Right Place, Right Time

- **Organization:** Red Lake Margaret Cochenour Memorial Hospital; www.redlakehospital.ca
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Overview

Red Lake Margaret Cochenour Memorial Hospital launched the "**Right Place, Right Time**" quality improvement initiative to better understand and improve emergency department length of stay for high-acuity, non-admitted patients. As a small rural acute care hospital located more than 200 km from the nearest hospital, the organization often keeps patients in the emergency department for extended periods while awaiting external resources, diagnostic testing, or transfer. After the hospital's 2025/26 QIP data showed a 90th percentile emergency department length of stay of 16.67 hours for high-acuity, non-admitted patients, the team reassessed whether patients nearing or exceeding 24 hours in the ED were still in the most appropriate care setting. The initiative focused on reviewing outlier data, identifying patient and diagnostic themes, improving data quality, and implementing a standardized review process led by the Nurse Manager to ensure patients received care in the right place at the right time.

Key Elements of Initiative

Change Ideas Tested or Implemented

Data quality improvement using a PDSA approach; standardized patient assessment and review of care plans for high-acuity ED patients approaching the 24-hour mark; and ongoing communication about project goals, outcomes, and patient review expectations.

Objective of Change Ideas

Ensure patients receive the most appropriate care in the most appropriate setting; confirm whether the ED remains the right place for patients with extended stays; identify opportunities for improvement when another care setting or action is more appropriate.

Team Members Involved

Chief Nurse Executive, Quality Committee, Professional Practice, Medical Advisory Committee, Health Records, Director of Quality and Risk, Nurse Manager, Nurse Practitioner, CEO, physicians, and care team members.

Target Population

High-acuity emergency department patients reaching the 24-hour mark who had not been admitted.

Measurement Progress

The team aimed to have standardized Nurse Manager follow-up initiated for 60% of all patients reaching the 24-hour mark by Q3. Progress was monitored through Nurse Manager chart reviews, care team huddles with physician input, and continued data review to confirm data quality.

Implementation Experience: Successes & Challenges

Results/Early Wins

The team identified a data quality issue where a subset of patients was being categorized as still in the ED even though they were in a designated inpatient bed. The initiative also increased physician engagement in patient rounds and prompted more focused discussion about long-stay ED patients.

Enablers of Success

Strong leadership, daily engagement with physicians and care teams, and escalation of conversations to committee meetings helped create accountability across multiple levels of the hospital.

Challenges and Solutions

One-person roles that were not backfilled created gaps in assessment timing. To address this, Charge positions were empowered to initiate real-time conversations about patient needs when the Nurse Manager was unavailable.

Advice for Other Teams: Keep having key conversations, even informally. Repeated discussion about patient reviews can gradually shift culture and reinforce the importance of reassessing whether patients remain in the most appropriate care setting.

Future Steps & Sustainability

Next Steps and Embedding into Practice

The hospital will continue the initiative to strengthen a culture of ongoing conversations about long-stay ED patients. Over the next year, the team will continue reviewing trends in the type of patients meeting the criteria and identify changes or advocacy efforts that could improve access and flow.

The 24-hour patient review process has been embedded into the Nurse Manager's daily workflow and added to the nightly nursing checklist, supporting routine follow-up and sustainability.

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