

## Timeliness

### Time Spent in the Emergency Department (ED)

<b>Name</b>	<b>What This Means and Why It's Important</b>
ED-1 Average (median) time patients spent in the emergency department (ED), before they were admitted to the hospital as an inpatient.	<p>This measure shows the average time patients spent in the ED - from the time they arrived in the ED to the time they left the ED for an inpatient [floor/unit/bed].</p> <p>Long stays in an ED before a patient is admitted may be a sign that the ED is understaffed or overcrowded. This may result in delays in treatment or lower quality care. In addition, EDs that are overwhelmed may not be able to respond appropriately to disasters or other community emergencies.</p>
ED-2 Average (median) time patients spent in the emergency department (ED) after the doctor decided to admit them.	<p>This measure shows the average (median) time patients spent in the ED - from the time the doctor decided to admit them to the time they left the ED for an inpatient [floor/unit/bed].</p> <p>Delays in transferring ED patients to an inpatient unit may be a sign that there's not enough staff or there's poor coordination among hospital departments. Long delays can also create more stress for patients and families.</p>

<b>Name</b>	<b>What This Means and Why It's Important</b>
Average number of minutes before outpatients with chest pain or possible heart attack who needed specialized care were transferred to another hospital (a lower number of minutes is better)	<p>If a hospital does not have the facilities to provide specialized heart attack care, it transfers patients with possible heart attack to another hospital that can give them this care.</p> <p>This measure shows how long it takes, on average, for hospitals to identify patients who need specialized heart attack care the hospital cannot provide and begin their transfer to another hospital.</p>
Average number of minutes before outpatients with chest pain or possible heart attack got an ECG (a lower number of minutes is better)	<p>“ECG” (sometimes called EKG) stands for electrocardiogram. An ECG is a test that can help doctors know whether patients are having a heart attack.</p> <p>Standards of care say that patients with chest pain or a possible heart attack should have an ECG upon arrival, preferably within 10 minutes.</p>
Outpatients with chest pain or possible heart attack who got drugs to break up blood clots within 30 minutes of arrival (higher numbers are better)	<p>Blood clots can cause heart attacks. Certain patients having a heart attack should get a “clot busting” drug to help break up the blood clots and improve blood flow to the heart.</p> <p>Standards for care say that a clot busting drug should be given within 30 minutes of arrival at the hospital.</p>
Outpatients with chest pain or possible heart attack who got aspirin within 24 hours of arrival (higher numbers are better)	<p>For many patients having a heart attack, taking aspirin soon after symptoms of a heart attack begin may help break up a clot and make the heart attack less severe. If patients have not taken aspirin themselves before going to the hospital, they should get aspirin when they arrive.</p> <p>Standards for care say patients should get aspirin within 24 hours of arrival at the hospital.</p>

**Care for Chest Pain in the Emergency Department**