

Emergency Department Performance Measures

ACEP Clinical Emergency Data Registry (CEDR)

ACEP Choosing Wisely Campaign

Centers for Medicare and Medicaid Services (CMS)

Medicare Beneficiary Quality Improvement Project (MBQIP)

ED Performance Measure by Category

❖ ED Throughput

- ED Median Time from ED arrival to ED departure for discharged ED patients - General Rate = (Overall Rate - Psych Pts - Transfer Pts) – CEDR, CMS
- ED Median Time from ED arrival to ED departure for discharged ED patients - Psych Mental Health Patients – CEDR
- ED Median Time from ED arrival to ED departure for discharged ED patients - Transfer Patients – CEDR
- Admit decision time to emergency department departure time for admitted patient – CMS
- Door to diagnostic evaluation by a qualified medical professional – CMS, MBQIP, CEDR
- Left without being seen – MBQIP

❖ Chest Pain and Heart Attack

- Median time to transfer to another facility for acute coronary intervention – CMS, MBQIP
- Median time to ECG – CMS, MBQIP
- Fibrinolytic therapy received within 30 minutes of emergency department arrival – CMS, MBQIP
- Timing of receipt of primary percutaneous coronary intervention (PCI) (<90 minutes goal) – CMS
- Aspirin at arrival (heart attack) – CMS, MBQIP

❖ Stroke

- tPA Considered: Percentage of patients aged 18 years and older with a diagnosis of ischemic stroke whose time from symptom onset to arrival is less than 3 hours who were considered for t-PA administration – CEDR
- Head CT scan results for acute ischemic stroke or hemorrhagic stroke who received head CT scan interpretation within 45 minutes of arrival – CMS

❖ Appropriate Imaging

- Avoid computed tomography (CT) scans of the head in emergency department patients with minor head injury who are at low risk based on validated decision rules. – Choosing Wisely, CEDR
- Avoid CT of the head in asymptomatic adult patients in the emergency department with syncope, insignificant trauma and a normal neurological evaluation. – Choosing Wisely
- Avoid CT pulmonary angiography in emergency department patients with a low-pretest probability of pulmonary embolism and either a negative Pulmonary Embolism Rule-Out Criteria (PERC) or a negative D-dimer. – Choosing Wisely, CEDR

- Avoid ordering CT of the abdomen and pelvis in young otherwise healthy emergency department (ED) patients (age <50) with known histories of kidney stones, or ureterolithiasis, presenting with symptoms consistent with uncomplicated renal colic. – Choosing Wisely
- MRI lumbar spine for low back pain – CMS
- Thorax CT use of contrast material – CMS
- Abdomen CT use of contrast material – CMS
- Simultaneous use of brain computed tomography (CT) and sinus CT – CMS

❖ Appropriate Antibiotics

- Adult Sinusitis: Antibiotic Prescribed for Acute Sinusitis – CEDR
- Adult Sinusitis: Appropriate Choice of Antibiotic: Amoxicillin Prescribed for Patients with Acute Bacterial Sinusitis – CEDR
- Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis – CEDR
- Avoid antibiotics and wound cultures in emergency department patients with uncomplicated skin and soft tissue abscesses after successful incision and drainage and with adequate medical follow-up. – Choosing Wisely
- Avoid prescribing antibiotics in the emergency department for uncomplicated sinusitis. – Choosing Wisely
- Initial antibiotic for community-acquired pneumonia (CAP) in immunocompetent patient – CMS

❖ Efficiency

- Coagulation Studies in Patients Presenting with Chest Pain with No Coagulopathy or Bleeding – CEDR
- Avoid instituting intravenous (IV) fluids before doing a trial of oral rehydration therapy in uncomplicated emergency department cases of mild to moderate dehydration in children. – Choosing Wisely
- Three-day return rate for ED visits – CEDR
- Three-day return rate for UC visits – CEDR

❖ Other

- Pain Management for Long Bone Fracture – MBQIP, CMS
- Anti-coagulation for Acute Pulmonary Embolism Patients – CEDR
- Pregnancy Test for Female Abdominal Pain Patients – CEDR
- Tobacco Screening and Cessation Intervention: Percentage of asthma and COPD patients aged 18 years and older who were screened for tobacco use AND who received cessation counseling intervention if identified as a tobacco user. – CEDR
- Avoid placing indwelling urinary catheters in the emergency department for either urine output monitoring in stable patients who can void, or for patient or staff convenience – Choosing Wisely
- Don't delay engaging available palliative and hospice care services in the emergency department for patients likely to benefit. – Choosing Wisely
- Blood cultures performed in the emergency department prior to initial antibiotic received in hospital – CMS
- Emergency Department Transfer Communication (EDTC) – MBQIP

- Pre-Transfer Communication Information
- Patient Identification
- Vital Signs
- Medication-related Information
- Practitioner generated information
- Nurse generated information
- Procedures and tests

ED Performance Measure by Originating Organization

CEDR

- Emergency Department Utilization of CT for Minor Blunt Head Trauma for Patients Aged 18 Years and Older – CEDR
- Emergency Department Utilization of CT for Minor Blunt Head Trauma for Patients Aged 2 Through 17 Years– CEDR
- Coagulation Studies in Patients Presenting with Chest Pain with No Coagulopathy or Bleeding– CEDR
- Appropriate Emergency Department Utilization of CT for Pulmonary Embolism– CEDR
- ED Median Time from ED arrival to ED departure for discharged ED patients - Overall Rate– CEDR
- ED Median Time from ED arrival to ED departure for discharged ED patients - General Rate = (Overall Rate - Psych Pts- Transfer Pts) – CEDR
- ED Median Time from ED arrival to ED departure for discharged ED patients - Psych Mental Health Patients– CEDR
- ED Median Time from ED arrival to ED departure for discharged ED patients - Transfer Patients– CEDR
- Door to Diagnostic Evaluation by a Qualified Medical Personnel– CEDR
- Anti-coagulation for Acute Pulmonary Embolism Patients– CEDR
- Pregnancy Test for Female Abdominal Pain Patients– CEDR
- Three-day return rate for ED visits– CEDR
- Three-day return rate for UC visits– CEDR
- tPA Considered: Percentage of patients aged 18 years and older with a diagnosis of ischemic stroke whose time from symptom onset to arrival is less than 3 hours who were considered for t-PA administration– CEDR
- Tobacco Screening and Cessation Intervention: Percentage of asthma and COPD patients aged 18 years and older who were screened for tobacco use AND who received cessation counseling intervention if identified as a tobacco user. – CEDR
- Adult Sinusitis: Antibiotic Prescribed for Acute Sinusitis– CEDR
- Adult Sinusitis: Appropriate Choice of Antibiotic: Amoxicillin Prescribed for Patients with Acute Bacterial Sinusitis– CEDR
- Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis– CEDR

Choosing Wisely

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CMS Core Measures

- Median time from emergency department arrival to emergency department departure for admitted emergency department patients – CMS
- Admit decision time to emergency department departure time for admitted patient – CMS
- Median time from emergency department arrival to emergency department departure for discharged emergency department patients – CMS
- Door to diagnostic evaluation by a qualified medical professional – CMS
- Median time to pain medication for long bone fractures – CMS
- Patient left without being seen – CMS
- Head CT scan results for acute ischemic stroke or hemorrhagic stroke who received head CT scan interpretation within 45 minutes of arrival – CMS
- Blood cultures performed in the emergency department prior to initial antibiotic received in hospital – CMS
- Initial antibiotic for community-acquired pneumonia (CAP) in immunocompetent patient – CMS
- Median time to transfer to another facility for acute coronary intervention – CMS
- Median time to ECG – CMS
- Fibrinolytic therapy received within 30 minutes of emergency department arrival – CMS
- Aspirin at arrival – CMS
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MBQIP

Emergency Department Transfer Communication (EDTC) – MBQIP

- Pre-Transfer Communication Information
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- Vital Signs
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ED Chest Pain and Heart Attack

- OP-1: Median Time to Fibrinolysis in the Emergency Department – MBQIP
- OP-2: Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival in the Emergency Department – MBQIP
- OP-3: Median Time to Transfer to another Facility for Acute Coronary Intervention in the Emergency Dept. – MBQIP
- OP-5: Median Time to ECG in the Emergency Department – MBQIP

ED Throughput

- OP-20: Door to Diagnostic Evaluation by a Qualified Medical Personnel – MBQIP
- OP-21: Pain Management for Long Bone Fracture – MBQIP
- OP-22: Left without being seen – MBQIP