

General

Title

Emergency department (ED): median time from ED arrival to ED departure for admitted ED patients.

Source(s)

Specifications manual for national hospital inpatient quality measures, version 5.3. Centers for Medicare & Medicaid Services (CMS), The Joint Commission; Effective 2018 Jan 1. various p.

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Process

Secondary Measure Domain

Clinical Quality Measure: Access

Brief Abstract

Description

This measure is used to assess the median time from emergency department (ED) arrival to time of departure from the emergency room for patients admitted to the facility from the ED.

This measure represents the overall rate. The following rates are also reported:

Reporting measure
Psychiatric/mental health patients

Rationale

Reducing the time patients remain in the emergency department (ED) can improve access to treatment and increase quality of care. Reducing this time potentially improves access to care specific to the patient condition and increases the capability to provide additional treatment. In recent times, EDs have experienced significant overcrowding. Although once only a problem in large, urban, teaching hospitals, the phenomenon has spread to other suburban and rural healthcare organizations. According to a 2002

national United States (U.S.) survey, more than 90% of large hospitals report EDs operating "at" or "over" capacity. Approximately one third of hospitals in the U.S. report increases in ambulance diversion in a given year, whereas up to half report crowded conditions in the ED. In a recent national survey, 40% of hospital leaders viewed ED crowding as a symptom of workforce shortages. ED crowding may result in delays in the administration of medication such as antibiotics for pneumonia and has been associated with perceptions of compromised emergency care. For patients with non-ST-segment-elevation myocardial infarction, long ED stays were associated with decreased use of guideline-recommended therapies and a higher risk of recurrent myocardial infarction. Overcrowding and heavy emergency resource demand have led to a number of problems, including ambulance refusals, prolonged patient waiting times, increased suffering for those who wait, rushed and unpleasant treatment environments, and potentially poor patient outcomes. When EDs are overwhelmed, their ability to respond to community emergencies and disasters may be compromised.

Evidence for Rationale

Specifications manual for national hospital inpatient quality measures, version 5.3. Centers for Medicare & Medicaid Services (CMS), The Joint Commission; Effective 2018 Jan 1. various p.

Primary Health Components

Emergency department (ED); length of stay

Denominator Description

Any emergency department (ED) patient (as defined in the Data Dictionary), regardless of age, from the facility's ED (see the related "Denominator Inclusions/Exclusions" field)

Numerator Description

Continuous variable statement: Time (in minutes) from emergency department (ED) arrival to ED departure for patients admitted to the facility from the ED

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Additional Information Supporting Need for the Measure

Unspecified

Extent of Measure Testing

Unspecified

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Emergency Department

Hospital Inpatient

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Single Health Care Delivery or Public Health Organizations

Statement of Acceptable Minimum Sample Size

Specified

Target Population Age

All ages

Target Population Gender

Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Prevention and Treatment of Leading Causes of Mortality

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Getting Better

IOM Domain

Effectiveness

Timeliness

Data Collection for the Measure

Case Finding Period

Discharges January 1 through June 30

Denominator Sampling Frame

Patients associated with provider

Denominator (Index) Event or Characteristic

Encounter

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions

Any *emergency department (ED) patient* (as defined in the Data Dictionary), regardless of age, from the facility's ED

Exclusions

Patients who are not an *ED patient* (as defined in the Data Dictionary)

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions

Continuous variable statement: Time (in minutes) from emergency department (ED) arrival to ED departure for patients admitted to the facility from the ED

Exclusions

Unspecified

Numerator Search Strategy

Institutionalization

Data Source

Administrative clinical data

Electronic health/medical record

Paper medical record

Type of Health State

Does not apply to this measure

Instruments Used and/or Associated with the Measure

- Global Initial Patient Population Algorithm Flowchart
- ED-1: Median Time from ED Arrival to ED Departure for Admitted ED Patients Flowchart

Computation of the Measure

Measure Specifies Disaggregation

Measure is disaggregated into categories based on different definitions of the denominator and/or numerator

Basis for Disaggregation

This measure is disaggregated according to the following categories:

Reporting measure

Psychiatric/mental health patients

Data Reported As: Aggregate measure of central tendency.

Scoring

Mean/Median

Interpretation of Score

Desired value is a lower score

Allowance for Patient or Population Factors

not defined yet

Standard of Comparison

not defined yet

Identifying Information

Original Title

ED-1: median time from ED arrival to ED departure for admitted ED patients.

Measure Collection Name

National Hospital Inpatient Quality Measures

Measure Set Name

Emergency Department (ED)

Submitter

Centers for Medicare & Medicaid Services - Federal Government Agency [U.S.]

Developer

Centers for Medicare & Medicaid Services - Federal Government Agency [U.S.]

Funding Source(s)

Centers for Medicare & Medicaid Services (CMS) funding is from the United States Government.

Composition of the Group that Developed the Measure

Centers for Medicare & Medicaid Services (CMS) Oklahoma Foundation for Medical Quality (contractor for CMS)

Financial Disclosures/Other Potential Conflicts of Interest

Unspecified

Endorser

National Quality Forum - None

NQF Number

not defined yet

Date of Endorsement

2017 Aug 1

Measure Initiative(s)

Hospital Compare

Hospital Inpatient Quality Reporting Program

Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2018 Jan

Measure Maintenance

This measure is reviewed and updated every 6 months.

Date of Next Anticipated Revision

Unspecified

Measure Status

This is the current release of the measure.

This measure updates a previous version: Specifications manual for national hospital inpatient quality measures, version 5.0b. Centers for Medicare & Medicaid Services (CMS), The Joint Commission; Effective 2015 Oct 1. various p.

Measure Availability

Source available from the [QualityNet Web site](#) .

Check the QualityNet Web site regularly for the most recent version of the specifications manual and for the applicable dates of discharge.

Companion Documents

The following are available:

A software application designed for the collection and analysis of quality improvement data, the CMS Abstraction and Reporting Tool (CART), is available from the [QualityNet Web site](#)

Hospital compare: a quality tool provided by Medicare. [internet]. Washington (DC): U.S. Department of Health and Human Services; [accessed 2017 Oct 10]. This is available from the [Medicare Web site](#). See the related [QualityTools](#) summary.

NQMC Status

This NQMC summary was originally completed by ECRI Institute on October 25, 2010. The information was not verified by the Centers for Medicare & Medicaid Services (CMS).

This NQMC summary was retrofitted into the new template on May 18, 2011.

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Production

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