

5 Non-admitted patient emergency department care

Introduction

This chapter presents information on public hospital emergency department care for non-admitted patients. Three types of data were used (Table 5.1):

- Information on the number of emergency department occasions of service (5,864,232 occasions of service) was available for all public hospitals (Table 5.2).
- For 4,390,591 occasions of service (75%), information was available on waiting times, triage category and the proportions of patients admitted to hospital (Tables 5.3 and 5.4).
- For 4,308,319 occasions of service (73%), detailed episode-level data were available on the sex and age of the patient, the type of visit, the triage category the patient was assigned at the time of presentation, their mode of arrival at the emergency department, their departure status, the waiting time and the total duration of the non-admitted patient emergency department care (Tables 5.5 to 5.10).

Summary data on the numbers of emergency department occasions of service, waiting times, triage category and proportions of patients admitted are included in the Emergency Department Waiting Times Data Collection within the National Public Hospital Establishments Database (NPHEd).

The detailed episode-level data available for 73% of occasions of service are sourced from the Institute's National Non-admitted Patient Emergency Department Care Database, a compilation of episode-level data for emergency department occasions of service in public hospitals. The Database is based on the National Minimum Data Set for Non-admitted patient emergency department care, as defined in the *National Health Data Dictionary* version 12.0 (NHDC 2003).

Due to differences in the collection, scope and coverage of the sources of data (as detailed below), the statistics in this chapter should be interpreted with reference to the notes on the data collections in this chapter, in Chapter 1 and in Appendix 4.

In previous *Australian Hospital Statistics* reports, data on accident and emergency occasions of service were presented in Chapter 2 and data on emergency department waiting times were presented in Chapter 4.

Coverage of the collection

Occasion of service counts

Data on emergency department occasions of service were sourced from NPHEd, which has essentially full coverage of public hospitals (see Appendix 4). There were variations in the type of activity reported for emergency department occasions of service. For South Australia, the NPHEd occasions of service data included emergency presentations only, while for other

jurisdictions, both emergency presentations and other types of occasions of service may have been included. For Tasmania, the NPHED emergency department occasions of service data did not include patients who were dead on arrival, however, they were included in the episode-level data which therefore recorded higher counts of occasions of service for some hospitals. For some other hospitals in some other jurisdictions, occasions of service counts derived from the episode-level data were similarly higher than the counts reported to NPHED, suggesting that the latter were under-enumerated. For these reasons, the number of emergency department occasions of service presented in Tables 5.1 and 5.2 may be under-enumerated for some jurisdictions and, therefore, the estimates of coverage presented in this chapter may not be comparable among jurisdictions.

Waiting times, triage category and proportion admitted

South Australia reported aggregate data on emergency department waiting times (with triage category and proportion admitted) for NPHED for all peer group A and B hospitals and for five other hospitals. The data were available for 66% of South Australian emergency presentations overall (Table 5.1). Western Australia reported waiting times (and triage category and proportion admitted) data within the episode-level data for some hospitals and as other unit-record level data for other hospitals (estimated coverage of 100%). The other states and territories reported waiting times data as part of the episode-level data, with coverage ranging from 61% in Queensland to 94% in the Northern Territory. Overall, the coverage of the waiting times data (excluding invalid data, as noted below) was estimated at approximately 75% of the reported number of emergency department occasions of service.

For 2002–03, the Emergency Department Waiting Times data presented in Table 4.13 in *Australian Hospital Statistics 2002–03* (AIHW 2004a) did not include one peer group A hospital in New South Wales, one peer group A and 11 peer group B hospitals in Victoria. For 2002–03, Western Australia also provided aggregate data for 74 *Medium* and *Small* hospitals, and South Australia provided data for six *Medium* hospitals. Estimated coverage overall was 71% in 2002–03, and was 63% in 2001–02 (Table 5.3).

Episode-level data

The scope of the NMDS for Non-admitted patient emergency department care is non-admitted patients registered for care in emergency departments in selected public hospitals that were classified as either peer group A (*Principal referral* and *Specialist women's and children's hospitals*) or B (*Large hospitals*) in *Australian Hospital Statistics 2002–03* (AIHW 2004a). The peer group classification was developed for the cost per casemix-adjusted separation analysis based on admitted patient activity. The application of this classification for the analysis of non-admitted patient activity may be limited.

For 2003–04, all states and territories were able to provide episode-level data to the National Non-admitted Patient Emergency Department Care Database for public hospitals in peer groups A and B. The exceptions were one hospital in peer group A in Queensland and one hospital in peer group B in New South Wales that was categorised as a *Medium hospital* in 2002–03. All peer group A and B hospitals in South Australia, Western Australia and Victoria reported episode-level data; however, data were not available for all occasions of service, and coverage was estimated at about 85%, 96% and 97%, respectively. For hospitals in peer groups A and B, the overall coverage was approximately 98% of the reported number of emergency department occasions of service (Table 5.1).

Some states and territories also provided episode-level data for public hospitals which were classified to other peer groups, and these data have been included in this chapter. The Northern Territory supplied episode-level data for all public hospitals, Victoria provided data for seven *Medium hospitals*, South Australia provided data for one *Medium hospital* and Western Australia provided data for three *Medium hospitals* and two *Small remote hospitals*. Coverage overall was 73% of the reported number of emergency department occasions of service, ranging from 100% for the Australian Capital Territory and the Northern Territory to 58% for South Australia (Table 5.1).

Limitations of the data

This is the first year that the episode-level data on emergency department care have been collected on a national basis. As this is the first year of collection, certain issues of definition have not been resolved and therefore comparability across jurisdictions may be limited. For example:

- There is variation in the point at which the occasion of service is recorded as completed for those patients subsequently admitted within the emergency department and/or elsewhere in the hospital. For patients admitted within the emergency department, it is the time that the patient's episode of admitted care ends, and the patient leaves the emergency department in Victoria, New South Wales, Queensland, Western Australia and the Northern Territory. In South Australia, Tasmania and the Australian Capital Territory, it is when the patient is admitted within the emergency department. For patients admitted elsewhere in the hospital, it is when the patient physically leaves the emergency department in Victoria, New South Wales, Queensland, Western Australia and the Australian Capital Territory; and when the patient is admitted (regardless of whether they leave the emergency department at that time or later) in South Australia, Tasmania and the Northern Territory. This variation is likely to have significantly impacted on the comparability of data on the duration of the occasions of service (Table 5.10).
- There is variation in the point at which patients are recorded as admitted, if their emergency department occasion of service ends in admission either within the emergency department or elsewhere in the hospital. This variation is likely to have affected the comparability of data on the duration of the occasion of service for those states or territories for which the occasion of service was defined as completed at the time of admission (South Australia, Tasmania and the Northern Territory). In Victoria, the admission time is recorded as the time of commencement of the service event for both patients admitted within the emergency department and patients admitted elsewhere in the hospital; however, as noted above, the occasion of service is not recorded as complete until the patient has physically left the emergency department. For other states and territories, the time of admission could be recorded at the time of the clinician's decision to admit, at the time of completion of admission paperwork, at the time of bed request, when the patient leaves the emergency department or at a specified time after the commencement of service. These practices may vary both among and within hospitals for some jurisdictions.
- There is also some variation in the occasions of service reported as subsequently admitted. Patients admitted within the emergency department are not separately identified within the Victorian episode-level data (Tables 5.8 and 5.9), but Victoria was able to quantify them from its admitted patient data collection (Table 5.4). Other states and territories reported such patients as being subsequently admitted.

In addition, the proportion of patients seen on time has previously been reported using data provided by the states and territories using state- and territory-specific interpretation of the *National Health Data Dictionary* triage category criteria for 'seen on time'. For this report, the criteria have been standardised (as detailed below). Therefore, the waiting times data published here for 2003–04 may not be directly comparable with data published for previous years and may differ from those published by the states and territories.

Remoteness Area of hospital

Table 5.2 presents data on accident and emergency non-admitted occasions of service in public hospitals by Remoteness Area of the hospital. These data are derived from the occasions of service data provided to the NPHEd for 2003–04 (see Table 5.1).

There were 5,864,232 emergency department occasions of service reported for 2003–04, including 3,159,490 (53.9%) in *Major cities*.

Table 5.2 also presents the ratio of the number of occasions of service provided in the area to the number of residents in the area. This represents an approximation of the utilisation of accident and emergency services by the resident population, because services provided in one area may be provided to persons residing in other Remoteness Area categories. The analysis by Remoteness Area is of less relevance to geographically smaller jurisdictions and those jurisdictions with smaller populations residing in remote areas (such as the Australian Capital Territory and Victoria). For Victoria, it was not possible to separately identify emergency department occasions of service in hospital campuses located in remote areas.

The ratio varied from 240 per 1,000 population in *Major cities* to 836 per 1,000 population in *Remote* areas. The pattern of utilisation may reflect a number of factors including the availability of other health care services (such as primary care practitioners), patterns of occurrence of accidents causing injury, and the relatively poor health of Indigenous people who have higher population concentrations in remote areas.

Triage category and other data elements reported for emergency department care

Figure 5.1 presents data on patients who were assigned a triage category of *Resuscitation* at the time of presentation at the emergency department. The information presented for the total occasions of service and for counts by state and territory and by hospital peer group were based on occasions of service for which waiting times data was available (75% of occasions of service). The other information is derived from the episode-level data which were available for 73% of emergency department occasions of service (see Table 5.1).

There were 34,338 emergency department occasions of service that were assigned a triage category of *Resuscitation* in 2003–04. They were reported by 66 hospitals that were classified as *Principal referral and women's and children's hospitals*, 47 *Large hospitals* and 28 *Other hospitals*. The average length of the service episode (from triage to the end of the non-admitted patient emergency department occasion of service) for *Resuscitation* patients was 4 hours and 34 minutes, ranging from 2 hours and 54 minutes for patients in a hospital in a peer group other than A or B to 4 hours and 57 minutes for patients in a *Principal referral and women's and children's hospital*. Overall, approximately 100% of *Resuscitation* patients received treatment within 2 minutes. The proportion of *Resuscitation* patients who were subsequently admitted

ranged between 30% in *Other hospitals* and 76% in *Principal referral and women's and children's hospitals*.

Over 61% of *Resuscitation* patients were male, and over 22% of patients were aged 75 years and over. The most common arrival mode--transport for *Resuscitation* patients was *Ambulance* (84.8%) and 72.6% of *Resuscitation* patients had a departure status of *Admitted to this hospital* (which includes admission within the emergency department). The most common time of day for the arrival of a *Resuscitation* patient was between 6pm and 8pm (11.1%) and the number of arrivals for these patients was lowest between 4am and 6am.

Waiting times

The *National Health Data Dictionary* definition for Emergency department waiting time to service delivery is 'The time elapsed for each patient from presentation in the emergency department to commencement of service by a treating medical officer or nurse'. Waiting times statistics are presented in Tables 5.3 and 5.4 by triage category and hospital peer group.

The triage category indicates the urgency of the patient's need for medical and nursing care (NHDC 2003). It is usually assigned by triage nurses to patients at, or shortly after, the time of presentation to the emergency department, in response to the question 'This patient should wait for medical care no longer than...?'. The National Triage Scale has five categories that incorporate the time by which the patient should receive care:

- Resuscitation: immediate (within seconds)
- Emergency: within 10 minutes
- Urgent: within 30 minutes
- Semi-urgent: within 60 minutes
- Non-urgent: within 120 minutes.

Waiting times and related data were available for 75% of occasions of service in 2003-04 (see Table 5.1). The waiting time was missing or invalid for 114,257 records for which episode-level data were available, and these records were excluded from data presented in Tables 5.3 and 5.4.

For 2003-04, the number of patients seen on time was determined as the number of patients in each triage category whose waiting time was less than or equal to the maximum waiting time stated in the National Triage Scale definition. *Resuscitation* patients whose waiting time for treatment was less than or equal to 2 minutes were considered to have been seen on time, except for South Australia. For that state, data on the proportions of *Resuscitation* patients seen on time were only available calculated using a cut-off point of 1 minute. For *Australian Hospital Statistics 2004-05*, *Resuscitation* patients will be considered to be seen on time if they waited 1 minute or less.

For 2001-02 and 2002-03, the number of patients seen on time was supplied by the states and territories as part of the summary data provided to NPHEd. For those years, the criteria for calculating the proportion of *Resuscitation* patients who were seen on time varied between jurisdictions, with a cut-off point of less than 1 minute for Tasmania and the Northern Territory, less than or equal to 1 minute for Victoria, Queensland and South Australia and less than or equal to 2 minutes for New South Wales and Western Australia. Hence, data on the proportion of *Resuscitation* patients who were seen on time are not completely comparable between 2003-04 and earlier years, and the data for 2003-04 will differ from data

calculated on state-based criteria for Victoria, Queensland, Tasmania and the Northern Territory.

For 2003–04, the estimated number of patients subsequently admitted included those occasions of service with episode-level data for which the departure status was reported as *Admitted to this hospital*, except for South Australia, Victoria and some hospitals in Western Australia (for which separate estimates of the proportions of patient admitted were used). For 2001–02 and 2002–03, the estimated proportion of patients subsequently admitted was supplied by the states and territories as part of the aggregate data provided for NPHED.

Changes 2001–02 to 2003–04

Table 5.3 presents national emergency department waiting times data by public hospital peer group and triage category for the years 2001–02, 2002–03 and 2003–04. Due to differences over time in the scope, method of collection and method of analysis these data should be interpreted with caution. The data for 2003–04 derived from the episode-level data include only those episodes where the type of visit was reported as *Emergency presentation* or was not reported and for which there were valid waiting times data. However, data for South Australia, and some data for Western Australia, were provided without information on whether the occasion of service was an emergency presentation, so all occasions of service for which waiting times data were available were included. The data for 2001–02 and 2002–03 were sourced from the aggregate data provided by the states and territories as part of NPHED. The estimated proportion of emergency presentations for 2001–02 and 2002–03 was calculated using the assumption that all occasions of service reported were emergency presentations (for which waiting times are applicable). This assumption was also used for the South Australian and Western Australian waiting times data for 2003–04. Based on these estimates the national coverage for these data increased from 63% in 2001–02 to 75% in 2003–04. Data on the proportions of patients subsequently admitted for Victoria were sourced for this table and Table 5.4 from aggregate data rather than the episode-level data because admissions within emergency departments, whilst included, were not able to be separately identified in the episode-level data.

In 2003–04 there were 5,864,232 emergency department occasions of service reported for public hospitals to NPHED, and there were 4,390,591 emergency presentations reported with waiting times data. Between 2001–02 and 2003–04 the number of emergency department occasions of service increased by 1.9% from 5,754,666 (Table 5.3). However, this may reflect the inclusion of non-emergency presentation occasions of service for some jurisdictions for the 2003–04 data that may not have been previously provided.

The proportion of emergency visits by triage category remained fairly stable between 2001–02 and 2003–04. Approximately 1% of patients who presented at an emergency department in 2003–04 were assigned a triage category of *Resuscitation*, while 8% were *Emergency*, 30% were *Urgent*, 46% were *Semi-urgent* and 15% were *Non-urgent*.

For the period 2001–02 to 2003–04, for all triage categories combined, the number of patients seen on time increased from 64% to 72%. The proportion of patients seen on time remained relatively stable for most triage categories and increased each year for the *Urgent* category.

The proportion of patients subsequently admitted decreased from 30% in 2001–02 to 27% in 2003–04, and for all triage categories and for both *Principal referral and women's and children's hospitals* and *Large hospitals*.

States and territories, 2003–04

Table 5.4 presents the number of emergency visits by triage category, public hospital peer group and state or territory in 2003–04, and the proportions of these visits that were seen on time and subsequently admitted. Emergency department waiting times are regarded as indicators of responsiveness of the acute care sector (NHPC 2004) (see Chapter 4).

For the purpose of this report, a patient with a triage category of *Resuscitation*, was considered to be seen on time if their waiting time to service delivery was less than or equal to two minutes. There is some variation between jurisdictions in the criteria used to determine the proportion of *Resuscitation* patients seen on time (as detailed above), therefore these data may differ from those reported by individual jurisdictions and comparability with previous reporting periods may be limited. For South Australia, the aggregate data presented in this table used a cut-off point of less than or equal to one minute for the *Resuscitation* category. Therefore the proportions of *Resuscitation* patients seen on time for South Australia are not comparable to these data for other jurisdictions.

Overall, for all triage categories, the proportion of patients receiving emergency department care within the required time was 72%, varying from 50% in South Australia to 80% in Victoria and Western Australia. Nationally, approximately 99% of *Resuscitation* patients, and 76% of *Emergency* patients were seen on time.

For the data presented in previous year's reports, Victoria and Queensland (and South Australia) calculated the proportion of *Resuscitation* patients seen on time using a cut-off point of less than or equal to one minute, while Tasmania and the Northern Territory used a cut-off point of less than one minute. Using these cut-off points for the 2003–04 data, in Queensland, the proportions of *Resuscitation* patients seen on time were 100% in both *Principal referral and women's and children's hospitals* and *Large hospitals* and also 100% overall. For Victoria, the proportions of *Resuscitation* patients seen on time were 99% in *Principal referral and women's and children's hospitals*, 100% in *Large hospitals* and 99% overall. For Tasmania, the proportions of *Resuscitation* patients seen on time were 95%, 66% and 92% respectively. For the Northern Territory, the proportion of *Resuscitation* patients seen on time was unchanged for all hospital peer groups. For Australia, using these cut-off points for the individual states, there was no change to the overall proportion of *Resuscitation* patients seen on time.

There was some variation among the states and territories in the proportions of patients in each triage category. Overall, Queensland had the lowest proportion of *Resuscitation* emergency visits (0.6%) while the Australian Capital Territory reported the highest proportion (1.2%). For the triage category *Non-urgent*, the Australian Capital Territory reported the highest proportion (25.4%), and South Australia reported the lowest (5.7%).

The comparability of the data may be influenced by the comparability of the triage categories among the states and territories. Although the triage category is not a measure of the need for admission to hospital, the proportions of patients in each category that were admitted can be used as an indication of the comparability of the triage categorisation.

Nationally, 27% of all emergency visits were subsequently admitted to the hospital. New South Wales, Victoria and South Australia had higher proportions of patients subsequently admitted than the national figures in the triage categories *Resuscitation*, *Emergency* and *Urgent*, while Western Australia had the lowest proportion of patients subsequently admitted in the categories *Urgent*, *Semi-urgent* and *Non-urgent*.

Type of emergency department visit

Table 5.5 presents occasion of service statistics by type of visit, hospital peer group and state or territory for 2003–04. This table is based on the episode-level data that were available for 73% of emergency department occasions of service.

The data element type of visit to emergency department describes the reason the patient presented to the emergency department. The type of visit can be reported as *Emergency presentation*, *Return visit–planned*, *Pre-arranged admission*, *Patient in transit* (to another facility) or *Dead on arrival*. Not all states and territories reported occasions of service for all categories of type of visit. Tasmania and the Australian Capital Territory did not report any occasions of service with a type of visit of *Pre-arranged admission* or *Patient in transit*, while the Northern Territory did not report any occasions of service with a type of visit of *Pre-arranged admission*. Nationally, 95.4% of occasions of service were *Emergency presentations*, while 3.3% were reported as *Return visit–planned*. The proportion of occasions of service which were *Emergency presentations* was almost 98% for hospitals in peer group A. Western Australia had the highest proportion of occasions of service that were reported as *Emergency presentations* (98.8%), and for New South Wales 0.8% of occasions of service were reported as *Pre-arranged admission*. For 12.1% of occasions of service in South Australia the type of visit was not reported.

Sex and age group

Table 5.6 presents data on the sex and age group of patients who presented to an emergency department. This table is based on the episode-level data that were available for 73% of emergency department occasions of service.

Data on the sex of each non-admitted patient were reported as male, female, indeterminate or not stated/inadequately described. All states and territories supplied the date of birth of the patient for the database, from which the AIHW calculated the age of the patient by subtracting the date of birth of the patient from their date of presentation. The 269 records for which the sex of the patient was not provided and the 2,136 records for which date of birth was not provided have been included in the totals of Table 5.6.

Males accounted for 52.5% of emergency department occasions of service. There were more occasions of service for males than females in all age groups from 0 to 75 years and there were more occasions of service for females than males for persons aged over 75 years. The most common age groups reported for non-admitted patient emergency department care were 15–24 years (15.3%), followed by 25–34 years (14.9%) and 0–4 years (12.8%).

Indigenous status

Table 5.7 presents Indigenous status data by state and territory. This table is based on the episode-level data that were available for 73% of emergency department occasions of service.

The data on Indigenous status were supplied by all states and territories according to the *National Health Data Dictionary* definition. As the coverage of this data collection is largely public hospitals which were classified in peer groups A and B in *Australian Hospital Statistics 2002–03* (AIHW 2004a), most of the data relates to hospitals within major cities. Consequently, the coverage may not include areas where the proportion of Indigenous

people (compared with other Australians) may be higher than average. Therefore these data may not be indicative of the rate of usage of emergency department services by Indigenous people nationally.

Nationally, 4.2% of all patients presenting to an emergency department had an Indigenous status of Aboriginal and/or Torres Strait Islander. The Northern Territory had the highest proportion of occasions of service involving Indigenous persons (41.4%), while Victoria recorded the lowest percentage (1.0%).

Quality of Indigenous status data

Overall, the quality of the data provided for Indigenous status in 2003–04 is considered to be in need of improvement, being considered acceptable for only Western Australia and the Northern Territory. Most states and territories cautioned that the Indigenous status data collected in an emergency department setting could be less accurate than the data collected for admitted patients. The quality of data on Indigenous status varies by jurisdiction, and so the data should be used with caution.

For 2003–04, the New South Wales Health Department reports that its data were in need of improvement (for more detail see Chapter 8), and assumes that the data collected in the emergency department is less accurate than the admitted patient data due to difficulties sometimes experienced with data collection at the time of presentation at the emergency department.

Western Australia reported that the quality of the emergency department Indigenous status data is considered to be acceptable, and to be more reliable in rural and remote areas.

For Tasmania and Victoria, the quality of Indigenous status data is considered to be similar to that of admitted patients in public hospitals. Tasmania is in the process of investigating the reasons for a high proportion of occasions of service for which the Indigenous status was not reported.

Queensland Health noted that for the 2003–04 financial year Indigenous status was not reported for 12% of hospital separations and that the reporting of Indigenous status for non-admitted patients was likely to be of a quality similar to that for admitted patients (for more detail, see Chapter 8).

The Northern Territory Department of Health and Community Services reports that the quality of its 2003–04 Indigenous status data is considered to be acceptable. The department retains historical reporting of Indigenous status and individual client systems receive a report of individuals who have reported their Indigenous status as Aboriginal on one occasion and as Torres Strait Islander on another. System owners follow up on these clients. All management and statistical reporting, however, is based on a person's most recently reported Indigenous status.

The Australian Capital Territory Health department has been closely monitoring Indigenous status data in its public hospitals, and has noted a significant reduction in the number of records with an unknown Indigenous status. The Australian Capital Territory is preparing to conduct an investigation into why some Indigenous patients are not identified in both the admitted and non-admitted data collections, in order to introduce processes to improve the rate of Indigenous identification.

The South Australian Department of Health reported that the quality of Indigenous status data is higher for admitted patients than non-admitted emergency department patients, as evidenced by the high proportion of 'Not Reported' responses in Table 5.7.

Arrival mode—transport and departure status

The data element emergency department arrival mode—transport could be reported as *Ambulance, air ambulance or helicopter rescue service, Police/correctional services vehicle* or *Other*. The category *Other* includes patients who walked to the emergency department, or who came by private transport, public transport, community transport or taxi.

The emergency department departure status could be reported as *Admitted to this hospital* (including to units or beds within the emergency department), *Non-admitted patient emergency department service episode completed-departed without being admitted or referred to another hospital, Referred to another hospital for admission, Did not wait to be attended by a health care professional, Left at own risk after being attended by a health care professional but before the non-admitted patient emergency department service episode was completed, Died in emergency department as a non-admitted patient* or *Dead on arrival, not treated in emergency department*.

Table 5.8 presents national data on the arrival mode and the departure status of the patient, by triage category for the 73% of occasions of service for which episode-level data were available. Arrival mode was not reported for about 6% of Western Australian, 3% of South Australian and over 10% of Northern Territory records.

The majority of patients who presented at an emergency department reported an arrival mode of *Other* (76.1%) (Table 5.8). For patients who were assigned a triage category of *Resuscitation*, 84.8% reported an emergency department arrival mode of *Ambulance, air ambulance or helicopter rescue service*, while for patients who were assigned a triage category of *Semi-urgent*, 83.0% reported an emergency department arrival mode of *Other*. The majority of patients reported a departure status of *Non-admitted patient emergency department service episode completed-departed without being admitted or referred to another hospital* (64.7%). However, the proportion of patients who reported this departure status varied markedly by triage category, accounting for only 12% of *Resuscitation* patients. The category *Did not wait to be attended by a health care professional* was reported for about 5% of emergency department occasions of service.

Table 5.9 presents summary data on the arrival mode and the departure status of the patient, by state and territory for the 73% of occasions of service for which episode-level data were available. Departure status was not reported for almost 20% of Western Australian and over 9% of South Australian records.

South Australia reported the highest proportion of occasions of service with an arrival mode of *Ambulance, air ambulance or helicopter rescue service* (25.1%), while the Australian Capital Territory had the highest proportion of occasions of service with an arrival mode of *Other* (83.6%). For jurisdictions which reported departure status for over 95% of occasions of service, the Australian Capital Territory had the highest proportion of occasions of service with a departure status of *Non-admitted patient emergency department service episode completed-departed without being admitted or referred to another hospital* (71.9%) and the lowest proportion of occasions of service for which the patient was either admitted to the same hospital or referred to another hospital for admission (20.2%). Patients admitted within the emergency department are not separately identified within the Victorian episode-level data, but Victoria was able to quantify them from its admitted patient data collection (Table 5.4).

Length of non-admitted patient emergency department occasion of service

Table 5.10 presents summary length of occasion of service statistics by triage category and state and territory, including the average and median duration of occasion of service and the average and median duration of the service event, for the 73% of occasions of service for which episode-level data were available. The duration of the emergency department occasion of service is from the time of presentation or triage to the end of the provision of service as a non-admitted patient. The duration of the service event is measured as the time from the commencement of service by a treating medical officer or nurse (when a health care professional first takes responsibility for the patient's care) to when the non-admitted component of the emergency department service episode has concluded.

Extreme caution should be used in interpreting these data as there is some variation between jurisdictions in the recording of the time at which the occasion of service is completed and in the recording of the time of admission, which indicates the completion of the non-admitted emergency department occasion of service, for patients who were admitted subsequent to a non-admitted emergency department occasion of service (see limitations of the data, above).

The average duration of occasion of service for patients who were assigned a triage category of *Resuscitation* was 4 hours and 36 minutes, while the median duration of the service event was 3 hours and 11 minutes. Generally, the average durations for occasions of service and service events were greater for the triage categories *Resuscitation*, *Emergency* and *Urgent* than for all triage categories combined, indicating that these patients generally required more lengthy treatment than patients in the *Semi-urgent* and *Non-urgent* triage categories.

Table 5.1: Emergency department occasions of service, public hospitals, states and territories, 2003–04

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Principal referral and women's and children's hospitals									
Number of hospitals in peer group	20	19	16	4	5	2	1	2	69
Hospitals reporting emergency department occasions of service	19	19	15	4	5	2	1	2	67
Emergency department occasions of service	707,017	772,099	579,229	183,484	221,747	n.p.	n.p.	71,678	2,649,366
Hospitals reporting occasions of service with waiting times data	19	19	14	4	5	2	1	2	66
Occasions of service with valid waiting times data	693,654	742,040	559,048	183,484	221,747	n.p.	n.p.	68,957	2,579,203
Estimated proportion occasions of service with waiting times data (%) ^(b)	98	96	97	100	100	98	95	96	97
Hospitals reporting episode-level data ^(c)	19	19	14	4	5	2	1	2	66
Occasions of service reported with episode-level data ^(d)	707,016	760,318	577,346	172,508	187,351	n.p.	n.p.	71,619	2,590,556
Estimated proportion occasions of service with episode-level data (%) ^(e)	100	98	100	94	84	100	100	100	98
Large hospitals									
Number of hospitals in peer group	22	13	7	4	2	1	1	0	50
Hospitals reporting emergency department occasions of service	22	11	7	4	2	1	1	..	48
Emergency department occasions of service	566,001	264,569	226,544	93,932	42,513	n.p.	n.p.	..	1,260,622
Hospitals reporting occasions of service with waiting times data	21	11	6	4	2	1	1	..	46
Occasions of service with valid waiting times data	544,385	229,885	204,330	93,932	42,511	n.p.	n.p.	..	1,177,573
Estimated proportion occasions of service with waiting times data (%) ^(b)	96	87	90	100	100	93	93	..	93
Hospitals reporting episode-level data ^(c)	21	11	6	4	2	1	1	..	46
Occasions of service reported with episode-level data ^(d)	563,980	249,862	227,557	93,494	37,260	n.p.	n.p.	..	1,239,220
Estimated proportion occasions of service with episode-level data (%) ^(e)	100	94	100	100	88	100	100	..	98
Other hospitals									
Number of hospitals in peer group	189	112	155	85	73	24	1	3	642
Hospitals reporting emergency department occasions of service	144	59	138	73	63	12	0	3	492
Emergency department occasions of service	713,066	252,538	442,113	302,330	196,583	17,073	0	30,541	1,954,244
Hospitals reporting occasions of service with waiting times data	13	7	0	73	5	0	0	3	101
Occasions of service with valid waiting times data	195,635	72,067	0	302,330	38,680	0	0	25,145	633,815
Estimated proportion occasions of service with waiting times data (%) ^(b)	27	29	..	100	20	..	..	82	32
Hospitals reporting episode-level data ^(c)	13	7	0	5	1	0	0	3	29
Occasions of service reported with episode-level data ^(d)	213,250	80,991	..	113,241	40,520	..	..	30,541	478,543
Estimated proportion occasions of service with episode-level data (%) ^(e)	30	32	0	37	21	0	..	100	24
Total									
Total hospitals	231	144	178	93	80	27	3	5	761
Hospitals reporting emergency department occasions of service	185	117	160	81	70	15	2	5	635
Emergency department occasions of service	1,986,084	1,289,206	1,247,886	579,746	460,843	101,103	97,145	102,219	5,864,232
Hospitals reporting occasions of service with waiting times data	53	37	20	81	12	3	2	5	213
Occasions of service with valid waiting times data	1,433,674	1,043,992	763,378	579,746	302,938	81,256	91,547	94,102	4,390,591
Estimated proportion occasions of service with waiting times data (%) ^(b)	72	81	61	100	66	80	94	92	75
Hospitals reporting episode-level data ^(c)	53	37	20	13	8	3	2	5	141
Occasions of service reported with episode-level data ^(d)	1,484,246	1,091,171	804,903	379,243	265,131	84,334	97,131	102,160	4,308,319
Estimated proportion occasions of service with episode-level data (%) ^(e)	75	85	65	65	58	83	100	100	73
Coverage of episode-level data for hospitals in peer groups A and B	100	97	100	96	85	100	100	100	98

(a) For more information on the public hospital peer group classification see Appendix 4.

(b) The number of occasions of service with valid waiting times data divided by the number of emergency department occasions of service as a percentage. This may underestimate coverage because some occasions of service are for other than emergency presentations, for which waiting times are applicable. However, because occasions of service may have been under-enumerated for some jurisdictions and peer groups, coverage may also be overestimated.

(c) Episode-level data are required for public hospitals which are classified as *Principal referral and women's and children's hospitals* and *Large hospitals*.

(d) The number of occasions of service reported to the National Non-admitted Patient Emergency Department Care Database.

(e) The number of occasions of service with episode-level data divided by the number of emergency department occasions of service as a percentage. This may underestimate coverage because some occasions of service are for other than emergency presentations, for which waiting times are applicable. However, because occasions of service may have been under-enumerated for some jurisdictions and peer groups, coverage may also be overestimated.

Table 5.2: Accident and emergency non-admitted patient occasions of service, by Remoteness Area of hospital, public acute hospitals, states and territories, 2003–04

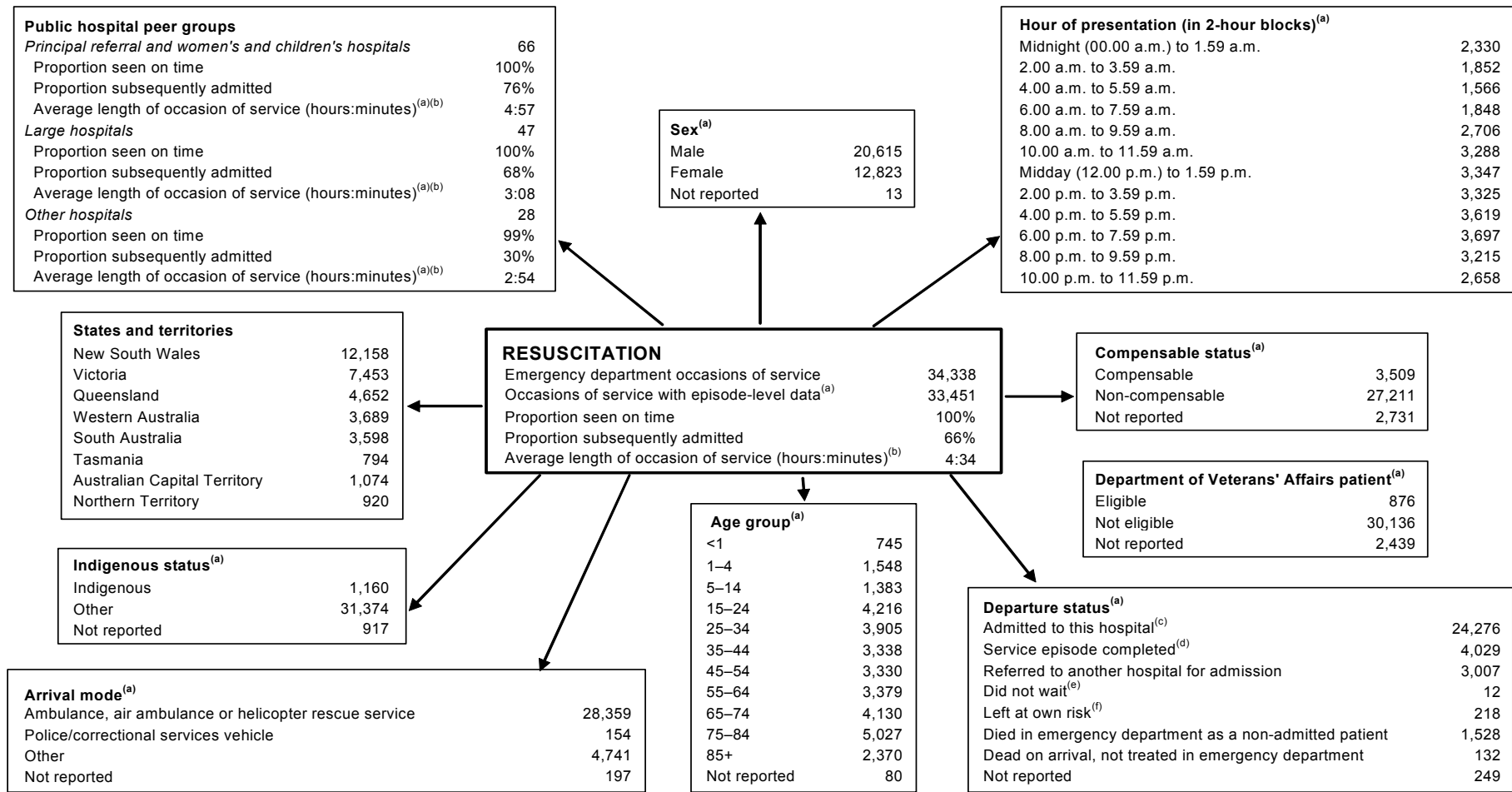
	NSW	Vic ^(b)	Qld	WA	SA	Tas	ACT	NT	Total
Accident and emergency occasions of service									
Major cities	1,146,790	844,576	479,745	278,393	312,841	..	97,145	..	3,159,490
Inner regional	599,583	331,997	361,563	52,392	46,920	63,654	0	..	1,456,109
Outer regional	204,630	112,633	270,569	101,451	65,602	30,761	..	42,341	827,987
<i>Total regional</i>	<i>804,213</i>	<i>444,630</i>	<i>632,132</i>	<i>153,843</i>	<i>112,522</i>	<i>94,415</i>	<i>0</i>	<i>42,341</i>	<i>2,284,096</i>
Remote	25,180	n.a.	76,843	89,789	24,664	5,785	..	42,604	264,865
Very remote	9,901	..	59,166	57,721	10,816	903	..	17,274	155,781
<i>Total remote</i>	<i>35,081</i>	<i>n.a.</i>	<i>136,009</i>	<i>147,510</i>	<i>35,480</i>	<i>6,688</i>	<i>..</i>	<i>59,878</i>	<i>420,646</i>
Total	1,986,084	1,289,206	1,247,886	579,746	460,843	101,103	97,145	102,219	5,864,232
Ratio of accident and emergency occasions of service provided in area to 1,000 population resident in area^(a)									
Major cities	240	234	240	202	285	..	301	..	240
Inner regional	435	318	367	212	244	209	0	..	351
Outer regional	423	444	406	544	369	190	..	392	406
<i>Total regional</i>	<i>432</i>	<i>342</i>	<i>383</i>	<i>355</i>	<i>304</i>	<i>202</i>	<i>0</i>	<i>392</i>	<i>369</i>
Remote	651	n.a.	825	989	534	688	..	1,031	817
Very remote	1,252	..	1,109	1,152	791	354	..	351	871
<i>Total remote</i>	<i>753</i>	<i>n.a.</i>	<i>928</i>	<i>1,047</i>	<i>593</i>	<i>610</i>	<i>..</i>	<i>662</i>	<i>836</i>
Total	297	262	328	297	302	212	300	515	295

(a) The ratio of services provided in the area to the number of residents in the area only approximates population utilisation as services provided in the area may be provided to persons residing in other Remoteness Area categories.

(b) In Victoria, it is not possible to separately identify emergency department occasions of service in hospital campuses located in remote areas.

.. Not applicable.

n.a. Not available.



(a) For the 73% of occasions of service for which episode-level data were available.

(b) The length of service episode is measured between the time of commencement of service and the completion of service. This measure was calculated for occasions of service where the waiting time to service delivery was not missing or invalid.

(c) Includes admitted to units or beds within the emergency department.

(d) Non-admitted patient emergency department service episode completed—departed without being admitted or referred to another hospital.

(e) Did not wait to be attended by a health care professional.

(f) Left at own risk after being attended by a health care professional but before the non-admitted patient emergency department service episode was completed.

Figure 5.1: Interrelationships of a Resuscitation emergency presentation with other data elements, public hospitals, Australia, 2003-04

Table 5.3: Non-admitted patient emergency department emergency presentation statistics^(a), by triage category and public hospital peer group, Australia, 2001–02 to 2003–04

Triage category and peer group	2001–02	2002–03	2003–04
Principal referral and women's and children's hospitals			
Hospitals reporting emergency department occasions of service	66	70	67
Emergency department occasions of service	2,397,278	2,614,739	2,649,366
Hospitals reporting occasions of service with waiting times data	58	65	66
Number of occasions of service with waiting times data ^(b)	2,291,226	2,524,598	2,579,203
Estimated proportion of occasions of service with waiting times data (%) ^(c)	96	97	97
Proportion by triage category (%)			
Resuscitation	1	1	1
Emergency	9	9	9
Urgent	34	34	34
Semi-urgent	45	44	45
Non-urgent	11	10	10
<i>Total</i>	100	100	100
Proportion seen on time (%) ^(d)			
Resuscitation	99	99	100
Emergency	75	75	79
Urgent	58	58	63
Semi-urgent	55	55	62
Non-urgent	78	76	85
<i>Total</i>	60	59	67
Proportion ending in admission (%) ^(e)			
Resuscitation	84	87	82
Emergency	69	70	67
Urgent	49	49	46
Semi-urgent	23	23	20
Non-urgent	8	8	7
<i>Total</i>	35	34	33
Large hospitals			
Hospitals reporting emergency department occasions of service	47	48	48
Emergency department occasions of service	1,250,165	1,215,550	1,260,622
Hospitals reporting occasions of service with waiting times data	35	37	44
Number of occasions of service with waiting times data ^(b)	928,836	1,007,316	1,177,573
Estimated proportion of occasions of service with waiting times data (%) ^(c)	74	83	93
Proportion by triage category (%)			
Resuscitation	1	0	0
Emergency	6	5	6
Urgent	29	28	29
Semi-urgent	50	48	50
Non-urgent	15	14	15
<i>Total</i>	100	100	100
Proportion seen on time (%) ^(d)			
Resuscitation	99	97	100
Emergency	77	73	80
Urgent	65	63	70
Semi-urgent	66	65	72
Non-urgent	88	87	89
<i>Total</i>	70	68	74

(continued)

Table 5.3 (continued): Non-admitted patient emergency department emergency presentation statistics^(a), by triage category and public hospital peer group, Australia, 2001–02 to 2003–04

Triage category and peer group	2001–02	2002–03	2003–04
Proportion ending in admission (%) ^(e)			
Resuscitation	86	87	69
Emergency	67	67	58
Urgent	42	40	38
Semi-urgent	17	15	14
Non-urgent	4	4	3
Total	26	23	22
Total^(f)			
Hospitals reporting emergency department occasions of service	574	588	635
Emergency department occasions of service	5,754,666	5,837,549	5,864,232
Hospitals reporting occasions of service with waiting times data	120	195	213
Occasions of service with waiting times data ^(b)	3,627,912	4,156,790	4,390,591
Estimated proportion of occasions of service with waiting times data (%) ^(c)	63	71	75
Proportion by triage category (%)			
Resuscitation	1	1	1
Emergency	7	7	8
Urgent	31	30	30
Semi-urgent	47	45	46
Non-urgent	13	14	15
Total	100	100	100
Proportion seen on time (%) ^(d)			
Resuscitation	99	99	99
Emergency	76	75	76
Urgent	60	61	62
Semi-urgent	59	61	61
Non-urgent	84	85	82
Total	64	66	72
Proportion ending in admission (%) ^(e)			
Resuscitation	82	86	78
Emergency	67	69	63
Urgent	45	46	43
Semi-urgent	19	19	16
Non-urgent	6	6	4
Total	30	29	27

(a) For more information on the public hospital peer group classification see Appendix 4.

(b) For 2001–02 and 2002–03, these are the number of occasions of service reported with waiting times data. For 2003–04, these are the number of occasions of service reported with episode-level data with a type of visit of *Emergency presentation* or *Not reported*, (and occasions of service for which information on the type of visit was not available), and where waiting times data were not invalid or missing.

(c) The number of occasions of service with waiting times data divided by the number of emergency department occasions of service. This may underestimate coverage because some occasions of service are for other than emergency presentations, for which waiting times are applicable. Coverage may also have been overestimated because occasions of service may have been under-enumerated for some jurisdictions and peer groups for 2003–04.

(d) The proportion of occasions of service for which the waiting time to service delivery was within the time specified in the definition of the triage category. For the triage category *Resuscitation*, the definition specifies that the patient should be attended 'within seconds'. For this table, an occasion of service with a triage category of *Resuscitation* was defined as 'not seen on time' if the waiting time to service delivery was reported as greater than 2 minutes. For 2001–02 and 2002–03, Victoria, Queensland and South Australia calculated the proportion of *Resuscitation* patients seen on time using a cut-off point of less than or equal to 1 minute, and Tasmania and the Northern Territory used a cut-off point of less than 1 minute. Using those cut-off points for these states, for the 2003–04 data, over 99% of *Resuscitation* patients were seen on time for Australia as a whole, unchanged from that presented here.

(e) For 2001–02, 2002–03 and for some 2003–04 data (for South Australia, Victoria and some Western Australian hospitals), these are estimates of emergency department patients 'subsequently admitted'. For other 2003–04 data, this proportion is based on occasions of service reported with episode-level data, where the departure status was reported as Admitted to this hospital.

(f) The total includes hospitals in peer groups other than *Principal referral and women's and children's hospitals* and *Large hospitals*.

Table 5.4: Non-admitted patient emergency department emergency presentation statistics^(a), by triage category and public hospital peer group, states and territories, 2003–04

Triage category and peer group	NSW	Vic^{(b)(c)}	Qld^(b)	WA	SA^(d)	Tas^(b)	ACT	NT^(b)	Total
Principal referral and women's and children's hospitals									
Occasions of service with waiting times data ^(e)									
Resuscitation	7,537	6,888	3,955	2,332	3,214	n.p.	n.p.	880	26,337
Emergency	62,431	66,161	44,113	21,834	27,877	n.p.	n.p.	5,110	239,223
Urgent	246,494	234,180	211,010	55,982	83,178	n.p.	n.p.	22,112	889,187
Semi-urgent	285,571	351,763	255,974	84,754	98,176	n.p.	n.p.	38,141	1,160,422
Non-urgent	91,269	83,048	43,996	18,582	9,302	n.p.	n.p.	2,714	263,682
Total^(e)	693,654	742,040	559,048	183,484	221,747	n.p.	n.p.	68,957	2,579,203
Proportion seen on time (%) ^(f)									
Resuscitation	100	100	100	100	99	n.p.	n.p.	100	100
Emergency	73	88	74	67	63	n.p.	n.p.	57	79
Urgent	51	82	51	59	40	n.p.	n.p.	63	63
Semi-urgent	57	72	53	53	48	n.p.	n.p.	56	62
Non-urgent	83	90	82	87	83	n.p.	n.p.	86	85
Total	60	79	56	60	49	n.p.	n.p.	60	67
Proportion ending in admission (%) ^(g)									
Resuscitation	87	88	69	80	83	n.p.	n.p.	58	82
Emergency	72	75	59	57	68	n.p.	n.p.	61	67
Urgent	50	54	35	45	47	n.p.	n.p.	41	46
Semi-urgent	22	25	12	20	18	n.p.	n.p.	14	20
Non-urgent	8	7	3	12	7	n.p.	n.p.	3	7
Total	35	37	24	32	35	n.p.	n.p.	26	33
Large hospitals									
Occasions of service with waiting times data ^(e)									
Resuscitation	3,882	411	615	420	213	n.p.	n.p.	..	5,814
Emergency	39,698	8,186	12,582	6,053	3,044	n.p.	n.p.	..	71,836
Urgent	181,768	46,758	53,510	28,396	12,788	n.p.	n.p.	..	337,863
Semi-urgent	258,165	111,729	108,800	51,233	23,899	n.p.	n.p.	..	584,819
Non-urgent	60,719	62,801	28,823	7,830	2,567	n.p.	n.p.	..	177,087
Total^(e)	544,385	229,885	204,330	93,932	42,511	n.p.	n.p.	..	1,177,573
Proportion seen on time (%) ^(f)									
Resuscitation	100	100	100	99	98	n.p.	n.p.	..	100
Emergency	78	86	80	81	59	n.p.	n.p.	..	80
Urgent	63	87	68	81	44	n.p.	n.p.	..	70
Semi-urgent	67	81	65	82	51	n.p.	n.p.	..	72
Non-urgent	90	87	88	96	84	n.p.	n.p.	..	89
Total	69	84	70	83	52	n.p.	n.p.	..	74
Proportion ending in admission (%) ^(g)									
Resuscitation	72	82	63	44	72	85	56	..	69
Emergency	63	63	49	33	67	69	43	..	58
Urgent	44	39	24	18	48	37	31	..	38
Semi-urgent	18	15	7	6	19	10	14	..	14
Non-urgent	5	2	2	2	4	3	2	..	3
Total	29	18	14	11	31	20	15	..	22

(continued)

Table 5.4 (continued): Non-admitted patient emergency department emergency presentation statistics^(a), by triage category and public hospital peer group^(a), states and territories, 2003–04

Triage category and peer group	NSW	Vic^{(b)(c)}	Qld^(b)	WA	SA^(d)	Tas^(b)	ACT	NT^(b)	Total
Total^(h)									
Occasions of service with waiting times data ^(e)									
Resuscitation	12,050	7,429	4,570	3,689	3,474	730	1,074	911	33,927
Emergency	109,616	77,882	56,695	37,403	33,163	7,119	6,851	5,442	334,171
Urgent	471,375	295,992	264,520	124,646	103,998	29,024	21,850	25,568	1,336,973
Semi-urgent	639,293	498,353	364,774	260,923	145,039	38,489	38,547	49,515	2,034,933
Non-urgent	200,793	164,336	72,819	153,085	17,264	5,894	23,224	12,666	650,081
Total emergency presentations^(e)	1,433,674	1,043,992	763,378	579,746	302,938	81,256	91,547	94,102	4,390,591
Proportion seen on time (%) ^(f)									
Resuscitation	100	100	100	99	99	96	100	100	99
Emergency	76	88	76	74	62	67	69	57	76
Urgent	58	83	55	72	41	61	64	63	62
Semi-urgent	65	75	56	75	49	61	58	59	61
Non-urgent	86	90	84	97	87	92	77	86	82
Total emergency presentations seen on time	66	80	60	80	50	64	65	64	72
Proportion ending in admission (%) ^(g)									
Resuscitation	81	88	68	58	82	93	70	59	78
Emergency	68	73	57	42	66	65	43	62	63
Urgent	47	51	33	27	45	42	36	41	43
Semi-urgent	19	22	11	8	16	14	15	15	16
Non-urgent	6	5	3	2	5	3	3	7	4
Total emergency presentations ending in admission	31	32	21	13	32	28	19	24	27

(a) For more information on the public hospital peer group classification see Appendix 4. Information on the coverage of the waiting times data is presented in Table 5.1.

(b) For previous year's data, Victoria and Queensland (and South Australia) calculated the proportion of *Resuscitation* patients seen on time using a cut-off point of less than or equal to 1 minute, and Tasmania and the Northern Territory used a cut-off point of less than 1 minute. Using these cut-off points for the 2003–04 data, in Queensland, the proportions of patients seen on time were 100% for both *Principal referral and women's and children's hospitals* and *Large hospitals* and overall. For Victoria the proportions of *Resuscitation* patients seen on time were 99% for *Principal referral and women's and children's hospitals* and 100% for *Large hospitals* and 99% overall. For Tasmania, the proportions of *Resuscitation* patients seen on time were 95%, 66% and 92% respectively. For the Northern Territory there was no change to the proportions of *Resuscitation* patients seen on time. Using those cut-off points for these states, there was no change in the proportions for *Resuscitation* patients seen on time for Australia as a whole.

(c) For Victoria, the proportion of occasions of service ending in admission was sourced from aggregate data and differs from data on admissions (based on episode-level data in which only admissions to wards are identified) presented in Table 5.9.

(d) For South Australia, the proportions of *Resuscitation* patients seen on time were determined using a waiting time of less than or equal to 1 minute. Therefore, these data are not comparable with the data for *Resuscitation* patients in other jurisdictions.

(e) The totals include records for which the triage category was not assigned or not reported.

(f) The proportion of occasions of service for which the waiting time to service delivery was within the time specified in the definition of the triage category. For the triage category *Resuscitation*, the definition specifies that the patient should be attended 'within seconds'. For this table, an occasion of service with a triage category of *Resuscitation* was classified as 'not seen on time' if the waiting time to service was reported as greater than 2 minutes.

(g) The proportion of occasions of service for which the emergency department departure status was reported as *Admitted to this hospital*.

(h) The total includes data that were provided by jurisdictions for hospitals in peer groups other than *Principal referral and women's and children's hospitals* and *Large hospitals*.

n.p. Not published.

Table 5.5: Non-admitted patient emergency department occasion of service statistics^(a), by type of visit and public hospital peer group, states and territories, 2003–04

Type of visit and peer group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Principal referral and women's and children's hospitals									
Emergency presentation	693,608	742,040	558,978	171,341	185,717	n.p.	n.p.	68,956	2,530,911
Return visit, planned	5,947	15,738	15,307	1,152	1,510	n.p.	n.p.	2,623	45,997
Pre-arranged admission	5,925	424	2,339	6	79	n.p.	n.p.	0	8,773
Patient in transit	98	117	284	4	0	n.p.	n.p.	5	508
Dead on arrival	1,392	1,999	368	5	27	n.p.	n.p.	34	4,230
Not reported	46	0	70	0	18	n.p.	n.p.	1	137
<i>Total</i>	<i>707,016</i>	<i>760,318</i>	<i>577,346</i>	<i>172,508</i>	<i>187,351</i>	<i>n.p.</i>	<i>n.p.</i>	<i>71,619</i>	<i>2,590,556</i>
Large hospitals									
Emergency presentation	544,370	229,885	204,330	90,903	5,548	n.p.	n.p.	..	1,137,565
Return visit, planned	15,007	18,922	22,771	2,366	33	n.p.	n.p.	..	63,581
Pre-arranged admission	4,102	680	342	42	11	n.p.	n.p.	..	5,177
Patient in transit	65	44	81	183	0	n.p.	n.p.	..	373
Dead on arrival	421	331	33	0	3	n.p.	n.p.	..	843
Not reported	15	0	0	0	31,665	n.p.	n.p.	..	31,681
<i>Total</i>	<i>563,980</i>	<i>249,862</i>	<i>227,557</i>	<i>93,494</i>	<i>37,260</i>	<i>n.p.</i>	<i>n.p.</i>	<i>..</i>	<i>1,239,220</i>
Other hospitals									
Emergency presentation	195,629	72,067	..	112,637	35,867	..	..	25,063	441,263
Return visit, planned	15,194	8,169	..	586	4,260	..	..	5,390	33,599
Pre-arranged admission	2,244	661	..	12	11	..	..	0	2,928
Patient in transit	28	10	..	6	0	..	..	6	50
Dead on arrival	149	84	..	0	0	..	..	0	233
Not reported	6	0	..	0	382	..	..	82	470
<i>Total</i>	<i>213,250</i>	<i>80,991</i>	<i>..</i>	<i>113,241</i>	<i>40,520</i>	<i>..</i>	<i>..</i>	<i>30,541</i>	<i>478,543</i>
Total									
Emergency presentation	1,433,607	1,043,992	763,308	374,881	227,132	81,253	91,547	94,019	4,109,739
Return visit, planned	36,148	42,829	38,078	4,104	5,803	2,619	5,583	8,013	143,177
Pre-arranged admission	12,271	1,765	2,681	60	101	0	0	0	16,878
Patient in transit	191	171	365	193	0	0	0	11	931
Dead on arrival	1,962	2,414	401	5	30	459	1	34	5,306
Not reported	67	0	70	0	32,065	3	0	83	32,288
Total occasions of service reported at episode-level	1,484,246	1,091,171	804,903	379,243	265,131	84,334	97,131	102,160	4,308,319

(a) For the 73% of occasions of service for which episode-level data were available. For more information see the text of Chapter 5 and Appendix 4.

.. Not applicable. As the scope of the episode-level data is hospitals in peer groups A and B, data were not required for *Other hospitals*, but have been presented here they were provided.

n.p. Not published.

Table 5.6: Non-admitted patient emergency department occasion of service^(a), by age group and sex, public hospitals, states and territories, 2003–04

Sex	Age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Males										
	0–4	111,642	78,461	56,921	31,252	10,858	4,415	6,754	7,611	307,914
	5–14	91,668	64,174	49,350	25,705	10,354	4,672	6,345	5,934	258,202
	15–24	114,238	78,715	71,486	30,933	20,636	8,007	9,475	7,791	341,281
	25–34	109,284	77,224	66,432	28,861	19,849	6,715	7,829	9,927	326,121
	35–44	91,149	64,276	54,059	23,803	16,931	5,396	5,871	8,704	270,189
	45–54	72,914	52,337	41,361	18,619	13,982	4,588	4,785	6,419	215,005
	55–64	64,586	45,443	34,510	14,523	11,494	3,765	3,800	4,306	182,427
	65–74	58,837	43,406	28,278	13,007	11,147	3,483	2,815	2,218	163,191
	75–84	55,525	38,409	21,486	12,823	12,752	2,822	2,405	913	145,135
	85 and over	20,441	13,209	7,339	4,224	4,680	944	842	162	51,841
	<i>Total^(b)</i>	790,742	555,655	431,961	201,750	132,860	44,808	50,922	53,991	2,262,689
Females										
	0–4	86,520	61,375	45,333	24,867	8,627	3,525	5,251	6,233	241,731
	5–14	66,289	49,100	36,907	19,215	8,150	3,608	4,757	4,703	192,729
	15–24	100,576	78,588	66,168	28,191	21,804	7,027	8,552	8,336	319,242
	25–34	96,439	88,708	57,766	25,432	23,007	5,764	7,262	9,864	314,242
	35–44	74,265	62,482	44,137	19,761	16,421	4,796	5,241	7,996	235,099
	45–54	62,624	47,923	35,322	16,009	12,877	3,882	4,704	5,565	188,906
	55–64	52,628	39,327	27,474	12,214	9,816	3,127	3,529	2,907	151,022
	65–74	51,387	37,988	22,291	10,640	10,074	2,784	2,515	1,467	139,146
	75–84	64,684	45,278	24,295	12,975	13,666	3,209	2,902	845	167,854
	85 and over	37,640	24,745	12,976	8,150	7,682	1,791	1,495	248	94,727
	<i>Total^(b)</i>	693,377	535,515	372,893	177,454	132,236	39,513	46,209	48,164	2,045,361
Persons^(c)										
	0–4	198,174	139,837	102,256	56,123	19,485	7,947	12,005	13,844	549,671
	5–14	157,965	113,274	86,259	44,923	18,504	8,281	11,102	10,637	450,945
	15–24	214,830	157,303	137,660	59,124	42,441	15,036	18,027	16,129	660,550
	25–34	205,734	165,932	124,202	54,297	42,856	12,479	15,091	19,792	640,383
	35–44	165,421	126,758	98,202	43,574	33,353	10,193	11,112	16,700	505,313
	45–54	135,549	100,260	76,684	34,636	26,860	8,470	9,489	11,985	403,933
	55–64	117,220	84,770	61,987	26,746	21,310	6,892	7,329	7,213	333,467
	65–74	110,231	81,394	50,569	23,648	21,221	6,267	5,330	3,685	302,345
	75–84	120,211	83,687	45,781	23,798	26,419	6,032	5,307	1,758	312,993
	85 and over	58,086	37,954	20,320	12,374	12,366	2,736	2,337	410	146,583
	Total^(d)	1,484,246	1,091,171	804,903	379,243	265,131	84,334	97,131	102,160	4,308,319

(a) For the 73% of occasions of service for which episode-level data were available. For more information see the text of Chapter 5 and Appendix 4.

(b) Includes occasions of service for which the age group of the patient was not reported.

(c) Includes occasions of service for which the sex of the patient was not reported.

(d) Includes occasions of service for which the sex and/or age group of the patient was not reported.

Table 5.7: Non-admitted patient emergency department occasions of service^(a), by Indigenous status, public hospitals, states and territories, 2003–04

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Aboriginal but not Torres Strait Islander origin	34,661	10,053	39,889	36,547	5,286	1,995	1,332	41,390	171,153
Torres Strait Islander but not Aboriginal origin	587	169	4,213	109	44	86	51	232	5,491
Aboriginal and Torres Strait Islander origin	1,696	884	2,524	227	85	68	71	650	6,205
<i>Indigenous persons</i>	<i>36,944</i>	<i>11,106</i>	<i>46,626</i>	<i>36,883</i>	<i>5,415</i>	<i>2,149</i>	<i>1,454</i>	<i>42,272</i>	<i>182,849</i>
Not Aboriginal or Torres Strait Islander origin	1,434,761	1,080,065	748,099	339,088	238,426	77,241	95,517	59,642	4,072,839
Not reported	12,541	0	10,178	3,272	21,290	4,944	160	246	52,631
Total	1,484,246	1,091,171	804,903	379,243	265,131	84,334	97,131	102,160	4,308,319

(a) For the 73% of occasions of service for which episode-level data were available. For more information see the text of Chapter 5 and Appendix 4.

Note: The identification of Indigenous patients is not considered to be complete and varies among jurisdictions. See the text of Chapter 5 for more information.

Table 5.8: Non-admitted patient emergency department occasions of service^(a), by triage category and emergency department arrival mode—transport and departure status, public hospitals, Australia, 2003–04

	Triage category					Total ^(b)
	Resuscitation	Emergency	Urgent	Semi-urgent	Non-urgent	
Arrival mode—transport						
Ambulance, air ambulance or helicopter rescue service	28,359	162,030	433,289	305,280	23,424	952,535
Police/correctional services vehicle	154	4,113	14,178	11,193	3,040	32,698
Other ^(c)	4,741	160,926	855,483	1,654,333	600,862	3,279,553
Not reported	197	2,444	11,702	22,514	6,676	43,533
Total	33,451	329,513	1,314,652	1,993,320	634,002	4,308,319
Departure status						
Admitted to this hospital ^(d)	24,276	188,036	512,241	295,461	26,626	1,046,728
Non-admitted patient emergency department service episode completed ^(e)	4,029	112,810	703,677	1,458,704	509,827	2,789,134
Referred to another hospital for admission	3,007	20,286	42,582	25,606	2,523	94,009
Did not wait to be attended by a health care professional	12	763	22,992	141,500	59,834	225,450
Left at own risk ^(f)	218	3,207	12,619	18,156	5,080	39,283
Died in emergency department as a non-admitted patient	1,528	473	267	94	16	2,378
Dead on arrival, not treated in emergency department	132	12	251	92	2,458	5,777
Not reported	249	3,926	20,023	53,707	27,638	105,560
Total	33,451	329,513	1,314,652	1,993,320	634,002	4,308,319

(a) For the 73% of occasions of service for which episode-level data were available. For more information see the text of Chapter 5 and Appendix 4.

(b) The total includes occasions of service for which the triage category was not assigned.

(c) Other includes patients who walked in, came by private transport, public transport, community transport or taxi.

(d) Including to units or beds within the emergency department.

(e) Patient departed without being admitted or referred to another hospital.

(f) Patient left at own risk after being attended by a health care professional but before the non-admitted patient emergency department occasion of service was completed.

Table 5.9: Non-admitted patient emergency department occasions of service^(a), by emergency department arrival mode—transport and departure status, public hospitals, states and territories, 2003–04

	NSW	Vic ^(b)	Qld	WA	SA	Tas	ACT	NT	Total
Arrival mode—transport									
Ambulance, air ambulance or helicopter rescue service	351,392	220,264	193,572	70,819	66,536	20,149	15,437	14,366	952,535
Police/correctional services vehicle	9,554	4,734	9,080	3,303	1,884	1,112	477	2,554	32,698
Other ^(c)	1,122,794	866,173	602,251	282,257	187,594	62,591	81,212	74,681	3,279,553
Not reported	506	0	0	22,864	9,117	482	5	10,559	43,533
Total	1,484,246	1,091,171	804,903	379,243	265,131	84,334	97,131	102,160	4,308,319
Departure status									
Admitted to this hospital ^(d)	446,212	228,057	167,751	73,460	66,313	23,013	18,337	23,585	1,046,728
Non-admitted patient emergency department service episode completed ^(e)	913,000	776,379	557,319	192,727	154,088	55,188	69,814	70,619	2,789,134
Referred to another hospital for admission	21,789	26,213	11,113	24,500	8,282	657	1,281	174	94,009
Did not wait to be attended by a health care professional	85,316	45,868	56,484	11,215	7,623	4,543	7,357	7,044	225,450
Left at own risk ^(f)	14,538	11,305	7,900	1,448	2,869	322	271	630	39,283
Died in emergency department as a non-admitted patient	0	935	613	334	267	99	71	59	2,378
Dead on arrival, not treated in emergency department	2,213	2,414	706	5	30	365	0	44	5,777
Not reported	1,178	0	3,017	75,554	25,659	147	0	5	105,560
Total	1,484,246	1,091,171	804,903	379,243	265,131	84,334	97,131	102,160	4,308,319

(a) For the 73% of occasions of service for which episode-level data were available. For more information see the text of Chapter 5 and Appendix 4.

(b) Admissions within the emergency department were not able to be identified within the episode-level data for Victoria. Hence, the number of occasions of service with a departure status of *Admitted to this hospital* are underestimated for Victoria and for the total. See the text of Chapter 5 for more detail.

(c) *Other* includes patients who walked in, came by private transport, public transport, community transport or taxi.

(d) Including to units or beds within the emergency department.

(e) Patient departed without being admitted or referred to another hospital.

(f) Patient left at own risk after being attended by a health care professional but before the non-admitted patient emergency department occasion of service was completed.

Table 5.10: Non-admitted patient emergency department occasions of service^{(a)(b)} duration (hours:minutes)^(c), by triage category, public hospitals, states and territories, 2003–04

Triage category	NSW^(d)	Vic^(d)	Qld^(d)	WA^(d)	SA	Tas	ACT	NT^(d)	Total
Resuscitation									
Average duration of occasion of service ^(e)	4:03	6:11	4:06	5:19	4:30	4:05	2:54	2:58	4:36
Median duration of occasion of service ^(e)	2:35	4:27	3:19	3:17	3:13	3:24	2:23	2:16	3:11
Average duration of service event ^(f)	4:03	6:11	4:06	5:18	4:25	4:04	2:54	2:58	4:36
Median duration of service event ^(f)	2:35	4:27	3:19	3:17	3:08	3:24	2:23	2:16	3:11
Emergency									
Average duration of occasion of service ^(e)	4:54	6:20	4:40	5:09	5:54	4:55	3:39	3:14	5:16
Median duration of occasion of service ^(e)	3:35	4:41	3:43	3:23	4:14	4:10	3:17	2:28	3:52
Average duration of service event ^(f)	4:44	6:14	4:30	5:00	5:40	4:42	3:25	2:59	5:06
Median duration of service event ^(f)	3:25	4:36	3:33	3:14	4:01	3:58	3:03	2:13	3:42
Urgent									
Average duration of occasion of service ^(e)	4:34	5:08	4:06	4:21	5:38	4:27	3:35	2:56	4:36
Median duration of occasion of service ^(e)	3:28	3:45	3:14	2:47	3:45	3:40	3:00	2:22	3:24
Average duration of service event ^(f)	3:52	4:48	3:23	3:53	4:45	3:47	2:60	2:23	3:60
Median duration of service event ^(f)	2:45	3:25	2:30	2:19	2:51	3:00	2:25	1:48	2:47
Semi-urgent									
Average duration of occasion of service ^(e)	3:18	3:30	2:58	2:59	3:50	3:01	3:11	2:35	3:16
Median duration of occasion of service ^(e)	2:20	2:25	2:15	1:59	2:38	2:19	2:30	2:04	2:19
Average duration of service event ^(f)	2:17	2:44	1:48	2:05	2:31	1:56	1:52	1:29	2:16
Median duration of service event ^(f)	1:11	1:35	0:58	1:05	1:14	1:09	1:10	0:57	1:13
Non-urgent									
Average duration of occasion of service ^(e)	1:57	1:54	1:38	1:45	1:48	1:24	2:17	1:44	1:52
Median duration of occasion of service ^(e)	1:18	1:21	1:04	1:08	1:08	0:58	1:43	1:11	1:16
Average duration of service event ^(f)	1:02	1:10	0:44	1:15	0:54	0:46	0:58	0:48	1:02
Median duration of service event ^(f)	0:27	0:35	0:21	0:45	0:25	0:25	0:35	0:20	0:30
Total									
Average duration of occasion of service ^(e)	3:39	3:55	3:22	3:27	4:35	3:34	3:05	2:35	3:40
Median duration of occasion of service ^(e)	2:35	2:39	2:33	2:11	3:01	2:49	2:26	2:01	2:34
Average duration of service event ^(f)	2:50	3:19	2:28	2:48	3:35	2:46	2:02	1:43	2:53
Median duration of service event ^(f)	1:37	1:58	1:28	1:29	1:52	1:53	1:15	1:04	1:39

(a) Excludes occasions of service for patients whose emergency department departure status was *Did not wait to be attended by a health care professional* or *Dead on arrival*.

(b) For the 73% of occasions of service for which episode-level data were available. For more information see the text of Chapter 5 and Appendix 4.

(c) There is variation in the time recorded as the time of admission for patients admitted subsequent to a non-admitted emergency department occasion of service. This will affect the comparability of these data. See the text of Chapter 5 for details.

(d) For Victoria, Queensland, New South Wales, Western Australia and the Northern Territory, periods of admission within the emergency department are included in the total duration of the emergency department occasions of service. Hence, the duration of occasions of service for those states and territories, and the total, will be overestimated.

(e) The duration of the occasion of service is the length of time between the time of triage/presentation to the emergency department and the completion of the occasion of service.

(f) The duration of the service event is the length of time between when a health care professional first takes responsibility for the patient's care and the time of completion of the occasion of service.