

Arrow Lakes Hospital Facility Profile - 2021/22

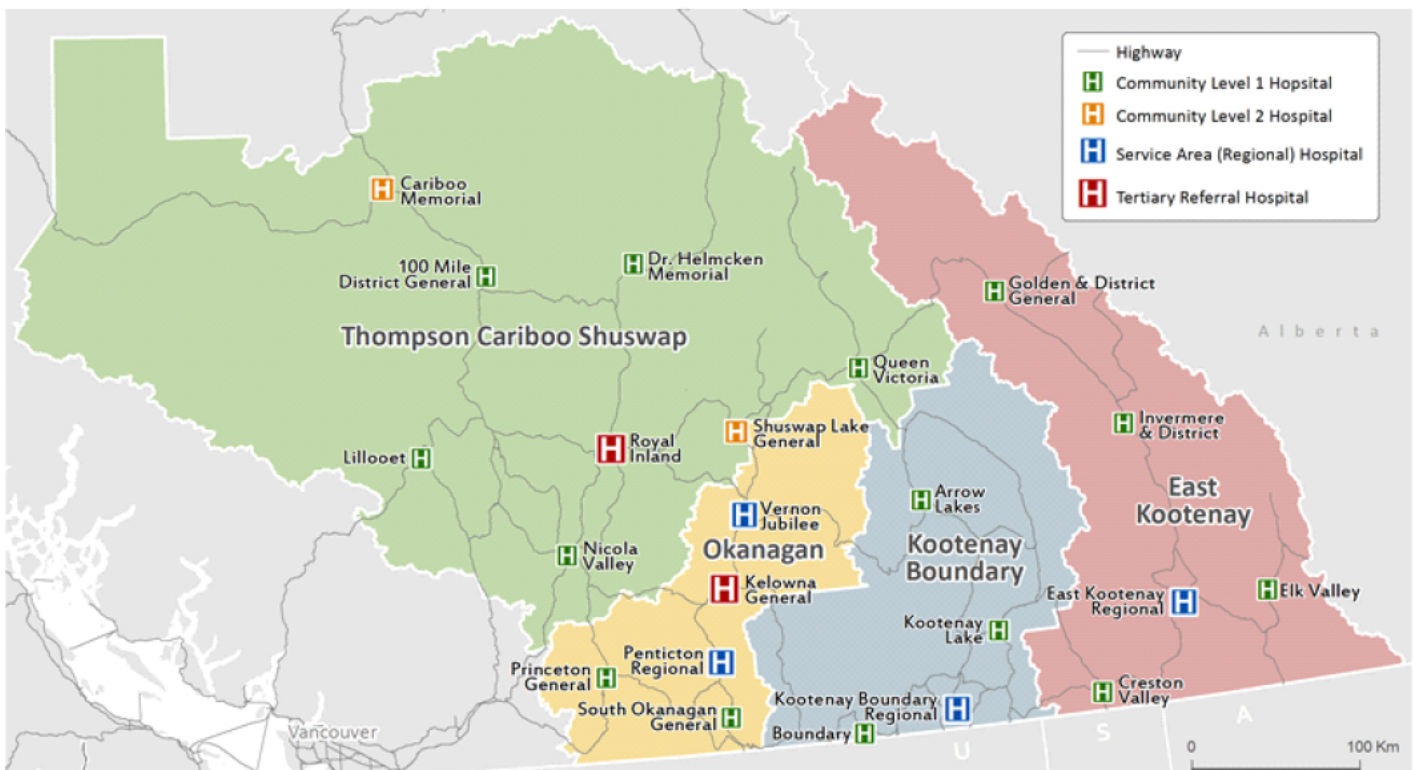
This profile provides an overview of the services provided at Arrow Lakes Hospital in the areas of:

Inpatient Cases & Days | Inpatient Surgery & Surgical Day Care | Emergency Department

The information provided within this document reflects services provided at the hospital, regardless of patient residence. This report is based on adults and children only. Newborns have been excluded. For some indicators, small volumes (<5) have been suppressed.

The Interior Health Data and Analytics Department produces a number of utilization and service reports. In addition to this Facility Profile, Interior Health Data and Analytics Services Department produces profiles for 1) Local Health Area (LHA), 2) Health Service Delivery Area (HSDA), and 3) Interior Health Authority Profile. These additional reports can be found on the [Interior Health website](#).

NOTE: On March 16, 2020 a public health emergency was declared in British Columbia due to the COVID-19 global pandemic. Data from 2019/20 Q4 and onwards may have been impacted by changes in medical services in response to the COVID-19 Pandemic.



More information is available upon request from Interior Health Data and Analytics Service Department.

Inquiries and comments can be addressed by calling 250-469-7070 Ext. 12665



Inpatients

Inpatient Data provides information about acute care hospitals and the patients who are admitted to them. This page includes the number of beds in operation, occupancy rates, patient age and residence, and admissions through the Emergency Department (ED), and the average Resource Intensity Weight (RIW).

TABLE 1. Number of Hospital Beds, 2019/20 - 2021/22

Hospital Bed Type	2019/20	2020/21	2021/22
Medical / Surgical Beds	6	6	6
Psychiatric Beds			
ICU / CCU Beds			
Rehabilitation Beds			
Obstetrical Beds			
Pediatric Beds			
Total Beds in Operation	6	6	6

TABLE 1. Beds funded and in operation at fiscal year end (March 31st).

SOURCE: MIS/GL; Excludes Bassinets

FIGURE 1. Percent of Inpatient Cases by Age Group, 2021/22

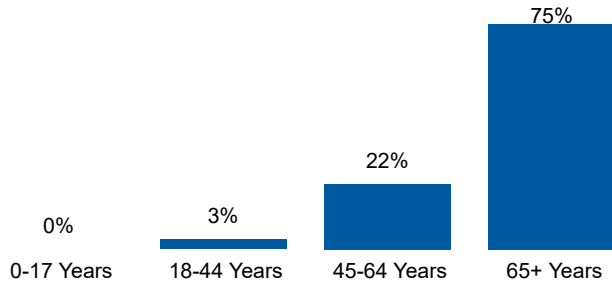


FIGURE 1. Elderly patients (65+ years of age) usually account for the largest percentage of inpatients cases at Interior Health hospitals.

SOURCE: Discharge Abstracts Database

FIGURE 2. Percentage of Inpatient Cases by Patient Residence, 2021/22



FIGURE 2. Shows the percentage of hospitalizations based on where the patients live. Only the most common LHAs are shown.

SOURCE: Discharge Abstracts Database.

TABLE 2. Occupancy Rate and Average Resource Intensity Weight (RIW), 2019/20 - 2021/22

	2019/20	2020/21	2021/22
Occupancy Rate	63%	37%	53%
Average RIW	1.06	0.84	1.02

TABLE 2. Occupancy Rates are presented as an average, based on the number of beds staffed at March 31st each year. RIWs provide the estimated cost per hospitalization relative to the average inpatient in Canada (RIW = 1.0). A higher RIW means a higher cost per patient case.

SOURCE: Occupancy: MIS/GL; Excludes newborns and pediatrics in the nursery. RIW: Discharge Abstracts Database; CMG 2021

FIGURE 3. Percentage of Inpatient Cases Admitted Through the ED, 2019/20 - 2021/22

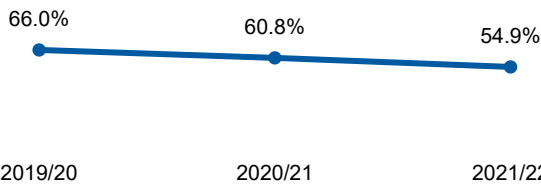


FIGURE 3. The majority of inpatients at IH are usually admitted via the ED.

SOURCE: Discharge Abstracts Database

FIGURE 4. Number of Inpatient Cases, 2019/20 - 2021/22

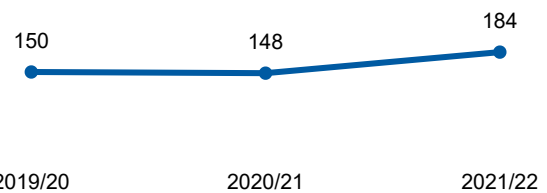


FIGURE 4. Inpatient Case = A discharge from the hospital.

SOURCE: Discharge Abstracts Database

Inpatients

Grouping Methodologies categorize inpatients into similar groups for reporting purposes:

Major Clinical Categories (MCCs) are large groups generally related to body systems;

Case Mix Groups (CMGs) further categorize inpatients into groups based on similarities of diagnosis, intervention, length of stay, and resource requirements such as costs.

FIGURE 5. Number of Inpatient Cases by Most Common MCCs, 2021/22

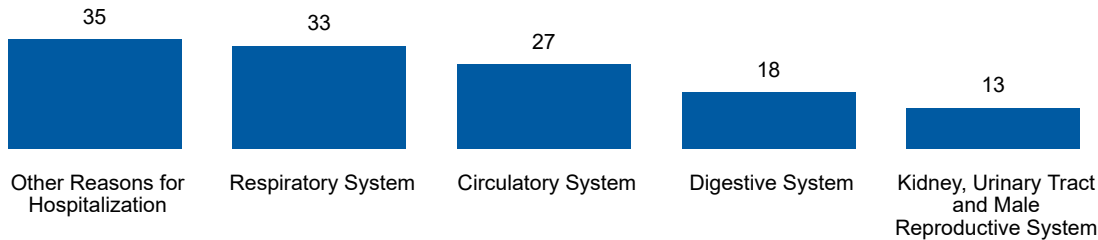


FIGURE 5 & 6. Shows the most common types of inpatient cases. Meaning, the MCCs and CMGs which accounted for the most hospitalizations. Some conditions are split into several CMGs due to differences in treatment and/or costs. Example: Vaginal Deliveries are split into four CMGs.

SOURCE: Discharge Abstracts Database; CMG 2021

FIGURE 6. Number of Inpatient Cases by Most Common CMGs, 2021/22

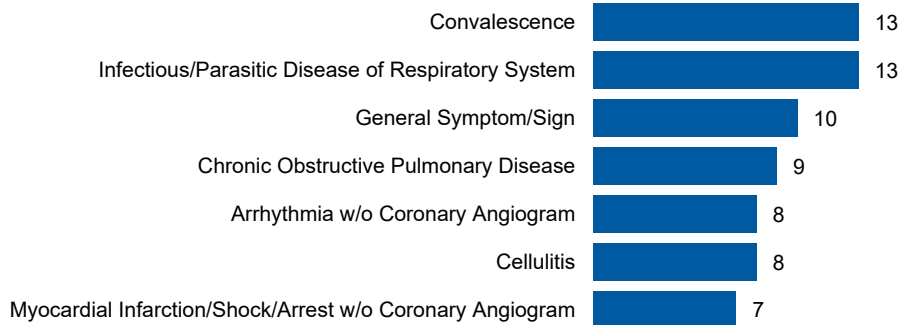


FIGURE 7. Number of Inpatient Days by Most Common MCCs, 2021/22

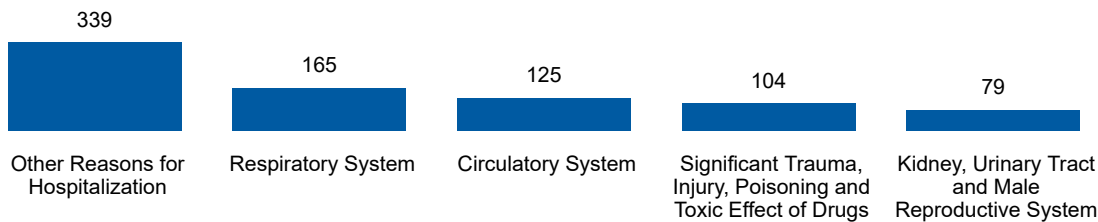
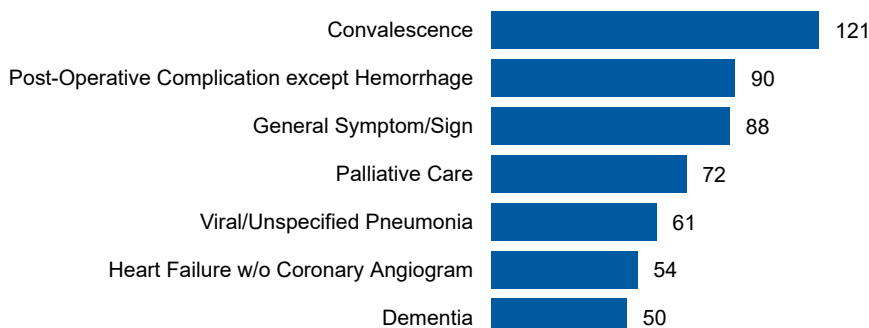


FIGURE 7 & 8. Shows the conditions that accounted for the most inpatient days. Alternate Level of Care (ALC) Days are included. The most common conditions do not necessarily account for the most inpatient days and vice versa. Example: At most Interior Health hospitals, there are a large number of vaginal deliveries, but because those patients have very short hospital stays, they do not account for a significant proportion of the hospital days.

SOURCE: Discharge Abstracts Database; CMG 2021

FIGURE 8. Number of Inpatient Days by Most Common CMGs, 2021/22



Inpatients

Inpatient Days are calculated from admission date until discharge date, reported by:

Acute/Rehab: Days where the patient received acute care or rehabilitation service;

Alternate Level of Care (ALC): Days when acute services are no longer required, but patient remains in hospital waiting for other resources.

FIGURE 9. Number of Inpatient Days, 2019/20 - 2021/22

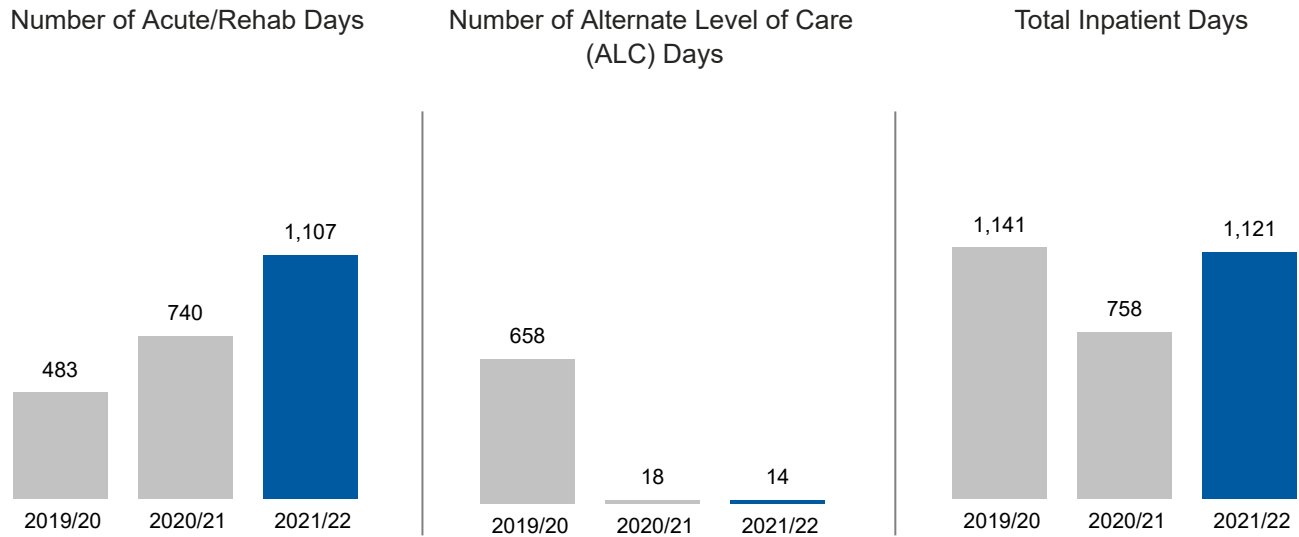


FIGURE 9. Shows the three year trend in the number of Acute/Rehab, ALC, and Total Inpatient Days utilized.

SOURCE: Discharge Abstracts Database

FIGURE 10. Average Length of Stay in Days, 2019/20 - 2021/22

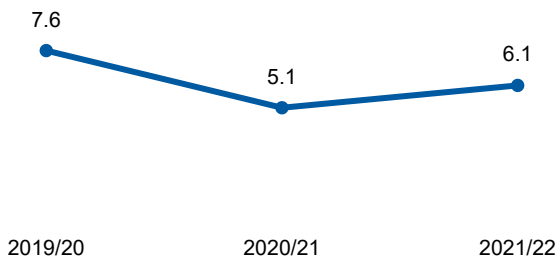


FIGURE 10. Average Length of Stay (ALOS) is the average number of days per hospitalization reported by Total Days (Including ALC).

SOURCE: Discharge Abstracts Database

FIGURE 11. ALC Days Rate, 2019/20 - 2021/22

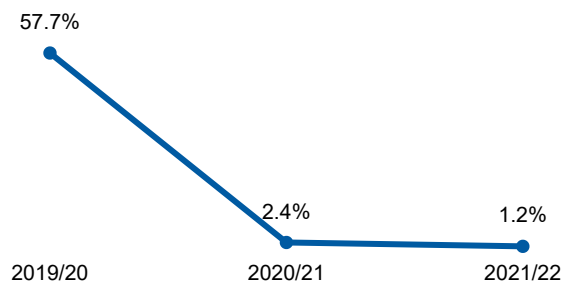


FIGURE 11. ALC Rate is the percentage of inpatient days that were designated as Alternate Level of Care.

SOURCE: Discharge Abstracts Database

Inpatient Surgical Cases & Surgical Day Care





Emergency Department

Emergency Department (ED) data provides information on visits made to the Emergency Room. The data, unless specified otherwise, is based on unscheduled ED visits.

FIGURE 19. Number of Emergency Department Visits, Unscheduled vs. Scheduled, 2019/20 - 2021/22

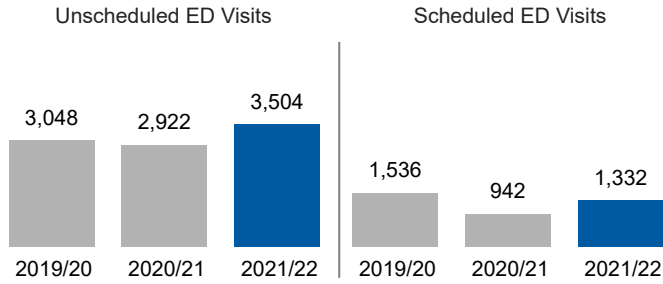


FIGURE 19. Shows the number and trend of ED visits. Fiscal Years with less than five scheduled ED visits are excluded.

SOURCE: Unscheduled: Admissions Universe; Scheduled: MIS

FIGURE 20. Percentage of Unscheduled ED Visits by Age Groups, 2021/22

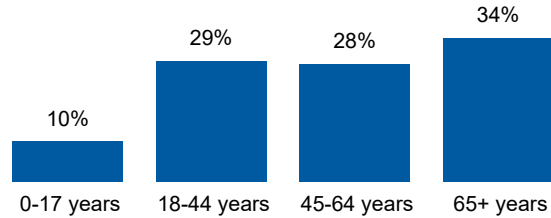


FIGURE 20. Unlike Inpatient Cases, elderly patients usually do not account for the most ED visits at many Interior Health Hospitals.

SOURCE: Admissions Universe

FIGURE 21. Percentage of Unscheduled ED Visits Admitted to Hospital, 2019/20 - 2021/22

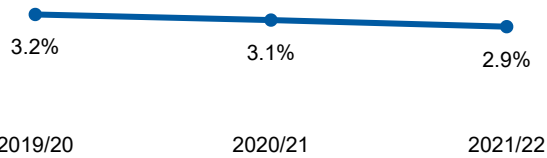


FIGURE 21. Shows the percentage of unscheduled ED visits that result in inpatient admission.

SOURCE: Admissions Universe

FIGURE 22. Number of Unscheduled ED Visits Admitted to Hospital, 2019/20 - 2021/22

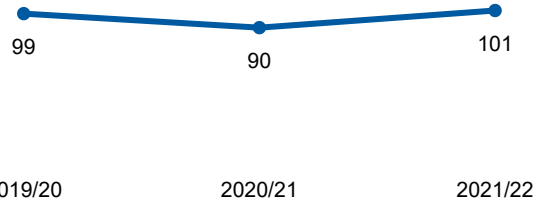


FIGURE 22. Shows the number of unscheduled ED visits that result in inpatient admission.

SOURCE: Admissions Universe

FIGURE 23. Percentage of Unscheduled ED Visits by Triage Level, 2019/20 - 2021/22

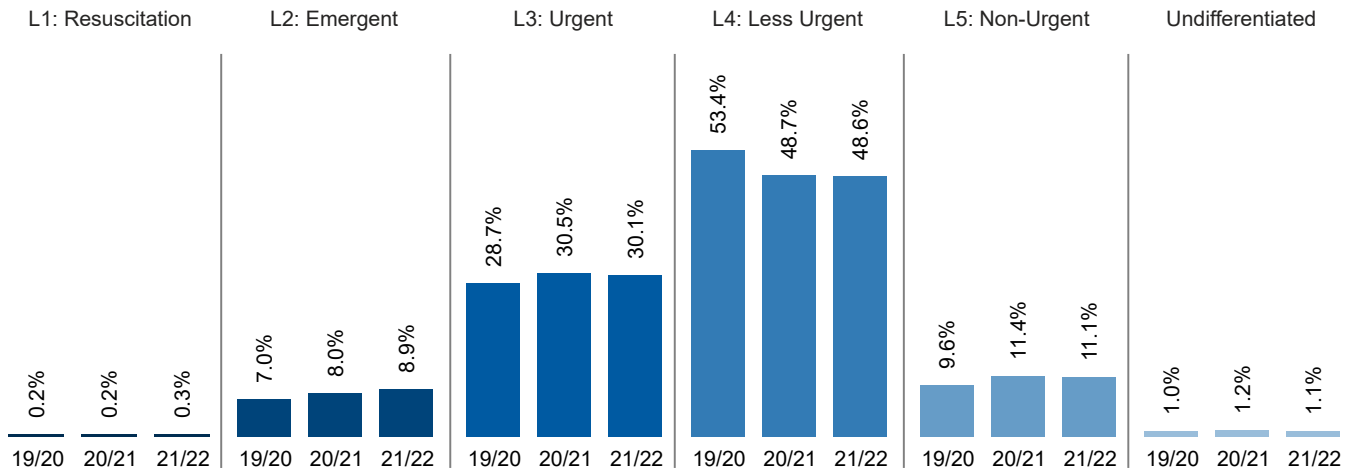


FIGURE 23. Provides the percentage of ED visits by triage level based on the Canadian Triage Acuity Scale (CTAS).

SOURCE: Admissions Universe