

Report on a page

This audit follows on from *Emergency department performance reporting* (Report 3: 2014–15). It assesses whether Queensland Health:

- is effectively managing performance in terms of emergency length of stay (ELOS—the amount of time people spend in emergency departments (EDs) before being admitted or discharged) and patient off stretcher time (POST—the amount of time it takes to transfer people from the care of ambulance staff to the care of emergency departments)
- has implemented all the recommendations we made in Report 3: 2014–15 concerning the reliability of the data being reported.

Increasing demand is putting pressure on EDs

The Department of Health—which includes the Queensland Ambulance Service (QAS)—and hospital and health services (collectively referred to as Queensland Health) are working together to improve emergency department (ED) patient wait time. However, more people are arriving at EDs for treatment, and these presentations are becoming more complex. This has put pressure on Queensland Health's ability to improve ELOS and POST performance.

While each year EDs continue to treat more patients within required time frames, their performance against these two measures has gradually declined and they are consistently unable to meet their targets.

Decision-makers need more accurate and timely information

Operational entities within Queensland Health are working together to improve ED performance. There have been a range of strategies implemented to help improve patient flows; however, the overall performance of the system has not improved. Furthermore, Queensland Health has identified that strategies are not consistently evaluated and understood to ensure the effective rollout across the state.

Despite the Queensland Ambulance Service becoming part of Queensland Health from 1 October 2013, there is a lack of system integration with integrated electronic medical record (iEMR) modules in hospitals. This limits Queensland Health from being more successful in improving performance and identifying root cause issues in the short term.

In Report 3: 2014–15 we concluded that 'controls over ED data have been and remain, weak or absent'. In 2021, controls still must be improved to ensure QAS and ED data is complete, accurate, and validated in a timely manner. Queensland Health does not currently have an adequate and efficient approach for detecting and correcting data errors relating to a patient's length of stay and time taken to be moved off an ambulance stretcher.

Progress towards our previous recommendations

Queensland Health has implemented two of the four recommendations we made in Report 3: 2014–15. It has not effectively addressed the risk of inappropriate use of short-term treatment areas and has not identified how to detect unauthorised data entries and changes.

Our recommendations

We have made five recommendations to help Queensland Health improve its processes for data reliability, ED performance measures, the appropriate use of ED short-term treatment areas, and the interface between ED and QAS systems.

