Hospital Performance Report for Emergency Department Measures

Community: Washington State
Includes Data Through: Q2 2015 - Q1 2016
Report Created: April 20, 2017

Purpose of the Report
This report shows performance on emergency department (ED) throughput. The source of the data is Hospital Compare. It is intended to help hospitals focus specifically on ways to improve efficiencies and care in their emergency departments.

About Qualis Health
Qualis Health is one of the nation’s leading population health management organizations, working with clients throughout the public and private sector to advance the quality, efficiency, and value of healthcare for millions of Americans every day. As the Medicare Quality Improvement Network - Quality Improvement Organization for Idaho and Washington, our team of quality improvement consultants and clinical leaders works with healthcare providers, consumers, and community partners to redesign processes, build sustainable change, and deliver care with improved value, quality, and safety for patients.
Qualis Health Report

In an effort to help hospitals focus specifically on ways to improve efficiencies and care in their emergency departments, Qualis Health provides the following hospital performance report for select outpatient quality measures. Time periods of performance, unless otherwise indicated, are from second quarter, 2015 to the end of first quarter, 2016. The source of the data is Hospital Compare.

Bar charts are used to compare hospitals’ performance to each other and to national benchmarks. Bars in green meet or exceed the national benchmark; bars in yellow are above the national benchmark; and bars in red are more than 1.5 times higher than the national benchmark.

Emergency Department Throughput

The report shows performance on the three measures for emergency department (ED) throughput: Median Time from Door to Diagnostic Evaluation; Median Time from Arrival to Departure for Discharged Patients; Percent of Patients that Left without Being Seen. Overcrowding and heavy emergency department resource demand leads to ambulance diversion, prolonged patient waiting times, increased suffering for those who wait, rushed and unpleasant episodes of care, and potentially poor patient outcomes. Reducing the time patients remain in the emergency department (ED) potentially improves access to care.

Pain Management

The report also shows performance on Median Time to Pain Management for Long-Bone Fractures. Pain management in patients with long bone fractures remains undertreated in emergency departments for all patients, but especially for minorities and other patients of color, including children. Improving the time from ED arrival to administration of analgesics for all patients presenting with confirmed and potential long-bone fractures improves satisfaction with care, improves outcomes, and potentially improves ED efficiency and throughput.

**Door to Diagnostic Evaluation by Qualified Medical Personnel**

**Measure Definition**

The process measure is defined as the median time, in minutes, from the patient’s earliest documented arrival time at the ED to the first direct, personal exchange between an ambulatory patient and a physician or institutionally credentialed provider to initiate the medical screening examination in the emergency department.
National Median, 52
Median Time from Emergency Department Arrival to Emergency Department Departure for Discharged Patients

Measure Definition

The process measure is defined as the median time, in minutes, from the patient’s earliest documented arrival time at the ED to the documented time at which the patient departed from the emergency department.
Left Emergency Department without Being Seen

Measure Definition

This measure is defined as the percent of patients who presented to the emergency department and signed-in to be evaluated for emergency service, but left without being evaluated by a qualified healthcare provider.
Percent of Results for Stroke Patients Who Received Head CT or MRI Scan* Who Received Interpretation within 45 Minutes of ED Arrival, Q2 2015 - Q1 2016

National Median, 69

*Only patients who are not admitted to the hospital are included.