دائـــــرة الـصـــحـــة
DEPARTMENT OF HEALTH

Waiting Time Jawda Guidance for Specialized and General Hospitals

Version 8.4

Contents

Executive Summary

The Department of Health— Abu Dhabi (DOH) is the regulatory body of the healthcare sector in the Emirate of Abu Dhabi and ensures excellence in healthcare for the community by monitoring the health status of its population.

The Emirate of Abu Dhabi is experiencing a substantial growth in the number of hospitals, centers and clinics. This is ranging from school clinics and mobile units to internationally renowned specialist and tertiary academic centers. Although, access and quality of care has improved dramatically over the last couple of decades, mirroring the economic upturn and population boom of the Abu Dhabi Emirate, however challenges remain in addressing further improvements.

The main challenges that are presented with increasingly dynamic population include an aging population with increased expectation for treatment, utilization of and diverse workforce leading to increased complexity of healthcare provision in Abu Dhabi. All of this results in an increased and inherent risk to quality and patient safety.

DOH has developed a dynamic and comprehensive quality framework in order to bring about improvements across the health sector. This guidance relates to the quality indicators that DOH is mandating the quarterly reporting against by the fully operating general and specialist hospitals in Abu Dhabi.

The guidance sets out the full definition and method of calculation for patient safety and clinical effectiveness indicators. For enquiries about this guidance, please contact jawda@doh.gov.ae

This document is subject for review and therefore it is advisable to utilize online versions available on the DOH website at all times.

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About Guidance

The guidance sets out the definitions, reporting, and frequency of JAWDA waiting time (WT) performance indicators. Department of Health (DoH) with consultation of local and international emergency and accident (E &A) consultant expertise developed waiting time performance indicators that are aimed for assessing the degree to which a provider competently and safely delivers the appropriate clinical services to the patient within the optimal time period.

The waiting time performance indictors in this guidance include measures to monitor I.e., (time spent in emergency, wait time for cardiac procedures, wait time for diagnostic imaging, and primary care appointment). Healthcare providers are the most qualified professionals to develop and evaluate quality of care measures for emergency department. Therefore, it is crucial that clinicians retain a leadership position in defining emergency department quality of care.

Who is this guidance for?

All DoH licensed healthcare facilities providing emergency and outpatient care services (emergency, urgent care hospitals, and primary care providers) in the Emirate of Abu Dhabi.

How do I follow this guidance?

Each provider will nominate one member of staff to coordinate, collect, monitor and report waiting time quality performance indicators data as per communicated dates. The nominated healthcare facility lead must in the first instance e-mail their contact details (if different from previous submission) to jawda@doh.gov.ae and submit the required quarterly quality performance indicators through Jawda online portal.

What are the Regulation related to this guidance?

- Legislation establishing the Health Sector
- DOH Standard for Primary Health Care in Emirate of Abu Dhabi
- DOH Standard for Emergency Department
- As per DoH Policy for Quality and Patient Safety issued January 15th 2017, this guidance applies to all DOH Licensed Hospital Healthcare Facilities in the Emirate of Abu Dhabi in accordance with the requirements set out in this Standard.

DoH Levels of Emergency Care

Emergency Department (Major Trauma)
Emergency Department (Trauma)
Urgent Care Centre

Glossary

INPATIENT: *Is a beneficiary registered and admitted to a hospital for bed occupancy for purposes of receiving healthcare services and is medically expected to remain confined overnight and for a period in excess of 12 consecutive hours.*

- *Daycase admission is not included in INPATIENT.*
- *Beds **excluded** from the inpatient bed complement:*
  - ***Beds/cots for healthy newborns***
  - *Beds in Day Care units, such as surgical, medical, pediatric day care, interventional radiology*
  - *Beds in Dialysis units*
  - *Beds in Labor Suites (e.g. birthday beds, birthing chairs)*
  - *Beds in Operating Theatre*
  - *Temporary beds such as stretchers*
  - *Chairs, Cots or Beds used to accommodate sitters, parents, guardians accompanying patients or sick children and healthy baby accompanying a hospitalized breast-feeding mother*
  - *Beds closed during renovation of patient care areas when approved by the competent authority*

EXAMPLE OF INPATIENT BED DAY COUNTING INITIATION AND TIME TO READMISSION:

MRN	Visit type	Urgent Care / Emergency Arrival Date & Time	IP admission date & time from UC	Discharge Date & Time
123456	Urgent Care converted to Inpatient	01/01/2025 10:00	01/01/2025 13:39	03/01/2025 13:00
123456	Urgent Care converted to Inpatient	12/01/2025 23:50	13/01/2025 02:00	13/01/2025 18:00

Readmission calculation:
It will be 13/01/2025 (Admission Date) minus 03/01/2025 (Discharge Date) = 10 days

DAYCASE*: Daycase beds, also known as observation beds, are beds used in Day Care units such as surgical, medical, pediatric day care interventional radiology. They are not included in the inpatient bed complement.*

LONG TERM CARE PATIENTS: *They will be reported under LTCF Jawda Guidance. Service codes (not limited to): 17-13, 17-14, 17-15, 17-16, 17-27, 17-28, 17-30, 17-31, self-pay LTC, etc.*

CRITICAL CARE AREA: *A patient is in a Critical Care Area if they are receiving active cardiac monitoring (including telemetry) in an Intensive Care Unit, Emergency Room, Urgent Care Centre, Operating Room, Procedure Room, Anesthetic Induction Room or Recovery Area.*

WALK-IN PATIENTS:

- *Patients visiting without prior appointment*
- *Patients having a scheduled appointment within two hours*

PATIENT LEFT AGAINST MEDICAL ADVICE is synonymous with the below:

- *Discharge Against Medical Advice*
- *Against Medical Advice*
- *Absent Without Leave*
- *Missing Without Leave*

Dead on Arrival (DOA): A person is presumed dead on arrival when no resuscitation efforts are attempted.

Sepsis: Sepsis is a life-threatening condition that happens when the body's immune system has an extreme response to an infection, causing organ dysfunction. The body's reaction causes damage to its own tissues and organs.

Septic Shock: Septic shock is a subset of sepsis in which particularly profound circulatory, cellular, and metabolic abnormalities are associated with a greater risk of mortality than with sepsis alone. It can lead to shock, multiple organ failure and sometimes death, especially if not recognized early and treated promptly.

Waiting time Performance Indicators

Type: Waiting Time Indicator **Indicator Number: WT001**

KPI Description (title):	**Primary Care Appointment- Outpatient Setting**
Domain	**Timeliness**
Indicator Type	**Process**
Definition:	Time to see a Department of Health (DoH) licensed Family Physician or member of their team General Practitioner (GP) in the primary care service.
Calculation:	**<u>Numerator</u>:** Number of patients that were seen within 2 working days of requests. **<u>Denominator</u>:** Total number of all new patient-initiated appointment requests to see a family physician or a member of their team General Practitioner (GP) in the primary care service. **<u>Denominator Exclusions</u>**: • Non-Physician Led Appointment Types • Follow Up Appointment Types • Dentist and anesthesia • Emergency Patients • Patient choice of not having the appointment within 2 working days when offered • Walk in Patients without prior appointment ***(see glossary)*** • No show or appointments cancelled by patients. • Patients who left without being seen • Clinical requirement to be fulfilled prior to the appointment as per the physician instructions
Reporting Frequency:	Quarterly
Unit of Measure:	% for performance (hours for mean, median and min. & max)
Reported Information	Numerator, Denominator, Indicator Performance (also, mean waiting time, median waiting time, min. & max. waiting time)
Target	90% within 2 working days
Notes for all facilities	
Data sources / Report Name:	- Local business intelligence report or any other internally designed system - Applicable to licensed operational general and specialist hospitals for provision of primary care and/or specialist/consultant outpatient facilities

Type: Waiting Time Indicator **Indicator Number: WT002**

KPI Description (title):	**Percentage of First Available Appointment for all Suspected or Confirmed Cancer Cases**
Domain	**Timeliness**
Indicator Type	**Process**
Definition:	Time for a Department of Health (DOH) licensed relevant specialist/consultant to see a patient with suspected or confirmed cancer from time of receiving the referral.
Calculation:	**<u>Numerator</u>:** Number of patients in the denominator population that were seen by the relevant (DOH) licensed specialist/consultant within 10 working days from receiving the referral (or self-requested appointment). **<u>Denominator</u>:** Total number of all appointments referral (including self-referral) for suspected or confirmed cancer cases ***<u>Denomintor Guidance</u>*:** • Suspected / Confirmed with new appointment request/complaint to the oncologist or haematologist of that facility **<u>Denominator Exclusions:</u>** • Non-Physician Led Appointment Types • Follow Up Appointment Types • Patient choice of not having the appointment within 10 working days when offered • Walk in Patients without prior appointment ***(see glossary)*** • No show or appointments cancelled by patients. • Hematologist visits related to other blood disorders, unrelated to cancer • Patients who left without being seen • Clinical requirement to be fulfilled prior to the appointment as per the physician instructions
Reporting Frequency:	Quarterly
Unit of Measure:	% for performance (***days*** for mean, median and min. & max)
Reported Information	Numerator, Denominator, Indicator Performance (also, mean waiting time, median waiting time, min. & max. waiting time)
Target	90% within 10 days
Notes for all facilities	
Data sources / Report Name:	• Local business intelligence report or any other internally designed system • Applicable to licensed operational general and specialist hospitals for provision of primary care and/or specialist/consultant outpatient facilities • Referral forms or database

Type: Waiting Time Indicator **Indicator Number: WT 003**

KPI Description (title):	**Hospital Wait at Point of Arrival**
Domain	**Timeliness**
Indicator Type	**Process**
Definition:	Time in minutes from registration to seeing any Department of Health (DOH) licensed (specialist, family medicine, general practitioner, or consultant).
Calculation:	**Numerator:** Number of patients that were seen within 60 minutes from registration in attendance. **Denominator:** Total number of all patients registering by any DOH licensed specialist, family medicine, general practitioner, or consultant. physician. **Denominator Exclusions:** • Non-Physician Led Appointment Types • Patients that required investigation done prior to seeing the doctor, as part of efficient process (e.g.; hearing test, treadmill test, ECG, blood glucose, etc.) • Dental and anesthesia • ED/UCC visits • Patients who left without being seen • Teleconsultations
Reporting Frequency:	Quarterly
Unit of Measure:	% for performance (***minutes*** for mean, median and min. & max)
Reported Information	Numerator, Denominator, Indicator Performance (also, mean waiting time, median waiting time, min. & max. waiting time)
Target	90% within 60 minutes
Notes for all facilities	
Data sources / Report Name:	- Local business intelligence report or any other internally designed system - Applicable to licensed operational general and specialist hospitals for provision of primary care and/or specialist/consultant outpatient facilities

Type: Waiting Time Indicator **Indicator Number: WT 004**

KPI Description (title):	**Percentage of first available appointment for Consultant or specialist (excluding cancer)**
Domain	**Timeliness**
Indicator Type	**Process**
Definition:	Time for a Department of Health (DOH)-licensed specialist or consultant to see a non-suspected cancer case.
Calculation:	**Numerator:** Number of patients in the denominator population that were seen by the relevant (DOH licensed specialist/consultant within 10 working days from receiving the referral (or self-requested appointment). **Denominator:** Total number of all new appointment requests/complaints (including self-referral patients) **Denominator Exclusions:** • Appointments in primary care services, dental, and anesthesia services • Appointments for Oncology Clinics. • Non-Physician Led Appointment Types • Follow Up Appointment Types • Patient choice of not having the appointment within 10 working days when offered • Walk-in without prior appointment ***(see glossary)*** • Exclude no show or appointments cancelled by patients. • Patients who left without being seen • Clinical requirement to be fulfilled prior to the appointment as per the physician instructions
Reporting Frequency:	Quarterly
Unit of Measure:	% for performance (***days*** for mean, median and min. & max)
Reported Information	Numerator, Denominator, Indicator Performance (also, mean waiting time, median waiting time, min. & max. waiting time)
Target	90% within 10 working days
Notes for all facilities	
Data sources / Report Name:	- Local business intelligence report or any other internally designed system - Applicable to licensed operational general and specialist hospitals for provision of primary care and/or specialist/consultant outpatient facilities

Type: Waiting Time Indicator **Indicator Number: WT005**

KPI Description (title):	**Percentage of elective Inpatient admissions within 28 days.**
Domain	**Timeliness**
Indicator Type	**Process**
Definition:	Number of days it takes to admit a non- emergency patient in acute care from DTA (decision to admit) made by a Department of Health (DOH) licensed specialist or consultant.
Calculation:	**Numerator**: Number of patients being admitted in acute care within 28 days from date of DTA (Decision to Admit). DTA day=1 **Denominator:** All elective inpatient admissions in acute care **Denominator Exclusions:** • Patients who are unable to have their treatment for social, work or personal reasons within 28 days from DTA • Patients who choose to wait longer than 28 days for their treatment • Patients for whom it is not clinically appropriate to start treatment within 28 days • Delay in admission due to insurance approval being refused or delayed >= 14 days • Emergency/Unplanned admissions *(When patient is transferred between hospital, it should be a case of unplanned in most of the cases.)* • Same day admissions from outpatient department • Day cases are excluded.
Reporting Frequency:	Quarterly
Unit of Measure:	% for performance (***days*** for mean, median and min. & max)
Reported Information	Numerator, Denominator, Indicator Performance (also, mean waiting time, median waiting time, min. & max. waiting time)
Target	90% within 28 days
Notes for all facilities	
Data sources / Report Name:	- Local business intelligence report or any other internally designed system - Applicable to facilities licensed to provide inpatient services

Type: Waiting Time Indicator **Indicator Number: WT006**

KPI Description (title):	**Door to Balloon (PCI) waiting time for patients suspected with Acute Myocardial Infarction (AMI)**
Domain	**Timeliness**
Indicator Type	**Process**
Definition:	Number of minutes it takes to start angioplasty for emergency patients with Acute Myocardial Infarction (AMI). Acute myocardial infarction (AMI) patients with ST segment elevation or LBBB on the ECG closest to arrival time receiving primary PCI during the hospital stay with a time from hospital arrival to PCI of ≤90 minutes.
Calculation:	**Numerator:** Number of patients who had primary angioplasty within 90 min of attending as an emergency with AMI **Denominator:** Total number of AMI patients with ST-elevation or LBBB on ECG who are indicated to receive primary PCI. **ICD-10-CM Principal Diagnosis Code for AMI:** I21.01, I21.02, I21.09, I21.11, I21.19, I21.21, I21.29, I21.3 ***with*** **CPT Codes for Percutaneous Coronary Intervention (PCI):** 92920, 92921, 92924, 92925, 92928, 92929, 92933, 92934, 92937, 92938, 92941, 92943, 92944, 92973 **AND/ OR** ST-segment elevation or LBBB on the ECG performed closest to hospital arrival **AND** PCI performed within 24 hours after hospital arrival **Denominator Exclusions:** • Patients less than 18 years of age • In-Patients • Patients enrolled in clinical trials • Patients administered fibrinolytic agent or any counter indication agent prior to PCI in another facility if indicated • PCI described as non-primary by a physician/advanced practice nurse/physician assistant (physician/APN/PA) • PCI is clinically contraindicated: such as cardiac arrest or requiring resuscitation, difficult vascular access and/or crossing the culprit lesion • Patient/Family refusal/ or delay in consent
Reporting Frequency:	Quarterly
Unit of Measure:	% for performance (***minutes*** for mean, median and min. & max)
Reported Information	Numerator, Denominator, Indicator Performance (also, mean waiting time, median waiting time, min. & max. waiting time)
Target	90% within 90 minutes
Notes for all facilities	
Data sources Report Name:	- Local business intelligence report or any other internally designed system - Applicable to facilities licensed to provide inpatient services

Type: Waiting Time Indicator **Indicator Number: WT007**

KPI Description (title):	**Stroke admission with CT scan timeframe**
Domain	**Timeliness**
Indicator Type	**Process**
Definition:	The number of minutes it takes to interpret head CT scan for emergency patients presenting with stroke signs and symptoms.

Calculation:	**<u>Numerator</u>:** Number of suspected stroke patients who had a CT-Scan of the head which was interpreted within 45 minutes of arrival to emergency department or UCC
	
	<u>Denominator</u>: All adult patients (18 years and older) visiting the emergency department or urgent care center, who were suspected of having signs and symptoms of a stroke.
	
	ICD-10 CM codes (not limited to) and include suspected cases as per clinical documentation*: I60.00, I60.01, I60.02, I60.10, I60.11, I60.12, I60.2, I60.30, I60.31, I60.32, I60.4, I60.50, I60.51, I60.52, I60.6, I60.7, I60.8, I60.9, I61.0, I61.1, I61.2, I61.3, I61.4, I61.5, I61.6, I61.8, I61.9, I62.00, I62.01, I62.02, I62.03, I62.1, I62.9, I63.00, I63.011, I63.012, I63.013, I63.019, I63.02, I63.031, I63.032, I63.033, I63.039, I63.09, I63.10, I63.111, I63.112, I63.113, I63.119, I63.12, I63.131, I63.132, I63.133, I63.139, I63.19, I63.20, I63.211, I63.212, I63.213, I63.219, I63.22, I63.231, I63.232, I63.233, I63.239, I63.29, I63.30, I63.311, I63.312, I63.313, I63.319, I63.321, I63.322, I63.323, I63.329, I63.331, I63.332, I63.333, I63.339, I63.341, I63.342, I63.343, I63.349, I63.39, I63.40, I63.411, I63.412, I63.413, I63.419, I63.421, I63.422, I63.423, I63.429, I63.431, I63.432, I63.433, I63.439, I63.441, I63.442, I63.443, I63.449, I63.49, I63.50, I63.511, I63.512, I63.513, I63.519, I63.521, I63.522, I63.523, I63.529, I63.531, I63.532, I63.533, I63.539, I63.541, I63.542, I63.543, I63.549, I63.59, I63.6, I63.81, I63.89, I63.9*
	
	<u>Denominator Exclusion:</u>
	• Stroke symptoms more than 6 hours before presentation
	• Stroke symptoms of undetermined duration
	• CT not conducted in the facility for the following reasons:
	  ○ If the family refused the treatment before the CT conducted
	  ○ Clinically unstable patients
	  ○ CT previously conducted by the transferring facility

Reporting Frequency:	Quarterly
Unit of Measure:	% for performance (***minutes*** for mean, median and min. & max)
Reported Information	Numerator, Denominator, Indicator Performance (also, mean waiting time, median waiting time, min. & max. waiting time)
Target	90% within 45 minutes
Notes for all facilities	
Data sources / Report Name:	- Local business intelligence report or any other internally designed system - Applicable to facilities licensed to provide inpatient services

Type: Waiting Time Indicator **Indicator Number: WT008**

KPI Description (title):	**Seeing a doctor in emergency department or urgent care center (Door to Doctor Time)**
Domain	**Timeliness**
Indicator Type	**Process**
Definition:	Number of minutes from registration to patient seeing an emergency department or urgent care doctor.
Calculation:	**Numerator:** Number of patients seen by an emergency department or urgent care doctor within target time (60 minutes). **Denominator:** All emergency or urgent care encounters (irrespective of triage category, only physician involved visits). **Denominator Exclusion:** • Deceased on Arrival (DOA) • Patient Left Without Being Seen (LWBS) • Triaged out to Outpatient Services.
Reporting Frequency:	Quarterly
Unit of Measure:	% for performance (***minutes*** for mean, median and min. & max)
Reported Information	Numerator, Denominator, Indicator Performance (also, mean waiting time, median waiting time, min. & max. waiting time)
Target	90% within 60 minutes
Notes for all facilities	
Data sources / Report Name:	- Local business intelligence report or any other internally designed system - Applicable to facilities licensed to provide emergency and inpatient services

Type: Waiting Time Indicator **Indicator Number: WT009**

KPI Description (title):	**Registration to leaving emergency department or urgent care center (Door to Door Time)**
Domain	**Timeliness**
Indicator Type	**Process**
Definition:	Number of minutes from registration to patient leaving the emergency department or urgent care center (admitted or discharged).
Calculation:	**<u>Numerator</u>:** Number of patients finished their emergency or urgent care visit within target time (240 minutes). **<u>Denominator</u>**: All emergency/urgent care encounters (irrespective of triage category). **<u>Denominator Exclusion:</u>** • Deceased on Arrival (DOA) • Patient Left Without Being Seen (LWBS) • Patient Left Against Medical Advice ***(see glossary)*** • Triaged-out to Outpatient Services • Visits with both unknown/invalid registration and triage date/time
Reporting Frequency:	Quarterly
Unit of Measure:	% for performance (***minutes*** for mean, median and min. & max)
Reported Information	Numerator, Denominator, Indicator Performance (also, mean waiting time, median waiting time, min. & max. waiting time)
Target	90% within 240 minutes
Notes for all facilities	
Data sources / Report Name:	- Local business intelligence report or any other internally designed system - Applicable to facilities licensed to provide emergency and inpatient services

Type: Waiting Time Indicator **Indicator Number: WT010**

KPI Description (title):	**72 hours-Re attendance rate to emergency department or urgent care center**
Domain	**Timeliness**
Indicator Type	**Outcome**
Definition:	Number of patients who return to the emergency department or urgent care center within 72 hours of being discharged.
Calculation:	**<u>Numerator</u>:** Number of patients who return to the emergency department or urgent care center within 72 hours. **<u>Denominator</u>:** Total number of all emergency/urgent care encounters (irrespective of triage category) **<u>Denominator Exclusion:</u>** • Deceased on Arrival (DOA) • Died during ER / urgent care encounter (discharged as deceased) • Patient Left without being seen (LWBS) • Patient Left Against Medical Advice ***(see glossary)*** • Triaged-out to Outpatient Services • Transfer out to another facility from Emergency department • Repeat encounter in emergency department or urgent care within 72 hours of the index encounter
Reporting Frequency:	Quarterly
Unit of Measure:	% Re-attendance rate
Reported Information	Numerator, Denominator, Indicator Performance
Target	Lower is better
Notes for all facilities	
Data sources / Report Name:	- Local business intelligence report or any other internally designed system - Applicable to facilities licensed to provide emergency and inpatient services

Type: Waiting Time Indicator **Indicator Number: WT011**

KPI Description (title):	**Left Without Being Seen (LWBS) by an emergency department or urgent care doctor**
Domain	**Timeliness**
Indicator Type	**Outcome**
Definition:	Percentage of patients who chose to leave the emergency department or urgent care, before an assessment by a doctor and treatment could occur.
Calculation:	**Numerator:** Number of patients who left after registration in the emergency department or urgent care without being seen by an emergency or urgent care doctor. **Denominator:** All emergency or urgent encounters (irrespective of triage category). **Denominator Exclusion:** • Deceased on Arrival (DOA) • Triaged-out to Outpatient Services
Reporting Frequency:	Quarterly
Unit of Measure:	% Left without being seen (LWBS)
Reported Information	Numerator, Denominator, Indicator Performance
Target	Lower is better (3% or less)
Notes for all facilities	
Data sources / Report Name:	- Local business intelligence report or any other internally designed system - Applicable to facilities licensed to provide emergency and inpatient services

Type: Waiting Time Indicator **Indicator Number: WT012**

KPI Description (title):	**Doctor to Decision to Admit Time**
Domain	**Timeliness**
Indicator Type	**Process**
Definition:	Number of patients admitted from the emergency department or urgent care center with whom admit decision time to time of departure from the emergency department or urgent care is within 60 minutes; Admission order and/or time of bed request may be used as a proxy.
Calculation:	**Numerator:** Number of patients from the denominator population, with whom admit decision time to time of departure from the emergency department or urgent care center is within 60 minutes. **Denominator:** All patients admitted to the facility *(regardless of duration of stay in the acute care setting)* from the emergency department or urgent care.
Reporting Frequency:	Quarterly
Unit of Measure:	**%** for performance (***minutes*** for mean, median and min. & max)
Reported Information	Numerator, Denominator, Indicator Performance (also, mean waiting time, median waiting time, min. & max. waiting time)
Target	90% within 60 minutes
Notes for all facilities	
Data sources Report Name: /	- National Quality form (NFQ) Emergency Department Throughput Measures Stratification - Local business intelligence report or any other internally designed system - Applicable to facilities licensed to provide emergency and inpatient services

Type: Waiting Time Indicator **Indicator Number: WT013**

KPI Description (title):	**Percentage of emergency department or urgent care patient admitted to hospital**
Domain	**Timeliness**
Indicator Type	**Process**
Definition:	Percentage of emergency department or urgent care patient admitted to the acute care hospital
Calculation:	**<u>Numerator</u>:** Number of patients from the denominator population that were admitted *(regardless of duration of stay in the acute care setting)* in the hospital. **<u>Denominator</u>:** All emergency or urgent care encounters (irrespective of triage category). **<u>Denominator Exclusion:</u>** • Deceased on Arrival (DOA) • Patient Left Without Being Seen (LWBS) • Triaged out to Outpatient Services.
Reporting Frequency:	Quarterly
Unit of Measure:	Percentage
Target	<20%
Notes for all facilities	
Data sources / Report Name:	- Local business intelligence report or any other internally designed system - Applicable to facilities licensed to provide emergency and inpatient services

Type: Waiting Time Indicator **Indicator Number: WT014** ***(Applicable from Q4 2025)***

KPI Description (title):	**Proportion of patients who accessed the acute care of sepsis within specific time of presentation (3-hours)**
Domain	**Timeliness**
Indicator Type	**Process**
Definition:	The proportion of emergency / urgent care adults (18 years and older) patients diagnosed with sepsis at admission, who accessed the acute care of sepsis within specific time of presentation.
Calculation:	**Sub- KPI a: Door to blood culture drawn prior to antibiotic** **Numerator:** Total number of adult patients aged 18 years and older whose blood culture was drawn prior to antibiotic administration **within 3 hours** of arrival* to an emergency department or urgent care **Sub- KPI b: Door to broad spectrum or other antibiotics administered** **Numerator:** Total number of adult patients aged 18 years and older who received administration of broad- spectrum or other antibiotics **within 3 hours** of arrival* to an emergency department or urgent care **Sub- KPI c: Door to initial lactate level measurement** **Numerator:** Total number of adult patients aged 18 years and older whose initial lactate was measured **within 3 hours** of arrival* to an emergency department or urgent care **Sub- KPI D: Proportion of patients meeting all 3 Criteria within 3 hours of presentation.** **Numerator:** Total number of adult patients aged 18 years and older who are meeting all 3 criteria **within 3 hours** of arrival* to an emergency department or urgent care • Blood cultures drawn prior to antibiotics. • Broad spectrum or other antibiotics administered • Initial lactate level measurement *Arrival = triage or registration (whichever is earlier) **Denominator:** Total number of adult patients aged 18 years and older with diagnosis code of **sepsis**, at admission to an emergency department or urgent care during the measurement period. **ICD-10 CM:** A41.89, A41.9, R65.20, O86.04, O85, O08.82, O07.37, O04.87, O03.87, O03.37, A02.1, A22.7, A26.7, A32.7, A40.0, A40.1, A40.3, A40.8, A40.9, A41.01, A41.02, A41.1, A41.2, A41.3, A41.4, A41.50, A41.51, A41.52, A41.53, A41.59, A41.81, A42.7, A54.86, B37.7

	Denominator Exclusion: • Patient Left Against Medical Advice (see glossary)
Reporting Frequency:	Quarterly
Unit of Measure:	Percentage
Target /Benchmark	To be updated after receiving first set of data
Notes for all facilities	
Data sources / Report Name:	- Local business intelligence report or any other internally designed system - Applicable to facilities licensed to provide emergency and inpatient services - https://www.sccm.org/clinical-resources/guidelines/guidelines/surviving-sepsis-guidelines-2021 - https://www.australiansepsisnetwork.net.au/wp-content/uploads/2024/05/surviving_sepsis_campaign_international.21.pdf https://www.mi-hms.org/sites/default/files/Sepsis-Alliance-SEP-1-Core-Measure.pdf

Type: Waiting Time Indicator **Indicator Number: WT015** ***(Applicable from Q4 2025)***

KPI Description (title):	**Proportion of patients who accessed the acute care of septic shock within specific time of presentation (1-hour)**
Domain	**Timeliness**
Indicator Type	**Process**
Definition:	The proportion of emergency / urgent care adults (18 years and older) patients diagnosed with septic shock at admission, who accessed the acute care of septic shock within specific time of presentation.
Calculation:	**Sub- KPI a: Door to blood culture drawn prior to antibiotic** **Numerator:** Total number of adult patients aged 18 years and older whose blood culture was drawn prior to antibiotic administration **within 1 hour** of arrival* to an emergency department or urgent care **Sub- KPI b: Door to broad spectrum or other antibiotics administered** **Numerator:** Total number of adult patients aged 18 years and older who received administration of broad- spectrum or other antibiotics **within 1 hour** of arrival* to an emergency department or urgent care **Sub- KPI c: Door to initial lactate level measurement** **Numerator:** Total number of adult patients aged 18 years and older whose initial lactate was measured **within 1 hour** of arrival* to an emergency department or urgent care **Sub- KPI d: Proportion of patients meeting all 3 Criteria within 1 hour of presentation** **Numerator:** Total number of adult patients aged 18 years and older who are meeting all 3 criteria **within 1 hour** of arrival* to an emergency department or urgent care • Blood cultures drawn prior to antibiotics. • Broad spectrum or other antibiotics administered. • Initial lactate level measurement *Arrival = triage or registration (whichever is earlier) **Denominator:** Total number of adult patients aged 18 years and older with diagnosis code of **septic shock**, at admission to an emergency department or urgent care during the measurement period. **ICD-10 CM:** A41.89, A41.9, R65.21, O86.04, O85, O08.82, O07.37, O04.87, O03.87, O03.37, A02.1, A22.7, A26.7, A32.7, A40.0, A40.1, A40.3, A40.8, A40.9, A41.01, A41.02, A41.1, A41.2, A41.3, A41.4, A41.50, A41.51, A41.52, A41.53, A41.59, A41.81, A42.7, A54.86, B37.7

	Denominator Exclusion: • Patient Left Against Medical Advice (see glossary)
Reporting Frequency:	Quarterly
Unit of Measure:	Percentage
Target /Benchmark	To be updated after receiving first set of data
Notes for all facilities	
Data sources / Report Name:	- Local business intelligence report or any other internally designed system - Applicable to facilities licensed to provide emergency and inpatient services - https://www.sccm.org/clinical-resources/guidelines/guidelines/surviving-sepsis-guidelines-2021 - https://www.australiansepsisnetwork.net.au/wp-content/uploads/2024/05/surviving_sepsis_campaign_international.21.pdf https://www.mi-hms.org/sites/default/files/Sepsis-Alliance-SEP-1-Core-Measure.pdf

Summary of Changes 2025 V8

KPI #	**Changes**
All KPIs	**Revised Domain and added Indicator Types**
WT001	• Added in the numerator instead of 48 hrs as 2 workings days. • Rephrased denominator definition. • Exclusions: Removed the sentence - (Follow-up does not relate to billing aspect).
WT002, WT004	• Replace in the numerator within 2 weeks to 10 working days. • Rephrased denominator definition (new and appointment) • Exclusions: Removed the sentence - (Follow-up does not relate to billing aspect).
WT003	• Added Denominator Exclusion: Teleconsultations
WT005	• Change the title as: Percentage of elective Inpatient admissions within 28 days. • Denominator Exclusion: Revised timeframe of 28 days. Added "Same day admissions from outpatient department"
WT006	• Added denominator exclusion: PCI is clinically contraindicated: such as cardiac arrest or requiring resuscitation, difficult vascular access and/or crossing the culprit lesion • Patient/Family refusal/ or delay in consent
WT007	• Denominator: Removed Appendix A Stroke ICD-10 code, added codes in the profile. Removed Exclusions: Patients below 18 years of age and Transferred to Stroke center • Added and revised Exclusions: CT not conducted in the facility for the following reasons: o If the family refused the treatment before the CT conducted o Clinically unstable patients
WT008	• Added Denominator Exclusion: Triaged out to Outpatient Services
WT009	• Changed the time Numerator: 180 minutes-(240 minutes) even in the target changed 180 minutes to 240 minutes. • Added Denominator Exclusion: Triaged out to Outpatient Services visits with both unknown/invalid registration and triage date/time
WT010	• Change the title/definition/numerator as 24 hrs to 72 hrs • Removed the phrase from definition and numerator: "for the same chief complaint (s)" • Added denominator exclusion: Triaged-out to Outpatient Services Transfer out to another facility from Emergency department Repeat encounter in emergency department or urgent care within 72 hours of the index encounter
WT011	• Added Denominator Exclusions
WT012	• Removed Denominator Exclusion: Observation, Mental health patient
WT013	• Defined numerator: Number of patients that were admitted into inpatient hospitals. • **Added Denominator exclusion**: Triaged out to Outpatient Services.

Summary of Changes 2025 V8.1

KPI #	**Changes**
Glossary	**Added Glossary**
WT001	• Denominator Exclusions: Added: *Walk in Patients without prior appointment (see glossary)* *Patients who left without being seen*
WT002	• Rephrased Title: Percentage of First Available Appointment for all Suspected or **Confirmed** Cancer Cases • Revised: **Numerator**: Number of patients in the denominator population that were seen by the relevant (DOH) licensed specialist/consultant within 10 working days from receiving the referral (or self-requested appointment). **Denominator**: Total number of all appointments referral (including self-referral) for suspected or confirmed cancer cases ***Denominator Guidance:*** • Suspected / Confirmed with new appointment request/complaint to the oncologist or haematologist of that facility **Denominator Exclusions**: • Hematologist visits related to other blood disorders, unrelated to cancer • Patients who left without being seen
WT004	• Revised the following: **Numerator**: Number of patients in the denominator population that were seen by the relevant (DOH licensed specialist/consultant within 10 working days from receiving the referral (or self-requested appointment). **Denominator**: Total number of all new appointment requests/complaints (including self-referral patients) **Denominator Exclusions:** • Walk-in without prior appointment (see glossary) • Patients who left without being seen
WT005	Revised Denominator Exclusions: • Emergency/Unplanned admissions (When patient is transferred between hospital, it should be a case of unplanned in most of the cases.) • Same day admissions from outpatient department • Day cases are excluded.
WT007	Added in Denominator Exclusion: CT previously conducted by the transferring facility
WT009-WT010	• Added denominator exclusion Patient Left Against Medical Advice (see glossary)
WT012	• Revised the following: ***Numerator***: Number of patients from the denominator population, with whom admit decision time to time of departure from the emergency department or urgent care center is within 60 minutes. ***Denominator***: All patients admitted to the facility (regardless of duration of stay in the acute care setting) from the emergency department or urgent care.
WT013	Revised **Numerator:** Number of patients from the denominator population that were admitted *(regardless of duration of stay in the acute care setting)* in the hospital.

Summary of Changes 2025 V8.2

KPI #	**Changes**
Glossary	• Updated the definition of walk-in patients: ○ Patients having a scheduled appointment within two hours • Added example of inpatient bed days starting date and time as well as time to readmission.
WT001, WT002 &WT004	Added Denominator Exclusion: • Clinical requirement to be fulfilled prior to the appointment as per the physician instructions
WT010	Added Denominator Exclusion: • Died during ER / urgent care encounter (discharged as deceased)
WT012	Removed the following denominator exclusions: • Deceased on Arrival (DOA) • Left without been seen • Discharged

Summary of Changes 2025 V8.3

KPI #	**Changes**
Glossary	added **Dead on Arrival (DOA):** A person is presumed dead on arrival when no resuscitation efforts are attempted.

Summary of Changes 2025 V8.4

KPI #	**Changes**
WT014 to WT015	Added **new Sepsis care KPIs** ***(Applicable from Q4 2025)***