## Healthcare Quarterly

## Armidale and New England Hospital



Emergency departr	nent activity	Oct-Dec 2017	Oct-Dec 2016	Difference	% change
All arrivals at ED by aml	bulance	814	796	18	2.3%
All ED presentations		3,790	4,074	-284	-7.0%
Emergency presentation	ns	3,691	3,874	-183	-4.7%
	T1: Resuscitation T2: Emergency	11 255	12 236	-1 19	-8.3% 8.1%
Triage category		953	1,130	-177	-15.7%
	T4: Semi-urgent	2,166	2,220	-54	-2.4%
	T5: Non-urgent	306	276	30	10.9%
Admissions to hospital	from EDs <sup>1</sup>	885	1,126	-241	-21.4%
Admitted patient ac	ctivity	Oct-Dec 2017	Oct-Dec 2016	Difference	% change
All admitted patient episodes		2,430	2,522	-92	-3.6%
All acute episodes		**	**		
	Overnight	**	**		
	Same-day	**	**		
Non-acute		**	**		
	Acute	**	**		
Average length of stay (days)	Acute overnight episodes	**	**		
	Non-acute	**	**		
		0.040	0.405	70	4.00
	All bed days	6,346	6,425	-79	-1.2%
Hospital bed days	Acute	**	**		
	Non-acute	**	**		
Babies born in Armidale and New England Hospital		77	89	-12	-13.5%
Elective surgery activity		Oct-Dec 2017	Oct-Dec 2016	Difference	% change
Elective surgery procedures performed		309	322	-13	-4.0%
Urgency category	Urgent	41	48	-7	-14.6%
	Semi-urgent Semi-urgent	152	129	23	17.8%
	Non-urgent	111	143	-32	-22.4%
Patients on waiting list ready for elective surgery at the end of quarter		439	432	7	1.6%
	Urgent	<5	0		
Urgency category	Semi-urgent	82	78	4	5.1%
	Non-urgent	357	354	3	0.8%

<sup>\*\*</sup> These data are not reported due to a policy change in the definition of patient stay types. A new mental health care stay type has been introduced that comprises patients who were previously included in the acute and non-acute stay types that are routinely reported by BHI. Acute, non-acute and mental health stay types will be reported separately in the next edition of Healthcare Quarterly, which covers January to March 2018.

<sup>&</sup>lt;sup>1</sup> The decrease in the percentage of patients treated and admitted to hospital from the ED may reflect changes in data coding practices. Changes will be reflected in the January to March 2018 edition of *Healthcare Quarterly* 

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Emergency department performance			Oct-Dec 2017	Oct-Dec 2016	Difference	
		Median time to treatment	8m	8m	0m	
Time to treatment by triage category	T2: Emergency	90th percentile time to treatment	29m	31m	-2m	
		% started treatment on time	62.5%	63.9%	-1.4 percentage points	
		Median time to treatment	23m	26m	-3m	
	T3: Urgent	90th percentile time to treatment	1h 09m	1h 28m	-19m	
		% started treatment on time	63.2%	56.5%	6.7 percentage points	
		Median time to treatment	27m	38m	-11m	
	T4: Semi-urgent	90th percentile time to treatment	1h 41m	2h 34m	-53m	
		% started treatment on time	77%	65.1%	11.9 percentage points	
		Median time to treatment	22m	20m	2m	
	T5: Non-urgent	90th percentile time to treatment	1h 32m	1h 46m	-14m	
		% started treatment on time	92.8%	93.9%	-1.1 percentage points	
Patients starting treatment on time %			73.4%	64.0%	9.4 percentage points	
Median time to leave the ED			2h 04m	2h 12m	-8m	
90th percentile time to leave the ED			4h 59m	5h 13m	-14m	
Patients leaving the ED within four hours of presentation			81.4%	79.9%	1.5 percentage points	
	Median transfer of care time (minutes)		2m**	4m	-2m	
Transfer of care	90th percentile transfer of care time (minutes)		25m**	27m	-2m	
	Percent on target		87.6%**	89.9%	-2.3 percentage points	
Elective surgery perfomance			Oct-Dec 2017	Oct-Dec 2016	Difference	
Waiting time (days)		Median	14 days	19 days	-5 days	
	Urgent	90th percentile	(*)	(*)		
		Median	57 days	58 days	-1 days	
	Semi-urgent	90th percentile	85 days	80 days	5 days	
		Median	256 days	290 days	-34 days	
	Non-urgent	90th percentile	330 days	357 days	-27 days	
Elective surgery procedures performed on time	All procedures		99.7%	100%	-0.3 percentage points	
	Urgent		100%	100%	0.0 percentage points	
	Semi-urgent		99.3%	100%	-0.7 percentage points	
	Non-urgent		100%	100%	0.0 percentage points	

 $<sup>^{\</sup>star\star}$  Caution - Transfer of care could not be calculated for more than 30% of records

<sup>(\*)</sup> Suppressed due to small numbers and to protect patient privacy