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Australian Institute of
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Emergency department care

2014–15



Australian hospital statistics



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to promote better health and wellbeing*

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Foreword

I am pleased to present this report on emergency department care in Australian public hospitals for the period July 2014 to June 2015.

As in previous reports, *Emergency department care 2014–15: Australian hospital statistics* answers questions about the number of presentations to emergency departments, the amount of time that patients waited for clinical care and the length of stay in the emergency department. Comparative information for the past 4 years is presented for these measures.

This year's report also presents detailed information on diagnoses for patients who presented at emergency departments and for patients who were subsequently admitted to the hospital.

The structure of this report differs from previous *Emergency department care* reports, with information presented in short, self-contained sections on specific topics. This should make it easier for readers to find and use the information they are interested in.

This report is one of a series of products released by the AIHW to report on Australia's hospitals each year. A separate report on elective surgery waiting times was released in October, with a report on hospital-associated *Staphylococcus aureus* bacteraemia cases in 2014–15 scheduled for release in December. Reports on care provided for admitted patients, non-admitted patients and on hospital resources for 2014–15 will be published in early 2016.

The *Australian hospital statistics* reports are based on the AIHW's comprehensive national hospitals databases. These databases are also the source of data for nationally agreed hospital performance indicators reported by the National Health Performance Authority. As well, the Steering Committee for the Review of Government Service Provision uses these data for its *Report on Government Services*.

The Institute is committed to working with stakeholders to improve the national statistical information base on hospitals and its relevance to contemporary public policy debate on hospital service delivery. We look forward to continuing to work with data users and data providers to improve the quality and usefulness of the national data collections and to enhance the presentation of information in our *Australian hospital statistics* products.

Kerry Flanagan PSM

Director

November 2015

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Abbreviations

ABS	Australian Bureau of Statistics
ACT	Australian Capital Territory
AIHW	Australian Institute of Health and Welfare
ASGS	Australian Statistical Geography Standard
GP	general practitioner
ICD-9-CM	International Classification of Diseases, 9th Revision, Clinical Modification
ICD-10-AM	International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification
MDB	major diagnostic block
METeOR	Metadata Online Registry
NAPEDC	non-admitted patient emergency department care
NHA	National Healthcare Agreement
NHPF	National Health Performance Framework
NHRA	National Health Reform Agreement
NMDS	national minimum data set
NNAPEDCD	National Non-admitted Patient Emergency Department Care Database
NPA IPHS	National Partnership Agreement on Improving Public Hospital Services
NPHEd	National Public Hospital Establishments Database
NSW	New South Wales
NT	Northern Territory
Qld	Queensland
SA	South Australia
SA2	Statistical Area Level 2
SEIFA	Socio-Economic Indexes for Areas
SES	socioeconomic status

SLA	Statistical Local Area
SNOMED CT-AU (EDRS)	Systematized Nomenclature of Medicine – Clinical Terms – Australian version, Emergency Department Reference Set
Tas	Tasmania
URG	urgency related group
Vic	Victoria
WA	Western Australia

Symbols

..	not applicable
n.p.	not published
<	less than

Summary

How much emergency department activity was there?

In 2014–15, there were about 7.4 million presentations to the 290 Australian public hospital emergency departments that reported to the National Non-Admitted Patient Emergency Department Care Database; this corresponded to over 20,000 presentations each day.

Between 2010–11 and 2014–15, emergency department presentations increased by 4.5% on average each year. However, after adjusting for coverage changes, it is estimated that presentations increased by about 3.4% on average.

Emergency department presentations increased by 2.4% between 2013–14 and 2014–15.

Who used emergency department services?

In 2014–15, 51% of emergency department presentations were for men and boys. The most common 10-year age group was 15–24 years (14.0%), followed by 25–34 years (13.8%).

Persons aged 65 years and over accounted for about 20% of all emergency department presentations in 2014–15.

How and why were emergency department services used?

In 2014–15, about 24% of emergency department presentations were for people who arrived by *Ambulance, air ambulance or helicopter rescue service*, including about 84% of *Resuscitation* patients (who need to be treated immediately).

About 27% of emergency department presentations in 2014–15 (over 1.8 million) had a principal diagnosis in the ICD-10-AM chapter *Injury, poisoning and certain other consequences of external causes*.

How long did people wait?

The proportion of *Emergency presentations* that were seen on time increased between 2010–11 and 2013–14—from 70% to 75%.

In 2014–15, about 74% of patients were seen on time. The proportion of patients seen on time ranged from 59% in the Australian Capital Territory to 81% in New South Wales.

Almost 100% of *Resuscitation* patients, 79% of *Emergency* patients and 92% of *Non-urgent* patients were seen on time.

How long did people stay?

Between 2011–12 and 2014–15, the proportion of emergency department visits completed in 4 hours or less increased from 64% to 73%.

In 2014–15, Western Australia had the highest proportion completed in 4 hours or less (79%) and the Northern Territory had the lowest (62%).

About 30% of emergency department patients were admitted to hospital after their emergency department care. For these patients, 47% were admitted in 4 hours or less, and 90% were admitted within 11 hours and 41 minutes. Queensland had the highest proportion (57%) of emergency department patients admitted in 4 hours or less and the Northern Territory had the lowest (23%).

1 Introduction

Emergency department care 2014–15: Australian hospital statistics focuses on information about emergency department care provided by Australia's public hospitals. It continues the series of summary annual reports produced by the Australian Institute of Health and Welfare (AIHW) that describe the characteristics and activity of Australia's hospitals (see 'Related publications').

This report presents information on care provided in public hospital emergency departments for the period 1 July 2014 to 30 June 2015. It includes information on overall activity, nationally agreed performance indicators on waiting times for care and time spent in the emergency department, and other waiting times statistics. Comparative information for the previous 4 reporting periods is also included.

Data for the same period for elective surgery waiting times was released in the report *Elective surgery waiting times 2014–15: Australian hospital statistics* in October 2015 (AIHW 2015d). A report on hospital-associated *Staphylococcus aureus* bacteraemia cases – *Staphylococcus aureus bacteraemia in Australian public hospitals 2014–15: Australian hospital statistics* – is scheduled for release in December 2015.

Data based on the national minimum data sets (NMDSs) for Admitted patient care, Public hospital establishments and Non-admitted patient care will be provided by state and territory health authorities later in 2015. These data will be reported by the AIHW in early 2016.

1.1 What's in this report?

Structure of the report

This introduction provides contextual information on the data presented in this report and its limitations, along with a description of the key terms used. Other chapters provide information on the following subjects:

- Chapter 2 – How much emergency department activity was there? – presents information on the number of emergency departments reporting and the numbers of presentations to public hospital emergency departments
- Chapter 3 – Who used emergency departments? – presents information about the patients who presented to emergency departments, including their age, sex and Indigenous status, and the remoteness of their area of usual residence
- Chapter 4 – How and why were services accessed? – presents information on arrival mode, triage category, time of presentation and type of visit. It also includes information about the reason for the patient's visit and how the episode ended
- Chapter 5 – How long did people wait for emergency department care? – presents waiting times information, including relevant performance indicators on the proportion of patients seen on time and the median and 90th percentile waiting times
- Chapter 6 – How long did people stay in the emergency department? – presents information on how long patients stayed in the emergency department including relevant performance indicators on the proportion of emergency department stays that

were completed within 4 hours and the 90th percentile length of emergency department stay for patients subsequently admitted to hospital.

Appendix A presents data quality information. It includes information on apparent variations in the reporting of the data used in this report and on the quality of Indigenous identification.

Appendix B presents technical notes on the methods used in this report.

Appendix C includes information on the public hospital peer groups used in this report.

Hospital performance indicators

Performance measurement is essential to assessing the population's health and the success of health services and the health system more broadly, as well as highlighting where improvements need to be made (AIHW 2014a).

Performance indicators are defined as statistics or other units of information that, directly or indirectly, reflect either the extent to which an expected outcome is achieved or the quality of the processes leading to that outcome (NHPC 2001).

This report presents data on the following performance indicators relevant to emergency department care:

- Waiting times for emergency hospital care – proportion seen on time – see Chapter 5 'How long did people wait for emergency department care?'
- Waiting times for emergency department care – proportion completed within four hours – see Chapter 6 'How long did people stay in the emergency department?'

This performance indicator is reported on financial year data and is equivalent to the National Health Reform Agreement (NHRA) National Partnership Agreement on Improving Public Hospital Services (NPA IPHS) indicator that is reported on a calendar year basis.

- Admission to hospital from emergency departments – see Chapter 6 'How long did people stay in the emergency department?'

Previously, reports in this series had reported on the National Healthcare Agreement (NHA) performance indicator: *Selected potentially avoidable GP-like presentations in emergency departments*, using an 'interim' specification. The AIHW has not reported this indicator because recent work on it has demonstrated major limitations in the methodology used with the available data.

1.2 What data are reported?

This section presents information on the data used in this report and its limitations.

National Non-admitted Patient Emergency Department Care Database

The AIHW has undertaken the collection and reporting of the data in this report under the auspices of the Australian Health Ministers' Advisory Council, through the National Health Information Agreement.

The data supplied by state and territory health authorities were used by the AIHW to assemble the National Non-admitted Patient Emergency Department Care Database

(NNAPEDCD). The data cover waiting times and other characteristics of presentations to public hospital emergency departments.

Detailed information about the NNAPEDCD is in the Data Quality Statement at Appendix A and accompanying this report online at <www.aihw.gov.au>.

Overall, the quality of the data in the NNAPEDCD is sufficient to be published in this report. However, the limitations of the data (as outlined in Appendix A) should be taken into consideration when data are interpreted.

What are the limitations of the data?

States and territories are primarily responsible for the quality of the data they provide. However, the AIHW undertakes extensive validations on receipt of data. Potential errors are queried with jurisdictions, and corrections and resubmissions may be made in response to these edit queries. The AIHW does not adjust data to account for possible data errors or missing or incorrect values, except where stated.

Where possible, variations in reporting have been noted in the text; for example, relating to data coverage (see below).

Comparisons between states and territories and reporting years should be made with reference to the accompanying notes in the chapters and in the appendixes. The AIHW takes active steps to improve the consistency of these data over time.

How has the scope of the collection changed?

From 2013–14, the scope of the NAPEDC NMDS is patients registered for care in emergency departments in public hospitals where the emergency department meets the following criteria:

- purposely designed and equipped area with designated assessment, treatment and resuscitation areas
- ability to provide resuscitation, stabilisation and initial management of all emergencies
- availability of medical staff in the hospital 24 hours a day
- designated emergency department nursing staff 24 hours per day 7 days per week, and a designated emergency department nursing unit manager.

For 2012–13 and earlier years, the scope of the NAPEDC NMDS was public hospitals that were classified using the AIHW's previous peer group classification to peer groups A and B, for *Australian hospital statistics* for the previous financial year period. Therefore, comparisons of the non-admitted patient emergency care data provided for 2013–14 and 2014–15 with data provided for earlier periods should take into consideration changes in the scope of the collection. For more information, see

<<http://meteor.aihw.gov.au/content/index.phtml/itemId/566909>>.

How has data coverage changed over time?

Data coverage can be estimated by comparing the number of emergency department presentations reported to the NNAPEDCD with the number of non-admitted patient emergency occasions of service reported to the National Public Hospital Establishments Database (NPHEd), which includes data for all public hospitals, regardless of whether they have an emergency department. The coverage estimate is only indicative, as not all emergency occasions of service are provided through formal emergency departments.

Between 2010–11 and 2013–14, the estimated proportion of emergency occasions of service reported to the NNAPEDCD increased from 82% to 88% (Table 1.1).

For 2014–15, it is estimated that about 88% of emergency occasions of service were reported to the NNAPEDCD (based on emergency occasions of service reported to the NPHEd for 2013–14).

Coverage of the NNAPEDCD varied by remoteness area of the hospital. In 2014–15, it ranged from 100% in *Major Cities* to 18% in *Very remote* areas (Table 1.2).

Table 1.1: Estimated proportion^(a) of non-admitted patient emergency occasions of service covered by the NNAPEDCD, states and territories, 2010–11 to 2014–15

	2010–11	2011–12	2012–13	2013–14	2014–15
New South Wales	83	88	88	99	98
Victoria ^(b)	93	94	92	92	92
Queensland	72	72	74	74	73
Western Australia	74	77	78	78	81
South Australia	68	80	83	84	84
Tasmania	93	91	92	92	91
Australian Capital Territory	100	100	100	100	100
Northern Territory	100	100	100	100	100
Total	82	85	85	88	88

(a) The number of presentations reported to the NNAPEDCD divided by the number of emergency occasions of service reported to the NPHEd, as a percentage. For 2014–15, this estimate is preliminary and is based on the number of emergency occasions of service reported to the NPHEd for 2013–14.

(b) For Victoria, the proportion of emergency occasions of service reported to the NNAPEDCD is an estimate based on the number of emergency occasions of service reported to the NPHEd for 2012–13 as Victoria did not provide occasions of service data to the NPHEd for 2013–14.

Note: See appendixes A and B for more information.

Table 1.2: Estimated proportion^(a) of non-admitted patient emergency occasions of service covered by the NNAPEDCD by remoteness area of the hospital, 2014–15

Remoteness area of hospital	2014–15
Major cities	100
Inner regional	85
Outer regional	65
Remote	62
Very remote	18
Total	88

(a) The number of presentations reported to the NNAPEDCD divided by the number of emergency occasions of service reported to the NPHEd, as a percentage. This estimate is preliminary and is based on the number of emergency occasions of service reported to the NPHEd for 2013–14.

Note: See appendixes A and B for more information.

Data comparability among states and territories and over time

Statistics on emergency department presentations for non-admitted patients may be affected by variations in reporting practices across states and territories and over time.

Where possible, these variations have been noted in the text. Comparisons between states and territories and reporting years should be made with reference to the accompanying notes in the chapters and the appendixes.

Data quality

A valid waiting time could not be calculated for about 127,000 records due to missing or incorrect values (for example, for time of presentation or commencement of clinical care). These records were not used in the derivation of waiting time statistics.

Treatment time could not be calculated for about 364,000 records due to missing or incorrect values (for example, for time of episode end or commencement of clinical care).

The length of emergency department stay could not be calculated for about 4,300 records due to missing or incorrect values (for example, for time of presentation or physical departure).

See Appendix A for more information.

1.3 What terms and methods are used?

This section presents the main calculation methods and common terms used throughout this report. Terms relevant to the data on emergency department care are summarised in Box 1.1, and more terms are included in the Glossary.

Changes over time

Time series data in this report show average annual changes from 2010–11 to 2014–15, and annual change between 2013–14 and 2014–15. Annual change rates are not adjusted for changes in data coverage, except where noted in the text.

Public hospital peer groups

Public hospital peer groups are used to classify hospitals that share similar characteristics to provide a basis for meaningful comparisons.

This report presents analyses by hospital peer group, including the National Healthcare Agreement (NHA) performance indicator, using the AIHW's current peer group classification. The Steering Committee for the Review of Government Service Provision will also use these peer groups for reporting the National Healthcare Agreement performance indicators in the *Report on government services 2016*.

In previous reports, this information was presented using the AIHW's previous peer group classification. Therefore, the data presented here by public hospital peer group are not directly comparable with those presented in AIHW reports before 2014–15.

See Appendix C and the AIHW publication *Australian hospital peer groups* (AIHW 2015b) for more information.

Measurement of time in the emergency department

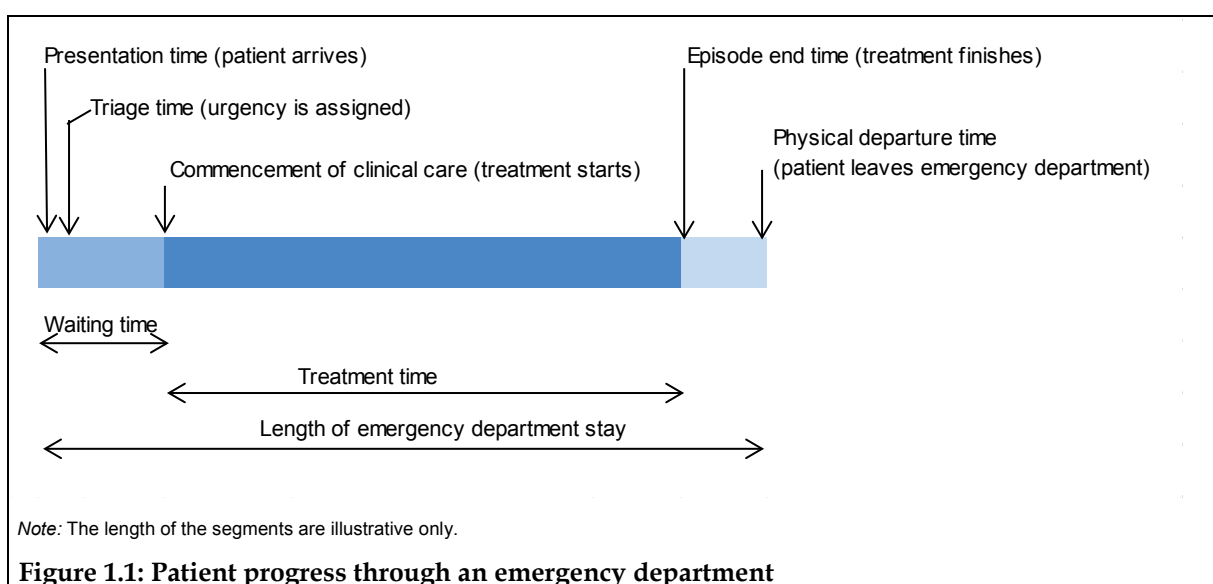
The progress of the patient through the emergency department is recorded in the NNAPEDCD with 5 different time points:

- *presentation time* – the time of first recorded contact with an emergency department staff member. This may be at the commencement of clerical registration or of the triage process
- *triage time* – the time at which the patient was assigned a triage category

- *clinical care commencement* – the time at which care commenced by a doctor, nurse, mental health practitioner or other health professional
- *episode end time* – the time at which the non-admitted patient emergency department service episode ended
- *physical departure time* – the time at which the patient departed the emergency department.

These time points are used to derive the patient’s waiting time to commencement of clinical care (see Chapter 5), the length of treatment time and the length of the emergency department stay (Chapter 6).

The patient’s progress through an emergency department is represented in Figure 1.1.



Box 1.1: Summary of terms relating to emergency department care

An emergency department **presentation** occurs following the arrival of the patient at the emergency department and is the earliest occasion of being registered clinically or triaged. The presentation is also used as a counting unit and is interchangeable with other terms including ‘occasion of service’ or ‘service event’.

The **type of visit** to the emergency department indicates the reason the patient presented to the emergency department, it includes *Emergency presentations, Return visit, planned, Pre-arranged admissions, Patient in transit* and *Dead on arrival*.

Emergency presentation refers to attendance for an actual or suspected condition that is sufficiently serious to require acute unscheduled care.

An **emergency department stay** is the period between when a patient presents at an emergency department and when that person is recorded as having physically departed the emergency department.

The **episode end status** indicates the status of the patient at the end of the non-admitted patient emergency department service episode.

(continued)

Box 1.1 (continued): Summary of terms relating to emergency department care

The **triage category** indicates the urgency of the patient's need for medical and nursing care. It is usually assigned by an experienced registered nurse or medical practitioner at, or shortly after, the time of presentation to the emergency department. The triage category assigned is in response to the question: 'This patient should wait for medical assessment and treatment no longer than ...?'

The Australasian Triage Scale has 5 categories – as defined in the *National health data dictionary, version 16* (AIHW 2012a) – 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.

These categories are equivalent to the Australasian Triage Scale triage categories ATS 1 to ATS 5, respectively (ACEM 2013).

Emergency department waiting time to commencement of clinical care is the time elapsed in minutes for each patient from presentation in the emergency department to the commencement of the emergency department non-admitted clinical care. Presentations were excluded if the waiting time could not be calculated or the patient *Did not wait to be attended by a health care professional, or was Dead on arrival*.

Proportion seen on time is the proportion of presentations for which the waiting time to commencement of clinical care was within the time specified in the definition of the triage category, usually represented as a percentage.

For the purpose of this report, a patient with a triage category of Resuscitation was considered to be seen on time if the waiting time to commencement of clinical care was less than or equal to 2 minutes.

There is some variation between jurisdictions in the criteria used to determine the proportion of *Resuscitation* patients seen on time; therefore, the proportions of *Resuscitation* patients seen on time presented in this report may differ from those reported by individual jurisdictions.

Proportion ending in admission is the proportion of presentations for which the episode end status was reported as *Transferred for admitted patient care in this hospital*, usually represented as a percentage. This includes being admitted either to a short stay unit, hospital-in-the-home or other admitted patient care unit.

See appendixes A and B for more information.

1.4 Additional information

This report is available on the AIHW website at <www.aihw.gov.au/hospitals> in PDF format and all tables are available as downloadable Excel spread sheets.

Private hospital emergency department activity

Information about emergency occasions of service provided by private hospitals is reported to the Australian Bureau of Statistics' (ABS's) Private Health Establishments Collection (PHEC) and is presented in the ABS's *Private hospitals, Australia* reports.

In 2013–14, 526,800 accident and emergency services were provided by 33 acute and psychiatric private hospitals. These hospitals included those that did not have a formal accident and emergency unit but treated accident and emergency patients (ABS 2015).

There were 24 private hospitals with emergency departments providing levels 4 to 6 of emergency services as defined by the *Guide to the role delineation of health services* (NSW Health 2002).

Patient experience in emergency departments

The ABS Patient Experience Survey collects national data on access and barriers to a range of health care services, including emergency visits for persons aged 15 years and over (ABS 2014).

The 2013–14 survey found that approximately 2.6 million people aged 15 years and over reported visiting an emergency department in the previous 12 months. Of these, 21.6% thought their care could have been provided by a general practitioner (GP).

The main reasons respondents presented at emergency departments instead of their GP on the most recent occasion was because they were taken there by ambulance (48.5%), their GP was unavailable (23.2%), they were sent by their GP (10.2%) and waiting time for a GP was too long (3.2%).

The survey found that 70% of respondents reported that doctors and specialists always listened carefully and 72% reported that emergency department nurses always showed respect.

Updates

Online tables and interactive data are updated in the event of errors being found in the report after publication, or if data are resupplied by jurisdictions after release of the publication.

Where to go for more information

More information on the types of services provided by Australia's public hospitals is available in:

- *Admitted patient care 2013–14: Australian hospital statistics* (AIHW 2015a)
- *Australia's hospitals 2013–14: at a glance* (AIHW 2015c)
- *Elective surgery waiting times 2014–15: Australian hospital statistics* (AIHW 2015d)
- *Hospital resources 2013–14: Australian hospital statistics* (AIHW 2015e)
- *Non-admitted patient care 2013–14: Australian hospital statistics* (AIHW 2015f)
- *Staphylococcus aureus bacteraemia in Australian public hospitals 2013–14: Australian hospital statistics* (AIHW 2014b).

2 How much emergency department activity was there?

This chapter focuses on information related to public hospitals that reported emergency department activity to the NNAPEDCD, their total activity in 2014–15, and over time including:

- the number and type of public hospitals that provided emergency department care
- the number of presentations to public hospital emergency departments.

Key findings

How many public hospital emergency departments were there?

In 2014–15, 290 of Australia’s public hospitals reported emergency department presentations to the NNAPEDCD. These included the major public hospitals in each state and territory – classified as *Principal referral and Women’s and children’s hospitals* and *Public acute group A hospitals* – as well as some small hospitals located in regional and remote areas.

How many emergency department presentations were there?

In 2014–15, there were about 7.4 million presentations to Australia’s public hospital emergency departments, corresponding to over 20,000 presentations each day.

About 33% of emergency department presentations (2.4 million) occurred in *Principal referral and Women’s and children’s hospitals* and 36% (2.7 million) occurred in *Public acute group A hospitals*.

How has activity changed over time?

Between 2010–11 and 2014–15, the number of presentations to public hospital emergency departments increased by 4.5% on average each year. However, after adjusting for coverage changes (see Section 2.1), it is estimated that presentations increased by about 3.4% on average each year between 2010–11 and 2014–15.

Emergency department presentations increased by 2.4% between 2013–14 and 2014–15.

2.1 How many public hospitals had emergency departments?

The NNAPEDCD provides information on the care provided (including waiting times for care) for non-admitted patients registered for care in emergency departments in public hospitals where the emergency department meets the following criteria:

- purposely designed and equipped area with designated assessment, treatment and resuscitation areas
- ability to provide resuscitation, stabilisation and initial management of all emergencies
- availability of medical staff in the hospital 24 hours a day
- designated emergency department nursing staff 24 hours per day 7 days per week, and a designated emergency department nursing unit manager.

In 2013–14, there were about 330 hospitals that reported emergency occasions of service to the NPHEd, but did not report emergency department presentations to the NNAPEDCD; information for those hospitals is not included in this report.

Changes over time

In 2014–15, there were 290 public hospitals that reported emergency department care information to the NNAPEDCD compared with 186 in 2010–11 (Table 2.1). These included the major public hospitals in each state and territory.

The increase in the number of hospitals reporting emergency department presentations between 2012–13 and 2013–14 was mostly due to an increase in reporting for hospitals other than *Principal referral and Women’s and children’s hospitals, Public acute group A hospitals or Public acute group B hospitals*.

Between 2010–11 and 2014–15, the number of hospitals that reported emergency department presentations to the NNAPEDCD was relatively stable for most states and territories (Table 2.2).

In 2013–14, New South Wales commenced reporting data to the NNAPEDCD for an additional 85 hospitals, increasing from 95 hospitals in 2012–13 to 180 hospitals in 2013–14. In 2011–12, South Australia commenced reporting data to the NNAPEDCD for an additional 6 hospitals, increasing from 8 in 2010–11 to 14 in 2011–12. Interpretation of changes over time should take these changes in coverage into account, as noted in Section 1.2.

Table 2.1: Public hospitals emergency departments, by public hospital peer group, 2010–11 to 2014–15

Public hospital peer group	2010–11	2011–12	2012–13	2013–14	2014–15
Principal referral and Women’s and children’s hospitals	39	39	39	39	41
Public acute group A hospitals	61	60	60	60	60
Public acute group B hospitals	40	44	45	45	45
Public acute group C hospitals	25	38	38	55	55
Other hospitals ^(a)	21	22	22	90	89
All hospitals	186	203	204	289	290

(a) Includes hospitals not included in the specified hospital peer groups.

Note: See Box 1.1 and appendixes A, B and C for more information on terminology, data limitations and methods.

Table 2.2: Public hospital emergency departments, by state and territory, 2010–11 to 2014–15^(a)

	2010–11	2011–12	2012–13	2013–14	2014–15
New South Wales	86	95	95	180	178
Victoria	39	40	40	40	40
Queensland	26	26	27	27	28
Western Australia	16	17	17	17	19
South Australia	8	14	14	14	14
Tasmania	4	4	4	4	4
Australian Capital Territory	2	2	2	2	2
Northern Territory	5	5	5	5	5
Total	186	203	204	289	290

(a) Interpretation of all changes over time presented in this report should take into account changes in coverage as noted in Section 1.2.

Note: See Box 1.1 and appendixes A and B for more information on terminology, data limitations and methods.

Hospitals that provided emergency department care in 2014–15

In 2014–15, 290 public hospitals reported emergency department presentations to the NNAPEDCD.

For Queensland, the Lady Cilento Children’s Hospital in Queensland opened in November 2014, replacing the Royal Children’s Hospital and the Mater Children’s Hospital. All 3 hospitals are included in tables 2.1 to 2.3. For Western Australia, the Fiona Stanley Hospital emergency department opened in February 2015, replacing the Fremantle Hospital emergency department. Both hospitals are included in tables 2.1 to 2.3.

Emergency department presentations were reported for:

- 41 of the 42 *Principal referral and Women’s and children’s hospitals* (Table 2.3) – these hospitals are mainly located in *Major cities* and provide a very broad range of specialist services
- 60 of the 62 *Public acute group A hospitals* – about half of these hospitals are located in regional and remote areas and they provide a wide range of specialist services
- all 45 *Public acute group B hospitals* – these hospitals provide a narrower range of services than *Principal referral and Women’s and children’s hospitals* and *Public acute group A hospitals*
- 55 of the 143 *Public acute group C hospitals* – these are small hospitals. Most small hospitals do not have a formal emergency department, but may provide emergency services under other arrangements.

Emergency department presentations were also reported for 89 *Other hospitals*, including 59 *Public acute group D hospitals* and 22 *Very small hospitals*.

See Appendix C for more information on public hospital peer groups.

Table 2.3: Public hospital emergency departments, by public hospital peer group, states and territories 2014–15

	NSW	Vic	Qld ^(a)	WA ^(b)	SA	Tas	ACT	NT	Total
Principal referral and Women's and children's hospitals	13	9	8	5	3	1	1	1	41
Public acute group A hospitals	22	15	12	4	3	2	1	1	60
Public acute group B hospitals	17	9	8	6	4	1	..	..	45
Public acute group C hospitals	38	6	0	4	4	0	..	3	55
Other hospitals	88	1	0	0	0	0	..	..	89
All hospitals	178	40	28	19	14	4	2	5	290

(a) For Queensland, the Lady Cilento Children's Hospital in Queensland opened in November 2014, replacing the Royal Children's Hospital and the Mater Children's Hospital. All 3 hospitals are included in this table.

(b) For Western Australia, the Fiona Stanley Hospital emergency department opened in February 2015, replacing the Fremantle Hospital emergency department. Both hospitals are included in this table.

Note: See Box 1.1 and appendixes A, B and C for more information on terminology, data limitations and methods.

Where to go for more information

More information on emergency services provided by Australia's public hospitals is available in *Hospital resources 2013–14: Australian hospital statistics* (AIHW 2015d).

Information on data limitations and methods is available in appendixes A and B.

2.2 How many emergency department presentations were there?

This section presents information on the numbers of presentations to public hospital emergency departments for 2014–15, and over time.

Changes over time

Between 2010–11 and 2014–15, the number of emergency department presentations reported to the NNAPEDCD increased by 19%, with an average annual increase of 4.5% (Table 2.4). However, over this period the coverage of the NNAPEDCD increased (see Section 1.2).

Between 2010–11 and 2011–12, there was a large increase in emergency department presentations for South Australia, coinciding with a number of additional hospitals reporting (see Table 2.2). For South Australia, emergency department presentations increased by 3.2% on average each year between 2011–12 and 2014–15.

Between 2012–13 and 2013–14, there was a large increase in presentations for New South Wales, coinciding with a large number of additional hospitals reporting.

After adjusting for coverage changes between 2010–11 and 2011–12 and between 2012–13 and 2013–14, it is estimated that the number of emergency department presentations increased by 3.4% on average each year between 2010–11 and 2014–15.

Emergency department presentations reported by *Principal referral and Women's and children's hospitals* increased on average by 3.5% per year between 2010–11 and 2014–15 (Table 2.4).

Between 2013–14 and 2014–15, the overall number of emergency department presentations increased by 2.4%; it increased by 4.4% for *Principal referral and Women's and children's hospitals* over the same period.

Between 2013–14 and 2014–15, the greatest percentage increases in emergency department presentations were reported for Western Australia (8.2%) and the Australian Capital Territory (3.2%). The Northern Territory was the only jurisdiction to report a decrease in presentations (down 2.0%) (Table 2.5).

Table 2.4: Emergency department presentations, by public hospital peer group, public hospital emergency departments, 2010–11 to 2014–15

	2010–11	2011–12	2012–13	2013–14	2014–15	Change (%) ^(a)	
						Average since 2010–11	Average since 2013–14
Principal referral and Women's and children's hospitals	2,117,525	2,183,328	2,216,387	2,323,147	2,426,058	3.5	4.4
Public acute group A hospitals	2,426,489	2,502,189	2,557,682	2,626,188	2,680,370	2.5	2.1
Public acute group B hospitals	1,231,469	1,296,203	1,372,759	1,382,088	1,399,080	3.2	1.2
Public acute group C hospitals	307,802	455,704	460,405	594,398	604,331	18.4	1.7
Other hospitals	100,003	109,918	105,124	270,082	256,603	26.6	–5.0
All hospitals	6,183,288	6,547,342	6,712,357	7,195,903	7,366,442	4.5	2.4

(a) Not adjusted for coverage changes, which should be taken into account when interpreting changes over time.

Note: See Box 1.1 and appendixes A and B for more information on terminology, data limitations and methods.

Table 2.5: Emergency department presentations, public hospital emergency departments, states and territories, 2010–11 to 2014–15

	2010–11	2011–12	2012–13	2013–14	2014–15	Change (%) ^(a)	
						Average since 2010–11	Since 2013–14
New South Wales	2,074,098	2,235,455	2,278,591	2,646,415	2,681,466	6.6	1.3
Victoria	1,483,159	1,509,065	1,528,609	1,572,787	1,610,623	2.1	2.4
Queensland	1,195,325	1,238,522	1,284,158	1,351,573	1,378,883	3.6	2.0
Western Australia	649,215	732,351	754,252	742,615	803,821	5.5	8.2
South Australia	383,992	427,011	455,220	463,171	469,368	5.1	1.3
Tasmania	143,848	141,700	147,064	148,278	150,076	1.1	1.2
Australian Capital Territory	112,232	118,396	118,931	125,888	129,961	3.7	3.2
Northern Territory	141,419	144,842	145,532	145,176	142,244	0.1	-2.0
Total	6,183,288	6,547,342	6,712,357	7,195,903	7,366,442	4.5	2.4

(a) Not adjusted for coverage changes, which should be taken into account when interpreting changes over time.

Note: See Box 1.1 and appendixes A and B for more information on terminology, data limitations and methods.

Activity in 2014–15

There were about 7.4 million presentations to public hospital emergency departments in 2014–15.

About 33% of presentations (2.4 million) to public hospital emergency departments occurred in *Principal referral and Women's and children's hospitals*, 36% in *Public acute group A hospitals* and 19% in *Public acute group B hospitals* (Table 2.6).

Table 2.6: Emergency department presentations, public hospital emergency departments, states and territories, 2014–15

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Principal referral and Women's and children's hospitals	807,007	514,270	447,261	267,406	195,621	56,390	73,622	64,481	2,426,058
Public acute group A hospitals	845,818	649,782	624,916	244,439	146,738	67,892	56,339	44,446	2,680,370
Public acute group B hospitals	451,689	321,209	306,706	210,016	83,666	25,794	..	..	1,399,080
Public acute group C hospitals	360,826	84,885	0	81,960	43,343	0	..	33,317	604,331
Other hospitals	216,126	40,477	0	0	0	0	..	..	256,603
Total	2,681,466	1,610,623	1,378,883	803,821	469,368	150,076	129,961	142,244	7,366,442

Note: See Box 1.1 and appendixes A, B and C for more information on terminology, data limitations and methods.

Where to go for more information

More information on emergency department presentations by type of visit and triage category is available in Table S5.1: Emergency department presentation statistics, by triage category and public hospital peer group, public hospital emergency departments (accompanying this report online).

Information on data limitations and methods is available in appendixes A and B.

3 Who used emergency department services?

This chapter presents information on the patients who received care in Australia's public hospital emergency departments. The information in this chapter includes:

- age and sex of the patient
- Indigenous status of the patient
- remoteness area of usual residence of the patient.

Key findings

Age group and sex of patient

In 2014–15, 51% of emergency department presentations were for males.

In 2014–15, the most common age group reported for emergency department presentations was 15–24 years (14.0%), followed by 25–34 years (13.8%).

Persons aged 65 years and over accounted for about 20% of all emergency department presentations in 2014–15.

Aboriginal and Torres Strait Islander people

In 2014–15, about 5.7% of emergency department presentations (417,600) were reported for people of Aboriginal and Torres Strait Islander origin. For the Northern Territory, 45% of emergency department presentations were for Aboriginal and Torres Strait Islander people.

Remoteness

About 63% of emergency department presentations were reported for people living in *Major cities*, who account for about 70% of the Australian population. People living in *Very remote* areas (who account for almost 1% of the population) accounted for about 1% of presentations. This was despite the apparent lack of coverage of the data for remoter areas of Australia.

3.1 Age group and sex

In 2014–15, males accounted for just over half (51%) of emergency department presentations (Table 3.1).

Substantially more boys than girls aged 0 to 14 years presented to emergency departments (56% and 44%, respectively).

The most common age group reported for emergency department presentations was 15–24 years (14.0%), followed by 25–34 years (13.8%). Females accounted for a higher proportion of presentations in these age groups than males.

Persons aged 65 years and over accounted for about 20% of all emergency department presentations in 2014–15.

3.2 Aboriginal and Torres Strait Islander people

In 2014–15, there were about 417,600 emergency department presentations reported for people of Aboriginal and Torres Strait Islander origin.

Nationally, 5.7% of all emergency department presentations were for Indigenous Australians (Table 3.2), who represent about 3.0% of the Australian population.

The Northern Territory, the jurisdiction with the highest proportion of Indigenous residents (30.4%) had the highest proportion of emergency department presentations for Indigenous Australians (44.8%). Victoria, the state with the lowest proportion of Indigenous residents (0.7%), recorded the lowest proportion of emergency department presentations for Indigenous Australians (1.7%).

See Box 3.1 for information on the quality of Indigenous status data.

Box 3.1: Quality of Indigenous status data

The quality of the data reported for Indigenous status in emergency departments has not been formally assessed – therefore, caution should be exercised when interpreting these data.

All states and territories reported that the quality of their data for Indigenous status is acceptable for reporting purposes. South Australia, Tasmania and the Australian Capital Territory reported ongoing work to improve the collection of the data element.

See Appendix A for comments provided by states and territories on the perceived quality of Indigenous status data provided for the NNAPEDCD.

Where to go for more information

Information on waiting times for emergency department presentations by Indigenous status is available in Chapter 4 'How long did people wait for emergency department care?'.
Information on data limitations and methods is available in appendixes A and B.

Table 3.1: Emergency department presentations by age group and sex, public hospital emergency departments, states and territories, 2014–15

Sex	Age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Males										
	0–4	171,910	103,083	86,543	57,466	30,412	7,645	8,565	8,567	474,191
	5–14	150,195	85,677	80,729	49,445	25,640	7,753	6,595	6,493	412,527
	15–24	174,105	99,721	99,734	55,228	29,810	11,249	8,908	9,033	487,788
	25–34	164,209	97,880	90,885	57,182	27,223	9,455	8,656	11,577	467,067
	35–44	151,252	89,111	80,420	46,561	24,800	8,335	7,544	10,922	418,945
	45–54	140,883	82,164	74,092	41,670	24,600	8,091	6,190	10,432	388,122
	55–64	132,106	74,866	62,356	33,555	22,382	7,552	5,484	7,648	345,949
	65–74	128,561	69,827	57,042	29,886	20,351	7,494	5,024	4,600	322,785
	75–84	106,588	61,053	43,664	23,918	19,161	5,828	4,171	1,861	266,244
	85 and over	57,132	31,732	20,630	12,882	11,521	2,601	2,091	481	139,070
	<i>Total males^(a)</i>	<i>1,377,083</i>	<i>795,115</i>	<i>696,104</i>	<i>407,793</i>	<i>235,900</i>	<i>76,014</i>	<i>63,228</i>	<i>71,630</i>	<i>3,722,867</i>
Females										
	0–4	133,835	79,271	68,342	44,840	23,684	5,914	6,395	6,831	369,112
	5–14	117,430	68,864	65,110	40,900	21,371	6,851	5,538	5,464	331,528
	15–24	183,500	115,722	117,307	60,418	33,355	11,968	11,144	10,567	543,981
	25–34	177,283	136,637	101,920	64,831	31,315	10,225	11,422	13,474	547,107
	35–44	140,574	96,897	80,500	46,657	24,472	8,251	7,923	12,299	417,573
	45–54	128,218	77,579	69,795	38,495	22,412	8,132	6,466	9,927	361,024
	55–64	118,392	67,827	56,522	31,024	19,965	7,064	5,440	6,479	312,713
	65–74	112,617	63,864	50,465	26,089	19,423	6,585	4,863	3,356	287,262
	75–84	109,173	63,077	42,988	24,338	20,662	5,544	4,273	1,643	271,698
	85 and over	83,163	45,765	29,739	18,257	16,794	3,517	3,262	560	201,057
	<i>Total females^(a)</i>	<i>1,304,257</i>	<i>815,503</i>	<i>682,691</i>	<i>395,851</i>	<i>233,453</i>	<i>74,054</i>	<i>66,729</i>	<i>70,604</i>	<i>3,643,142</i>
	All persons^{(a)(b)}	2,681,466	1,610,623	1,378,883	803,821	469,368	150,076	129,961	142,244	7,366,442

(a) Includes presentations for which the age group of the patient was not reported.

(b) Includes presentations for which the sex of the patient was not reported.

Note: See Box 1.1 and appendixes A and B for more information on terminology, data limitations and methods.

Table 3.2: Emergency department presentations by Indigenous status, public hospital emergency departments, states and territories, 2014–15

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Aboriginal but not Torres Strait Islander origin	138,664	23,667	73,474	61,156	20,238	6,358	3,658	62,493	389,708
Torres Strait Islander but not Aboriginal origin	2,271	598	7,413	529	183	257	42	349	11,642
Aboriginal and Torres Strait Islander origin	4,381	2,534	6,621	1,038	208	406	123	912	16,223
<i>Indigenous Australians</i>	<i>145,316</i>	<i>26,799</i>	<i>87,508</i>	<i>62,723</i>	<i>20,629</i>	<i>7,021</i>	<i>3,823</i>	<i>63,754</i>	<i>417,573</i>
Neither Aboriginal nor Torres Strait Islander origin	2,446,136	1,573,778	1,277,210	737,487	430,699	141,194	125,233	78,135	6,809,872
Not reported	90,014	10,046	14,165	3,611	18,040	1,861	905	355	138,997
<i>Other Australians</i>	<i>2,536,150</i>	<i>1,583,824</i>	<i>1,291,375</i>	<i>741,098</i>	<i>448,739</i>	<i>143,055</i>	<i>126,138</i>	<i>78,490</i>	<i>6,948,869</i>
Total	2,681,466	1,610,623	1,378,883	803,821	469,368	150,076	129,961	142,244	7,366,442

Note: See boxes 1.1 and 3.1 and appendixes A and B for more information on terminology, data limitations and methods.

3.3 Remoteness area

In 2014–15, about 63% of emergency department presentations were reported for people living in *Major cities*, who account for about 70% of the Australian population. People living in *Very remote* areas (who account for almost 1% of the population), accounted for about 1% of presentations, despite the apparent lack of coverage of the data for more remote areas of Australia (Table 3.3).

About 50% of emergency department presentations reported for people living in *Major cities* were assigned a triage category of *Resuscitation*, *Emergency* or *Urgent*, compared with about 35% of emergency department presentations reported for people living in *Remote* areas.

The coverage of the NNAPEDCD is not complete and varied by remoteness area of the hospital. In 2014–15, it ranged from 100% of emergency occasions of service reported to the NNAPEDCD for hospitals located in *Major Cities* to 18% for hospitals located in *Very remote* areas (see Section 1.2 for more information).

The information presented in Table 3.3 is based on the remoteness area of the patient's usual residence, and this may differ from the remoteness area of the hospital. Therefore, the information presented should be interpreted with caution.

Table 3.3: Emergency department presentations by triage category and remoteness area of usual residence, public hospital emergency departments, 2014–15

	Remoteness area of usual residence					Total ^(a)
	Major cities	Inner regional	Outer regional	Remote	Very remote	
Resuscitation	32,709	8,706	4,791	719	491	49,035
Emergency	583,174	155,505	72,976	10,998	6,784	843,443
Urgent	1,708,834	525,234	242,628	37,744	21,695	2,578,398
Semi-urgent	1,913,163	719,543	327,822	70,279	35,853	3,130,356
Non-urgent	369,228	197,368	111,062	20,853	10,865	759,209
Total^(b)	4,609,856	1,608,138	760,076	140,648	75,696	7,366,442

(a) Includes presentations for which the remoteness area was unknown.

(b) Includes presentations for which the triage category was not reported.

Note: See Box 1.1 and appendixes A and B for more information on terminology, data limitations and methods.

Where to go for more information

Information on waiting times for emergency department presentations by remoteness of area of usual residence is available in Chapter 4 'How long did people wait for emergency department care?'.
Information on data limitations and methods is available in Section 1.2 and in appendixes A and B.

4 How and why were services accessed?

This chapter presents information on how and why patients presented to emergency departments. The information in this chapter includes:

- the type of visit – whether for emergency treatment or another reason
- the urgency of care – the triage category indicates the urgency of the patient’s need for medical and nursing care
- the mode of arrival – whether by ambulance, or another form of transport
- the principal diagnosis – the diagnosis chiefly responsible for occasioning the presentation to the emergency department
- the episode end status – including whether the patient was subsequently admitted.

Key findings

How urgently was care required and how did people arrive?

In 2014–15, about 77% of emergency department presentations were assigned a triage category of either *Urgent* or *Semi-urgent*. Fewer than 1% were assigned a triage category of *Resuscitation*.

In 2014–15, about 24% of emergency department presentations arrived by *Ambulance, air ambulance or helicopter rescue service*. About 84% of *Resuscitation* patients (who need to be treated immediately) arrived by *Ambulance, air ambulance or helicopter rescue service*.

When did people present to the emergency department?

There were more emergency department presentations on the weekends and on Mondays compared with other days of the week. About 69% of presentations occurred between 8:00 am and 8:00 pm.

Why did people receive care?

In 2014–15, about 27% of emergency department presentations (over 1.8 million) had a principal diagnosis in the ICD-10-AM chapter *Injury, poisoning and certain other consequences of external causes*.

The ICD-10-AM chapter *Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified* was reported for about 20% of presentations. This chapter includes the diagnoses *Abdominal and pelvic pain* and *Pain in the throat and chest* – which were the 2 most common principal diagnoses reported in 2014–15.

How was care completed?

In 2014–15, almost two-thirds (64%) of presentations reported an episode end status of *Departed without being admitted or referred*. About 30% of all presentations were *Transferred for admitted patient care in this hospital* at the conclusion of clinical care in the emergency department.

4.1 What types of visit occur in emergency departments?

The reason that a patient presents to the emergency department can be described in terms of the **type of visit**. The type of visit can be reported as:

- *Emergency presentation*: attendance for an actual or suspected condition which is sufficiently serious to require acute unscheduled care
- *Return visit, planned*: presentation is planned and is a result of a previous emergency department presentation or return visit
- *Pre-arranged admission*: a patient who presents at the emergency department for either clerical, nursing or medical processes to be undertaken, and admission has been pre-arranged by the referring medical officer and a bed allocated
- *Patient in transit*: the emergency department is responsible for care and treatment of a patient awaiting transport to another facility
- *Dead on arrival*: a patient who is dead on arrival and an emergency department clinician certifies the death of the patient.

Of the 7.4 million presentations reported to the NNAPEDCD for 2014–15, about 97.4% were *Emergency presentations*. About 2.3% were *Return visit, planned* and the remaining types of visit accounted for about 0.3% (Table 4.1).

The reporting of information about patients who were *Dead on arrival* varies among states and territories. For South Australia, patients who are *Dead on arrival* are not managed or reported by emergency departments. For Western Australia, emergency departments only occasionally manage and report patients who are *Dead on arrival*, because the majority of these patients are taken directly to the state morgue.

Table 4.1: Emergency department presentations by type of visit, public hospital emergency departments, states and territories, 2014–15

Type of visit	NSW	Vic	Qld	WA ^(a)	SA ^(b)	Tas	ACT	NT	Total
Emergency presentation	2,550,285	1,592,929	1,361,857	791,927	465,164	146,312	129,705	139,110	7,177,289
Return visit, planned	116,940	15,665	14,496	8,444	3,682	3,357	247	3,030	165,861
Pre-arranged admission	10,286	394	1,742	344	63	0	4	0	12,833
Patient in transit	258	322	745	0	0	0	0	38	1,363
Dead on arrival	3,273	1,313	43	..	..	406	5	4	5,044
Not reported	424	0	0	3,106	459	1	0	62	4,052
Total	2,681,466	1,610,623	1,378,883	803,821	469,368	150,076	129,961	142,244	7,366,442

(a) Western Australian emergency departments only occasionally manage and report patients who are *Dead on arrival*, because the majority of these patients are taken directly to the state morgue. In Western Australia, some hospitals reported all presentations as *Emergency presentation*.

(b) For South Australia, patients who are *Dead on arrival* are not managed or reported by emergency departments.

Note: See Box 1.1 and appendixes A and B for more information on terminology, data limitations and methods.

4.2 How urgently was care required and how did people arrive at the emergency department?

The triage category (assigned to the patient at the time of presentation) indicates the urgency of the patient's need for medical and nursing care (see Box 1.1 for more information).

The **arrival mode – transport** indicates the mode of transport by which the patient arrived at the emergency department.

Triage category

Of the 7.4 million emergency department presentations in 2014–15:

- fewer than 0.7% were assigned a triage category of *Resuscitation*
- 11.4% were assigned to *Emergency*
- 35.0% were assigned to *Urgent*
- 42.5% were assigned to *Semi-urgent*
- 10.3% were assigned to *Non-urgent* (Table 4.2).

The Australian Capital Territory had the highest proportion of presentations that were assigned a triage category of *Non-urgent* (14.7%) and Queensland had the lowest proportion (5.1%). South Australia had the highest proportions of presentations assigned as *Resuscitation* and *Emergency* (1.3% and 13.4%, respectively).

Arrival mode

In 2014–15, the majority of presentations to emergency departments (75%) had an arrival mode of *Other* – indicating that the patient either walked into the emergency department or came by private transport, public transport, community transport or taxi. About 24% of presentations arrived by *Ambulance, air ambulance or helicopter rescue service* (Table 4.2).

The proportion of patients who arrived by *Ambulance, air ambulance or helicopter rescue service* fell with decreasing urgency. About 84% of *Resuscitation* patients (who need to be treated immediately) arrived by *Ambulance, air ambulance or helicopter rescue service* compared with fewer than 4% of *Non-urgent* patients (who need to be treated within 2 hours).

The proportion of patients who arrived by *Ambulance, air ambulance or helicopter rescue service* ranged from 17.8% in Western Australia to 31.5% in Queensland.

Where to go for more information

Information on waiting times for emergency department presentations by triage category is available in:

- Chapter 5 – 'How long did people wait for emergency department care?'
- Table S5.1: Emergency presentation statistics by public hospital peer group and triage category, 2014–15 (accompanying this report online)
- Table S5.2: Emergency presentation statistics by public hospital peer group and triage category, states and territories, 2014–15 (accompanying this report online).

Information on data limitations and methods is available in appendixes A and B.

Table 4.2: Emergency department presentations, by triage category and arrival mode, public hospital emergency departments, states and territories, 2014–15

Triage category and arrival mode	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Resuscitation									
Ambulance, air ambulance or helicopter rescue service	13,910	6,443	9,267	4,852	4,994	670	487	593	41,216
Police/correctional services vehicle	102	72	69	50	20	4	1	13	331
Other ^(a)	2,507	1,288	1,513	901	861	84	36	271	7,461
Not reported	22	0	0	4	1	0	0	0	27
<i>Total</i>	<i>16,541</i>	<i>7,803</i>	<i>10,849</i>	<i>5,807</i>	<i>5,876</i>	<i>758</i>	<i>524</i>	<i>877</i>	<i>49,035</i>
Emergency									
Ambulance, air ambulance or helicopter rescue service	129,298	75,704	94,795	34,503	31,861	6,927	4,874	6,175	384,137
Police/correctional services vehicle	2,100	2,358	2,467	1,241	426	221	281	463	9,557
Other ^(a)	163,699	88,536	83,241	61,251	30,620	5,116	6,979	10,098	449,540
Not reported	69	0	0	93	37	2	8	0	209
<i>Total</i>	<i>295,166</i>	<i>166,598</i>	<i>180,503</i>	<i>97,088</i>	<i>62,944</i>	<i>12,266</i>	<i>12,142</i>	<i>16,736</i>	<i>843,443</i>
Urgent									
Ambulance, air ambulance or helicopter rescue service	268,183	192,261	233,269	67,445	66,421	20,499	13,191	10,789	872,058
Police/correctional services vehicle	4,654	4,547	6,359	4,374	1,644	768	577	1,195	24,118
Other ^(a)	561,194	373,385	352,331	200,519	105,994	29,452	30,108	28,667	1,681,650
Not reported	104	0	0	252	175	23	18	0	572
<i>Total</i>	<i>834,135</i>	<i>570,193</i>	<i>591,959</i>	<i>272,590</i>	<i>174,234</i>	<i>50,742</i>	<i>43,894</i>	<i>40,651</i>	<i>2,578,398</i>
Semi-urgent									
Ambulance, air ambulance or helicopter rescue service	171,489	108,058	93,654	35,148	31,824	11,716	7,074	8,844	467,807
Police/correctional services vehicle	3,220	1,385	2,824	2,775	1,179	542	207	2,169	14,301
Other ^(a)	957,160	609,029	428,373	331,946	157,251	57,206	47,012	59,359	2,647,336
Not reported	50	0	0	445	390	23	4	0	912
<i>Total</i>	<i>1,131,919</i>	<i>718,472</i>	<i>524,851</i>	<i>370,314</i>	<i>190,644</i>	<i>69,487</i>	<i>54,297</i>	<i>70,372</i>	<i>3,130,356</i>

(continued)

Table 4.2 (continued): Emergency department presentations, by triage category and arrival mode, public hospital emergency departments, states and territories, 2014–15

Triage category and arrival mode	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Non-urgent									
Ambulance, air ambulance or helicopter rescue service	14,550	4,277	3,981	1,424	2,347	660	655	865	28,759
Police/correctional services vehicle	2,168	256	1,170	509	430	1,582	43	370	6,528
Other ^(a)	382,823	141,712	65,570	55,801	32,819	14,171	18,405	12,373	723,674
Not reported	55	0	0	114	74	4	1	0	248
<i>Total</i>	<i>399,596</i>	<i>146,245</i>	<i>70,721</i>	<i>57,848</i>	<i>35,670</i>	<i>16,417</i>	<i>19,104</i>	<i>13,608</i>	<i>759,209</i>
All triage categories^(b)									
Ambulance, air ambulance or helicopter rescue service	597,731	386,802	434,966	143,395	137,447	40,529	26,281	27,266	1,794,417
Police/correctional services vehicle	12,269	8,621	12,889	8,951	3,699	3,117	1,109	4,210	54,865
Other^(a)	2,071,008	1,215,200	931,028	650,562	327,545	106,197	102,540	110,768	5,514,848
Not reported	458	0	0	913	677	233	31	0	2,312
Total	2,681,466	1,610,623	1,378,883	803,821	469,368	150,076	129,961	142,244	7,366,442

(a) *Other* includes presentations where patients either walked into the emergency department or came by private transport, public transport, community transport or taxi.

(b) Includes presentations for which the triage category was not reported.

Note: See Box 1.1 and appendixes A and B for more information on terminology, data limitations and methods.

4.3 When did people present to the emergency department?

The time of presentation at the emergency department is defined as the earliest occasion of being registered clerically or triaged.

Table 4.3 presents the day of the week and the time of day that presentations occurred. In 2014–15, there were more presentations on the weekends and on Mondays compared with other days.

Figure 4.1 presents the number of presentations by triage category and hour of presentation. This figure highlights the uneven use of emergency department resources throughout the average day. Over two-thirds (69%) of emergency department presentations occurred between 8:00 am and 8:00 pm.

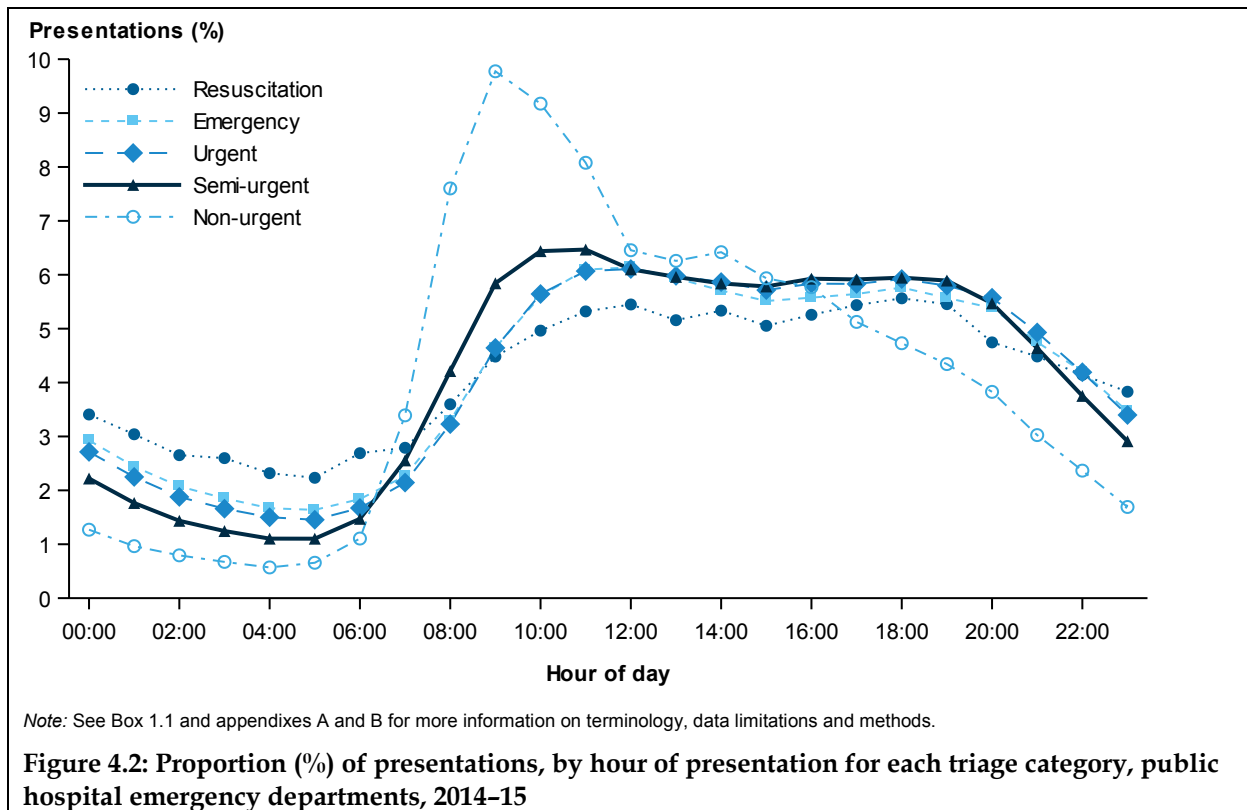
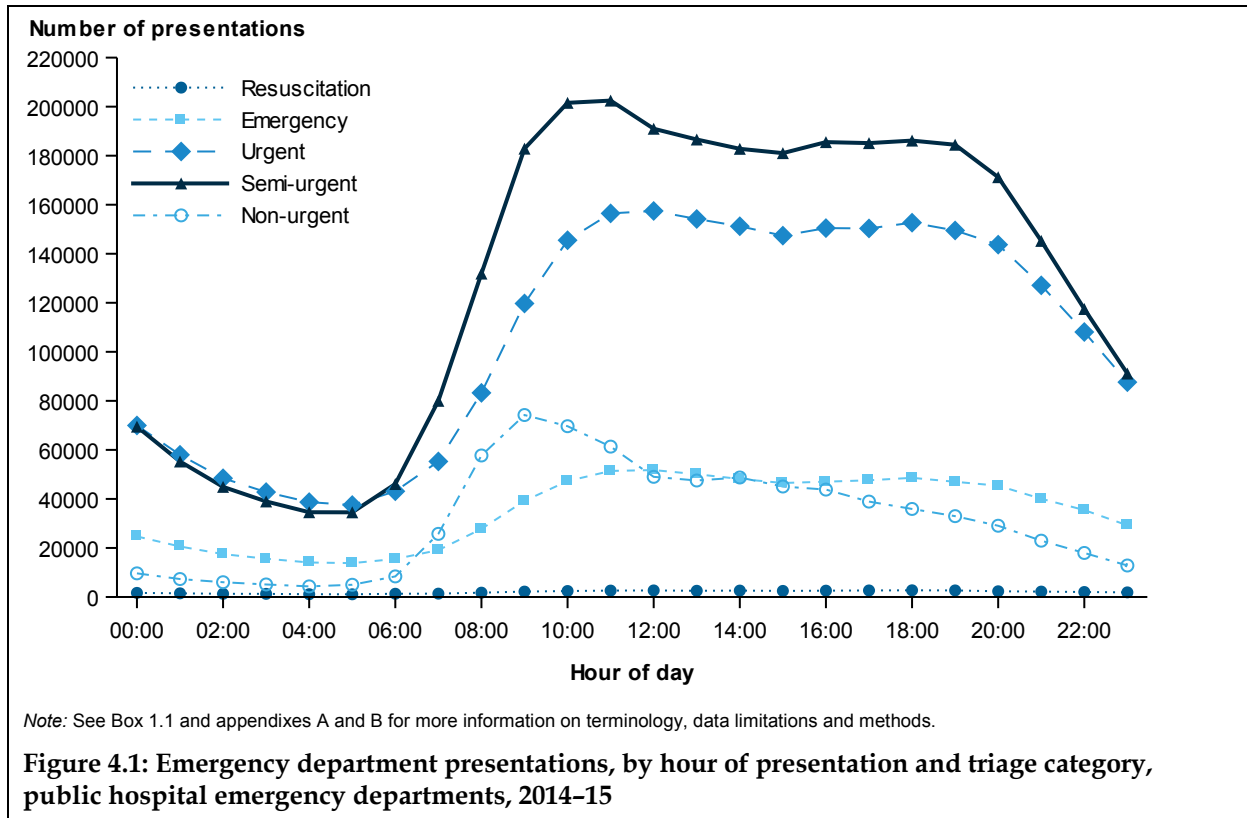
Figure 4.2 illustrates the relative distribution of presentations within each triage category across the 24-hour period. The figure shows that, for the triage category *Resuscitation*, presentations are more evenly distributed throughout the day than for other triage categories. The highest proportions of *Non-urgent* presentations occurred between 8:00 am and 11:00 am.

Table 4.3: Proportion (%) of presentations^(a) by day of week and time of presentation, public hospital emergency departments, 2014–15

Time of presentation	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total
Midnight to 1:59 am	4.9	4.0	4.1	4.1	4.2	4.2	4.7	4.3
2 am to 3:59 am	3.5	2.8	2.8	2.8	2.9	2.9	3.3	3.0
4 am to 5:59 am	2.8	2.4	2.4	2.4	2.5	2.4	2.7	2.5
6 am to 7:59 am	4.0	4.1	4.1	4.0	4.0	4.0	3.9	4.0
8 am to 9:59 am	9.6	10.5	10.0	9.8	9.7	9.8	9.0	9.8
10 am to 11:59 am	13.0	13.3	12.7	12.6	12.5	12.7	12.6	12.8
Midday to 1:59 pm	12.1	12.2	12.0	11.9	12.0	12.2	12.4	12.1
2 pm to 3:59 pm	11.7	11.5	11.4	11.4	11.4	11.7	12.2	11.6
4 pm to 5:59 pm	11.3	11.5	11.7	11.7	11.7	11.7	11.6	11.6
6 pm to 7:59 pm	11.0	11.4	11.9	11.9	11.7	11.4	10.9	11.4
8 pm to 9:59 pm	9.5	9.7	10.3	10.4	10.3	9.8	9.4	9.9
10 pm to 11:59 pm	6.5	6.4	6.7	6.9	7.0	7.2	7.2	6.8
Total	15.2	15.2	14.2	13.7	13.6	13.8	14.4	100.0
Presentations	1,122,765	1,116,332	1,044,878	1,007,884	1,001,076	1,014,185	1,059,284	7,366,404

(a) The date and time of presentation were not reported for 38 records: these records are excluded from the total in this table.

Note: See Box 1.1 and appendixes A and B for more information on terminology, data limitations and methods.



4.4 Why did people receive care?

This section presents information on the reason for the emergency department presentation, described by the diagnoses reported for presentations.

It includes diagnosis information by:

- ICD-10-AM diagnoses described as:
 - principal diagnosis chapter, by state and territory, triage category and admission status
 - the 20 most common ICD-10-AM principal diagnoses at the 3-character level, by state and territory and, for patients subsequently admitted, by triage category.
- major diagnostic block, by state and territory, triage category and admission status.

In 2014–15, principal diagnosis information was reported using a variety of classifications. For the purpose of this report, the AIHW mapped the provided information to ICD-10-AM (8th edition) codes, where necessary (see Appendix B for more information).

In 2014–15, about 94% of records reported to the NNAPEDCD included diagnosis information. The quality of the information provided for emergency department principal diagnosis data has not yet been fully assessed. Therefore, these data should be interpreted with caution. See Appendix A for more information on data quality.

Principal diagnosis

The principal diagnosis is the diagnosis established at the conclusion of the patient's attendance in an emergency department to be mainly responsible for occasioning the attendance.

ICD-10-AM chapters

In 2014–15, *Injury, poisoning and certain other consequences of external causes* was the most common ICD-10-AM principal diagnosis chapter reported (27% of presentations for which the principal diagnosis was reported), followed by *Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified* (20%) (Table 4.4).

The ICD-10-AM diagnosis chapter *Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified* includes the diagnoses of *Fever, Nausea and vomiting, Syncope and collapse* (fainting) and *Pain in throat or chest*.

There is variation in the proportion of presentations by ICD-10-AM chapter among states and territories. For example, *Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified* ranged from 14% of presentations in Queensland to 24% in South Australia (for presentations for which the principal diagnosis was reported).

Triage category

The principal diagnoses reported for emergency department presentations varied by triage category.

In 2014–15, *Injury, poisoning and certain other consequences of external causes* was the most common ICD-10-AM principal diagnosis chapter reported for presentations with a triage category of *Resuscitation* (28.3%), *Semi-urgent* (31.4%) and *Non-urgent* (30.6%) (Table 4.5).

Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified was the most common ICD-10-AM principal diagnosis chapter reported for patients with a triage category of *Emergency* and *Urgent* (30.5% and 23.5%, respectively).

The proportion of presentations that were reported for *Diseases of the circulatory system* varied by triage category; it ranged from 24.7% for *Resuscitation* presentations to less than 1% of *Non-urgent* presentations.

Admission status

In 2014–15, about 30% of emergency department presentations were subsequently admitted to the hospital (see Section 4.5).

Principal diagnoses reported for emergency department presentations varied depending on whether the patient was subsequently admitted to the same hospital or not.

In 2014–15, for patients who were subsequently admitted to hospital, the most common ICD-10-AM principal diagnosis chapters were *Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified* (24.8%), *Injury, poisoning and certain other consequences of external causes* (15.0%) and *Diseases of the circulatory system* (10.2%) (Table 4.6).

The principal diagnosis chapters with the highest proportion of patients subsequently admitted were *Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism* (74%) and *Diseases of the circulatory system* (67%).

Most common principal diagnoses

In 2014–15, the 20 most common 3-character ICD-10-AM principal diagnoses accounted for about 31% of principal diagnoses reported. The most common 3-character ICD-10-AM principal diagnoses were *Abdominal and pelvic pain* (R10, 4.1%) followed by *Pain in throat and chest* (R07, 3.4%) (Table 4.7).

The 20 most common principal diagnoses for patients who were subsequently admitted to hospital differ from the 20 most common principal diagnoses overall. For example, *Angina pectoris* (I20), *Acute myocardial infarction* (I21) and *Heart failure* (I50) are included the top 20 principal diagnoses for patients subsequently admitted (Table 4.8) but do not appear in the top 20 principal diagnoses overall (Table 4.7).

For *Resuscitation* patients who were subsequently admitted, 5.1% had a principal diagnosis of *Acute myocardial infarction* (I21) and 2.9% had a principal diagnosis of *Other chronic obstructive pulmonary disease* (J44) (Table 4.8).

Table 4.4: Emergency department presentations^(a) by principal diagnosis ICD-10-AM^(b) chapters, states and territories, 2014–15

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
A00–B99 Certain infectious and parasitic diseases	121,095	71,430	72,612	35,364	19,806	6,761	7,056	7,064	341,188
C00–D48 Neoplasms	9,348	5,024	6,135	1,736	1,530	870	358	268	25,269
D50–D89 Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	11,210	10,285	5,780	2,672	2,527	616	492	342	33,924
E00–E90 Endocrine, nutritional and metabolic diseases	21,497	13,953	11,675	4,132	4,140	1,275	1,060	2,686	60,418
F00–F99 Mental and behavioural disorders	88,469	48,737	54,923	26,157	21,109	5,484	3,958	6,064	254,901
G00–G99 Diseases of the nervous system	28,714	29,651	23,178	10,246	8,375	2,874	2,390	1,861	107,289
H00–H59 Diseases of the eye and adnexa	48,043	30,882	11,503	7,795	4,975	1,471	1,691	1,979	108,339
H60–H95 Diseases of the ear and mastoid process	32,945	21,973	20,654	6,339	4,605	1,393	1,486	2,413	91,808
I00–I99 Diseases of the circulatory system	90,468	72,080	85,991	23,618	18,584	6,964	4,409	3,942	306,056
J00–J99 Diseases of the respiratory system	216,225	121,714	106,300	46,708	36,484	10,802	9,481	12,650	560,364
K00–K93 Diseases of the digestive system	138,108	93,667	80,265	39,295	26,642	9,665	7,639	7,271	402,552
L00–L99 Diseases of the skin and subcutaneous tissue	91,428	48,187	50,425	21,260	12,052	4,764	3,494	8,972	240,582
M00–M99 Diseases of the musculoskeletal system and connective tissue	149,297	69,764	35,746	22,318	17,749	5,878	5,065	8,966	314,783
N00–N99 Diseases of the genitourinary system	99,360	67,876	63,753	26,965	16,386	5,566	5,356	5,852	291,114
O00–O99 Pregnancy, childbirth and the puerperium	27,230	37,950	15,460	10,759	4,845	1,663	1,901	1,016	100,824
P00–P96 Certain conditions originating in the perinatal period	1,411	4,228	2,656	805	461	187	128	80	9,956
Q00–Q99 Congenital malformations, deformations and chromosomal abnormalities	574	386	471	123	183	65	33	37	1,872
R00–R99 Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	567,734	309,503	190,051	104,501	107,630	23,383	25,750	19,787	1,348,339
S00–T98 Injury, poisoning and certain other consequences of external causes	626,490	405,719	407,680	183,829	112,014	41,836	35,087	28,861	1,841,516
U50–Y98 External causes of morbidity and mortality	19,961	120	21,126	921	542	144	1,942	996	45,752
Z00–Z99 Factors influencing health status and contact with health services	140,419	65,195	109,300	44,196	30,828	13,383	11,185	10,259	424,765
Not reported	151,440	82,299	3,199	184,082	17,901	5,032	0	10,878	454,831
Total	2,681,466	1,610,623	1,378,883	803,821	469,368	150,076	129,961	142,244	7,366,442

(a) Presentations include all types of visit.

(b) Principal diagnoses were reported using various ICD-10-AM editions, ICD-9-CM, and SNOMED-CT-AU, and were mapped to ICD-10-AM 8th edition codes.

Note: See Box 1.1 and appendixes A and B for more information on terminology, data limitations and methods.

Table 4.5: Emergency department presentations^(a) by principal diagnosis in ICD-10-AM^(b) chapters and triage category, 2014–15

Principal diagnosis	Triage category					Total
	Resuscitation	Emergency	Urgent	Semi-urgent	Non-urgent	
A00–B99 Certain infectious and parasitic diseases	1,103	21,475	133,220	168,947	16,423	341,188
C00–D48 Neoplasms	202	3,044	13,190	7,217	1,614	25,269
D50–D89 Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	66	6,687	17,363	8,362	1,443	33,924
E00–E90 Endocrine, nutritional and metabolic diseases	679	11,800	31,773	14,157	1,992	60,418
F00–F99 Mental and behavioural disorders	1,995	31,403	120,195	82,384	18,897	254,901
G00–G99 Diseases of the nervous system	1,899	14,231	59,425	28,894	2,836	107,289
H00–H59 Diseases of the eye and adnexa	46	3,714	26,916	53,160	24,486	108,339
H60–H95 Diseases of the ear and mastoid process	11	1,189	18,387	56,493	15,716	91,808
I00–I99 Diseases of the circulatory system	12,113	133,984	112,782	41,762	5,397	306,056
J00–J99 Diseases of the respiratory system	5,902	97,203	256,432	182,635	18,144	560,364
K00–K93 Diseases of the digestive system	825	30,005	189,792	164,020	17,887	402,552
L00–L99 Diseases of the skin and subcutaneous tissue	66	5,605	47,897	147,440	39,543	240,582
M00–M99 Diseases of the musculoskeletal system and connective tissue	154	13,235	81,410	183,043	36,903	314,783
N00–N99 Diseases of the genitourinary system	387	26,926	135,907	116,218	11,658	291,114
O00–O99 Pregnancy, childbirth and the puerperium	317	4,136	39,108	47,610	9,645	100,824
P00–P96 Certain conditions originating in the perinatal period	35	2,035	5,477	2,167	242	9,956
Q00–Q99 Congenital malformations, deformations and chromosomal abnormalities	10	329	867	525	141	1,872
R00–R99 Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	6,951	257,262	606,134	428,746	47,451	1,348,339
S00–T98 Injury, poisoning and certain other consequences of external causes	13,880	134,940	477,767	982,359	232,416	1,841,516
U50–Y98 External causes of morbidity and mortality	354	5,578	16,217	18,157	5,439	45,752
Z00–Z99 Factors influencing health status and contact with health services	1,084	18,110	89,610	176,775	138,234	424,765
Not reported	956	20,552	98,529	219,285	112,702	454,831
Total	49,035	843,443	2,578,398	3,130,356	759,209	7,366,442

(a) Presentations include all types of visit.

(b) Principal diagnoses were reported using various ICD-10-AM editions, ICD-9-CM, and SNOMED-CT-AU and were mapped to ICD-10-AM 8th edition codes.

Note: See Box 1.1 and appendixes A and B for more information on terminology, data limitations and methods.

Table 4.6: Emergency department presentations^(a) by principal diagnosis in ICD-10-AM^(b) chapters, by admission status, 2014–15

Principal diagnosis		Patient subsequently admitted	Patient not admitted	Total
A00–B99	Certain infectious and parasitic diseases	77,413	263,775	341,188
C00–D48	Neoplasms	16,490	8,779	25,269
D50–D89	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	25,175	8,749	33,924
E00–E90	Endocrine, nutritional and metabolic diseases	39,289	21,129	60,418
F00–F99	Mental and behavioural disorders	84,406	170,495	254,901
G00–G99	Diseases of the nervous system	48,638	58,651	107,289
H00–H59	Diseases of the eye and adnexa	7,249	101,090	108,339
H60–H95	Diseases of the ear and mastoid process	8,306	83,502	91,808
I00–I99	Diseases of the circulatory system	207,725	98,331	306,056
J00–J99	Diseases of the respiratory system	223,004	337,360	560,364
K00–K93	Diseases of the digestive system	183,648	218,904	402,552
L00–L99	Diseases of the skin and subcutaneous tissue	76,675	163,907	240,582
M00–M99	Diseases of the musculoskeletal system and connective tissue	69,908	244,875	314,783
N00–N99	Diseases of the genitourinary system	121,041	170,073	291,114
O00–O99	Pregnancy, childbirth and the puerperium	28,652	72,172	100,824
P00–P96	Certain conditions originating in the perinatal period	3,380	6,576	9,956
Q00–Q99	Congenital malformations, deformations and chromosomal abnormalities	756	1,116	1,872
R00–R99	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	540,300	808,039	1,348,339
S00–T98	Injury, poisoning and certain other consequences of external causes	327,423	1,514,093	1,841,516
U50–Y98	External causes of morbidity and mortality	10,399	35,353	45,752
Z00–Z99	Factors influencing health status and contact with health services	36,933	387,832	424,765
	Not reported	40,949	413,882	454,831
Total		2,177,759	5,188,683	7,366,442

(a) Presentations include all types of visit.

(b) Principal diagnoses were reported using various ICD-10-AM editions, ICD-9-CM, and SNOMED-CT-AU and were mapped to ICD-10-AM 8th edition codes.

Note: See Box 1.1 and appendixes A and B for more information on terminology, data limitations and methods.

Table 4.7: The 20 most common principal diagnoses^(a) (3-character level) for emergency department presentations^(b), public hospitals, states and territories, 2014–15

Principal diagnosis	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
R10 Abdominal and pelvic pain	111,906	71,853	54,691	26,243	18,552	5,547	6,899	4,085	299,776
R07 Pain in throat and chest	105,187	65,332	22,430	21,977	20,468	5,335	6,182	4,626	251,537
Z53 Persons encountering health services for specific procedures, not carried out	50,785	1,207	55,011	8,593	10,954	1,249	6,902	500	135,201
B34 Viral infection of unspecified site	31,575	30,958	28,438	15,927	5,271	2,533	3,221	2,501	120,424
L03 Cellulitis	45,236	20,853	23,204	11,025	4,781	2,420	1,817	4,786	114,122
S01 Open wound of head	33,453	25,743	22,529	12,727	7,781	2,634	2,115	2,445	109,427
T14 Injury of unspecified body region	84,897	8,019	2,402	2,716	4,116	200	200	685	103,235
M54 Dorsalgia	49,342	27,695	4,410	6,931	5,982	2,892	1,849	2,282	101,383
J06 Acute upper respiratory infections of multiple and unspecified sites	44,134	15,871	19,632	8,566	6,179	997	1,086	2,752	99,217
A09 Other gastroenteritis and colitis of infectious and unspecified origin	42,357	24,325	15,750	5,491	5,054	1,995	1,823	1,035	97,830
N39 Other disorders of urinary system	35,115	19,681	20,893	8,717	5,731	22	1,870	1,621	93,650
S61 Open wound of wrist and hand	32,621	23,775	17,246	7,674	6,476	2,268	1,758	1,409	93,227
S93 Dislocation, sprain and strain of joints and ligaments at ankle and foot level	24,252	20,710	25,598	9,474	4,911	2,262	2,169	1,331	90,707
S62 Fracture at wrist and hand level	25,134	24,261	16,382	10,577	4,207	1,599	1,416	1,221	84,797
R55 Syncope and collapse	26,079	19,310	18,313	6,371	7,093	1,324	1,368	691	80,549
S52 Fracture of forearm	27,200	11,811	17,759	7,700	5,496	1,997	1,676	1,338	74,977
R11 Nausea and vomiting	32,415	14,166	12,341	5,642	4,493	696	1,605	874	72,232
J18 Pneumonia, organism unspecified	23,465	13,746	17,314	7,866	3,734	1,878	1,608	330	69,941
J45 Asthma	27,249	19,212	12,420	891	5,645	1,372	890	1,175	68,854
M79 Other soft tissue disorders, not elsewhere classified	36,317	22,348	1,712	2,147	3,231	697	767	483	67,702
S00 Superficial injury of head	7,454	12,586	31,156	5,981	2,455	1,923	1,223	382	63,160
Total	2,681,466	1,610,623	1,378,883	803,821	469,368	150,076	129,961	142,244	7,366,442

(a) Principal diagnoses reported using various ICD-10-AM editions, ICD-9-CM, and SNOMED-CT-AU were mapped to ICD-10-AM 8th edition codes.

(b) Presentations include all types of visit.

Note: See Box 1.1 and appendixes A and B for more information on terminology, data limitations and methods.

Table 4.8: The 20 most common principal diagnoses^(a) (3-character level) for patients subsequently admitted to the hospital^(b), by triage category, public hospital emergency departments, 2014–15

Principal diagnosis	Triage category					Total
	Resuscitation	Emergency	Urgent	Semi-urgent	Non-urgent	
R10 Abdominal and pelvic pain	134	9,911	71,167	33,244	757	115,215
R07 Pain in throat and chest	371	76,282	28,500	4,940	222	110,322
J18 Pneumonia, organism unspecified	819	15,561	27,667	6,897	173	51,118
L03 Cellulitis	32	2,282	16,285	27,730	2,537	48,868
I20 Angina pectoris	158	33,415	9,191	819	35	43,619
R55 Syncope and collapse	602	8,607	24,866	5,040	97	39,216
N39 Other disorders of urinary system	164	4,599	18,763	9,615	343	33,484
J44 Other chronic obstructive pulmonary disease	1,105	11,266	16,227	2,747	103	31,451
J45 Asthma	572	11,678	15,512	2,274	40	30,078
R06 Abnormalities of breathing	554	8,850	16,336	3,716	126	29,584
M54 Dorsalgia	64	1,780	12,517	14,222	586	29,171
A09 Other gastroenteritis and colitis of infectious and unspecified origin	35	2,165	16,215	10,178	179	28,773
R50 Fever of other and unknown origin	96	8,161	15,454	4,728	122	28,562
I50 Heart failure	820	7,619	14,292	3,435	95	26,263
K35 Acute appendicitis	2	805	16,302	8,125	154	25,389
I48 Atrial fibrillation and flutter	233	13,465	9,466	1,123	69	24,356
N23 Unspecified renal colic	9	3,904	14,884	4,122	92	23,012
I21 Acute myocardial infarction	1,917	14,650	5,446	868	68	22,951
R11 Nausea and vomiting	25	1,780	12,354	7,708	252	22,119
S72 Fracture of femur	252	2,303	13,794	4,534	139	21,024
K92 Other diseases of digestive system	372	3,716	13,683	3,072	81	20,924
Total	37,807	508,736	1,073,328	521,581	36,167	2,177,759

(a) Principal diagnoses were reported using various ICD-10-AM editions, ICD-9-CM, and SNOMED-CT-AU and were mapped to ICD-10-AM 8th edition codes.

(b) Presentations include all type of visits, for which the episode end status was *Transferred for admitted patient care in this hospital*.

Note: See Box 1.1 and appendixes A and B for more information on terminology, data limitations and methods.

Major diagnostic block

Major diagnostic blocks (MDBs) is a classification that groups emergency department presentations based on diagnosis information.

They form part of the Independent Hospital Pricing Authority's Urgency Related Groups (URG) emergency care classification, developed for activity-based funding purposes (IHPA 2014).

For 2014–15, diagnosis information was provided by states and territories in several different classifications, including SNOMED CT-AU, ICD-9-CM and various editions of ICD-10-AM. (for more information, see Appendix B.) These diagnoses were used by the AIHW (using URG grouper version 1.4) to derive the information on MDBs.

In 2014–15, *Injury, single site, major* was the most common MDB reported for emergency department presentations (16.1%) followed by *Digestive system illness* (11.1%) (Table 4.9).

Injury, single site, major was the most common MDB reported for all states and territories and *Digestive system illness* was the second-most common MDB for most states and territories.

The second-most common MDB reported for Queensland was *Injury, single site, minor* and for the Northern Territory it was *Respiratory system illness*.

Triage category

The most common MDB reported for presentations with a triage category of *Resuscitation* was *Circulatory system illness* (22.7%) followed by *Injury, single site, major* (17.0%) and *Neurological system illness* (16.5%) (Table 4.10).

For presentations with a triage category of *Semi-urgent*, the most common MDB was *Injury, single site, major* (20.4%) followed by *Digestive system illness* (11.1%) and *Injury, single site, minor* (9.8%).

Admission status

For emergency department presentations that were subsequently admitted to hospital in 2014–15, the most common MDBs were *Circulatory system illness* (15.4%) and *Digestive system illness* (14.5%) (Table 4.11). For presentations that were not admitted, the most common MDBs were *Injury, single site, major* (18.7%) and *Digestive system illness* (9.6%).

Almost 70% of emergency department presentations with an MDB of *Hepatobiliary system illness* were subsequently admitted to the hospital.

Table 4.9: Emergency department presentations^(a) by major diagnostic block, states and territories, 2014–15

Major diagnostic block	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Poisoning	25,879	14,297	13,435	8,756	4,431	1,663	1,434	895	70,790
Drug reaction	1	0	124	2	11	0	68	0	206
Alcohol/drug abuse and alcohol/drug induced mental disorders	23,101	13,205	14,206	8,207	5,384	1,138	954	3,503	69,698
Injury, multiple sites	2,279	10,973	537	1,647	228	397	131	143	16,335
Injury, single site, major	467,378	264,624	216,610	102,056	72,042	22,943	22,332	21,456	1,189,441
Injury, single site, minor	110,592	92,797	168,753	81,907	29,405	14,513	11,751	6,151	515,869
Circulatory system illness	219,461	144,554	124,499	57,107	44,496	13,188	11,888	8,537	623,730
Respiratory system illness	214,587	117,234	99,028	57,246	37,591	9,070	8,644	12,402	555,802
Digestive system illness	288,986	184,142	155,991	88,438	52,794	15,743	16,709	12,053	814,856
Urological system illness	85,694	54,327	50,820	26,235	15,096	4,876	4,367	4,228	245,643
Neurological system illness	142,269	84,269	60,659	33,812	24,859	7,548	5,898	5,106	364,420
Illness of the eyes	49,728	31,400	12,364	11,959	5,296	1,530	1,777	2,186	116,240
Illness of the ear, nose and throat	118,210	64,919	58,801	35,675	17,383	6,157	5,186	7,001	313,332
Musculoskeletal/connective tissue system illness	150,765	77,796	42,549	44,198	20,064	6,354	5,349	10,148	357,223
Illness of skin, subcutaneous tissue, breast	123,205	57,986	63,711	42,268	16,618	5,825	4,464	10,743	324,820
Blood/immune system illness	15,602	13,247	8,327	4,745	3,290	850	691	656	47,408
Obstetric illness	30,542	45,578	17,761	14,987	5,184	1,912	1,927	1,165	119,056
Gynaecological illness	23,684	21,967	13,100	7,421	3,034	1,145	1,304	1,599	73,254
Male reproductive system illness	9,984	6,564	5,355	3,817	1,882	537	534	515	29,188
System infection/parasites	90,112	56,170	46,906	27,383	14,293	4,891	4,886	4,502	249,143
Illness of other and unknown systems	1,430	1,009	1,678	1,068	279	316	39	39	5,858
Newborn/neonate illness	2,457	5,717	2,979	1,576	862	263	155	218	14,227
Hepatobiliary system illness	23,884	16,524	14,507	7,084	4,689	1,762	1,321	1,345	71,116
Endocrine, nutritional and metabolic system illness	26,357	16,058	13,818	5,332	4,928	1,469	1,186	2,739	71,887
Allergy	21,291	11,529	12,422	3,332	3,542	1,192	1,035	540	54,883
Psychiatric illness	72,809	38,664	40,895	21,142	16,925	3,874	3,691	3,088	201,088
Social problem	4,732	4,551	2,933	8,585	150	605	167	489	22,212
Other presentation	161,055	81,220	112,916	45,897	46,640	14,911	12,073	9,917	484,629
Not stated/inadequately described	175,392	79,302	3,199	51,939	17,972	5,404	0	10,880	344,088
Total	2,681,466	1,610,623	1,378,883	803,821	469,368	150,076	129,961	142,244	7,366,442

(a) Presentations include all types of visit.

Note: See Box1.1 and appendixes A and B for more information on terminology, data limitations and methods.

Table 4.10: Emergency department presentations^(a) by major diagnostic block and triage category, public hospital emergency departments, 2014–15

Major diagnostic block	Triage category					Total
	Resuscitation	Emergency	Urgent	Semi-urgent	Non-urgent	
Poisoning	2,921	18,146	30,674	15,797	3,252	70,790
Drug reaction	0	21	87	87	11	206
Alcohol/drug abuse and alcohol/drug induced mental disorders	1,112	9,165	27,516	20,896	11,009	69,698
Injury, multiple sites	794	3,814	6,099	4,829	799	16,335
Injury, single site, major	8,331	80,136	302,025	638,331	160,618	1,189,441
Injury, single site, minor	1,260	21,817	118,123	307,048	67,621	515,869
Circulatory system illness	11,153	290,734	236,369	77,420	8,054	623,730
Respiratory system illness	6,780	108,149	262,148	161,694	17,031	555,802
Digestive system illness	964	48,511	397,030	346,985	21,366	814,856
Urological system illness	358	19,531	119,200	96,635	9,919	245,643
Neurological system illness	8,067	50,681	190,538	106,331	8,803	364,420
Illness of the eyes	42	3,846	28,476	57,789	26,087	116,240
Illness of the ear, nose and throat	414	14,339	93,607	171,013	33,959	313,332
Musculoskeletal/connective tissue system illness	173	14,935	88,608	203,169	50,338	357,223
Illness of skin, subcutaneous tissue, breast	107	7,861	64,978	196,807	55,067	324,820
Blood/immune system illness	81	7,477	22,447	15,026	2,377	47,408
Obstetric illness	368	4,860	46,449	54,609	12,770	119,056
Gynaecological illness	42	2,485	30,552	35,430	4,745	73,254
Male reproductive system illness	2	7,337	11,241	9,200	1,408	29,188
System infection/parasites	1,207	27,615	100,782	109,224	10,315	249,143
Illness of other and unknown systems	50	675	3,105	1,730	298	5,858
Newborn/neonate illness	94	2,448	7,362	3,921	402	14,227
Hepatobiliary system illness	194	7,885	42,308	19,313	1,416	71,116
Endocrine, nutritional and metabolic system illness	706	13,436	38,365	16,971	2,409	71,887
Allergy	964	13,189	22,291	16,426	2,013	54,883
Psychiatric illness	803	25,876	103,098	63,194	8,117	201,088
Social problem	84	1,604	6,472	8,054	5,998	22,212
Other presentation	1,392	24,069	113,205	210,704	135,259	484,629
Not stated/inadequately described	572	12,801	65,243	161,723	97,748	344,088
Total	49,035	843,443	2,578,398	3,130,356	759,209	7,366,442

(a) Presentations include all types of visit.

Note: See Box 1.1 and appendixes A and B for more information on terminology, data limitations and methods.

Table 4.11: Emergency department presentations^(a) by major diagnostic block and admission status, public hospital emergency departments, 2014–15

Major diagnostic block	Patient subsequently admitted	Patient not admitted	Total
Poisoning	29,591	41,199	70,790
Drug reaction	38	168	206
Alcohol/drug abuse and alcohol/drug induced mental disorders	20,768	48,930	69,698
Injury, multiple sites	6,924	9,411	16,335
Injury, single site, major	220,262	969,179	1,189,441
Injury, single site, minor	45,151	470,718	515,869
Circulatory system illness	336,281	287,449	623,730
Respiratory system illness	250,057	305,745	555,802
Digestive system illness	316,747	498,109	814,856
Urological system illness	111,392	134,251	245,643
Neurological system illness	184,806	179,614	364,420
Illness of the eyes	7,434	108,806	116,240
Illness of the ear, nose and throat	46,843	266,489	313,332
Musculoskeletal/connective tissue system illness	73,510	283,713	357,223
Illness of skin, subcutaneous tissue, breast	89,289	235,531	324,820
Blood/immune system illness	29,787	17,621	47,408
Obstetric illness	33,295	85,761	119,056
Gynaecological illness	18,795	54,459	73,254
Male reproductive system illness	8,485	20,703	29,188
System infection/parasites	74,752	174,391	249,143
Illness of other and unknown systems	4,008	1,850	5,858
Newborn/neonate illness	4,171	10,056	14,227
Hepatobiliary system illness	49,702	21,414	71,116
Endocrine, nutritional and metabolic system illness	45,313	26,574	71,887
Allergy	14,127	40,756	54,883
Psychiatric illness	64,360	136,728	201,088
Social problem	5,450	16,762	22,212
Other presentation	62,980	421,649	484,629
Not stated/inadequately described	23,441	320,647	344,088
Total	2,177,759	5,188,683	7,366,442

(a) Presentations include all types of visit.

Note: See Box 1.1 and appendixes A and B for more information on terminology, data limitations and methods.

Where to go for more information

Information on the principal diagnoses provided for emergency department presentations is available in Appendix B.

Information on data limitations and methods is available in appendixes A and B.

4.5 How was care completed?

The **episode end status** describes the status of the patient at the conclusion of the non-admitted patient episode in the emergency department. The episode end status can be reported as:

- *Transferred for admitted patient care in this hospital* (either short stay unit, hospital-in-the-home or other admitted patient care unit)
- *Departed without being admitted or referred*: emergency department stay completed – departed without being transferred to a short stay unit, hospital-in-the-home or other admitted patient care unit in this hospital or referred to another hospital
- *Referred to another hospital for admission*: emergency department stay completed – 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*
- *Dead on arrival*; emergency department clinician certified the death of the patient.

For 2014–15, almost two-thirds (64%) of presentations (for all types of visit) reported an episode end status of *Departed without being admitted or referred*, and this proportion was higher for less urgent triage categories (Table 4.12).

About 30% of all presentations were *Transferred for admitted patient care in this hospital* at the conclusion of treatment in the emergency department, and this proportion was lower for less urgent triage categories – 77% for *Resuscitation* patients and 5% for *Non-urgent* patients.

About 4% of presentations had an episode end status of *Did not wait*. This proportion varied by triage category, and was highest for *Non-urgent* patients.

Table 4.12: Emergency department presentations by triage category and episode end status, public hospital emergency departments, 2014–15

Episode end status	Triage category					Total ^(a)
	Resuscitation	Emergency	Urgent	Semi-urgent	Non-urgent	
Transferred for admitted patient care in this hospital	37,807	508,736	1,073,328	521,581	36,167	2,177,759
Departed without being admitted or referred	4,516	292,830	1,365,923	2,369,700	651,308	4,685,727
Referred to another hospital for admission	3,096	29,195	49,994	23,360	2,272	107,944
Did not wait	13	1,742	48,622	157,643	52,742	263,144
Left at own risk	357	9,714	39,545	57,375	13,089	120,125
Died in emergency department	3,145	1,094	516	101	59	4,916
Dead on arrival	89	7	13	24	3,335	5,216
Not reported	12	125	457	572	237	1,611
Total^(b)	49,035	843,443	2,578,398	3,130,356	759,209	7,366,442

(a) Includes presentations for which the triage category was *Not reported*.

(b) Includes presentations for which the episode end status was *Not reported*.

Note: See Box 1.1 and appendixes A and B for more information on terminology, data limitations and methods.

Western Australia and Tasmania had higher proportions of presentations with an episode end status of *Departed without being admitted or referred* than the national average (68% and 69%, respectively) (Table 4.13). Western Australia had the lowest proportion of presentations where the patient *Did not wait* (2.5%) and the highest proportion of presentations where the patient was *Referred to another hospital for admission* (2.2%). The Northern Territory had the highest proportion of presentations that *Did not wait* (7.8%).

There is a difference between the number of presentations with a type of visit of *Dead on arrival* (5,044, Table 4.1) and the number of presentations with an episode end status of *Dead on arrival* (5,216, Table 4.13). All presentations with a type of visit of *Dead on arrival* had an episode end status of *Dead on arrival*.

Before 2012–13, New South Wales did not report against the episode end status *Died in emergency department*. Therefore, caution should be used when making comparisons over time.

Table 4.13: Emergency department presentations by episode end status, public hospital emergency departments, states and territories, 2014–15

Episode end status	NSW ^(a)	Vic	Qld	WA ^(b)	SA ^(c)	Tas	ACT	NT	Total
Transferred for admitted patient care in this hospital	740,672	520,001	443,590	211,346	146,817	37,438	35,582	42,313	2,177,759
Departed without being admitted or referred	1,769,934	961,454	839,293	547,894	291,479	104,060	84,688	86,925	4,685,727
Referred to another hospital for admission	28,931	24,895	24,318	17,894	8,785	1,339	1,589	193	107,944
Did not wait	80,758	78,378	42,447	20,287	17,909	5,488	6,722	11,155	263,144
Left at own risk	55,049	23,553	28,521	5,465	3,767	874	1,296	1,600	120,125
Died in emergency department	2,099	1,029	671	671	247	82	79	38	4,916
Dead on arrival	3,408	1,313	43	20	.	408	5	19	5,216
Not reported	615	0	0	244	364	387	0	1	1,611
Total	2,681,466	1,610,623	1,378,883	803,821	469,368	150,076	129,961	142,244	7,366,442

(a) In New South Wales, the *Not reported* category includes some records for patients who were triaged and chose to attend a GP clinic (including GP clinics located within the hospital).

(b) Western Australian emergency departments only occasionally manage and report patients who are *Dead on arrival*, because the majority of these patients are taken directly to the state morgue.

(c) For South Australia, patients who are *Dead on arrival* are not managed or reported by emergency departments.

Note: See Box 1.1 and appendixes A and B for more information on terminology, data limitations and methods.

Proportion of presentations ending in admission

The comparability of triage categorisation between states and territories may be influenced by how states and territories assign triage categories. Although triage category is not a measure of the need for admission to hospital, the proportion of presentations in each category that had an episode end status of *Transferred for admitted patient care in this hospital* can be used to indicate the comparability of the triage categorisation. The proportion of patients subsequently admitted do not include patients referred to another hospital for admission.

Nationally, 30% of *Emergency presentations* had an episode end status of *Transferred for admitted patient care in this hospital* (Table 4.14). Tasmania had the lowest proportion of patients subsequently admitted (25%).

The proportion of patients subsequently admitted varied by triage category between states and territories, indicating that the assignment of triage categories may not be comparable (see Appendix A for more information). For example, for *Resuscitation* patients, the proportion subsequently admitted ranged from 68% in Western Australia to 84% in the Northern Territory. Western Australia also had the lowest proportion of patients subsequently admitted for *Emergency* and *Urgent* patients.

Table 4.14: Proportion of *Emergency* presentations with an episode end status of *Transferred for admitted patient care in this hospital*, by triage category, public hospital emergency departments, states and territories, 2014–15

Triage category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Resuscitation	79	74	79	68	81	80	81	84	77
Emergency	61	61	62	53	60	58	60	60	60
Urgent	41	45	41	37	41	38	40	45	42
Semi-urgent	16	21	14	14	16	14	17	18	17
Non-urgent	5	6	4	4	7	5	4	6	5
Total	29	33	32	26	31	25	27	30	30

Note: See Box 1.1 and appendixes A and B for more information on terminology, data limitations and methods.

Where to go for more information

More information on emergency department presentations that end in admission to the same hospital is available in Chapter 6 'How long did people stay in the emergency department?'.
Information on data limitations and methods is available in appendixes A and B.

5 How long did people wait for emergency department care?

Emergency department waiting time is 'the time elapsed for each patient from presentation in the emergency department to commencement of clinical care' (see Figure 1.1).

In this chapter, the measures of emergency department waiting times presented are:

- the proportion of presentations seen on time, including information for the NHA performance indicator 'Waiting times for emergency hospital care – proportion seen on time'
- the 50th percentile waiting time (median waiting time)
- the 90th percentile waiting time.

The waiting times in this chapter are for presentations with a type of visit of *Emergency presentation* only. Patients who present to the emergency department for other types of visit do not necessarily undergo the same processes as patients with *Emergency presentations*, and their waiting times may rely on factors outside the control of the emergency department.

Records were also excluded from the calculation of waiting time statistics if:

- the triage category was not reported
- the patient did not wait or was dead on arrival – in 2014–15, about 261,000 presentations were excluded
- the waiting time could not be calculated – in 2014–15, about 124,000 presentations were excluded.

Key findings

How have waiting times changed over time?

The proportion of *Emergency presentations* that were seen on time increased between 2010–11 and 2013–14 – from 70% to 75%. In 2014–15, it decreased to 74%.

Between 2010–11 and 2014–15, the median waiting time of *Emergency presentations* decreased from 23 minutes to 18 minutes.

Between 2010–11 and 2014–15, the time by which 90% of presentations were seen decreased from 114 minutes to 93 minutes.

How long did people wait for care in 2014–15?

In 2014–15, 74% of patients were seen on time. The overall proportion of *Emergency presentations* seen on time ranged from 59% in the Australian Capital Territory to 81% in New South Wales.

Almost 100% of *Resuscitation* patients, 79% of *Emergency* patients and 92% of *Non-urgent* patients were seen on time.

The median waiting time for Indigenous Australians was the same as that for other Australians (18 minutes).

5.1 How have waiting times changed over time?

For 2014–15, the date and time of commencement of clinical care was missing for 124,000 presentations and therefore waiting times information could not be calculated. These included:

- about 8 months of data (about 27,000 emergency department presentations) for a *Public acute group B hospital* in Western Australia
- about 40,000 emergency department presentations for a *Public acute group B hospital* in South Australia
- the remainder were distributed across multiple hospitals and jurisdictions.

Therefore, the waiting times data for Western Australia and South Australia and for *Public acute group B hospitals* should be interpreted with caution.

Proportion seen on time

The proportion seen on time is the proportion of presentations for which the waiting time to commencement of clinical care was within the time specified in the definition of the triage category (see Box 1.1 for more information).

The proportion of *Emergency presentations* that were seen on time increased between 2010–11 and 2013–14 from 70% to 75%, and fell to 74% between 2013–14 and 2014–15 (Table 5.1).

Between 2010–11 and 2013–14, the proportion of *Emergency presentations* seen on time in each state and territory generally increased.

However between 2013–14 and 2014–15, the proportion of *Emergency presentations* seen on time in Queensland, Western Australia, Tasmania and the Australian Capital Territory decreased. The Northern Territory was the only jurisdiction to record an increase in the proportion seen on time between 2013–14 and 2014–15.

Median waiting time

The 50th percentile waiting time (also known as the median waiting time) is the time within which 50% of presentations commenced clinical care. Half of the patients had a shorter waiting time and half had a longer waiting time.

Between 2010–11 and 2014–15, the median waiting time of *Emergency presentations* decreased from 23 minutes to 18 minutes (Table 5.1).

The median waiting time decreased in all states and territories between 2010–11 and 2013–14. The Northern Territory was the only jurisdiction to record a decrease in median waiting times between 2013–14 and 2014–15.

90th percentile waiting time

The 90th percentile waiting time is the time within which 90% of presentations commenced clinical care. For the remaining 10% of patients, the waiting time was longer.

The time by which 90% of presentations were seen decreased from 114 minutes to 93 minutes between 2010–11 and 2013–14 and remained stable between 2013–14 and 2014–15 (Table 5.1). For New South Wales and Victoria, the 90th percentile waiting time decreased between 2010–11 and 2014–15.

Table 5.1: Emergency presentation waiting time statistics, public hospital emergency departments, states and territories, 2010–11 to 2014–15

	2010–11	2011–12	2012–13	2013–14	2014–15
New South Wales					
Median waiting time (minutes)	19	19	17	15	15
90th percentile waiting time (minutes)	108	103	92	80	78
Proportion seen on time (%)	76	76	78	81	81
Victoria					
Median waiting time (minutes)	22	21	20	19	19
90th percentile waiting time (minutes)	118	113	109	100	97
Proportion seen on time (%)	71	72	73	75	75
Queensland					
Median waiting time (minutes)	23	22	18	19	20
90th percentile waiting time (minutes)	111	103	91	91	93
Proportion seen on time (%)	67	69	74	73	71
Western Australia^(a)					
Median waiting time (minutes)	30	29	26	24	25
90th percentile waiting time (minutes)	113	104	108	95	99
Proportion seen on time (%)	63	65	66	70	68
South Australia^(b)					
Median waiting time (minutes)	20	15	16	16	20
90th percentile waiting time (minutes)	104	90	90	93	113
Proportion seen on time (%)	71	76	75	73	66
Tasmania					
Median waiting time (minutes)	29	24	24	23	25
90th percentile waiting time (minutes)	144	109	102	98	107
Proportion seen on time (%)	62	71	71	72	70
Australian Capital Territory					
Median waiting time (minutes)	43	38	44	33	37
90th percentile waiting time (minutes)	191	187	197	152	147
Proportion seen on time (%)	55	55	51	61	59
Northern Territory					
Median waiting time (minutes)	38	39	35	34	31
90th percentile waiting time (minutes)	136	158	152	151	130
Proportion seen on time (%)	58	54	57	57	60
Total					
Median waiting time (minutes)	23	21	19	18	18
90th percentile waiting time (minutes)	114	108	101	93	93
Proportion seen on time (%)	70	72	73	75	74

(a) For 2014–15, waiting times information could not be calculated for 8 months of data (about 27,000 emergency department presentations) for a *Public acute group B hospital* in Western Australia.

(b) For 2014–15, waiting times information could not be calculated for one *Public acute group B hospital* in South Australia, that reported about 40,000 emergency department presentations.

Note: See Box 1.1 and appendixes A and B for more information on terminology, data limitations and methods.

5.2 How long did people wait for care in 2014–15?

In 2014–15, the proportion of patients seen on time ranged from 59% in the Australian Capital Territory to 81% in New South Wales (Table 5.2).

In general, the proportion seen on time was higher for the more urgent triage categories, with almost 100% of *Resuscitation* and 79% of *Emergency* patients seen on time (clinically recommended times of within 2 minutes and within 10 minutes, respectively). For *Non-urgent* patients – for which the clinically recommended time is within 2 hours – 92% were seen on time. For *Urgent* presentations (which account for 34% of presentations, see Table 4.2), the proportion seen on time ranged from 48% for the Australian Capital Territory to 76% for New South Wales.

The time within which 50% of patients commenced clinical care (the median waiting time) ranged from 15 minutes in New South Wales to 37 minutes in the Australian Capital Territory.

The 90th percentile waiting time to commencement of clinical care also varied, from 78 minutes in New South Wales to 147 minutes in the Australian Capital Territory.

The waiting times data for Western Australia and South Australia and for *Public acute group B hospitals* should be interpreted with caution. See Section 5.1 for more information.

Table 5.2: Emergency presentation waiting time statistics^(a), public hospital emergency departments, states and territories, 2014–15

Triage category	NSW	Vic	Qld	WA ^(b)	SA ^(c)	Tas	ACT	NT	Total
Emergency presentations	2,550,285	1,592,929	1,361,857	791,927	465,164	146,312	129,705	139,110	7,177,289
Proportion seen on time (%)									
Resuscitation	100	100	99	100	100	100	100	100	100
Emergency	82	80	77	83	69	83	78	62	79
Urgent	76	73	64	57	57	64	48	54	68
Semi-urgent	81	73	74	69	69	67	53	59	74
Non-urgent	95	89	93	93	89	89	86	88	92
Total	81	75	71	68	66	70	59	60	74
Waiting time (minutes)									
Median waiting time	15	19	20	25	20	25	37	31	18
90th percentile waiting time	78	97	93	99	113	107	147	130	93

(a) Records were excluded from the calculation of waiting time if the patient *Did not wait* or was *Dead on arrival*, or if the waiting time could not be calculated. Records were also excluded from the calculation of proportion seen on time if the triage category was missing.

(b) Waiting times information could not be calculated for 8 months of data (about 27,000 emergency department presentations) for a *Public acute group B hospital* in Western Australia.

(c) Waiting times information could not be calculated for one *Public acute group B hospital* in South Australia, that reported about 40,000 emergency department presentations.

Note: See Box 1.1 and appendixes A and B for more information on terminology, data limitations and methods.

How did waiting times vary by Indigenous status?

Almost 406,000 *Emergency presentations* were reported for patients identified as being of Aboriginal and/or Torres Strait Islander origin. Nationally, the median waiting time for Indigenous Australians was the same as that for other Australians (18 minutes) (Table 5.3).

The overall median waiting times for Indigenous Australians were lower than those for other Australians in Queensland, Western Australia, South Australia and the Northern Territory. They were higher in Tasmania, Victoria and the Australian Capital Territory.

The national median waiting times for Indigenous Australians were shorter than those for other Australians for *Urgent* patients and longer for *Emergency* patients. They were the same for patients in all other triage categories.

It should be noted that differences in waiting times may have been influenced by differences in the mix of triage categories for Indigenous Australians compared with other Australians. For example, a higher proportion of Indigenous Australians were assigned to the *Semi-urgent* and *Non-urgent* triage categories compared with other Australians, nationally.

Because the quality of the Indigenous status data in the NNAPEDCD has not been formally assessed, these data should be interpreted with caution. See Box 3.1 and Appendix A for information on the quality of Indigenous status data.

Table 5.3: Median waiting time^(a) (minutes) for *Emergency presentations*, by Indigenous status and triage category, public hospital emergency departments, states and territories, 2014–15

	NSW	Vic	Qld	WA ^(b)	SA ^(c)	Tas	ACT	NT	Total	Emergency presentations ^(d)
Indigenous										
Resuscitation	0	0	0	0	0	0	0	0	0	2,682
Emergency	5	5	6	3	6	6	6	8	6	40,791
Urgent	15	18	18	15	19	23	34	23	18	133,768
Semi-urgent	20	29	28	25	20	38	64	46	27	185,331
Non-urgent	16	26	28	26	16	30	52	35	22	43,005
Total^(e)	15	20	18	17	16	27	43	28	18	405,909
Other Australians^(f)										
Resuscitation	0	0	0	0	0	0	0	0	0	46,172
Emergency	5	5	6	5	6	6	5	8	5	800,066
Urgent	16	17	21	26	25	22	33	31	19	2,431,550
Semi-urgent	20	29	29	38	31	37	55	49	27	2,895,684
Non-urgent	15	29	25	31	23	31	42	34	22	594,467
Total^(e)	15	19	20	26	21	25	37	33	18	6,771,380

(a) Records were excluded from the calculation if the triage category was unknown, if the patient *Did not wait* or was *Dead on arrival*, or if the waiting time could not be calculated.

(b) Waiting times information could not be calculated for 8 months of data (about 27,000 emergency department presentations) for a Public acute group B hospital in Western Australia.

(c) Waiting times information could not be calculated for one *Public acute group B hospital* in South Australia, that reported about 40,000 emergency department presentations.

(d) The total number of emergency presentations includes records for which waiting times could not be calculated.

(e) The total number of emergency presentations includes records for which triage category was unknown.

(f) *Other Australians* includes records for which Indigenous status was *Not reported*.

Note: See boxes 1.1 and 3.1 and appendixes A and B for more information on terminology, data limitations and methods.

How did waiting times vary by remoteness area?

In 2014–15, median waiting times varied by remoteness area (Table 5.4). Overall, median waiting times were highest for people living in *Major cities* and *Very remote* areas (both 20 minutes). *Outer regional* areas had the shortest median waiting times for *Semi-urgent* and *Non-urgent* patients. The longest median waiting time for *Semi-urgent* patients was in *Very remote* areas.

The coverage of the NNAPEDCD is not complete and varied by remoteness area of the hospital. In 2014–15, it ranged from 100% of emergency occasions of service reported to the NNAPEDCD for hospitals located in *Major Cities* to 18% for hospitals located in *Very remote* areas (see Section 1.2 for more information).

The information presented in Table 5.4 is based on the remoteness area of the patient's usual residence, and this may differ from the remoteness area of the hospital. Therefore, the information presented should be interpreted with caution.

Table 5.4: Median waiting time^(a) for *Emergency presentations*, by remoteness area of usual residence and triage category, public hospital emergency departments, 2014–15

Triage category	Remoteness area of usual residence					Total ^(b)
	Major cities	Inner regional	Outer regional	Remote	Very remote	
Resuscitation	0	0	0	0	0	0
Emergency	6	5	5	5	6	5
Urgent	20	17	15	14	17	19
Semi-urgent	30	26	21	24	31	27
Non-urgent	27	20	15	19	26	22
Total	20	17	15	16	20	18

(a) Records were excluded from the calculation if the triage category was unknown, if the patient *Did not wait* or was *Dead on arrival*, or if the waiting time could not be calculated.

(b) Includes presentations for which the remoteness area was unknown.

Note: See Box 1.1 and appendixes A and B for more information on terminology, data limitations and methods.

5.3 Performance indicator: waiting times for emergency department care—proportion seen on time

The NHA performance indicator: ‘Waiting time for emergency hospital care – proportion seen on time’ can be related to the National Health Performance Framework (NHPF) dimension ‘Accessibility’ within the domain ‘Health system performance’. Under the NHA, it relates to the outcome area of *Australians receive appropriate high quality and affordable hospital and hospital-related care*.

In previous reports, this information was presented using the AIHW’s previous peer group classification, and was limited to hospitals in the peer groups *Principal referral and specialist women’s and children’s hospitals* and *Large hospitals*.

From 2014–15, the scope of this indicator changed to include all public hospitals reporting to the NAPEDC NMDS. Therefore, the 2014–15 indicator includes information for hospitals that were excluded from the calculation in previous years.

In addition, the change from the previous peer group classification to the current AIHW peer group classification has resulted in a ‘break in series’ for data disaggregated by peer group. Therefore, the information presented here by public hospital peer group is not directly comparable with those presented in AIHW reports before 2014–15.

In 2014–15, 74% of *Emergency presentations* were seen on time (Table 5.5). The proportion of presentations seen on time ranged from 59% in the Australian Capital Territory, to 81% in New South Wales.

The proportion of presentations seen on time varied by triage category; more urgent presentations were generally more likely to be seen on time. Overall, almost all *Resuscitation* patients and 79% of *Emergency* patients were seen on time. For *Non-urgent* patients, the proportion seen on time (within 2 hours) was 86% or over for all states and territories (Table 5.5).

Principal referral and Women’s and children’s hospitals had the lowest overall proportion of presentations seen on time (71%) and *Other hospitals* had the highest proportion of presentations seen on time (87%) (Table 5.5).

The waiting times data for Western Australia and South Australia and for *Public acute group B hospitals* should be interpreted with caution. See Section 5.1 for more information.

How did the proportion seen on time vary by Indigenous status?

The proportion of presentations seen on time for Indigenous Australians (75%) was similar to the proportion of presentations seen on time for other Australians (74%) (Table 5.6).

There was some variation among the states and territories with Queensland, Western Australia, South Australia and the Northern Territory all reporting a higher proportion of Indigenous Australians seen on time compared with other Australians.

Because the quality of the Indigenous status data in the NNAPEDCD has not been formally assessed, these data should be interpreted with caution.

Table 5.5: Proportion^(a)(%) of *Emergency presentations* seen on time, by triage category, public hospital emergency departments, states and territories, 2014–15

Peer group and triage category	NSW	Vic	Qld	WA ^(b)	SA ^(c)	Tas	ACT	NT	Total
Principal referral and Women's and children's hospitals									
Resuscitation	100	100	99	100	100	100	100	100	100
Emergency	77	78	75	81	66	84	77	56	75
Urgent	70	73	66	59	54	51	39	37	65
Semi-urgent	76	72	77	68	65	58	43	50	71
Non-urgent	92	89	95	94	90	86	80	79	90
<i>Total</i>	75	74	73	68	62	62	51	49	71
Public acute group A hospitals									
Resuscitation	100	100	99	100	100	100	100	100	100
Emergency	84	80	79	85	69	84	81	74	81
Urgent	76	72	65	41	49	72	59	67	67
Semi-urgent	81	74	73	59	54	72	66	57	73
Non-urgent	94	92	91	88	80	91	92	88	92
<i>Total</i>	81	75	71	57	57	74	69	64	73
Public acute group B hospitals^{(b)(c)}									
Resuscitation	100	100	98	99	100	100	..	..	99
Emergency	85	81	77	85	83	78	..	..	82
Urgent	77	71	59	67	86	69	..	..	69
Semi-urgent	81	70	73	76	88	72	..	..	76
Non-urgent	94	88	93	94	98	95	..	..	93
<i>Total</i>	82	73	69	75	89	73	..	..	76
Other hospitals									
Resuscitation	100	100	..	99	100	..	..	100	100
Emergency	87	89	..	80	97	..	..	67	86
Urgent	85	84	..	87	93	..	..	74	85
Semi-urgent	87	76	..	86	95	..	..	76	85
Non-urgent	97	87	..	96	98	..	..	92	95
<i>Total</i>	88	81	..	87	95	..	..	78	87
All hospitals									
Resuscitation	100	100	99	100	100	100	100	100	100
Emergency	82	80	77	83	69	83	78	62	79
Urgent	76	73	64	57	57	64	48	54	68
Semi-urgent	81	73	74	69	69	67	53	59	74
Non-urgent	95	89	93	93	89	89	86	88	92
Total	81	75	71	68	66	70	59	60	74

(a) Records were excluded from the calculation of waiting time statistics if the triage category was unknown, if the patient *Did not wait* or was *Dead on arrival*, or if the waiting time could not be calculated.

(b) Waiting times information could not be calculated for 8 months of data (about 27,000 emergency department presentations) for a *Public acute group B hospital* in Western Australia.

(c) Waiting times information could not be calculated for one *Public acute group B hospital* in South Australia, that reported about 40,000 emergency department presentations.

Note: See Box 1.1 and appendixes A, B and C for more information on terminology, data limitations and methods.

Table 5.6: Proportion^(a) (%) of *Emergency presentations seen on time, by triage category and Indigenous status, public hospital emergency departments, states and territories, 2014–15*

	NSW	Vic	Qld	WA ^(b)	SA ^(c)	Tas	ACT	NT	Total
Indigenous									
Resuscitation	100	100	100	99	100	100	100	100	100
Emergency	82	79	80	87	68	85	79	63	78
Urgent	75	72	68	73	63	62	48	60	70
Semi-urgent	81	73	75	79	76	68	49	60	75
Non-urgent	94	90	92	95	93	90	83	85	92
Total^(d)	81	74	74	79	73	70	56	62	75
Other Australians^(e)									
Resuscitation	100	100	99	100	100	100	100	100	100
Emergency	82	80	77	83	69	83	78	61	79
Urgent	76	73	64	56	57	64	48	49	68
Semi-urgent	81	73	74	68	69	67	53	58	74
Non-urgent	95	89	93	93	89	89	86	90	92
Total^(d)	81	75	71	68	66	70	59	58	74

(a) Records were excluded from the calculation of waiting time statistics if the triage category was unknown, if the patient *Did not wait* or was *Dead on arrival*, or if the waiting time could not be calculated.

(b) Waiting times information could not be calculated for 8 months of data (about 27,000 emergency department presentations) for a *Public acute group B hospital* in Western Australia.

(c) Waiting times information could not be calculated for one *Public acute group B hospital* in South Australia, that reported about 40,000 emergency department presentations.

(d) Includes records for which the triage category was unknown.

(e) *Other Australians* includes records for which Indigenous status was *Not reported*.

Note: See boxes 1.1 and 3.1 and appendixes A and B for more information on terminology, data limitations and methods.

Where to go for more information

More information on emergency department waiting times is available in tables accompanying this report in Tables S5.1, S5.2 and S5.3 online for:

- triage category and remoteness of usual residence
- triage category and socioeconomic status of usual residence

Information on data limitations and methods is available in appendixes A and B.

6 How long did people stay in the emergency department?

This chapter presents information on the amount of time spent in the emergency department including:

- length of stay – measured from the time of presentation of the patient to the emergency department to the time of physical departure. This includes any time spent as an admitted patient in the emergency department, except the time spent in ‘short stay units’ (see Figure 1.1)
- treatment time – measured as the time from the commencement of clinical care to the conclusion of the non-admitted component of care (episode end). This is a measure of the amount of time during which the patient receives service (is treated and/or observed), excluding any time spent as an admitted patient in the emergency department (see Figure 1.1).

It also includes data on the following length of stay performance indicators relevant to emergency department care:

- the NHA performance indicator: ‘Waiting times for emergency department care – proportion completed within four hours’
- the NHRA National Partnership Agreement on Improving Public Hospital Services (NPA IPHS) indicator: ‘Admission to hospital from emergency departments’.

Key findings

How long did treatment take?

Generally, treatment times were longer for patients subsequently admitted to the hospital than for other patients.

In 2014–15, 33% of *Emergency presentations* for patients who were not subsequently admitted to the same hospital had a treatment time of less than 1 hour compared with 9% for patients who were subsequently admitted to the same hospital.

How long did patients stay?

Between 2011–12 and 2014–15, the proportion of emergency department presentations completed in 4 hours or less increased from 64% to 73%.

In 2014–15, Western Australia had the highest proportion of presentations completed in 4 hours or less (79%) and the Northern Territory had the lowest (62%).

About 30% of emergency department patients were admitted to hospital after their emergency department care. For these patients, 47% were admitted in 4 hours or less, and 90% were admitted within 11 hours and 41 minutes. Queensland had the highest proportion (57%) of emergency department patients admitted in 4 hours or less and the Northern Territory had the lowest (23%).

6.1 How long did patients stay?

The length of emergency department stay can differ according to whether the patient is subsequently admitted to the same hospital. As a result, summary length of stay statistics are presented separately for patients subsequently admitted to the same hospital (those with an episode end status of *Transferred for admitted patient care in this hospital*) and for patients not subsequently admitted to the same hospital (including those referred to another hospital).

The length of stay measures (tables 6.1 to 6.9) include all emergency department *Type of visit* categories. Therefore, the data presented in this report may not be comparable with data presented in *Australian hospital statistics* reports before 2011–12, where this information was presented only for the *Type of visit* category: *Emergency presentation*.

The length of emergency department stay could not be calculated for about 4,300 records due to missing or incorrect values (for example, for time of presentation or physical departure).

Median length of stay

The median length of stay represents the amount of time spent in the emergency department at the 50th percentile. Half of the patients had a shorter length of stay and half had a longer stay.

How has the median length of stay changed over time?

Between 2011–12 and 2014–15, the median length of stay for all emergency department presentations decreased from 2 hours and 58 minutes to 2 hours and 41 minutes (Table 6.1). For patients subsequently admitted, the median length of stay decreased from 5 hours and 47 minutes to 4 hours and 16 minutes.

Between 2011–12 and 2014–15, the largest reduction in the median emergency department length of stay was for New South Wales (from 3 hours and 14 minutes in 2011–12 to 2 hours and 30 minutes in 2014–15).

What was the median length of stay in 2014–15?

The overall median length of stay varied across states and territories from 2 hours and 28 minutes in Western Australia to 3 hours and 10 minutes in the Australian Capital Territory (Table 6.2).

For patients who were subsequently admitted, the median length of stay ranged from 3 hours and 50 minutes in Queensland to 7 hours and 8 minutes in the Northern Territory.

For patients who were not subsequently admitted, the median lengths of stay were generally shorter for the less urgent triage categories.

Table 6.1: Median length of emergency department stay^{(a)(b)} by admission status, states and territories, 2011–12 to 2014–15

State/territory	2011–12	2012–13	2013–14	2014–15
Presentations ending in admission (hours: minutes)				
New South Wales	06:25	05:48	04:45	04:43
Victoria	05:31	05:08	04:23	04:05
Queensland	06:34	04:47	03:56	03:50
Western Australia	03:58	04:15	03:55	03:53
South Australia	05:05	04:55	05:05	05:12
Tasmania	06:10	06:13	06:02	06:05
Australian Capital Territory	05:42	06:03	05:28	05:21
Northern Territory	06:13	06:43	07:06	07:08
Total	05:47	05:15	04:27	04:16
Presentations not ending in admission (hours: minutes)				
New South Wales	02:24	02:19	01:52	01:53
Victoria	02:11	02:29	02:24	02:23
Queensland	02:25	02:17	02:10	02:13
Western Australia	01:56	02:02	01:59	02:03
South Australia	02:24	02:21	02:28	02:29
Tasmania	02:10	02:11	02:08	02:15
Australian Capital Territory	02:56	02:55	02:41	02:41
Northern Territory	02:19	02:21	02:23	02:17
Total	02:17	02:19	02:07	02:08
All presentations (hours: minutes)				
New South Wales	03:14	03:04	02:30	02:30
Victoria	03:02	03:02	02:56	02:54
Queensland	02:59	02:43	02:38	02:42
Western Australia	02:20	02:27	02:23	02:28
South Australia	02:55	02:52	02:59	03:02
Tasmania	02:42	02:41	02:41	02:49
Australian Capital Territory	03:27	03:28	03:11	03:10
Northern Territory	02:53	02:59	03:06	03:02
Total	02:58	02:53	02:40	02:41

(a) Includes presentations for all types of visit.

(b) Length of stay is calculated as the length of time between presentation to the emergency department and physical departure.

Note: See Box 1.1 and appendixes A and B for more information on terminology, data limitations and methods.

Table 6.2: Emergency department presentations^(a) median length of stay^(b), by triage category and admission status, public hospital emergency departments, states and territories, 2014–15

Triage category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Presentations ending in admission (hours: minutes)									
Resuscitation	3:59	3:45	3:37	3:04	3:36	3:24	3:27	4:28	3:45
Emergency	4:39	4:03	3:49	3:38	5:11	5:28	4:24	7:17	4:11
Urgent	4:58	4:14	3:52	3:58	5:31	6:24	5:51	7:22	4:26
Semi-urgent	4:32	3:59	3:44	3:56	4:52	6:12	5:22	6:54	4:11
Non-urgent	3:18	3:24	3:20	3:37	3:12	4:25	4:36	6:32	3:26
<i>Total^(c)</i>	<i>4:43</i>	<i>4:05</i>	<i>3:50</i>	<i>3:53</i>	<i>5:12</i>	<i>6:05</i>	<i>5:21</i>	<i>7:08</i>	<i>4:16</i>
Presentations not ending in admission (hours: minutes)									
Resuscitation	3:03	4:11	3:37	3:41	3:48	3:41	2:31	3:34	3:33
Emergency	2:59	3:15	2:51	2:50	3:10	3:30	3:37	3:17	3:00
Urgent	2:34	2:54	2:39	2:32	3:05	2:58	3:18	2:48	2:42
Semi-urgent	1:51	2:14	1:56	1:51	2:13	2:04	2:37	2:11	1:59
Non-urgent	0:53	1:32	1:23	1:20	1:29	1:23	1:54	1:23	1:10
<i>Total^(c)</i>	<i>1:53</i>	<i>2:23</i>	<i>2:13</i>	<i>2:03</i>	<i>2:29</i>	<i>2:15</i>	<i>2:41</i>	<i>2:17</i>	<i>2:08</i>
All presentations (hours: minutes)									
Resuscitation	3:50	3:51	3:37	3:15	3:38	3:30	3:17	4:16	3:42
Emergency	3:50	3:47	3:26	3:16	4:06	4:30	4:00	5:05	3:42
Urgent	3:23	3:29	3:10	3:05	3:46	3:50	4:00	4:10	3:21
Semi-urgent	2:08	2:33	2:08	2:04	2:27	2:20	2:55	2:33	2:15
Non-urgent	0:55	1:36	1:25	1:22	1:32	1:26	1:58	1:28	1:13
Total^(c)	2:30	2:54	2:42	2:28	3:02	2:49	3:10	3:02	2:41

(a) Includes presentations for all types of visit.

(b) Length of stay is calculated as the length of time between presentation to the emergency department and physical departure.

(c) The total includes presentations for which the triage category was not reported.

Note: See Box 1.1 and appendixes A and B for more information on terminology, data limitations and methods.

90th percentile length of stay

The 90th percentile length of stay represents the amount of time spent in the emergency department for 90% of patients. For the remaining 10% of patients, the length of stay was longer.

How has the 90 percentile length of stay changed over time?

Between 2011–12 and 2014–15, the 90th percentile emergency department length of stay for all emergency department presentations decreased from 8 hours and 28 minutes to 7 hours and 2 minutes (Table 6.3).

Queensland had the largest reduction in the 90th percentile emergency department length of stay (from 8 hours and 47 minutes in 2011–12 to 6 hours and 10 minutes in 2014–15). For the Northern Territory, the 90th percentile length of stay increased from 8 hours and 47 minutes in 2011–12 to 10 hours and 26 minutes in 2014–15.

Table 6.3: The 90th percentile length of emergency department stay^{(a)(b)} by admission status, states and territories, 2011–12 to 2014–15

State/territory	2011–12	2012–13	2013–14	2014–15
Presentations ending in admission (hours: minutes)				
New South Wales	15:28	14:30	12:28	12:34
Victoria	13:29	14:07	11:54	11:58
Queensland	16:00	11:40	09:19	08:47
Western Australia	09:02	09:42	08:55	08:19
South Australia	13:11	13:37	14:01	14:34
Tasmania	16:53	20:47	19:33	21:34
Australian Capital Territory	14:09	16:55	15:12	15:28
Northern Territory	16:13	17:53	19:44	19:33
Total	14:23	13:41	11:49	11:41
Presentations not ending in admission (hours: minutes)				
New South Wales	06:11	05:45	04:43	04:29
Victoria	04:48	05:53	05:35	05:29
Queensland	05:59	05:11	04:36	04:36
Western Australia	04:15	04:30	04:23	04:29
South Australia	06:01	05:46	05:52	05:48
Tasmania	06:00	05:44	05:23	05:30
Australian Capital Territory	07:08	07:05	06:18	06:01
Northern Territory	05:40	05:41	05:51	05:35
Total	05:39	05:34	05:01	04:54
All presentations (hours: minutes)				
New South Wales	09:11	08:32	07:03	06:55
Victoria	08:12	08:10	07:34	07:36
Queensland	08:47	07:04	06:16	06:10
Western Australia	05:42	06:00	05:45	05:48
South Australia	08:22	08:12	08:25	08:38
Tasmania	08:25	08:23	08:28	08:52
Australian Capital Territory	09:12	09:40	08:45	08:32
Northern Territory	08:47	09:13	10:05	10:26
Total	08:28	07:55	07:05	07:02

(a) Includes presentations for all types of visit.

(b) Length of stay is calculated as the length of time between presentation to the emergency department and physical departure.

Note: See Box 1.1 and appendixes A and B for more information on terminology, data limitations and methods.

What was the 90th percentile length of stay in 2014–15?

Nationally, 90% of emergency department presentations were completed within 7 hours and 2 minutes, ranging from 5 hours and 48 minutes in Western Australia to 10 hours and 26 minutes in the Northern Territory (Table 6.4).

For patients who were not subsequently admitted, 90% of presentations were completed within 4 hours and 54 minutes, ranging from 4 hours and 29 minutes in New South Wales and Western Australia to 6 hours and 1 minute in the Australian Capital Territory.

The 90th percentile length of stay for patients subsequently admitted ranged from 8 hours and 19 minutes in Western Australia to 21 hours 34 minutes in Tasmania.

Table 6.4: Emergency department presentations^(a) 90th percentile length of stay^(b), by triage category and admission status, public hospital emergency departments, states and territories, 2014–15

Triage category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Presentations ending in admission (hours: minutes)									
Resuscitation	11:19	10:58	8:20	7:24	11:28	11:57	9:25	14:47	10:09
Emergency	12:59	12:29	9:00	7:58	14:39	21:52	14:28	20:47	11:55
Urgent	13:05	12:14	8:53	8:35	15:21	22:14	17:01	19:43	11:58
Semi-urgent	11:37	11:21	8:14	8:12	13:23	20:55	13:50	18:26	11:11
Non-urgent	8:39	8:22	7:16	6:45	9:38	13:53	11:33	19:36	8:45
Admission to hospital from emergency departments— emergency department length of stay at the 90th percentile									
<i>Total^(c)</i>	<i>12:34</i>	<i>11:58</i>	<i>8:47</i>	<i>8:19</i>	<i>14:34</i>	<i>21:34</i>	<i>15:28</i>	<i>19:33</i>	<i>11:41</i>
Presentations not ending in admission (hours: minutes)									
Resuscitation	6:55	10:32	7:50	8:56	10:07	6:50	9:53	7:41	8:27
Emergency	6:10	8:03	6:11	6:44	7:23	8:15	8:23	7:52	6:45
Urgent	5:21	6:23	5:14	5:25	6:44	6:37	7:18	6:27	5:44
Semi-urgent	4:13	5:02	3:58	3:54	5:10	4:58	5:38	5:08	4:28
Non-urgent	3:00	3:49	3:18	3:04	4:14	3:40	4:15	4:15	3:21
<i>Total^(c)</i>	<i>4:29</i>	<i>5:29</i>	<i>4:36</i>	<i>4:29</i>	<i>5:48</i>	<i>5:30</i>	<i>6:01</i>	<i>5:35</i>	<i>4:54</i>
All presentations (hours: minutes)									
Resuscitation	10:15	10:51	8:15	7:51	11:10	10:55	9:35	13:58	9:43
Emergency	10:11	10:47	8:03	7:24	12:04	16:09	11:54	16:21	9:49
Urgent	8:39	9:04	6:55	6:51	10:23	12:27	11:15	13:28	8:25
Semi-urgent	5:35	6:20	4:38	4:43	6:27	6:39	7:04	7:50	5:39
Non-urgent	3:16	4:00	3:29	3:17	4:37	3:58	4:34	4:59	3:36
Total^(c)	6:55	7:36	6:10	5:48	8:38	8:52	8:32	10:26	7:02

(a) Includes presentations for all types of visit.

(b) Length of stay is calculated as the length of time between presentation to the emergency department and physical departure.

(c) The total includes presentations for which the triage category was not reported.

Note: See Box 1.1 and appendixes A and B for more information on terminology, data limitations and methods.

6.2 How many visits were completed within 4 hours?

The calculation of the proportion of emergency department presentations completed within 4 hours includes all types of visits (not just *Emergency presentations*) and all episode end types. Patients are considered to have completed their visit to the emergency department when they physically leave (regardless of whether they were admitted to the hospital, referred to another hospital, were discharged or left at their own risk), not when the non-admitted component of care ends.

About 4,300 records were excluded from the calculation of proportion completed within 4 hours as the length of emergency department stay could not be calculated due to missing or incorrect values (for example, the time of presentation or physical departure). These records were distributed across multiple hospitals and jurisdictions.

How has the proportion of presentations completed within 4 hours changed over time?

Between 2011–12 and 2014–15, the proportion of presentations completed within 4 hours increased from 64% to 73% (Table 6.5). New South Wales had the largest increase in the proportion of presentations completed within 4 hours (from 60% to 75%) while the proportion in the Northern Territory decreased (from 65% to 62%).

For patients subsequently admitted, the proportion of presentations that were completed within 4 hours increased from 30% in 2011–12 to 47% in 2014–15 (Table 6.5). The proportion increased in New South Wales, Victoria, Queensland, Tasmania and the Australian Capital Territory and fluctuated in Western Australia, South Australia and the Northern Territory.

What proportion of presentations were completed within 4 hours in 2014–15?

The proportion of emergency department presentations completed within 4 hours is an NHA performance indicator.

In general, presentations for patients who required more urgent treatment (reflected by the triage category) were not as likely to be completed within 4 hours. For example, 57% of *Resuscitation* and *Emergency* visits were completed within 4 hours, compared with 81% of *Semi-urgent* visits and 93% of *Non-urgent* visits (Table 6.6).

Public acute group B hospitals generally achieved a higher proportion of visits completed within 4 hours (78%) than *Principal referral and Women's and children's hospitals* and *Public acute group A hospitals* (68% and 70%, respectively).

Table 6.5: Proportion of presentations^(a) to emergency departments with a length of stay of 4 hours or less, for all patients and patients subsequently admitted^(b) and length of stay at the 90th percentile for patients subsequently admitted, public hospital emergency departments, states and territories, 2011–12 to 2014–15

State/territory	2011–12	2012–13	2013–14	2014–15
Waiting times for emergency department care— proportion completed within 4 hours (%)				
New South Wales	59.7	63.6	74.0	75.0
Victoria	64.6	65.6	69.0	69.9
Queensland	63.7	71.8	76.3	76.7
Western Australia	79.7	77.2	79.5	78.7
South Australia	64.6	65.9	64.5	63.8
Tasmania	66.4	67.3	67.7	66.6
Australian Capital Territory	57.7	57.3	61.8	63.1
Northern Territory	65.2	63.6	61.6	62.1
Total	64.4	67.3	72.7	73.3
Admission^(b) to hospital from emergency departments— proportion of presentations where length of stay is less than or equal to 4 hours (%)				
New South Wales	23.6	30.1	42.5	42.9
Victoria	31.2	37.8	46.0	49.3
Queensland	22.6	40.8	52.9	56.6
Western Australia	51.9	46.3	53.0	54.6
South Australia	38.4	40.0	38.2	37.2
Tasmania	24.6	25.3	28.4	29.0
Australian Capital Territory	31.6	29.4	34.3	35.7
Northern Territory	29.1	24.3	21.9	22.7
Total	29.6	35.9	45.2	47.2

(a) Includes presentations for all types of visit.

(b) For patients with an episode end status of *Transferred for admitted patient care in this hospital* (either short stay unit, hospital-in-the-home or non-emergency department hospital ward).

Note: See Box 1.1 and appendixes A and B for more information on terminology, data limitations and methods.

Performance indicator: Waiting times for emergency department care— proportion completed within four hours

The NHA performance indicator: ‘Waiting time for emergency hospital care: proportion completed within four hours’ can be related to the NHPF dimensions ‘Accessibility’ and ‘Effectiveness’ within the domain ‘Health system performance’. Under the NHA, it relates to the outcome area of *Australians receive appropriate high quality and affordable hospital and hospital-related care*.

The scope of this indicator is all public hospitals reporting to the NAPEDC NMDS.

In 2014–15, Western Australia had the highest proportion (79%) of emergency department visits completed within 4 hours and the Northern Territory had the lowest (62%) (Table 6.6). New South Wales and Queensland also had high proportions of emergency department visits completed within 4 hours (75% and 77%, respectively).

Table 6.6: Proportion of presentations^(a)(%) to emergency departments with a length of stay of 4 hours or less, by triage category and public hospital peer group, public hospital emergency departments, states and territories, 2014–15

Peer group and triage category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Principal referral and Women's and children's hospitals									
Resuscitation	53	58	64	70	54	54	59	48	57
Emergency	48	54	60	70	49	44	49	39	53
Urgent	55	62	70	74	53	48	44	42	60
Semi-urgent	75	76	85	88	71	65	62	64	76
Non-urgent	88	90	93	96	85	86	82	77	89
<i>Total^(b)</i>	<i>65</i>	<i>69</i>	<i>76</i>	<i>81</i>	<i>60</i>	<i>60</i>	<i>57</i>	<i>54</i>	<i>68</i>
Public acute group A hospitals									
Resuscitation	52	50	54	60	49	62	57	45	52
Emergency	55	53	61	61	41	41	52	33	55
Urgent	63	57	70	68	43	52	58	47	62
Semi-urgent	79	75	86	84	60	77	77	73	79
Non-urgent	93	91	94	93	75	94	90	85	92
<i>Total^(b)</i>	<i>72</i>	<i>66</i>	<i>76</i>	<i>76</i>	<i>52</i>	<i>67</i>	<i>71</i>	<i>61</i>	<i>70</i>
Public acute group B hospitals									
Resuscitation	60	50	58	59	71	51	..	..	58
Emergency	59	65	68	69	59	54	..	..	64
Urgent	68	67	71	73	64	64	..	..	69
Semi-urgent	84	76	88	88	84	87	..	..	83
Non-urgent	94	88	96	96	96	97	..	..	93
<i>Total^(b)</i>	<i>79</i>	<i>74</i>	<i>80</i>	<i>81</i>	<i>77</i>	<i>78</i>	<i>..</i>	<i>..</i>	<i>78</i>
All hospitals^(c)									
Resuscitation	55	54	59	64	54	57	58	48	57
Emergency	55	55	64	67	49	44	50	40	57
Urgent	64	61	70	70	54	53	50	48	64
Semi-urgent	82	76	86	86	74	75	68	71	81
Non-urgent	95	90	94	95	87	90	86	86	93
Performance indicator: Waiting times for emergency department care— proportion completed within four hours									
Total^{(b)(c)}	75	70	77	79	64	67	63	62	73

(a) Includes presentations for all types of visit.

(b) The total includes presentations for which the triage category was not reported.

(c) *All hospitals* includes *Principal referral and Women's and children's hospitals*, *Public acute group A hospitals*, *Public acute group B hospitals* and hospitals in other peer groups that reported to the NNAPEDCD.

Note: See Box 1.1 and appendixes A and B for more information on terminology, data limitations and methods.

How did the proportion completed within 4 hours vary for patients subsequently admitted?

For patients subsequently admitted, the length of stay indicates the amount of time spent in the emergency department before being moved to another ward in the hospital.

Performance indicator: Admission to hospital from emergency departments

The National Health Reform Agreement NPA IPHS indicator: 'Admission to hospital from emergency departments' (for all patients presenting to a public hospital emergency department [including publicly funded privately operated hospitals] who are subsequently

admitted to the same hospital) is also known by the common name of 'Access block indicator'.

This performance indicator includes the proportion of presentations for patients subsequently admitted where the length of the emergency department stay is less than or equal to 4 hours; and the length of emergency department stay at the 90th percentile.

Proportion admitted within 4 hours

Nationally, about 47% of emergency department visits for patients subsequently admitted were completed within 4 hours. The proportion ranged from 23% in the Northern Territory to 57% in Queensland (Table 6.7).

The proportion of emergency department stays completed within 4 hours varied by triage category. For patients subsequently admitted, *Resuscitation* and *Non-urgent* patients were generally reported as having higher proportions of emergency department stays completed within 4 hours than other triage categories.

90th percentile time to admission

Between 2011–12 and 2014–15, the 90th percentile time to admission (length of emergency department stay) decreased from 14 hours and 23 minutes to 11 hours and 41 minutes (Table 6.3).

In 2014–15, the 90th percentile length of emergency department stay ranged from 8 hours and 19 minutes in Western Australia to 21 hours and 34 minutes in the Tasmania (Table 6.4). For more information about the 90th percentile length of stay, see Section 6.1.

How did the proportion completed within 4 hours vary for patients not subsequently admitted?

In 2014–15, about 84% of presentations for patients who were not subsequently admitted were completed within 4 hours. The highest proportion completed within 4 hours was for *Non-urgent* patients (94%) (Table 6.8).

The proportion of emergency department stays completed within 4 hours for patients who were not subsequently admitted ranged from 73% in the Australian Capital Territory to 87% in New South Wales and Western Australia.

Table 6.7: Proportion of presentations^(a)(%) to emergency departments with a length of stay of 4 hours or less, for patients subsequently admitted to the hospital, by triage category and public hospital peer group, public hospital emergency departments, states and territories, 2014–15

Peer group and triage category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Principal referral and Women's and children's hospitals									
Resuscitation	51	61	64	72	55	54	59	48	58
Emergency	38	49	51	66	41	36	46	23	45
Urgent	35	52	53	62	34	27	28	18	44
Semi-urgent	42	55	60	62	39	29	32	19	48
Non-urgent	56	66	62	67	63	35	36	16	58
<i>Total^(b)</i>	38	53	54	63	38	30	34	20	46
Public acute group A hospitals									
Resuscitation	49	51	53	62	47	65	50	42	51
Emergency	43	46	54	50	22	28	46	18	45
Urgent	38	40	56	36	17	22	37	17	41
Semi-urgent	40	43	60	39	20	24	40	16	43
Non-urgent	61	64	68	57	27	62	53	21	59
<i>Total^(b)</i>	40	43	56	41	20	25	40	17	43
Public acute group B hospitals									
Resuscitation	54	46	55	59	79	39	..	..	55
Emergency	49	63	63	63	54	45	..	..	58
Urgent	45	58	55	52	54	36	..	..	52
Semi-urgent	49	56	60	52	56	40	..	..	54
Non-urgent	72	56	72	61	82	52	..	..	67
<i>Total^(b)</i>	48	58	58	55	55	39	..	..	54
All hospitals^(c)									
Resuscitation	51	56	59	68	54	58	57	46	56
Emergency	43	49	56	60	37	35	46	24	48
Urgent	40	48	56	52	34	26	31	21	45
Semi-urgent	45	51	60	53	40	28	35	22	48
Non-urgent	65	64	66	63	58	45	42	29	63
Performance indicator: Admission to hospital from emergency departments— proportion of presentations where the length of stay is less than or equal to 4 hours									
Total^(b)	43	49	57	55	37	29	36	23	47

(a) Includes presentations for all types of visit.

(b) The total includes presentations for which the triage category was not reported.

(c) *All hospitals* includes *Principal referral and Women's and children's hospitals*, *Public acute group A hospitals*, *Public acute group B hospitals* and hospitals in other peer groups that reported to the NNAPEDCD.

Note: See Box 1.1 and appendixes A, B and C for more information on terminology, data limitations and methods.

Table 6.8: Proportion of presentations^(a)(%) to emergency departments with a length of stay of 4 hours or less for patients not subsequently admitted to the hospital, by triage category and public hospital peer group, public hospital emergency departments, states and territories, 2014–15

Peer group and triage category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Principal referral and Women's and children's hospitals									
Resuscitation	66	44	60	56	48	59	56	51	56
Emergency	71	65	78	80	66	64	56	58	70
Urgent	74	74	83	87	68	66	57	60	75
Semi-urgent	84	83	91	95	79	75	70	75	84
Non-urgent	91	92	95	98	88	89	84	82	92
<i>Total^(b)</i>	<i>81</i>	<i>81</i>	<i>87</i>	<i>92</i>	<i>74</i>	<i>75</i>	<i>68</i>	<i>70</i>	<i>81</i>
Public acute group A hospitals									
Resuscitation	63	47	58	58	57	51	70	65	57
Emergency	75	64	75	70	68	52	57	79	71
Urgent	81	70	81	79	60	68	69	83	76
Semi-urgent	88	83	91	89	70	84	82	88	86
Non-urgent	95	93	96	95	78	95	92	93	94
<i>Total^(b)</i>	<i>86</i>	<i>78</i>	<i>86</i>	<i>84</i>	<i>67</i>	<i>79</i>	<i>79</i>	<i>87</i>	<i>83</i>
Public acute group B hospitals									
Resuscitation	71	55	60	59	63	59	..	..	62
Emergency	70	66	74	75	62	63	..	..	70
Urgent	81	73	78	83	68	75	..	..	78
Semi-urgent	90	81	91	92	87	90	..	..	88
Non-urgent	95	90	97	97	97	98	..	..	94
<i>Total^(b)</i>	<i>87</i>	<i>79</i>	<i>86</i>	<i>88</i>	<i>81</i>	<i>85</i>	<i>..</i>	<i>..</i>	<i>85</i>
All hospitals^(c)									
Resuscitation	69	48	59	57	54	55	64	55	59
Emergency	74	65	76	74	66	58	57	63	71
Urgent	80	72	81	81	67	69	63	70	77
Semi-urgent	89	83	91	91	81	83	76	82	87
Non-urgent	96	92	96	97	89	93	88	89	94
Total^{(b)(c)}	87	80	86	87	76	79	73	79	84

(a) Includes presentations for all types of visit.

(b) The total includes presentations for which the triage category was not reported.

(c) *All hospitals* includes *Principal referral and Women's and children's hospitals*, *Public acute group A hospitals*, *Public acute group B hospitals* and hospitals in other peer groups that reported to the NNAPEDCD.

Note: See Box 1.1 and appendixes A, B and C for more information on terminology, data limitations and methods.

6.3 How long did treatment take?

The length of treatment time is calculated as the time between the commencement of clinical care and the end of the episode (see Figure 1.1). The length of treatment time can differ according to whether the patient is subsequently admitted to the same hospital or not. As a result, treatment time statistics are presented separately for patients who were subsequently admitted to the same hospital and for patients not subsequently admitted to the hospital.

The treatment time measures presented in tables 6.9 and 6.10 are for *Emergency presentations* only. The calculations exclude presentations for which the measures of time could not be calculated due to missing or incorrect values (for example, if the time of physical departure was reported as occurring before the time of presentation).

For about 364,000 records, the treatment time could not be calculated. Of these, about 224,000 had an episode end status of *Did not wait* or *Dead on arrival*, for which a time of episode end is not applicable. For about 16,000 records the treatment time could not be calculated as the date and time of episode end were missing. For about 124,000 records (including 67,000 records in Western Australia and South Australia) the treatment time could not be calculated because the date and time of commencement of clinical care was missing. See Section 5.1 for more information.

Treatment time for patients subsequently admitted to the same hospital

Approximately 9% of *Emergency presentations* for patients subsequently admitted to the hospital had a treatment time of less than 1 hour, 53% had treatment times ranging from 1 hour to less than 4 hours, and 37% had treatment times of 4 hours or more (Table 6.9). Almost 1 in 4 (23%) *Non-urgent* patients were treated within 1 hour.

Generally, the treatment times were greater for patients subsequently admitted to the same hospital than for other patients (Table 6.10).

Treatment time for patients not subsequently admitted to the same hospital

Approximately 33% of presentations for patients who were not subsequently admitted to the same hospital had a treatment time of less than 1 hour, 49% had treatment times ranging from 1 hour to less than 4 hours, and 10% had treatment times of 4 hours or more (Table 6.10).

Around 36% of *Resuscitation* patients had a treatment time of 4 hours or more, while 55% of *Non-urgent* patients were treated within 1 hour.

The treatment time could not be calculated for about 7% of records for patients who were not subsequently admitted to the same hospital because either the time of commencement of clinical care or the time of episode end was not reported. Almost 62% of these records had an episode end status of *Did not wait* indicating that the patient had not received treatment.

Table 6.9: Treatment time statistics for *Emergency presentations* for patients subsequently admitted to this hospital by triage category, public hospital emergency departments, 2014–15

	Triage category					Total ^(a)
	Resuscitation	Emergency	Urgent	Semi-urgent	Non-urgent	
Number of presentations						
Less than 1 hour	5,472	32,555	89,519	60,581	7,331	195,484
1 hour to <2 hours	6,975	79,046	164,108	88,565	6,278	344,984
2 hours to <3 hours	6,813	102,556	203,747	97,799	5,823	416,754
3 hours to <4 hours	6,027	98,178	195,405	85,544	4,353	389,517
4 hours or more	12,309	191,571	404,899	174,904	7,467	791,168
Total^(b)	37,695	506,965	1,066,190	513,240	32,101	2,156,323
Proportion of presentations (%)						
Less than 1 hour	15	6	8	12	23	9
1 hour to <2 hours	19	16	15	17	20	16
2 hours to <3 hours	18	20	19	19	18	19
3 hours to <4 hours	16	19	18	17	14	18
4 hours or more	33	38	38	34	23	37
Total^(b)	100	100	100	100	100	100

(a) Includes records for which triage category was unknown.

(b) Includes approximately 18,400 records (less than 1%) for which the length of treatment time could not be calculated because either the time of commencement of clinical care or the time of episode end was not reported.

Note: See Box 1.1 and appendixes A and B for more information on terminology, data limitations and methods.

Table 6.10: Treatment time statistics for *Emergency presentations* for patients not subsequently admitted to this hospital, by triage category, public hospital emergency departments, 2014–15

	Triage category					Total ^(a)
	Resuscitation	Emergency	Urgent	Semi-urgent	Non-urgent	
Number of presentations						
Less than 1 hour	1,520	28,927	291,196	989,089	334,539	1,645,701
1 hour to <2 hours	1,501	67,113	372,828	665,575	119,211	1,226,293
2 hours to <3 hours	1,910	81,792	324,976	365,381	46,508	820,590
3 hours to <4 hours	1,963	63,499	211,414	184,109	19,150	480,154
4 hours or more	4,056	84,254	232,626	167,235	14,030	502,238
Total^(b)	11,159	333,892	1,499,128	2,567,775	605,371	5,020,966
Proportion of presentations (%)						
Less than 1 hour	14	9	19	39	55	33
1 hour to <2 hours	13	20	25	26	20	24
2 hours to <3 hours	17	24	22	14	8	16
3 hours to <4 hours	18	19	14	7	3	10
4 hours or more	36	25	16	7	2	10
Total^(b)	100	100	100	100	100	100

(a) Includes records for which triage category was unknown.

(b) Includes approximately 346,000 records (7%) for which the length of treatment time could not be calculated because either the time of commencement of clinical care or the time of episode end was not reported.

Note: See Box 1.1 and appendixes A and B for more information on terminology, data limitations and methods.

Appendix A: Data quality information

This appendix includes a data quality statement and additional detailed information relevant to the interpretation of the National Non-admitted Patient Emergency Department Care Database (NNAPEDCD).

It contains information on changes in the coverage of the database, changes to the national minimum data set specifications, and other variations in hospital reporting that may affect interpretation of the data presented in this report.

The data quality statement for the NNAPEDCD is also available online at <www.aihw.gov.au>.

Data quality statement: National Non-admitted Patient Emergency Department Care Database 2014–15

The NNAPEDCD provides information on the care provided (including waiting times for care) for non-admitted patients registered for care in emergency departments in public hospitals where the emergency department meets the following criteria:

- purposely designed and equipped area with designated assessment, treatment and resuscitation areas
- ability to provide resuscitation, stabilisation and initial management of all emergencies
- availability of medical staff in the hospital 24 hours a day
- designated emergency department nursing staff 24 hours per day 7 days per week, and a designated emergency department nursing unit manager.

Patients who were dead on arrival are in scope if an emergency department clinician certified the death of the patient. Patients who leave the emergency department after being triaged and then advised of alternative treatment options are in scope.

The scope includes only physical presentations to emergency departments. Advice provided by telephone or video conferencing is not in scope, although it is recognised that advice received by telehealth may form part of the care provided to patients physically receiving care in the emergency department.

The NNAPEDCD includes data for each year from 2003–04 to 2014–15.

Data for the NNAPEDCD are reported annually. The most recent reference period for this data set includes records for Non-admitted patient emergency department service episodes between 1 July 2014 and 30 June 2015.

Summary of key data quality issues

- The NNAPEDCD is a compilation of episode-level data for emergency department presentations in public hospitals.
- The scope of the national minimum data set for Non-admitted patient emergency department care (NAPEDC NMDS) changed between 2012–13 and 2013–14.

- Excluded from the scope of the NMDS is care provided to patients in general practitioner co-located units.
- For 2014-15, a preliminary estimate of the proportion of emergency occasions of service reported to the NNAPEDCD was 88% for all public hospitals, based on the numbers of occasions of service reported to the National Public Hospital Establishments Database (NPHEd) for 2013-14. For Victoria, the estimate is based on the numbers of occasions of service reported to the NPHEd for 2012-13.
- For 2014-15, waiting times information could not be calculated for about 124,000 emergency department presentations (for which waiting times are applicable), including about 27,000 presentations for 1 *Public acute group B hospital* in Western Australia and about 40,000 presentations for 1 *Public acute group B hospital* in South Australia. The remainder were distributed across multiple hospitals and jurisdictions.
- For 2014-15, the length of emergency department stay could not be calculated for about 4,300 emergency department presentations. These were distributed across multiple hospitals and jurisdictions.
- Changes in data set specifications in the second half of 2011-12 may affect the comparability of these data with data for other reporting periods.

Before 1 January 2012, the data collection did not include care provided to admitted patients in emergency departments. From 1 January 2012, all care provided to patients treated in emergency departments is in scope for this collection. Care is included until the patient is recorded as having physically departed the emergency department, regardless of whether they have been admitted. For this reason there is an overlap in the scope of this NMDS and the Admitted patient care national minimum data set (APC NMDS). However, care provided to patients admitted to 'short stay units' is not included in the NNAPEDCD.

- Although there are national standards for data on non-admitted patient emergency department services, there are some variations in how those services are defined and counted across states and territories and over time.
- The quality of the data reported for Indigenous status has not been formally assessed; therefore, caution should be exercised when interpreting these data.

Variation in reporting

Possible variation in triage categorisation

The proportion of presentations by triage category varied by state or territory. The Australian Capital Territory had the highest proportion of presentations that were *Non-urgent* (14.6%) and South Australia had the highest proportions of presentations that were *Resuscitation* and *Emergency* (1.3% and 13.5%, respectively) (Table A1). This may reflect different triage categorisation, differing mixes of patients or both.

Variation in the proportion of patients admitted to the hospital by triage category may indicate variation in the triage categorisation of patients presenting to the emergency department. Nationally, around 30% of *Emergency presentations* had an episode end status of *Transferred for admitted patient care in this hospital*. Victoria had the highest proportion of patients subsequently *Transferred for admitted patient care in this hospital* (33%) and Tasmania had the lowest proportion (25%) (Table 4.14).

Table A1: Proportion (%) of *Emergency presentations* by triage category, public hospital emergency departments, states and territories, 2014–15

Triage category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Resuscitation	0.6	0.5	0.8	0.7	1.3	0.5	0.4	0.6	0.7
Emergency	11.5	10.4	13.2	12.2	13.5	8.4	9.4	12.0	11.7
Urgent	32.4	35.7	43.3	34.2	37.4	34.6	33.8	29.1	35.7
Semi-urgent	43.4	44.6	37.9	46.2	40.6	46.5	41.8	49.7	42.9
Non-urgent	11.8	8.7	4.7	6.7	7.2	10.0	14.6	8.5	8.9
Total^(a)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

(a) Includes emergency presentations for which the triage category was not reported.

Note: See Box 1.1 for more information on terminology.

Quality of Indigenous status data

The successful monitoring of the health of Aboriginal and Torres Strait Islander people depends on the quality of Indigenous identification data in national health data sources, including the hospitals data collections. However, there are inaccuracies in the information on Indigenous status in the data collections.

The quality of the data reported for Indigenous status in emergency departments has not been formally assessed. In addition, the scope of the NNAPEDCD may not include some emergency services provided in areas where the proportion of Indigenous people (compared with other Australians) may be higher than average. Therefore, the information on Indigenous status presented in this report should be used with caution.

Indigenous status was not reported for about 2% of emergency department presentations in 2014–15 (Table 3.2).

The following information has been provided by the states and territories to provide some insight into the quality of Indigenous status data in the NNAPEDCD.

New South Wales

Indigenous status is a mandatory data item collected by all facilities that provide data to the New South Wales Ministry of Health's Emergency Department Data Collection. In 2014–15, Indigenous status was not reported for about 3% of emergency department records. This is a decrease from the 5% not reported for 2013–14. New South Wales considers that Indigenous status identification in its emergency department data is acceptable.

Victoria

The Victorian Department of Health reports that, despite data quality improvement in recent years, the Indigenous status in admitted patient data for 2014–15 should still be considered to undercount the number of Aboriginal and Torres Strait Islander patients. The quality of Indigenous status data in emergency department data is improving but is less accurate than data for admitted patients in public hospitals.

Queensland

Queensland Health notes that the quality of reporting of Indigenous status has improved compared to previous years. However, the available evidence continues to suggest that the number of Indigenous patients is understated in the Queensland hospital data due to non-reporting as well as misreporting of Indigenous status. Despite this, Queensland Health

regards the Indigenous status data used in this report to be of a quality appropriate for publication.

Western Australia

The Western Australian Department of Health regards the recording of Indigenous status for non-admitted patient emergency department data as being substantially complete, with 99.5% of data identified by Indigenous status in 2014–15.

A recent sample survey of WA admitted patient records concluded that WA was collecting Indigenous status with a high degree of accuracy, and the data element is well recorded in emergency departments.

South Australia

The South Australian Department for Health and Ageing considers the quality of Indigenous status data to be better in admitted patient care than in the emergency department data collection. The number of *Not stated* responses in 2014–15 was lower than the previous year but the numbers are still considered to be too high.

The Department contracted the Australian Bureau of Statistics (ABS) to develop a training package for the collection of the Indigenous identifier aimed at frontline staff in hospitals and other health-care units. The package is based on the best practice guidelines developed by the AIHW. The ABS also delivered the training to frontline staff in locations spread across the metropolitan and country areas of South Australia. The Department continues to monitor the proportion of *Not stated* responses.

Tasmania

The Tasmanian Department of Health and Human Services reports that the quality and the level of Indigenous status identification, across public hospital information collections, are of a high standard. However, as with all data collections, there is constant and continued work to be done in maintaining and improving, where needed, the collection of this data element.

Australian Capital Territory

The ACT Health Directorate is continuing to undertake a number of initiatives aligned with local and national developments to improve the quality of collection and reporting of Aboriginal and Torres Strait Islander data.

Northern Territory

The Northern Territory Department of Health reported that the quality of its Indigenous status data for emergency department patients is considered to be acceptable. The department retains historical reporting of Indigenous status. All management and statistical reporting, however, is based on a person's most recently reported Indigenous status.

Other factors affecting interpretation of the NNAPEDCD data

This section presents other information about the quality of the data provided for the NNAPEDCD and factors that may affect the interpretation of the information presented in this report.

Geographic detail

The NAPEDC NMDS for the 2014–15 period specified that states and territories should provide the Statistical Area level 2 (SA2) of usual residence of patient. The SA2 is a geographical unit under the Australian Statistical Geography Standard (ASGS). The ASGS was introduced in 2011 by the Australian Bureau of Statistics (ABS).

In 2014–15, New South Wales provided all records with the area of usual residence of the patient as a Statistical Local Area (SLA) 2011. The SLA is a geographical unit under the previous ABS Australian Standard Geographical Classification (ASGC). Where necessary, the AIHW mapped the supplied SLA of residence data for each presentation to the SA2 2011 version. This mapping was done on a probabilistic basis.

Because of the probabilistic nature of the mapping, the derived SA2, remoteness area and SES of area of residence data for individual records may not be accurate; however, the overall distribution of records by geographical area is considered useful.

Remoteness area of residence

The AIHW mapped the supplied SA2 area of residence information for each presentation to remoteness area categories based on the ABS ASGS Remoteness Structure for 2011. This mapping was done on a probabilistic basis.

Before 2012–13, remoteness area was based on the ABS's ASGC. Comparisons of the data over time should therefore be interpreted with caution.

Variation in practices

Although there are national standards for data on emergency department care, statistics may be affected by variations in practices across states and territories.

Type of visit

Not all states and territories reported presentations for all types of visit category. In particular, the category *Dead on arrival* is not used in Western Australia or South Australia because these patients are usually managed outside the emergency department.

Episode end status

The reporting of *Episode end status* by state or territory varied. South Australia did not use the *Episode end status* value – *Dead on arrival*.

Before 2012–13, New South Wales did not report against the episode end status *Died in emergency department*. Therefore, caution should be used when making comparisons over time.

Quality of waiting times and length of stay data

Waiting time

For 2014–15, waiting time could not be calculated for approximately 385,000 records that did not have a valid commencement of clinical care time recorded. Of these, about 261,000 had an episode end status of *Did not wait* or *Dead on arrival*, and were therefore not required to be included in the calculation of waiting times. About 124,000 records that should have been included in the calculation of waiting times statistics were excluded as they did not have a valid commencement of clinical care time recorded. These included about 27,000 emergency department presentations for a *Public acute group B hospital* in Western Australia and about 40,000 emergency department presentations for a *Public acute group B hospital* in South Australia. The remainder were distributed across multiple hospitals and jurisdictions

The waiting times data for the Australian Capital Territory for 2010–11 presented in this report differ from the information presented in *Australian hospital statistics* reports published before October 2012. In 2012, the Australian Capital Territory corrected information used to calculate the waiting time to commencement of clinical care and length of stay in the emergency department for 12,000 records over for the period 2008–09 to 2011–12, that had been identified as changed contrary to established audit and validation policies. The ACT Health Directorate undertook a manual process to over-write the times recorded in the Australian Capital Territory system with the original times retained in the hospital's emergency department information system. A validation process was undertaken to determine that all records had been amended to reflect the originally recorded times.

Emergency department length of stay

For about 4,300 records, the emergency department length of stay could not be calculated as the date and time of physical departure were missing. These records were distributed across multiple hospitals and jurisdictions. Of the 4,300 records, about 300 had an episode end status of *Did not wait* or *Dead on arrival*, and were therefore not required to be included in the calculation of length of stay.

Emergency department treatment time

For about 364,000 records, the treatment time could not be calculated. Of these, about 224,000 had an episode end status of *Did not wait* or *Dead on arrival*, for which a time of episode end is not applicable. For about 16,000 records the treatment time could not be calculated as the date and time of episode end were missing. For about 124,000 records (including 67,000 records in Western Australia and South Australia) the treatment time could not be calculated because the date and time of commencement of clinical care was missing. See Section 5.1 for more information.

Appendix B: Technical notes

Definitions

If not otherwise indicated, data elements were defined according to the 2014–15 definitions in the *National health data dictionary, version 16* (AIHW 2012) (summarised in the Glossary).

Data presentation

Data are presented by the state or territory of the hospital, not by the state or territory of usual residence of the patient.

Except as noted below, the totals in tables include data only for those states and territories for which data were available, as indicated in the tables. Throughout the report, percentages may not add up to 100.0 because of rounding. Percentages and rates printed as 0.0 or 0 generally indicate a zero. The symbol '<0.1' has been used to denote less than 0.05, but greater than 0.

Data on waiting times (50th and 90th percentiles) and the proportion seen on time have been suppressed if there were fewer than 100 presentations in the category being presented. The abbreviation 'n.p.' has been used to denote these suppressions. For these tables, the totals include the suppressed information.

Methods

Median and 90th percentiles

The 50th percentile (the median or the middle value in a group of data arranged from lowest to highest value for minutes waited) represents the number of minutes within which 50% of patients commenced clinical care (or completed their episode or were admitted); half the waiting times will have been shorter, and half longer, than the median.

The 90th percentile data represent the number of minutes (or hours and minutes) within which 90% of patients commenced clinical care (or completed their episode or were admitted).

The 50th percentile and 90th percentile waiting times are calculated using an empirical distribution function with averaging. Using this method, observations are sorted in ascending order.

The calculation is where:

n is the number of observations, and

p is the percentile value divided by 100,

then $n \times p = i + f$ (where i is an integer and f is the fractional part of $n \times p$).

If $n \times p$ is an integer, the percentile value will correspond to the average of the values for the i^{th} and $(i+1)^{\text{th}}$ observations.

If $n \times p$ is not an integer, the percentile value will correspond to the value for the $(i+1)^{\text{th}}$ observation.

For example, if there were 100 observations, the median waiting time will correspond to the average waiting time for the 50th and 51st observations (ordered according to waiting time). Similarly, the 90th percentile will correspond to the average waiting time for the 90th and 91st observations if there are 100 observations.

If there were 101 observations, the median waiting time will correspond to the waiting time for the 51st observation and the 90th percentile waiting time will correspond to the waiting time for the 91st observation.

The 50th and 90th percentiles have been rounded to the nearest whole number of minutes.

Principal diagnosis reporting

For the 2014–15 NAPEDC NMDS, diagnosis information was not reported using a uniform classification. The classifications that were reported were:

- Systematized Nomenclature of Medicine – Clinical Terms – Australian version, Emergency Department Reference Set (SNOMED CT-AU (EDRS))
- International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) 2nd edition
- International Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification (ICD-10-AM) 6th edition, 7th edition or 8th edition.

The majority of records (67%) were reported using one edition or another of ICD-10-AM. For about 594,000 records, the classification used was incorrectly reported by the jurisdiction. Examination of the diagnosis codes provided for these records indicate that these were provided in either ICD-10-AM 6th edition or 7th edition.

Table B1 presents information on the numbers of presentations for which diagnosis information was reported, by the type of classification used. Most states and territories reported patients' diagnoses using a single type of classification.

Mapping of diagnosis codes to a single classification

The AIHW used mapping files to assign diagnosis information provided in the different classifications to a single classification (ICD-10-AM 8th edition). This mapping involved the use of:

- ICD-9-CM to ICD-10-AM historical mapping files
- ICD-10-AM to ICD-10-AM mapping files
- SNOMED CT-AU (EDRS) to ICD-10-AM 6th edition mapping file.

Step one: mapping SNOMED-CT-AU (EDRS) to ICD-10-AM 6th edition

The principal diagnosis data coded in SNOMED-CT-AU (EDRS) were mapped to ICD-10-AM 6th edition codes using the mapping file provided by the IHPA.

There were over 1,945,000 presentations provided by establishments that used SNOMED-CT-AU (EDRS). Of these, about 1,800 records which did not have a valid code.

After mapping, about 1,600 presentations with valid SNOMED-CT-AU (EDRS) codes did not map to an ICD-10-AM 6th edition diagnosis code. These corresponded to 8 unique SNOMED-CT-AU (EDRS) codes, and for 1,500 records this was the code for *Left against medical advice*.

The principal diagnoses for the remaining 1,942,000 presentations were mapped to 2,767 unique ICD-10-AM 6th edition codes.

Step two: assigning ICD-10-AM codes to diagnosis data provided in ICD-9-CM

There were about 105,000 presentations provided by establishments that reported coding diagnoses using ICD-9-CM. Of these, about 72,000 presentations were found to be coded using ICD-10-AM, and these are reported in Table B1 as *ICD-10-AM, edition not specified*.

Therefore, the principal diagnoses for about 33,000 presentations were coded using ICD-9-CM. Of these about 5,600 records did not have a valid ICD-9-CM code – the majority had truncated ICD-9-CM codes (for example, an invalid 3-digit code was provided, for a condition that required a 4-digit code). The principal diagnoses for the remaining 27,400 presentations were mapped to ICD-10-AM codes.

Step three: assigning ICD-10-AM 8th edition codes

Records provided using ICD-10-AM

There were almost 2 million presentations provided by establishments that reported coding diagnoses using ICD-10-AM 8th edition. For a small number of hospitals, some presentations were found to contain ICD-10-AM codes that were valid in earlier editions but no longer valid for the 8th edition. The presentations for these hospitals are reported in Table B1 as providing the diagnosis information using *ICD-10-AM, edition not specified*.

For the data coded using the ICD-10-AM 6th edition, 7th edition and edition not specified (almost 3 million presentations), the majority of diagnosis codes were compliant with ICD-10-AM 8th edition. A small number of diagnosis codes were subsequently mapped to the 8th edition.

About 96,000 records provided by establishments that reported coding diagnoses using ICD-10-AM either did not have a principal diagnosis reported or did not have a valid ICD-10-AM code. These presentations are reported in Table B1 as *Principal diagnosis not reported*.

Records provided using ICD-9-CM or SNOMED-CT-AU (EDRS)

Following the mapping undertaken in steps one and two, a relatively small number of ICD-10-AM 6th edition diagnosis codes were subsequently mapped to ICD-10-AM 8th edition.

Some records could not be assigned an ICD-10-AM 8th edition diagnosis code. For example, a small percentage of records provided in SNOMED CT-AU (EDRS) contained concepts that did not have equivalent codes in ICD-10-AM (for example, for dressing of wound, preparation of medical certificate and left against medical advice). In addition, invalid codes were reported for a small percentage of records provided in either ICD-9-CM or ICD-10-AM, and these could not be mapped to an ICD-10-AM 8th edition diagnosis code.

Table B1: Provision of diagnosis information for emergency presentations by classification, public hospital emergency departments, states and territories, 2014–15

Classification	NSW	Vic	Qld	WA ^(a)	SA	Tas	ACT	NT	Total
SNOMED-CT-AU (EDRS)	1,945,238	0	0	0	0	0	0	0	1,945,238
ICD-9-CM, 2nd ed.	0	32,627	0	0	0	0	0	0	32,627
ICD-10-AM, 6th ed.	0	0	1,375,684	619,739	0	23,707	0	0	2,019,130
ICD-10-AM, 7th ed.	0	0	0	0	0	121,400	129,961	131,366	382,727
ICD-10-AM, 8th ed.	0	1,501,256	0	0	451,474	0	0	0	1,952,730
ICD-10-AM edition not specified ^(b)	566,302	0	0	0	0	0	0	0	566,302
Principal diagnosis not reported	169,926	76,740	3,199	184,082	17,894	4,969	0	10,878	467,688
Total	2,681,466	1,610,623	1,378,883	803,821	469,368	150,076	129,961	142,244	7,366,442

(a) The majority of Western Australian hospitals that provide principal diagnosis record the data using the ICD-10-AM 2nd edition. These diagnoses are mapped by the WA Department of Health to ICD-10-AM 6th edition prior to submission of the data to AIHW.

(b) The edition of ICD-10-AM provided was not specified by the jurisdiction, and these were provided in either ICD-10-AM 6th edition or 7th edition.

Waiting times (Chapter 5)

Waiting time to commencement of clinical care

The waiting times are determined as the time elapsed between presentation in the emergency department and the commencement of clinical care. The calculation is restricted to presentations with a type of visit of *Emergency presentation*. In addition, presentations were excluded if the waiting time was missing or invalid or if the patient *Did not wait* to be attended by a health-care professional, or was *Dead on arrival*.

See Appendix A for information on the completeness of the data provided for waiting times calculations.

Proportion of presentations seen on time

The proportion of presentations seen on time was determined as the proportion of presentations in each triage category with a waiting time less than or equal to the maximum waiting time stated in the Australasian Triage Scale definition.

For the purpose of this report, a patient with a triage category of *Resuscitation* was considered to be seen on time if the waiting time to commencement of clinical care was less than or equal to 2 minutes.

The calculation is restricted to presentations with a type of visit of *Emergency presentation*. In addition, presentations were excluded if the waiting time was missing or invalid, the patient *Did not wait* to be attended by a health-care professional or was *Dead on arrival*, or the triage category was *Not reported*.

Proportion of presentations ending in admission

The proportion of presentations ending in admission is determined as the proportion of all emergency presentations with an episode end status of *Transferred for admitted patient care in this hospital*. The calculation is restricted to presentations with a type of visit of *Emergency presentation*.

Emergency department length of stay (Chapter 6)

For about 4,300 records, the emergency department length of stay could not be calculated as the date and time of physical departure were missing. Of these, about 300 had an episode end status of *Did not wait* or *Dead on arrival*, and were therefore not required to be included in the calculation of length of stay.

Proportion of presentations completed in 4 hours or less

The proportion of presentations completed in 4 hours or less is determined as the proportion of all emergency presentations with time elapsed between the presentation and the physical departure of the patient of less than or equal to 240 minutes.

Presentations were excluded if either (or both) of the presentation date/time or physical departure date/time were missing or invalid, or if the calculation resulted in an invalid length of stay (that is, missing or a negative number of minutes).

Emergency department length of stay

Length of stay statistics are calculated for all emergency department type of visit categories.

The length of stay is determined as the time elapsed between presentation and the physical departure of the patient.

Admission to hospital from emergency departments

'Admission to hospital from emergency departments' (for patients subsequently admitted) is calculated using the emergency department length of stay for presentations with an episode end status of *Transferred for admitted patient care in this hospital*.

Treatment time

The treatment time is determined as the time elapsed between commencement of clinical care and the physical departure of the patient. See Appendix A for information on the completeness of the data provided for treatment times calculations.

Treatment time statistics are calculated for presentations with a type of visit of *Emergency presentation*.

Age and sex of patient

All states and territories supplied the date of birth of the patient, from which the age of the patient at the date of presentation was calculated.

For 266 records, the age of the patient could not be calculated as date of birth was missing.

For 433 records, the sex of the patient was reported as either *Intersex or indeterminate* or *Not stated/inadequately described*.

Appendix C: Public hospital peer groups

This report uses a public hospital peer group classification, developed by the AIHW in consultation with the Australian Hospital Statistics Advisory Committee and the Australian Private Hospital Statistics Advisory Committee in 2013 and 2014. An AIHW report on the peer group classification will be released later in 2015 – *Australian hospital peer groups* (AIHW 2015b).

A summary of the peer group classification is presented in Table C.1.

Table C.1: Public hospital peer groups

Group	Description
Acute public hospitals	Are identified according to the hospital's service profile:
Principal referral hospitals	Provide a very broad range of services, including some very sophisticated services, and have very large patient volumes. Most include an intensive care unit, a cardiac surgery unit, a neurosurgery unit, an Infectious diseases unit and a 24-hour emergency department.
Public acute group A hospitals	Provide a wide range of services to a large number of patients and are usually situated in metropolitan centres or inner regional areas. Most have an intensive care unit and a 24-hour emergency department. They are among the largest hospitals, but provide a narrower range of services than the Principal referral group. They have a range of specialist units, potentially including bone marrow transplant, coronary care and oncology units.
Public acute group B hospitals	Most have a 24-hour emergency department and perform elective surgery. They provide a narrower range of services than the Principal referral and Public acute group A hospitals. They have a range of specialist units, potentially including obstetrics, paediatrics, psychiatric and oncology units.
Public acute group C hospitals	These hospitals usually provide an obstetric unit, surgical services and some form of emergency facility. Generally smaller than the Public acute group B hospitals.
Public acute group D hospitals	Often situated in regional and remote areas and offer a smaller range of services relative to the other public acute hospitals (groups A-C). Hospitals in this group tend to have a greater proportion of non-acute separations compared with the larger acute public hospitals.
Very small hospitals	Generally provide less than 200 admitted patient separations each year.
Specialist hospital groups	Perform a readily identified role within the health system
Women's and children's hospitals	
Children's hospitals	Specialise in the treatment and care of children.
Women's hospitals	Specialise in treatment of women.
Women's and children's hospitals	Specialise in the treatment of both women and children.
Early parenting centres	Specialise in care and assistance for mothers and their very young children.
Drug and alcohol hospitals	Specialise in the treatment of disorders relating to drug or alcohol use.

(continued)

Table C.1 (continued): Public hospital peer groups

Group	Description
Psychiatric hospitals	Specialise in providing psychiatric care and/or treatment for people with a mental disorder or psychiatric disability.
Psychogeriatric hospitals	Specialise in the psychiatric treatment of older people.
Child, adolescent and young adult psychiatric hospitals	Specialise in the psychiatric treatment of children and young people.
General acute psychiatric hospitals	Provide acute psychiatric treatment.
General non-acute psychiatric hospitals	Provide non-acute psychiatric treatment—mainly to the general adult population.
Forensic psychiatric hospitals	Provide assessment and treatment of people with a mental disorder and a history of criminal offending, or those who are at risk of offending.
Same day hospitals	Treat patients on a same-day basis. The hospitals in the same day hospital peer groups tend to be highly specialised.
Other day procedure hospitals	Provide a variety of specialised services on a same day basis.
Other acute specialised hospitals	Specialise in a particular form of acute care, not grouped elsewhere. This group is too diverse to be considered a peer group for comparison purposes. It includes hospitals that specialise in the treatment of cancer, rheumatology, eye, ear and dental disorders.
Subacute and non-acute hospitals	
Rehabilitation and geriatric evaluation and management hospitals	Primarily provide rehabilitation and/or geriatric evaluation and management in which the clinical purpose or treatment goal is improvement in the functioning of a patient.
Mixed subacute and non-acute hospitals	Primarily provide a mixture of subacute (rehabilitation, palliative care, geriatric evaluation and management, psychogeriatric care) and non-acute (maintenance) care that is not covered by the hospitals in the rehabilitation and geriatric evaluation and management hospital peer group.
Outpatient hospitals	Provide a range of non-admitted patient services. Generally do not admit patients.
Unpeered hospitals	Could not be placed in one of the other peer groups.

Glossary

Most definitions in this glossary contain an identification number from the Metadata Online Registry (METeOR). METeOR is Australia's central repository for health, community services and housing assistance metadata, or 'data about data'. It provides definitions for data for topics related to health and community services, and specifications for related NMDs. METeOR can be viewed on the AIHW website at <www.aihw.gov.au>.

For further information on the terms used in this report, refer to the definitions in the *National health data dictionary* version 16 (AIHW 2012).

admitted patient: A patient who undergoes a hospital's formal admission process to receive treatment and/or care. This treatment and/or care is provided over a period of time and can occur in hospital and/or in the person's home (for hospital-in-the-home patients). METeOR id: 268957

diagnosis classification type: The type of classification used for recording emergency department diagnoses. METeOR id: 590662

emergency department stay: The period between when a patient presents at an emergency department and when that person is recorded as having physically departed the emergency department. METeOR id: 472757

emergency department waiting time to admission: Time elapsed for each patient from presentation to the emergency department to admission to hospital. Calculated from admission date and time minus date and time patient presents for those emergency department patients who are admitted.

emergency department waiting time to clinical care: Time elapsed in minutes for each patient from presentation in the emergency department to the commencement of the emergency department non-admitted clinical care. METeOR id: 471932

emergency occasion of service: Any examination, consultation, treatment or other services provided as an individual session to a non-admitted patient in the emergency services functional unit of an establishment. METeOR id: 270506

episode: See **emergency department stay**.

episode end status: The status of the patient at the end of the non-admitted patient emergency department service episode. METeOR id: 551305

hospital: A health-care facility established under Commonwealth, state or territory legislation as a hospital or a free-standing day procedure unit and authorised to provide treatment and/or care to patients. METeOR id: 404245

Indigenous status: A measure of whether a person identifies as being of Aboriginal or Torres Strait Islander origin. This is in accord with the first two of three components of the Commonwealth definition below:

An Aboriginal or Torres Strait Islander is a person of Aboriginal or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander and is accepted as such by the community in which he or she lives. METeOR id: 291036

major diagnostic block: The urgency related group (URG) major diagnostic block category into which the patient's emergency department diagnosis is grouped. METeOR id: 547612.

non-admitted patient: A patient who does not undergo a hospital's formal admission process. There are three categories of non-admitted patient: emergency department patient, outpatient and other non-admitted patient (treated by hospital employees of the hospital site – includes community/outreach services). METeOR id: 268973

non-admitted patient emergency department service episode: The treatment or care between when a patient presents at an emergency department and when the non-admitted patient emergency department clinical care ends. METeOR id: 474114

patient presentation at emergency department: The presentation of a patient at an emergency department occurs following the arrival of the patient at the emergency department. It is the earliest occasion of being registered clerically, or triaged. METeOR id: 471889

peer group: A classification of hospitals into broadly similar groups in terms of characteristics METeOR id: 584661

performance indicator: A statistic or other unit of information that reflects, directly or indirectly, the extent to which an expected outcome is achieved or the quality of processes leading to that outcome.

presentation: See **Patient presentation at emergency department**. Also used as the counting unit for emergency department care.

principal diagnosis: The diagnosis established at the conclusion of the patient's attendance in an emergency department to be mainly responsible for occasioning the attendance following consideration of clinical assessment. METeOR id 590664

private hospital: A privately owned and operated institution, catering for patients who are treated by a doctor of their own choice. Patients are charged fees for accommodation and other services provided by the hospital and relevant medical and paramedical practitioners. Acute care and psychiatric hospitals are included, as are private free-standing day hospital facilities.

public hospital: A hospital controlled by a state or territory health authority. Public hospitals offer free diagnostic services, treatment, care and accommodation to all eligible patients.

remoteness area: A classification of the remoteness of a location using the Australian Statistical Geography Standard Remoteness Structure (2011). The Australian Statistical Geography Standard-Remoteness Area (ASGS-RA) is a geographical classification which defines locations in terms of remoteness, i.e. the physical distance of a location from the nearest urban centre. METeOR 531713

service event: An instance or occasion of assistance received by a client from a service provider. METeOR id: 498700

triage category: A category used in the emergency departments of hospitals to indicate the urgency of the patient's need for medical and nursing care. Patients will be triaged into one of five categories on the Australasian Triage Scale. The triage category is allocated by an experienced registered nurse or medical practitioner. METeOR id: 474185

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Related publications

This report, *Emergency department care 2014–15: Australian hospital statistics*, is part of an annual series. The earlier editions and any published subsequently can be downloaded for free from the Australian Institute of Health and Welfare (AIHW) website <www.aihw.gov.au/hospitals-publications/>. The website also includes information on ordering printed copies.

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- AIHW 2013. Australian hospital statistics: national emergency access and elective surgery targets 2012. Health services series no. 48. Cat. no. HSE 131. Canberra: AIHW.

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In 2014–15:

- there were almost 7.4 million presentations to public hospital emergency departments;
- 74% of patients received treatment within an appropriate time for their urgency (triage) category;
- 73% of patients spent 4 hours or less in the emergency department;
- 2.2 million patients were admitted to hospital from emergency department, and 47% of these were admitted within 4 hours.