A. Full responses from entities

As mandated in s. 64 of the *Auditor-General Act 2009 (*the Act), the Queensland Audit Office (QAO) gave a copy of this report with a request for comments to:

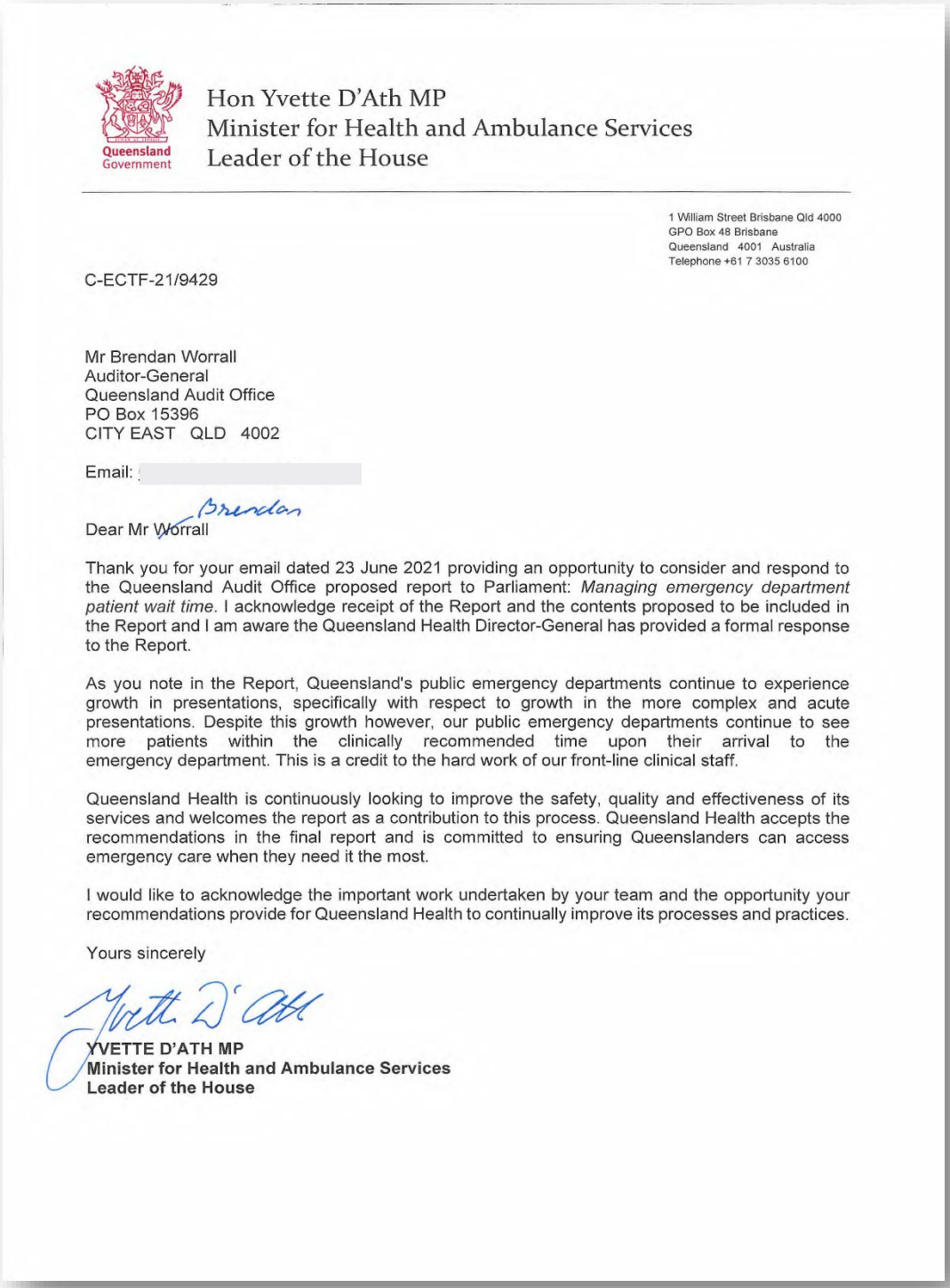
- the Department of Health, including the Queensland Ambulance Service
- all 16 hospital and health services.

QAO provided this report to the above for consideration and formal comment on 23 June 2021. Per the Act, QAO gave entities 21 days to provide a response for inclusion in the report. Given the pressures health entities are under during COVID, as an exception, we agreed to extend this timeline for the Department of Health. With follow-up, we received a response from the Minister for Health and Ambulance Services on 7 September 2021 and the Director-General, Department of Health on 8 September 2021.

This appendix contains the detailed responses that we received.

The heads of these entities are responsible for the accuracy, fairness, and balance of their comments.

Comments received from Minister for Health and Ambulance Services



Queensland Government

Hon Yvette D'Ath MP
Minister for Health and Ambulance Services
Leader of the House

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Telephone +61 7 3035 6100

C-ECTF-21/9429

Mr Brendan Worrall
Auditor-General
Queensland Audit Office
PO Box 15396
CITY EAST QLD 4002

Email:

Dear Mr Brendan Worrall

Thank you for your email dated 23 June 2021 providing an opportunity to consider and respond to the Queensland Audit Office proposed report to Parliament: *Managing emergency department patient wait time*. I acknowledge receipt of the Report and the contents proposed to be included in the Report and I am aware the Queensland Health Director-General has provided a formal response to the Report.

As you note in the Report, Queensland's public emergency departments continue to experience growth in presentations, specifically with respect to growth in the more complex and acute presentations. Despite this growth however, our public emergency departments continue to see more patients within the clinically recommended time upon their arrival to the emergency department. This is a credit to the hard work of our front-line clinical staff.

Queensland Health is continuously looking to improve the safety, quality and effectiveness of its services and welcomes the report as a contribution to this process. Queensland Health accepts the recommendations in the final report and is committed to ensuring Queenslanders can access emergency care when they need it the most.

I would like to acknowledge the important work undertaken by your team and the opportunity your recommendations provide for Queensland Health to continually improve its processes and practices.

Yours sincerely

Yvette D'Ath

YVETTE D'ATH MP
Minister for Health and Ambulance Services
Leader of the House

Comments received from Director-General, Department of Health

Queensland Government

Queensland Health

Enquiries to:
Healthcare Purchasing and System Performance Division
Telephone:
Our ref:

Mr Brendan Worrall
Auditor-General
Queensland Audit Office
PO Box 15396
CITY EAST QLD 4002

Email:

Dear Mr Worrall

Thank you for your email dated 23 June 2021, regarding the Queensland Audit Office report to Parliament: Managing emergency department patient wait time.

I note the primary objective of the report is to comment on the management of performance and the implementation of the previous report, Report 3: 2014-15 recommendations. Since the original review in 2014-15, and since the commissioning of this 2020-21 review, significant change has occurred in the overall management and system focus of Emergency Department (ED) performance.

I am pleased to report in relation to two of the recommendations from the 2014-15 (Report: 1 Short Stay Unit access guidance and 2) ensuring data is accurate and verifiable, the following:

1. Short Stay Units: the Department of Health (the Department) has provided a detailed, and consistent guideline for Hospital and Health Service use. It is anticipated a current project nearing completion will provide further recommendations around the use of Short Stay Units and virtual wards, including Clinical Decision Units, across Queensland. Noting there is variation in local health needs and the models of care that are best suited to respond to local circumstances; and
2. Data accuracy: the Department continues to work with Hospital and Health Services (HHSs) to develop and implement appropriate solutions leveraging the available functionality of the EDIS system.

The implementation of any administrative or process recommendations must always take into consideration the prioritisation of clinical care and must not inadvertently divert resources from patient care or affect the timeliness of care delivery.

In recognising that care will always take precedence over data entry, the Queensland Data Manager and Business Practice Improvement Officer Forum was established in 2018/19 as a subgroup of the Queensland ED Strategic Advisory Panel. This community of practice has representation from across all Queensland Health EDs with the objective of:

- Supporting the direction and recommendations for current practice/considerations relating to, quality of data and reporting;

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- Providing leadership, monitoring, mentoring, consistency, and support to the Queensland Data Manager/Business Practice Improvement Officers Forum in meeting the reporting requirements for the State-wide Forum; and
- Ensuring organisational/departmental improvement initiatives are taken and aligned with current and best practice, state, and national quality reform and KPI agendas.

This community of practice supports HHSs in their responsibilities for the validation of the data they submit to the department.

I would like to take this opportunity to articulate further the critical work and resultant progress that has been achieved. The Department, Queensland Ambulance Service and HHSs have progressed strategies across the care continuum to improve patient flow, remove access blockages and support improved performance against emergency access targets. These strategies have played a critical role in improving emergency care for patients and have been implemented as part of a whole-of-hospital approach that supports the patient journey.

A few examples to improve care in the right setting or patient flow across the state include:

- Nurse Navigators to support mental health patients, frequent presenters and those with chronic diseases;
- Residential Aged Care Facility (RACF) support for frail older persons including mobile imaging services to reduce the need to bring aged care patients into the ED after a fall;
- Using remote monitoring for patients with chronic diseases to support care in the community;
- Minor injury illness clinic at Sunshine Coast;
- GP linking service at Redland ED;
- Geriatric Emergency Department Intervention (GEDI) by a group of specifically trained clinicians to see older people presenting to an ED and streamlining the care pathway; and
- Virtual fracture clinics at Redland and Logan hospitals.

Underpinning these strategies is the National Safety and Quality Framework which requires HHSs to ensure that the delivery of patient-focused care is respectful of, and responsive to, the preferences, needs and values of patients and health consumers.

As you recognise in your report, over the last few years there has been significant growth in demand for unplanned care prior to the COVID-19 pandemic. Since the commencement of the pandemic our EDs have been placed under additional pressure with further demands for services in addition to managing the lasting operational impacts of COVID-19 precautions. As the front door to our acute hospitals, EDs have had to adopt new infection control measures critical for the safety of both staff and patients such as social distancing and Personal Protective Equipment requirements. These processes have increased the time required to provide treatment, impact patient flow and therefore emergency length of stay performance. In addition, several Queensland hospitals are providing COVID-19 fever clinics from their EDs.

To support our EDs respond to service demands and manage the realities of COVID-19, Queensland Health has made a range of investments to support the sustainable management of unplanned care demand. These investments have focused on delivering change across three strategic aims:

1. Investments to expand the options to provide care in the right setting, outside acute hospitals and EDs where clinically appropriate. To support this strategy investments have been made to establish and expand the joint QAS and Queensland Health mental health co responder model which supports patients accessing mental health care and avoid an attendance at an ED. This strategy was also supported by the Care in the Right Setting program, expanding Hospital in the Home services and other innovative service models across the state;
2. Investment to support patient flow within hospital and between the QAS and our public EDs. The Transfer Initiative Nurse model is an example of an investment that supports

this strategic aim. This model enables transfer of care from the QAS to a public ED earlier, supporting ambulance response times in the community; and

3. Investment to increase bed capacity available to Queenslanders accessing public services. To support increased bed capacity in the second half of 2020-21, the Department invested over $25 million to rapidly expand acute bed capacity for public patients.

Building on these strategic aims, aligned with the unprecedented demand being experienced by the public system, Queensland Health has launched the Care4Qld strategy. By delivering this phased investment strategy, Queensland Health will enhance access to emergent unplanned care where and when Queenslanders need it most. Care4Qld will reshape service delivery to support the healthcare system response to current and future demand. Care4Qld will streamline access to emergency care to Queenslanders by:

- Delivering care where and when it is needed by an appropriate clinician - delivering virtual care and care closer to home;
- Supporting Queensland Ambulance response times through timely handover and acceptance of care into public EDs; and
- Improving flow through bed occupancy management strategies to support efficient patient flow leveraging a whole of system perspective. That is, improving the utilisation of existing public hospital beds and increasing the number of hospital beds available for public activity.

In 2021-22 Queensland Health initially invested $100 million across a range of initiatives to improve Queenslanders access to emergency care. Care4Qld has invested in models of care to support care in the right setting, and for those who present to hospital, keep their stay as short as clinically appropriate. Leveraging the scale and spread of proven, effective models to support sustainable healthcare. This strategy will support Queenslanders access to unplanned care via the following initial investment:

- Over $50 million to increase bed availability. For example, additional beds have been commissioned at Ipswich Hospital and QEII Hospital in 2021-22;
- Over $20 million to deliver care where and when it is needed. Including expansion of the successful Mental Health Co-responder model and the Residential Aged Care Support Service program;
- Over $13 million to improve the interface between EDs and the community, either via walk in presentations or via the QAS. This investment includes the expansion of the Transfer Initiative Nurse model; and
- Over $17 million to maximise utilisation of Hospital in the Home and virtual care.

Parallel to this, the existing ED key performance measures have been reviewed to deliver a more holistic reporting on the interfaces between QASs, ED and Hospital in patient bed capacity.

More recently, through the 2021-22 State Budget, the Government committed funding to deliver on Queensland Health's key priorities. The Budget included additional funding of $482.5 million in 2021–22 to address pressures in emergency patient flow through our public hospitals, elective surgery and specialist outpatient waitlists and to support the opening of the Nambour General Hospital Redevelopment.

This significant funding boost has enabled the rapid expansion of the Care4Qld strategy to respond to the unprecedented emergency and unplanned care demand being experienced by the Queensland public health system.

Specifically, a key pillar of the Care4Qld strategy is increasing the number of beds available for our communities accessing public care. Care4Qld Phase 2 was announced on 30 July 2021 with an additional investment of $163.7 million. This investment is supporting the system to rapidly increase capacity by 351 beds. The rapid bed expansion aims to improve access to

emergency and unplanned care, by expanding the inpatient bed capacity for Queenslanders who have care needs best suited to inpatient hospital care.

Finally, you may be aware in late 2020, the Queensland Government committed to invest $265 million to deliver seven new innovative Satellite Hospitals across South East Queensland to help take the pressure off EDs and provide hospital care closer to home.

Should you or officers of your Department require further information, the Department of Health's contact is [redacted] Healthcare Purchasing and System Performance Division, on telephone [redacted]

Yours sincerely

Dr John Wakefield PSM
Director-General
03/09/2021

4

Responses to recommendations—Department of Health

Queensland Audit Office
Better public services

Queensland Health

Measuring emergency department patient wait time

Response to recommendations provided by Dr John Wakefield, Director-General, Queensland Health on 8 September 2021.

Recommendation	Agree/ Disagree	Timeframe for implementation (Quarter and financial year)	Additional comments
We recommend that the Queensland Health (including QAS and HHSs): 1. improve the accuracy of emergency department (ED) data recorded and quality of data checks and corrections (data cleansing) required by HHSs. This should include: • implementing system controls in FirstNet (a module of Queensland Health's integrated electronic medical record system) to prevent or alert users to invalid data entry • ensuring a consistent approach in scope and resourcing across hospitals to the cleansing of ED data, including a focus on the accuracy of all data, not just that relating to instances that do not meet targets	Agree		Queensland Health continues to work in partnership with HHSs to improve accuracy and quality of emergency department data: • a dashboard has been developed that highlights potential data validation issues which are then reviewed by the HHS Data Managers, responsible for data integrity, to assist in alerting users of data entry errors. • to support the integrity of time stamps and implement stronger controls, processes have been developed to improve the validity of the data reported, instruction manuals and training to support data entry officers and data managers along with providing sufficient time to validate data prior to submission to the Department. • coordinating live data feeds from QAS into the HHSs and the Department via the state wide patient access coordination hubs. The QAS also provides an officer to work alongside HHS staff to better coordinate emergencies and inter hospital transfers. The Department and HHSs continue to identify appropriate workable solutions for consistency between systems. However, the age of the system and the impact the audit function could have on the clinical workforce and associated costs (given the current QH version of EDIS does not have the ability to add new functionality such as radio-frequency identification), needs to be taken into consideration. The Department of Health will partner with clinical networks and the system vendor to uplift functionality in FirstNet to improve controls to enhance the quality of the data.

1

Queensland Audit Office
Better public services

Recommendation	Agree/ Disagree	Timeframe for implementation (Quarter and financial year)	Additional comments
2. improve how patient off stretcher time is recorded or reported, including: • implementing validation controls for recording arrival and handover times • resuming the system integration project to improve real-time (instant) sharing of QAS data with EDs	Agree		Through The Emergency Department Data Collection guidelines, appropriate processes for managing and submitting data to ensure accuracy of data submission is outlined with clear data definitions available via the data manual. The Department will work with QAS and Hospital and Health Services to resume the state-wide rollout of the Digital Ambulance Report Application, enabling electronic transfer of the 'electronic Ambulance Report Form (eARF)' data to Queensland Health emergency departments (currently in pilot at Princess Alexandra Hospital), whilst further scoping work is undertaken to integrate systems and provide real-time data sharing.
3. continue with the current initiatives to promote measures of performance and outcomes in all parts of care affecting ED performance, and implement measures that provide a more holistic view of ED performance	Agree		The recommendation is agreed, with change already occurring prior to the release of the report to better reflect a suite of performance measures and outcomes that provide a more holistic view of Emergency patient flow. In 2021 updates have occurred to the key performance indicators that inform the Performance and Accountability Framework associated with HHS Service Agreements. These changes include amending the admitted emergency length of stay indicator to a hospital access target to better reflect the interactions between emergency department capacity and inpatient bed capacity. This measure will also be enhanced by the addition of a new patient flow measure which will monitor the time between the decision to admit a patient and when the patient leaves the emergency department. The performance measures of patients in an emergency department greater than 24 hours, and Emergency Department wait time by triage continue to remain, with a further addition of an emergency surgery measure currently under development and planned to be implemented in 2021-22. This suite of KPIs in addition to the existing broader system KPIs will support a more holistic view of the emergency department and its relationship with both the Queensland Ambulance Service and inpatient hospital capacity. Queensland Health is delivering the Care4Queensland Strategy; through this Strategy, the establishment of the Patient Flow Collaborative will look to implement the SAFEST bundle to support patient flow and address KPIs and measures to support each stage of the patient journey.

2

Queensland Audit Office
Better public services

	Recommendation	Agree/ Disagree	Timeframe for implementation (Quarter and financial year)	Additional comments
4.	develop and implement guidelines for HHSs to identify measures of success before starting improvement initiatives and to evaluate the effectiveness of initiatives to improve ED performance	Agree		The recommendation is agreed. QH regularly evaluates projects prior to continuation/expansion of improvement initiatives - the Transfer Initiative Nurses (TIN) is an example. This project focused on facilitating safe practices when transferring the clinical care of a patient from a paramedic to a Transfer Initiative Nurse. It has demonstrated positive impacts including improving timely handover of care and better load sharing when the program was introduced. QH is delivering the Care4Queensland Strategy; through this Strategy, the establishment of the Patient Flow Collaborative will look to implement the SAFEST bundle to support patient flow and address KPIs and measures to support each stage of the patient journey. Already in existence are processes and committees, part of their remit to support the effective development and evaluation of emergency department strategies. In 2018 the Patient Access Advisory Committee (PAAC)was reconstituted. The Committee has the remit of providing strategic advice to the System Management advisory Committee on issues affecting consumer access to public acute health services and timely flow through the episode of patient care. The peer exchange program was established as an extension of PAAC. The program sees a group of Emergency Department clinical experts review an existing Emergency Department and their strategies to manage demand with the intent to provide independent analysis and recommendations of the effectiveness of the existing strategies and to also offer further recommendations for consideration. The Department will work with PAAC to strengthen the approach in reviewing and assessing the effectiveness of ED improvement strategies.

3

Queensland Audit Office
Better public services

	Recommendation	Agree/ Disagree	Timeframe for implementation (Quarter and financial year)	Additional comments
				From a system perspective further governance, advice and evaluation occurs in partnership with the Queensland Emergency Department Strategic Advisory Panel (QEDSAP) which draws on the State's Emergency Departments together to utilise their combined knowledge, clinical and operational expertise to influence, progress, develop and reform emergency care in Queensland. The Promoting Value-based care in Emergency Departments (PROV-ED) Project supports widespread implementation of locally established, value-based healthcare initiatives in Queensland Emergency Departments (EDs). Selection of initiatives disseminated under the PROV-ED Project includes a state-wide EOI, with the selection process culminating in shortlisted applicants presenting at the "PROV-ED Pitchfest". Six initiatives were selected at the inaugural Pitchfest in 2019, and a further four at the 2020 event. With each of these proposals being robustly evaluated and recommendations for rollout post the annualised trial. The Department will assess the viability of extending the PROV-ED methodology to a broader range of ED initiatives in partnership with PAAC and QEDSAP.
5.	monitor and report on the use of short-term treatment areas within EDs (such as short stay units, clinical decision units, and any other equivalent units that stop the clock on measuring emergency length of stay)	Agree		Queensland Health is nearing finalisation of the ED-AIR Project. This will provide recommendations around the use of Short Stay Units (SSU) and virtual wards including Clinical Decision Units mental health units across Queensland. It will likely include the need to: • Update Emergency Department (ED) Data Collection to ensure standard ED data definitions • Develop clear clinical principles for patient care • Review of the 'SSU Guideline' and the 'Queensland Health Admission' guidelines

4

Responses to recommendations—Queensland Ambulance Service

Queensland Audit Office
Better public services

Queensland Health

Measuring emergency department patient wait time

Response to recommendations provided by QAS on 28th July 2021

Recommendation	Agree/ Disagree	Timeframe for implementation (Quarter and financial year)	Additional comments
We recommend that the Queensland Health (including QAS and HHSs): 1. improve the accuracy of emergency department (ED) data recorded and quality of data checks and corrections (data cleansing) required by HHSs. This should include: • implementing system controls in FirstNet (a module of Queensland Health's integrated electronic medical record system) to prevent or alert users to invalid data entry • ensuring a consistent approach in scope and resourcing across hospitals to the cleansing of ED data, including a focus on the accuracy of all data, not just that relating to instances that do not meet targets	Agree	N/A	QAS has no concerns/issues with this recommendation and is of the opinion that this recommendation pertains to QHealth.

1

Queensland Audit Office
Better public services

Recommendation	Agree/ Disagree	Timeframe for implementation (Quarter and financial year)	Additional comments
2. improve how patient off stretcher time is recorded or reported, including: • implementing validation controls for recording arrival and handover times • resuming the system integration project to improve real-time (instant) sharing of QAS data with EDs	Agree	QAS last met with the CIO on Friday 16th July 2021 and is ready to progress when QH indicates their ability to do so.	QAS recognises that this recommendation pertains to both QAS and QHealth. QAS remains supportive of resuming the system integration project. If the initiative resumes QAS would respectfully suggest that a review of the business requirements is undertaken to ensure the current as built state meets future expectations. If it does continue in its current state QAS recognises the requirement to collaborate on testing the solution to ensure a safe rollout. If the current as built state does not meet expectations, it would be best to start with specifying business requirements towards developing a robust solution. For either option QAS recognises the need to review supplier arrangements for this next phase of the program. In terms of QAS involvement to date QAS has worked towards collaborative approaches to data integration which is exampled through the DARA project. QAS has met on multiple occasions to discuss the required data sets and the more specific content. Additionally, the QAS has also provided sample POST related data (excluding the actual handover time as this will be a QH timestamp) to assist with this project and evidenced in *Appendix 1*. The Computer Aided Dispatch (CAD) data can be provided in near real-time. It contains QAS data related to the timestamps that QAS capture. This can then be supplemented with Triage, Off Stretcher and Handover times sourced from QH timestamps. Currently our Operational Business Intelligence and Planning Unit provide daily data (dashboards/raw data) via Cognos which doesn't contain sensitive data. The QAS undertakes many measures to improve the accuracy of QAS data and this includes measures of cleansing. QAS remains supportive to maintaining this current approach, along with the opportunity to provide data to the HHS on an ongoing basis. In addition, since the introduction of the Care4Queensland initiative, the QAS has improved the supply of data to the department with weekly performance and POST related data supplied, in addition to daily POST data being supplied to each HHS executive. QAS remains committed to improving eARF data collection through regular staff engagement and the importance of accurate 'paramedic to nurse handover' record keeping improving patient care outcomes. This will include improved validation procedures and learning aids, targeted at improving the current 4% rate of invalid timestamps.

2

Queensland Audit Office
Better public services

Recommendation	Agree/ Disagree	Timeframe for implementation (Quarter and financial year)	Additional comments
3. continue with the current initiatives to promote measures of performance and outcomes in all parts of care affecting ED performance, and implement measures that provide a more holistic view of ED performance	Agree	N/A	QAS is of the opinion that these two recommendations pertain to QHealth, however believes that there could be further improvement through mandating and enforcing a directive 'that no patient waits longer than 60 minutes'. Through the enforcement of a 60 minute off stretcher marker this would improve patient safety outcomes, for those in QAS care at a facility, whilst also pending in the community without medical attention. QAS has previously raised the potential for an absolute time marker to support this and put this forward as an additional opportunity for improvement. (i.e. 100% POST at 60 minutes). QAS would respectfully request that this be implemented in the form of a Directive rather than a Guideline. The audit report mentions the implementation of some initiatives in the HHSs, yet there appears to be no evaluation/review mechanisms in which some initiatives are no longer continued. QAS feels that through the implementation of a directive there is an opportunity for improved rigour around measurement and compliance, which ultimately will assist drive improved outcomes.
4. develop and implement guidelines for HHSs to identify measures of success before starting improvement initiatives and to evaluate the effectiveness of initiatives to improve ED performance	Agree	N/A	
5. monitor and report on the use of short-term treatment areas within EDs (such as short stay units, clinical decision units, and any other equivalent units that stop the clock on measuring emergency length of stay)	Agree	N/A	QAS has no concerns/issues with this recommendation and is of the opinion that this recommendation pertains to QHealth.

Appendix 1.

QH PATIENT ARRIVALS				
Column Name	**ID**	**Null**	**Data Type**	**Description**
T_INCIDENT	1	Y	Varchar2(12)	Incident Number
C_UNIT	2	Y	Varchar2(10)	Unit number of the assigned vehicle.
T_MPDS	3	Y	Varchar2(50)	Medical Priority Dispatch System code.
D_RECEIVED	4	Y	Date	Date / Time the call was received.
D_ATDEST	5	Y	Date	Date / Time the unit arrived at the hospital.
D_AVAILABLE	6	Y	Date	Date / Time the unit called partially available.
D_CLEAR	7	Y	Date	Date / Time the unit called clear.
T_HOSPITAL_NAME	8	Y	Varchar2(256)	Name of the Hospital the unit transported the patient to.
T_TPT_PRIORITY	9	Y	Varchar2(12)	The Transport priority.
T_PRIORITY_DESC	11	Y	Varchar2(10)	Priority Description. This is the priority code derived from the MPDS code.

3

Responses to recommendations—Cairns and Hinterland Hospital and Health Service

Queensland Audit Office
Better public services

Queensland Health

Measuring emergency department patient wait time

Response to recommendations provided by Cairns and Hinterland Hospital and Health Service 12.07.21.

Recommendation	Agree/ Disagree	Timeframe for implementation (Quarter and financial year)	Additional comments
We recommend that the Queensland Health (including QAS and HHSs): 1. improve the accuracy of emergency department (ED) data recorded and quality of data checks and corrections (data cleansing) required by HHSs. This should include: • implementing system controls in FirstNet (a module of Queensland Health's integrated electronic medical record system) to prevent or alert users to invalid data entry • ensuring a consistent approach in scope and resourcing across hospitals to the cleansing of ED data, including a focus on the accuracy of all data, not just that relating to instances that do not meet targets	Agree	Department to determine timeframe for modifying FirstNet	. The CHHHS will look at existing roles and functions of staff allocated to cleansing ED data. To address this recommendation there may a requirement for additional funded dedicated positions above the current FTE.

1

Queensland Audit Office
Better public services

Recommendation	Agree/ Disagree	Timeframe for implementation (Quarter and financial year)	Additional comments
2. improve how patient off stretcher time is recorded or reported, including: • implementing validation controls for recording arrival and handover times • resuming the system integration project to improve real-time (instant) sharing of QAS data with EDs	Agree	Q4 2021	With the introduction of FirstNet, POST data is no longer reported by the CHHHS and is supplied by QAS. There are often discrepancies between the data reported by QAS and the local data recorded in FirstNet and the POST data is seen as unreliable. One reason for this is the definition of POST, with varying view of what constitutes 'off stretcher' and 'arrival time at ED'. A consistent statewide process agreed by both QAS and QH is required.
3. continue with the current initiatives to promote measures of performance and outcomes in all parts of care affecting ED performance, and implement measures that provide a more holistic view of ED performance	Agree	Q3 2021	CHHHS has dashboards displaying performance metrics for all ED site that update in near real time. For Cairns Hospital, the use of 2:1:1 report is used to measure effectiveness with 2 being the first 2 hours of the patients time in ED and largely focusses on the ED treatment, the first 1 being the time taken for an inpatient team to attend to the patient once a referral is received and the final 1 being the time taken for the patient to depart the ED to an inpatient ward where required.
4. develop and implement guidelines for HHSs to identify measures of success before starting improvement initiatives and to evaluate the effectiveness of initiatives to improve ED performance	Agree	Q3 2021	
5. monitor and report on the use of short-term treatment areas within EDs (such as short stay units, clinical decision units, and any other equivalent units that stop the clock on measuring emergency length of stay)	Agree	Q3 2021	Measure currently used is percentage of patients subsequently admitted to another inpatient unit (aim for < 15%)

2

Responses to recommendations—Central West Hospital and Health Service

Queensland Audit Office
Better public services

Queensland Health

Measuring emergency department patient wait time

Response to recommendations provided by **Central West Hospital & Health Service on 13 July 2021**

Recommendation	Agree/ Disagree	Timeframe for implementation (Quarter and financial year)	Additional comments
We recommend that the Queensland Health (including QAS and HHSs):			
1. improve the accuracy of emergency department (ED) data recorded and quality of data checks and corrections (data cleansing) required by HHSs. This should include: • implementing system controls in FirstNet (a module of Queensland Health's integrated electronic medical record system) to prevent or alert users to invalid data entry • ensuring a consistent approach in scope and resourcing across hospitals to the cleansing of ED data, including a focus on the accuracy of all data, not just that relating to instances that do not meet targets	Agree		No concerns/issues with Central West Hospital and Health service
2. improve how patient off stretcher time is recorded or reported, including: • implementing validation controls for recording arrival and handover times • resuming the system integration project to improve real-time (instant) sharing of QAS data with EDs	Agree		No concerns/issues with Central West Hospital and Health service
3. continue with the current initiatives to promote measures of performance and outcomes in all parts of care affecting ED performance, and implement measures that provide a more holistic view of ED performance	Agree		If necessary
4. develop and implement guidelines for HHSs to identify measures of success before starting improvement initiatives and to evaluate the effectiveness of initiatives to improve ED performance	Agree		If necessary
5. monitor and report on the use of short-term treatment areas within EDs (such as short stay units, clinical decision units, and any other equivalent units that stop the clock on measuring emergency length of stay)	N/A		

1

Responses to recommendations—Children's Health Queensland Hospital and Health Service

Queensland Audit Office
Better public services

Queensland Health

Measuring emergency department patient wait time

Response to recommendations provided by Children's Health Queensland HHS on 15 July 2021.

Recommendation	Agree/ Disagree	Timeframe for implementation (Quarter and financial year)	Additional comments
We recommend that the Queensland Health (including QAS and HHSs): 1. improve the accuracy of emergency department (ED) data recorded and quality of data checks and corrections (data cleansing) required by HHSs. This should include: • implementing system controls in FirstNet (a module of Queensland Health's integrated electronic medical record system) to prevent or alert users to invalid data entry • ensuring a consistent approach in scope and resourcing across hospitals to the cleansing of ED data, including a focus on the accuracy of all data, not just that relating to instances that do not meet targets	Agree		
2. improve how patient off stretcher time is recorded or reported, including: • implementing validation controls for recording arrival and handover times • resuming the system integration project to improve real-time (instant) sharing of QAS data with EDs	Agree		
3. continue with the current initiatives to promote measures of performance and outcomes in all parts of care affecting ED performance, and implement measures that provide a more holistic view of ED performance	Agree		
4. develop and implement guidelines for HHSs to identify measures of success before starting improvement initiatives and to evaluate the effectiveness of initiatives to improve ED performance	Agree		
5. monitor and report on the use of short-term treatment areas within EDs (such as short stay units, clinical decision units, and any other equivalent units that stop the clock on measuring emergency length of stay)	Agree		

1

Responses to recommendations—Darling Downs Hospital and Health Service

Queensland Audit Office
Better public services

Queensland Health

Measuring emergency department patient wait time

Response to recommendations provided by:

Darling Downs Hospital and Health Service on 26 July 2021

Recommendation	Agree/ Disagree	Timeframe for implementation (Quarter and financial year)	Additional comments
We recommend that the Queensland Health (including QAS and HHSs): 1. improve the accuracy of emergency department (ED) data recorded and quality of data checks and corrections (data cleansing) required by HHSs. This should include: • implementing system controls in FirstNet (a module of Queensland Health's integrated electronic medical record system) to prevent or alert users to invalid data entry • ensuring a consistent approach in scope and resourcing across hospitals to the cleansing of ED data, including a focus on the accuracy of all data, not just that relating to instances that do not meet targets	Agree	Already occurring	Darling Downs Health (DDH) undertakes daily auditing to ensure accuracy of data within the EDIS platform, centred around ELOS, SIT, POST etc. Triage auditing also occurs on a monthly basis. Auditing (data cleansing) will continue.
2. improve how patient off stretcher time is recorded or reported, including: • implementing validation controls for recording arrival and handover times • resuming the system integration project to improve real-time (instant) sharing of QAS data with EDs	Agree	Already occurring	DDH undertakes daily auditing (data cleansing occurs) in relation to POST. There are escalation processes in place between DDH and QAS for delayed off stretcher time and this also ensures accuracy of data. There are also monthly liaison meetings which occur between DDH and QAS at an executive level whereby POST and QAS lost time reports are tabled and discussed.
3. continue with the current initiatives to promote measures of performance and outcomes in all parts of care affecting ED performance, and implement measures that provide a more holistic view of ED performance	Agree	Already occurring – ongoing	Continuous reporting and engagement of whole of hospital approach to identify and implement measures to improve patient flow.
4. develop and implement guidelines for HHSs to identify measures of success before starting improvement initiatives and to evaluate the effectiveness of initiatives to improve ED performance	Agree	Ongoing	Continuous reporting occurs in which to determine effectiveness of change of process/initiatives etc.

1

Queensland Audit Office
Better public services

	Recommendation	Agree/ Disagree	Timeframe for implementation (Quarter and financial year)	Additional comments
5.	monitor and report on the use of short-term treatment areas within EDs (such as short stay units, clinical decision units, and any other equivalent units that stop the clock on measuring emergency length of stay)	Agree	Already occurring	Daily reporting to continue regarding use of admitted spaces within ED to ensure consistent and appropriate use – guidelines/procedures in place.

2

Responses to recommendations—Gold Coast Hospital and Health Service

Queensland Audit Office
Better public services

Queensland Health

Measuring emergency department patient wait time

Response to recommendations provided by Gold Coast Hospital and Health Service (GCHHS) on 14 July 2021

Recommendation	Agree/ Disagree	Timeframe for implementation (Quarter and financial year)	Additional comments
We recommend that the Queensland Health (including QAS and HHSs): 1. Improve the accuracy of emergency department (ED) data recorded and quality of data checks and corrections (data cleansing) required by HHSs. This should include:	Agree	GCHHS has dedicated data management staff to ensure timely rectification of any data errors	IEMR is State based and any changes require State consultation and then execution by CERNER. The CERNER application suite is a shared platform and enhancements need to consider state-wide impacts. The GCHHS has initiated a project to facilitate improved clinical documentation by providing clear guidance and support for clinicians.
• ensuring a consistent approach in scope and resourcing across hospitals to the cleansing of ED data, including a focus on the accuracy of all data, not just that relating to instances that do not meet targets	Agree	In place since the implementation of FirstNet	The senior data cleansing staff focus is to identify trends in errors made by clinicians. An education and upskilling plan is then implemented. Staff orientation includes education in the use of FirstNet and the importance of accurate documentation.

1

Queensland Audit Office
Better public services

Recommendation	Agree/ Disagree	Timeframe for implementation (Quarter and financial year)	Additional comments
2. Improve how patient off stretcher time is recorded or reported, including:			
• implementing validation controls for recording arrival and handover times	Agree	Needed this financial year	Currently reliant on QAS data/ processes. The preference would be a State-wide system which could be part of the FirstNet encounter or alternatively implemented through MIS. GCHHS have live data feeds into DSS and MIS which assists with accurate reporting. This could be rolled out State-wide and requires a joint project plan with QAS engagement.
• resuming the system integration project to improve real-time (instant) sharing of QAS data with EDs	Agree	Requires detailed analysis and project plan	Currently have real time data through PATCH and arrival boards in coordination hub and ED triage. ED clinician engagement is required to ensure that any changes are fit for purpose and result in improved ED performance. At GCHHS, collaboration between ED leadership and MIS has resulted in a superior product which could be rolled out State-wide.

2

Queensland Audit Office
Better public services

Recommendation	Agree/ Disagree	Timeframe for implementation (Quarter and financial year)	Additional comments
3. Continue with the current initiatives to promote measures of performance and outcomes in all parts of care affecting ED performance, and implement measures that provide a more holistic view of ED performance	Agree	Project methodology to implement agreed initiatives that promote timely, quality care and support flow through the ED and broader system	Patient flow initiatives are focused across the organisation and are data driven to ensure success. The GCHHS has invested in the System view hospital analytics system for near real time trending of activity to allow clinicians to respond to changing factors that ultimately impact on efficiency. AT GCHHS, ED performance is a shared responsibility across the organisation. Strategies to improve bed management and bed allocation identified and progressed. Need improved utilisation of PFM and fund State-wide PFM enhancements. Engagement with HHSs to determine further enhancements. Strategies to improve coordination of scheduled and unscheduled care have been identified and planned to progress. These strategies include: ▪ Review of bed configuration at both hospitals ▪ Hub review and bed management enhancements ▪ Discharge and patient flow ▪ Complex care management ▪ Opening of Complex Management Unit 26 July ▪ Criteria led discharge initiative with General Medicine commenced 6 July ▪ Re-opening of Day Medical and Clinical Trials Unit 2 August ▪ Crisis Stabilisation Unit and community support model commences 9 August ▪ Planning for urgent care centre has commenced ▪ Relocation of fever clinic at GCUH to provide space for urgent care centre ▪ Opening of Broadbeach Vaccination Centre to allow re-opening of Day Medical and Clinical Trials Unit ▪ EPIC and TIN positions rostered at both EDs ▪ Community Services Redesign progressing well ▪ Interim Demand Measures planning progressing well

3

Queensland Audit Office
Better public services

Recommendation	Agree/ Disagree	Timeframe for implementation (Quarter and financial year)	Additional comments
4. Develop and implement guidelines for HHSs to identify measures of success before starting improvement initiatives and to evaluate the effectiveness of initiatives to improve ED performance	Agree	This financial year	Consistent with a State-wide approach to guide HHSs and support benchmarking
5. Monitor and report on the use of short-term treatment areas within EDs (such as short stay units, clinical decision units, and any other equivalent units that stop the clock on measuring emergency length of stay)	Agree	This financial year	Data is currently available. State-wide discussion continues re Off Clock areas. The management of MH beds within ED needs to be consistent across the State. At GCHHS, mental health patients are only admitted (off clock) when patient is in the CDU area. The guideline in relation to MH presentations needs to be reviewed and consistently applied.

4

Responses to recommendations—Mackay Hospital and Health Service

Queensland Audit Office
Better public services

Queensland Health

Measuring emergency department patient wait time

Response to recommendations provided by Mackay Hospital and Health Service on 13 July 2021

Recommendation	Agree/ Disagree	Timeframe for implementation (Quarter and financial year)	Additional comments
We recommend that the Queensland Health (including QAS and HHSs): 1. improve the accuracy of emergency department (ED) data recorded and quality of data checks and corrections (data cleansing) required by HHSs. This should include: • implementing system controls in FirstNet (a module of Queensland Health's integrated electronic medical record system) to prevent or alert users to invalid data entry • ensuring a consistent approach in scope and resourcing across hospitals to the cleansing of ED data, including a focus on the accuracy of all data, not just that relating to instances that do not meet targets	Agree	Q1 2021 – 2022. Timeline for further enhancements for data quality dependent on Department of Health implementation. Timelines for implementation of alerts for users on invalid data entry subject to Department of Health.	Existing data quality checks and corrections at Mackay Base Hospital. Consistent approach in scope and resourcing across hospitals for the cleansing of data subject to Department of Health advice and resourcing.
2. improve how patient off stretcher time is recorded or reported, including: • implementing validation controls for recording arrival and handover times • resuming the system integration project to improve real-time (instant) sharing of QAS data with EDs	Agree	Timeframe for implementation subject to integrated planning between QAS and Department of Health	HHS will implement local processes once a consistent Statewide process is confirmed.
3. continue with the current initiatives to promote measures of performance and outcomes in all parts of care affecting ED performance, and implement measures that provide a more holistic view of ED performance	Agree	Q3 2021-22	HHS will continue with current initiatives including implementation of dashboards to support holistic performance monitoring.
4. develop and implement guidelines for HHSs to identify measures of success before starting improvement initiatives and to evaluate the effectiveness of initiatives to improve ED performance	Agree	Timeframe for implementation subject to Department of Health	HHS will adopt guidelines once available
5. monitor and report on the use of short-term treatment areas within EDs (such as short stay units, clinical decision units, and any other equivalent units that stop the clock on measuring emergency length of stay)	Agree	Q2 2021-22	HHS will continue to monitor and report on use of short-term treatment areas within EDs, as applicable

1

Responses to recommendations—Metro North Hospital and Health Service

Queensland Audit Office
Better public services

Queensland Health

Measuring emergency department patient wait time

Response to recommendations provided by Metro North Hospital and Heath Service on 15 July 2021

Recommendation	Agree/ Disagree	Timeframe for implementation (Quarter and financial year)	Additional comments
We recommend that the Queensland Health (including QAS and HHSs): 1. improve the accuracy of emergency department (ED) data recorded and quality of data checks and corrections (data cleansing) required by HHSs. This should include: • implementing system controls in FirstNet (a module of Queensland Health's integrated electronic medical record system) to prevent or alert users to invalid data entry, and an appropriate solution for EDIS. • ensuring a consistent approach in scope and resourcing across hospitals to the cleansing of ED data, including a focus on the accuracy of all data, not just that relating to instances that do not meet targets	Agree	Quarter	Investigate the option of mandating the maximum number of data entry fields in both systems as possible This will require a seismic cultural shift in the practices within the Emergency Department, particularly around the data entry of seen times, consult times in EDIS/FirstNet. QR code check ins could be developed. A number of departments use a generic log-ins which makes it hard to track who/which role is entering the data. This is particularly about EDIS.
2. improve how patient off stretcher time is recorded or reported, including: • implementing validation controls for recording arrival and handover times. • resuming the system integration project to improve real-time (instant) sharing of QAS data with EDs	Agree	Quarter	This will require a collaborative with QAS and QLD Health to define a solution. Currently there are gaps between QAS ambulances arriving at the Emergency Department and commencement of triage. Recommend manual data study over several HHS's to identify the magnitude of this issue.
3. continue with the current initiatives to promote measures of performance and outcomes in all parts of care affecting ED performance, and implement measures that provide a more holistic view of ED performance	Agree	Quarter	The current data capture in EDIS does not reflect the actual delays in patient processing and journey through the Emergency Department due to inaccuracy, missing data points. Recommend manual data collection across a number of HHS's to capture data and compare with EDIS/Firstnet data. There is a need to establish an agreed baseline of data that not only includes the Emergency Department but also those inpatient and bed management processes that impact on Emergency Department Performance.

1

Queensland Audit Office
Better public services

	Recommendation	Agree/ Disagree	Timeframe for implementation (Quarter and financial year)	Additional comments
4.	develop and implement guidelines for HHSs to identify measures of success before starting improvement initiatives and to evaluate the effectiveness of initiatives to improve ED performance	Agree	Quarter	As above, there are several processes within the Emergency Department that occur with staff from outside of the Emergency Department. There is a need to establish an agreed baseline of data that not only includes the Emergency Department but also those inpatient and bed management processes that impact on Emergency Department Performance. The initiatives should be implemented and tracked against a baseline understanding of the entire patient journey through an Emergency Department.
5.	monitor and report on the use of short-term treatment areas within EDs (such as short stay units, clinical decision units, and any other equivalent units that stop the clock on measuring emergency length of stay)	Agree		Identify the reasons for inappropriate admissions to the EDSSU and ensure initiatives are implemented to specifically address these. These often lie outside of the Emergency Department.

Cleared by:

Metro North Health
16 / 07 / 2021

2

Comments received from Chief Executive, Metro South Hospital and Health Service

Queensland Government

Metro South Health

Enquiries to: Metro South Health
Telephone:
Your Ref:
Date: 13 July 2021

Office of the Chief Executive

Mr Brendan Worrall
Auditor-General
Queensland Audit Office

By email: qao@qao.qld.gov.au

Dear Mr Worrall

Thank you for the opportunity to provide comment on your follow-up report on emergency department performance reporting.

Metro South Health (MSH) is proud to have been associated with initiatives to increase timelines of care to patients in emergency departments and coordination with the Queensland Ambulance Service. As your report highlights these have included the patient access co-ordination hubs, the transfer initiative nurses and enabling nurses work to a higher scope by ordering appropriate tests.

However, MSH acknowledges more needs to be done. As you have shown, demand for service has outpaced population growth.

MSH agrees that performance does depend on available emergency and inpatient beds and staffing. MSH notes that since the report in 2014-15, the Queensland Government has provided capital funding to narrow the gap in MSH between beds in hospitals and the statewide and national averages of 2.5 beds per 1000 population.

MSH notes, and agrees with, your comments regarding short stay units and their use. However, when ramping or ambulance activity increases and other beds are in short supply, it is necessary to utilise all beds available to maintain flow.

Thank you again for the opportunity to provide comment. Please find attached MSH's response to your recommendations.

Yours sincerely

Dr Peter Bristow FRACP, FCICM, FRACMA, GCM, GAICD
Chief Executive
Metro South Hospital and Health Service

Responses to recommendations—Metro South Hospital and Health Service

Queensland Audit Office
Better public services

Queensland Health

Measuring emergency department patient wait time

Response to recommendations provided by Metro South HHS on 8 July 2021.

Recommendation	Agree/ Disagree	Timeframe for implementation (Quarter and financial year)	Additional comments
We recommend that the Queensland Health (including QAS and HHSs): 1. improve the accuracy of emergency department (ED) data recorded and quality of data checks and corrections (data cleansing) required by HHSs. This should include: • implementing system controls in FirstNet (a module of Queensland Health's integrated electronic medical record system) to prevent or alert users to invalid data entry • ensuring a consistent approach in scope and resourcing across hospitals to the cleansing of ED data, including a focus on the accuracy of all data, not just that relating to instances that do not meet targets	Agree.		This was largely achieved through the Data Validation Officer Project by QH which was defunded as noted by the QAO. Technical system controls are required but to date have been elusive due to their impact on provision of clinical care

1

Queensland Audit Office
Better public services

Recommendation	Agree/ Disagree	Timeframe for implementation (Quarter and financial year)	Additional comments
2. improve how patient off stretcher time is recorded or reported, including: • implementing validation controls for recording arrival and handover times • resuming the system integration project to improve real-time (instant) sharing of QAS data with EDs	Partially Agree		This report highlights the systemic inaccuracies in trying to use a measure that relies on one system for its commencement and another for its cessation. It also highlights the difficulties in using a system for a function for which it was not designed and then relying on that function as a major KPI. Arrival to triage time can only be recorded in the ambulance system, as Triage is the first step in the hospital system. The first two phases of the now paused data integration project were not going to deliver real-time patient level data sharing and integration. They were focusing on better visibility of existing clinical information between record systems. Achieving real-time data integration would likely be very expensive.
3. continue with the current initiatives to promote measures of performance and outcomes in all parts of care affecting ED performance, and implement measures that provide a more holistic view of ED performance	agree		MSH will continue to identify opportunities to improve ED performance as we have done with the patient access coordination hub, transfer initiative nurse model and the nursing autonomy trifecta trial.
4. develop and implement guidelines for HHSs to identify measures of success before starting improvement initiatives and to evaluate the effectiveness of initiatives to improve ED performance	noted		MSH notes this as an action for the Department.
5. monitor and report on the use of short-term treatment areas within EDs (such as short stay units, clinical decision units, and any other equivalent units that stop the clock on measuring emergency length of stay)	agree		Is subject to a current state-wide project (EDAIR) which will provide recommendations on the contemporary use and reporting of short stay and equivalent units. MSH will review its short stay unit local procedure to ensure it is consistent with the department's guidelines for short stay units. However, MSH notes the need to utilise available beds.

2

Responses to recommendations—North West Hospital and Health Service

Queensland Audit Office
Better public services

Queensland Health

Measuring emergency department patient wait time

Response to recommendations provided by [redacted] Emergency Department Mount Isa on 9th July 2021.

Recommendation	Agree/ Disagree	Timeframe for implementation (Quarter and financial year)	Additional comments
We recommend that the Queensland Health (including QAS and HHSs):			
1. improve the accuracy of emergency department (ED) data recorded and quality of data checks and corrections (data cleansing) required by HHSs. This should include:			
• implementing system controls in FirstNet (a module of Queensland Health's integrated electronic medical record system) to prevent or alert users to invalid data entry	Disagree	N/A	NWHHS is currently using EDIS. The EDIS application support unit has confirmed the NWHHS will not change to FirstNet for a number of years due to the complex process of conversion of systems (IMER & FirstNet)
• ensuring a consistent approach in scope and resourcing across hospitals to the cleansing of ED data, including a focus on the accuracy of all data, not just that relating to instances that do not meet targets	Disagree	N/A	EDIS does not currently use the audit log function as it slows the application down to a non-useable speed. The NWHHS ensures daily, weekly, and monthly manual audits and reviews data quality. It also utilises QHERS to save and send monthly data extracts to ED management. Manual data corrections have improved data quality (BPIO role).
2. improve how patient off stretcher time is recorded or reported, including:			
• implementing validation controls for recording arrival and handover times	Agree	Currently Implemented	Mount Isa ED does not have a delay in off stretcher time as Mount Isa does not have an access block. EDIS records ramping times in location screen in triage which we can validate via QHERS reporting.
• resuming the system integration project to improve real-time (instant) sharing of QAS data with EDs	Agree	Currently Implemented	KPI target reporting and reoccurring audits.

1

Queensland Audit Office
Better public services

	Recommendation	Agree/ Disagree	Timeframe for implementation (Quarter and financial year)	Additional comments
3.	continue with the current initiatives to promote measures of performance and outcomes in all parts of care affecting ED performance, and implement measures that provide a more holistic view of ED performance	Agree	Currently Implemented	Reoccurring audits
4.	develop and implement guidelines for HHSs to identify measures of success before starting improvement initiatives and to evaluate the effectiveness of initiatives to improve ED performance	Agree	Currently Implemented	Reoccurring audits
5.	monitor and report on the use of short-term treatment areas within EDs (such as short stay units, clinical decision units, and any other equivalent units that stop the clock on measuring emergency length of stay)	Agree	Currently Implemented	Currently we audit the SSU in relation to KPI targets. Though the use of EDIS and QHERS the NWHHS automatically submit short stay data to the Department of Health.

2

Responses to recommendations—Sunshine Coast Hospital and Health Service

Queensland Audit Office
Better public services

Queensland Health

Measuring emergency department patient wait time

Response to recommendations provided by Sunshine Coast Hospital and Health Service on 12 July 2021

Recommendation	Agree/ Disagree	Timeframe for implementation (Quarter and financial year)	Additional comments
We recommend that the Queensland Health (including QAS and HHSs):			
1. improve the accuracy of emergency department (ED) data recorded and quality of data checks and corrections (data cleansing) required by HHSs. This should include:			
• implementing system controls in FirstNet (a module of Queensland Health's integrated electronic medical record system) to prevent or alert users to invalid data entry	Agree		System Wide
• ensuring a consistent approach in scope and resourcing across hospitals to the cleansing of ED data, including a focus on the accuracy of all data, not just that relating to instances that do not meet targets	Agree		System wide
2. improve how patient off stretcher time is recorded or reported, including: • implementing validation controls for recording arrival and handover times • resuming the system integration project to improve real-time (instant) sharing of QAS data with EDs	Agree		

1

Queensland Audit Office
Better public services

	Recommendation	Agree/ Disagree	Timeframe for implementation (Quarter and financial year)	Additional comments
3.	continue with the current initiatives to promote measures of performance and outcomes in all parts of care affecting ED performance, and implement measures that provide a more holistic view of ED performance	Agree		Performance measures should be broader than ED as access and flow is a whole of hospital and whole of system issue not just an ED issue. TIN nurse (P.13). Concerns that this model validates the corridor care of patients in hospital instead of addressing the root cause of the problem (ED over crowding most commonly caused by ward access block). It is not evidence based. While this may slightly decompress QAS and reduce their clinical risk it increases the clinical risk in the ED (the area already carrying the highest amount of clinical risk in the hospital). It would be safer to pursue a 'corridor care' approach in wards (ward ramp) or transit/discharge units - as these patients are either worked up and treatment commenced, or about to go home.
4.	develop and implement guidelines for HHSs to identify measures of success before starting improvement initiatives and to evaluate the effectiveness of initiatives to improve ED performance	Agree		
5.	monitor and report on the use of short-term treatment areas within EDs (such as short stay units, clinical decision units, and any other equivalent units that stop the clock on measuring emergency length of stay)	Agree		

2

Responses to recommendations—Townsville Hospital and Health Service

Queensland Audit Office
Better public services

Queensland Health

Measuring emergency department patient wait time

Response to recommendations provided by Townsville Hospital and Health Service Chief Executive on 26/07/21.

Recommendation	Agree/ Disagree	Timeframe for implementation (Quarter and financial year)	Additional comments
We recommend that the Queensland Health (including QAS and HHSs): 1. improve the accuracy of emergency department (ED) data recorded and quality of data checks and corrections (data cleansing) required by HHSs. This should include: • implementing system controls in FirstNet (a module of Queensland Health's integrated electronic medical record system) to prevent or alert users to invalid data entry • ensuring a consistent approach in scope and resourcing across hospitals to the cleansing of ED data, including a focus on the accuracy of all data, not just that relating to instances that do not meet targets	Agree	Subject to state-wide response. Current strategies ongoing.	Whilst we agree in principle with this recommendation, we acknowledge that locally, from a HHS perspective, we can not wholly implement. The implementation of system controls in FirstNet is state-wide action which we support. Enhanced integration and system data validity controls will reduce the burden on HHS staff in performing daily (manual) data validity checks. We agree with the benefits of a consistent approach in scope and resourcing across hospitals to cleanse all ED data. Locally, we will continue current strategies, including: • Medical & Nursing orientation to current systems; • Education days for ED staff; • Robust daily data cleansing and quality checks.

1

Queensland Audit Office
Better public services

	Recommendation	Agree/ Disagree	Timeframe for implementation (Quarter and financial year)	Additional comments
2.	improve how patient off stretcher time is recorded or reported, including: • implementing validation controls for recording arrival and handover times • resuming the system integration project to improve real-time (instant) sharing of QAS data with EDs	Agree	Subject to state-wide response. Current strategies ongoing.	We agree with this recommendation and acknowledge it has been an ongoing challenge for hospitals. In the absence of better system integration between QAS and HHSs, implementing validation controls is likely to be manually intensive. Locally, we have designed processes to better monitor this data, in the absence of system integration, such as: ▪ Agreed process in place regarding recording off-loading time (QAS/Triage Nurse); ▪ Additional patient time stamp in FirstNet to better measure patient arrival time; ▪ Nurse education regarding off-stretcher times; ▪ Daily senior review and cross-reference with QAS reports; ▪ Ambulance arrival screens in key areas within the ED to enable pre-emption of potential bottlenecks; ▪ Escalation process established. We support the re-commencement of the system integration project.
3.	continue with the current initiatives to promote measures of performance and outcomes in all parts of care affecting ED performance, and implement measures that provide a more holistic view of ED performance	Agree	Q3 2022 Subject to any state-wide response	Locally driven initiatives will be monitored through the HHS's central Programs Management Office (PMO) which includes identification and oversight of tangible success measures. We encourage further conversation across the state to consider and define more holistic ED performance measures.

2

Queensland Audit Office
Better public services

	Recommendation	Agree/ Disagree	Timeframe for implementation (Quarter and financial year)	Additional comments
4.	develop and implement guidelines for HHSs to identify measures of success before starting improvement initiatives and to evaluate the effectiveness of initiatives to improve ED performance	Agree	Q3 2022 Subject to state-wide response	We acknowledge and agree with the comments within the report regarding the challenges in analysing the direct cause and effect relationship between improvement activities and outcomes, due to the complexities of patient flow and outside influences impacting demand on Emergency Departments. We agree with this recommendation, however implementation is not wholly within the HHSs control. Notwithstanding this, the HHS is working toward centralised oversight of improvement activities (via our PMO), which will include evaluation of success measures. We will review these monitoring and evaluation systems upon the release of any state-wide guidelines of same.
5.	monitor and report on the use of short-term treatment areas within EDs (such as short stay units, clinical decision units, and any other equivalent units that stop the clock on measuring emergency length of stay)	Agree	Subject to state-wide response	This is not a recommendation that can be implemented directly be the HHS. Notwithstanding this, locally, patient length of stay in the Short Stay Unit (SSU) is captured and monitored. The use of TUHs short-term treatment areas (Short Stay Unit) forms part of our model of care, with the primary purpose of providing optimal health care to our consumers. THHS continues to monitor key performance indicators in this area.

3

Responses to recommendations—West Moreton Hospital and Health Service

Queensland Audit Office
Better public services

Queensland Health

Measuring emergency department patient wait time

Response to recommendations provided by West Moreton Health on 13 July 2021.

Recommendation	Agree/ Disagree	Timeframe for implementation (Quarter and financial year)	Additional comments
We recommend that the Queensland Health (including QAS and HHSs): 1. improve the accuracy of emergency department (ED) data recorded and quality of data checks and corrections (data cleansing) required by HHSs. This should include: • implementing system controls in FirstNet (a module of Queensland Health's integrated electronic medical record system) to prevent or alert users to invalid data entry • ensuring a consistent approach in scope and resourcing across hospitals to the cleansing of ED data, including a focus on the accuracy of all data, not just that relating to instances that do not meet targets	Agree	Suggest 6 months	Requires QEDSAP and ieMR inputs into definitions and time-stamps on ieMR.
2. improve how patient off stretcher time is recorded or reported, including: • implementing validation controls for recording arrival and handover times • resuming the system integration project to improve real-time (instant) sharing of QAS data with EDs	Agree	Suggest 3 months	Needs audit of QAS data regularly
3. continue with the current initiatives to promote measures of performance and outcomes in all parts of care affecting ED performance, and implement measures that provide a more holistic view of ED performance	Agree	Suggest 3 months	Keep focus on initiatives aimed at access OUT of the Emergency Department such as PACHs, access to inpatient beds, HITH, etc.
4. develop and implement guidelines for HHSs to identify measures of success before starting improvement initiatives and to evaluate the effectiveness of initiatives to improve ED performance	Agree	Suggest 6 months	New targets to be placed to measure success (inpatient targets rather than ED targets) as well as impact (lost minutes in an ED).
5. monitor and report on the use of short-term treatment areas within EDs (such as short stay units, clinical decision units, and any other equivalent units that stop the clock on measuring emergency length of stay)	Agree	Suggest 6 months	Monitor length of stay as well as admission rates from the relative areas, especially SSUs.

1

Responses to recommendations—Wide Bay Hospital and Health Service

Queensland Audit Office
Better public services

Queensland Health

Measuring emergency department patient wait time

Response to recommendations provided by Wide Bay Hospital and Health Service on 14 July 2021

Recommendation	Agree/ Disagree	Timeframe for implementation (Quarter and financial year)	Additional comments
We recommend that the Queensland Health (including QAS and HHSs): 1. improve the accuracy of emergency department (ED) data recorded and quality of data checks and corrections (data cleansing) required by HHSs. This should include: • implementing system controls in FirstNet (a module of Queensland Health's integrated electronic medical record system) to prevent or alert users to invalid data entry • ensuring a consistent approach in scope and resourcing across hospitals to the cleansing of ED data, including a focus on the accuracy of all data, not just that relating to instances that do not meet targets	Agree	TBD	
2. improve how patient off stretcher time is recorded or reported, including: • implementing validation controls for recording arrival and handover times • resuming the system integration project to improve real-time (instant) sharing of QAS data with EDs	Agree	TBD	
3. continue with the current initiatives to promote measures of performance and outcomes in all parts of care affecting ED performance, and implement measures that provide a more holistic view of ED performance	Agree	TBD	
4. develop and implement guidelines for HHSs to identify measures of success before starting improvement initiatives and to evaluate the effectiveness of initiatives to improve ED performance	Agree	TBD	
5. monitor and report on the use of short-term treatment areas within EDs (such as short stay units, clinical decision units, and any other equivalent units that stop the clock on measuring emergency length of stay)	Agree	TBD	

1