



Guide to interpreting the monthly emergency department dashboard

1. Introduction

Emergency Departments (EDs) are hospital-based services that provide urgent medical care for a range of illnesses and injuries, some of which may be life-threatening and require immediate attention.

The Monthly Emergency Department dashboard provides information on the performance of EDs in the Western Australian (WA) health system, including performance against WA emergency access targets. There are two ED dashboards, one that reports daily data for the past week and another that reports on a monthly period. The guide below is for the monthly ED dashboard.

2. Reporting metrics

Attendances

- ED attendances are the number of occasions where a patient presented to a public hospital ED and was registered in one of the electronic data collection systems.
- Attendances are counted (in the metrics below) rather than patients because a person may attend an ED more than once in the period being reported.
- ED attendances must have a valid presentation date and discharge date recorded to be counted.

Ambulance attendances

- Ambulance attendances are those ED attendances (see Attendances) where the patient arrived via ambulance.

Admissions

- Admissions (for the purpose of this report only) are the number of occasions (attendances) where a patient was admitted to a hospital ward from the ED or hospital in the home (HITH) after presenting to an ED. This excludes admissions to ED observation wards (including Short Stay Units, Mental Health Observations Areas and Virtual ED wards).
- Admissions are counted rather than patients because a person may have been admitted to hospital more than once in the period being reported.

Discharges

- Discharges (for the purpose of this report only) are the number of occasions (attendances) where the ED service event was completed and the patient left under their own care, which may include returned to home or returned to a nursing home.

Transfers

- Transfer (for the purpose of this report only) are the number of occasions (attendances) where a patient was transferred to another hospital for admission.

Length of Episode (LoE)/ Episode length ≤ 4 hours, ≤ 6 hours, ≤ 12 hours

- Length of Episode (LoE) is the time from when a patient first presents to an ED staff member (nurse, clerk, etc.) to the time the patient leaves the ED, for that attendance.
- The WA emergency access targets require that:
 - at least 80% of ED attendances that lead to a discharge (see Discharges) have a LoE of 4 hours or less,
 - at least 80% of ED attendances which result in an admission (see Admissions) have a LoE of 6 hours or less,
 - 100% of ED attendances (see Attendances) have a LoE of 12 hours or less.
- For the purpose of this report only, ED attendances included in the WA emergency access measures must be assigned a triage category of 1 to 5 (see Triage Categories in Glossary).

Median time in ED/ Median Length of Episode (LoE)

- Median LoE is the maximum time that 50% of ED attendances (see Attendances) took to complete their episode of care in the ED. For example, a median LoE of 200 minutes indicates that 50% of attendances at that hospital ED completed their episode of care within 200 minutes that month and 50% of attendances had episodes of care longer than 200 minutes.

Attendances seen within recommended time

- The Australasian Triage Scale (ATS) defines the maximum recommended waiting times that clinical care commencement by a medical practitioner or other authorised clinician (doctor, nurse practitioner, nurse, mental health practitioner or other health professional), when investigation, care and/or treatment is provided in accordance with an established clinical pathway defined by the emergency services should take.
- An explanation of Triage Category can be viewed in the Glossary section of this document.
- This report displays the percentage of attendances within each triage category (1 to 5) where clinical care commencement occurred within the recommended timeframe.
- The maximum recommended waiting times for clinical care commencement for each triage category can be viewed in the Glossary section of this document (please see Triage Categories).

Transfer of care time

- Transfer of care time is the length of time between the arrival of an ambulance at a hospital ED and the time that the patient is transferred from the care of a St John WA (SJWA) ambulance crew to the care of the ED staff.
- Transfer of care may be delayed when the ED is operating at (or close to) full capacity. When transfer of care is delayed, paramedics are required to provide care to the patient until the hospital is ready to accept them.
- Transfer of care is reported in the following metric:

% Ambulance arrivals transferred within 30 minutes

Percentage of ED attendances where arrival was by ambulance and where transfer of care from SJWA ambulance crew to ED staff occurred within 30 minutes.

- Attendances are prioritised according to their triage category. Attendances requiring immediate medical attention are transferred to the care of ED staff without delay.
- Data relating to transfer of care is available for metropolitan and country hospitals serviced by SJWA ambulances.

Extended transfer of care time

- Extended transfer of care time (ETOC) (referred to as ramping by SJWA) is the amount of time over 30 minutes which a patient waits between the arrival of an ambulance at a hospital ED and the time that the patient is transferred from the care of a SJWA ambulance crew to the care of the ED staff.
- Extended transfer of care is presented as an aggregate of total hours for the latest reported month.
- Data relating to extended transfer of care is available for in-scope EDs at an aggregated regional level, for sites serviced by SJWA ambulances.
- Changes to SJWA or WA Health business process may affect how extended transfer of care hours are calculated in the future.

3. Data sources and data coverage

Data related to transfer of care times and extended transfer of care times is provided by SJWA.

Other data in the dashboard is extracted from the Emergency Department Data Collection (EDDC), which is managed by the Information and System Performance Directorate at the WA Department of Health and the EDDC contains data from a range of different patient information systems.

The monthly ED dashboard includes data from public hospitals and contracted health entities within the WA health system that operate an ED with 24-hour medical staffing. Very small country hospitals and nursing posts are excluded from the report.

4. Data extraction and reporting

Data in the monthly ED dashboard are extracted after the end of each reported month.

The date filter will include the last 13 months of data. Filtering by month will not affect extended transfer of care hours, which displays the latest reported month only.

When filtering by hospital, an individual hospital can be selected or there is the option to display all metropolitan, all country or all WA hospitals. Filtering by hospital will affect every section of the dashboard except the extended transfer of care hours, which will continue to display the WA total, metropolitan and country ETOC hours.

When filtering by stream, this only changes the results for the attendances and median time in emergency department graph directly below the filter.

When filtering by attendance type (Admitted, Discharged or Transferred), the mental health status only changes the results in the three boxes directly below the filter and only at State (All WA hospitals) level.

Dashboard data is available in an alternative accessible format via the link under Related Links at the bottom of the webpage.

5. Data interpretation

Figures shown in the tables are subject to change due to quality assurance processes, lags in data processing, data cleaning or other corrections. As such, differences may exist between figures reported in this dashboard and other reports and small movements in historical data may occur as a result of these processes.

Published results have been rounded.

Median LoE times for small country hospitals with a low number of ED attendances should be interpreted with caution.

Emergency access measures (percentages) with small numbers of attendances should be interpreted with caution.

Some ED attendances may be excluded from reporting, where certain data quality requirements are not met (e.g., where an invalid presentation time is entered).

6. Glossary

Triage

The process of initial assessment of a patient presenting to an ED and the allocation of an urgency category based on the patient's presenting problem, general appearance and (if required) physiological observations. Triage is generally carried out by a triage nurse.

Triage Categories

A triage category is assigned to each patient based on the triage assessment, with triage 1 being the most urgent and triage 5 being the least urgent. This allows patients to be seen in order of clinical priority and ensures that the patients with the most urgent requirements for medical care are seen first.

Each triage category has a recommended maximum waiting time for medical assessment and treatment. Ideally, patients should be seen within the recommended maximum waiting times.

More information on triage categories can be found at [Australasian College of Emergency Medicine \(external website\)](#).

The triage categories and recommended maximum waiting times are as follows: Triage Category	Treatment Urgency	Recommended Maximum Waiting Time
Triage 1	Resuscitation	Immediate (in practice less than 2 minutes)
Triage 2	Emergency	10 minutes
Triage 3	Urgent	30 minutes
Triage 4	Semi-Urgent	60 minutes
Triage 5	Non-Urgent	120 minutes

WA Emergency Access Targets

These statewide performance standards aim to improve patient access to public emergency services. WA emergency access targets require that 100 per cent ED attendances to a public hospital ED have a length of episode (LoE) that is 12 hours or less; that at least 80 percent of ED attendances that are admitted have a LoE of 6 hours or less; and that at least 80 percent of ED attendances that are discharged have a LoE of 4 hours or less.

WA health system

Refers to the public health system in WA, as defined in Section 19(1) of the *Health Services Act 2016*. The WA health system comprises the Department of Health, Health Service Providers and public services provided by contracted health entities.

Health Service Providers are board-governed statutory authorities that are legally responsible and accountable for the delivery of health services for their local areas and communities. Health Service Providers currently providing ED services are:

- Child and Adolescent Health Service (CAHS)
- North Metropolitan Health Service (NMHS)
- South Metropolitan Health Service (SMHS)
- East Metropolitan Health Service (EMHS)
- WA Country Health Service (WACHS)

Contracted health entities are privately-operated health facilities that are contracted by the State Government to provide public healthcare services. Contracted health entities currently providing public ED services are Joondalup Health Campus and St John of God Midland Public Hospital.

7. Citation of WA health system Emergency Department data

Acknowledgement of the Information and System Performance Directorate, Western Australian Department of Health should accompany any use of the data.

8. More information

Please see the Emergency Department Care Report from [MyHospitals](#), Australian Institute of Health and Welfare.

This document can be made available in alternative formats on request for a person with disability.

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