**Potential Hospital/System Inputs**
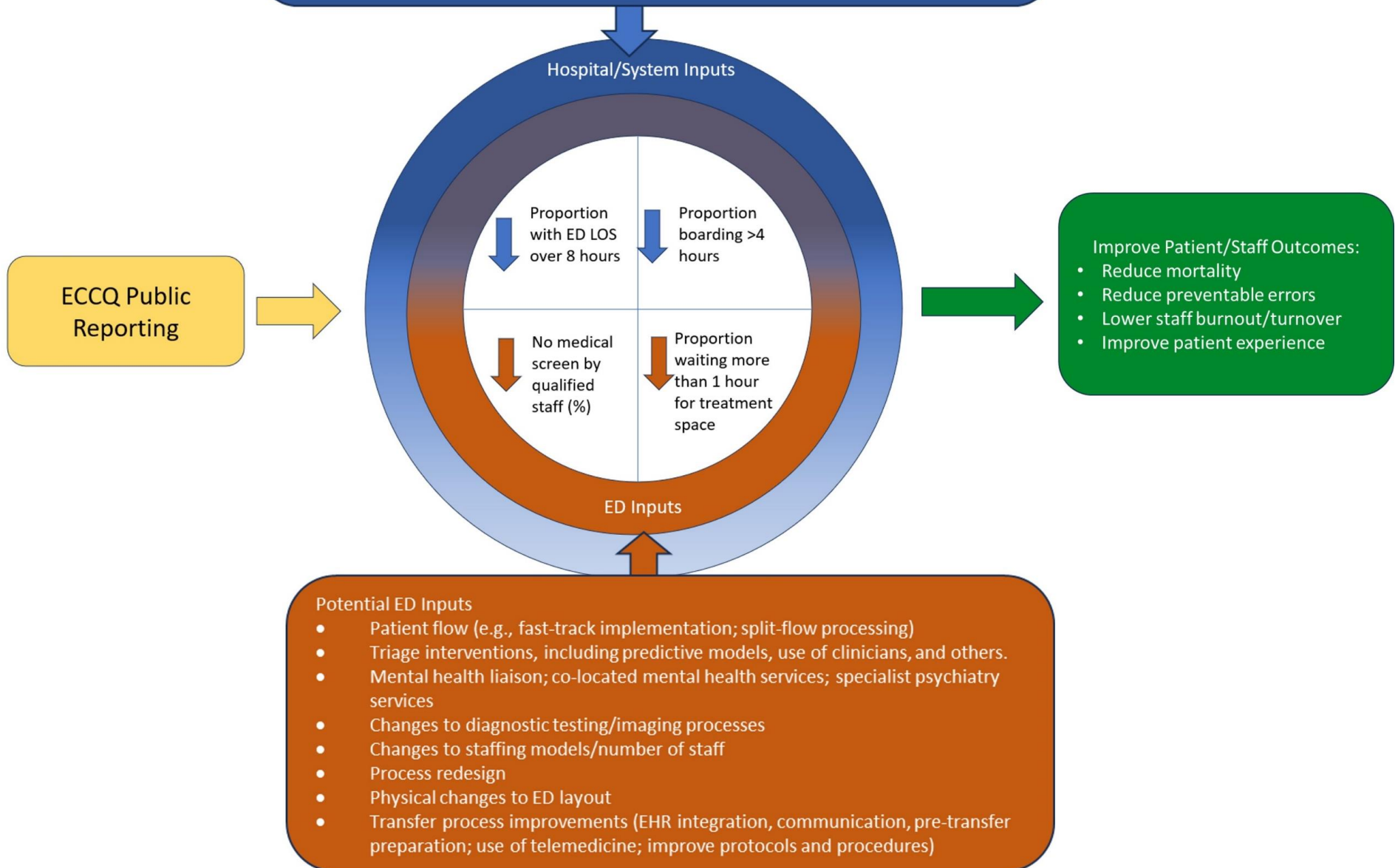
- Increase availability of inpatient beds for patients admitted from the ED
- Increase inpatient and local healthcare capacity including mental health.
- Increased availability and access to regional/local outpatient clinical, mental health, and social services.
- Use of "hospital home" care models
- Increased availability and access to regional/local outpatient clinical, mental health, and social services.
- Increased investment in infrastructure/processes to support patient transfers

**Hospital/System Inputs**

Proportion with ED LOS over 8 hours

Proportion boarding >4 hours

No medical screen by qualified staff (%)

Proportion waiting more than 1 hour for treatment space

**ED Inputs**

**ECCQ Public Reporting**

**Improve Patient/Staff Outcomes:**
- Reduce mortality
- Reduce preventable errors
- Lower staff burnout/turnover
- Improve patient experience

**Potential ED Inputs**

- Patient flow (e.g., fast-track implementation; split-flow processing)
- Triage interventions, including predictive models, use of clinicians, and others.
- Mental health liaison; co-located mental health services; specialist psychiatry services
- Changes to diagnostic testing/imaging processes
- Changes to staffing models/number of staff
- Process redesign
- Physical changes to ED layout
- Transfer process improvements (EHR integration, communication, pre-transfer preparation; use of telemedicine; improve protocols and procedures)