

Emergency Departments

Hospital Quarterly: Performance of NSW public hospitals

April to June 2012

More than half a million patients attended NSW public hospital emergency departments (EDs) during April to June 2012, 7% more than the same quarter in 2011. The typical annual pattern sees ED attendances lowest during the April to June quarter, however, this year there has also been an unexpected increase in ED attendances since the January to March quarter.

The median times to start treatment are unchanged across all triage categories compared to the same quarter one year ago, except for triage 2 where the time to start treatment was one minute longer this quarter. The 95th percentile times to start treatment

have increased by two minutes (triage 2), six minutes (triage 3), six minutes (triage 4), but decreased by eight minutes for triage 5.

The January to March 2012 issue of *Hospital Quarterly* saw the introduction of the National Emergency Access Target (NEAT) which measures the percentage of patients who left the ED within four hours of presentation. In this quarter, 58% of all patients left the ED within four hours, similar to the same quarter one year ago. The NSW 2012 target is 69%. See page 2 for more detail on the NEAT.

This is one of three *Hospital Quarterly* modules. For the Elective Surgery and Admitted Patients modules visit www.bhi.nsw.gov.au

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During the quarter	Apr-Jun 2012	Apr-Jun 2011	The difference
Visits to NSW emergency departments	546,032 visits	511,780 visits	+34,252 (+7%)
People travelling to NSW EDs by ambulance	137,090 people	128,011 people	+9,079 (+7%)
People travelling by ambulance that were transferred into the care of ED staff within 30 minutes	63% in 30 minutes	65% in 30 minutes	-2 percentage points
Emergency attendances that were categorised as triage 2	54,876 attendances	43,950 attendances	+10,926 (+25%)
Median time to start treatment for triage 2 patients	8 minutes	7 minutes	+1 minute
People leaving the ED within four hours of presentation (NEAT)	58% in four hours	58% in four hours	unchanged
Admissions to hospital from NSW EDs	151,896 admissions	142,963 admissions	+8,933 (+6%)

New developments in ED performance reporting

National Health Reform

In August 2011, the Commonwealth, state and territory (the states) governments finalised the National Health Reform Agreement. The intent of this agreement is that the Commonwealth and states will introduce clear and transparent performance reporting of health and hospital services to provide Australians with nationally consistent and locally relevant information.

One of the first measures to be introduced is the new national performance indicator, the National Emergency Access Target (NEAT).

The National Emergency Access Target

The NEAT states that, by 2015, 90% of all patients presenting to a public hospital ED will physically leave the ED within four hours, regardless of whether they are admitted to hospital, transferred to another hospital or discharged.

Commencing from 2012, this target will be phased in over four years with annual interim targets set with the aim of achieving the 90% target by 2015. The NSW baseline and targets for this measure, including all ED presentations across all triage categories, are shown in the table below:

Period	Target
Baseline	61.8%
1 Jan 2012 to 31 Dec 2012	69.0%
1 Jan 2013 to 31 Dec 2013	76.0%
1 Jan 2014 to 31 Dec 2014	83.0%
1 Jan 2015 to 31 Dec 2015	90.0%

What we changed

In line with these national developments, in the January to March 2012 issue of *Hospital Quarterly*, the Bureau changed how it reports the time from presentation until leaving the ED.

The NEAT measures the time from presentation until the patient is recorded as physically leaving the ED. The NEAT defines presentation as the earlier of arrival or triage time. As a result, the Bureau reports the time patients spent in NSW EDs from the earlier of arrival or triage time rather than the earliest of arrival, triage or treatment time.

To provide a more comprehensive picture of the variation in times that patients spend in EDs, the Bureau also reports the median and 95th percentile times by which all patients left the ED in addition to the percentage of patients who left the ED within four hours of presentation (NEAT).

A graph showing the cumulative percentage of patients who left the ED by hours of presentation and mode of separation is also provided for the current quarter.

Further detail on the findings of this analysis can be found in the Bureau's *Hospital Quarterly Technical Supplement: Emergency department measures, January to March 2012* and *Hospital Quarterly Background Paper: Approaches to reporting time measures of emergency department performance, Addendum June 2012*, available on the Bureau's website at www.bhi.nsw.gov.au

See pages 15 to 17 for more detail on how to interpret the Bureau's information.

Emergency department journeys

When a person is injured or requires medical care, they begin what we refer to as the patient's journey. The pathway each journey follows through the ED depends on the clinical needs of the patient and the decisions made about their treatment and management.

Most patients attend a NSW ED to receive treatment for an injury or acute illness.

Emergency patients are **'triaged'** by specialist clinical staff after they arrive in ED and are allocated to one of five categories, depending on how urgently they require care. Each triage category has a recommended maximum time that the patient should wait to be seen by a healthcare professional.

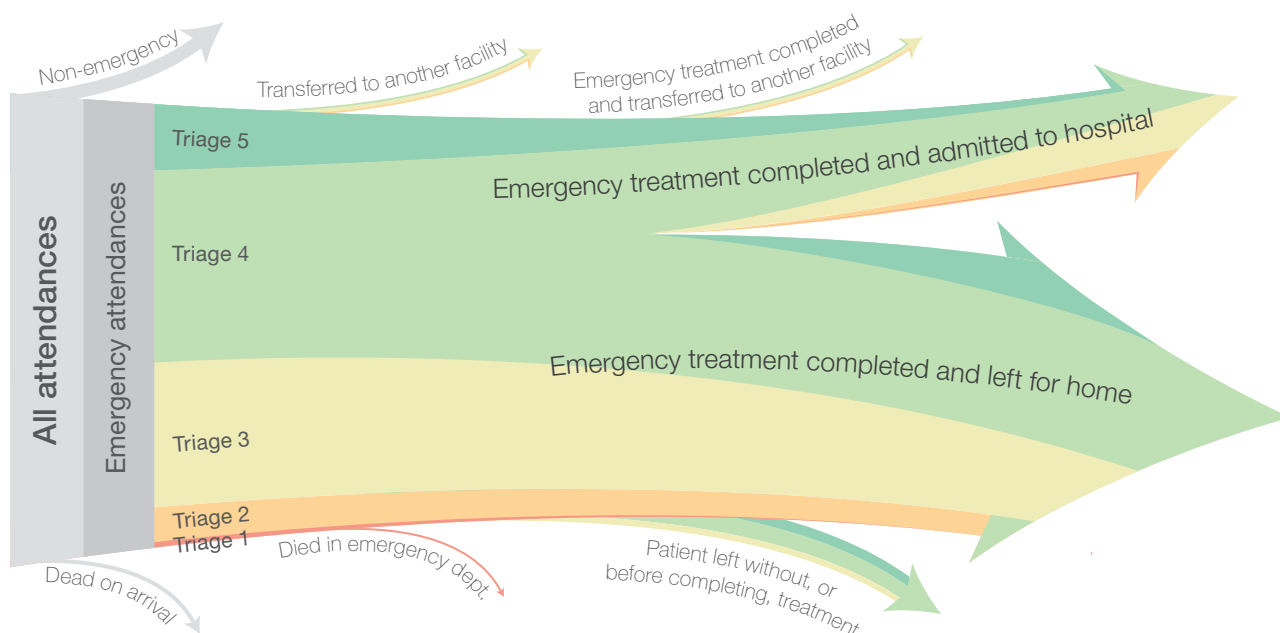
What happens next depends on the clinical needs of the patients. Patients from the most urgent triage categories (triage categories 1 and 2) are given priority and care typically begins immediately upon arrival. Patients from the less urgent triage categories (3 to 5) typically complete triage and administrative processes before treatment begins.

The majority of patients leave the ED after their treatment is complete or when they are admitted to hospital. Some patients are transferred to other hospitals or choose not to wait to begin or complete treatment. The journeys of all these patients during the April to June 2012 quarter are presented in this report and are summarised in **Figure 1**.

Figure 1: Summary of patients' journeys through NSW emergency departments

The thickness of each arrow is approximately proportional to the number of NSW emergency department patients in each category. The arrows are coloured by triage level.

Triage 1	Immediately life threatening
Triage 2	Imminently life threatening
Triage 3	Potentially life threatening
Triage 4	Potentially serious
Triage 5	Less urgent



Arriving at the emergency department

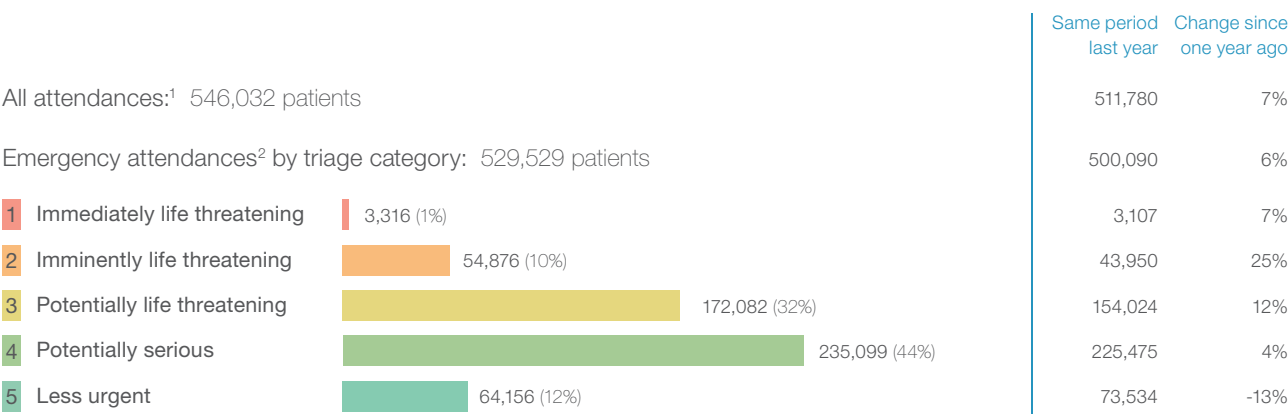
Emergency attendances this quarter

There were more than half a million attendances at NSW EDs during April to June 2012 (Figure 2). While almost all (97%) of these visits were considered ‘*emergency attendances*’, 16,503 patients attended for non-emergency reasons, such as planned return visits, attending some types of outpatient clinics or prearranged admissions to hospital. The percentage of patients attending NSW EDs for non-emergency reasons is similar to the same quarter last year.

A breakdown of emergency attendances figures shows that 44% were categorised as potentially serious (triage 4), 32% were categorised as potentially life threatening (triage 3), 12% were in the lowest urgency category (triage 5) and 10% were imminently life threatening (triage 2). Patients whose condition was judged to be immediately life threatening (triage 1) accounted for less than 1% of all people triaged in NSW EDs.

The greatest increase was seen in the imminently life threatening category (triage 2), with presentations 25% higher than the same quarter last year.

Figure 2: Attendances at NSW emergency departments, April to June 2012



1. All emergency and non-emergency attendances at the emergency department (ED).
2. All attendances that have a triage category and are coded as emergency presentations or unplanned return visits.
Note: All percentages rounded to whole numbers and therefore percentages may not add to 100%.
Note: Emergency department activity includes 89 facilities for which electronic data are reported. This covers approximately 85% of NSW emergency department activity.
Source: Health Information Exchange, NSW Health. Data extracted on 25 July 2012.

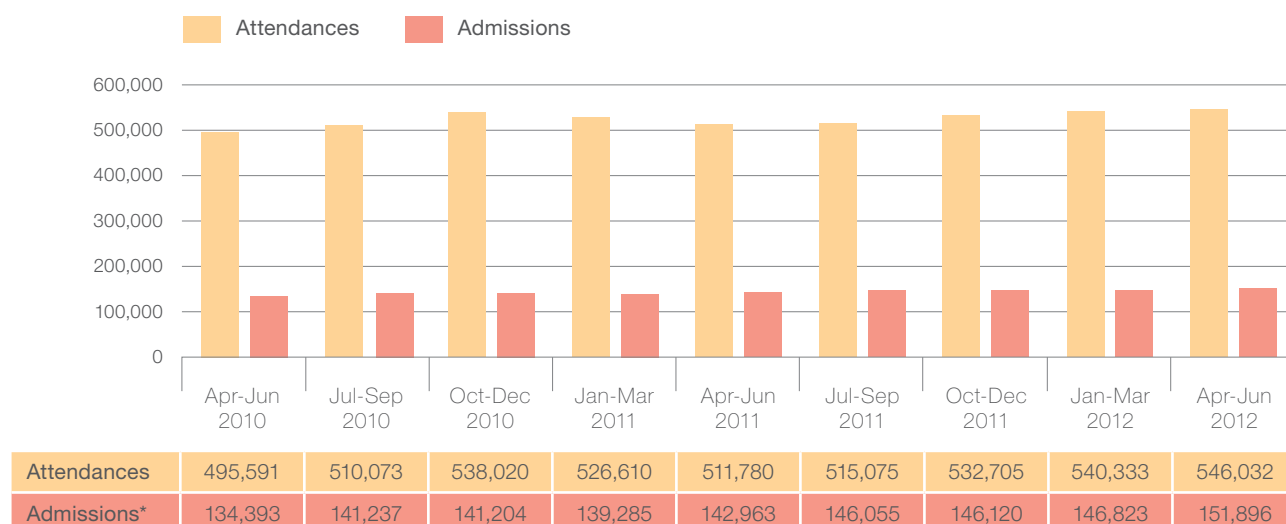
Emergency attendances and admissions over time

There is a strong seasonal effect on ED attendances with the typical annual pattern seeing ED attendance numbers highest during the October to December quarter, and lowest during the April to June quarter (Figure 3). This year there has been an unexpected increase in ED attendances since the January to March quarter.

This quarter there were 546,032 ED attendances. This is 7% higher than the same quarter one year ago (511,780) and 10% higher than the same period two years ago (495,591) (Figure 3).

The number of admissions from the ED has also been increasing. This quarter there were 151,896 admissions. This is 6% higher than the same quarter one year ago (142,963) and 13% higher than the same quarter two years ago (134,393).

Figure 3: Attendances at, and admissions from, NSW emergency departments, April 2010 to June 2012



(*) Admissions refers to all admissions through the emergency department.

Note: Emergency department activity includes 89 facilities for which electronic data are reported. This covers approximately 85% of NSW emergency department activity.

Note: Numbers may differ from those previously reported due to differences in when data were extracted from the emergency department information system and in definitions of patient cohorts.

Source: Health Information Exchange, NSW Health. Data extracted on 25 July 2012.

Arrivals by ambulance and off-stretcher time this quarter

When a patient arrives at the ED by ambulance, the ambulance crew waits with them until ED staff can accept that patient into their care. In NSW, the time taken for this to occur is called off-stretcher time. The NSW target requires 90% of patients arriving at hospital by ambulance to be transferred into the care of ED staff within 30 minutes.

In the April to June 2012 quarter, almost one-quarter (25%) of all people who attended NSW EDs arrived by ambulance, a total of 137,090 patients (Figure 4). This quarter, 63% of these patients were transferred into the care of ED staff within 30 minutes.

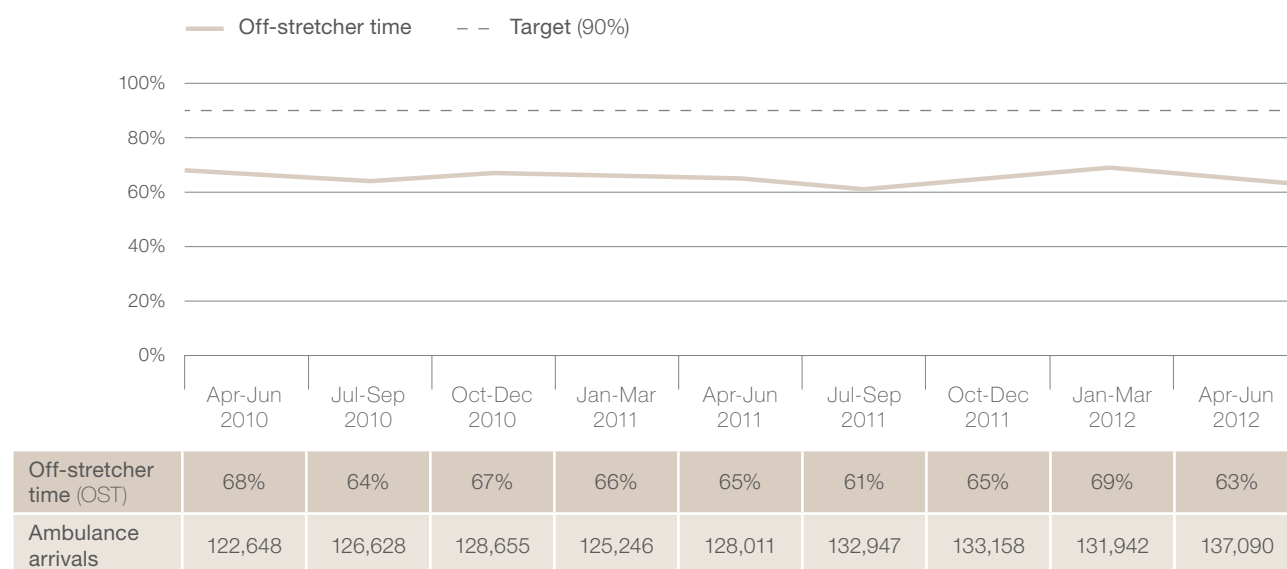
Arrivals by ambulance and off-stretcher time over time

The number of ambulance arrivals has increased compared with the same quarter one year ago, up 7%, and up 12% compared with the same quarter two years ago. This is comparable to the increase in emergency attendances (up 7% and 10% respectively).

The percentage of patients transferred into the care of ED staff within 30 minutes was lower than the same quarter one year ago (65%) and the same quarter two years ago (68%).

This off-stretcher ambulance target has not been met at a state-wide level in any quarter over the past two years (Figure 4).

Figure 4: Ambulance arrivals and percentage of patients accepted into the care of NSW emergency departments from an ambulance within 30 minutes of arrival, April 2010 to June 2012



Source: Data provided by NSW Ambulance Service on 27 July 2012.

Time to treatment performance

Time to treatment this quarter

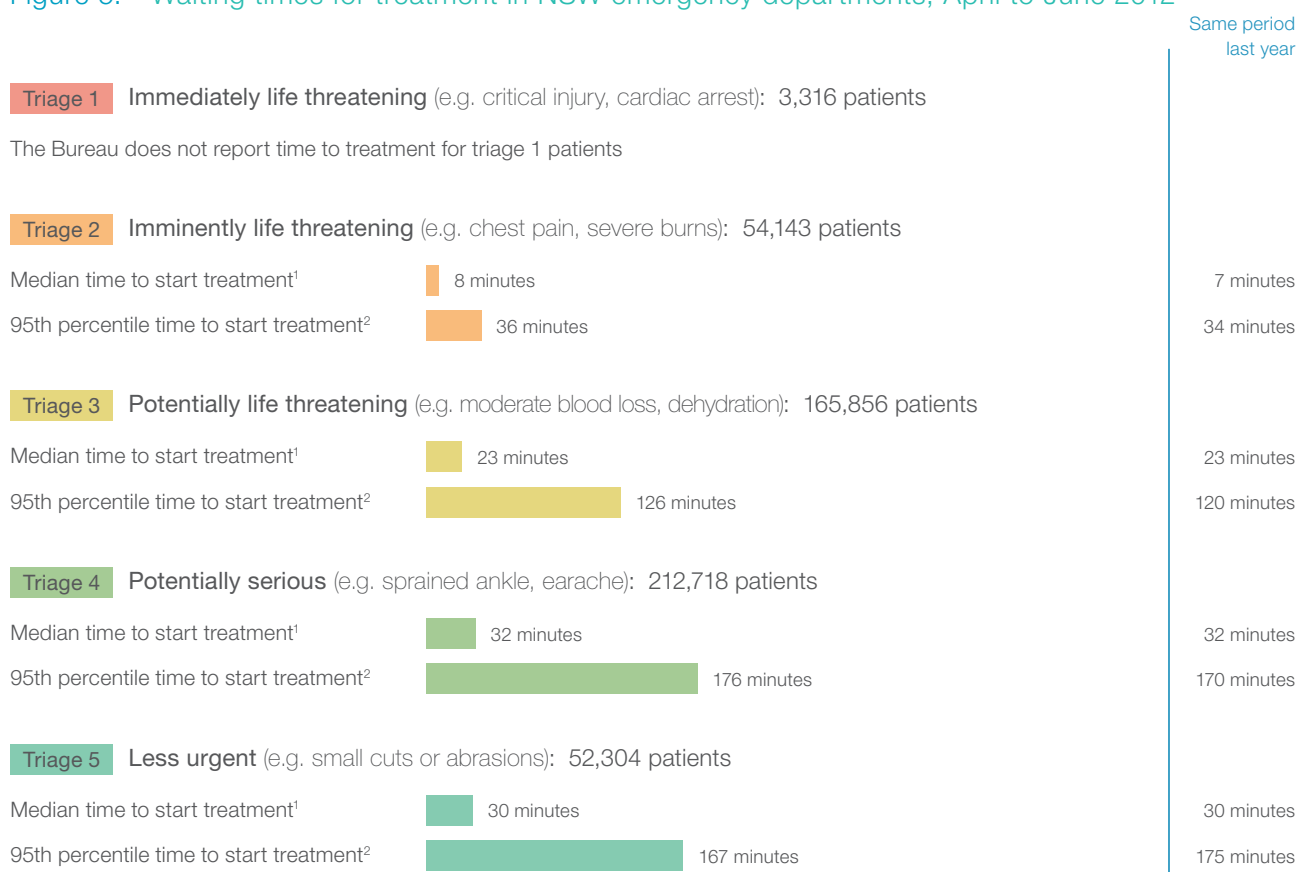
In April to June 2012, the median times to start treatment were largely unchanged compared to the same quarter in 2011 ([Figure 5](#)).

The median time to start treatment for the imminently life threatening category (triage 2) is one minute more at 8 minutes, the potentially life threatening category (triage 3) unchanged at 23 minutes, the potentially serious category (triage 4) unchanged at 32 minutes and the less urgent category (triage 5) unchanged at 30 minutes.

The 95th percentile times to start treatment were slightly longer in each triage category, except for triage 5. This quarter, 95% of patients began treatment within:

- 36 minutes, two minutes longer than one year ago (triage 2)
- 126 minutes, six minutes longer than one year ago (triage 3)
- 176 minutes, six minutes longer than one year ago (triage 4)
- 167 minutes, eight minutes shorter than one year ago (triage 5).

Figure 5: Waiting times for treatment in NSW emergency departments, April to June 2012



1. The median is the time by which half of patients started treatment. The other half of patients took equal to or longer than this time.
2. The 95th percentile is the time by which 95% of patients started treatment. The final 5% of patients took equal to or longer than this time.

Note: Treatment time is the earliest time recorded when a healthcare professional gives medical care for the patient's presenting problems.

Source: Health Information Exchange, NSW Health. Data extracted on 25 July 2012.

Time to treatment over time

The time from presentation until treatment fluctuates throughout the year. At a state level, the time appears to be reasonably steady, however, the trend is affected by progressive implementation of new information systems.

Figures 6a-d show for triage categories 2 to 5, the median and 95th percentile times to start treatment. Data are reported according to triage category. The Bureau does not report time to treatment for patients with conditions triaged as immediately life threatening (triage 1).

Figure 6a: **Triage 2** - Median and 95th percentile times to start treatment (minutes) in NSW emergency departments, April 2007 to June 2012

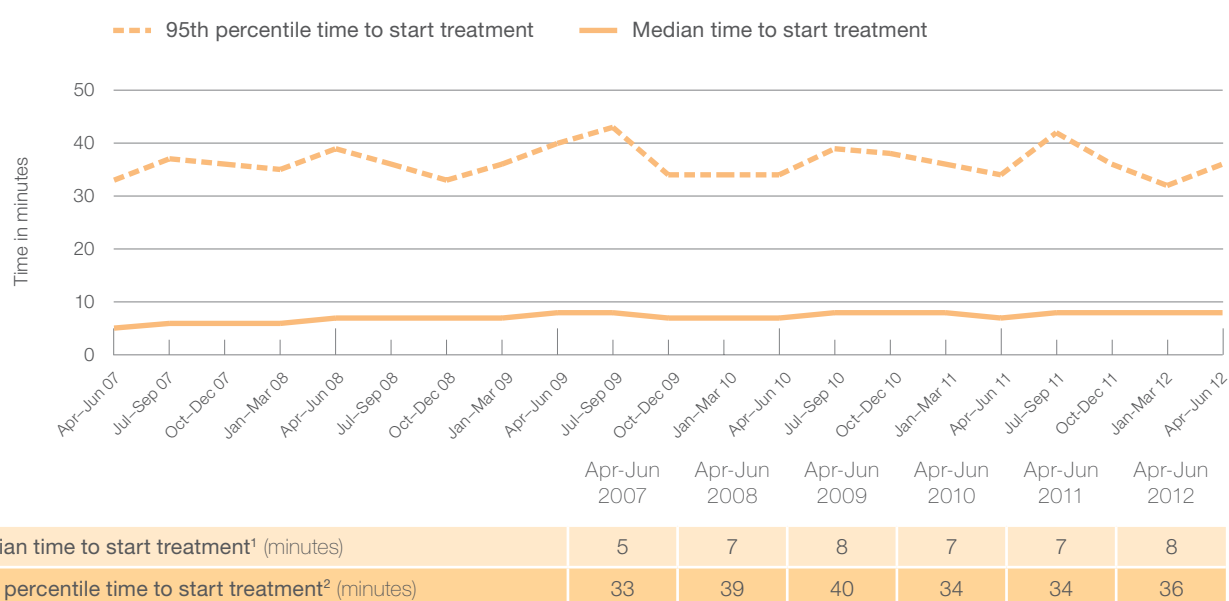


Figure 6b: **Triage 3** - Median and 95th percentile times to start treatment (minutes) in NSW emergency departments, April 2007 to June 2012

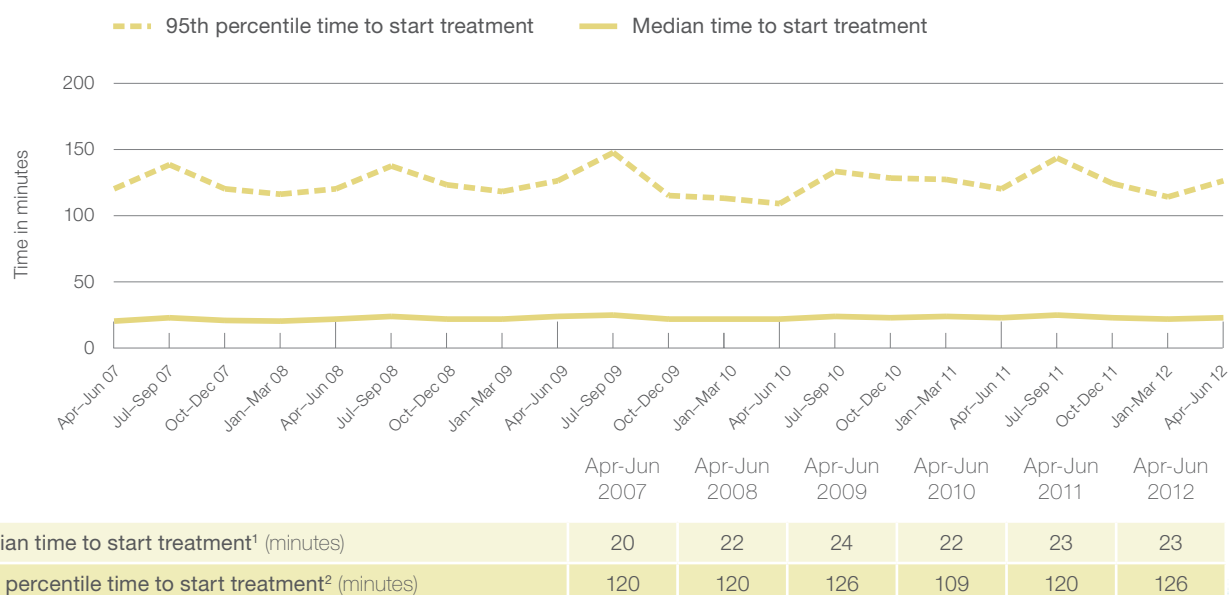


Figure 6c: **Triage 4** - Median and 95th percentile times to start treatment (minutes) in NSW emergency departments, April 2007 to June 2012

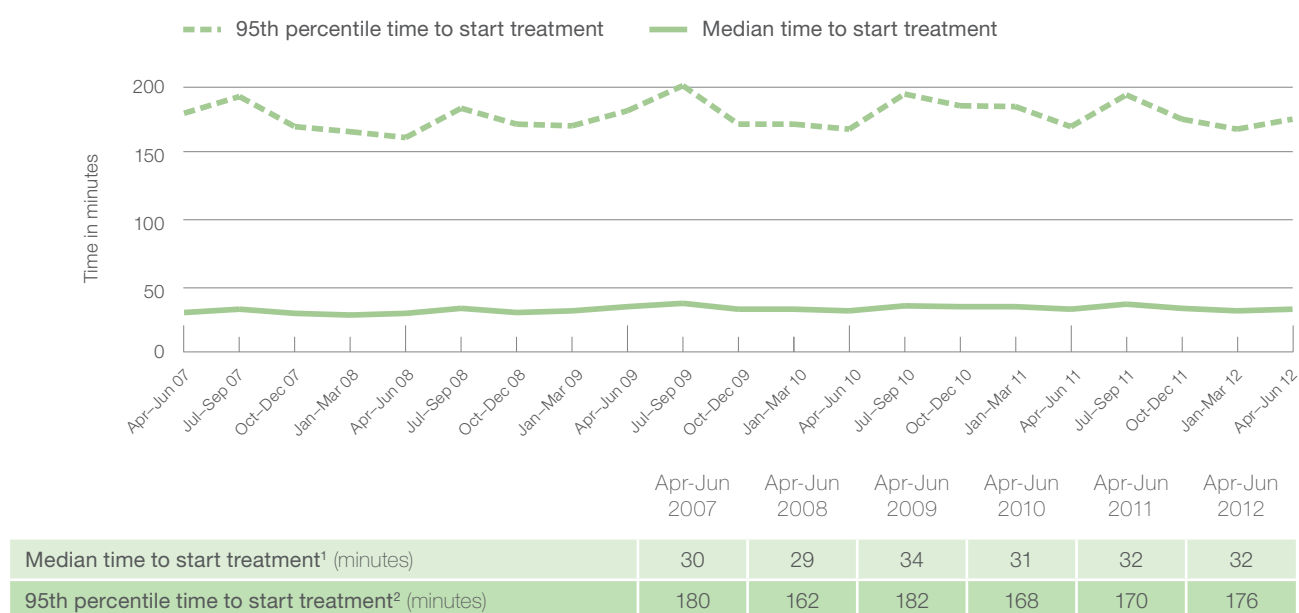
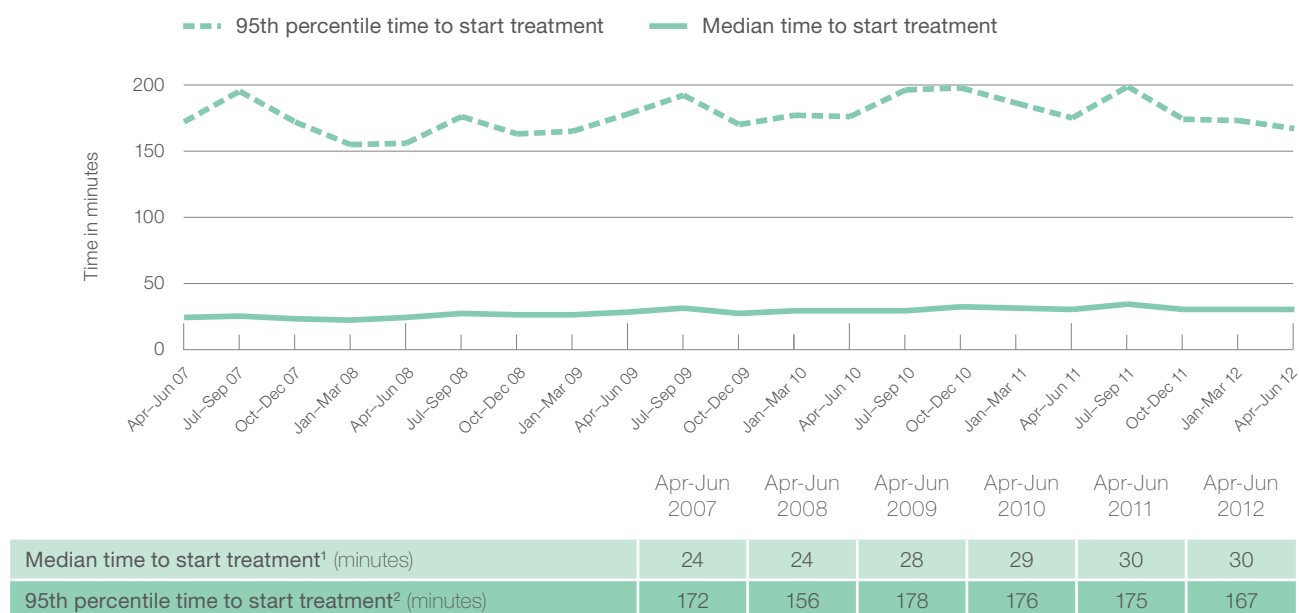


Figure 6d: **Triage 5** - Median and 95th percentile times to start treatment (minutes) in NSW emergency departments, April 2007 to June 2012



1. The median is the time by which half of patients started treatment. The other half of patients took equal to or longer than this time.
2. The 95th percentile is the time by which 95% of patients started treatment. The final 5% of patients took equal to or longer than this time.

Note: Hospitals transitioning to one of the major information systems are excluded from this data during the quarter(s) of implementation (For more information see *Hospital Quarterly Background Paper: Approaches to reporting time measures of emergency department performance, Addendum June 2012*).

Source: Health Information Exchange, NSW Health. Data extracted on 25 July 2012.

Leaving the emergency department

Time from presentation until leaving the ED this quarter

In the April to June 2012 quarter, the median time to leaving the ED was three hours and 24 minutes after presentation. The 95th percentile time to leaving the ED was 12 hours and 59 minutes after presentation (Figure 7).

There are different ways that a patient can leave the ED. The majority of patients leave the ED after their treatment is complete or when they

are admitted to hospital. Some patients choose not to wait to begin or complete treatment or are transferred to other hospitals. The way a patient leaves the ED is referred to as the mode of separation. The time that it takes for patients to leave the ED varies by the mode of separation.

Figure 8 shows attendances at NSW EDs by mode of separation for the April to June 2012 quarter. Figure 9 shows the times in which patients left the ED by mode of separation for the April to June 2012 quarter.

Figure 7: Time from presentation until leaving the emergency department, April to June 2012

All attendances at the emergency department: ¹	546,032 patients	Same period last year	511,780
Attendances used to calculate time to leaving the ED: ²	544,321 patients		485,109
Median time to leaving the ED ³	3 hours and 24 minutes		3 hours and 18 minutes
95th percentile time to leaving the ED ⁴	12 hours and 59 minutes		13 hours and 4 minutes

1. All emergency and non-emergency attendances at the emergency department (ED).
 2. All attendances that have a departure time.
 3. The median is the time by which half of patients left the ED. The other half of patients took equal to or longer than this time.
 4. The 95th percentile is the time by which 95% of patients left the ED. The final 5% of patients took equal to or longer than this time.
- Source: Health Information Exchange, NSW Health. Data extracted on 25 July 2012.

Figure 8: Leaving the emergency department by mode of separation, April to June 2012

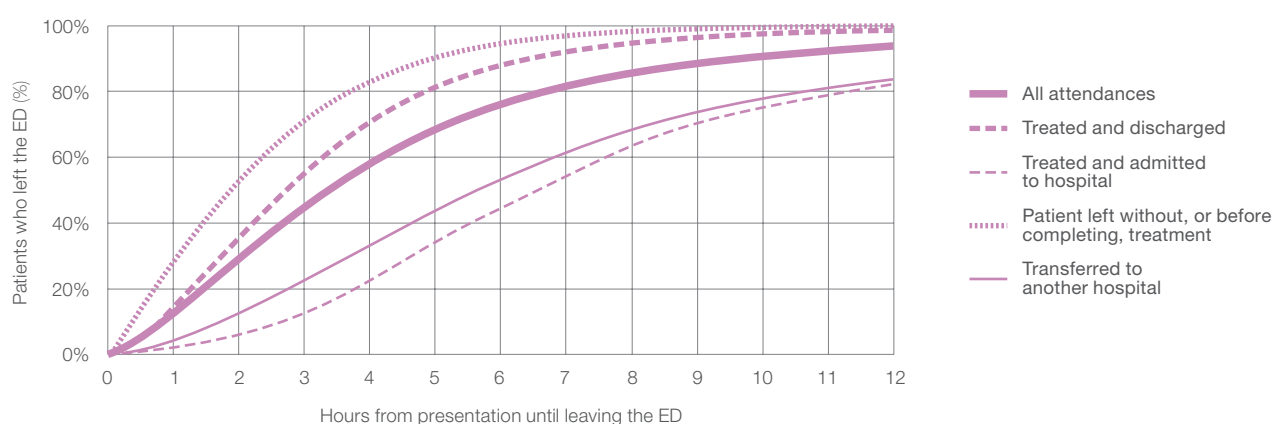
Attendances used to calculate time to leaving the ED: ¹	544,321 patients
Treated and discharged	333,042 (61%)
Treated and admitted to hospital	151,829 (28%)
Patient left without, or before completing, treatment	39,168 (7%)
Transferred to another hospital	9,863 (2%)
Other	10,419 (2%)

1. All attendances that have a departure time.
- Source: Health Information Exchange, NSW Health. Data extracted on 25 July 2012.

In the April to June 2012 quarter:

- Most patients (61%) received treatment in the ED and were discharged home (Figure 8). On average, these patients spent less time in the ED than other patients (Figure 9).
- About a quarter of patients (28%) received treatment in the ED and were subsequently admitted to a ward, a critical care unit or via an operating suite in the hospital (Figure 8). On average, these patients spent the most time in the ED (Figure 9).
- A small group of patients (2%) received treatment in the ED and were transferred to another hospital (Figure 8). On average, these patients also spent longer in the ED than patients who were discharged (Figure 9).
- Some patients (7%) left the ED without, or before completing, treatment (Figure 8). On average, these patients spent the shortest time in the ED (Figure 9).

Figure 9: Percentage of patients who left the emergency department, by time and mode of separation, April to June 2012



	1 hour	2 hours	3 hours	4 hours	6 hours	8 hours	10 hours	12 hours
Treated and discharged	15%	36%	55%	71%	88%	95%	98%	99%
Treated and admitted to hospital	2%	6%	13%	23%	45%	64%	76%	83%
Patient left without, or before completing treatment	29%	53%	71%	83%	95%	98%	99%	100%
Transferred to another hospital	4%	13%	23%	34%	53%	69%	78%	84%
All attendances	13%	29%	45%	58%	76%	86%	91%	94%

Note: Time from presentation to the emergency department (ED) until recorded as leaving the ED.
Source: Health Information Exchange, NSW Health. Data extracted on 25 July 2012.

Time from presentation until leaving the ED over time

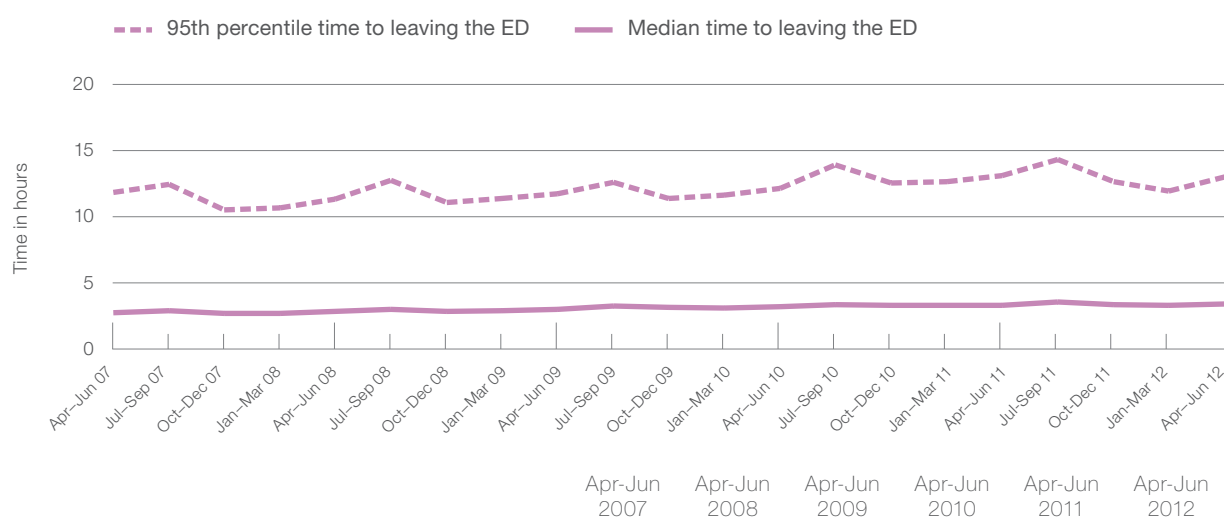
Figure 10 shows the median and 95th percentile time from presentation until leaving the ED by quarter over five years. During April to June 2012, the median time to leaving the ED was three hours and 24 minutes of presentation.

This is longer than the same quarter in 2011 when the median time to leaving the ED was three hours and 18 minutes, and the same quarter in 2010 when the median time was three hours and 13 minutes (Figure 10).

During the April to June 2012 quarter, the 95th percentile time to leaving the ED was 12 hours and 59 minutes after arriving in the ED.

This is shorter than in the same quarter in 2011 when the 95th percentile time to leaving the ED was 13 hours and four minutes, but longer than in the same quarter in 2010 when the 95th percentile time was 12 hours and six minutes.

Figure 10: Time from presentation until leaving the emergency department by quarter, April 2007 to June 2012



Median time to leaving the ED ¹ (hours, minutes)	Apr-Jun 2007	Apr-Jun 2008	Apr-Jun 2009	Apr-Jun 2010	Apr-Jun 2011	Apr-Jun 2012
95th percentile time to leaving the ED ² (hours, minutes)	11h 47m	11h 17m	11h 41m	12h 6m	13h 4m	12h 59m

1. The median is the time by which half of patients left the emergency department (ED). The other half of patients took equal to or longer than this time.
2. The 95th percentile is the time by which 95% of patients left the ED. The final 5% of patients took equal to or longer than this time.

Note: Time from presentation to the ED until recorded as leaving the ED.

Note: Hospitals transitioning to one of the major information systems are excluded from this data during the quarter(s) of implementation.

Source: Health Information Exchange, NSW Health. Data extracted on 25 July 2012.

The National Emergency Access Target (NEAT)

The NEAT aims to have as many patients as possible physically leaving the ED within four hours, whether for admission to hospital, referral to another hospital for treatment, or discharge.

Commencing from 2012, this target will be phased in over four years with annual interim targets.

Performance against the NEAT this quarter

The NSW 2012 target requires that 69% of all patients who present to an ED leave the ED within four hours.

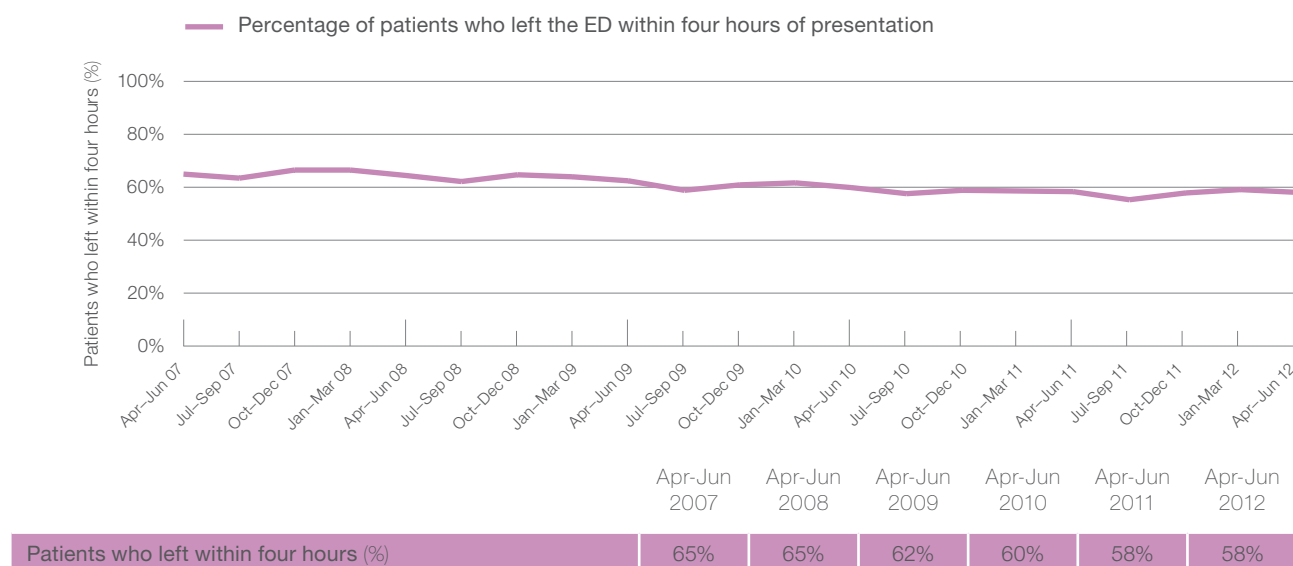
In the April to June 2012 quarter, 58% of patients left the ED within four hours of presentation and 76% of patients had left the ED by six hours ([Figure 9](#)).

For the April to June 2012 quarter, NSW did not achieve the state target for the NEAT.

Performance against the NEAT over time

During this quarter the percentage of patients who left the ED within four hours of presentation was 58%. This is similar to the same quarter one year ago (58%) but lower than the same quarter two years ago (60%) ([Figure 11](#)).

Figure 11: Percentage of patients who left the emergency department within four hours of presentation, by quarter, April 2007 to June 2012



Note: Time from presentation to the emergency department (ED) until recorded as leaving the ED.

Note: Hospitals transitioning to one of the major information systems are excluded from this data during the quarter(s) of implementation.

Source: Health Information Exchange, NSW Health. Data extracted on 25 July 2012.

Differences in performance between hospitals

Time to treatment in NSW EDs

Appendix table 1 presents the median and 95th percentile times to start treatment for patients in each triage category (categories 2, 3, 4 and 5).

There is variation between hospitals when comparing time to treatment by triage category. For example, among principal referral and major hospitals using one of the two predominant information systems, the highest and lowest results for triage 2 and 4 in the April to June 2012 quarter are compared below:

- The median time to start treatment for all patients with conditions triaged as imminently life threatening (triage 2) was six minutes at Blacktown, Hornsby and Ku-Ring-Gai, and Orange Hospitals, compared with 12 minutes at Sutherland Hospital
- The 95th percentile time to start treatment for patients with conditions triaged as imminently life threatening (triage 2) was 16 minutes at Concord Hospital, compared with 59 minutes at Liverpool Hospital
- The median time to start treatment for all patients with conditions triaged as potentially serious (triage 4) was 20 minutes at Nepean Hospital, compared with 57 minutes at Canterbury Hospital
- The 95th percentile time to start treatment for patients with conditions triaged as potentially serious (triage 4) was 117 minutes at Sutherland Hospital, compared with 265 minutes at Wollongong Hospital.

Time to leaving the ED

Appendix table 2 presents number of attendances, off-stretcher time, the median and 95th percentile times to leaving the ED as well as the percentage of patients that left the ED within four hours.

There is variation between hospitals when comparing the time to leaving the ED. For example, among principal referral and major hospitals using one of the two predominant information systems, the highest and lowest times in the April to June 2012 quarter are compared below:

- The median time to leaving the ED ranged from two hours and 54 minutes at Mona Vale and District Hospital to five hours and 32 minutes at Blacktown and Liverpool Hospitals
- The 95th percentile time to leaving the ED ranged from eight hours and 54 minutes at Concord Hospital to 23 hours and 19 minutes at Blacktown Hospital
- The percentage of patients who left the ED within four hours from presentation ranged from 69% at Manly District Hospital to 32% at Liverpool Hospital.

How to interpret our information

Last year, the Bureau introduced a new approach to measuring the times patients spend in the ED. In this issue of *Hospital Quarterly*, we have made changes to how we present this information to further improve understanding.

Different ways of measuring the times patients spend in EDs

The Bureau presents information on the times by which patients start their treatment, and the times by which patients leave the ED. We report this information using medians and 95th percentiles. This is a common international approach to measuring wait times. It gives insight into the range of times that different patients spend in the ED.

The median times are the times by which half of patients started treatment or left the ED.

If you look at how long each patient in an ED waits for treatment and then list all of these patients in order of how long they waited, the median is the time the patient in the middle of the list waited.

For example, if the median time to start treatment is 23 minutes, this means half of patients started treatment between 0 and 23 minutes after arriving at the ED. The other half waited 23 minutes or longer for treatment.

The 95th percentile times are the times by which 95% of patients started treatment or left the ED. We use these values to indicate the longest times that patients waited for treatment or to leave the ED.

For example, if the 95th percentile time to treatment is 125 minutes, this means 95% of patients were seen between 0 and 125 minutes after arriving at the ED. The last 5% of patients (or 1 in 20) waited 125 minutes or longer for treatment.

The Bureau now also reports on the percentages of patients who leave the ED within four hours (performance against the National Emergency Access Target). We report on this benchmark as part of a national initiative to introduce consistent performance reporting of hospital services.

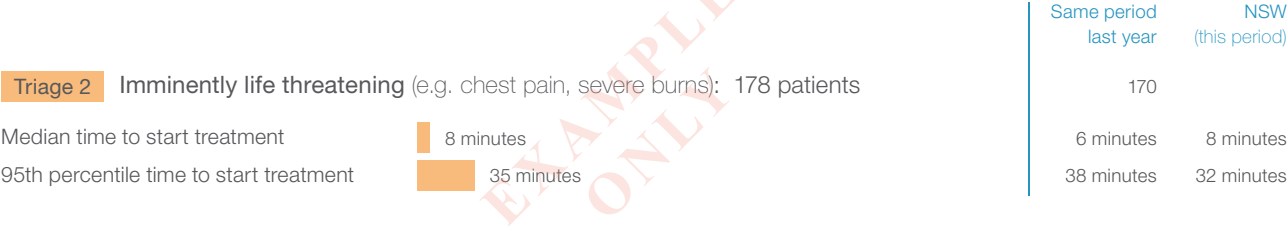
It is important to understand that the median and 95th percentile times are not the same as performance against a benchmark. The medians and 95th percentiles report *time* while a benchmark reports a *percentage of patients*. Time cannot be compared directly against a percentage of patients.

Assessing ED performance

There are a number of ways to assess a hospital's performance. One way is to compare results to a target or benchmark. Other ways are to compare:

- Own performance over time (especially the same quarter in previous years as there are strong seasonal trends in EDs)
- Performance against NSW as a whole
- Performance against other hospitals of similar size and patient mix (known as 'peer group').

Figure 12: Time from presentation to treatment



The Bureau has introduced changes throughout *Hospital Quarterly* to support comparisons of ED performance. For example, the table (Figure 12) shows the median and 95th percentile time from presentation to treatment for triage 2 patients. It also shows comparable information for the same period last year and against NSW as a whole.

Other ways of presenting the times patients spend in EDs

Hospital Quarterly also presents information about the time patients spent in the ED by using cumulative graphs (Figure 13) and trend graphs (Figure 14).

Cumulative graphs

The Bureau uses cumulative graphs for time to treatment and time to leaving the ED. Cumulative graphs show the range of times during a single quarter. These graphs show the variation in times patients experience.

Here are some examples of how you can interpret this graph.

Example 1. What proportion of patients were seen within one hour?

To understand the proportion of patients that were seen within a given timeframe, begin at the axis labelled 'time' on Figure 13. Find the 60 minute point (A) along this axis and follow the line up until it meets the curve, then straight to the left to see the percentage of patients. In this example, we can see that more than 80% of patients started treatment within one hour of arriving at the ED.

Example 2. How long did it take for 40% of patients to be seen?

To understand how long a percentage of patients waited to be seen, begin at the axis labelled 'patients' on Figure 13. Find the 40% point (B) along this axis and follow the line across until it meets the curve, then straight down to see the time in minutes. We can see that 40% of patients started treatment between 0 and less than 20 minutes of arriving at the ED. This means 60% of patients waited longer than this time for treatment to start.

Figure 13: Percentage of patients who received treatment by time

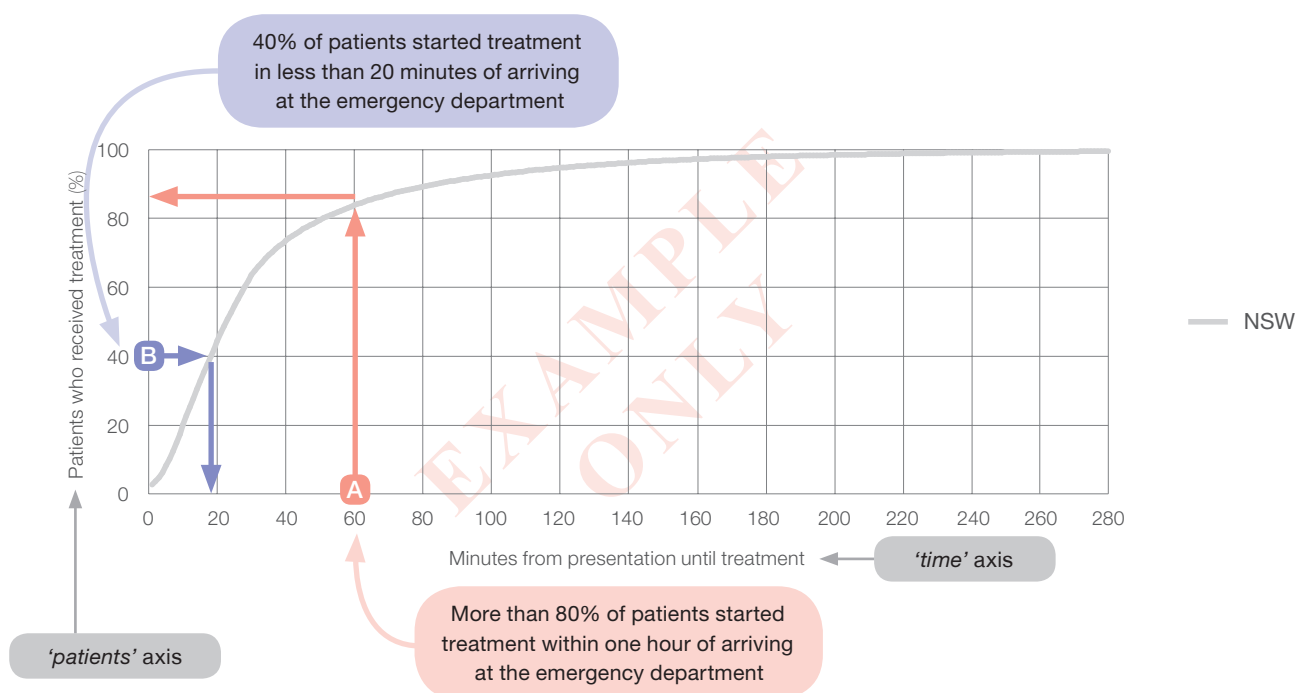
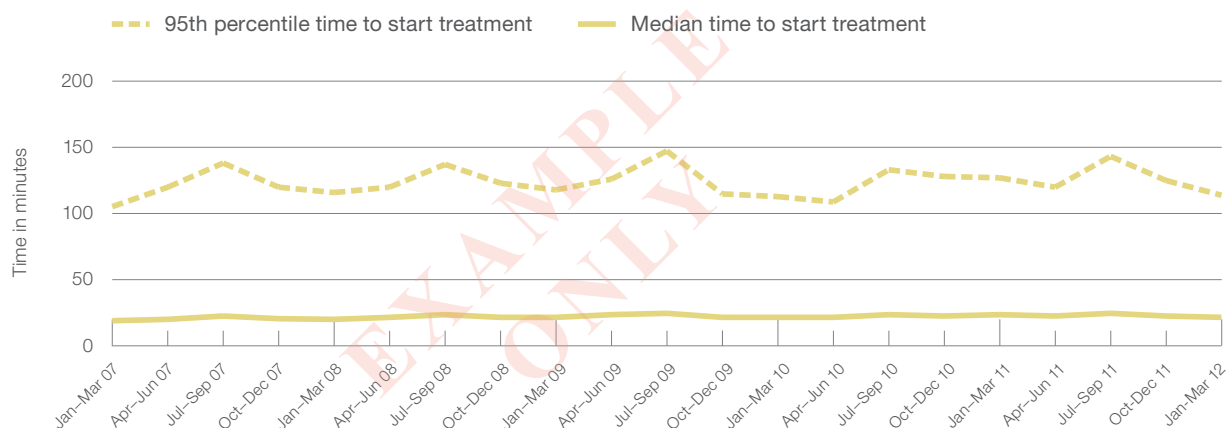


Figure 14: Median and 95th percentile times to start treatment (minutes) in NSW emergency departments, over five years



Trend graphs

Trend graphs show the way times in EDs have varied over the last few years.

For example, the trend graph (Figure 14) presents the time to start treatment for patients in each quarter of the last five years.

The solid line shows the median time to treatment for patients in NSW EDs and the dashed line shows the 95th percentile.

In this graph you can see the seasonal patterns, with the longest times to treatment (as shown by the 95th percentile line) occurring during the July to September quarter each year.

Appendix: ED time performance measures

Appendix table 1: Waiting times to treatment (minutes) for NSW emergency departments, by local health district, April to June 2012

	Triage 2		Triage 3		Triage 4		Triage 5	
	Median time to start treatment	95th percentile time to start treatment	Median time to start treatment	95th percentile time to start treatment	Median time to start treatment	95th percentile time to start treatment	Median time to start treatment	95th percentile time to start treatment
New South Wales								
Total New South Wales	8	36	23	126	32	176	30	167
Central Coast Local Health District (CCLHD)								
Gosford Hospital	7	32	21	108	43	193	46	198
Wyong Hospital	8	41	17	101	28	149	32	143
Total CCLHD	7	37	19	105	35	176	35	157
Far West Local Health District (FWLHD)								
Broken Hill Base Hospital	6	25	16	70	23	116	35	158
Total FWLHD	6	25	16	70	23	116	35	158
Hunter New England Local Health District (HNELHD)								
Armidale and New England Hospital	8	48	19	100	34	166	34	212
Belmont Hospital	8	25	22	114	36	177	43	194
Calvary Mater Newcastle	6	27	17	61	25	133	27	154
Cessnock District Hospital	5	40	20	86	31	121	35	131
Gunnedah District Hospital	5	*	13	106	39	153	18	120
Inverell District Hospital	3	65	15	87	40	137	25	116
John Hunter Hospital	7	38	24	145	35	226	39	230
Kurri Kurri District Hospital	5	*	14	91	19	98	14	89
Maitland Hospital	9	41	26	139	46	197	48	186
Manning Base Hospital	7	38	23	156	42	230	33	200
Moree District Hospital	3	82	9	90	10	101	10	65
Muswellbrook District Hospital	5	61	12	94	23	119	15	110
Narrabri District Hospital	2	*	2	48	6	65	5	62
Singleton District Hospital	10	35	23	93	42	128	39	132
Tamworth Base Hospital	8	40	23	144	40	222	55	223
Other HNELHD	5	33	13	69	17	100	10	91
Total HNELHD	7	39	20	118	32	176	30	172
Illawarra Shoalhaven Local Health District (ISLHD)								
Bulli District Hospital	†	†	†	†	†	†	†	†
Milton and Ulladulla Hospital	6	35	20	69	30	127	25	102
Shellharbour Hospital	10	50	28	147	32	229	30	178
Shoalhaven and District Memorial Hospital	10	34	27	131	38	218	27	198
Wollongong Hospital	11	46	35	189	55	265	48	251
Total ISLHD	10	43	29	165	41	240	32	211

Triage 2		Triage 3		Triage 4		Triage 5	
Median time to start treatment	95th percentile time to start treatment	Median time to start treatment	95th percentile time to start treatment	Median time to start treatment	95th percentile time to start treatment	Median time to start treatment	95th percentile time to start treatment

Mid North Coast Local Health District (MNCLHD)								
Coffs Harbour Base Hospital	8	30	21	107	28	158	26	151
Kempsey Hospital	9	30	18	61	20	97	16	85
Port Macquarie Base Hospital	9	33	22	89	30	135	35	136
Total MNCLHD	8	32	20	89	26	136	23	134

Murrumbidgee Local Health District (MLHD)								
Griffith Base Hospital	5	26	15	86	28	155	38	191
Wagga Wagga Base Hospital	7	24	17	76	21	131	14	119
Total MLHD	6	26	16	81	23	142	16	130

Nepean Blue Mountains Local Health District (NBMLHD)								
Blue Mountains District Anzac Memorial Hospital	7	26	19	116	42	191	39	177
Hawkesbury District Health Service	20	65	29	102	28	155	30	115
Lithgow Health Service	4	23	13	63	14	103	12	109
Nepean Hospital	7	43	20	131	20	128	22	162
Total NBMLHD	8	44	21	115	23	152	22	154

Northern NSW Local Health District (NNSWLHD)								
Grafton Base Hospital	7	40	21	126	33	207	30	196
Lismore Base Hospital	7	27	23	114	42	192	56	202
Murwillumbah District Hospital	5	17	14	49	21	90	19	105
The Tweed Hospital	8	32	24	97	24	123	18	121
Total NNSWLHD	7	32	22	105	28	161	25	160

Northern Sydney Local Health District (NSLHD)								
Hornsby and Ku-Ring-Gai Hospital	6	26	28	160	49	238	47	215
Manly District Hospital	8	29	17	76	21	124	24	145
Mona Vale and District Hospital	7	24	20	79	33	148	32	153
Royal North Shore Hospital	7	24	19	96	30	136	36	149
Ryde Hospital†	6	16	15	69	18	137	22	158
Total NSLHD	7	24	19	96	30	162	35	162

South Eastern Sydney Local Health District (SESLHD)								
Prince of Wales Hospital	8	42	23	113	23	158	23	181
St George Hospital	11	47	32	134	46	177	38	190
Sutherland Hospital	12	40	27	96	33	117	32	127
Sydney Eye Hospital	*	*	12	27	19	54	24	90
Sydney Hospital	7	*	16	51	20	78	24	97
Total SESLHD	11	44	27	116	31	148	27	133

South Western Sydney Local Health District (SWSLHD)								
Bankstown / Lidcombe Hospital	9	29	27	186	34	178	30	150
Bowral and District Hospital	8	25	22	88	30	141	28	160
Camden Hospital	6	22	15	109	21	152	18	131

	Triage 2		Triage 3		Triage 4		Triage 5	
	Median time to start treatment	95th percentile time to start treatment	Median time to start treatment	95th percentile time to start treatment	Median time to start treatment	95th percentile time to start treatment	Median time to start treatment	95th percentile time to start treatment
Campbelltown Hospital	8	33	18	147	31	185	25	134
Fairfield Hospital	10	38	23	106	31	151	32	163
Liverpool Hospital	10	59	26	213	31	213	26	165
Total SWSLHD	9	42	23	171	31	175	26	148
Southern NSW Local Health District (SNSWLHD)								
Bega Hospital	8	42	21	96	35	132	38	170
Goulburn Base Hospital	10	57	36	145	53	202	43	210
Total SNSWLHD	10	54	30	134	44	179	39	181
St Vincent's Health Network (SVHN)								
St Vincent's Hospital, Darlinghurst	5	23	15	105	12	153	5	171
Total SVHN	5	23	15	105	12	153	5	171
Sydney Local Health District (SYDLHD)								
Canterbury Hospital	9	43	39	178	57	244	44	201
Concord Hospital	7	16	16	73	23	129	24	127
Royal Prince Alfred Hospital	10	40	31	151	42	177	39	187
Total SYDLHD	10	37	29	151	37	189	34	182
Sydney Children's Hospitals Network (SCHN)								
Sydney Children's Hospital	9	27	23	70	48	183	42	147
The Children's Hospital at Westmead	6	10	25	102	42	255	47	218
Total SCHN	7	24	24	90	46	212	46	214
Western NSW Local Health District (WNSWLHD)								
Bathurst Base Hospital	7	25	21	75	27	129	19	114
Dubbo Base Hospital	9	44	27	119	30	184	21	157
Orange Base Hospital	6	29	21	72	34	143	37	168
Total WNSWLHD	7	35	23	98	31	153	31	164
Western Sydney Local Health District (WSLHD)								
Auburn Hospital	7	23	16	82	29	161	16	103
Blacktown Hospital	6	23	31	182	39	178	27	152
Mount Druitt Hospital	7	29	26	138	45	177	44	169
Westmead Hospital (all units)	7	33	27	193	44	215	46	191
Total WSLHD	7	29	25	159	40	186	35	171

(*) Values suppressed due to small numbers and to protect privacy.

(†) Due to the implementation of a new electronic information system in this emergency department during the April to June 2012 quarter, the data for this hospital are not considered reliable enough to display (For more information see *Hospital Quarterly Background Paper: Approaches to reporting time measures of emergency department performance, Addendum June 2012*).

(‡) Due to the implementation of a new electronic information system in this emergency department in the previous quarter (October to December 2011), caution is advised when considering this hospital's results (For more information see *Hospital Quarterly Background Paper: Approaches to reporting time measures of emergency department performance, Addendum June 2012*).

Source: Health Information Exchange, NSW Health. Data extracted on 25 July 2012.

Appendix table 2: Activity, off-stretcher performance and presentation to leaving the ED performance for NSW emergency departments, April to June 2012

	Attendances		Leaving the ED			Ambulance	
	Attendances used for calculation		Median time to leaving the ED	95th percentile time to leaving the ED	% leaving ED within 4 hours Target 69%	Ambulance arrivals	Off stretcher 90% in 30 min.
New South Wales							
Total New South Wales	546,032	544,321	3h 24m	12h 59m	58%	137,090	63%
Central Coast Local Health District (CCLHD)							
Gosford Hospital	14,404	14,404	4h 22m	12h 13m	45%	4,737	52%
Wyong Hospital	14,455	14,455	3h 20m	12h 31m	58%	4,010	58%
Total CCLHD	28,859	28,859	3h 53m	12h 21m	52%	8,747	55%
Far West Local Health District (FWLHD)							
Broken Hill Base Hospital	5,810	5,810	2h 0m	7h 29m	80%	712	84%
Total FWLHD	5,810	5,810	2h 0m	7h 29m	80%	712	84%
Hunter New England Local Health District (HNELHD)							
Armidale and New England Hospital	3,976	3,976	1h 41m	6h 3m	85%	798	94%
Belmont Hospital	6,141	6,141	3h 9m	11h 43m	61%	1,604	62%
Calvary Mater Newcastle	8,145	8,145	2h 38m	12h 35m	67%	2,536	56%
Cessnock District Hospital	4,591	4,591	1h 14m	5h 6m	92%	493	83%
Gunnedah District Hospital	2,546	2,546	1h 15m	4h 7m	95%	235	93%
Inverell District Hospital	2,636	2,636	1h 15m	4h 45m	92%	483	88%
John Hunter Hospital	17,583	17,582	4h 17m	12h 2m	46%	5,343	50%
Kurri Kurri District Hospital	1,856	1,856	0h 53m	5h 0m	93%	89	94%
Maitland Hospital	11,484	11,484	3h 2m	12h 37m	63%	2,302	46%
Manning Base Hospital	6,171	6,171	3h 27m	13h 22m	57%	1,996	69%
Moree District Hospital	2,274	2,274	0h 56m	5h 2m	92%	305	96%
Muswellbrook District Hospital	1,966	1,966	1h 20m	7h 12m	86%	380	66%
Narrabri District Hospital	1,598	1,598	1h 10m	4h 16m	94%	194	91%
Singleton District Hospital	3,117	3,117	1h 11m	3h 31m	97%	348	84%
Tamworth Base Hospital	9,794	9,792	3h 25m	11h 18m	59%	1,772	71%
Other HNELHD	13,120	13,118	0h 50m	5h 15m	93%	1,520	88%
Total HNELHD	96,998	96,993	2h 15m	10h 4m	71%	20,398	64%
Illawarra Shoalhaven Local Health District (ISLHD)							
Bulli District Hospital	1,695	†	†	†	†	*	*
Milton and Ulladulla Hospital	3,410	3,410	1h 29m	6h 30m	86%	431	74%
Shellharbour Hospital	6,693	6,693	3h 57m	15h 41m	51%	1,654	50%
Shoalhaven and District Memorial Hospital	8,661	8,661	3h 39m	12h 53m	55%	2,332	66%
Wollongong Hospital	14,120	14,120	4h 47m	18h 16m	41%	5,202	60%
Total ISLHD	34,579	32,884	3h 54m	15h 22m	51%	9,623	60%
Mid North Coast Local Health District (MNCLHD)							
Coffs Harbour Base Hospital	8,604	8,604	3h 31m	15h 13m	56%	2,305	75%

		Attendances	Leaving the ED			Ambulance	
		Attendances used for calculation	Median time to leaving the ED	95th percentile time to leaving the ED	% leaving ED within 4 hours Target 69%	Ambulance arrivals	Off stretcher 90% in 30 min.
Kempsey Hospital	5,245	5,245	1h 53m	7h 44m	81%	871	76%
Port Macquarie Base Hospital	7,893	7,893	3h 1m	14h 38m	62%	2,147	61%
Total MNCLHD	21,742	21,742	2h 52m	13h 40m	64%	5,323	70%
Murrumbidgee Local Health District (MLHD)							
Griffith Base Hospital	4,725	4,725	2h 16m	5h 57m	81%	709	83%
Wagga Wagga Base Hospital	8,769	8,769	3h 17m	13h 35m	58%	2,207	55%
Total MLHD	13,494	13,494	2h 50m	11h 14m	66%	2,916	62%
Nepean Blue Mountains Local Health District (NBMLHD)							
Blue Mountains District Anzac Memorial Hospital	4,524	4,524	2h 28m	7h 58m	76%	791	92%
Hawkesbury District Health Service	5,393	5,392	3h 59m	13h 11m	50%	1,087	46%
Lithgow Health Service	3,278	3,278	1h 40m	6h 14m	84%	540	90%
Nepean Hospital	14,461	14,460	4h 33m	18h 23m	43%	4,528	79%
Total NBMLHD	27,656	27,654	3h 40m	14h 41m	55%	6,946	76%
Northern NSW Local Health District (NNSWLHD)							
Grafton Base Hospital	5,534	5,533	3h 27m	11h 6m	59%	821	86%
Lismore Base Hospital	7,306	7,306	3h 54m	17h 3m	51%	2,124	60%
Murwillumbah District Hospital	3,821	3,821	1h 20m	4h 46m	92%	379	85%
The Tweed Hospital	10,122	10,121	2h 55m	14h 28m	63%	2,057	77%
Total NNSWLHD	26,783	26,781	2h 56m	13h 56m	63%	5,381	72%
Northern Sydney Local Health District (NSLHD)							
Hornsby and Ku-Ring-Gai Hospital	8,300	8,299	4h 19m	12h 25m	46%	2,098	75%
Manly District Hospital	6,186	6,185	3h 10m	10h 21m	69%	1,417	90%
Mona Vale and District Hospital	7,871	7,871	2h 54m	11h 11m	67%	1,849	84%
Royal North Shore Hospital	15,850	15,850	3h 55m	11h 40m	51%	4,588	62%
Ryde Hospital†	6,502	6,502	3h 3m	9h 12m	65%	1,985	85%
Total NSLHD	44,709	44,707	3h 34m	11h 16m	57%	11,937	75%
South Eastern Sydney Local Health District (SESLHD)							
Prince of Wales Hospital	11,488	11,488	3h 55m	12h 51m	52%	3,615	59%
St George Hospital	16,875	16,875	4h 3m	13h 27m	49%	5,322	53%
Sutherland Hospital	12,171	12,171	4h 2m	14h 56m	50%	3,525	59%
Sydney Eye Hospital	4,812	4,812	2h 21m	5h 0m	86%	26	85%
Sydney Hospital	4,245	4,245	1h 48m	5h 33m	87%	781	91%
Total SESLHD	49,591	49,591	3h 35m	12h 21m	57%	13,269	59%
South Western Sydney Local Health District (SWSLHD)							
Bankstown / Lidcombe Hospital	11,765	11,765	4h 54m	14h 46m	40%	4,460	55%
Bowral and District Hospital	4,543	4,543	2h 27m	8h 16m	73%	993	86%
Camden Hospital	3,270	3,270	1h 38m	6h 1m	85%	15	93%
Campbelltown Hospital	14,358	14,358	4h 35m	20h 32m	44%	3,978	57%
Fairfield Hospital	8,511	8,511	3h 19m	12h 15m	60%	1,970	57%

Attendances		Leaving the ED				Ambulance	
		Attendances used for calculation	Median time to leaving the ED	95th percentile time to leaving the ED	% leaving ED within 4 hours Target 69%	Ambulance arrivals	Off stretcher 90% in 30 min.
Liverpool Hospital	16,876	16,876	5h 32m	18h 30m	32%	6,144	44%
Total SWSLHD	59,323	59,323	4h 18m	16h 16m	47%	17,560	53%
Southern NSW Local Health District (SNSWLHD)							
Bega Hospital	2,738	2,738	2h 5m	6h 27m	81%	516	85%
Goulburn Base Hospital	4,486	4,486	2h 54m	8h 58m	66%	857	60%
Total SNSWLHD	7,224	7,224	2h 34m	8h 0m	72%	1,373	69%
St Vincent's Health Network (SVHN)							
St Vincent's Hospital, Darlinghurst	10,651	10,651	3h 41m	16h 12m	55%	4,105	61%
Total SVHN	10,651	10,651	3h 41m	16h 12m	55%	4,105	61%
Sydney Local Health District (SYDLHD)							
Canterbury Hospital	9,290	9,290	4h 4m	11h 55m	49%	2,351	61%
Concord Hospital	8,966	8,966	3h 30m	8h 54m	60%	2,525	69%
Royal Prince Alfred Hospital	17,090	17,090	3h 58m	10h 37m	51%	5,363	60%
Total SYDLHD	35,346	35,346	3h 52m	10h 31m	53%	10,239	62%
Sydney Children's Hospitals Network (SCHN)							
Sydney Children's Hospital	9,934	9,934	2h 39m	7h 51m	73%	656	92%
The Children's Hospital at Westmead	13,897	13,897	3h 34m	10h 49m	57%	1,330	89%
Total SCHN	23,831	23,831	3h 7m	9h 47m	64%	1,986	90%
Western NSW Local Health District (WNSWLHD)							
Bathurst Base Hospital	6,253	6,253	2h 45m	10h 44m	67%	987	79%
Dubbo Base Hospital	7,194	7,194	3h 21m	16h 51m	59%	1,739	76%
Orange Base Hospital	6,966	6,966	3h 1m	17h 13m	63%	1,395	65%
Total WNSWLHD	20,413	20,413	3h 3m	14h 54m	63%	4,121	73%
Western Sydney Local Health District (WSLHD)							
Auburn Hospital	6,377	6,375	3h 20m	10h 20m	69%	1,507	64%
Blacktown Hospital	9,337	9,334	5h 32m	23h 19m	36%	3,067	44%
Mount Druitt Hospital	8,300	8,300	4h 37m	15h 10m	42%	2,347	63%
Westmead Hospital (all units)	15,009	15,009	4h 49m	17h 50m	41%	5,533	52%
Total WSLHD	39,023	39,018	4h 30m	18h 18m	44%	12,454	54%

(*) Values suppressed due to small numbers and to protect privacy. Suppressed data have been excluded from LHD totals.

(†) Due to the implementation of a new electronic information system in this emergency department during the April to June 2012 quarter, the data for this hospital are not considered reliable enough to display (see *Hospital Quarterly Background Paper: Approaches to reporting time measures of emergency department performance, Addendum June 2012* for more information).

(‡) Due to the implementation of a new electronic information system in this emergency department in the previous quarter (October to December 2011), caution is advised when considering this hospital's results (see *Background Paper* for more information).

Note: Emergency department activity includes 88 facilities for which electronic data are reported. These facilities account for approximately 85% of NSW emergency department activity.

Source: Health Information Exchange, NSW Health. Data extracted on 25 July 2012. Ambulance off-stretcher time data provided by the NSW Ambulance Service on 27 July 2012.

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The Bureau of Health Information provides the community, healthcare professionals and the NSW Parliament with timely, accurate and comparable information on the performance of the NSW public health system in ways that enhance the system's accountability and inform efforts to increase its beneficial impact on the health and wellbeing of the people of NSW.

The Bureau is an independent, board-governed statutory health corporation. The conclusions in this report are those of the Bureau and no official endorsement by the NSW Minister for Health, the NSW Ministry of Health or any other NSW public health organisation is intended or should be inferred.

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Please note that there is the potential for minor revisions of data in this report. Please check the online version at www.bhi.nsw.gov.au for any amendments.