

Media backgrounder

Hospital Quarterly: Performance of NSW public hospitals, July to September 2011

Emergency Departments, July to September 2011

More than half a million patients attended NSW public hospital emergency departments (EDs) from July to September 2011. This is 2% more than the same quarter last year. The greatest increases were for patients in the more urgent triage categories.

Almost half of all emergency attendances (44%) were for patients in the potentially serious (triage 4) category, 32% were potentially life threatening (triage 3), 14% were in the lowest urgency category (triage 5) and 9% were imminently life threatening (triage 2).

Patients in the immediately life threatening category (triage 1) accounted for less than 1% of all ED patients.

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Arrivals by Ambulance

From July to September 2011 there were 132,452 arrivals by ambulance to NSW public hospital emergency departments. This is a 5% increase since a year ago and is disproportionately larger than the overall 2% increase in ED attendances.

For patients arriving by ambulance, 61% were transferred into the care of emergency department staff within 30 minutes. This compares with 64% a year ago and 68% two years ago.

page 11 figure 9

ED presentation to treatment

At a state level, the time from presentation until treatment begins is shown for half (50%) and most (95%) of ED triage 2 to 5 patients.

- The Bureau does not report time to treatment for triage 1 patients (e.g. critical injury, cardiac arrest).
- Triage 2 – imminently life threatening (e.g. chest pain, severe burns).
Half (50%) of triage 2 patients began treatment within 8 minutes and most (95%) began treatment within 42 minutes.
- Triage 3 – potentially life threatening (e.g. moderate blood loss, dehydration).
Half (50%) of triage 3 patients began treatment within 25 minutes and most (95%) began treatment within 143 minutes.
- Triage 4 – potentially serious (e.g. minor head injury).
Half (50%) of triage 4 patients began treatment within 36 minutes and most (95%) began treatment within 194 minutes.

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- Triage 5 – less urgent (e.g. small cuts or abrasions).
Half (50%) of triage 5 patients began treatment within 34 minutes and most (95%) began treatment within 198 minutes. *page 6 figure 4*

At a state level, the time from presentation until treatment begins fluctuates between quarters. Tables showing time to treatment over a five year period are on pages 12 to 13.

There is variation between hospitals when comparing time from presentation until treatment by triage category. Following are examples of these varied results from July to September 2011, for larger hospitals using one of the two predominant information systems:

- Half (50%) of all triage 2 patients start treatment within six minutes at John Hunter Hospital, compared with within 13 minutes at Fairfield Hospital.
- Most (95%) triage 2 patients start treatment within 18 minutes at Concord Hospital, compared with within 93 minutes at Nepean Hospital.
- Half (50%) of all triage 4 patients start treatment within 30 minutes at Sutherland Hospital, compared with within 55 minutes at Tamworth Hospital.
- Most (95%) triage 4 patients start treatment within 106 minutes at Sutherland Hospital, compared with within 272 minutes at Nepean Hospital.

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When an admitted patient leaves the ED

Throughout the report we refer to admitted patients “leaving the ED”. Generally, admitted patients are transferred to a ward, ICU or operating theatre.

The report shows what percentage of ED patients in the various triage categories were admitted to hospital at 1, 2, 3, 4, 5, 6, 8, 12 and 24 hours.

For ED patients who are admitted to hospital, half (50%) leave the ED within 7 hours and 3 minutes and most (95%) within 22 hours and 5 minutes.

pages 8 & 9, figures 6 & 7

Why the reporting methods changed

The Bureau found differences across hospitals in the way emergency department information was recorded. This was related partly to a progressive rollout of new information systems for EDs. The rollout is now complete in most hospitals.

The different recording methods in different ED information systems were clinically reasonable but made it difficult to fairly compare hospitals.

We are now reporting so comparisons between hospitals are fairer and we can better reflect patients’ understanding of their journeys.

What has changed?

The Bureau shows the times that 50% and 95% of ED patients are treated or admitted within and profiles these times over 5 years.

The Bureau is using data from new information systems to start the clock when people present at an ED rather than when they are triaged.

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This addresses differences in how triage times were recorded between hospitals and it more closely reflects a patient's understanding of their journey.

Previously, the Bureau reported on patients treated within target times, generally 60 to 80% of patients.

The Bureau's reports now include information about times spent in ED by 50% and 95% of patients and present information about many of the patients who weren't "seen on time" under the previous reporting method. The Bureau's new information is presented for each quarter of the past five years so people can identify areas to improve and assess whether any improvements have been made.

Starting the wait time clock at presentation rather than triage

The majority of hospitals across the state now use one of two comparable information systems.

The Bureau will use data available in new information systems to start the wait time clock when a patient presents at the ED, which more closely reflects the start of the patient's journey through an ED.

At all hospitals the initial time should be recorded by the first staff member to interact with a patient when they present or arrive.

There is considerable variation between hospitals in the recording of triage time. This variation reflects protocols that are clinically reasonable but differ between hospitals, and is also influenced by changes to electronic information systems. Such variation made it difficult to make fair comparisons of hospital performance.

Triage 1 time to treatment

The Bureau will continue to report the number of triage 1 patients and the total time in ED but will not report time to treatment. Differences in how this very time sensitive data is recorded makes fair comparisons difficult.

The Bureau's review found timeliness measures may not be accurate at very small time intervals – the target for triage 1 is for all treatment to begin within 2 minutes.

Analysis shows differences in times recorded can be due to differing hospital processes and/or computer systems rather than differences in patient care.

The remaining 5%

Reporting the times that 50% and 95% of patients are seen within is common internationally as an approach to measuring wait times.

Hospital Quarterly profiles treatment and admission times for 50% and 95% of ED patients and profiles these times over 5 years.

If 95% of patients are seen within 30 minutes, then the remaining 5% (or 1 in 20) of patients waited more than 30 minutes.

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Our cumulative graphs (page 7 & 8) shows time spent in ED by percent of patients, and show around 98 to 100% of patient times.

If the cumulative distribution does not reach 100%, it indicates that some patients in that triage category waited longer than the longest time shown for their treatment to be completed and to leave the emergency department

Elective Surgery, July to September 2011

During July to September 55,400 elective surgery procedures were completed in NSW public hospitals or in facilities contracted by NSW public hospitals.

This is 6% higher than the previous quarter and 1% more than a year ago.

page 3 figure 1

In this quarter, 92% of all elective surgery patients were admitted within the time recommended by the surgeon. For urgent surgery 93% of patients were admitted within the recommended 30 days, 90% of semi-urgent patients were admitted within 90 days and 92% of non-urgent patients were admitted within 365 days.

The median wait time for non-urgent surgery was 212 days, nine days more than a year ago. The median waits for urgent and semi-urgent surgery were stable.

page 6 figure 4

Admitted Patients, July to September 2011

There were 426,086 admitted patient episodes from July to September. This is 2% more than a year ago.

All Bureau reports are available at www.bhi.nsw.gov.au