

# PURCHASING ADJUSTMENT EMERGENCY DEPARTMENT VISIT TIME $\geq$ 24 HOURS

CONTACT UNIT: Performance Framework and Monitoring

DISTRIBUTION: Metropolitan hospitals

Country hospitals (Gawler Health Service, Mount Gambier and Districts Health Service, Port Augusta Hospital and Regional Health Service, Port Lincoln Hospital and Health Service, Port Pirie Regional Health Service, Riverland General Hospital, Whyalla Hospital and Health Service)

## 1. PURPOSE

This bulletin outlines the methodology used to determine the performance disincentive for emergency department visiting times that are equal to or greater than 24 hours.

## 2. BACKGROUND

Long visit times are not only an inconvenience for patients, affecting their overall satisfaction with the care they receive and leading to complaints, but they may also increase the risk of harm and hospital readmission for patients who have been discharged from the emergency department. Emergency departments work hard to make sure the sickest patients are seen first and that all patients are seen in a timely manner, but when the resources of the emergency department are overwhelmed, patients may wait too long for emergency care and assessment before they can be stabilised and moved to an appropriate setting.

### Purchasing Adjustment

A performance disincentive of \$1,000 will be charged to hospitals for each patient with a visit time equal to or greater than 24 hours in a hospital emergency department before treatment, to encourage better access to services within the emergency department and other admitted patient areas.

The penalty payment is intended to encourage appropriate and timely flow through the emergency department and into admitted patient areas to ensure that patients are treated in the most appropriate setting conducive to the care and treatment they require as practical as that can be in a public health system.

Evidence must be documented in the patient's clinical record and appropriately recorded in the relevant hospital data systems within the required timeframes. Hospital data will be regularly reviewed to ensure appropriate counting and reporting processes are maintained and to monitor patient flow.

### 3. DETAILS OF METHODOLOGY

**Measure:** The number of presentations where the total time spent in the emergency department (visit time) was equal to or longer than 24 hours (1,440 minutes), measured from presentation time to departure time where:

- > Presentation time in the emergency department is the earlier of the clerical date/time and triage date/time.
- > Departure time is when the non-admitted component of the emergency department service episode has concluded, except for patients where their entire hospital stay was in the emergency department regardless of whether they were considered an admission within the emergency department (sometimes referred to as a short stay admission).

**Numerator:** The number of presentations in the emergency department where total time spent in the emergency department is greater than or equal to 24 hours in the period.

**Inclusions:** All adult and paediatric emergency department presentations.

**Exclusions:**

- > Records where the presentation date or departure date or both is not present.
- > Died in the emergency department; code = 8.
- > Duplicate, with same hospital, MRN, arrival date, arrival time and birth date.

### 4. MONITORING AND FUNDING ADJUSTMENTS

Activity and performance will be assessed and reported as per timeframes stipulated in the Service Level Agreement (SLA). LHNs will have the opportunity to review the data and to submit supporting evidence/documentation to justify compliance. Any associated financial adjustments will be transacted at the end of quarter three through the SLA amendment process.

The Department for Health and Wellbeing reserves the right to audit at any stage up until the final payment.

Periods already assessed and transacted for through the amendment process will not be re-assessed unless significant data changes are notified to the Quality, Information and Performance Branch within the amendment window negotiation period. It is important that data quality and completeness are timely and accurate.

#### Data Source

Emergency Department Data Collection.

**Note:** *The definition for this performance indicator was developed with extensive consultation.*

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#### For more information

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