

# Patients admitted, discharged, or transferred from an emergency department within six hours

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## Outcome

Measure of the efficiency of flow of acute (urgent) patients through public hospitals and home again.

## Measure

Patients admitted, discharged, or transferred from an emergency department within six hours

## Type

Contributory measure

## Relationship(s) to other frameworks

This measure is a Health Target ('Shorter stays in emergency departments')

## Rationale

Emergency Department (ED) length of stay is an important measure of the quality of acute (emergency and urgent) care in our public hospitals, because:

- EDs are designed to provide urgent (acute) health care; the timeliness of treatment delivery (and any time spent waiting) is by definition important for patients
- long stays in emergency departments are linked to overcrowding of the ED
- the medical and nursing literature has linked both long stays and overcrowding in EDs to negative clinical outcomes for patients such as increased mortality and longer inpatient lengths of stay
- overcrowding can also lead to compromised standards of privacy and dignity for patients, for instance, through the use of corridor trolleys to house patients

## Eligible population

All patients presenting to a level 3 or an agreed level 2 ED

## Measure status

Active

## Numerator

Number of patient presentations to the ED with an ED length of stay less than six hours, and

## Denominator

Number of patient presentations to the ED

## National target

95 percent of patients will be admitted, discharged, or transferred from the ED within six hours.

## Local target

95 percent of patients will be admitted, discharged, or transferred from the ED within six hours.

## Total population

## Data Sources

- DHBs submit their data to the Ministry each quarter

## Data extracted from data sources

The data the DHBs provide is the numerator and denominator, by hospital. All presentations between 00:00 hours on the first day of the quarter, and 00:00 hours on the first day of the next quarter, are included except:

- Patients who do not wait for treatment; these will be removed from both the denominator and the numerator.
- General Practitioner (GP) referrals that are assessed at the ED triage desk (using the Australasian Triage Scale), but are then directed to an Admission and Planning Unit or similar unit without further ED intervention. Here the term 'ED intervention, sufficient for inclusion in the measure, can encompass more detailed nursing assessment (over and above triage) and minor procedures such as analgesia or administration of intravenous fluids, for instance.
- Patients that present to the ED for pre-arranged outpatient-style treatment.
- No exceptions from measurement are made for particular clinical conditions.

## Data availability

The Ministry will publish each DHB's final result on its website on a quarterly basis.