approval' is issued to proceed with determining an appropriate placement for the patient. This process may take several days. ALC days are counted from the date of 'approval,' thus underestimating the total number of ALC days attributed to each patient and, by extension, the hospital.

¹ Documentation and sourcing for the reported emergency department measures is the result of collaborative work between members of the HQCA's Health System Analytics team and members of AHS' Analytics team. Credit regarding determining the appropriate data definitions should be attributed to the AHS Analytics team for most of the measures below.

² While the HQCA used all reasonable efforts to ensure the accuracy, completeness, and reliability of the data used in this website, data continues to expand in scope and completeness. As such, the values reported may change over time.

	<p>3. ALC days are based on a retrospective count from the DAD data source. Therefore, the measure should be interpreted as the percentage of hospital beds that were occupied by an ALC patient <i>discharged</i> within the reported time period.</p> <p>The consequences of this are, for example, if a new continuing care facility opens there will be an increase in the number of ALC patients discharged from acute care. This means that the numerator (total number of acute care inpatient ALC days) increases, consequently resulting in a higher %ALC. This gives the artificial impression that ALC days were more of a problem during that time period than they really were.</p>
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Alberta Health Services, Analytics. "Provincial ALC Statistics." (2018) [Dashboard showing monthly and quarterly results for the percentage of time a hospital's beds are occupied by patients who require an alternate level of care, by zone and facility]. *AHS Tableau Reporting Platform*. Retrieved from <https://tableau.ahs.ca>