From March 2017, Hospital Quarterly reports the 90th percentile time, rather than the 95th percentile time, for related ED measures.

Gunnedah District Hospital: Emergency department (ED) overview		
October to December 2016		
	Same period last year	Change since one year ago
All presentations:1 2,225 patients	2,144	3.8%
Emergency presentations: <sup>2</sup> 2,027 patients	1,992	1.8%
Gunnedah District Hospital: Time patients waited to start treatment <sup>3</sup>		
October to December 2016	Same period last year	NSW (this period)
Triage 2 Emergency (e.g. chest pain, severe burns): 102 patients	115	
Median time to start treatment <sup>4</sup> 5 minutes	4 minutes	8 minutes
90th percentile time to start treatment <sup>5</sup>	20 minutes	26 minutes
Triage 3 Urgent (e.g. moderate blood loss, dehydration): 399 patients	442	
Median time to start treatment <sup>4</sup>	18 minutes	20 minutes
90th percentile time to start treatment <sup>5</sup> 73 minutes	70 minutes	67 minutes
Triage 4 Semi-urgent (e.g. sprained ankle, earache): 1,197 patients	1,186	
Median time to start treatment <sup>4</sup> 32 minutes	30 minutes	25 minutes
90th percentile time to start treatment <sup>5</sup> 102 minutes	89 minutes	97 minutes
Triage 5 Non-urgent (e.g. small cuts or abrasions): 329 patients	244	
Median time to start treatment <sup>4</sup> 30 minutes	22 minutes	24 minutes
90th percentile time to start treatment <sup>5</sup>	85 minutes	103 minutes

### Gunnedah District Hospital: Time from presentation until leaving the ED

October to December 2016			Same period last year	Change since one year ago
Attendances used to calculate time to le	eaving the ED:6 2,225 patients		2,144	3.8%
Percentage of patients who spent four hours or less in the ED		89.8%	91.6%	

\* Suppressed due to small number of patients and to protect privacy. Relevant graphs are also suppressed.

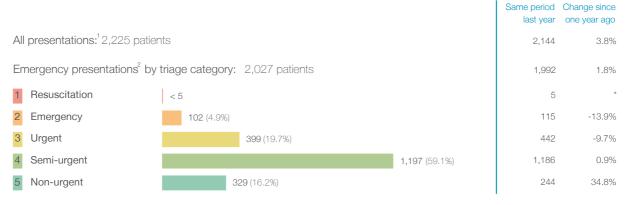
- 1. All emergency and non-emergency attendances at the emergency department (ED).
- 2. All attendances that have a triage category and are coded as emergency presentations or unplanned return visits.
- 3. Some patients are excluded from ED time measures due to calculation requirements. For details, see the
- Technical Supplement: Emergency department measures, January to March 2016.
- 4. The median is the time by which half of patients started treatment. The other half of patients waited equal to or longer than this time.
- 5. The 90th percentile is the time by which 90% of patients started treatment. The final 10% of patients waited equal to or longer than this time.
- 6. All presentations that have a departure time.

Note: Presentation time is the earlier time recorded for clerical registration or the triage process. Treatment time is the earliest time recorded when a healthcare professional provides medical care relevant to the patient's presenting problems.

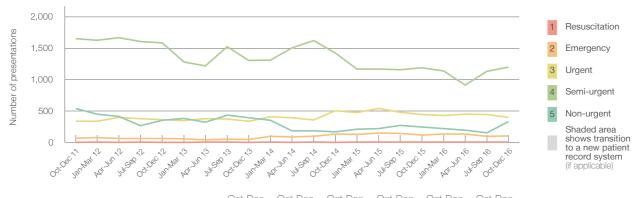
Source: Health Information Exchange, NSW Health (extracted 24 January 2017).

From March 2017, Hospital Quarterly reports the 90th percentile time, rather than the 95th percentile time, for related ED measures.

**Gunnedah District Hospital:** Patients presenting to the emergency department October to December 2016



Emergency presentations<sup>2</sup> by quarter, October 2011 to December 2016 <sup>‡</sup>



	Oct-Dec 2011	Oct-Dec 2012	Oct-Dec 2013	Oct-Dec 2014	Oct-Dec 2015	Oct-Dec 2016
Resuscitation	< 5	< 5	< 5	< 5	5	< 5
Emergency	69	62	44	131	115	102
Urgent	334	363	334	502	442	399
Semi-urgent	1,650	1,585	1,303	1,422	1,186	1,197
Non-urgent	542	351	392	166	244	329
All emergency presentations	2,595	2,361	2,073	2,221	1,992	2,027

### Gunnedah District Hospital: Patients arriving by ambulance

October to December 2016

		Same period last year	Change since one year ago
Arrivals used to calculate trans	fer of care time: <sup>7</sup> 146 patients **	124	
ED Transfer of care time			
Median time	10 minutes	11 minutes	-1 minute
90th percentile time	23 minutes	27 minutes	-4 minutes

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(†) Data points are not shown in graphs for quarters when patient numbers are too small.

(‡) Caution is advised when interpreting abrupt changes over time at the hospital level. For example, performance before and after trans For more information, see Background Paper:

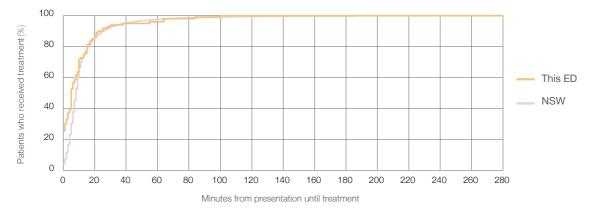
Approaches to reporting time measures of emergency department performance, December 2011.

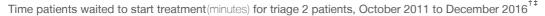
(\*\*) Interpret with caution: total ambulance arrivals include more than 30% of records for which transfer of care time cannot be calculated.

From March 2017, Hospital Quarterly reports the 90th percentile time, rather than the 95th percentile time, for related ED measures.

Gunnedah District Hospital: Time patients waited to start treatment, triage 2 October to December 2016 NSW Same period Triage 2 Emergency (e.g. chest pain, severe burns) (this period) last year Number of triage 2 patients: 102 115 Number of triage 2 patients used to calculate waiting time:<sup>3</sup> 99 113 Median time to start treatment<sup>4</sup> 5 minutes 4 minutes 8 minutes 90th percentile time to start treatment<sup>5</sup> 26 minutes 20 minutes

Percentage of triage 2 patients who received treatment by time, October to December 2016







<sup>(†)</sup> Data points are not shown in graphs for quarters when patient numbers are too small.

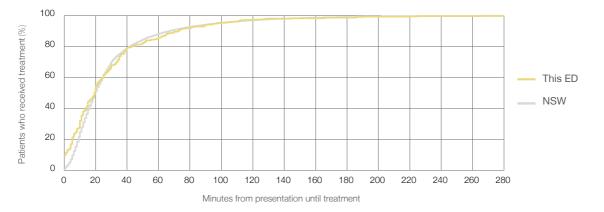
<sup>(±)</sup> Caution is advised when interpreting abrupt changes over time at the hospital level. For example, performance before and after trans For more information, see Background Paper:

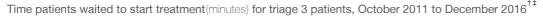
Approaches to reporting time measures of emergency department performance, December 2011.

From March 2017, Hospital Quarterly reports the 90th percentile time, rather than the 95th percentile time, for related ED measures.

Gunnedah District Hospital: Time patients waited to start treatment, triage 3 October to December 2016 NSW Same period Triage 3 Urgent (e.g. moderate blood loss, dehydration) (this period) last year Number of triage 3 patients: 399 442 Number of triage 3 patients used to calculate waiting time:<sup>3</sup> 395 432 Median time to start treatment<sup>4</sup> 19 minutes 18 minutes 20 minutes 90th percentile time to start treatment<sup>5</sup> 73 minutes 67 minutes 70 minutes

Percentage of triage 3 patients who received treatment by time, October to December 2016







Median time to start treatment <sup>4</sup> (minutes)	16	15	13	14	18	19
90th percentile time to start treatment <sup>5</sup> (minutes)	61	40	55	43	70	73

<sup>(†)</sup> Data points are not shown in graphs for quarters when patient numbers are too small.

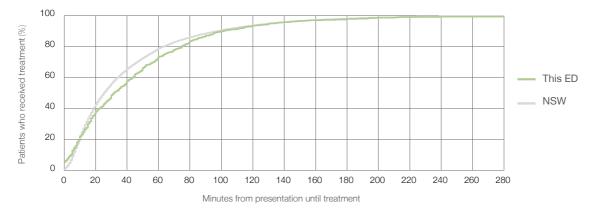
 <sup>(±)</sup> Caution is advised when interpreting abrupt changes over time at the hospital level. For example, performance before and after trans For more information, see Background Paper:

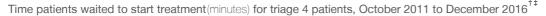
Approaches to reporting time measures of emergency department performance, December 2011.

From March 2017, Hospital Quarterly reports the 90th percentile time, rather than the 95th percentile time, for related ED measures.

Gunnedah District Hospital: Time patients waited to start treatment, triage 4 October to December 2016 NSW Same period Triage 4 Semi-urgent (e.g. sprained ankle, earache) (this period) last year Number of triage 4 patients: 1,197 1.186 Number of triage 4 patients used to calculate waiting time:<sup>3</sup> 1,130 1,135 Median time to start treatment<sup>4</sup> 32 minutes 30 minutes 25 minutes 90th percentile time to start treatment<sup>5</sup> 102 minutes 97 minutes 89 minutes

Percentage of triage 4 patients who received treatment by time, October to December 2016







Approaches to reporting time measures of emergency department performance, December 2011.

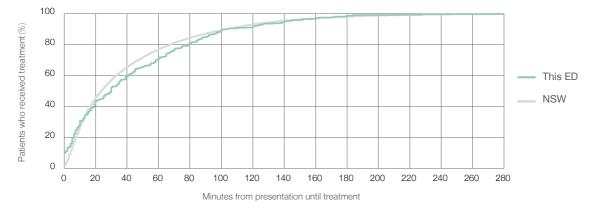
<sup>(†)</sup> Data points are not shown in graphs for quarters when patient numbers are too small.

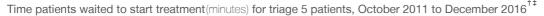
<sup>(±)</sup> Caution is advised when interpreting abrupt changes over time at the hospital level. For example, performance before and after trans For more information, see Background Paper:

From March 2017, Hospital Quarterly reports the 90th percentile time, rather than the 95th percentile time, for related ED measures.

Gunnedah District Hospital: Time patients waited to start treatment, triage 5 October to December 2016 NSW Same period Triage 5 Non-urgent (e.g. small cuts or abrasions) (this period) last year Number of triage 5 patients: 329 244 Number of triage 5 patients used to calculate waiting time:<sup>3</sup> 304 235 Median time to start treatment<sup>4</sup> 30 minutes 22 minutes 24 minutes 90th percentile time to start treatment<sup>5</sup> 103 minutes 103 minutes 85 minutes

Percentage of triage 5 patients who received treatment by time, October to December 2016







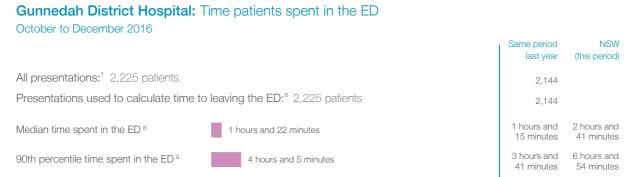
(minutes)

<sup>(†)</sup> Data points are not shown in graphs for quarters when patient numbers are too small.

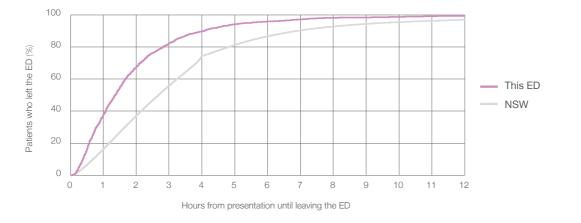
<sup>(‡)</sup> Caution is advised when interpreting abrupt changes over time at the hospital level. For example, performance before and after trans For more information, see Background Paper:

Approaches to reporting time measures of emergency department performance, December 2011.

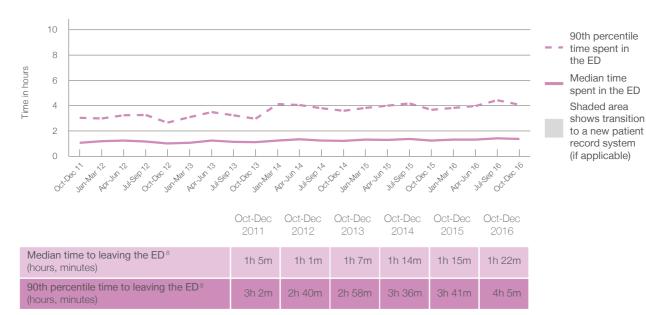
From March 2017, Hospital Quarterly reports the 90th percentile time, rather than the 95th percentile time, for related ED measures.



Percentage of patients who left the ED by time, October to December 2016



Time patients spent in the ED, by quarter, October 2011 to December 2016



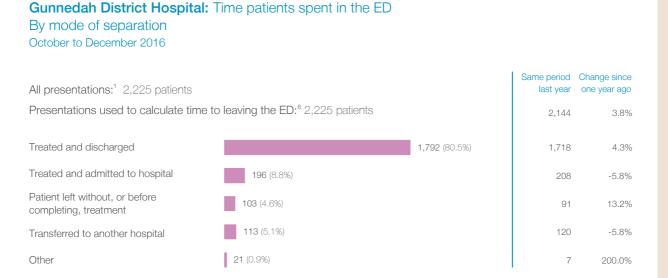
<sup>(†)</sup> Data points are not shown in graphs for quarters when patient numbers are too small.

<sup>(‡)</sup> Caution is advised when interpreting abrupt changes over time at the hospital level. For example, performance before and after trans For more information, see Background Paper: Approaches to reporting time measures of emergency department performance. December 2011

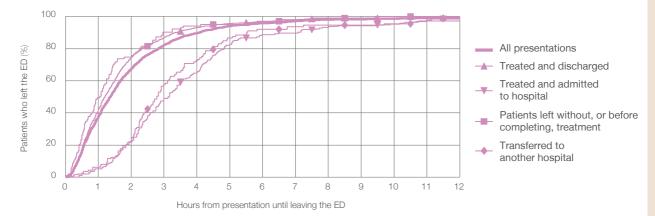
# Gunnedah District Hospital

### More information is available on BHI's interactive portal at www.bhi.nsw.gov.au/healthcare\_observer

From March 2017, Hospital Quarterly reports the 90th percentile time, rather than the 95th percentile time, for related ED measures.



## Percentage of patients who left the ED by time and mode of separation, October to December 2016



### 1 hour 2 hours 3 hours 4 hours 6 hours 8 hours 10 hours 12 hours

Treated and discharged	42.2%	74.6%	87.0%	93.2%	96.8%	98.8%	99.2%	99.5%
Treated and admitted to hospital	5.1%	21.9%	49.0%	65.3%	88.8%	93.4%	95.4%	98.5%
Patient left without, or before completing, treatment	49.5%	74.8%	90.3%	94.2%	97.1%	99.0%	100%	100%
Transferred to another hospital	6.2%	23.9%	57.5%	72.6%	92.0%	94.7%	95.6%	97.3%
All presentations	37.9%	67.5%	82.3%	89.8%	95.9%	98.2%	98.7%	99.3%

<sup>(†)</sup> Data points are not shown in graphs for quarters when patient numbers are too small.

<sup>(‡)</sup> Caution is advised when interpreting abrupt changes over time at the hospital level. For example, performance before and after trans For more information, see Background Paper: Approaches to reporting time measures of emergency department performance, December 2011.

From March 2017, Hospital Quarterly reports the 90th percentile time, rather than the 95th percentile time, for related ED measures.

## Gunnedah District Hospital: Time spent in the EDPercentage of patients who spent four hours or less in the EDOctober to December 2016Same period<br/>last yearChange since<br/>one year agoAll presentations at the emergency department:12,225 patients2,1443.8%Presentations used to calculate time to leaving the ED:6 2,225 patients2,1443.8%Percentage of patients who spent<br/>four hours or less in the ED89.8%91.6%

### Percentage of patients who spent four hours or less in the ED, by quarter, October 2011 to December 2016<sup>†‡</sup>



- \* Suppressed due to small numbers and to protect privacy. Relevant graphs are also suppressed.
- Data points are not shown in graphs for quarters when patient numbers were too small.
- Caution is advised when interpreting abrupt changes over time at the hospital level. For example, performance before and after transition to a new information system is not directly comparable. For more information see Background Paper: Approaches to reporting time measures of emergency department performance, December 2011.
- 1. All emergency and non-emergency presentations at the emergency department (ED).
- 2. All presentations that have a triage category and are coded as emergency presentations or unplanned return visits.
- 3. Some patients are excluded from ED time measures due to calculation requirements. For details, see the
- Technical Supplement: Emergency department measures, January to March 2016.
- 4. 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.
- 5. The 90th percentile is the time by which 90% of patients started treatment. The final105% of patients took equal to or longer than this time.
- 6. All presentations that have a departure time.
- 7. Transfer of care time refers to the period between arrival of patients at the ED by ambulance and the transfer of responsibility for their care from paramedics to ED staff in an ED treatment zone. For more information see Spotlight on Measurement: measuring transfer of care from the ambulance to the emergency department.
- 8. 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.
- 9. The 90th percentile is the time by which 90% of patients left the ED. The final 10% of patients took equal to or longer than this time.
- Note: Presentation time is the earlier of times recorded for the start of clerical registration or the triage process. Treatment time is the earliest time recorded when a healthcare professional provides medical care that is relevant to the patient's presenting problems. For patients who were treated and discharged, departure time is the time when treatment was completed. For all other patients, departure time is the time when the patient actually left the ED.
  Note: All percentages are rounded and therefore percentages may not add to 100%.

Sources: ED data from Health Information Exchange, NSW Health (extracted 24 January 2017). Transfer of care data from Transfer of Care Reporting System (extracted 24 January 2017).