## **Muswellbrook District Hospital:** Emergency department (ED) overview January to March 2016

	Same period last year	Change since one year ago
All attendances:1 2,465 patients	2,103	17%
Emergency attendances: <sup>2</sup> 2,330 patients	1,999	17%

#### Muswellbrook District Hospital: Time from presentation to treatment<sup>3</sup>

January to March 2016 Same period NSW last year (this period) Triage 2 Emergency (e.g. chest pain, severe burns): 130 patients 126 6 minutes Median time to start treatment<sup>4</sup> 5 minutes 8 minutes 40 minutes 95th percentile time to start treatment<sup>5</sup> 27 minutes 35 minutes Triage 3 Urgent (e.g. moderate blood loss, dehydration): 527 patients 493 18 minutes Median time to start treatment<sup>4</sup> 16 minutes 20 minutes 92 minutes 95th percentile time to start treatment<sup>5</sup> 96 minutes 99 minutes Triage 4 Semi-urgent (e.g. sprained ankle, earache): 1,255 patients 1.073 34 minutes 27 minutes 26 minutes Median time to start treatment<sup>4</sup> 125 minutes 137 minutes 95th percentile time to start treatment<sup>5</sup> 113 minutes Triage 5 Non-urgent (e.g. small cuts or abrasions): 418 patients 307 32 minutes Median time to start treatment<sup>4</sup> 23 minutes 22 minutes 135 minutes 105 minutes 135 minutes 95th percentile time to start treatment<sup>6</sup>

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

January to March 2016			Same period last year	Change since one year ago
Attendances used to calculate time to le	eaving the ED:6 2,465 patients		2,103	17%
Percentage of patients who left the ED within four hours		89%	86%	

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

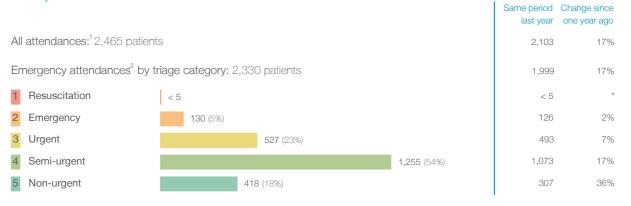
- 1. All emergency and non-emergency attendances at the emergency department (ED).
- 2. All attendances that have a triage category and are coded as emergency presentations or unplanned return visits.
- 3. Some patients are excluded from ED time measures due to calculation requirements. For details, 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 took equal to or longer than this time.
- 5. 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.
- 6. All attendances 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.

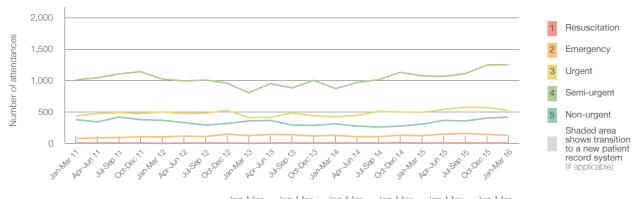
Source: Health Information Exchange, NSW Health (extracted 22 April 2016).

#### Muswellbrook District Hospital: Patients attending the emergency department

January to March 2016



Emergency attendances<sup>2</sup> by quarter, January 2011 to March 2016<sup>‡</sup>



	Jan-Mar 2011	Jan-Mar 2012	Jan-Mar 2013	Jan-Mar 2014	Jan-Mar 2015	Jan-Mar 2016
Resuscitation	< 5	< 5	< 5	< 5	< 5	< 5
Emergency	77	101	121	129	126	130
Urgent	436	501	415	423	493	527
Semi-urgent	1,010	1,025	807	871	1,073	1,255
Non-urgent	379	367	358	308	307	418
All emergency attendances	1,902	1,994	1,701	1,731	1,999	2,330

### Muswellbrook District Hospital: Patients arriving by ambulance

January to March 2016

Arrivals used to calculate transfer of care time: <sup>7</sup> 409 patients

ED Transfer of care time<sup>§</sup>

Median time

95th percentile time

8 minutes

26 minutes

Same period Change since last year one year ago 149 \*\* 14 minutes -6 minutes 92 minutes -66 minutes

(†) 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  $(\pm)$ 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.

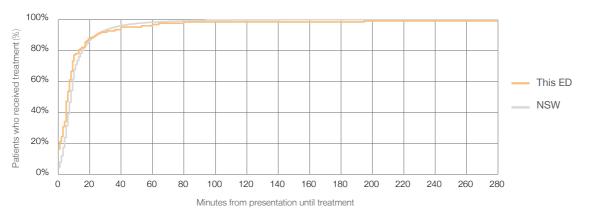
(§) For some smaller NSW hospitals, transfer of care times reported in Hospital Quarterly are being assessed for data quality and results should be interpreted with caution.

District group 2 hospitals (C2) Hunter New England Local Health District

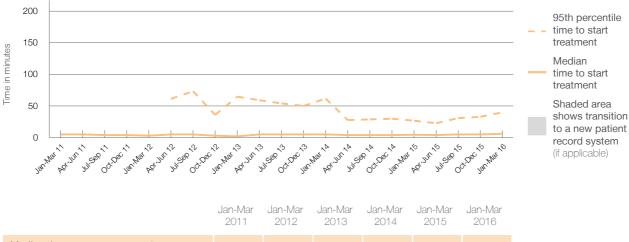
## **Muswellbrook District Hospital:** Time from presentation to treatment, triage 2 January to March 2016

Triage 2 Emergency (e.g. chest pain, severe burns)	Same period last year	NSW (this period)
Number of triage 2 patients: 130	126	
Number of triage 2 patients used to calculate waiting time: <sup>3</sup> 123	122	
Median time to start treatment <sup>4</sup> 6 minutes	5 minutes	8 minutes
95th percentile time to start treatment <sup>5</sup> 40 minutes	27 minutes	35 minutes

Percentage of triage 2 patients who received treatment by time, January to March 2016



#### Time from presentation until treatment (minutes) for triage 2 patients, January 2011 to March 2016<sup>†‡</sup>



Median time to start treatment <sup>4</sup> (minutes)	5	3	2	5	5	6
95th percentile time to start treatment <sup>5</sup> (minutes)	*	*	65	62	27	40

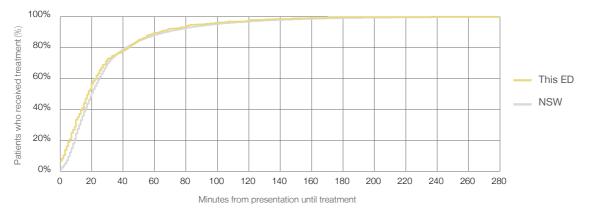
<sup>(†)</sup> Data points are not shown in graphs for quarters when patient numbers are too small.

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

#### Muswellbrook District Hospital: Time from presentation to treatment, triage 3 January to March 2016

NSW Same period Triage 3 Urgent (e.g. moderate blood loss, dehydration) (this period) last year Number of triage 3 patients: 527 493 Number of triage 3 patients used to calculate waiting time:<sup>3</sup> 493 468 Median time to start treatment<sup>4</sup> 18 minutes 16 minutes 20 minutes 95th percentile time to start treatment<sup>5</sup> 92 minutes 99 minutes 96 minutes

Percentage of triage 3 patients who received treatment by time, January to March 2016



#### Time from presentation until treatment (minutes) for triage 3 patients, January 2011 to March 2016<sup>†‡</sup>



Median time to start treatment420111217161895th percentile time to start treatment5160881151059692							
		20	11	12	17	16	18
	the second se	160	88	115	105	96	92

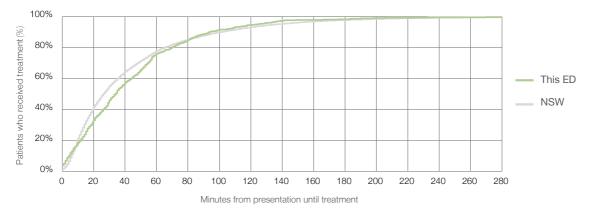
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## **Muswellbrook District Hospital:** Time from presentation to treatment, triage 4 January to March 2016

NSW Same period Triage 4 Semi-urgent (e.g. sprained ankle, earache) (this period) last year Number of triage 4 patients: 1,255 1.073 Number of triage 4 patients used to calculate waiting time:<sup>3</sup> 1,149 957 Median time to start treatment<sup>4</sup> 34 minutes 27 minutes 26 minutes 95th percentile time to start treatment<sup>5</sup> 125 minutes 137 minutes 113 minutes

Percentage of triage 4 patients who received treatment by time, January to March 2016



#### Time from presentation until treatment (minutes) for triage 4 patients, January 2011 to March 2016<sup>†‡</sup>



	2011	2012	2013	2014	2015	2016
Median time to start treatment <sup>4</sup> (minutes)	25	27	23	23	27	34
95th percentile time to start treatment <sup>5</sup> (minutes)	146	119	112	119	113	125

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

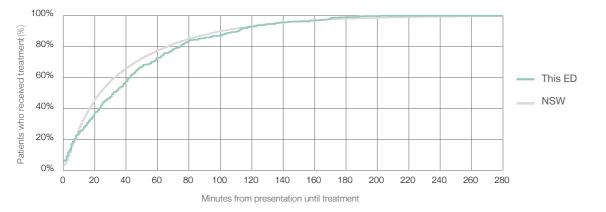
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### Muswellbrook District Hospital: Time from presentation to treatment, triage 5

January to March 2016

Triage 5 Non-urgent (e.g. small cuts or abrasions)	Same period last year	NSW (this period)
Number of triage 5 patients: 418	307	
Number of triage 5 patients used to calculate waiting time:3 365	258	
Median time to start treatment <sup>4</sup> 32 minutes	22 minutes	23 minutes
95th percentile time to start treatment <sup>5</sup> 135 minutes	105 minutes	135 minutes

Percentage of triage 5 patients who received treatment by time, January to March 2016



#### Time from presentation until treatment (minutes) for triage 5 patients, January 2011 to March 2016<sup>†‡</sup>



Median time to start treatment <sup>4</sup> (minutes)	21	20	16	15	22	32
95th percentile time to start treatment <sup>5</sup> (minutes)	120	112	103	108	105	135

Hunter New England Local Health District

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

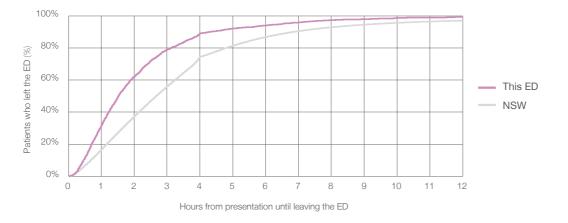
<sup>(‡)</sup> Caution is advised when interpreting abrupt changes over time at the hospital level. For example, performance before and after transition to a new information system is not directly comparable. For more information, see Background Paper: Approaches to reporting time measures of emergency department performance, December 2011.

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

January to March 2016

		Same period last year	NSW (this period)
All attendances:1 2,465 patients		2,103	
Attendances used to calculate time to lea	2,103		
Median time to leaving the ED <sup>®</sup>	1 hours and 31 minutes	1 hours and 27 minutes	2 hours and 40 minutes
95th percentile time to leaving the $ED^9$	6 hours and 30 minutes	6 hours and 35 minutes	9 hours and 25 minutes

Percentage of patients who left the ED by time, January to March 2016



### Time from presentation until leaving the ED, by quarter, January 2011 to March 2016 $^{\dagger \ddagger}$



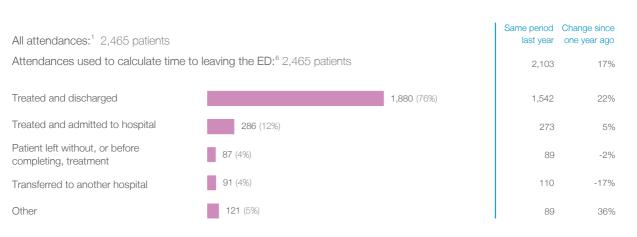
Median time to leaving the ED <sup>®</sup> (hours, minutes)	1h 7m	1h 15m	1h 13m	1h 13m	1h 27m	1h 31m
95th percentile time to leaving the ED <sup>9</sup> (hours, minutes)	5h 27m	6h 33m	6h 14m	5h 37m	6h 35m	6h 30m

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

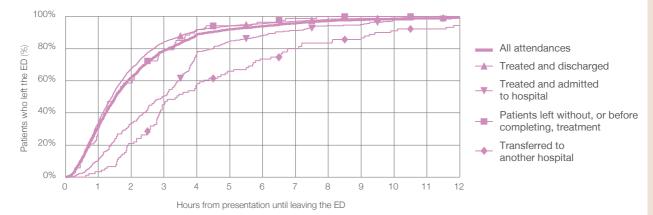
<sup>(‡)</sup> Caution is advised when interpreting abrupt changes over time at the hospital level. For example, performance before and after transition to a new information system is not directly comparable. For more information, see Background Paper: Approaches to reporting time measures of emergency department performance, December 2011.

## **Muswellbrook District Hospital:** Time from presentation until leaving the ED By mode of separation

January to March 2016



### Percentage of patients who left the ED by time and mode of separation, January to March 2016<sup>†‡</sup>



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

Treated and discharged	34%	68%	84%	92%	96%	98%	99%	100%
Treated and admitted to hospital	11%	34%	51%	78%	88%	94%	98%	99%
Patient left without, or before completing, treatment	30%	59%	79%	92%	97%	100%	100%	100%
Transferred to another hospital	3%	21%	45%	58%	74%	84%	91%	95%
All attendances	32%	62%	79%	89%	94%	97%	99%	99%

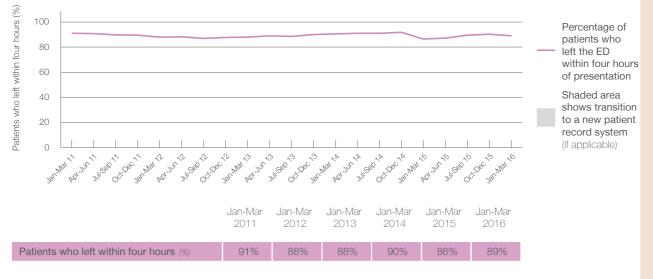
<sup>(†)</sup> Data points are not shown in graphs for quarters when patient numbers are too small.

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

# **Muswellbrook District Hospital:** Time from presentation until leaving the ED Percentage of patients who left the ED within four hours of presentation

nuary to March 2016		Same period last year	Change since one year ago		
All attendances: 1 2,465 patients			2,103	17%	
Attendances used to calculate time to leaving the ED:6 2,465 patients			2,103	17%	
Percentage of patients who left the ED within four hours		89%	86%		

#### Percentage of patients who left the ED within four hours of presentation, by quarter, January 2011 to March 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.All emergency and non-emergency attendances at the emergency department (ED).
- All attendances that have a triage category and are coded as emergency presentations or unplanned return visits.
- 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 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.
- 6. All attendances 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 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: 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 rounded to whole numbers and therefore percentages may not add to 100%.

Sources: ED data from Health Information Exchange, NSW Health (extracted 22 April 2016). Transfer of care data from Transfer of Care Reporting System (extracted 22 April 2016).

PERFORMANCE PROFILES: Emergency department care January to March 2016 www.bhi.nsv

District group 2 hospitals (C2)

Hunter New England Local Health District