



Government of **Western Australia**  
Department of **Health**

# Western Australia Emergency Access Target

## Performance Quarterly Report

January to March 2017 Quarter



## What is the WA Emergency Access Target (WEAT)?

In January 2016, WA Health established the WA Emergency Access Target (WEAT) to continue driving local improvement in patient access to emergency services. This replaces the National Emergency Access Target (NEAT) following the expiry of the Commonwealth National Partnership Agreement on Improving Public Hospital Services in 2015.

The WEAT requires 90 per cent of all patients presenting to a public hospital emergency department (ED) to be seen and admitted, transferred or discharged within four hours.

## What hospitals does it cover?

**Tertiary Hospitals:** Fiona Stanley Hospital (FSH), King Edward Memorial Hospital (KEMH), Princess Margaret Hospital (PMH), Royal Perth Hospital (RPH) and Sir Charles Gairdner Hospital (SCGH).

**Metropolitan General Hospitals:** Armadale-Kelmscott Memorial Hospital (AKMH), Joondalup Health Campus (JHC), Peel Health Campus (PHC), Rockingham General Hospital (RGH) and St John of God Midland Public Hospital (SJOGMPH).

**Country Hospitals (formerly Rural Hospitals):** Albany Hospital (AH), Broome Hospital (BH), Bunbury Regional Hospital (BRH), Geraldton Hospital (GH), Hedland Health Campus (HHC), Kalgoorlie Hospital (KH) and Nickol Bay Hospital (NBH).

## Providing the best care

The 2009 Four Hour Rule Program and the subsequent National Emergency Access Target have used clinical service redesign and improvement processes to significantly change the way our hospitals operate. This resulted in improved patient care for Western Australians.

The WEAT will continue examining and improving processes across the entire patient journey, from the ED and the wards through to hospital discharge. WA Health will continue to build on this solid foundation in emergency access reform to provide the best possible care to our patients.

In 2015–16, Western Australia was the best performing Australian jurisdiction for patients seen and admitted, transferred or discharged within four hours (WEAT).

## What does this report show?

This quarterly performance report shows how Tertiary, Metropolitan General and Country hospitals are progressing towards the WEAT. For January to March 2017, the percentage of emergency department attendances with length of episode (LOE) of four hours or less is 76.3%. This result is below the 2017 WA target of 90%. Health Service Providers are endeavouring to improve performance as per the recommendations of the Western Australia Emergency Flow Report (May 2014).

This report also includes the number of ED attendances and the relevant safety and quality measures that are monitored to ensure patient care remains the highest priority.

Refer to the Notes section (page 23) and the WEAT Reporting Data Definitions and Business Rules (pages 24 to 27) for information on how to interpret the figures in this report.



## **Tertiary Hospitals**

Fiona Stanley Hospital

King Edward Memorial Hospital

Princess Margaret Hospital

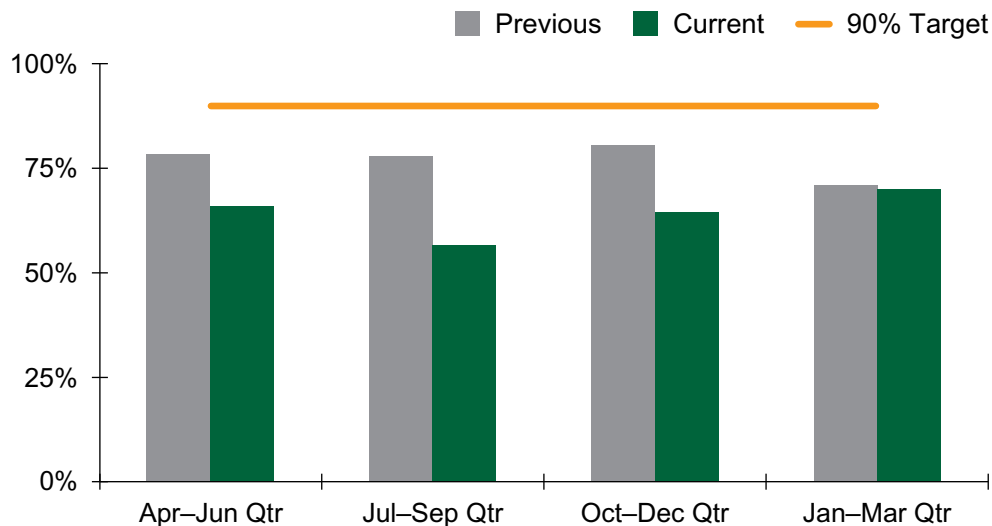
Royal Perth Hospital

Sir Charles Gairdner Hospital

## Fiona Stanley Hospital

January to March 2017		Compared to January to March 2016		
25,315	emergency department attendances	↓	1.8%	decrease in emergency department attendances, or 466 fewer attendances
69.9%	emergency department attendances with length of episode (LOE) of four hours or less <sup>1</sup>	↓	1.4%	decrease in emergency department attendances with LOE of four hours or less <sup>1</sup>
50.9%	emergency department admissions with LOE of four hours or less <sup>1</sup>	↑	6.0%	increase in emergency department admissions with LOE of four hours or less <sup>1</sup>
53.8%	emergency department transfers with LOE of four hours or less <sup>1</sup>	↑	10.5%	increase in emergency department transfers with LOE of four hours or less <sup>1</sup>
80.9%	emergency department departures with LOE of four hours or less <sup>1</sup>	↓	2.8%	decrease in emergency department departures with LOE of four hours or less <sup>1</sup>
0.3%	unplanned reattendances to the emergency department within 48-hours			
1.6%	hospital mortality for emergency department admissions			

**Figure 1: Fiona Stanley Hospital – Percentage of ED attendances with length of episode of four hours or less**

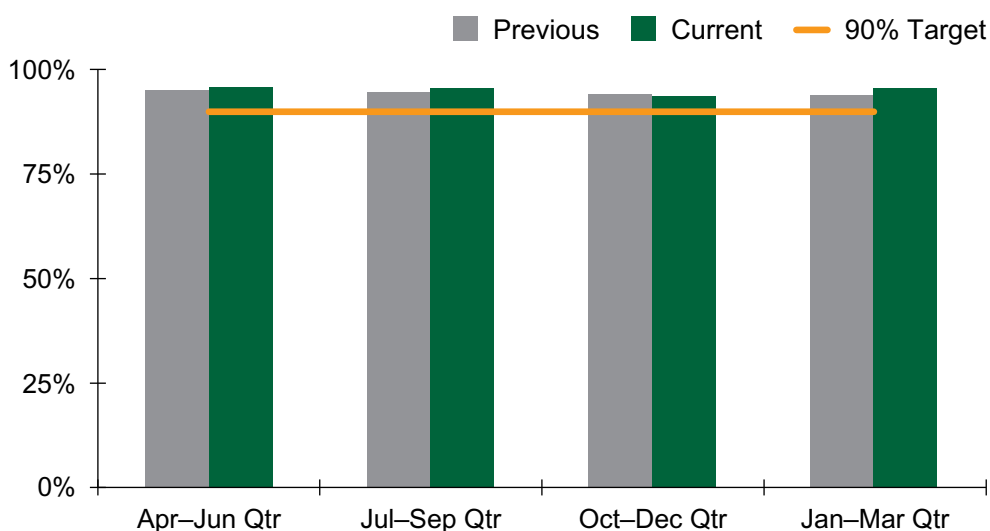


See Notes on page 23 for additional comments on the figures shown.

## King Edward Memorial Hospital

January to March 2017		Compared to January to March 2016		
2,996	emergency department attendances	↓	4.0%	decrease in emergency department attendances, or 125 fewer attendances
95.5%	emergency department attendances with length of episode (LOE) of four hours or less <sup>1</sup>	↑	1.8%	increase in emergency department attendances with LOE of four hours or less <sup>1</sup>
82.7%	emergency department admissions with LOE of four hours or less <sup>1</sup>	↑	7.9%	increase in emergency department admissions with LOE of four hours or less <sup>1</sup>
90.5%	emergency department transfers with LOE of four hours or less <sup>1</sup>	↑	19.3%	increase in emergency department transfers with LOE of four hours or less <sup>1</sup>
97.1%	emergency department departures with LOE of four hours or less <sup>1</sup>	↑	0.9%	increase in emergency department departures with LOE of four hours or less <sup>1</sup>
0.4%	unplanned reattendances to the emergency department within 48-hours			
0.0%	hospital mortality for emergency department admissions <sup>2</sup>			

**Figure 2: King Edward Memorial Hospital – Percentage of ED attendances with length of episode of four hours or less**

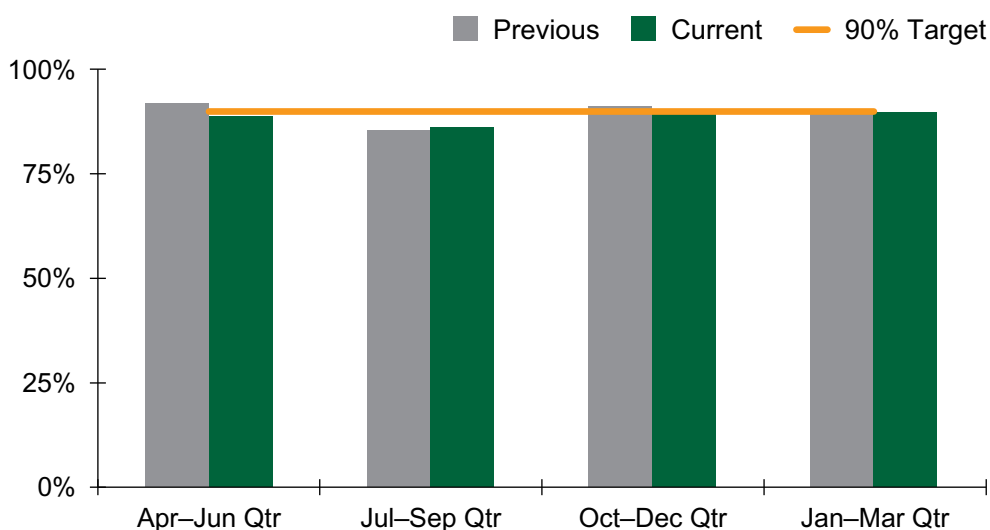


See Notes on page 23 for additional comments on the figures shown.

## Princess Margaret Hospital

January to March 2017		Compared to January to March 2016		
14,023	emergency department attendances	↓	4.2%	decrease in emergency department attendances, or 620 fewer attendances
89.6%	emergency department attendances with length of episode (LOE) of four hours or less <sup>1</sup>	↓	0.6%	decrease in emergency department attendances with LOE of four hours or less <sup>1</sup>
70.8%	emergency department admissions with LOE of four hours or less <sup>1</sup>	↑	5.1%	increase in emergency department admissions with LOE of four hours or less <sup>1</sup>
66.2%	emergency department transfers with LOE of four hours or less <sup>1</sup>	↓	10.4%	decrease in emergency department transfers with LOE of four hours or less <sup>1</sup>
94.6%	emergency department departures with LOE of four hours or less <sup>1</sup>	↓	1.3%	decrease in emergency department departures with LOE of four hours or less <sup>1</sup>
0.1%	unplanned reattendances to the emergency department within 48-hours			
0.0%	hospital mortality for emergency department admissions <sup>2</sup>			

**Figure 3: Princess Margaret Hospital – Percentage of ED attendances with length of episode of four hours or less**

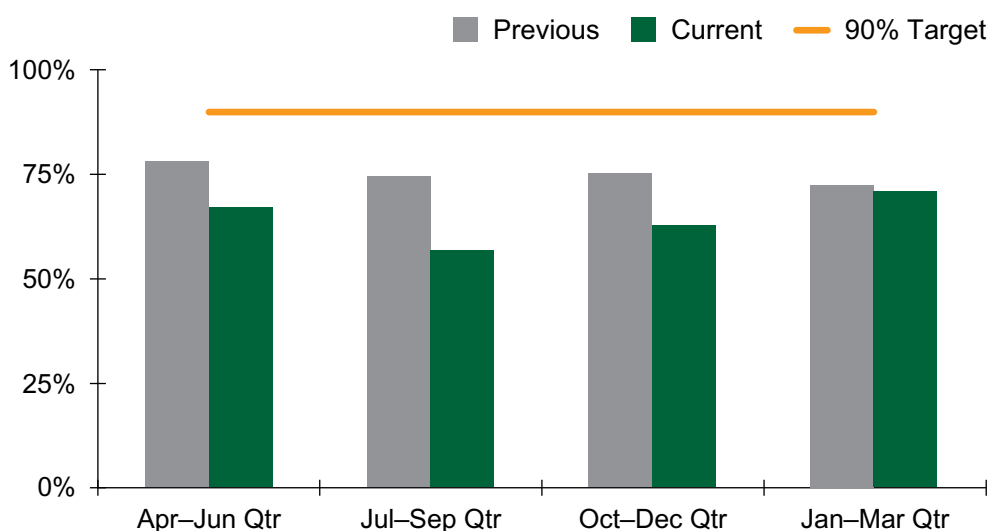


See Notes on page 23 for additional comments on the figures shown.

## Royal Perth Hospital

January to March 2017		Compared to January to March 2016		
18,002	emergency department attendances	↓	1.8%	decrease in emergency department attendances, or 330 fewer attendances
70.8%	emergency department attendances with length of episode (LOE) of four hours or less <sup>1</sup>	↓	2.2%	decrease in emergency department attendances with LOE of four hours or less <sup>1</sup>
53.6%	emergency department admissions with LOE of four hours or less <sup>1</sup>	↓	0.6%	decrease in emergency department admissions with LOE of four hours or less <sup>1</sup>
40.8%	emergency department transfers with LOE of four hours or less <sup>1</sup>	↑	2.5%	increase in emergency department transfers with LOE of four hours or less <sup>1</sup>
82.2%	emergency department departures with LOE of four hours or less <sup>1</sup>	↓	2.5%	decrease in emergency department departures with LOE of four hours or less <sup>1</sup>
0.2%	unplanned reattendances to the emergency department within 48-hours			
1.2%	hospital mortality for emergency department admissions			

**Figure 4: Royal Perth Hospital – Percentage of ED attendances with length of episode of four hours or less**

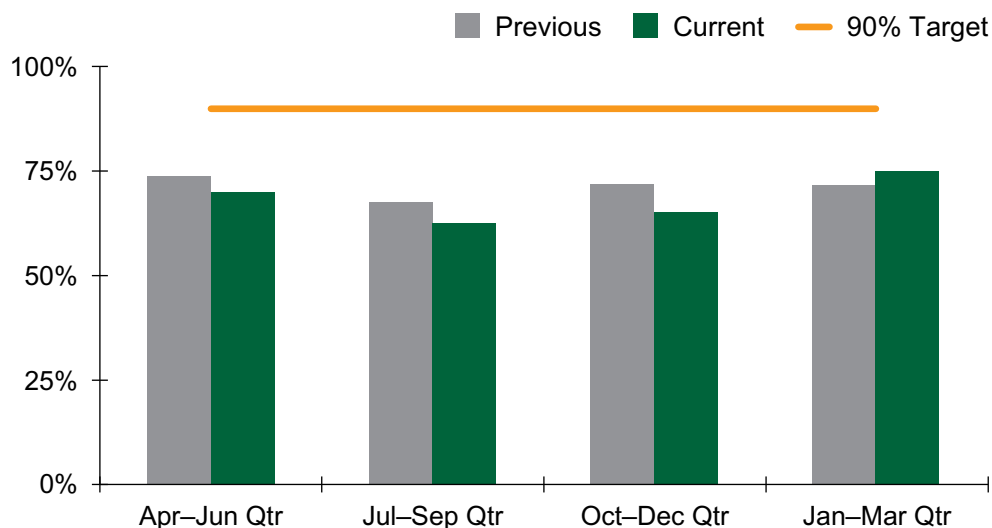


See Notes on page 23 for additional comments on the figures shown.

## Sir Charles Gairdner Hospital

January to March 2017		Compared to January to March 2016		
16,921	emergency department attendances	↓	4.5%	decrease in emergency department attendances, or 803 fewer attendances
75.0%	emergency department attendances with length of episode (LOE) of four hours or less <sup>1</sup>	↑	4.7%	increase in emergency department attendances with LOE of four hours or less <sup>1</sup>
65.5%	emergency department admissions with LOE of four hours or less <sup>1</sup>	↑	8.5%	increase in emergency department admissions with LOE of four hours or less <sup>1</sup>
44.0%	emergency department transfers with LOE of four hours or less <sup>1</sup>	↑	24.1%	increase in emergency department transfers with LOE of four hours or less <sup>1</sup>
86.1%	emergency department departures with LOE of four hours or less <sup>1</sup>	↑	1.0%	increase in emergency department departures with LOE of four hours or less <sup>1</sup>
0.1%	unplanned reattendances to the emergency department within 48-hours			
1.7%	hospital mortality for emergency department admissions			

**Figure 5: Sir Charles Gairdner Hospital – Percentage of ED attendances with length of episode of four hours or less**



See Notes on page 23 for additional comments on the figures shown.





## **Metropolitan General Hospitals**

Armadale-Kelmscott Memorial Hospital

Joondalup Health Campus

Peel Health Campus

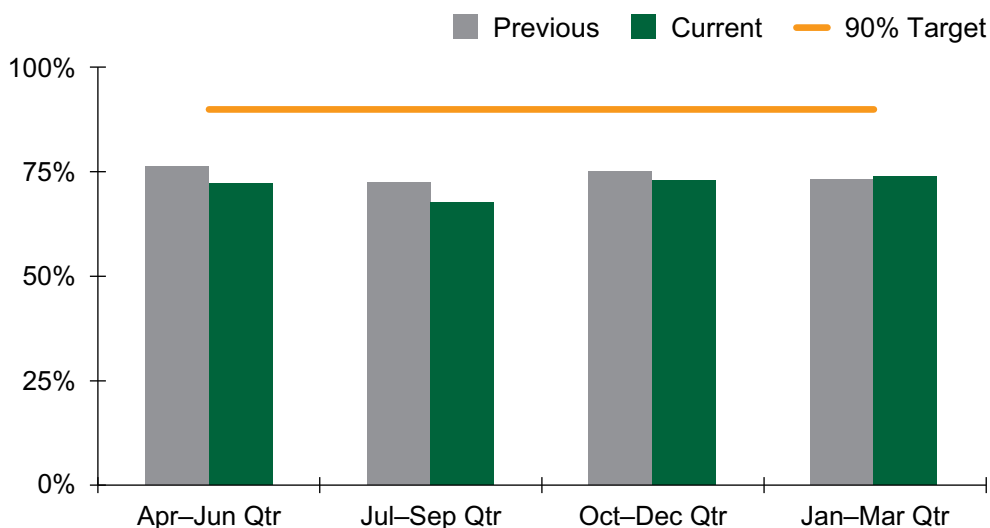
Rockingham General Hospital

SJOG Midland Public Hospital

## Armadale-Kelmscott Memorial Hospital

January to March 2017		Compared to January to March 2016		
14,276	emergency department attendances	↓	3.2%	decrease in emergency department attendances, or 470 fewer attendances
73.9%	emergency department attendances with length of episode (LOE) of four hours or less <sup>1</sup>	↑	1.0%	increase in emergency department attendances with LOE of four hours or less <sup>1</sup>
35.1%	emergency department admissions with LOE of four hours or less <sup>1</sup>	↑	35.8%	increase in emergency department admissions with LOE of four hours or less <sup>1</sup>
44.0%	emergency department transfers with LOE of four hours or less <sup>1</sup>	↓	5.0%	decrease in emergency department transfers with LOE of four hours or less <sup>1</sup>
81.7%	emergency department departures with LOE of four hours or less <sup>1</sup>	↓	0.02%	decrease in emergency department departures with LOE of four hours or less <sup>1</sup>
0.6%	unplanned reattendances to the emergency department within 48-hours			
1.2%	hospital mortality for emergency department admissions			

**Figure 6: Armadale-Kelmscott Memorial Hospital – Percentage of ED attendances with length of episode of four hours or less**

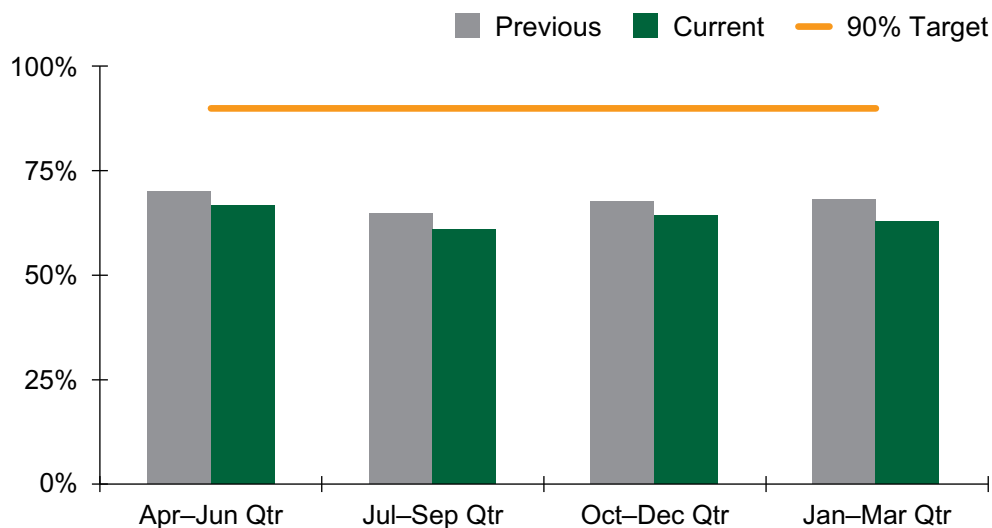


See Notes on page 23 for additional comments on the figures shown.

## Joondalup Health Campus

January to March 2017		Compared to January to March 2016		
23,902	emergency department attendances	↓	4.1%	decrease in emergency department attendances, or 1,023 fewer attendances
62.9%	emergency department attendances with length of episode (LOE) of four hours or less <sup>1</sup>	↓	7.7%	decrease in emergency department attendances with LOE of four hours or less <sup>1</sup>
36.7%	emergency department admissions with LOE of four hours or less <sup>1</sup>	↓	15.4%	decrease in emergency department admissions with LOE of four hours or less <sup>1</sup>
56.2%	emergency department transfers with LOE of four hours or less <sup>1</sup>	↓	0.2%	decrease in emergency department transfers with LOE of four hours or less <sup>1</sup>
74.8%	emergency department departures with LOE of four hours or less <sup>1</sup>	↓	6.5%	decrease in emergency department departures with LOE of four hours or less <sup>1</sup>
0.5%	unplanned reattendances to the emergency department within 48-hours			
0.8%	hospital mortality for emergency department admissions			

**Figure 7: Joondalup Health Campus – Percentage of ED attendances with length of episode of four hours or less**



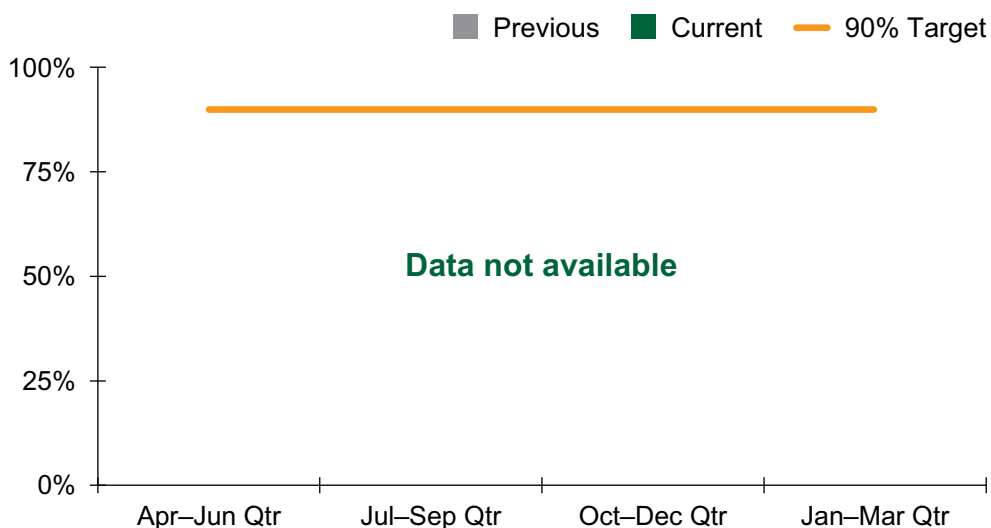
See Notes on page 23 for additional comments on the figures shown.

## Peel Health Campus

January to March 2017		Compared to January to March 2016		
10,793	emergency department attendances	↓	4.1%	decrease in emergency department attendances, or 463 fewer attendances
N/A*	emergency department attendances with length of episode (LOE) of four hours or less <sup>1</sup>		N/A*	emergency department attendances with LOE of four hours or less <sup>1</sup>
N/A*	emergency department admissions with LOE of four hours or less <sup>1</sup>		N/A*	emergency department admissions with LOE of four hours or less <sup>1</sup>
N/A*	emergency department transfers with LOE of four hours or less <sup>1</sup>		N/A*	emergency department transfers with LOE of four hours or less <sup>1</sup>
N/A*	emergency department departures with LOE of four hours or less <sup>1</sup>		N/A*	emergency department departures with LOE of four hours or less <sup>1</sup>
N/A	unplanned reattendances to the emergency department within 48-hours			
1.4%	hospital mortality for emergency department admissions			

N/A\*: Data is not available due to the quality of the data within the new Meditech information system.

**Figure 8: Peel Health Campus – Percentage of ED attendances with length of episode of four hours or less**

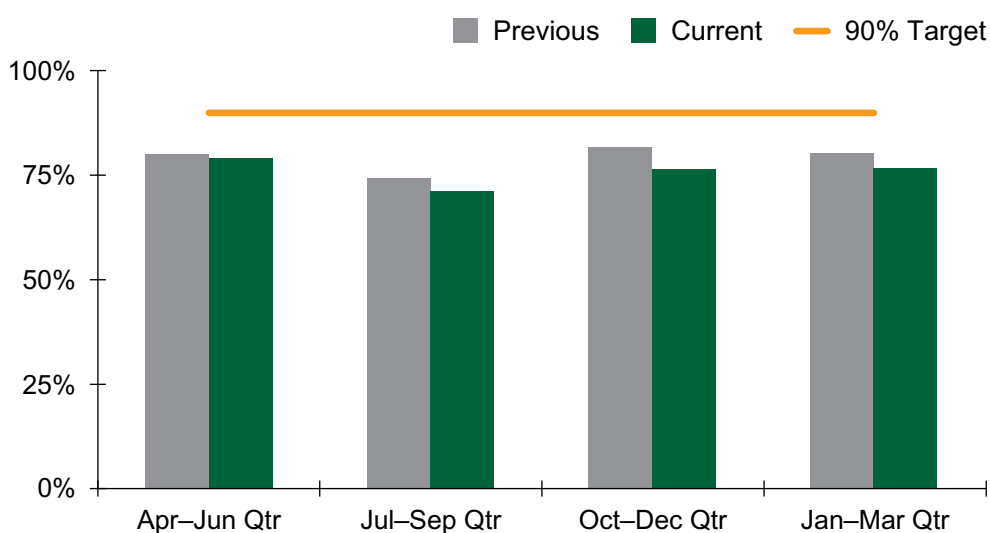


See Notes on page 23 for additional comments on the figures shown.

## Rockingham General Hospital

January to March 2017		Compared to January to March 2016		
13,228	emergency department attendances	↓	2.0%	decrease in emergency department attendances, or 270 fewer attendances
76.7%	emergency department attendances with length of episode (LOE) of four hours or less <sup>1</sup>	↓	4.4%	decrease in emergency department attendances with LOE of four hours or less <sup>1</sup>
45.1%	emergency department admissions with LOE of four hours or less <sup>1</sup>	↓	7.5%	decrease in emergency department admissions with LOE of four hours or less <sup>1</sup>
51.3%	emergency department transfers with LOE of four hours or less <sup>1</sup>	↑	10.6%	increase in emergency department transfers with LOE of four hours or less <sup>1</sup>
85.3%	emergency department departures with LOE of four hours or less <sup>1</sup>	↓	4.1%	decrease in emergency department departures with LOE of four hours or less <sup>1</sup>
0.4%	unplanned reattendances to the emergency department within 48-hours			
1.0%	hospital mortality for emergency department admissions			

**Figure 9: Rockingham General Hospital – Percentage of ED attendances with length of episode of four hours or less**

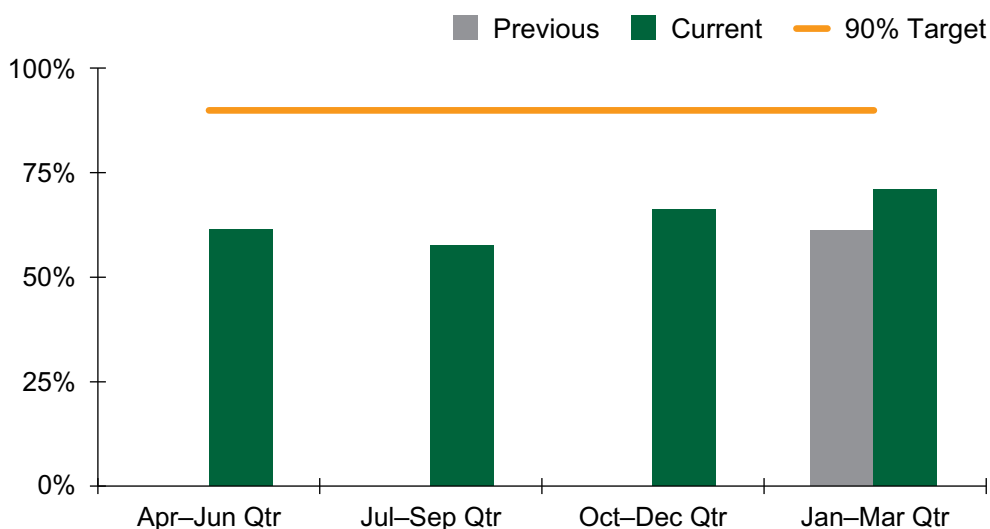


See Notes on page 23 for additional comments on the figures shown.

## SJOG Midland Public Hospital

January to March 2017		Compared to January to March 2016		
16,493	emergency department attendances	↑	9.2%	increase in emergency department attendances, or 1,388 more attendances
71.1%	emergency department attendances with length of episode (LOE) of four hours or less <sup>1</sup>	↑	16.3%	increase in emergency department attendances with LOE of four hours or less <sup>1</sup>
50.4%	emergency department admissions with LOE of four hours or less <sup>1</sup>	↑	32.1%	increase in emergency department admissions with LOE of four hours or less <sup>1</sup>
52.2%	emergency department transfers with LOE of four hours or less <sup>1</sup>	↑	16.7%	increase in emergency department transfers with LOE of four hours or less <sup>1</sup>
80.4%	emergency department departures with LOE of four hours or less <sup>1</sup>	↑	11.1%	increase in emergency department departures with LOE of four hours or less <sup>1</sup>
0.01%	unplanned reattendances to the emergency department within 48-hours			
1.1%	hospital mortality for emergency department admissions			

**Figure 10: SJOG Midland Public Hospital – Percentage of ED attendances with length of episode of four hours or less**



See Notes on page 23 for additional comments on the figures shown.



## **Country Hospitals**

Albany Hospital

Broome Hospital

Bunbury Regional Hospital

Geraldton Hospital

Hedland Health Campus

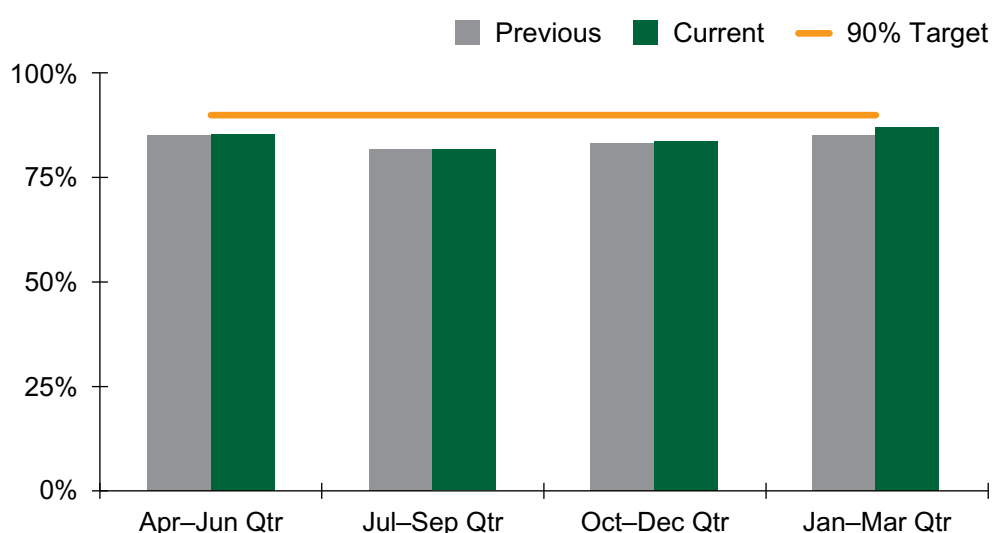
Kalgoorlie Hospital

Nickol Bay Hospital

## Albany Hospital

January to March 2017		Compared to January to March 2016		
6,124	emergency department attendances	↑	1.8%	increase in emergency department attendances, or 106 more attendances
87.2%	emergency department attendances with length of episode (LOE) of four hours or less <sup>1</sup>	↑	2.2%	increase in emergency department attendances with LOE of four hours or less <sup>1</sup>
62.8%	emergency department admissions with LOE of four hours or less <sup>1</sup>	↑	3.3%	increase in emergency department admissions with LOE of four hours or less <sup>1</sup>
70.5%	emergency department transfers with LOE of four hours or less <sup>1</sup>	↑	11.0%	increase in emergency department transfers with LOE of four hours or less <sup>1</sup>
94.2%	emergency department departures with LOE of four hours or less <sup>1</sup>	↑	2.5%	increase in emergency department departures with LOE of four hours or less <sup>1</sup>
N/A	unplanned reattendances to the emergency department within 48-hours			
0.9%	hospital mortality for emergency department admissions			

**Figure 11: Albany Hospital – Percentage of ED attendances with length of episode of four hours or less**



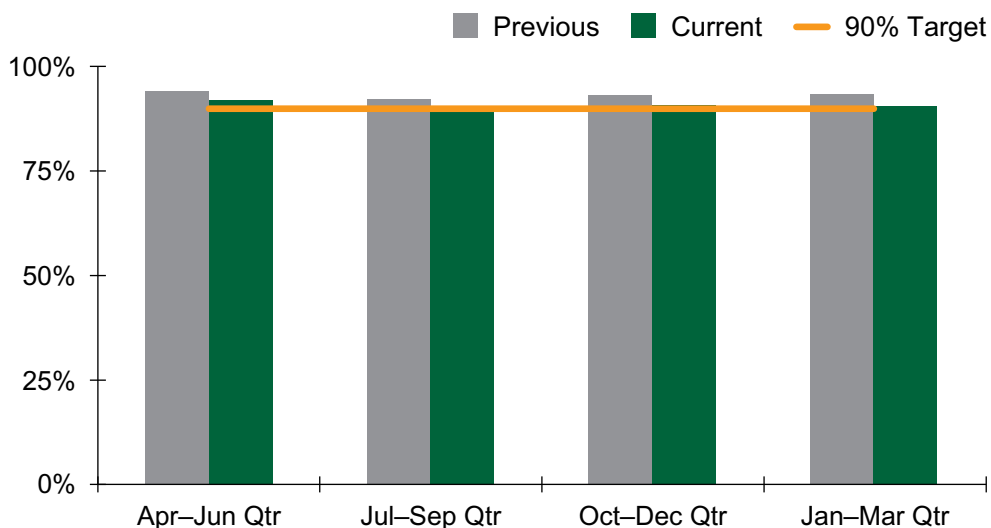
See Notes on page 23 for additional comments on the figures shown.



## Broome Hospital

January to March 2017		Compared to January to March 2016		
5,635	emergency department attendances	↑	8.8%	increase in emergency department attendances, or 454 more attendances
90.5%	emergency department attendances with length of episode (LOE) of four hours or less <sup>1</sup>	↓	3.0%	decrease in emergency department attendances with LOE of four hours or less <sup>1</sup>
63.1%	emergency department admissions with LOE of four hours or less <sup>1</sup>	↓	14.5%	decrease in emergency department admissions with LOE of four hours or less <sup>1</sup>
71.4%	emergency department transfers with LOE of four hours or less <sup>1</sup>	↑	78.6%	increase in emergency department transfers with LOE of four hours or less <sup>1</sup>
95.8%	emergency department departures with LOE of four hours or less <sup>1</sup>	↓	2.0%	decrease in emergency department departures with LOE of four hours or less <sup>1</sup>
N/A	unplanned reattendances to the emergency department within 48-hours			
1.0%	hospital mortality for emergency department admissions			

**Figure 12: Broome Hospital – Percentage of ED attendances with length of episode of four hours or less**

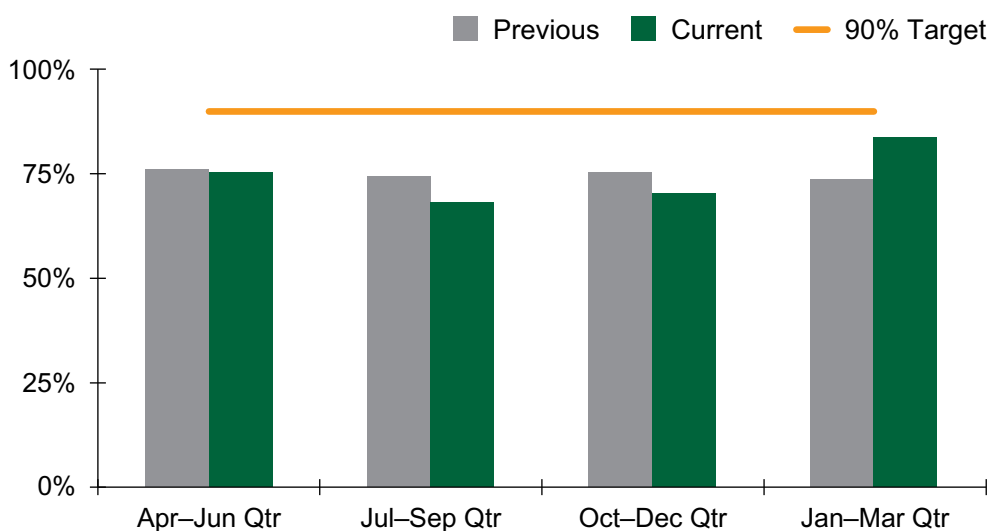


See Notes on page 23 for additional comments on the figures shown.

## Bunbury Regional Hospital

January to March 2017		Compared to January to March 2016		
9,679	emergency department attendances	↓	3.9%	decrease in emergency department attendances, or 389 fewer attendances
83.8%	emergency department attendances with length of episode (LOE) of four hours or less <sup>1</sup>	↑	13.7%	increase in emergency department attendances with LOE of four hours or less <sup>1</sup>
72.1%	emergency department admissions with LOE of four hours or less <sup>1</sup>	↑	46.1%	increase in emergency department admissions with LOE of four hours or less <sup>1</sup>
42.7%	emergency department transfers with LOE of four hours or less <sup>1</sup>	↑	30.0%	increase in emergency department transfers with LOE of four hours or less <sup>1</sup>
89.7%	emergency department departures with LOE of four hours or less <sup>1</sup>	↑	8.9%	increase in emergency department departures with LOE of four hours or less <sup>1</sup>
0.6%	unplanned reattendances to the emergency department within 48-hours			
0.6%	hospital mortality for emergency department admissions			

**Figure 13: Bunbury Regional Hospital – Percentage of ED attendances with length of episode of four hours or less**

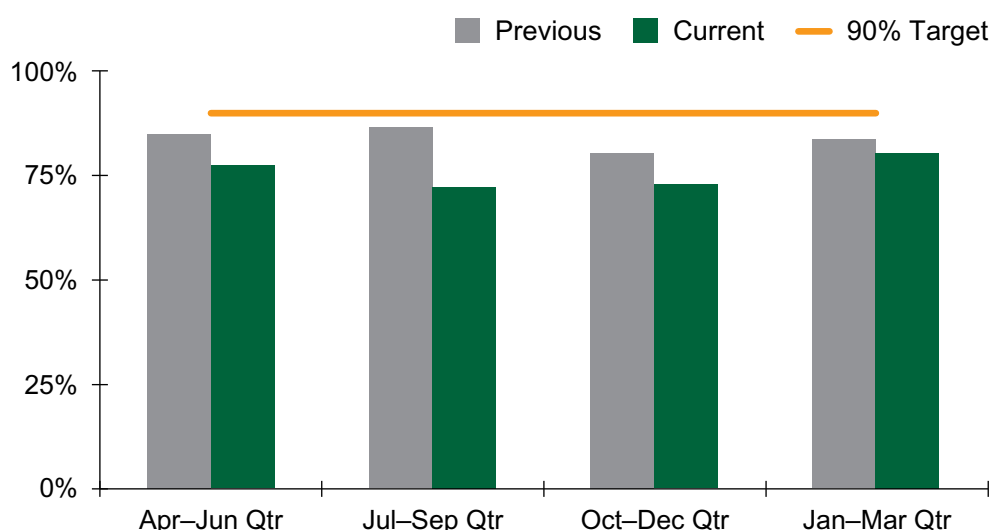


See Notes on page 23 for additional comments on the figures shown.

## Geraldton Hospital

January to March 2017		Compared to January to March 2016		
7,440	emergency department attendances	↑	5.6%	increase in emergency department attendances, or 394 more attendances
80.4%	emergency department attendances with length of episode (LOE) of four hours or less <sup>1</sup>	↓	3.9%	decrease in emergency department attendances with LOE of four hours or less <sup>1</sup>
55.0%	emergency department admissions with LOE of four hours or less <sup>1</sup>	↓	14.6%	decrease in emergency department admissions with LOE of four hours or less <sup>1</sup>
41.7%	emergency department transfers with LOE of four hours or less <sup>1</sup>	↑	36.3%	increase in emergency department transfers with LOE of four hours or less <sup>1</sup>
87.5%	emergency department departures with LOE of four hours or less <sup>1</sup>	↓	1.6%	decrease in emergency department departures with LOE of four hours or less <sup>1</sup>
N/A	unplanned reattendances to the emergency department within 48-hours			
0.5%	hospital mortality for emergency department admissions			

**Figure 14: Geraldton Hospital – Percentage of ED attendances with length of episode of four hours or less**

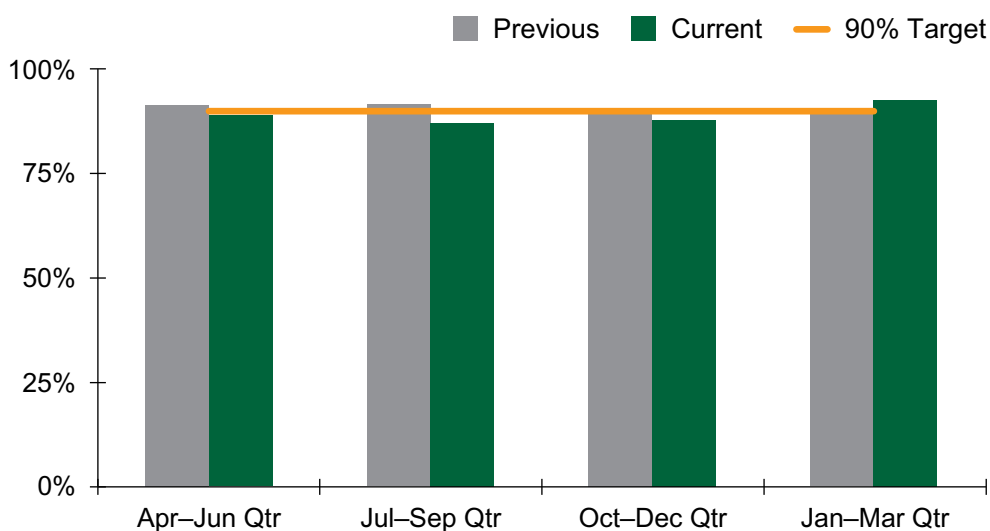


See Notes on page 23 for additional comments on the figures shown.

## Hedland Health Campus

January to March 2017		Compared to January to March 2016		
5,633	emergency department attendances	↑	14.0%	increase in emergency department attendances, or 690 more attendances
92.7%	emergency department attendances with length of episode (LOE) of four hours or less <sup>1</sup>	↑	3.2%	increase in emergency department attendances with LOE of four hours or less <sup>1</sup>
70.2%	emergency department admissions with LOE of four hours or less <sup>1</sup>	↑	15.5%	increase in emergency department admissions with LOE of four hours or less <sup>1</sup>
54.7%	emergency department transfers with LOE of four hours or less <sup>1</sup>	↑	17.3%	increase in emergency department transfers with LOE of four hours or less <sup>1</sup>
96.3%	emergency department departures with LOE of four hours or less <sup>1</sup>	↑	1.6%	increase in emergency department departures with LOE of four hours or less <sup>1</sup>
N/A	unplanned reattendances to the emergency department within 48-hours			
0.3%	hospital mortality for emergency department admissions			

**Figure 15: Hedland Health Campus – Percentage of ED attendances with length of episode of four hours or less**

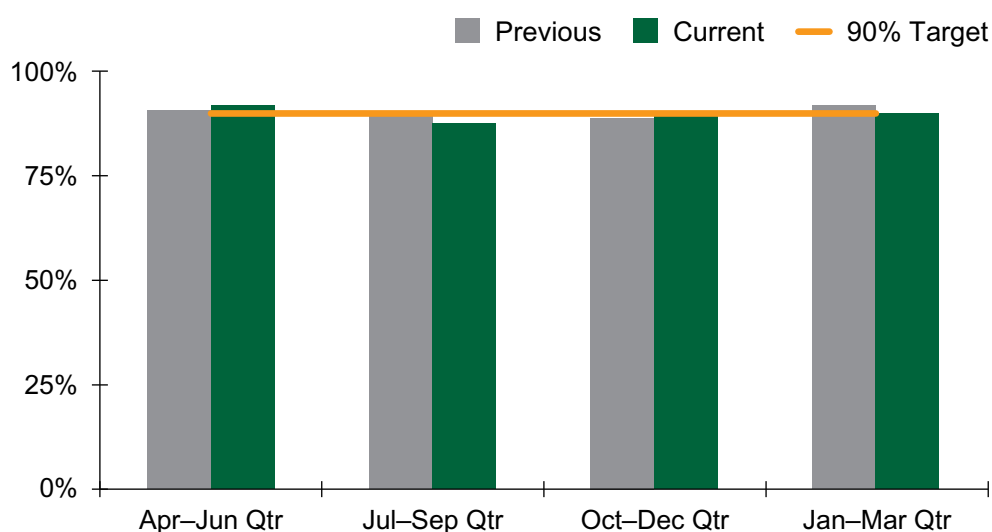


See Notes on page 23 for additional comments on the figures shown.

## Kalgoorlie Hospital

January to March 2017		Compared to January to March 2016		
6,005	emergency department attendances	↑	7.0%	increase in emergency department attendances, or 395 more attendances
89.9%	emergency department attendances with length of episode (LOE) of four hours or less <sup>1</sup>	↓	2.2%	decrease in emergency department attendances with LOE of four hours or less <sup>1</sup>
62.5%	emergency department admissions with LOE of four hours or less <sup>1</sup>	↓	11.8%	decrease in emergency department admissions with LOE of four hours or less <sup>1</sup>
56.0%	emergency department transfers with LOE of four hours or less <sup>1</sup>	↑	33.0%	increase in emergency department transfers with LOE of four hours or less <sup>1</sup>
95.4%	emergency department departures with LOE of four hours or less <sup>1</sup>	↓	1.8%	decrease in emergency department departures with LOE of four hours or less <sup>1</sup>
N/A	unplanned reattendances to the emergency department within 48-hours			
0.6%	hospital mortality for emergency department admissions			

**Figure 16: Kalgoorlie Hospital – Percentage of ED attendances with length of episode of four hours or less**

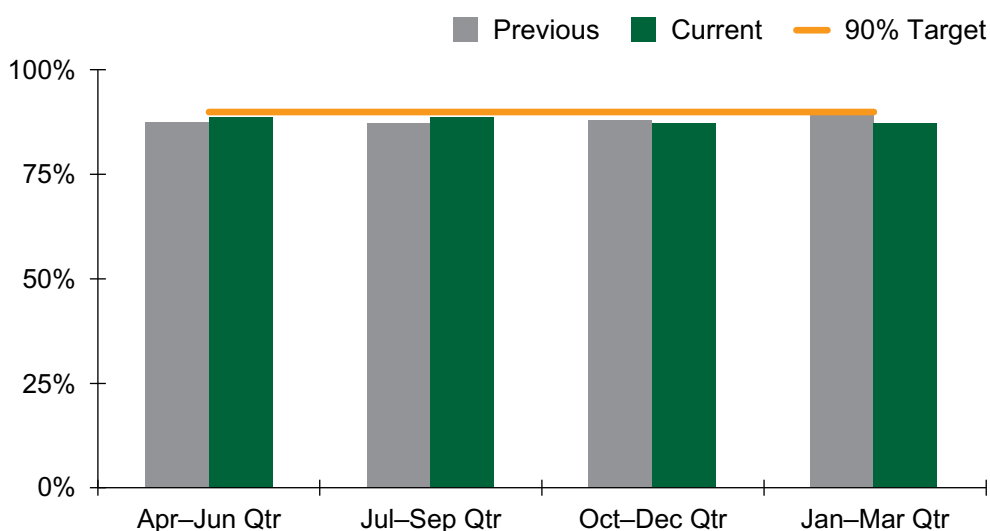


See Notes on page 23 for additional comments on the figures shown.

## Nickol Bay Hospital

January to March 2017		Compared to January to March 2016		
4,650	emergency department attendances	↑	4.5%	increase in emergency department attendances, or 199 more attendances
87.2%	emergency department attendances with length of episode (LOE) of four hours or less <sup>1</sup>	↓	2.6%	decrease in emergency department attendances with LOE of four hours or less <sup>1</sup>
43.4%	emergency department admissions with LOE of four hours or less <sup>1</sup>	↓	18.2%	decrease in emergency department admissions with LOE of four hours or less <sup>1</sup>
51.7%	emergency department transfers with LOE of four hours or less <sup>1</sup>	↑	1.2%	increase in emergency department transfers with LOE of four hours or less <sup>1</sup>
93.0%	emergency department departures with LOE of four hours or less <sup>1</sup>	↓	1.5%	decrease in emergency department departures with LOE of four hours or less <sup>1</sup>
N/A	unplanned reattendances to the emergency department within 48-hours			
1.3%	hospital mortality for emergency department admissions			

**Figure 17: Nickol Bay Hospital – Percentage of ED attendances with length of episode of four hours or less**



See Notes on page 23 for additional comments on the figures shown.

## Notes:

Figures shown in the tables are preliminary. Figures may change within the 2015–16 and 2016–17 reporting period due to timing of coding and editing.

The target for all sites is 90% for the 2017 calendar year and has been implemented as a part of the Western Australia Emergency Access Target (WEAT).

N/A: Data not available due to the limitations of the data-capturing system at Peel Health Campus and other Country Hospitals except Bunbury Hospital.

N/C: Data not calculable.

<sup>1</sup> Duration in the emergency department (ED) is based on ED length of episode.

<sup>2</sup> No cases of mortality.

## Western Australia Emergency Access Target (WEAT) – Reporting Data Definitions and Business Rules

### 1: Emergency department attendances

<b>Definition:</b>	The total number of all public emergency department (ED) attendances.
<b>Guide for use:</b>	Includes all episodes where a patient presented at the emergency department and was registered in any manner in one of the electronic data collection systems.
<b>Purpose:</b>	To provide a fundamental measure of activity levels within emergency departments.
<b>Includes:</b>	All participating WEAT hospitals. Refer to page 2.
<b>Excludes:</b>	All other public and private hospitals.
<b>Data source:</b>	Purchasing and System Performance Division, Department of Health, WA.
<b>Data extraction:</b>	Emergency Department Data Collection (EDDC) (14/04/2017).
<b>Report prepared by:</b>	Purchasing and System Performance Division, Department of Health, WA.

### 2: Emergency department attendances with length of episode (LOE) of four hours or less

<b>Definition:</b>	The proportion of all emergency department attendances where the time to admit, transfer or discharge the patient from the emergency department was within four hours of their presentation.
<b>Guide for use:</b>	Includes all valid attendances. Excludes patients that had an invalid presentation or departure time. Data is expressed as a percentage. Length of episode is counted from the time the patient presents to a staff member (nurse, clerk, etc.) to the time the patient leaves the emergency department.
<b>Purpose:</b>	To monitor the proportion of emergency department attendances that meet the WEAT objective.
<b>Includes:</b>	All participating WEAT hospitals. Refer to page 2.
<b>Excludes:</b>	All other public and private hospitals.
<b>Data source:</b>	Purchasing and System Performance Division, Department of Health, WA.
<b>Data extraction:</b>	EDDC (14/04/2017).
<b>Report prepared by:</b>	Purchasing and System Performance Division, Department of Health, WA.



**3: Emergency department admissions with length of episode (LOE) of four hours or less**

<b>Definition:</b>	The proportion of all admissions from the emergency department where the time to admit the patient to a ward was within four hours of their presentation.
<b>Guide for use:</b>	<p>An admission process is the process whereby the hospital accepts responsibility for the patient's care and/or treatment.</p> <p>Includes all attendances that were admitted.</p> <p>Excludes patients that had an invalid presentation or departure time.</p> <p>Data is expressed as a percentage.</p> <p>Length of episode is counted from the time the patient presents to a staff member (nurse, clerk, etc.) to the time the patient leaves the emergency department by being admitted to a ward (including Short Stay Unit).</p>
<b>Purpose:</b>	To monitor the proportion of admissions from emergency department that meet the WEAT objective.
<b>Includes:</b>	All participating WEAT hospitals. Refer to page 2.
<b>Excludes:</b>	All other public and private hospitals.
<b>Data source:</b>	Purchasing and System Performance Division, Department of Health, WA.
<b>Data extraction:</b>	EDDC (14/04/2017).
<b>Report prepared by:</b>	Purchasing and System Performance Division, Department of Health, WA.

**4: Emergency department transfers with length of episode (LOE) of four hours or less**

<b>Definition:</b>	The proportion of all emergency department transfers where the time to transfer the patient to another hospital was within four hours of their presentation.
<b>Guide for use:</b>	<p>Includes all attendances that were transferred to another hospital on ED departure.</p> <p>Excludes records with an invalid presentation or departure time.</p> <p>Data is expressed as a percentage.</p> <p>Length of episode is counted from the time the patient presents to a staff member (nurse, clerk, etc.) to the time the patient leaves the emergency department to be transferred to another hospital.</p>
<b>Purpose:</b>	To monitor the proportion of emergency department transfers that meet the WEAT objective.
<b>Includes:</b>	All participating WEAT hospitals. Refer to page 2.
<b>Excludes:</b>	All other public and private hospitals.
<b>Data source:</b>	Purchasing and System Performance Division, Department of Health, WA.
<b>Data extraction:</b>	EDDC (14/04/2017).
<b>Report prepared by:</b>	Purchasing and System Performance Division, Department of Health, WA.

**5: Emergency department departures with length of episode (LOE) of four hours or less**

<b>Definition:</b>	The proportion of non admitted emergency department attendances where the time to discharge the patient was within four hours of their presentation.
<b>Guide for use:</b>	Includes all attendances that were not admitted or transferred. Excludes records with an invalid presentation or departure time. Data is expressed as a percentage. Length of episode is counted from the time the patient presents to a staff member (nurse, clerk, etc.) to the time the patient is discharged from the emergency department.
<b>Purpose:</b>	To monitor the proportion of emergency department departures that meet the WEAT objective.
<b>Includes:</b>	All participating WEAT hospitals. Refer to page 2.
<b>Excludes:</b>	All other public and private hospitals.
<b>Data source:</b>	Purchasing and System Performance Division, Department of Health, WA.
<b>Data extraction:</b>	EDDC (14/04/2017).
<b>Report prepared by:</b>	Purchasing and System Performance Division, Department of Health, WA.

**6: Proportion of emergency department attendances which are unplanned re-attendances ( ≤ 48 hours of previous attendance)**

<b>Definition:</b>	The proportion of emergency department attendances where the patient re-attended an emergency department in less than or equal to 48 hours.
<b>Guide for use:</b>	Includes all attendances that are coded as an unplanned return to ED. Excludes records with an invalid presentation or departure time. Data is expressed as a percentage. The 48 hours is calculated from the end of the previous attendance to the start of the current attendance. The record will be assigned to the hospital where the previous attendance occurred.
<b>Purpose:</b>	To monitor emergency department attendances who made an unplanned return visit in less than or equal to 48 hours.
<b>Includes:</b>	All participating WEAT hospitals. Refer to page 2.
<b>Excludes:</b>	All other public and private hospitals.
<b>Data source:</b>	Purchasing and System Performance Division, Department of Health, WA.
<b>Data extraction:</b>	EDDC (14/04/2017).
<b>Report prepared by:</b>	Purchasing and System Performance Division, Department of Health, WA.

**7: Percentage of hospital mortality for emergency department admissions**

<b>Definition:</b>	The proportion of all hospital inpatients who decease subsequent to admission from the emergency department.
<b>Guide for use:</b>	Excludes patients that are deceased in the emergency department who are not admitted and patients directly admitted to a hospital ward.
<b>Purpose:</b>	To monitor the mortality of patients admitted to hospital from the emergency department.
<b>Includes:</b>	All participating WEAT hospitals. Refer to page 2.
<b>Excludes:</b>	All other public and private hospitals.
<b>Data source:</b>	Purchasing and System Performance Division, Department of Health, WA.
<b>Data extraction:</b>	Inpatient Activity (13/04/2017).
<b>Report prepared by:</b>	Purchasing and System Performance Division, Department of Health, WA.

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