C. Our 2014–15 report

In *Emergency department performance reporting* (Report 3: 2014–15), we examined the performance of Queensland's public emergency departments (EDs) in achieving targets under the national emergency access target (the national target), with a focus on the reliability of the data being reported. (The national target required measurement of the proportion of patients admitted to hospital or discharged from emergency departments within four hours of arrival.)

What we found

We found efforts made to achieve the four-hour target did not compromise patient safety or quality of care. However, controls (checks and processes) over ED data were weak or absent, with no assurance over the integrity of the data reported.

Contributing to the data integrity concerns were:

- the lack of an audit log to track changes made to data
- human error
- time pressures involved in data entry due to the nature of EDs.

The quality of the data reported relied primarily on the integrity and diligence of individuals entering and validating the data.

The lack of controls over ED data meant that reported performance may not have reflected actual performance. The absence of some controls left data open for manipulation, both systemically and deliberately, possibly affecting the credibility of publicly reported data and potentially impacting on budget and investment decisions made by the government.

We identified a 'spike' in discharges of patients in multiple ED reports just before the four-hour target. System limitations, the practice of retrospective entering of data due to time constraints, the ability for data to be modified, and a push by medical staff to meet performance targets contributed to this outcome.

We also found a spike in the admission to hospital short stay units just before the four-hour discharge target was reached, indicating the units were being used to manage patient overflow. Short stay units are designated treatment areas to manage acute problems for patients with an expected stay greater than four hours but less than 24 hours. Using this space as an overflow area for patients who do not require admission results in unavailability of bed space for patients who meet the short stay unit requirements.

We found the reporting of patients who did not wait for treatment was impacted by hospitals having no standard definition of what 'did not wait for treatment' meant. The definition guidance by the Department of Health contradicted the National Health Data Dictionary. This affected the reporting on this measure and subsequent Commonwealth funding available to the state.

What we recommended

In the 2014–15 audit, we recommended a collaborative approach for the department and hospital and health services.

Three of the four recommendations addressed concerns we found with how data was recorded, managed, and checked. The fourth recommendation addressed the expiry of the *National Health Reform Agreement—National Partnership Agreement on Improving Public Hospital Services*. This related specifically to a review of the emergency access targets to determine an achievable target that continued to encourage timely decision-making without compromising patient safety.

The department and hospital and health services agreed to our recommendations.