



Guide to interpreting the daily 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 Daily Emergency Department dashboard provides information on the performance of EDs in the Western Australian (WA) health system. 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 daily ED dashboard

2. Reporting metrics

Attendances

- ED attendances are the number occasions where a patient presented to a public hospital ED and was registered in one of the electronic data collection systems.
- Attendances are counted 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 where a patient was admitted to a hospital ward after presenting to an ED. This includes admissions to Short Stay Units (also known as ED Observation Wards).
- Admissions are counted rather than patients because a person may have been admitted to hospital more than once in the period being reported.

Median wait time

- Wait time is the length of time (in minutes) between a person presenting to an ED and a clinical staff member commencing comprehensive investigation and/or treatment of that patient's condition.
- Median wait time is the maximum length of time that 50% of ED attendances waited for clinical care to be commenced by a medical professional. For example, a median wait time of 10 minutes indicates that 50% of patients at that hospital were seen within 10 minutes that day (or week) and 50% of patients waited longer than 10 minutes.
- Median wait times are reported by triage category. Each triage category has a defined maximum wait time (see Triage Categories in Glossary).

Transfer of care

- 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 the St John WA ambulance (SJWA) 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.
- WA public hospitals have a transfer of care target requiring that at least 90% of patients are transferred within 30 minutes.
- Patients are prioritised according to their triage category. Patients requiring immediate medical attention are transferred to the care of ED staff without delay.
- Data relating to transfer of care is currently only available for metropolitan hospitals.
- Transfer of care is reported in 2 separate metrics:

% Ambulance arrivals transferred within 30 minutes

Percentage of ED attendances where transfer of care from SJWA to ED staff occurred within 30 minutes.

Median transfer of care time

Maximum length of time that 50% of ED attendances waited for transfer of care to occur.

3. Data sources and data coverage

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

The daily 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 reports.

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

4. Data extraction and reporting

Data in the daily dashboard is extracted at the end of each day.

The date filter will include the most recent 8 days of data. The dashboard can be filtered by hospital and date; however, filtering by date will not affect the graphs, which display all dates.

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 dashboards.

Dashboard data is available in an 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.

Waiting times may fluctuate depending on the time of day. For live metropolitan ED waiting times, please refer to the [Emergency Department activity page](#).

Median wait times for small country hospitals with a low number of ED 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 maximum waiting time for medical assessment and treatment. Ideally, patients should be seen within the 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	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 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 emergency department services are Joondalup Health Campus, Peel 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

[Emergency Department Care Report](#), 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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