

# BENDIGO HEALTH EMERGENCY DEPARTMENT

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## KEY PERFORMANCE INDICATORS (KPI's)

A Guide for Nursing Staff working  
in the Emergency Department

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Excellent Care. Every Person. Every Time.

# Emergency Department Key Performance Indicators (KPI's)

Emergency department KPI's are measures used to evaluate Emergency Department performance. KPI's are set out by the Department of Health (DOH) and are used to benchmark all Public Hospital Emergency Departments in Victoria.

Bendigo Health is required by the DOH (as any ED in the state) to report data collected by the VEMD (Victorian Emergency Minimum Dataset) on a weekly basis. This data forms the basis for reporting on all KPI's.

Data stems from Medical and Nursing staff entering their initials on our computer database known as MCATS at the time the treatment pathway was commenced. It is absolutely imperative that Medical and Nursing staff accurately complete all data entry requirements (i.e. Field 9 for Nursing staff and Field 11 for Medical staff), enabling our department to report accurate data and hence gauge our true performance.

## Data Entry and KPIs

Nursing staff in the Emergency Department are required to accurately document in the patients record when assessment and treatment commences for their patient, and all subsequent care given. It is also a requirement to document when the patient has been discharged from Emergency Department care (i.e. when the patient has been discharged home, admitted to an inpatient bed or transferred).

An extension of the written documentation is to enter accurate times into the computer system MCATS. This is not only a legal and professional requirement but is required to ensure the data reported is accurate and so accurately reflects our department's performance.

## What are our KPI's?

Following is a brief outline and description of emergency department KPI's:

### Time to Treatment KPI:

Time to treatment KPI is measured against triage categories for each patient presenting to the Emergency Department. Patients are triaged according to the Australasian Triage Scale (ATS). The time from when the patient is triaged to when "treatment commenced" is the time measured.

"Treatment commences" when the patient is first seen by the doctor *OR* when the nurse sees the patient and commences an established treatment pathways (i.e. vital signs, IV cannulation, ECG, nurse initiated medications, etc.). Treatment pathways may commence at triage therefore "Field 9" should be entered at triage where appropriate.

In many instances it is the nurse who first sees the patient and commences treatment. It is *imperative* that the nurse not only document in the patient notes the time the patient is first seen but also enter that same time in Field 9 on MCATS. This should ideally be done in real time but may also be entered as soon a practical after the patient has been assessed and treatment pathway commenced.

## ATS categories for treatment acuity and performance thresholds:

The ATS is designed for use in Australian and New Zealand Hospital based Emergency Services. It is known as a scale for rating clinical urgency.

ATS Category	Treatment Acuity (Maximum Waiting Time)	Key Performance Indicator % (KPI) Threshold
1	Immediate	100%
2	10 Minutes	80%
3	30 Minutes	75%
4	60 Minutes	70%
5	120 Minutes	70%

## National Emergency Access Targets "NEAT":

The LOS for 90% of patients treated, and further *admitted, discharged or transferred* from the Emergency Department should not exceed 4 hours.

NEAT commenced on the 1st January 2012. A stepped approach will be taken to achieve this target over 4 years.

For 2013 the NEAT was 78%, in 2014 the NEAT will be 84% and by the end of 2015 NEAT is expected to be 90%.

## LOS greater than 24 hours in the Emergency Department (KPI 0%):

The number of patients with LOS greater than 24 hours should be zero.

## All Ambulances must be offloaded within 40 minutes of arrival 90% of the time:

The ambulance "off stretcher" KPI is less than 40 minutes 90% of the time. This is a Hospital set KPI (not ambulance). This means that all patients who arrive via ambulance must be triaged and handed over to hospital staff in less than 40 minutes.

## Points to remember about NEAT...

- The target **does not overrule clinical judgment**
- NEAT is measured from first patient contact in the ED, i.e. triage time.
- The target is being staged incrementally
- All ED patients are included in the target
- Overcrowding and prolonged LOS in ED for admitted patients is associated with poorer outcomes.
- Access block has also resulted in non-admitted patients remaining in ED for longer than necessary reducing access for new patients presenting to the ED, and delayed ambulance offloads.

## How can Nursing staff assist to ensure KPI's are met?

Nursing staff are required to enter data in a timely and accurate manner. Nurses are responsible for ensuring their patients are appropriately packaged for admission/discharge or transfer as necessary. Nursing staff will adopt a “push and pull” approach to patient flow and nursing care, i.e. ensures continuous review of patient status and disposition, pull patients from the waiting area (in consultation with the Duty Consultant and ANUM) and push patients to the ward or home. Every member of staff working in the emergency department is accountable for managing KPI's and contributing to patient flow.

## How do I know how the Emergency Department is performing with regard to DOH KPI's?

Bendigo Health data performance unit publishes a “KPI Dashboard” weekly. The weekly dashboard reports our ED performance and the data presented here comes directly from data entered by staff in the ED. The dashboard can be found on the staff notice board outside the tea room every Tuesday and is updated weekly. It is a very interesting way to see how we and the hospital are performing. Staff can also see all the hard work of data entry translated.