THE EMERGENCY DEPARTMENT OPERATIONS STUDY GROUP

Baseline Data Collection Tool

Endorsed by the Vanderbilt Department of Emergency Medicine
Research Partner of the ED Benchmarking Alliance

The data collected via this form is the baseline member data for your emergency department (ED) and affiliated hospital. The data elements have been selected to measure and comparatively benchmark clinical care processes within the ED. In addition to being the basis for the Comparative Reports that each member ED receives, this data becomes part of a dataset used by the Health Services Research Data Coordinating Center (HSR-DCC) at Vanderbilt University. This database is used to general evidence-based research hypotheses for how to improve emergency medical care processes in EDs. Accuracy is paramount.

MEMBERSHIP
- Are you a new or existing EDOSG member? (select one)   New   Existing

CONTACT INFORMATION
- ED facility _____
- Mailing Address _____
- Site PI _____
- Title _____
- Phone _____
- Email _____
- Fax _____
- Assistant or Secondary Contact _____
- Email _____

EMERGENCY DEPARTMENT DEMOGRAPHICS

			2015	**2016**
- US Region	(select one)	Northeast, South, West, Midwest		
- Connection to an academic medical center (AMC):			_____	_____
	Primary AMC ED	Affiliated AMC ED None	_____	_____
- Primarily Pediatric or Adult			_____	_____
- Urban/Rural			_____	_____
- Trauma center designation (level)			_____	_____
- American Hospital Association (AHA) Number			_____	_____
- How many different EMS agencies transport to your ED?			_____	_____
If yes, how many EMS Agencies that transport your ED can activate your cath lab directly?			_____	_____
- Primary PCI center			Yes/No	Yes/No
- Stroke Center?			Yes/No	Yes/No
- Ownership Status? (select one)				
Private non for profit	Private for-profit	Primarily federally funded		
Primarily state or county funded		Other (explain)		
- ED size (square footage)			_____ sq. ft.	_____ sq. ft.
- Number of ED beds			_____ tot. beds	_____ tot. beds
Dedicated Rooms			_____ beds	_____ beds
Hallway Beds			_____ beds	_____ beds
Curtained Spaces			_____ beds	_____ beds
Vertical Space (Chairs)			_____ beds	_____ beds

PATIENT POPULATION CHARACTERISTICS

AGE and SEX

- Mean Age _____ _____
- Age Standard Deviation _____ _____
- Median Age (50th percentile) _____ _____
- Age Interquartile Range (25th percentile) _____ %ile _____ %ile
- Age Interquartile Range (75th percentile) _____ %ile _____ %ile
- Percentage of Male Patients _____ % _____ %
- Percentage of Children _____ % _____ %

RACE DISTRIBUTION

- White _____ % _____ %
- Black/African American _____ % _____ %
- Asian _____ % _____ %
- Non-White Hispanic _____ % _____ %
- Native Hawaiian/Other Pacific Islander _____ % _____ %
- More than one race _____ % _____ %
- Other _____ % _____ %
- Unknown _____ % _____ %
- Total 100 % 100 %

ED PAYER MIX

- Private _____ % _____ %
- Medicaid _____ % _____ %
- Medicare _____ % _____ %
- Self Pay _____ % _____ %
- Other _____ % _____ %
- Total 100 % 100 %

STAFFING

- Average hours of attending coverage per 24 hrs _____ hrs/day _____ hrs/day
- Average resident hours of coverage per 24 hrs _____ hrs/day _____ hrs/day
- Average PA/NP hours of coverage scheduled per 24 hrs _____ hrs/day _____ hrs/day
- Average nursing hours of coverage per 24 hrs _____ hrs/day _____ hrs/day
- Is your nursing staff unionized? Yes/No Yes/No
- Are your ED physicians employees of the hospital? Yes/No Yes/No
- Total number of staff/faculty physicians _____ _____
- Total number of staff/faculty physicians FTE _____ _____
- Hrs per year for a physician clinical faculty time equivalent (FTE) _____ hours _____ hours
  (100% clinical)
- Do you have provider incentives for increased throughput/volume? Yes/No Yes/No
  If yes, which structure does your incentives target? (Write all that apply)
  Individual Providers   Group Productivity   No Incentive Structure
- Do your physicians use scribes? Yes/No Yes/No

PROCESS, THROUGHPUT AND DISPOSITION

- Annual emergency department (ED) volume   _____ pts/day   _____ pts/day
- Average Door-to-Doctor Time   _____ minutes   _____ minutes
- Door-to-Doctor standard deviation   _____   _____
- Median Door-to-Doctor time   _____   _____
- Door-to-Doctor Interquartile Range (25th percentile)   _____   _____
- Door-to-Doctor Interquartile Range (75th percentile)   _____   _____
- First point of contact for arriving ambulance/EMS patients?   _____   _____

  Greeter   Registration Clerk   Registered Nurse

  Check-in Kiosk   Physician   Mid-level Provider

- First point of contact for arriving walk-in patients

  Greeter   Registration Clerk   Registered Nurse   Mid-level Provider   Physician

  Check-in Kiosk

- How would you characterize your triage model? (circle all that apply)

  Nursing triage?   Direct to room triage?   Physician triage?

  Other:_____

- Do you use the ESI triage classification system?   Yes/No   Yes/No

       Number of ESI 1 Patients   _____   _____

       Number of ESI 2 Patients   _____   _____

       Number of ESI 3 Patients   _____   _____

       Number of ESI 4 Patients   _____   _____

       Number of ESI 5 Patients   _____   _____

       Missing Unknown, or Unbilled

- Changed your triage model in the past 5 years?   Yes/No   Yes/No
- Average ED Length of Stay (EDLOS) for:

       All patients   _____ hours   _____ hours

       Inpatient admissions?   _____ hours   _____ hours

       Observation admissions?   _____ hours   _____ hours

       Discharged patients?   _____ hours   _____ hours

       Behavioral health patients (psych, SI, detox, etc.)   _____ hours   _____ hours

- Median ED Length of Stay (EDLOS) for:

       All patients   _____ hours   _____ hours

       Inpatient admissions?   _____ hours   _____ hours

       Observation admissions?   _____ hours   _____ hours

       Discharged patients?   _____ hours   _____ hours

       Behavioral health patients (psych, SI, detox, etc.)   _____ hours   _____ hours

- Average number of ED boarder hrs per 24 hr period   _____ patients   _____ patients
- Median number of ED boarder hrs per 24 hr period   _____ patients   _____ patients
- Average number of staffed hospital beds   _____ beds   _____ beds
- Median number of staffed hospital beds   _____ beds   _____ beds
- ED discharge rate   _____ %   _____ %
- Left ED without completing treatment rate   _____ %   _____ %

- Do you have an observation unit?   Yes/No   Yes/No
    - If yes:
    - Observation Unit admission rate   _____ %   _____ %
    - Percent of hospital observation pts admitted
    - to the Observation Unit   _____ %   _____ %
    - Is it managed by emergency medicine?   Yes/No   Yes/No
    - Is it staffed by emergency medicine?   Yes/No   Yes/No
    - Is it staffed by (select all that apply):
    - Physicians   Physician-extenders   Both   Other
- Total in-hospital admission rate (ED obs, obs, inpatient)   _____   _____
    - Inpatient admission rate   _____   _____
    - Observation admission rate   _____   _____
- Percent of patients transferred out of the ED   _____ %   _____ %
- Percent of patients transferred into the ED   _____ %   _____ %
- Percentage of hospital patients (observation + inpatient status) that were   _____% _____ %   _____ % _____ %
  admitted from the ED?   obs   inptaient   obs   inpatient
- Hospital's average operating occupancy   _____ %   _____ %
- Hospital case mix index (CMI)   _____   _____

ANCILLARY SERVICE UTILIZATION & PROCESS TURN AROUND TIMES

- Average turnaround time (TAT) for each (minutes):
    - CBC   _____   _____
    - Troponin   _____   _____
    - Urinalysis   _____   _____
    - CXR   _____   _____
    - Chem 10   _____   _____
    - BNP   _____   _____
    - Abdominal and Pelvis CT   _____   _____
- Percentage of all ED patients that get an X-ray   _____ %   _____ %
- Percentage of all ED patients that get a CT   _____ %   _____ %
- Percentage of all ED patients that get a MRI   _____ %   _____ %
- Percent of all ED patients who have laboratory studies performed   _____ %   _____ %
- Percentage of ED patients who have a consulting service involved   _____ %   _____ %
  in their care
- Social workers/case managers available to your ED?   Yes/No   Yes/No
- If yes: Are they dedicated to the ED?   Yes/No   Yes/No
    - Which best reflects your avg. social work/case management coverage schedule
    - (select one)   <8hrs/day
    -                        8-12hrs/day   _____   _____
    -                        12-18hr/day
    -                        >18hrs/day

DOCUMENTATION, BILLING, and MEDICAL RECORD ACCESS

- Ambulatory Payment Classification (APC) for billed charts
    - Level 1   _____ %   _____ %
    - Level 2   _____ %   _____ %
    - Level 3   _____ %   _____ %
    - Level 4   _____ %   _____ %

Level 5	_____ %	_____ %
Critical Care level 1	_____ %	_____ %
Critical Care level 2	_____ %	_____ %
Unbilled charts	_____ %	_____ %
Total =	100 %	100 %

- Physician documentation method? (select all that apply)

Written template	Yes/No	Yes/No
Freehand written	Yes/No	Yes/No
Computer template	Yes/No	Yes/No
Computer free type	Yes/No	Yes/No
Scribes	Yes/No	Yes/No
Dictate	Yes/No	Yes/No
Other	_____	_____

- Note any commercial systems that you use (note all that apply)

T-sheet/T-system	Epic	PICIS	Quadramed	_____	_____
Medhost	Cerner	Forerun	Dragon	_____	_____
Powernote	a home grown system			_____	_____
Other					

Within your medical record system, are you able to:

- See that a particular patients has previously been in your (or another) ED within the past 12 months?	Yes/No	Yes/No
- Quantify the number of visits a particular patient has had in the ED within the prior 12 months?	Yes/No	Yes/No
- Identify patients with a high number of ED visits?	Yes/No	Yes/No
- Does your ED participate in a health information exchange (HIE) where you can view patient visit data from ED or hospital visits at another institution?	Yes/No	Yes/No

PROCESS IMPROVEMENT TRIALS

- Have you initiated any process improvements in any of these areas in the past 5 years?

Patient flow	Yes/No	Yes/No
Patient space	Yes/No	Yes/No
Fast track	Yes/No	Yes/No
Observation medicine	Yes/No	Yes/No
Laboratory	Yes/No	Yes/No
Radiology	Yes/No	Yes/No
Consultant communications	Yes/No	Yes/No
Admission process	Yes/No	Yes/No
Triage	Yes/No	Yes/No
EMR-based clinical decision support (Physician order entry,	Yes/No	Yes/No
clinical documentation, or other electronic medical record		
(EMR) decision support)	Yes/No	Yes/No
Other: _____	Yes/No	Yes/No

MYOCARDIAL ISCHEMIA CLINICAL PRACTICE AND DIAGNOSTICS

STEMI SCREENING

- How do you identify patients for an EKG within 10 min of arrival (STEMI screen)?
  (Select one):   Discretion of triage provider   _____   _____
  Established triage EKG protocol
  Other_____

- If you use a triage protocol, which elements are included in the criteria (select all that apply)   _____ _____   _____ _____

Chest pain	Abdominal Pain	Race	_____	_____	_____	_____
Dizziness	Neck Pain	Known Comorbidities	_____	_____	_____	_____
Back Pain	Arm Pain	Language	_____	_____	_____	_____
Diaphoresis	Syncope	Other:_____	_____	_____	_____	_____
Gender	Age		_____	_____	_____	_____

- Are your triage staff FORMALLY TRAINED on how to identify
  potential STEMI patients?   Yes/No   Yes/No
- Number of STEMIs seen at your **HOSPITALS**   _____   _____
  (Include all patients with a final hospital diagnosis of STEMI using ICD9/10
  provided in the Instruction Set.)
- How many patients with a final hospital diagnosis of   _____   _____
  STEMI received their ECG within 10 minutes?
- How many **ED STEMI** patients with a final hospital diagnosis of _____   _____
  STEMI DID NOT receive their ECG within 10 minutes of arrival?   _____   _____
- What is your **average** Door-to-ECG time for all **ED STEMI** patients?   _____   _____
- What is your Door-to-ECG **standard deviation** for all **ED STEMI** patients?   _____   _____
- What is your **median** Door-to-ECG time for all **ED STEMI** patients?   _____   _____
- What is your **25th percentile** Door-to-ECG time for all **ED STEMI** patients?   _____   _____
- What is your **75th percentile** Door-to-ECG time for all **ED STEMI** patients?   _____   _____

DOOR-to-NEEDLE TIMES

- What is your hospital's **average** door-to-needle time (thrombolysis) for all   _____   _____
  hospital STEMI patients?
- What is your hospital's door-to-needle time **standard deviation** for all   _____   _____
  hospital STEMI patients?
- What is your hospital's **median** door-to-needle time for hospital STEMI patients?   _____   _____
- What is your hospital's **25th percentile** door-to-needle time for hospital STEMI   _____   _____
  patients?
- What is your hospital's **75th percentile** door-to-needle time for hospital STEMI   _____   _____
  patients?

DOOR-to-BALLOON TIMES

- What is your hospital's **average** door-to-balloon time for all hospital STEMI patients?   _____   _____
  (Answer only if you are at a PCI or cath capable center. DO NOT include the door-to-balloon times for
  patient's transferred to an outside facility)
- What is your hospital's door-to-balloon time **standard deviation** for all hospital STEMI   _____   _____
  patients?
- What is your hospital's **median** door-to-balloon time for hospital STEMI patients?   _____   _____
- What is your hospital's **25th percentile** door-to-balloon time for hospital STEMI   _____   _____
  patients?
- What is your hospital's **75th percentile** door-to-balloon time for hospital STEMI   _____   _____
  patients?

NON-STEMI DIAGNOSTIC PRACTICE

- Do you have dedicated space (stretcher or bed) for early ECGs to be performed for patients upon arrival or in triage?   Yes/No   Yes/No
- Do you have dedicated early BCG triage technicians?   Yes/No   Yes/No
- Do you have dedicated physicians to interpret ECGs performed for patients upon arrival or in triage?   Yes/No   Yes/No
- Do you routinely risk stratify ED patients, being considered for ACS as the cause of their symptoms, to establish a pre-testing probability before troponin testing? (e.g. -TIMI scoring, Low risk vs. High risk criteria, etc.)   Yes/No   Yes/No
- How many patients receive an ECG at any time during their ED visit?   _____   _____
- How many patients received both an ECG and a troponin lab test during their ED stay?   _____   _____
- Does your department have an established definition for a "low risk" patient amongst those being evaluate for myocardial ischemia?   Yes/No   Yes/No
- Troponin assay (type, name, and manufacturer)?
  - Type (I or T)   _____   _____
  - Name   _____   _____
  - Manufacturer   _____   _____
- What is the **mean** time interval between serum troponin samples (troponin interval) ordered for myocardial ischemia evaluations in your department?   _____ hours   _____ hours
- What is the **standard deviation** time interval between serum troponin samples (troponin interval) ordered for myocardial ischemia evaluations in your department?   _____ hours   _____ hours
- What is the **median** time interval between serum troponin samples (troponin interval) ordered for myocardial ischemia evaluations in your department?   _____ hours   _____ hours
- What is the **25th percentile** time interval between serum troponin samples (troponin interval) ordered for myocardial ischemia evaluations in your department?   _____ hours   _____ hours
- What is the **75th percentile** time interval between serum troponin samples (troponin interval) ordered for myocardial ischemia evaluations in your department?   _____ hours   _____ hours
- Ever use coronary CT angiography as part of the evaluation of patients with potential myocardial ischemia?   Yes/No   Yes/No
- Have criteria/policy/guidelines to cath high risk NSTEMI patients emergently from the ED?   Yes/No   Yes/No

UNSTABLE ANGINA

- Hospital system's first-line provocative test and/or coronary imaging for patients being evaluated for potential myocardial ischemia who are estimated to be "LOW RISK" for an acute event:
  - Exercise Treadmill Test (ETT)
  - Nuclear Imaging (MIBI or SPECT)   _____   _____
  - Cardiac MRI
  - Stress Echo
  - Other:
- Most frequently used provocative testing or coronary imaging modalities used by your institution for myocardial ischemia evaluations in patients of any risk? (highest frequency)
  - Exercise treadmill test (ETT)
  - Coronary CT angiography (CCTA)
  - Nuclear Imaging (MIBI or SPECT)   _____   _____
  - Stress Echo
  - Cardiac MR
  - Other

- Second most frequently used provocative testing or coronary imaging modalities used by your institution for myocardial ischemia evaluations in patients of any risk? (second highest frequency)
  - Exercise treadmill test (ETT)
  - Coronary CT angiography (CCTA)
  - Nuclear Imaging (MIBI or SPECT) _____   _____
  - Stress Echo
  - Cardiac MR
  - Other
- Third most frequently used provocative testing or coronary imaging modalities used by your institution for myocardial ischemia evaluations in patients of any risk? (third highest frequency)
  - Exercise treadmill test (ETT)
  - Coronary CT angiography (CCTA)
  - Nuclear Imaging (MIBI or SPECT) _____   _____
  - Stress Echo
  - Cardiac MR
  - Other
- Of patients referred for provocative testing, what percentage receive this:

During their ED stay?	_____ %	_____ %
In hospital (admitted or observation status) stay?	_____ %	_____ %
Via an outpatient referral	_____ %	_____ %
Other	_____ %	_____ %
Total	100 %	100 %

- Have criteria/policies/guidelines to guide the use of the provocative ischemia and coronary imaging modalities available to your ED, for the evaluation of myocardial ischemia?   Yes/No   Yes/No
- Routinely refer patient for out patient risk factor management after a negative work up for myocardial ischemia in the ED?   Yes/No   Yes/No