

# Emergency Departments

## Hospital Quarterly:

Performance of  
NSW public hospitals

**October to December 2013**

There were more than half a million patient visits to NSW public hospital emergency departments (EDs) during October to December 2013, 3% more than the same quarter in 2012.

The number of patients arriving by ambulance increased by 5% compared to the same quarter last year. The percentage of these patients transferred from the care of ambulance paramedics into the care of ED clinicians within 30 minutes of arrival is 87%, higher than the same time last year (83%).

The median times to start treatment are unchanged or slightly shorter compared with the same quarter one year ago and the 95th percentile times to start treatment have decreased by two minutes (triage 2), 13 minutes (triage 3), 14 minutes (triage 4), and 8 minutes (triage 5).

In this quarter, 70% of all patients left the ED within four hours, which is a six percentage point increase from the same quarter last year and five percentage point increase from the previous quarter (July to September 2013).

The Bureau again presents analysis of the differences between hospitals across NSW and important factors that can influence a patient's experience in the ED.

This is one of three *Hospital Quarterly* modules. For the Elective Surgery and Admitted Patients modules visit [www.bhi.nsw.gov.au](http://www.bhi.nsw.gov.au)

During the quarter	Oct-Dec 2012	Oct-Dec 2013	The difference
All emergency department attendance	579,937 visits	594,607 visits	14,670 (+3%)
All arrivals at NSW hospitals by ambulance	116,912	122,385	5,473 (+5%)
Emergency attendances that were categorised as triage 2	59,318 attendances	64,119 attendances	+ 4,801 (+8%)
Median time to start treatment for triage 2 patients	8 mins	8 mins	unchanged
People leaving the ED within four hours of presentation	64%	70%	+6 percentage points
Admissions to hospital from NSW EDs	155,406 admissions	162,165 admissions	+ 6,759 (+4%)

# Emergency department journeys

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.

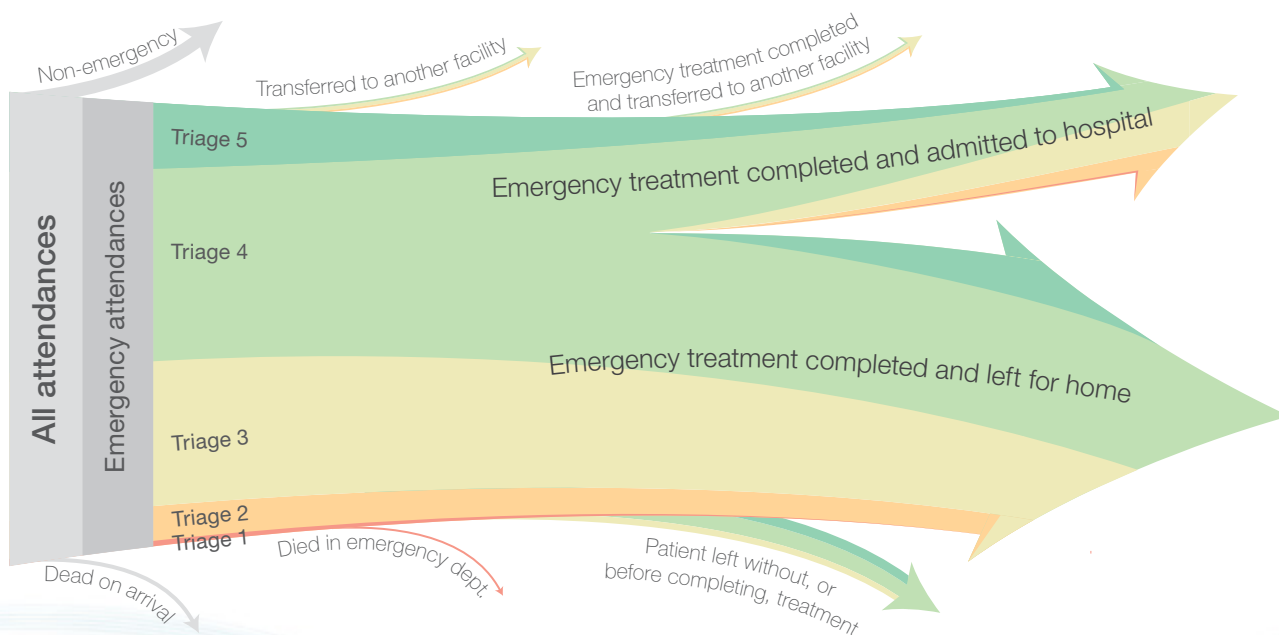
What happens next depends on the clinical needs of patients. Patients from the most urgent triage categories (triage categories 1 and 2) are given priority and care typically begins immediately upon arrival. Patients from the less urgent triage categories (3 to 5) typically complete triage and administrative 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 October to December 2013 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	Resuscitation
Triage 2	Emergency
Triage 3	Urgent
Triage 4	Semi-urgent
Triage 5	Non-urgent



# Emergency attendances and admissions over time

In the October to December 2013 quarter there were 575,951 emergency attendances.

This is a two per cent increase on the same quarter one year ago (562,175) and the highest number over two years (Figure 2).

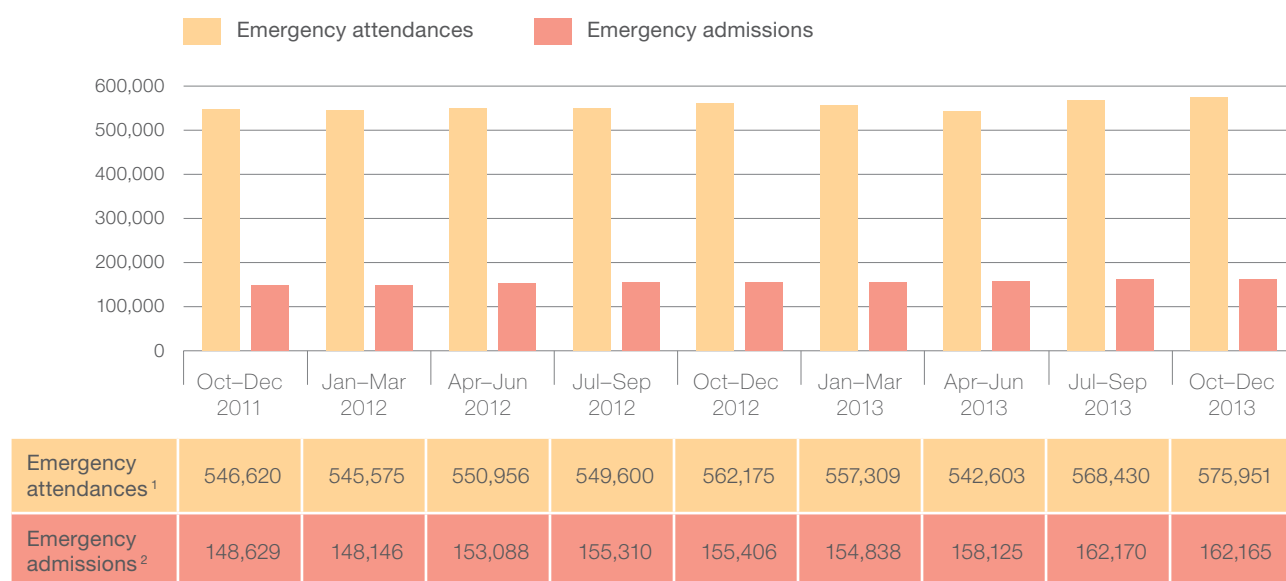
Over the same time, the number of emergency admissions from EDs has been increasing.

This quarter there were 162,165 admissions.

This is four per cent higher than the same quarter one year ago (155,406).

The number of ED attendances is the highest it's been for two years.

Figure 2: Emergency attendances and admissions from NSW emergency departments, October 2011 to December 2013



1. Emergency attendances are ED visits for emergencies, unplanned return visits or disaster.

2. Admissions refers to emergency attendances that were admitted through the emergency department.

**Note:** Attendance and admission counts in this table are based on increasing numbers of EDs over time, so changes in trend in this table over time should be interpreted with caution. For more information, see the **Bureau of Health Information's Technical Supplement: Emergency department measures, October to December 2012**.

**Note:** The emergency department activity reported here includes only the 96 facilities for which electronic data are reported. These facilities cover approximately 87% 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:** NSW Health, *Health Information Exchange*. Data extracted on 28 January 2014.

# Arriving at the emergency department

## Emergency attendances this quarter

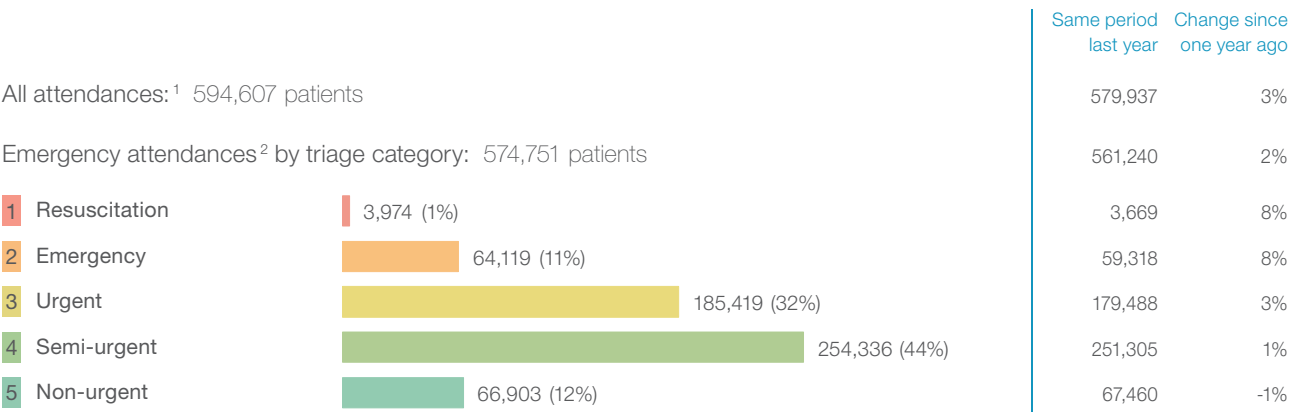
There were more than half a million attendances at NSW EDs during October to December 2013 (Figure 3).

While almost all (97%) of these visits were considered ‘*emergency attendances*’, 19,856 (3%) patients attended for non-emergency reasons, such as planned return visits, attending some type 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 attendance figures shows that patients in the resuscitation category (triage 1) accounted for 1% of all people triaged in NSW EDs, 11% were triaged in the emergency category (triage 2), 32% were categorised as urgent (triage 3) 44% were semi-urgent (triage 4) and 12% were non-urgent (triage 5).

In this quarter there was an increase in triage 1, 2, 3 and 4 attendances and a slight decrease in triage 5 compared to the same quarter 12 months ago.

Figure 3: Attendances at NSW emergency departments, October to December 2013



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 or disaster.  
Note: All percentages rounded to whole numbers and therefore percentages may not add to 100%.  
Note: Emergency department activity include 96 facilities for which electronic data are reported. This covers approximately 87% of NSW emergency department activity.  
Source: NSW Health, Health Information Exchange. Data extracted on 28 January 2014.

# Transfer of care from ambulance to emergency department

In October to December 2013 there were 122,385 people who arrived at the ED by ambulance. This is 21% of all ED attendances and an increase of 5% over the same quarter last year.

For patients who arrive at the ED by ambulance, the time it takes for responsibility for their care to be transferred from ambulance paramedics to ED clinicians is measured and called transfer of care time.

Transfer of care time can only be determined when the ambulance service records the patient's time of arrival at the ED and this record can be matched to records held by the ED that show the time at which the patient's care was transferred to the ED staff. We are reporting transfer of care for matched records only.

Results for hospitals that have more than 30% of records unmatched should be interpreted with caution and are identified in Appendix tables 1a and 1b. Hospitals with fewer than 50 ambulance arrivals have had their results suppressed but are included in the state totals.

In NSW there is a target of 30 minutes within which 90% of ambulance arrivals should have their care transferred to ED clinicians. In this quarter, 87% of patients arriving at NSW EDs by ambulance had their care transferred within 30 minutes.

The median transfer of care time has improved by one minute (from 13 minutes in October to December 2012 to 12 minutes in this quarter).

Off stretcher time measures the length of time from the ambulance's arrival at the emergency department to the paramedics returning to their vehicle and having completed a range of tasks to prepare the ambulance for the next assignment. In this quarter, the median off-stretcher time was unchanged from the same time last year (26 minutes).

This quarter showed the highest per cent of ambulance arrivals with a transfer of care time within 30 mins since October to December 2012.

Figure 4: Measures relating to ambulance arrivals at ED, October 2012 to December 2013

	Oct-Dec 2012	Jan-Mar 2013	Apr-Jun 2013	Jul-Sep 2013	Oct-Dec 2013
Ambulance Arrivals with transfer of care time <sup>1</sup>	116,912	114,259	115,861	122,003	122,385
Per cent of arrivals with transfer of care within 30 mins <sup>1</sup>	83%	84%	83%	80%	87%
Median transfer of care time <sup>1</sup> (minutes)	13	13	13	14	12
Median off stretcher time <sup>1</sup> (minutes)	26	26	27	27	26

1. Calculated for records that can be matched.  
Source: Data provided by Ministry of Health on 28 January 2014.

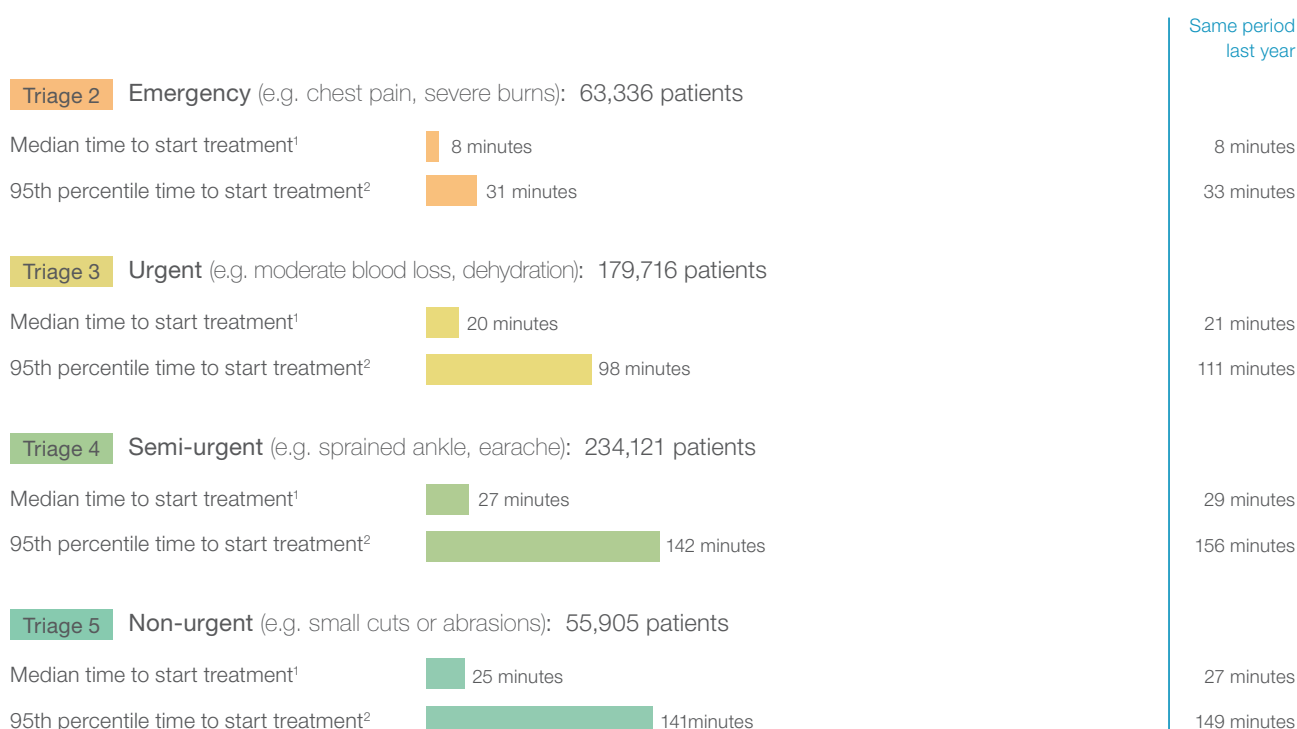
# Time to treatment performance

In October to December 2013, the median times to start treatment were unchanged or slightly shorter compared with the same quarter in 2012 (Figure 5). The median time to start treatment for the emergency category (triage 2) remains unchanged at eight minutes, the urgent category (triage 3) one minute less at 20 minutes, the semi-urgent category (triage 4) two minutes less at 27 minutes and the non-urgent category (triage 5) two minutes less at 25 minutes.

The 95th percentile times to start treatment were lower in each triage category. This quarter, 95% of patients began treatment within:

- 31 minutes, two minutes shorter than one year ago (triage 2)
- 98 minutes, 13 minutes shorter than one year ago (triage 3)
- 142 minutes, 14 minutes shorter than one year ago (triage 4)
- 141 minutes, eight minutes shorter than one year ago (triage 5).

Figure 5: Waiting times for treatment in NSW emergency departments, October to December 2013



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.

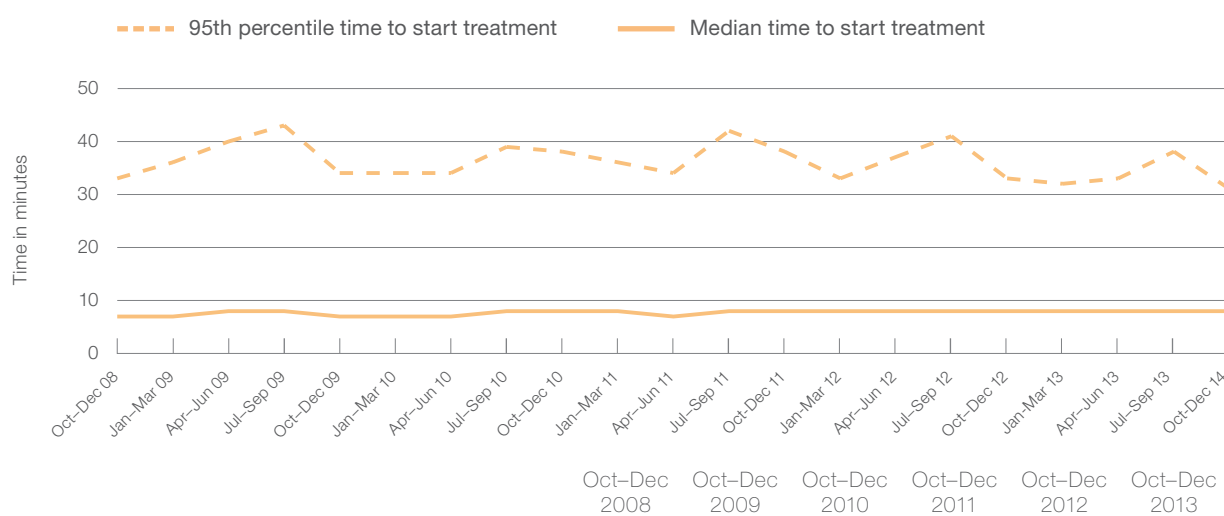
**Source:** NSW Health, *Health Information Exchange*. Data extracted on 28 January 2014.

# Time to treatment: patterns over time

The time from presentation until treatment fluctuates throughout the year. **Figures 6a–d** show for triage categories 2–5, the median and 95th percentile times to start treatment. The Bureau does not report time to treatment for patients with conditions triaged as resuscitation (triage 1).

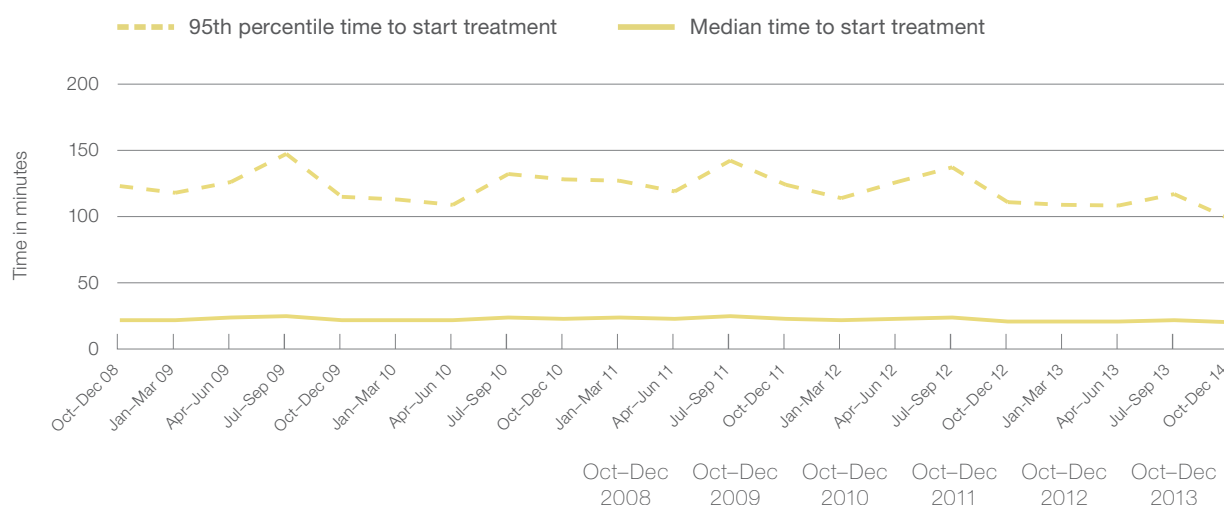
The 95th percentile treatment times are the shortest they have been in the October to December quarter over the past five years across all triage categories.

**Figure 6a: Triage 2–Median and 95th percentile times to start treatment (minutes) in NSW emergency departments, October 2008 to December 2013**



Median time to start treatment <sup>1</sup> (minutes)	7	7	8	8	8	8
95th percentile time to start treatment <sup>2</sup> (minutes)	33	34	38	38	33	31

**Figure 6b: Triage 3–Median and 95th percentile times to start treatment (minutes) in NSW emergency departments, October 2008 to December 2013**



Median time to start treatment <sup>1</sup> (minutes)	22	22	23	23	21	20
95th percentile time to start treatment <sup>2</sup> (minutes)	123	115	128	124	111	98



Figure 6c: **Triage 4**–Median and 95th percentile times to start treatment (minutes) in NSW emergency departments, October 2008 to December 2013

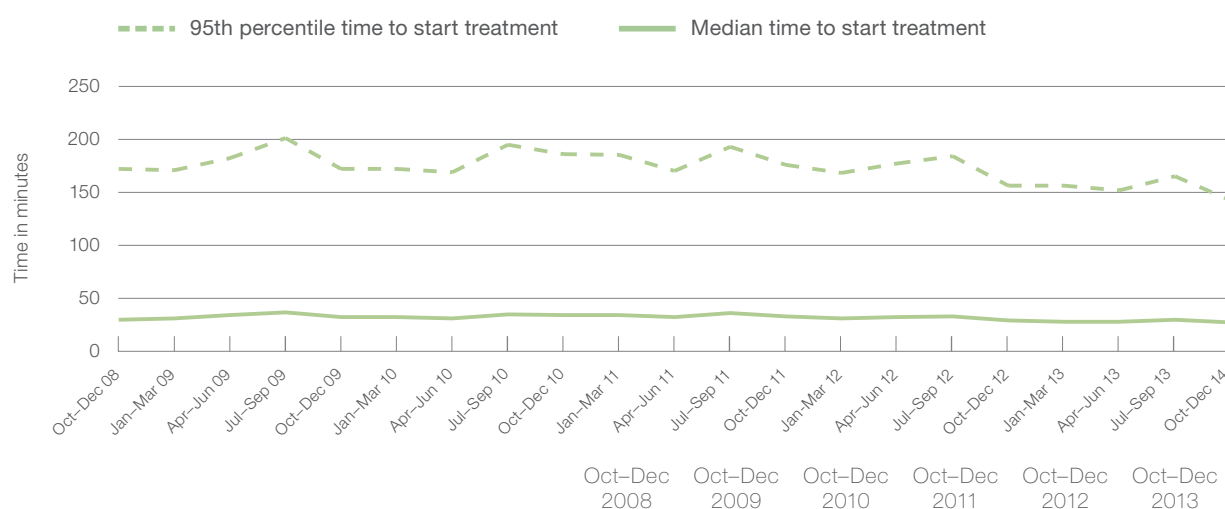
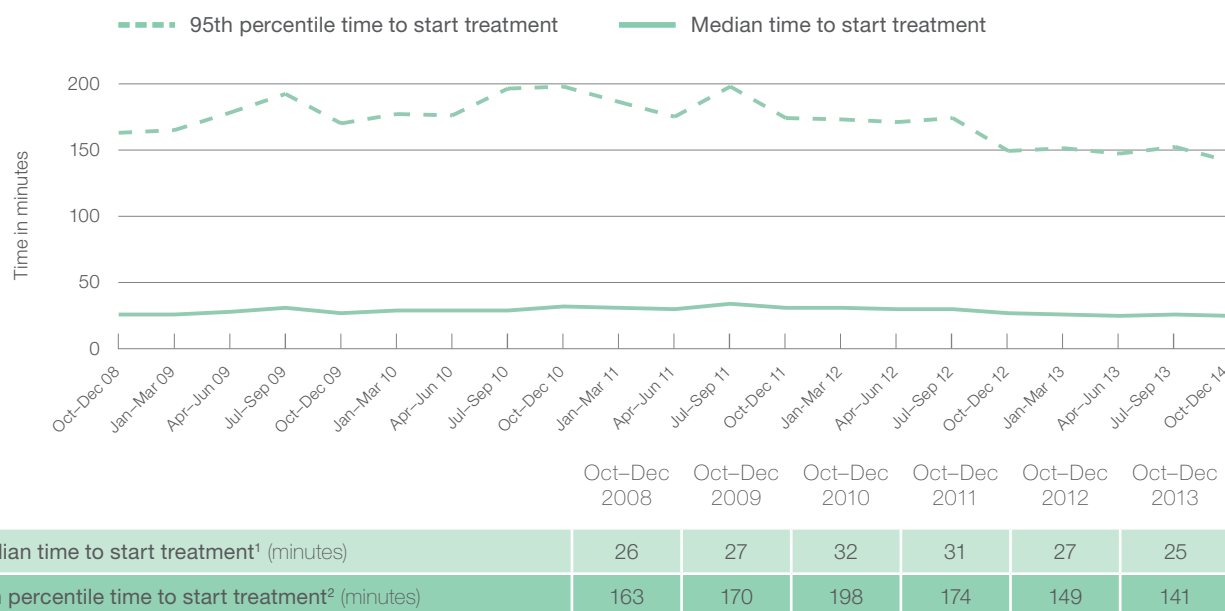


Figure 6d: **Triage 5**–Median and 95th percentile times to start treatment (minutes) in NSW emergency departments, October 2008 to December 2013



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:** NSW Health, Health Information Exchange. Data extracted on 28 January 2014.



# Leaving the emergency department

## Time from presentation until leaving the ED this quarter

In the October to December 2013 quarter, the median time to leaving the ED was two hours and 54 minutes after presentation. The 95th percentile time to leaving the ED was nine hours and 57 minutes after presentation (Figure 7). Both are improvements from the same quarter last year.

There are different ways that a patient can leave the ED. The majority of patients leave 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 number patients who left without treatment or before treatment started, decreased from the same period last year.

Figure 7: Time from presentation until leaving the emergency department, October to December 2013

		Same period last year
All attendances at the emergency department: <sup>1</sup>	594,607 patients	579,937
Attendances used to calculate time to leaving the ED: <sup>2</sup>	594,573 patients	579,910
Median time to leaving the ED <sup>3</sup>	2 hours and 54 minutes	3 hours and 6 minutes
95th percentile time to leaving the ED <sup>4</sup>	9 hours and 57 minutes	11 hours and 9 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: NSW Health, *Health Information Exchange*. Data extracted on 28 January 2014.

Figure 8: Leaving the emergency department by mode of separation, October to December 2013

		Same period last year
Attendances used to calculate time to leaving the ED: <sup>1</sup>	594,573 patients	579,743
Treated and discharged (63%)	373,321	363,163
Treated and admitted to hospital (28%)	164,908	157,741
Patient left without, or before completing, treatment (6%)	33,678	37,678
Transferred to another hospital (2%)	11,241	11,119
Other (2%)	11,425	10,042

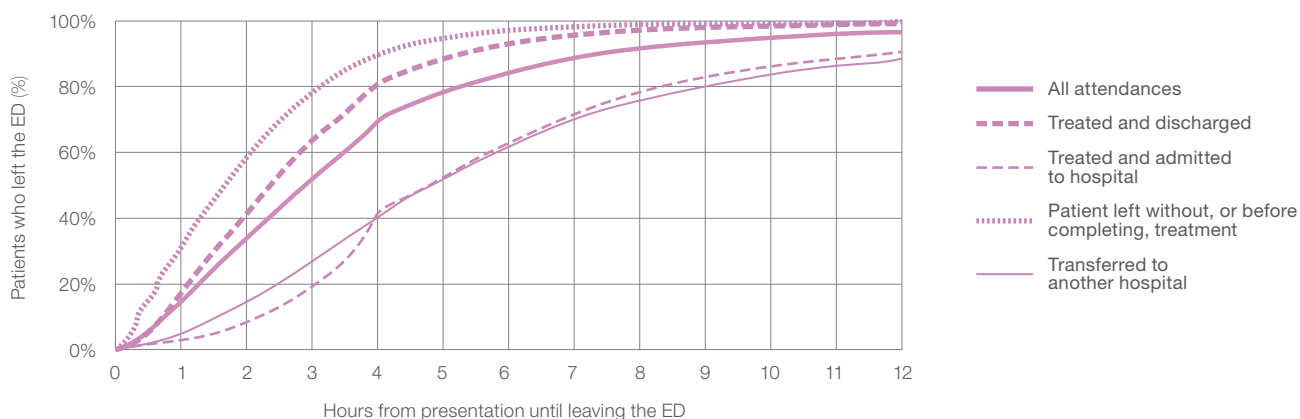
1. All attendances that have a departure time.
- Note: All percentages rounded to whole numbers and therefore percentages may not add to 100%.
- Source: NSW Health, *Health Information Exchange*. Data extracted on 28 January 2014.

In the October to December 2013 quarter:

- 63% of patients received treatment in the ED and were discharged home (Figure 8). On average, these patients spent less time in the ED than patients who were admitted or transferred.
- 28% of patients 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 spent longer in the ED than patients who were discharged (Figure 9).
- Some patients (6%) 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, October to December 2013



	1 hour	2 hours	3 hours	4 hours	6 hours	8 hours	10 hours	12 hours
Treated and discharged	17%	42%	63%	81%	93%	97%	99%	99%
Treated and admitted to hospital	3%	8%	19%	42%	63%	78%	86%	91%
Patient left without, or before completing treatment	31%	59%	78%	90%	97%	99%	100%	100%
Transferred to another hospital	5%	15%	27%	41%	62%	76%	84%	89%
All attendances	15%	34%	52%	70%	85%	92%	95%	97%

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

Source: NSW Health, Health Information Exchange. Data extracted on 28 January 2014.

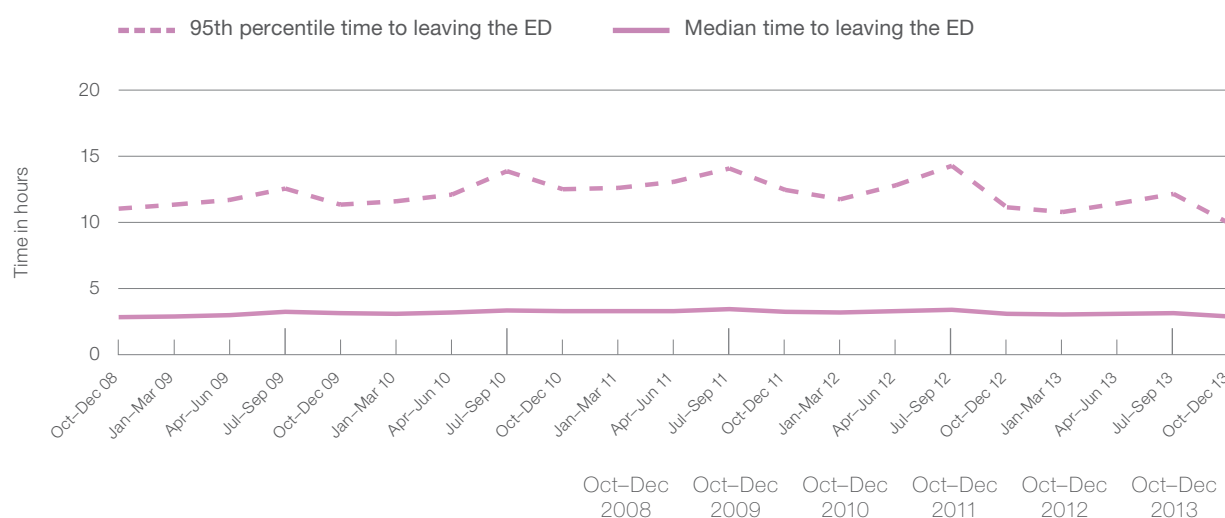
## Time from presentation until leaving the ED: trends over time

Figure 10 shows the median and 95th percentile time from presentation until leaving the ED by quarter over five years. During October to December 2013, the median time to leaving the ED was two hours and 54 minutes from presentation. This is shorter than the previous three quarters.

During the October to December 2013 quarter, the 95th percentile time to leaving the ED was nine hours and 57 minutes after arriving in the ED. This is shorter than the same quarter in 2012 when the 95th percentile time to leaving the ED was 11 hours and nine minutes.

The time by which 95% of patients leave the ED following their arrival is the lowest recorded over the last five years.

Figure 10: Time from presentation until leaving the emergency department by quarter, October 2008 to December 2013



Median time to leaving the ED <sup>1</sup> (hours, minutes)	2h 50m	3h 9m	3h 18m	3h 16m	3h 6m	2h 54m
95th percentile time to leaving the ED <sup>2</sup> (hours, minutes)	11h 2m	11h 21m	12h 30m	12h 28m	11h 9m	9h 57m

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.

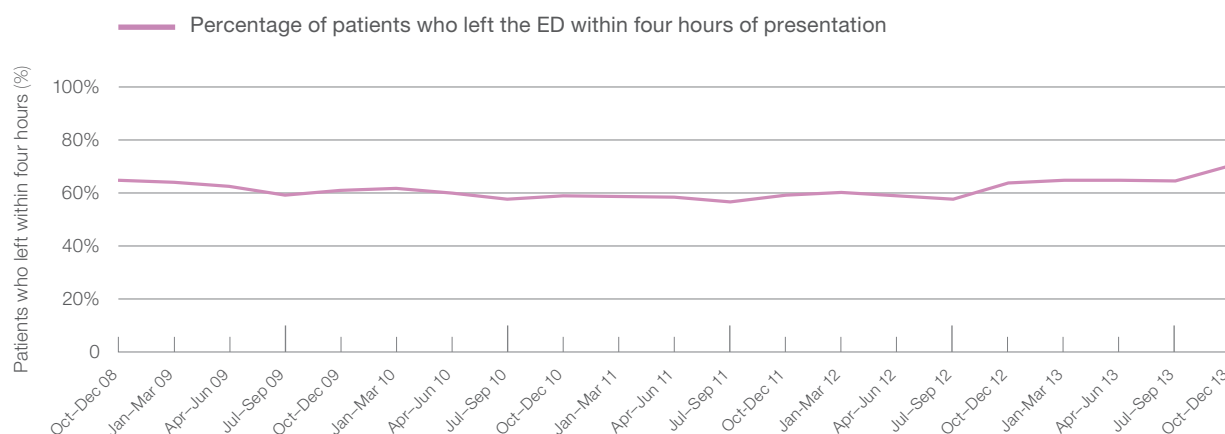
Source: NSW Health, *Health Information Exchange*. Data extracted on 28 January 2014.

## Leaving the ED within four hours

In the October to December 2013 quarter, 70% of patients left the ED within four hours of presentation (Figure 11). This is higher than both the last quarter (65%) and the same quarter last year (64%) (Figure 11).

The October to December 2013 quarter showed the highest percentage leaving the ED within four hours over the past five years.

Figure 11: Percentage of patients who left the emergency department within four hours of presentation, by quarter, October 2008 to December 2013



	Oct-Dec 2008	Oct-Dec 2009	Oct-Dec 2010	Oct-Dec 2011	Oct-Dec 2012	Oct-Dec 2013
Patients who left within four hours (%)	65%	61%	59%	59%	64%	70%

**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.

**Note:** This measure is based on the National Emergency Access Target, however data presented here may not be directly comparable to the figures reported by the Commonwealth due to slight differences in timing, methods of calculation and the number of hospitals included.

**Source:** NSW Health, *Health Information Exchange*. Data extracted on 28 January 2014.

## Some reasons for variation by hospital in patients leaving the ED within four hours

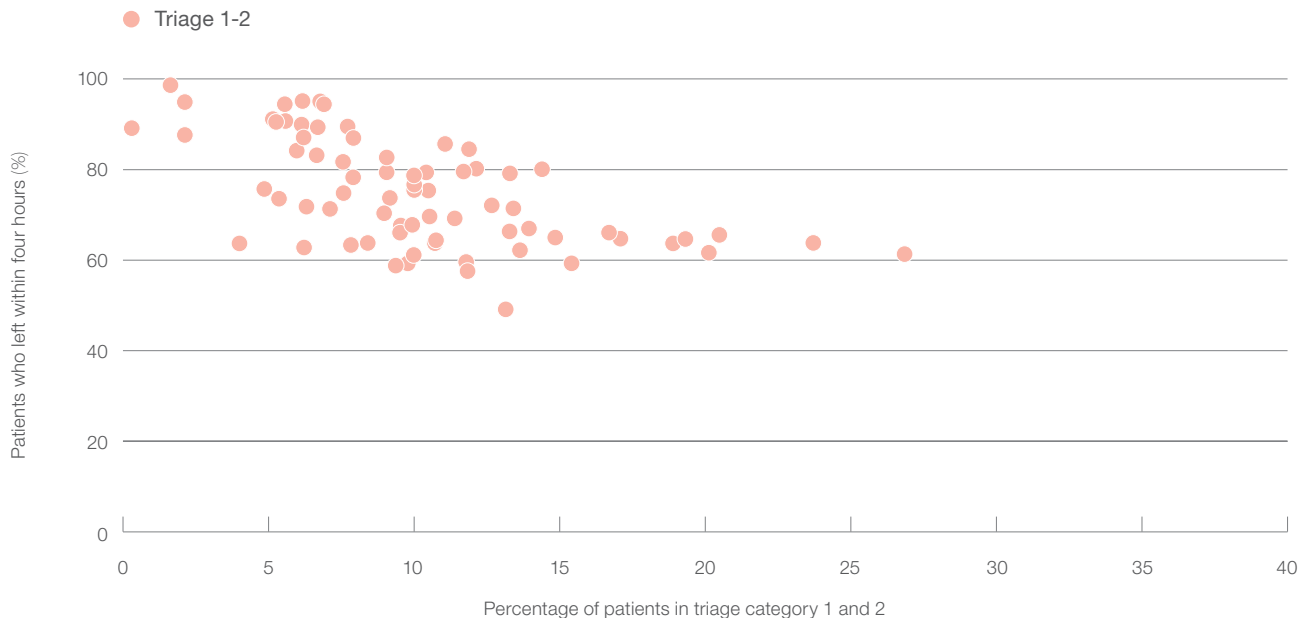
A higher proportion of urgent cases is a challenge for emergency departments

Not all EDs are the same, some will receive a particularly high proportion of urgent cases that require quick assessment, complex care and stabilisation in the ED, others will receive higher proportions of non-urgent cases. Figure 12 presents the correlation between patients leaving the ED within four hours<sup>1</sup> and the proportion of urgent patients.

In Figure 12 the percentage of urgent cases in a hospital (triage 1 and 2) is represented by a dot.

Hospitals that have a higher proportion of non-urgent cases are more likely to have a higher percentage of patients leave the ED within four hours.

Figure 12: Percentage of patients who left the emergency department within four hours, by percentage of patients in triage 1 and 2, October to December 2013.



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

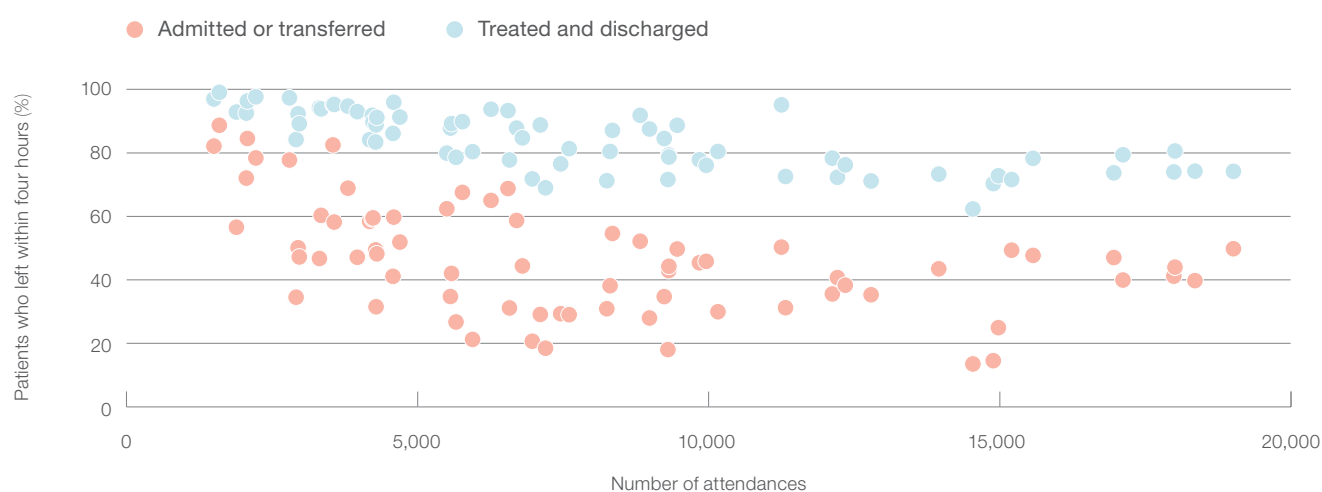
Source: NSW Health, *Health Information Exchange*. Data extracted on 28 January 2014.

## Associations between the number of ED attendances and patients admitted or transferred

Figure 13 presents the correlation between the percentage of patients leaving the ED within four hours and the number of patients presenting at the ED by mode of separation. Mode of separation refers to the patient journey after presentation at the ED. Patients can either leave without or before completing treatment, be transferred to another hospital, treated and admitted to hospital or treated and discharged.

Each hospital in Figure 13 is represented by a blue and a red dot. The red dot represents the percentage of patients who were admitted or transferred within four hours and the blue dot represents the percentage of patients who were treated and discharged within four hours for the same hospital. Figure 13 highlights that the per cent of patients leaving within four hours decreases with increasing numbers of patients in EDs and is lower for admitted or transferred patients than for treated and discharged patients across all hospitals.

Figure 13: Percentage of patients who left the emergency department within four hours by total attendances, by grouped mode of separation October to December 2013



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

Source: NSW Health, Health Information Exchange. Data extracted on 28 January 2014.

## More urgent cases are more likely to be admitted or transferred

Figure 14 shows the percentage of patients in each mode of separation by triage category. Patients who are in triage categories 1 and 2 (more urgent) are more likely to be admitted or transferred than patients whose treatment is less urgent. Over 70% of patients in the less urgent triage categories 4 and 5 are treated and discharged.

EDs in peer group A1 treat a higher proportion of patients in triage categories 1 and 2 than EDs in peer groups C1 and C2 (Figure 15).

Hospitals with more urgent cases have a higher percentage of patients who are admitted or transferred.

Figure 14: Percentage of ED patients in mode of separation group by triage category, October to December 2013

	Triage 1	Triage 2	Triage 3	Triage 4	Triage 5	All Triage Categories
Treated and discharged	9%	34%	53%	75%	84%	64%
Treated and admitted to hospital	81%	60%	41%	17%	6%	28%
Patient left without, or before completing treatment	1%	1%	3%	7%	10%	6%
Transferred to another hospital	9%	4%	3%	1%	0%	2%
Other	0%	0%	0%	0%	1%	0%

Figure 15: Percentage of ED patients in triage category by peer group, October to December 2013

	Peer group A1	Peer group B	Peer group C1	Peer group C2	All
Triage category 1 Resuscitation	1.2%	0.6%	0.3%	0.3%	0.7%
Triage category 2 Emergency	14.6%	11.1%	8.5%	7.4%	11.0%
Triage category 3 Urgent	37.3%	32.8%	30.7%	25.2%	31.8%
Triage category 4 Semi-urgent	39.1%	42.7%	47.0%	48.7%	43.6%
Triage category 5 Non-urgent	7.8%	12.8%	13.5%	18.4%	12.9%



## The volume of patients admitted to hospital from ED affects the per cent of patients leaving within four hours

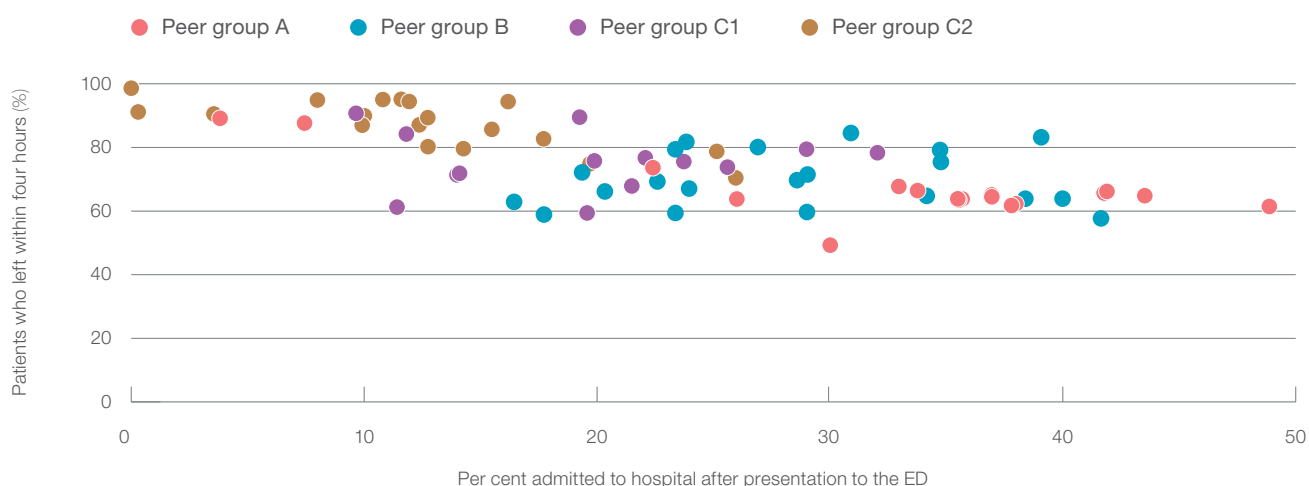
Figure 16 presents the correlation between the percentage of patients leaving the ED within four hours and the proportion of patients that are admitted to hospital, by peer group. This figure reaffirms the Bureau's finding that as more patients are admitted, fewer patients leave the ED within four hours.

It also shows that the time it takes for patients to depart the ED is related to peer group. The figure shows that hospitals from peer group A (usually large metropolitan hospitals) have higher percentages of admitted patients and lower

percentages of patients leaving the ED within four hours compared with hospitals in the C2 peer group (usually small and usually rural hospitals). Hospitals in the C2 peer group have a lower proportion of admission and better achievement in the percentage of patients who leave the ED within four hours.

Hospitals from peer group A (usually large metropolitan hospitals) have a higher percentage of admitted patients and are less likely to have patients leave the ED within four hours compared with hospitals in the C2 peer group (usually small and usually rural hospitals).

Figure 16: Percentage of patients who left the emergency department within four hours by percentage of ED patients admitted to hospital, October to December 2013



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

Source: NSW Health, *Health Information Exchange*. Data extracted on 28 January 2014.

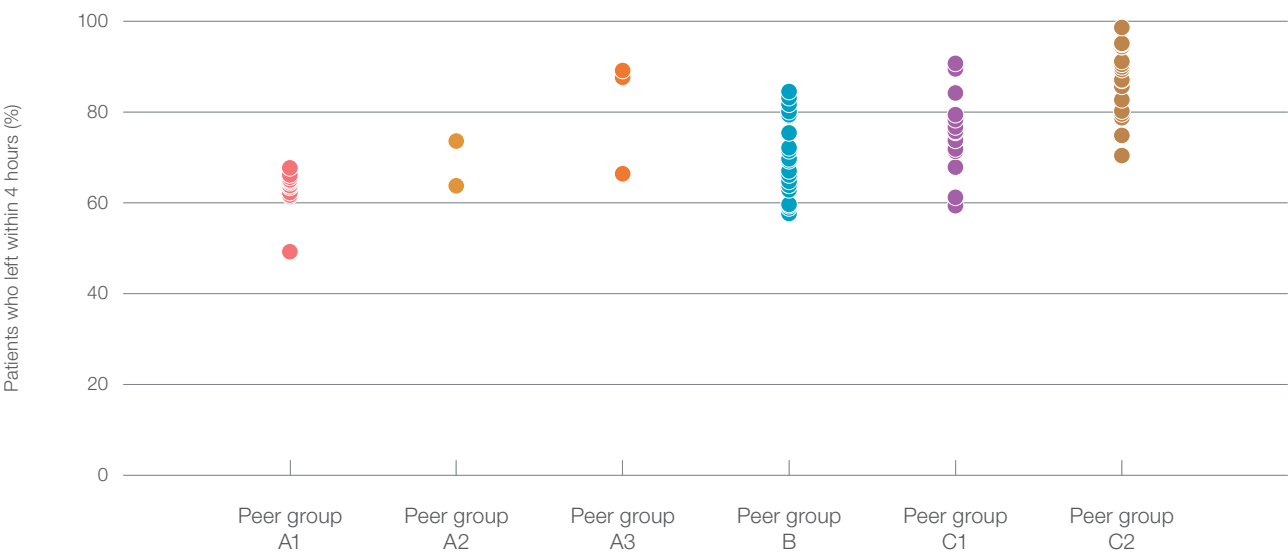
There are differences between peer groups in the percentage of patients who leave the ED within four hours

Figure 17 shows the percentage of patients leaving the ED within four hours of arrival at the hospital level and within peer groups.

This figure shows that C2 peer group hospitals generally have more patients leaving the ED within four hours compared to other peer groups. In contrast, hospitals belonging to peer group A1 hospitals have fewer patients leaving the ED within four hours compared to other peer groups.

During the quarter, 55 hospitals out of the 72 reported individually improved on the percentage of their patients who left the ED within four hours compared to the same quarter last year. However, 17 hospitals showed a reduction in the percentage of patients leaving the ED within four hours. In the A1 peer group, 12 out of 13 hospitals showed an increase in the percentage of patients who left the ED within four hours.

Figure 17: Percentage of patients who left the ED within four hours of presentation, by peer group, October to December 2013



Note: Time from presentation to the ED until recorded as leaving the ED.  
Source: NSW Health, Health Information Exchange. Data extracted on 28 January 2014.

# Conclusion of analysis

Whether hospitals have patients leaving the ED within four hours is affected by:

- Urgency of cases
- Number of patients admitted or transferred to another hospital
- Volume of patient visits

## Case mix or urgency of patients

Hospitals with a high percentage of urgent cases and a low percentage of non-urgent cases had poorer performance.

As [Figure 12](#) shows, the greater the percentage of patients in the more urgent triage categories 1 and 2 the less likely it is that this hospital will have patients leaving the ED within four hours.

## Number of patients admitted or transferred to another hospital

[Figure 13](#) shows that most hospitals have patients leaving the ED within four hours for their treated and discharged patients but were unable to meet this target for their admitted or transferred patients.

It is also important to note that more urgent cases are more likely to be admitted or transferred and therefore affect the percentage of patients leaving the ED within four hours. For example [Figure 14](#) shows 90% of triage 1 patients and 64% of triage 2 patients were admitted or transferred to another hospital.

## Volume of patients

Our analysis shows that the percentage of patients leaving ED within four hours is also affected by volume of patients. Hospitals from peer group A (usually large metropolitan hospitals) have lower performance when compared with C peer group (smaller and usually rural hospitals) ([Appendix Table 2b](#)).

High volume hospitals such as those in peer group A1 also have a higher percentage of more urgent cases than those in peer group C1 and 2 ([Figure 15](#)) and urgent cases are much more likely to be admitted or transferred to another hospital.

## Peer group matters

The fairest way to compare hospital performance in regards to the percentage of patients leaving the ED within four hours is within peer group. This is because hospitals in the same peer group are likely to have similar factors such as volume and patient type.

# Differences in performance between hospitals

## Time to treatment in NSW EDs

Appendix tables 1a and 2a present the median and 95th percentile times to start treatment for patients in each triage category (categories 2, 3, 4 and 5) for individual EDs by LHD (local health district (table 1a)) and peer group (2a).

There is variation between hospitals when comparing time to treatment by triage category. For example, among principal referral and major hospitals (Peer groups A1 and B), the range of results for the most urgent category (triage 2) and the category with the most amount of patients (triage 4) in the October to December 2013 quarter are summarised below:

- The median time to start treatment for all patients with conditions triaged as **emergency** (triage 2) ranged from four minutes at St Vincent's Hospital, to 13 minutes at Royal Prince Alfred Hospital
- The 95th percentile time to start treatment for patients with conditions triaged as **emergency** (triage 2) ranged from 10 minutes at Blacktown and Hornsby Ku-ring-gai Hospitals to 54 minutes at Wyong Hospital
- The median time to start treatment for all patients with conditions triaged as **semi-urgent** (triage 4) ranged from 14 minutes at the Tweed Hospital to 46 minutes at Maitland Hospital
- The 95th percentile time to start treatment for patients with conditions triaged as **semi-urgent** (triage 4) ranged from 74 minutes at the Tweed Hospital to 210 minutes at Shoalhaven and District Memorial Hospitals.

## Time to leaving the ED

Appendix tables 1b and 2b present number of attendances, the median and 95th percentile times to leaving the ED. Tables 1b and 2b also show the percentage of patients that left the ED within four hours, for individual EDs by LHD (table 1b) and by peer group (table 2b).

There is variation between hospitals when comparing the time to leaving the ED. For example, among principal referral and major hospitals (Peer groups A1 and B), the highest and lowest times in the October to December 2013 quarter are summarised below:

- The median time to leaving the ED ranged from two hours and 30 minutes at Mona Vale and District Hospitals to four hours and four minutes at Gosford Hospital
- The 95th percentile time to leaving the ED ranged from six hours and 10 minutes at Manning Base Hospital to 18 hours and 57 minutes at Campbelltown Hospital
- The percentage of patients who left the ED within four hours from presentation ranged from 49% at Gosford Hospital to 85% at Manly District Hospital.

For more detailed emergency department performance information about each public hospital see the **Appendices** section of this report on page 21.

## Appendix: ED time performance measures

### Download

ED time performance measures by  
**'local health district'** in a PDF file

### Download

ED time performance measures by  
**'peer group'** in a PDF file

### Download

ED time performance measures by  
**'local health district'** in an Excel file

### Download

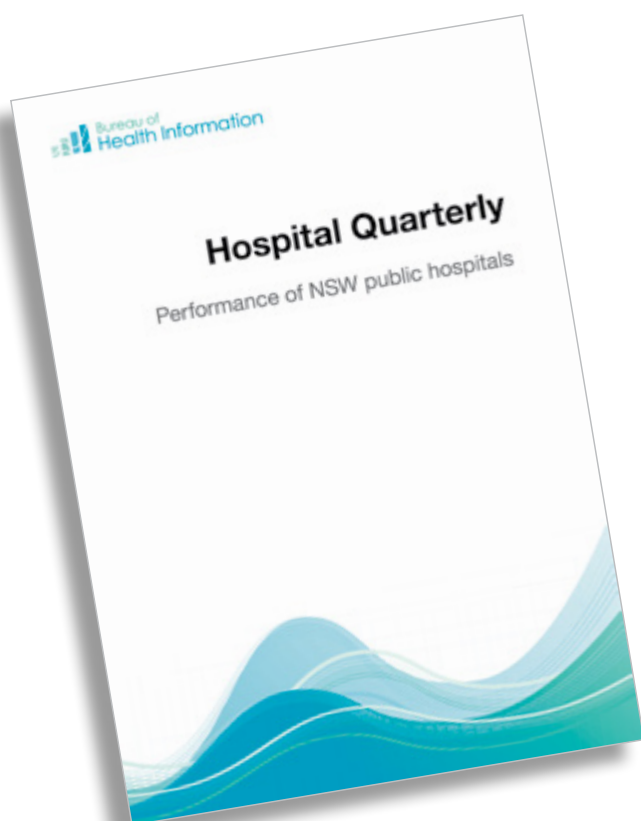
ED time performance measures by  
**'peer group'** in an Excel file

## Download our reports

The report, *Hospital Quarterly: Performance of NSW public hospitals, October to December 2013* and related reports are available at [www.bhi.nsw.gov.au](http://www.bhi.nsw.gov.au)

The suite of products includes:

- Three core modules titled *Admitted Patients, Elective Surgery and Emergency Departments*
- Appendix tables showing key results by peer group and LHD
- Activity and performance profiles about emergency department care and elective surgery for more than 80 hospitals and NSW as a whole



## About the Bureau

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. The work of the Bureau helps to improve and enhance accountability in the NSW health system and assists in ensuring the system benefits 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](http://www.bhi.nsw.gov.au) for any amendments.