Australian Government
Australian Institute of Health and Welfare

Australian hospital statistics 2011–12

Emergency department care

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Authoritative information and statistics to promote better health and wellbeing

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Emergency department care

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Please note that there is the potential for minor revisions of data in this report. Please check the online version at <www.aihw.gov.au> for any amendments.

Foreword

I am pleased to present this report on emergency department care in Australian public hospitals for the period July 2011 to June 2012. For the first time, these data are being reported within 3 months of the end of the reference period. The Australian Institute of Health and Welfare (AIHW) is grateful to the states and territories who worked with us to make this possible.

This report is one of a suite of products produced by the Institute to report on Australia's hospitals each year. A separate report on elective surgery waiting times is planned for release in October, as is one on hospital-associated *Staphylococcus aureus* bacteraemia cases. As in previous years, a comprehensive report and a summary report on Australian hospitals (covering other aspects, in addition to emergency department care and elective surgery) will be published in early 2013.

The performance information published in this report matches the data to be provided by the AIHW for the Council of Australian Governments Reform Council report on the National Healthcare Agreement, and the Steering Committee for the Review of Government Service Provision's *Report on government services* (SCRGSP 2012), both due for publication in early 2013.

The data also align with data provided by the AIHW to the National Health Performance Authority for its reporting on the performance of individual public hospitals, including through the *MyHospitals* website.

An innovation in this report is the inclusion of an additional performance indicator measure based on the National Emergency Access Target (NEAT), that is, the proportion of public hospital emergency department presentations where the patient's emergency department visit was completed within 4 hours of their arrival. The NEAT is specified under the National Health Reform Agreement—National Partnership Agreement on Improving Public Hospital Services.

We have also included, for the first time, related measures of access to admitted patient care for patients who present to emergency departments. The summary measures are the proportion of those patients who are admitted within 4 hours and the time within which 90% of patients are admitted.

David Kalisch

Director

September 2012

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The AIHW's Australian Hospital Statistics Advisory Committee was also of great assistance. Particular thanks are due to the representatives of the state and territory health authorities who contributed to the report. Members of the committee are:

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Abbreviations

ABS	Australian Bureau of Statistics
ACT	Australian Capital Territory
AIHW	Australian Institute of Health and Welfare
DSS	Data Set Specification
GP	General practitioner
NAPEDC	Non-Admitted Patient Emergency Department Care
NNAPEDCD	National Non-admitted Patient Emergency Department Care Database
NEAT	National Emergency Access Target
NHA	National Healthcare Agreement
NHPF	National Health Performance Framework
NMDS	National minimum data set
NPHED	National Public Hospital Establishments Database
NSW	New South Wales
NT	Northern Territory
Qld	Queensland
SA	South Australia
Tas	Tasmania
Vic	Victoria
WA	Western Australia

Symbols

n.a.	Not available
n.p.	Not published
. .	Not applicable

Summary

Over 6.5 million emergency department presentations were reported by public hospital emergency departments in 2011–12, an increase of 4.3% on average each year between 2007–08 and 2011–12.

Between 2010–11 and 2011–12, emergency department presentations increased in most states and territories, with large increases in Western Australia (11.8%) and in South Australia (11.2%) driven, in part, by an increase in the number of hospitals reporting emergency department activity.

In 2011–12, 50% of patients received treatment by a medical officer or nurse within 21 minutes of presenting to the emergency department and 90% of patients received treatment within 108 minutes of presentation.

From 2007–08 to 2011–12, the overall proportion of patients 'seen on time' in *Principal referral and specialist women's and children's hospitals* and *Large hospitals* increased from 69% to 72%.

For 2011–12, the overall proportion 'seen on time' varied across the states and territories, from 54% in the Northern Territory, to 76% in New South Wales and in South Australia. Almost 100% of resuscitation patients (those requiring treatment immediately) and 80% of emergency patients (requiring treatment within 10 minutes) were seen on time.

About 4.4% of emergency presentations to *Principal referral and specialist women's and children's hospitals* and *Large hospitals* were for Aboriginal and Torres Strait Islander people. About 67% of Indigenous Australians were seen on time, compared with 70% for other Australians.

The National Emergency Access Target (NEAT) aim is that, by 31 December 2015, 90% of emergency department visits will be completed in 4 hours or less. In 2011–12, almost two-thirds (64%) of emergency department visits were completed in 4 hours or less, and 90% of patients had left the emergency department within 8 hours and 28 minutes. Western Australia and Tasmania achieved the highest proportion of emergency department visits completed in 4 hours or less (79% and 66%, respectively).

About 28% of emergency department patients were admitted to hospital after their emergency department care. For these patients, 29% had completed their emergency department visit in 4 hours or less, and 90% were admitted within 14 hours and 23 minutes.

1 Introduction

Australian hospital statistics 2011–12: emergency department care continues the Australian Institute of Health and Welfare's (AIHW) series of summary annual reports, describing the characteristics and activity of Australia's hospitals (commencing with the 1993–94 financial year, AIHW 1997a to 2012b). The *Australian hospital statistics* suite of products present data supplied by state and territory health authorities on admitted patient care, elective surgery waiting times, emergency department care, outpatient care, public hospital establishments and rates of infection with *Staphylococcus aureus* bacteraemia (an indicator of hospital safety and quality).

This report presents information on care provided in public hospital emergency departments for the period 1 July 2011 to 30 June 2012. It includes information on overall activity, performance indicators on waiting times for care, time spent in the emergency department, and other waiting times statistics. It also includes comparative material for the previous 4 reporting periods.

Data for the same period for elective surgery waiting times will be released in the report *Australian hospital statistics 2011–12: elective surgery waiting times* in October 2012. A report on hospital-associated *Staphylococcus aureus* bacteraemia cases—*Australian hospital statistics 2011–12: Staphylococcus aureus bacteraemia in Australian public hospitals*—is also scheduled for release later in 2012.

Data based on the national minimum data sets (NMDSs) for Admitted patient care, Public hospital establishments and Outpatient care will be provided by state and territory health authorities later in 2012. The AIHW's annual report—*Australian hospital statistics 2011–12*—will incorporate these data to present comprehensive information on Australia's hospitals (to be published in early 2013).

Australian hospital statistics 2011–12 will also include additional emergency occasions of service information, sourced from data provided for the Public hospital establishments NMDS.

What's in this report?

This chapter provides an introduction to the report and the data sources used for it.

Chapter 2 presents activity information for non-admitted patient care provided in public hospital emergency departments. It includes the number of hospitals reporting in each peer group, presentations by state or territory and estimated proportion of emergency services reported to the National Non-admitted Patient Emergency Department Care Database (NNAPEDCD) over this period.

Chapter 3 presents waiting times information, including the proportion of patients seen on time, the median and 90th percentile waiting times (in minutes), nationally, by state or territory and by Indigenous status, triage category and hospital peer group.

It includes performance indicators agreed under the National Healthcare Agreement (NHA) (COAG Reform Council 2012):

- Waiting times for emergency department care. This performance indicator can be related to the National Health Performance Framework (NHPF) dimension 'Accessibility' within

the domain 'Health System Performance' (see Chapter 3 of *Australian hospital statistics 2010–11*—AIHW 2012a). Under the NHA, it relates to the outcome area of 'better health services'.

- The interim measure estimating 'Selected potentially avoidable GP-type presentations to emergency departments'. This performance indicator can be related to the NHPF dimension 'Accessibility' within the domain 'Health system performance'. Under the NHA, it relates to the outcome area of 'primary and community health'.

Chapter 4 describes the National Partnership Agreement (NPA) on Improving Public Hospital Services'—National Emergency Access Target; that is, the proportion of patients whose visit was 4 hours or less, and time spent in the emergency department before admission to the hospital.

Appendix 1 presents data quality information. It also includes additional information on apparent variations in the reporting of the data used in this report, including variation in the quality of Indigenous identification.

Appendix 2 presents technical notes on methods used in this report.

What data are reported?

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), covering emergency department care and waiting times for public hospital emergency departments.

The National Non-admitted Patient Emergency Department Care Database

The NNAPEDCD is a compilation of episode-level data for emergency department presentations in public hospitals. The database is based on the NMDS for Non-admitted patient emergency department care (NAPEDC), as defined in the *National health data dictionary, version 16* (AIHW 2012c).

For the 2011–12 reporting period, changes were introduced to the data definitions and/or guidelines for some data elements in the NAPEDC NMDS from 1 January 2012, that may affect the comparability of these data over time (see Box 1.1 for a summary of data limitations and Appendix 1 for more information).

The scope of this NMDS in 2011–12 was non-admitted patients registered for care in emergency departments in public hospitals that were classified as either peer group A (*Principal referral and specialist women's and children's hospitals*) or B (*Large hospitals*) in *Australian hospital statistics 2010–11* (AIHW 2012a). Further information on the peer group classification is available in Appendix 2 of that report. The use of the peer group classification to scope the collection is an interim measure and the scope of this collection is currently under review.

Box 1.1: Data limitations

- 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, unless stated otherwise.
- The waiting times data presented in this report for the Australian Capital Territory (ACT) differ from the information presented in previous *Australian hospital statistics* reports for the period 2008–09 to 2010–11. For the period 2008–09 to 2011–12, the ACT has corrected information that is used to calculate the waiting time to commencement of clinical care and length of stay in the emergency department for 12,000 records that were 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 ACT 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.
- 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.
- Due to changes in data specifications, the data collected from 1 January to 30 June 2012 may not be directly comparable to data collected between 1 July and 31 December 2011.
- Caution should be used when interpreting the data presented in this report, as the data have not been checked against the establishment-level data provided in the National Public Hospital Establishments Database (NPHED) because the data are not yet available. The NPHED includes information on the number of emergency occasions of service for each public hospital, and is used to check counts of presentations. The data presented here have therefore not been subjected to the usual level of confirmation.
- Peer group–level data presented in this report are based on the peer groups assigned to hospitals for *Australian hospital statistics 2010–11* (AIHW 2012a), as the 2011–12 peer group cannot be assigned until the level of admitted patient activity is known.
- As the scope of the NAPEDC is public hospitals that were classified in peer groups A and B, most of the data relates to hospitals within major cities. Consequently, data for emergency occasions of service may not be included for areas where the proportion of Indigenous people (compared with other Australians) may be higher than average. Disaggregations by socioeconomic status and remoteness area (of usual residence) should also be interpreted with caution.
- The proportion of emergency occasions of service for which data were present in the NNAPEDCD cannot be accurately determined for 2011–12 until the establishment-level data in the NPHED become available. For 2011–12, a preliminary estimate is that about 83% of emergency occasions of services were reported to the NNAPEDCD.
- Approximately 46,000 records for which a valid waiting time could not be calculated due to missing or incorrect values (for example, for time of presentation or commencement of clinical care) were not used to derive waiting time statistics.

See Appendix 1 for more information.

For 2011–12, all states and territories provided data to the NNAPEDCD for all public hospitals in peer groups A and B that had emergency departments (that is 100% of hospitals that were required to report data). Data were provided for 87 *Principal referral and specialist women's and children's hospitals* and 38 *Large hospitals*.

Some states and territories also provided data for public hospitals that were classified to peer groups other than A or B, and these data have been included in some parts of this report. Data were provided for:

- 24 *Medium hospitals*, 20 *Small hospitals* and 8 *Unpeered/Other hospitals* in New South Wales
- 7 *Medium hospitals* in Victoria
- 4 *Medium hospitals* in Queensland
- 3 *Small remote acute hospitals* in Western Australia
- 7 *Medium hospitals* and 1 *Small remote acute hospital* in South Australia
- 1 *Medium hospital* in Tasmania
- 3 *Small remote acute hospitals* in the Northern Territory.

From 2009–10, the data for the Albury Base Hospital, formerly reported by New South Wales, have been reported by the Victorian Department of Health as part of the Albury Wodonga Health Service, which integrates the Wodonga Regional Health Service in Victoria and acute services at the Albury Base Hospital in New South Wales.

Terms relevant to the discussion of emergency department care are summarised in Box 1.2. The data quality statement for the NNAPEDCD for 2011–12 is included in Appendix 1.

Box 1.2: Summary of terms relating to non-admitted patient 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 to patients at, or shortly after, the time of presentation to the emergency department, in response to the question: 'This patient should wait for medical assessment and treatment no longer than...?'. The National Triage Scale has five categories—as defined in the *National health data dictionary, version 16* (AIHW 2012c)—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 *Immediately life-threatening*, *Imminently life-threatening*, *Potentially life-threatening*, *Potentially serious* and *Less urgent,* respectively (ACEM 2000).

The **type of visit** to the emergency department indicates the reason the patient presents to an 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 1.2 (continued): Summary of terms relating to non-admitted patient emergency department care

Emergency presentations include only presentations for which the type of visit was reported as *Emergency presentation*. Excluded are presentations for planned return visits, for example.

Emergency department waiting time to commencement of clinical care is the time elapsed for each patient from presentation in the emergency department to commencement of the emergency department non-admitted clinical care.

An emergency department care episode is considered to be **seen on time** if the waiting time to commencement of clinical care was within the time specified in the definition of the triage category. 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. Also, presentations were excluded if the waiting time was missing or invalid or the patient *Did not wait to be attended by a health care professional*, or was *Dead on arrival*.

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

An emergency department care episode is considered to **end in admission** if the episode end status was reported as *Admitted to this hospital*. This includes being admitted to units or beds within the emergency department.

See Appendix 1 for more information.

Other emergency occasions of service data

National Public Hospital Establishments Database

All states and territories provide hospital-level data on emergency occasions of service for the NPHED, which has essentially full coverage of public hospitals. The emergency occasions of service data reported for NPHED have wider coverage than data provided for the NNAPEDCD (emergency departments only).

The NPHED data for 2011–12 will be reported in the AIHW's annual report *Australian hospital statistics 2011–12*, to be released in early 2013.

Private hospital emergency department activity

Information about emergency occasions of service provided by private hospitals are reported to the Australian Bureau of Statistics' (ABS) Private Hospital Establishments Collection and are presented in the ABS *Private hospitals, Australia, 2010–11* report (ABS 2011). Information sourced from the latest *Private hospitals, Australia* report will be included in the full *Australian hospital statistics 2011–12*.

Additional data on the Internet

This report can be found at <www.aihw.gov.au>. It is available as a PDF and all tables (including some additional tables not included in the PDF) are downloadable as Excel spread sheets.

Updates

Following publication of this report, updated tables will be available on the AIHW website presenting estimates of the proportion of episodes included in the NNAPEDCD, based on 2011–12 data from the Public hospital establishments NMDS.

Updates to the data presented in this report, and additional information obtained by linking the emergency department care data with the public hospital establishments data will be included in *Australian hospital statistics 2011–12* (to be published in early 2013).

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

2 Emergency department activity

This chapter presents information about emergency department activity in public hospitals included in the NNAPEDCD. They include the major public hospitals in each state and territory. The terms used are explained in Box 1.1.

The chapter is particularly focused on information related to:

- total emergency department activity
- the type of care received
- how patients left the emergency department.

It does not include statistics on total emergency occasions of service, which will be presented in *Australian hospital statistics 2011–12* (to be published in early 2013).

How has activity changed over time?

National

Between 2007–08 and 2011–12, the number of hospitals reporting to the NNAPEDCD increased from 165 to 203, and this should be taken into account in interpreting the changes over time. Over this period, the number of emergency department presentations increased by 18.1% (average annual increase of 4.3%) (Table 2.1).

However, taking into account the change in the numbers of hospitals reporting emergency department data over this period, the increase in the number of emergency department presentations was about 14% (average annual increase of 3.3%).

Table 2.1: Emergency department presentations, public hospital emergency departments, 2007–08 to 2011–12

						Change (per cent)[a]	
	2007–08	2008–09	2009–10	2010–11	2011–12	Average since 2007–08	Since 2010–11
Number of hospitals reporting emergency department data	165	184	184	186	203	5.3	9.1
Presentations	5,537,196	5,742,139	5,957,961	6,183,288	6,540,832	4.3	5.8
Estimated proportion (%)[b]	78	80	81	81	83		

(a) Between 2007–08 and 2011–12, the number of hospitals reporting to the NNAPEDCD increased from 165 to 203, and this should be taken into consideration when interpreting the increase in activity over this period.

(b) 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 2011–12, the proportion of emergency occasions of service reported to NNAPEDCD is a preliminary estimate.

Note: Refer to boxes 1.1 and 1.2 and appendixes 1 and 2 for more information on terminology, data limitations and methods of analysis.

States and territories

Between 2007–08 and 2011–12, the largest percentage increase in the estimated proportion of emergency services reported occurred in New South Wales, Queensland and South Australia, and the highest growth in emergency department presentations was reported for Queensland (6.9% per year) (Table 2.2).

Table 2.2: Emergency department presentations, public hospital emergency departments, states and territories, 2007–08 to 2011–12

						Change (per cent)[a]	
	2007–08	2008–09	2009–10	2010–11	2011–12	Average since 2007–08	Since 2010–11
New South Wales[b]							
Number of hospitals	71	85	84	86	95		
Presentations	1,962,496	2,007,863	2,035,783	2,074,098	2,235,455	3.3	7.8
Estimated proportion (%)[c]	81	83	83	83	87		
Victoria[b]							
Number of hospitals	38	38	39	39	40		
Presentations	1,352,129	1,358,202	1,432,745	1,483,159	1,509,065	2.8	1.7
Estimated proportion (%)[c]	89	88	90	90	90		
Queensland							
Number of hospitals	22	26	26	26	26		
Presentations	948,921	1,091,076	1,134,092	1,195,325	1,238,522	6.9	3.6
Estimated proportion (%)[c]	64	72	72	72	72		
Western Australia							
Number of hospitals	16	16	16	16	17		
Presentations	560,688	566,411	600,613	649,215	725,841	6.7	11.8
Estimated proportion (%)[c]	72	72	73	74	75		
South Australia							
Number of hospitals	8	8	8	8	14		
Presentations	364,549	357,417	373,700	383,992	427,011	4.0	11.2
Estimated proportion (%)[c]	67	67	67	68	82		
Tasmania[d]							
Number of hospitals	3	4	4	4	4		
Presentations	124,853	130,108	141,630	143,848	141,700	3.2	–1.5
Estimated proportion (%)[c]	88	89	89	93	94		
Australian Capital Territory							
Number of hospitals	2	2	2	2	2		
Presentations	98,441	101,897	106,815	112,232	118,396	4.7	5.5
Estimated proportion (%)[c]	100	100	100	100	100		
Northern Territory							
Number of hospitals	5	5	5	5	5		
Presentations	125,119	129,165	132,583	141,419	144,842	3.7	2.4
Estimated proportion (%)[c]	100	100	100	100	100		
Total							
Number of hospitals	**165**	**184**	**184**	**186**	**203**		
Presentations	**5,537,196**	**5,742,139**	**5,957,961**	**6,183,288**	**6,540,832**	**4.3**	**5.8**
Estimated proportion (%)[c]	**78**	**80**	**81**	**81**	**83**		

(a) Between 2007–08 and 2011–12, the number of hospitals reporting to the NNAPEDCD increased from 165 to 203, and this should be taken into consideration when interpreting the increase in activity over this period.

(b) For 2007–08 and 2008–09, emergency department activity for the Albury Base Hospital was reported in New South Wales. From 2009–10, the data for Albury Base Hospital are included in statistics for Victoria.

(c) 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 2011–12, the proportion of emergency occasions of service reported to NNAPEDCD is a preliminary estimate.

(d) For 2007–08, Tasmania reported North West Regional Hospital and Mersey Community Hospital as one hospital. From 2008–09, they were reported as two separate hospitals.

Note: Refer to boxes 1.1 and 1.2 and appendixes 1 and 2 for more information on terminology, data limitations and methods of analysis.

How much activity was there in 2011–12?

In 2011–12, there were over 6.5 million presentations to public hospital emergency departments (Table 2.3). About 85% of these presentations occurred in peer groups A and B hospitals. For hospitals that were not categorised as peer group A or B, it is estimated that about 43% of emergency services were reported to the NNAPEDCD.

Table 2.3: Emergency department presentations, by public hospital peer group, public hospital emergency departments, states and territories, 2011–12

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Principal referral and specialist women's and children's hospitals									
Hospitals	29	22	18	7	5	2	2	2	87
Presentations	1,334,569	1,080,358	971,014	395,789	279,588	91,248	118,396	106,672	4,377,634
Estimated proportion (%)[(a)]	100	100	100	100	100	100	100	100	100
Large hospitals									
Hospitals	14	11	4	7	1	1	0	0	38
Presentations	393,842	316,590	158,961	269,240	35,096	24,450	. .	. .	1,198,179
Estimated proportion (%)[(a)]	100	100	100	100	85	100	. .	. .	99
Estimated proportion of all emergency occasions of service for hospitals in peer groups A and B									
	100	***100***	***100***	***100***	***98***	***100***	***100***	***100***	***100***
Other hospitals									
Hospitals	52	7	4	3	8	1	0	3	78
Presentations	507,044	112,117	108,547	60,812	112,327	26,002	. .	38,170	965,019
Estimated proportion (%)[(a)]	62	41	19	16	58	73	. .	100	43
Total									
Hospitals	**95**	**40**	**26**	**17**	**14**	**4**	**2**	**5**	**203**
Presentations	**2,235,455**	**1,509,065**	**1,238,522**	**725,841**	**427,011**	**141,700**	**118,396**	**144,842**	**6,540,832**
Estimated proportion (%)[(a)]	**87**	**90**	**72**	**75**	**82**	**94**	**100**	**100**	**83**

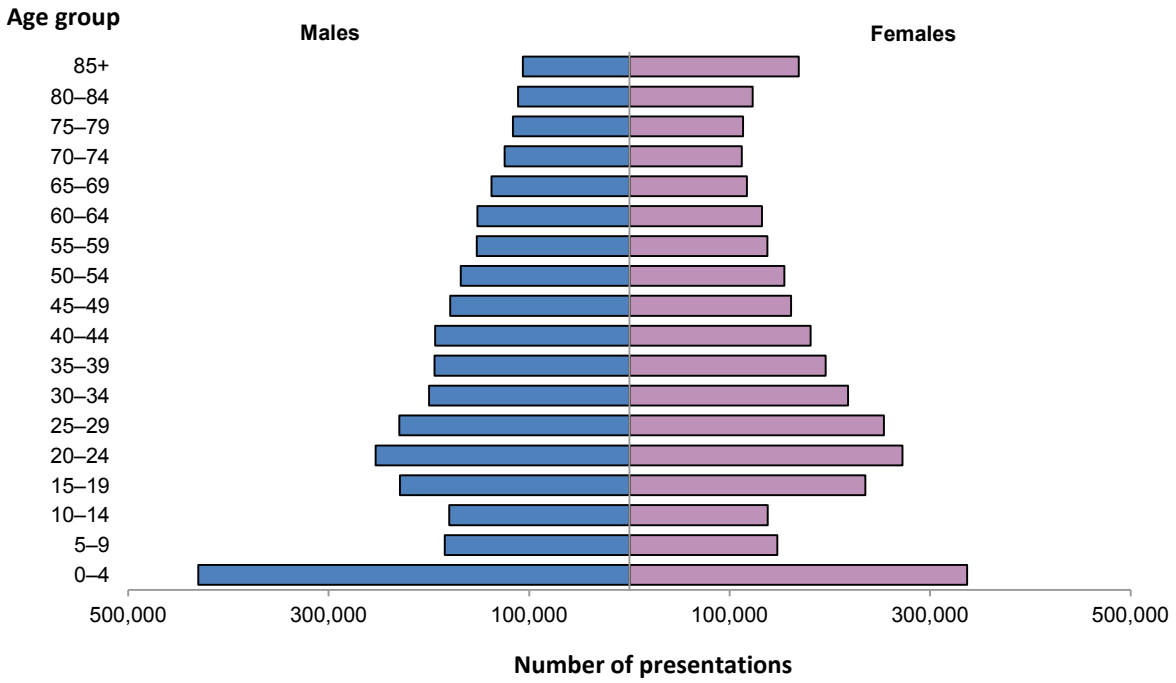
(a) The number of presentations reported to the NNAPEDCD divided by the number of emergency occasions of service reported to the NPHED as a percentage. This is a preliminary estimate.

Note: Refer to boxes 1.1 and 1.2 and appendixes 1 and 2 for more information on terminology, data limitations and methods of analysis.

Who used these services?

Sex and age group

Males accounted for slightly more than half of emergency department presentations, and there were more presentations for males than females in most age groups (Figure 2.1). The most common age group reported for emergency department presentations was 0–4 (12%), followed by 20–24 (8%). More information on the age group and sex of patients presenting to emergency departments by states and territories is provided in Table 2.12.



Note: See boxes 1.1 and 1.2 for notes on data limitations and methods. Additional information by sex and age group by states and territories is available in Table 2.12 at the end of this chapter.

Figure 2.1: Emergency department presentations, by age group and sex, public hospital emergency departments, 2011–12

Aboriginal and Torres Strait Islander people

Box 2.1: 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. See Appendix 1 for comments provided by states and territories on the perceived quality of Indigenous status data provided for non-admitted patient emergency department care.

The scope of the NAPEDC is public hospitals that were classified in peer groups A and B, therefore most of the data relates to hospitals within major cities. Consequently, data for emergency occasions of service may not be included for regional and remote areas where the proportion of Indigenous people (compared with other Australians) may be higher than average.

Nationally, 5.1% of all presentations were for Indigenous Australians who represent about 2.5% of the Australian population (Table 2.4).

The Northern Territory, for which NNAPEDCD data is reported for all hospitals, had the highest proportion of emergency department presentations for Indigenous Australians (43.6%). Victoria (1.4%) recorded the lowest proportion. Indigenous status was not reported for about 5% of presentations.

Table 2.4: Emergency department presentations, by Indigenous status, public hospital emergency departments, states and territories, 2011–12

	Indigenous	Non-Indigenous	Not reported	Total
New South Wales	96,929	1,833,283	305,243	2,235,455
Victoria	21,432	1,478,650	8,983	1,509,065
Queensland	73,464	1,148,705	16,353	1,238,522
Western Australia	55,845	666,978	3,018	725,841
South Australia	16,912	391,280	18,819	427,011
Tasmania	6,088	132,963	2,649	141,700
Australian Capital Territory	2,886	113,833	1,677	118,396
Northern Territory	63,176	81,550	116	144,842
Total	**336,732**	**5,847,242**	**356,858**	**6,540,832**

Note: Refer to boxes 1.1 and 1.2 and appendixes 1 and 2 for more information on terminology, data limitations and methods of analysis.

How did people access these services?

The emergency department data element **arrival mode—transport** indicates the mode of transport by which the patient arrived at the emergency department. The category *Other* includes presentations for which patients walked to the emergency department or came by private transport, public transport, community transport or taxi.

In 2011–12, the majority of presentations to emergency departments reported an arrival mode of *Other* (Table 2.5). However, there was variation in arrival mode by triage category. For example, the proportion of presentations with an arrival mode of *Ambulance, air ambulance or helicopter rescue service* ranged from 4% for *Non-urgent* patients to 85% for *Resuscitation* patients. More detailed information about arrival modes and triage categories across the states and territories is provided in Table 2.13.

Table 2.5: Emergency department presentations, by triage category and arrival mode, public hospital emergency departments, 2011–12

	Triage category					
Arrival mode	**Resuscitation**	**Emergency**	**Urgent**	**Semi-urgent**	**Non-urgent**	**Total[(a)]**
Ambulance, air ambulance or helicopter rescue service	36,058	302,292	749,899	448,764	30,901	1,569,273
Police/correctional services vehicle	273	7,566	22,110	13,626	5,284	48,923
Other	6,257	337,646	1,425,800	2,453,505	686,359	4,917,239
Not stated/unknown	42	252	1,031	3,317	729	5,397
Total	**42,630**	**647,756**	**2,198,840**	**2,919,212**	**723,273**	**6,540,832**

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

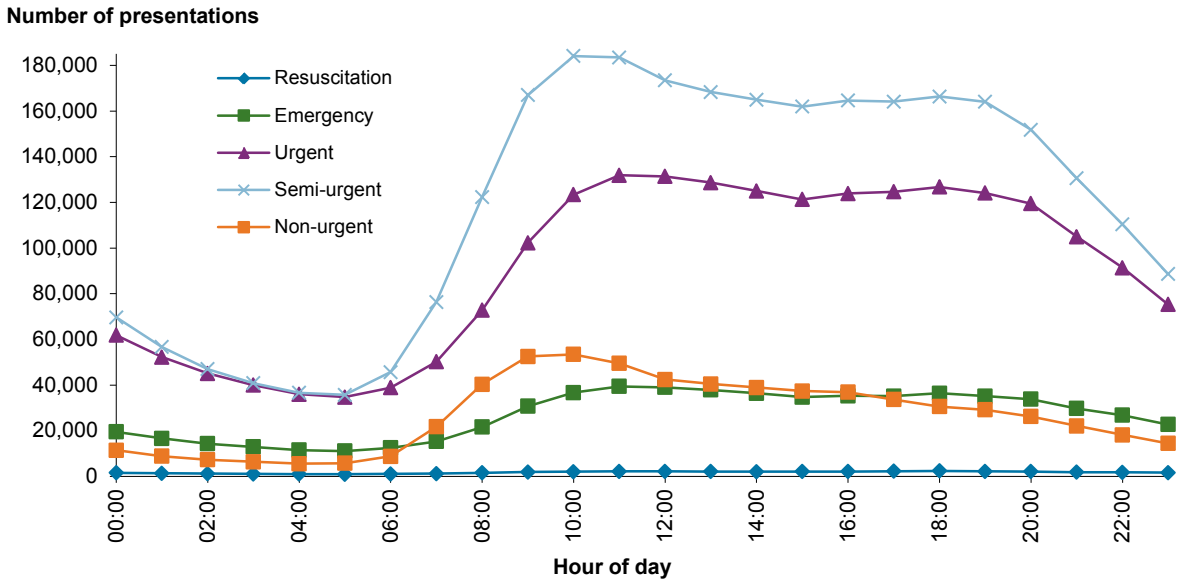
Note: See boxes 1.1 and 1.2 and appendixes 1 and 2 for notes on data limitations and methods. Additional information for states and territories is available in Table 2.13.

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. It was provided for all non-admitted patient emergency department presentations reported to the NNAPEDCD.

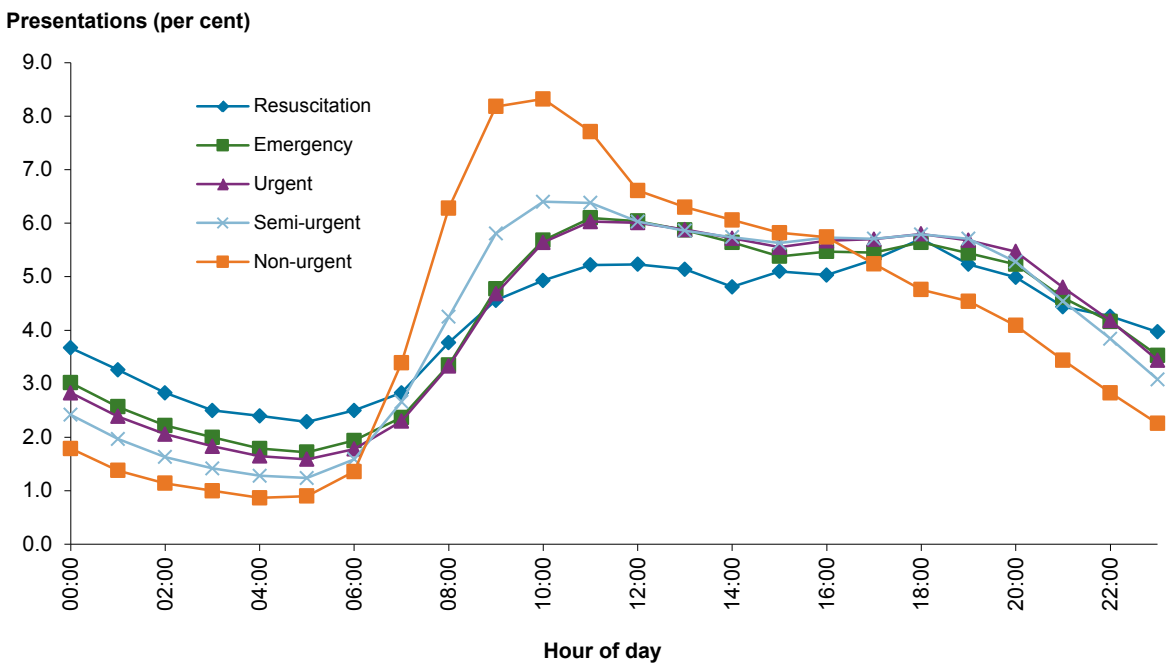
Figure 2.2 presents the number of presentations by triage category and hour of presentation. This figure highlights the uneven use of emergency department resources throughout the average day. Over 71% of emergency department presentations occur between the hours of 8 am and 8 pm.

Figure 2.3 illustrates the relative distribution of use 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.



Note: See boxes 1.1 and 1.2 for notes on data limitations and methods.

Figure 2.2: Emergency department presentations, by hour of presentation and triage category, public hospital emergency departments, 2011–12



Note: See boxes 1.1 and 1.2 for notes on data limitations and methods.

Figure 2.3: Proportion of presentations, by hour of presentation for each triage category, public hospital emergency departments, 2011–12

Why did people receive the care?

The **type of visit** to emergency department describes the reason the patient presented to the emergency department. The type of visit can be reported as:

- *Emergency presentation*: 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*: patient who presents at the emergency department for either a clerical, nursing or medical process 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 at the emergency department.

Of the 6.5 million presentations reported to the NNAPEDCD for 2011–12, about 98% of presentations were *Emergency presentations*, and 2% were *Return visit, planned* (Table 2.6).

There is variation in the reporting of information about patients who were *Dead on arrival*. For South Australia, patients who are *Dead on arrival* are not managed or reported by emergency departments. For Western Australia, patients who are *Dead on arrival* are only occasionally managed and reported by emergency departments.

Table 2.6: Emergency department presentations by type of visit, public hospital emergency departments, states and territories, 2011–12

Type of visit	NSW	Vic	Qld	WA[(a)]	SA[(b)]	Tas[(c)]	ACT	NT	Total
Emergency presentation	2,174,611	1,479,491	1,209,948	715,890	422,037	135,998	118,304	140,799	6,397,078
Return visit, planned	53,290	26,536	22,374	9,003	3,599	5,205	43	3,952	124,002
Pre-arranged admission	4,603	460	5,868	372	202	0	13	0	11,518
Patient in transit	69	338	267	0	0	0	18	53	745
Dead on arrival	2,779	2,240	45	0	. .	363	18	32	5,477
Not reported	103	0	20	576	1,173	134	0	6	2,012
Total	**2,235,455**	**1,509,065**	**1,238,522**	**725,841**	**427,011**	**141,700**	**118,396**	**144,842**	**6,540,832**

(a) For Western Australia, patients who are *Dead on arrival* are only occasionally managed and reported by emergency departments.

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

(c) For Tasmania, patients who were *Dead on arrival* were identified by their episode end status; see Table 2.10.

Note: Refer to boxes 1.1 and 1.2 and appendixes 1 and 2 for more information on terminology, data limitations and methods.

Selected potentially avoidable GP-type presentations to emergency departments

Potentially avoidable GP-type presentations to emergency departments indicate the number of attendances at public hospital emergency departments that potentially could have been avoided through the provision of appropriate non-hospital services in the community. This is a NHA performance indicator in the outcome area of 'primary and community health' (COAG Reform Council 2012); it is not an indicator of hospital performance.

Information on the number of potentially avoidable GP-type presentations is reported by the state or territory of residence of the patient, hospital peer group, Indigenous status, and the remoteness and socioeconomic status of the patient's area of usual residence.

Potentially avoidable GP-type presentations are defined as presentations to public hospital emergency departments in *Principal referral and specialist women's and children's hospitals* and *Large hospitals* with a type of visit of *Emergency presentation* where the patient:

- was allocated a triage category of 4 or 5
- did not arrive by ambulance or by police or correctional vehicle
- was not admitted to the hospital, was not referred to another hospital, and did not die (did not have an episode end status of *Admitted to this hospital*, *Non-admitted patient emergency department service episode completed - referred to another hospital for admission* or *Died in emergency department as a non-admitted patient*).

For 2011–12, potentially avoidable GP-type presentations accounted for about 38% of all presentations to emergency departments in *Principal referral and specialist women's and children's hospitals* and *Large hospitals* (Table 2.7). As these data are limited to those public hospitals, most of the data relate to hospitals within major cities.

In general, the proportion of presentations to emergency departments that may have been potentially avoidable was higher for *Large hospitals* (48%) than for *Principal referral and specialist women's and children's hospitals* (36%).

Table 2.7: Selected potentially avoidable GP-type presentations to emergency departments, by state or territory of usual residence[a], *Principal referral and specialist women's and children's hospitals* and *Large hospitals*, 2011–12

	NSW	Vic	Qld	WA	SA	Tas[b]	ACT	NT	Total
Hospital peer group									
Principal referral and specialist women's and children's hospitals	497,092	391,494	313,716	151,591	90,766	35,152	47,413	40,626	1,567,850
Large hospitals	187,807	153,613	64,327	131,512	13,133	24,678	380	274	575,724
Proportion of all presentations									
Principal referral and specialist women's and children's hospitals	37	36	32	38	32	39	40	38	36
Large hospitals	48	49	40	49	37	49	. .	. .	48
Indigenous status									
Indigenous	27,528	7,174	23,498	15,265	3,612	2,852	1,136	12,471	93,536
Other Australians[c]	657,371	537,933	354,545	267,838	100,287	56,978	46,657	28,429	2,050,038
Remoteness of residence[d]									
Major cities	492,160	375,696	213,261	187,331	96,619	. .	47,724	. .	1,412,791
Inner regional	175,704	146,754	103,193	48,513	4,267	37,880	48	. .	516,359
Outer regional	14,210	22,403	43,735	42,432	1,574	21,576	. .	23,846	169,776
Remote	1,063	217	16,464	2,866	341	302	. .	12,449	33,702
Very remote	100	. .	1,382	1,659	864	72	. .	4,585	8,662
Socioeconomic status (SES) of area of residence[e]									
1 (lowest)	134,526	96,432	104,444	20,620	35,764	38,919	81	10,710	441,496
2	212,586	101,339	67,387	57,442	23,624	6,746	1,289	2,580	472,993
3	140,758	154,039	76,776	106,244	14,724	8,863	1,851	16,229	519,484
4	87,494	109,452	79,529	57,193	17,777	5,302	14,176	8,832	379,755
5 (highest)	107,873	83,808	49,788	41,302	11,775	. .	30,023	2,521	327,090
Total[f]	**684,899**	**545,107**	**378,043**	**283,103**	**103,899**	**59,830**	**47,793**	**40,900**	**2,143,574**
Proportion of all presentations (%)	**40**	**39**	**33**	**43**	**33**	**42**	**40**	**38**	**38**

(a) Data are presented by the state/territory of usual residence of the patient, not by the state/territory of hospitalisation.

(b) For National Healthcare Agreement purposes, the Mersey Community Hospital in Tasmania is reported as a *Large hospital*.

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

(d) Disaggregation by remoteness area is by usual residence of the patient, not remoteness of hospital. Not all remoteness areas are represented in each state or territory.

(e) SES groups are based on the ABS Index of Relative Socio-economic Disadvantage (IRSD), with 1(lowest) being the most disadvantaged and 5 (highest) being the least disadvantaged. Disaggregation is based on usual residence of the patient, not of the hospital site. The SES groups represent approximately 20% of the national population, but do not necessarily represent 20% of the population in each state or territory or in the catchment areas of hospitals included in the NNAPEDCD.

(f) Total includes presentations for which an SES category or remoteness area could not be assigned as the area of usual residence was not reported.

Note: Refer to boxes 1.1 and 1.2 and appendixes 1 and 2 for more information on terminology, data limitations and methods.

It should be noted that this is an interim specification, developed for COAG Reform Council reporting purposes. This definition does not take into account the patient's condition or the treatment required as this information is not available in the data reported to the NNAPEDCD. The AIHW has initiated some work to improve the specification of this indicator.

There was variation between states and territories in the proportion of emergency department presentations that may have been potentially avoidable. However, due to variations in reporting practices, caution should be used in interpreting these data.

How urgent was the care?

The **triage category** indicates the urgency of the patient's need for medical and nursing care (AIHW 2012c). See Box 1.2 for more detail.

Table 2.8 presents the number of emergency department presentations for which the type of visit was reported as *Emergency presentation*, by triage category for states and territories.

Nationally in 2011–12, less than 1% of *Emergency presentations* were assigned a triage category of *Resuscitation*, and about 10% were assigned a triage category of *Emergency*. The majority of *Emergency presentations* were *Urgent* or *Semi-urgent*.

New South Wales had the highest proportion of presentations that were *Non-urgent* (13.8%) and South Australia had the highest proportions of presentations that were *Resuscitation* or *Emergency* (1.2% and 12.2%, respectively) (Table 2.8 and Table A1.1 in Appendix 1).

Table 2.8: *Emergency presentations* by triage category, public hospital emergency departments, states and territories, 2011–12

Triage category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Resuscitation	12,823	7,087	10,135	5,352	5,149	687	483	712	42,428
Emergency	206,099	134,668	138,754	80,891	51,412	10,455	12,936	10,442	645,657
Urgent	685,022	483,131	508,569	231,499	151,879	46,027	39,555	40,475	2,186,157
Semi-urgent	964,327	703,273	485,238	344,455	182,893	65,234	52,524	76,360	2,874,304
Non-urgent	300,239	151,332	67,252	53,683	30,704	13,595	12,806	12,810	642,421
Total[(a)]	**2,174,611**	**1,479,491**	**1,209,948**	**715,890**	**422,037**	**135,998**	**118,304**	**140,799**	**6,397,078**

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

Note: Refer to boxes 1.1 and 1.2 for more information on terminology, data limitations and methods. For information on *Emergency presentations* by triage category and peer group for states and territories, see Table S3.1 accompanying this report online.

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:

- *Admitted to this hospital* (including to units or beds within the emergency department)
- Non-admitted patient emergency department service episode completed - *departed without being admitted or referred* to another hospital
- Non-admitted patient emergency department service episode 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 complete
- *Died in emergency department* as a non-admitted patient
- *Dead on arrival*, not treated in emergency department.

For 2011–12, the majority of presentations (63%) reported an episode end status of *Departed without being admitted or referred* (Table 2.9). However, the proportion varied markedly by triage category, increasing as the triage category became less urgent. About 28% of all presentations (for all types of visit) had an episode end status of *Admitted to this hospital* at the conclusion of treatment in the emergency department, and this proportion decreased as the triage category became less urgent.

Fewer than 5% of emergency department presentations had an episode end status of *Did not wait.* This proportion varied by triage category, and was highest for *Non-urgent* patients.

Table 2.9: Emergency department presentations by triage category and episode end status, public hospital emergency departments, 2011–12

Episode end status	Resuscitation	Emergency	Urgent	Semi-urgent	Non-urgent	Total[(a)]
Admitted to this hospital	34,173	395,036	900,639	486,587	38,441	1,855,073
Departed without being admitted or referred	4,491	223,753	1,175,740	2,157,162	583,306	4,146,812
Referred to another hospital for admission	2,172	17,987	33,389	15,523	1,393	70,488
Did not wait	20	1,569	50,576	192,727	74,325	321,187
Left at own risk	325	7,047	32,313	51,260	10,500	101,483
Died in emergency department	1,302	368	221	53	11	1,955
Total[(b)]	**42,630**	**647,756**	**2,198,840**	**2,919,212**	**723,273**	**6,540,832**

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

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

Note: Refer to boxes 1.1 and 1.2 and appendixes 1 and 2 for more information on terminology, data limitations and methods.

Tasmania and Western Australia had higher proportions of presentations with an episode end status of *Departed without being admitted or referred* than the national average (73% and 71%, respectively) (Table 2.10). Western Australia also had the lowest proportion of presentations where the patient *Did not wait*. South Australia had the highest proportion of presentations where the patient was *Referred to another hospital for admission* (see also Table A1.2 in Appendix 1).

The comparability of the data may be influenced by the comparability of the triage categories among the states and territories. 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 *Admitted to this hospital* can be used as an indication of the comparability of the triage categorisation.

Table 2.10: Emergency department presentations by episode end status, public hospital emergency departments, states and territories, 2011–12

Episode end status	NSW[(a)]	Vic	Qld	WA[(b)]	SA[(c)]	Tas	ACT	NT	Total
Admitted to this hospital	634,004	541,912	280,015	177,436	124,296	29,094	30,952	37,364	1,855,073
Departed without being admitted or referred	1,381,689	854,072	847,785	518,844	272,263	104,125	74,939	93,095	4,146,812
Referred to another hospital for admission	12,678	3,893	24,744	15,247	10,782	1,221	1,696	227	70,488
Did not wait	121,459	86,252	60,595	9,745	15,672	5,986	8,583	12,895	321,187
Left at own risk	45,327	20,517	24,558	3,858	3,352	557	2,141	1,173	101,483
Died in emergency department	. .	121	761	630	225	82	84	52	1,955
Dead on arrival	2,940	2,239	64	0.	. .	371	1	36	5,651
Not reported	37,358	59	0	81	421	264	0	0	38,183
Total	**2,235,455**	**1,509,065**	**1,238,522**	**725,841**	**427,011**	**141,700**	**118,396**	**144,842**	**6,540,832**

(a) In New South Wales, presentations for which the patient died in the emergency department were categorised as *Admitted to this hospital*. In addition, the *Not reported* category includes a large number of records for patients who were triaged and chose to attend a general practice clinic (including GP clinics located within the hospital).

(b) For Western Australia, patients who are *Dead on arrival* are only occasionally managed and reported by emergency departments.

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

Note: Refer to boxes 1.1 and 1.2 and appendixes 1 and 2 for more information on terminology, data limitations and methods. More information by triage category is available in tables accompanying this report online.

Nationally, 29% of all *Emergency presentations* had an episode end status of *Admitted to this hospital*. Victoria had the highest proportion of presentations *Admitted to this hospital* in all triage categories. Queensland and Western Australia had the lowest proportion of *Resuscitation* patients *Admitted to this hospital* and Queensland had the lowest proportion of patients *Admitted to this hospital* in all other triage categories (Table 2.11). The proportions admitted do not include patients referred to another hospital for admission.

Table 2.11: Proportion of *emergency presentations* with an episode end status of *Admitted to this hospital*, by triage category, public hospital emergency departments, states and territories, 2011–12

Triage category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
				Per cent					
Resuscitation	88	93	69	69	78	83	77	71	80
Emergency	64	75	50	53	59	51	56	58	61
Urgent	42	54	30	36	40	33	38	44	41
Semi-urgent	18	23	9	13	15	11	15	16	17
Non-urgent	6	6	3	4	6	4	3	5	5
Total	**29**	**36**	**23**	**25**	**29**	**21**	**26**	**26**	**29**

Note: Refer to boxes 1.1 and 1.2 and appendixes 1 and 2 for more information on terminology, data limitations and methods.

Table 2.12: Emergency department presentations, by age group and sex, public hospital emergency departments, states and territories, 2011–12

Sex	Age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Males										
	0–4	146,801	95,529	79,661	55,414	28,723	7,800	7,257	8,767	429,952
	5–14	125,843	80,258	70,962	44,059	22,845	7,246	5,817	7,143	364,173
	15–24	157,343	103,932	100,999	56,187	30,422	12,135	9,754	11,283	482,055
	25–34	138,523	95,532	86,815	52,046	26,831	9,242	8,311	12,270	429,570
	35–44	128,631	87,443	76,562	43,416	24,442	8,686	7,026	11,981	388,187
	45–54	118,822	77,161	66,705	37,008	22,853	7,985	5,958	10,545	347,037
	55–64	108,181	70,153	55,388	30,453	19,572	7,185	5,302	7,641	303,875
	65–74	97,656	62,548	46,898	23,792	16,391	6,271	4,274	3,939	261,769
	75–84	87,374	56,289	36,900	20,139	16,584	4,761	3,445	1,761	227,253
	85+	42,741	25,469	15,751	9,746	8,511	2,049	1,661	370	106,298
	Total males(a)	1,152,001	754,315	636,641	372,260	217,174	73,360	58,805	75,706	3,340,262
Females										
	0–4	115,856	73,001	63,311	44,122	22,226	5,760	5,533	7,047	336,856
	5–14	94,962	63,602	56,194	35,537	19,178	5,723	4,493	5,908	285,597
	15–24	159,227	113,734	109,717	58,056	33,000	12,009	10,581	11,771	508,095
	25–34	143,248	123,114	90,605	55,405	27,515	9,203	10,095	12,959	472,144
	35–44	118,964	92,064	73,200	41,772	22,908	8,123	7,278	12,078	376,387
	45–54	106,086	72,373	61,288	33,464	20,623	7,475	5,872	9,003	316,184
	55–64	96,808	62,709	48,100	26,959	17,904	6,427	5,124	5,908	269,939
	65–74	86,101	55,050	39,241	21,244	15,567	5,545	4,059	2,695	229,502
	75–84	92,699	58,527	36,157	21,396	17,725	4,947	3,711	1,287	236,449
	85+	69,341	40,567	23,986	15,535	13,174	3,120	2,843	477	169,043
	Total females[(a)]	*1,083,339*	*754,744*	*601,799*	*353,490*	*209,820*	*68,332*	*59,589*	*69,133*	*3,200,246*
All persons[(a)(b)]		**2,235,455**	**1,509,065**	**1,238,522**	**725,841**	**427,011**	**141,700**	**118,396**	**144,842**	**6,540,832**

(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: Refer to boxes 1.1 and 1.2 and appendixes 1 and 2 for more information on terminology, data limitations and methods.

Table 2.13: Emergency department presentations, by triage category and arrival mode, public hospital emergency departments, states and territories, 2011–12

Triage category and arrival mode	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Resuscitation									
Ambulance, air ambulance or helicopter rescue service	10,885	5,923	8,784	4,557	4,336	633	429	511	36,058
Police/correctional services vehicle	67	63	65	55	7	2	4	10	273
Other[(a)]	1,885	1,114	1,405	745	809	56	51	192	6,257
Not stated/unknown	37	0	0	0	5	0	0	0	42
Total	*12,874*	*7,100*	*10,254*	*5,357*	*5,157*	*691*	*484*	*713*	*42,630*
Emergency									
Ambulance, air ambulance or helicopter rescue service	97,682	60,654	73,819	29,473	25,160	6,087	5,127	4,290	302,292
Police/correctional services vehicle	1,683	1,816	2,143	939	179	206	385	215	7,566
Other[(a)]	107,382	72,446	63,517	50,656	26,076	4,217	7,414	5,938	337,646
Not stated/unknown	114	0	0	47	79	0	12	0	252
Total	*206,861*	*134,916*	*139,479*	*81,115*	*51,494*	*10,510*	*12,938*	*10,443*	*647,756*
Urgent									
Ambulance, air ambulance or helicopter rescue service	237,471	163,899	194,541	57,125	55,121	18,115	11,957	11,670	749,899
Police/correctional services vehicle	5,163	4,808	5,290	3,262	1,438	578	519	1,052	22,110
Other[(a)]	446,946	316,001	313,216	172,018	95,037	27,631	27,016	27,935	1,425,800
Not stated/unknown	106	0	0	191	662	0	72	0	1,031
Total	*689,686*	*484,708*	*513,047*	*232,596*	*152,258*	*46,324*	*39,564*	*40,657*	*2,198,840*
Semi-urgent									
Ambulance, air ambulance or helicopter rescue service	181,604	103,242	79,101	32,181	25,582	10,980	6,245	9,829	448,764
Police/correctional services vehicle	3,473	1,902	2,246	2,112	831	405	306	2,351	13,626
Other[(a)]	791,943	607,583	415,534	314,015	156,444	56,124	45,932	65,930	2,453,505
Not stated/unknown	26	0	0	398	2,804	0	89	0	3,317
Total	*977,046*	*712,727*	*496,881*	*348,706*	*185,661*	*67,509*	*52,572*	*78,110*	*2,919,212*

(continued)

Table 2.13 (continued): Emergency department presentations, by triage category and arrival mode, public hospital emergency departments, states and territories, 2011–12

Triage category and arrival mode	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Non-urgent									
Ambulance, air ambulance or helicopter rescue service	17,952	4,817	3,625	1,372	1,595	625	286	629	30,901
Police/correctional services vehicle	1,944	365	1,045	429	374	638	49	440	5,284
Other[(a)]	322,562	162,193	74,191	56,103	29,939	15,040	12,481	13,850	686,359
Not stated/unknown	23	1	0	150	533	0	22	0	729
Total	*342,481*	*167,376*	*78,861*	*58,054*	*32,441*	*16,303*	*12,838*	*14,919*	*723,273*
Total[(b)]									
Ambulance, air ambulance or helicopter rescue service	546,876	338,607	359,870	124,708	111,794	36,445	24,044	26,929	1,569,273
Police/correctional services vehicle	12,380	8,967	10,789	6,797	2,829	1,830	1,263	4,068	48,923
Other[(a)]	1,675,867	1,161,490	867,863	593,550	308,305	103,425	92,894	113,845	4,917,239
Not stated/unknown	332	1	0	786	4,083	0	195	0	5,397
Total[(b)]	**2,235,455**	**1,509,065**	**1,238,522**	**725,841**	**427,011**	**141,700**	**118,396**	**144,842**	**6,540,832**

(a) Includes presentations for which the patient walked in, came by private transport, public transport, community transport or taxi.

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

Note: Refer to boxes 1.1 and 1.2 and appendixes 1 and 2 for more information on terminology, data limitations and methods.

3 Waiting times for emergency department care

This chapter presents information on the amount of time that patients waited for clinical care after first presenting to the emergency department. This information is presented for presentations with a type of visit of *Emergency presentation*.

Patients who present to the emergency department with a type of visit of *Return visit*, *Planned*, *Pre-arranged admission* or *Patient in transit* do not necessarily undergo the same processes as *Emergency presentations*, and their waiting times may rely on factors outside the control of the emergency department. Therefore, waiting time statistics and the proportion ending in admission are not presented in this chapter for patients with a type of visit other than *Emergency presentation*.

Emergency department waiting time to commencement of clinical care is 'the time elapsed for each patient from presentation in the emergency department to commencement of clinical care'. The National Triage Scale has five categories that incorporate the time by which the patient should receive care (see Box 1.2).

For 2011–12, there were almost 327,000 presentations with an episode end status of *Did not wait* or *Dead on arrival* that were excluded from this analysis. Approximately 46,000 additional presentations with missing or invalid waiting times were also excluded.

The National Healthcare Agreement (NHA) performance indicator information presented in tables 3.4, 3.5 and 3.6 is limited to emergency department presentations in *Principal referral and specialist women's and children's hospitals* and *Large hospitals*.

How have waiting times changed over time?

Between 2007–08 and 2011–12, the proportion of *Emergency presentations* seen on time improved from 69 % to 72% (Table 3.1). Over the same period, the median waiting time of *Emergency presentations* improved from 24 minutes to 21 minutes. The time by which 90% of presentations were seen decreased from 124 minutes in 2007–08 to 108 minutes in 2011–12.

Table 3.1: *Emergency presentation* waiting time statistics, public hospital emergency departments, 2007–08 to 2011–12

	2007–08	2008–09	2009–10	2010–11	2011–12
Proportion seen on time (%)	69	70	70	70	72
Median waiting time to clinical care (minutes)	24	23	23	23	21
90th percentile waiting time to clinical care (minutes)	124	119	115	114	108
Proportion ending in admission (%)	27	27	27	28	29

Note: Refer to boxes 1.1 and 1.2 and appendixes1 and 2 for more information on terminology, data limitations and methods.

Between 2007–08 to 2011–12, most states and territories reported improvements in both median waiting times and the proportion seen on time (Table 3.2). South Australia recorded the largest improvements; median waiting time to commencement of clinical care decreased from 29 minutes to 15 minutes and the proportion seen on time increased from 61% to 76%.

Table 3.2: *Emergency presentation* waiting time statistics, public hospital emergency departments, states and territories, 2007–08 to 2011–12

	2007–08	2008–09	2009–10	2010–11	2011–12
New South Wales[(a)]					
Median waiting time (minutes)	20	20	20	19	19
Proportion seen on time (%)	76	75	75	76	76
Victoria[(a)]					
Median waiting time (minutes)	23	20	22	22	21
Proportion seen on time (%)	71	73	72	71	72
Queensland					
Median waiting time (minutes)	28	25	24	23	22
Proportion seen on time (%)	63	66	66	67	69
Western Australia					
Median waiting time (minutes)	30	29	28	30	29
Proportion seen on time (%)	61	62	64	63	65
South Australia					
Median waiting time (minutes)	29	27	24	20	15
Proportion seen on time (%)	61	64	67	71	76
Tasmania					
Median waiting time (minutes)	32	31	29	29	24
Proportion seen on time (%)	60	62	63	62	71
Australian Capital Territory[(b)]					
Median waiting time (minutes)	40	38	36	43	38
Proportion seen on time (%)	58	60	62	55	55
Northern Territory					
Median waiting time (minutes)	42	39	38	38	39
Proportion seen on time (%)	52	54	56	58	54
Total					
Median waiting time (minutes)	**24**	**23**	**23**	**23**	**21**
Proportion seen on time (%)	**69**	**70**	**70**	**70**	**72**

(a) For 2007–08 and 2008–09, emergency department activity for the Albury Base Hospital was reported in statistics for New South Wales. From 2009–10, the data for Albury Base Hospital are included in statistics for Victoria.

(b) The waiting times data presented in this report for the Australian Capital Territory (ACT) differ from the information presented in previous Australian hospital statistics reports for the period 2008–09 to 2010–11. For the period 2008–09 to 2011–12, the ACT has corrected information that is used to calculate the waiting time to commencement of clinical care and length of stay in the emergency department for 12,000 records that were 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 ACT 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.

Note: Refer to boxes 1.1 and 1.2 and appendixes 1 and 2 for more information on terminology, data limitations and methods.

How long did people wait for care in 2011–12?

For 2011–12, for all reporting hospitals and for all triage categories combined, the overall proportion of *Emergency presentations* seen on time was 72% (excludes records for which the triage category was *Not reported*) (Table 3.3).

There was marked variation between states and territories in the proportion of patients seen on time and the median waiting times to commencement of clinical care. The proportion seen on time ranged from 54% in the Northern Territory to 76% in New South Wales and in South Australia. For South Australia, a medical officer or nurse commenced clinical care for 50% of patients within 15 minutes and, for the Northern Territory, 50% of patients commenced clinical care within 39 minutes (Table 3.3 and Figure 3.1). The 90th percentile waiting time also varied, from 90 minutes in South Australia to 187 minutes in the Australian Capital Territory.

Table 3.3: *Emergency presentation*[(a)] statistics, public hospital emergency departments, states and territories, 2011–12

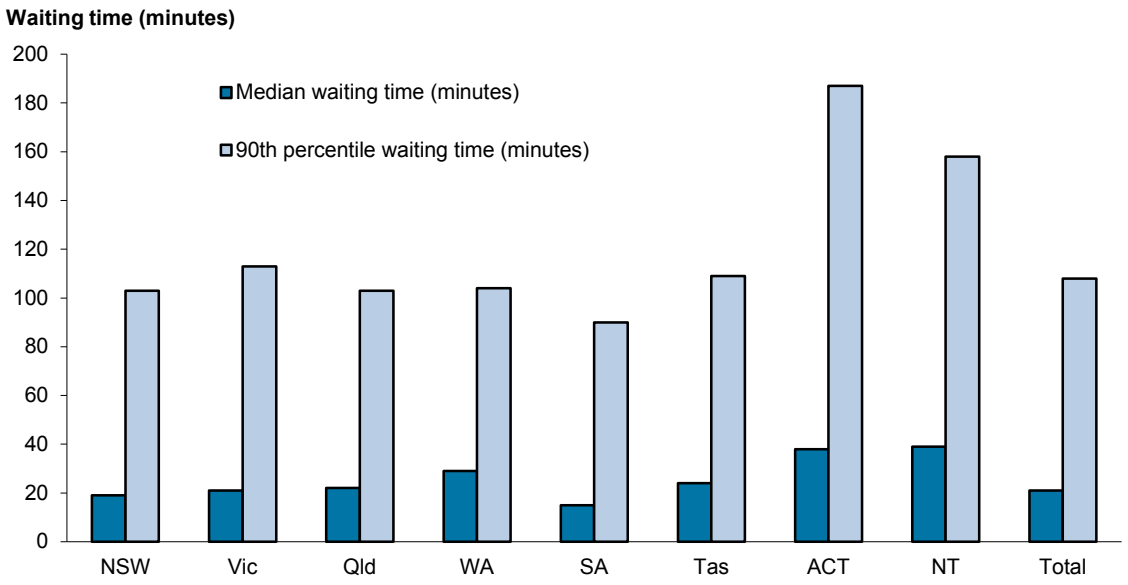
	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Emergency presentations[(a)]	2,174,611	1,479,491	1,209,948	715,890	422,037	135,998	118,304	140,799	6,397,078
Proportion seen on time (%)[(b)]									
Resuscitation	100	100	100	99	100	100	100	100	100
Emergency	82	83	82	76	79	77	76	64	80
Urgent	71	72	63	52	70	64	50	49	66
Semi-urgent	74	67	69	67	77	71	47	49	70
Non-urgent	89	87	90	94	92	88	81	89	89
Total	*76*	*72*	*69*	*65*	*76*	*71*	*55*	*54*	*72*
Median waiting time (minutes)	19	21	22	29	15	24	38	39	21
90th percentile waiting time (minutes)	103	113	103	104	90	109	187	158	108
Proportion ending in admission (%)[(c)]	29	36	23	25	29	21	26	26	29

(a) Records with a type of visit of *Emergency presentation*. 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 was missing or otherwise invalid.

(b) 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.

(c) The proportion of presentations for which the episode end status was reported as *Admitted to this hospital*.

Note: Refer to boxes 1.1 and 1.2 and appendixes 1 and 2 for more information on terminology, data limitations and methods. More detailed information by public hospital peer groups is available in Table S3.1, accompanying this report online.



(a) Records with a type of visit of *Emergency presentation*. 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 was missing or otherwise invalid.

Note: Refer to boxes 1.2 and 1.2 for more information on terminology, data limitations and methods of analysis.

Figure 3.1: Median and 90th percentile waiting times for *Emergency presentations*[(a)], public hospital emergency departments, states and territories, 2011–12

Performance indicator: waiting times for emergency department care

This performance indicator can be related to the National Health Performance Framework dimension 'Accessibility' within the domain 'Health System Performance'—for further information, see *Australian hospital statistics 2010–11* (AIHW 2012a).

Accessibility

People can obtain health care at the right place and right time irrespective of income, physical location and cultural background.

This indicator aligns with the NHA performance indicator and performance benchmark in the outcome area of 'hospital and related care' (COAG Reform Council 2012). Its scope is emergency departments in hospitals classified as *Principal referral and specialist women's and children's hospitals* and *Large hospitals*.

In 2011–12, for emergency departments in hospitals classified as *Principal referral and specialist women's and children's hospitals* and *Large hospitals* (peer groups A and B) and for all triage categories overall, the proportion of presentations in which patients commenced clinical care within the required time was 70%, ranging from 46% in the Northern Territory to 74% in New South Wales (Table 3.4).

The proportion of presentations seen on time also varied by triage category, with the more urgent presentations generally more likely to be seen on time. Overall, almost 100% of *Resuscitation* patients were seen on time and 80% of *Emergency* patients were seen on time. For *Non-urgent* patients, the proportion seen on time (within 2 hours) was also over 80% for most states and territories.

Table 3.4: Proportion[a] of *Emergency presentations*[b] seen on time, by triage category, *Principal referral and specialist women's and children's hospitals* and *Large hospitals*, states and territories, 2011–12

Peer group and triage category	NSW	Vic	Qld	WA	SA	Tas[c]	ACT	NT	Total
Principal referral and specialist women's and children's hospitals									
Resuscitation	100	100	100	100	100	100	100	100	100
Emergency	83	82	81	75	77	73	76	62	80
Urgent	69	69	61	47	65	54	50	45	64
Semi-urgent	72	66	69	65	72	61	47	40	67
Non-urgent	87	87	90	93	88	86	81	78	87
Total	*74*	*71*	*68*	*62*	*71*	*63*	*55*	*46*	*69*
Large hospitals									
Resuscitation	100	100	100	96	100	99	. .	. .	99
Emergency	81	84	89	76	82	89	. .	. .	81
Urgent	73	77	66	54	74	84	. .	. .	69
Semi-urgent	73	66	69	66	75	84	. .	. .	70
Non-urgent	88	85	90	93	94	94	. .	. .	89
Total	*75*	*73*	*72*	*65*	*77*	*85*	. .	. .	*72*
Total Principal referral and specialist women's and children's hospitals and Large hospitals									
Resuscitation	100	100	100	99	100	100	100	100	100
Emergency	82	82	82	75	78	77	76	62	80
Urgent	70	71	62	50	66	64	50	45	65
Semi-urgent	72	66	69	65	72	71	47	40	68
Non-urgent	87	86	90	93	89	88	81	78	88
Total	**74**	**71**	**69**	**63**	**72**	**71**	**55**	**46**	**70**

(a) 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. 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 was missing or otherwise invalid.

(b) Records with a type of visit of *Emergency presentation*.

(c) For National Healthcare Agreement purposes, the Mersey Community Hospital in Tasmania is reported as a *Large hospital*.

Note: Refer to boxes 1.1 and 1.2 and appendixes 1 and 2 for more information on terminology, data limitations and methods.

How did waiting times vary by Indigenous status?

The information presented in Table 3.5 relates to the NHA indicator 'Waiting times for emergency department care'. It should be noted that differences in waiting times may have been influenced by the mix of triage categories for Indigenous Australians and other Australians.

For 2011–12, there were over 243,000 emergency department presentations for patients identified as Aboriginal and/or Torres Strait Islander persons in *Principal referral and specialist women's and children's hospitals* and *Large hospitals* (Table 3.5). This was about 4.4% of all emergency department presentations for these types of hospitals. The proportion varied from 1.3% in Victoria to 40.6% in the Northern Territory.

Overall, the proportion of presentations for Indigenous Australians seen on time (67%) was lower than the proportion of other Australians seen on time (70%). There was some variation among the states and territories with Western Australia, the Northern Territory, Queensland and Victoria all reporting a higher overall proportion of Indigenous Australians seen on time compared with other Australians.

Table 3.5: Proportion[a] of *Emergency presentations*[b] seen on time, by triage category and Indigenous status, *Principal referral and specialist women's and children's hospitals* and *Large hospitals*, states and territories, 2011–12

	NSW	Vic	Qld	WA	SA	Tas[c]	ACT	NT	Total
Indigenous Australians									
Resuscitation	100	100	100	98	100	100	100	100	100
Emergency	81	77	83	76	78	81	74	63	78
Urgent	67	74	67	58	65	62	49	50	63
Semi-urgent	70	70	70	70	69	70	47	43	65
Non-urgent	86	89	88	93	88	87	80	76	87
Total[b]	**72**	**74**	**71**	**69**	**71**	**70**	**54**	**49**	**67**
Emergency presentations[d]	**59,898**	**18,127**	**67,026**	**36,507**	**10,140**	**5,883**	**2,885**	**42,847**	**243,313**
Other Australians[e]									
Resuscitation	100	100	100	99	100	100	100	100	100
Emergency	82	83	82	75	78	77	76	62	81
Urgent	70	71	62	49	66	64	50	41	65
Semi-urgent	72	66	69	65	73	71	47	39	68
Non-urgent	87	86	90	93	89	89	81	80	88
Total[b]	**74**	**71**	**68**	**63**	**72**	**71**	**55**	**44**	**70**
Emergency presentations[d]	**1,642,512**	**1,353,981**	**1,039,363**	**618,571**	**302,418**	**130,115**	**115,419**	**62,738**	**5,265,117**

(a) 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. 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 was missing or otherwise invalid.

(b) Records with a type of visit of *Emergency presentation*.

(c) For National Healthcare Agreement purposes, the Mersey Community Hospital in Tasmania is reported as a *Large hospital*.

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

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

Note: Refer to boxes 1.1 and 1.2 and appendixes 1 and 2 for more information on terminology, data limitations and methods.

For emergency presentations in *Principal referral and specialist women's and children's hospitals* and *Large hospitals*, the median waiting time for Indigenous Australians (25 minutes) was greater than for other Australians (22 minutes) (Table 3.6).

The overall median waiting times for Indigenous Australians were greater than for other Australians in New South Wales, South Australia, Tasmania and the Australian Capital Territory.

Table 3.6: Median waiting time[(a)] for *Emergency presentations*, by triage category and Indigenous status, *Principal referral and specialist women's and children's hospitals* and *Large hospitals*, states and territories, 2011–12

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total	Emergency presentations[(b)]
Indigenous										
Resuscitation	0	0	0	0	0	0	0	0	0	1,821
Emergency	6	5	5	5	4	6	6	8	6	22,274
Urgent	20	16	19	25	19	22	32	30	22	84,974
Semi-urgent	32	31	33	36	33	34	65	73	39	113,007
Non-urgent	33	27	30	35	35	37	45	55	33	21,200
Total [(b)(c)]	**22**	**20**	**21**	**26**	**20**	**26**	**40**	**42**	**25**	**243,313**
Other Australians[(d)]										
Resuscitation	0	0	0	0	0	0	0	0	0	38,328
Emergency	5	4	5	6	4	6	6	8	5	567,669
Urgent	18	17	22	31	19	22	31	40	21	1,882,332
Semi-urgent	28	36	35	43	29	33	67	80	35	2,316,417
Non-urgent	29	33	29	35	30	30	48	51	31	456,957
Total [(b)(c)]	**19**	**21**	**22**	**31**	**19**	**24**	**38**	**53**	**22**	**5,265,117**

(a) The waiting time (in minutes) within which clinical care had commenced for 50% of presentations, by triage category. 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 was missing or otherwise invalid.

(b) Records with a type of visit of *Emergency presentation*.

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

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

Note: Refer to boxes 1.1 and 1.2 and appendixes 1 and 2 for more information on terminology, data limitations and methods.

4 Time spent in the emergency department

Measures of the amount of time associated with emergency department activity include:

- **duration of clinical care**—measured as the time from the commencement of clinical care to the conclusion of the non-admitted component of care (episode end). This represents 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.
- **duration of non-admitted patient episode**—measured from the time of presentation to the conclusion of the non-admitted component of care (episode end). The length of patient episode consists of the emergency department waiting time and duration of clinical care, excluding any time spent as an admitted patient in the emergency department.
- **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'.

For this report, these measures include all emergency department *Type of visit* categories and are therefore not comparable with data presented in previous *Australian hospital statistics* reports, where this information was presented for the *Type of visit* category: *Emergency presentation* only.

The calculations exclude presentations for which the measures of time could not be calculated due to missing or incorrect values.

How long did patients stay?

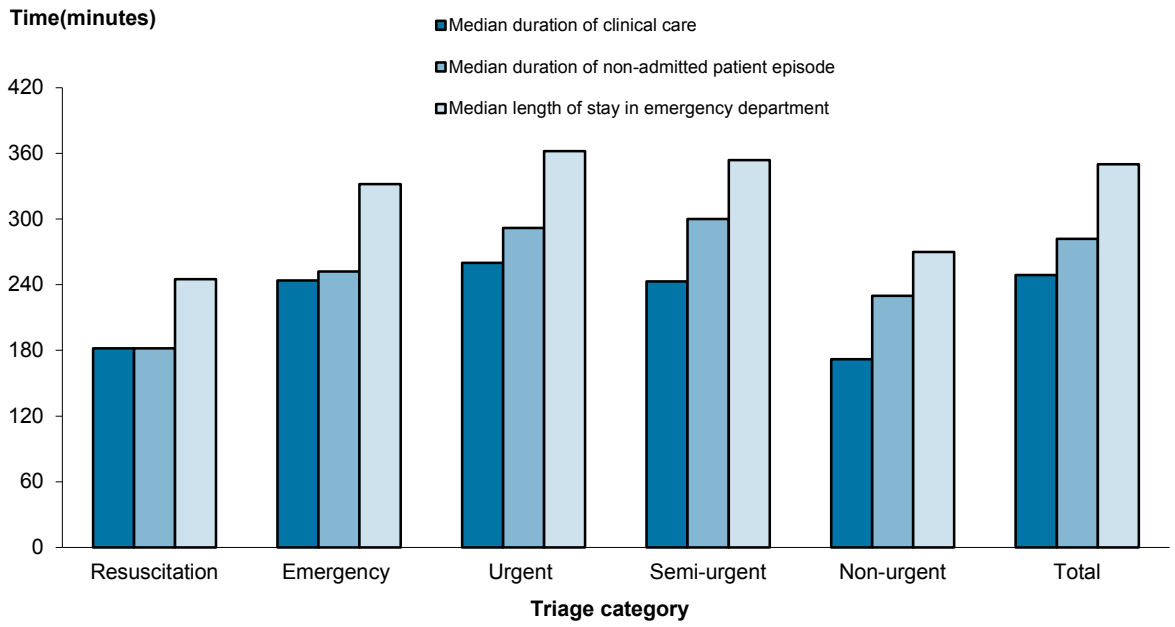
The timing and duration of emergency department activity are affected by whether or not the patient presenting to the emergency department is subsequently admitted to the same hospital. As a result, summary length of stay statistics are presented separately for patients subsequently admitted to hospital (those with an episode end status of *Admitted to this hospital*, Figure 4.1) and for patients not subsequently admitted to this hospital (including those referred to another hospital, Figure 4.2).

Generally, the durations of clinical care were greater for patients *Admitted to this hospital* than for other patients. *Resuscitation* was the only triage category for which patients *Admitted to this hospital* had shorter durations of clinical care in the emergency department than those not admitted (figures 4.1 and 4.2).

Patients subsequently admitted to the same hospital

Overall, for patients with an episode end status of *Admitted to this hospital*, the median duration of clinical care was 4 hours and 09 minutes (249minutes) and the median duration of non-admitted patient episode was 4 hours and 42 minutes (282 minutes) (Figure 4.1).

For *Resuscitation* patients, the median duration of non-admitted patient episode was generally the same as the median duration of the clinical care, which reflects the short waiting times for these patients. *Non-urgent* patients who were *Admitted to this hospital* had the shortest median duration of the clinical care.



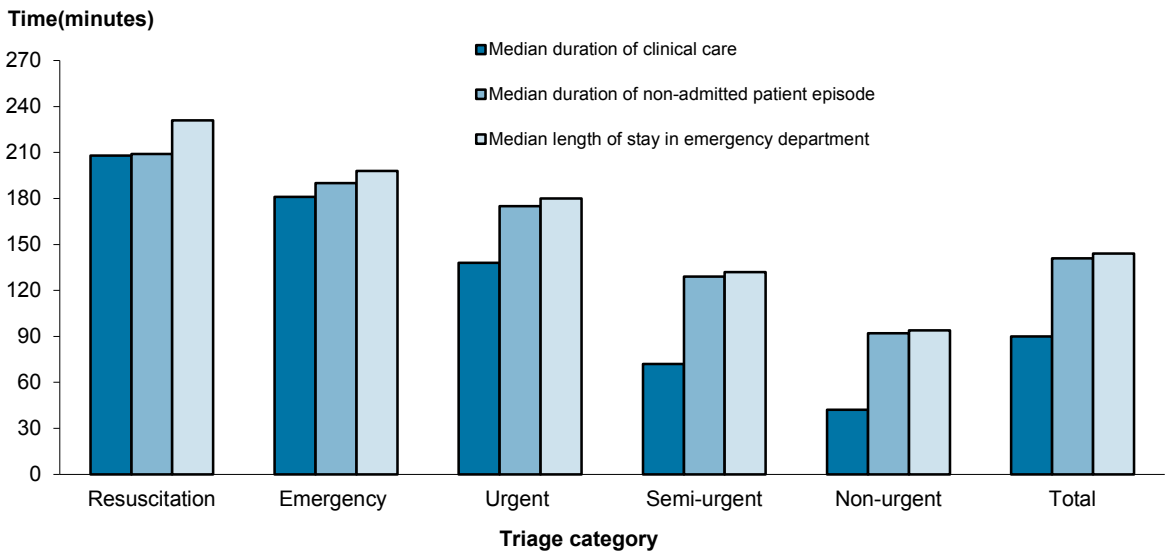
Note: Total includes presentations for which the triage category was not reported. See boxes 1.1 and 1.2 for notes on data limitations and methods.

Figure 4.1: Duration statistics (in minutes) for patients *Admitted to this hospital* by triage category, public hospital emergency departments, 2011–12

Patients not subsequently admitted to the same hospital

Figure 4.2 presents summary length of stay statistics for patients who did not have an episode end status of *Admitted to this hospital*. Overall, the median duration of clinical care was 1 hour and 30 minutes (90 minutes) and the median duration of the non-admitted patient episode was 2 hours and 21 minutes (141 minutes).

In general, for patients who were not subsequently admitted, the median duration of clinical care decreased with the urgency of the triage category (Figure 4.2). For example, the median duration of clinical care for *Resuscitation* patients was 3 hours and 28 minutes (208 minutes) and for *Non-urgent* patients it was 42 minutes. As for patients who were *Admitted to this hospital*, the median duration of the non-admitted patient episode for *Resuscitation* patients was generally similar to the median duration of the clinical care.



Note: Total includes presentations for which the triage category was not reported. See boxes 1.1 and 1.2 for notes on data limitations and methods.

Figure 4.2: Duration statistics (in minutes) for patients not admitted to this hospital by triage category, public hospital emergency departments, 2011–12

How many visits were completed in 4 hours or less?

The National Emergency Access Target (NEAT) is specified under the National Health Reform Agreement—National Partnership Agreement (NPA) on Improving Public Hospital Services.

The objective of the NEAT is that, by 31 December 2015, 90% of patients presenting to a public hospital emergency department will either physically leave the emergency department for admission to hospital, be referred to another hospital for treatment, or be discharged within 4 hours.

The calculation of the NEAT performance indicator 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.

The NEAT sets annual targets for each state and territory to achieve continual improvement in the proportion of presentations completed within 4 hours over the period 1 January 2012 to 31 December 2015. The NEAT performance indicator for NPA purposes refers to the January 2012 to December 2015 period.

However, the proportion of visits completed in 4 hours or less presented in this report are calculated by applying the NEAT specifications to the Non-admitted patient emergency department care NMDS data provided for 1 July 2011 to 30 June 2012.

Proportion of visits completed in 4 hours or less

During 2011–12, 64% of patients presenting to a public hospital emergency department had their visit to the emergency department completed in 4 hours or less (Table 4.1). Western

Australia achieved the highest proportion of emergency department visits completed in 4 hours or less (79%).

Large hospitals generally achieved a higher proportion of emergency department visits completed in 4 hours or less compared with *Principal referral and specialist women's and children's hospitals* (72% and 58%, respectively).

Triage categories reflecting higher urgency of treatment requirement were associated with lower proportions of emergency department visits completed in 4 hours or less. For example, 73% of *Semi-urgent* visits and 88% of *Non-urgent* visits were completed in 4 hours or less, compared with 50% of *Resuscitation* visits and 44% of *Emergency* visits.

Table 4.1: Proportion of presentations[(a)] to emergency departments with a length of stay[(b)] of 4 hours or less, by triage category and public hospital peer group, public hospital emergency departments, states and territories, 2011–12

Peer group and triage category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Principal referral and specialist women's and children's hospitals									
Resuscitation	43	54	43	59	52	58	61	55	49
Emergency	29	45	40	61	42	37	47	38	40
Urgent	38	49	50	66	45	44	47	46	47
Semi-urgent	58	67	74	84	65	68	62	66	67
Non-urgent	79	87	87	94	81	85	83	83	83
Total[(c)]	51	60	60	75	55	59	58	58	58
Large hospitals									
Resuscitation	44	55	49	65	55	77	. .	. .	54
Emergency	39	49	45	70	63	55	. .	. .	52
Urgent	47	61	63	76	62	69	. .	. .	61
Semi-urgent	67	78	85	88	79	89	. .	. .	78
Non-urgent	87	91	94	96	94	98	. .	. .	91
Total[(c)]	61	75	74	83	70	81	. .	. .	72
All hospitals[(d)]									
Resuscitation	**45**	**54**	**44**	**61**	**54**	**60**	**61**	**54**	**50**
Emergency	**35**	**46**	**42**	**65**	**47**	**40**	**47**	**41**	**44**
Urgent	**45**	**52**	**53**	**71**	**52**	**50**	**47**	**51**	**52**
Semi-urgent	**67**	**71**	**77**	**86**	**74**	**76**	**62**	**71**	**73**
Non-urgent	**85**	**89**	**90**	**95**	**87**	**89**	**83**	**89**	**88**
Total[(c)]	**60**	**65**	**64**	**79**	**64**	**66**	**58**	**65**	**64**

(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.

(d) *All hospitals* includes hospitals in peer groups other than *Principal referral and specialist women's and children's hospitals* and *Large hospitals*.

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. About 29% of patients subsequently admitted completed their emergency department visit in 4 hours or less, with highest rates of completion in 4 hours or less for *Resuscitation* patients (Table 4.2).

For patients not subsequently admitted, the length of stay generally indicates the amount of time spent in emergency department before leaving the hospital. About 78% of patients who were not subsequently admitted completed their emergency department visit in 4 hours or less.

Table 4.2: Proportion of presentations[(a)] to emergency departments with a length of stay[(b)] of 4 hours or less, by triage category, admission status and public hospital peer group, public hospital emergency departments, states and territories, 2011–12

Peer group and triage category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
					Presentations ending in admission				
Principal referral and specialist women's and children's hospitals									
Resuscitation	43	53	42	61	52	59	61	53	48
Emergency	21	34	22	53	30	29	41	23	29
Urgent	16	27	19	49	24	18	28	21	24
Semi-urgent	19	29	22	51	28	20	27	19	26
Non-urgent	36	48	42	60	42	33	44	35	41
Total[(c)]	19	30	21	51	28	22	32	22	26
Large hospitals									
Resuscitation	42	56	47	59	40	81	. .	. .	49
Emergency	28	35	23	57	57	42	. .	. .	36
Urgent	21	32	21	51	52	36	. .	. .	30
Semi-urgent	21	34	29	48	51	44	. .	. .	30
Non-urgent	51	66	49	66	61	86	. .	. .	58
Total[(c)]	23	34	23	52	53	41	. .	. .	32
All hospitals[(d)]									
Resuscitation	44	53	43	61	53	62	61	53	49
Emergency	25	35	24	54	36	30	41	28	32
Urgent	21	29	20	50	33	21	28	28	27
Semi-urgent	23	30	25	51	37	24	27	29	29
Non-urgent	43	53	46	62	52	43	44	60	48
Total[(c)]	**24**	**31**	**23**	**52**	**36**	**25**	**32**	**29**	**29**
					Presentations not ending in admission				
Principal referral and specialist women's and children's hospitals									
Resuscitation	48	76	45	51	50	45	62	58	49
Emergency	47	83	58	75	63	47	53	58	61
Urgent	56	77	64	80	61	58	59	66	65
Semi-urgent	70	81	80	91	74	75	68	76	77
Non-urgent	83	90	88	97	84	88	84	87	86
Total[(c)]	67	81	73	87	70	71	67	73	74
Large hospitals									
Resuscitation	50	52	53	69	86	64	. .	. .	61
Emergency	55	72	66	77	70	64	. .	. .	68
Urgent	65	81	77	83	68	81	. .	. .	76
Semi-urgent	76	86	89	91	83	94	. .	. .	85
Non-urgent	90	92	95	97	95	98	. .	. .	93
Total[(c)]	74	86	84	88	78	89	. .	. .	83
All hospitals[(d)]									
Resuscitation	51	67	47	60	57	51	62	58	54
Emergency	53	80	60	77	64	51	53	60	63
Urgent	62	78	67	82	65	65	59	69	69
Semi-urgent	76	83	83	92	81	82	68	79	81
Non-urgent	88	92	91	97	89	91	84	91	90
Total[(c)]	**74**	**83**	**76**	**88**	**75**	**77**	**67**	**78**	**78**

(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.

(d) *All hospitals* includes hospitals in peer groups other than *Principal referral and specialist women's and children's hospitals* and *Large hospitals*.

Length of stay

The median length of stay for all patients was 2 hours and 58 minutes, varying across states and territories from 2 hours and 21 minutes in Western Australia to 3 hours and 27 minutes in the Australian Capital Territory (Table 4.3).

For patients subsequently admitted, the median length of stay was generally longer at 5 hours and 47 minutes, ranging from 3 hours and 58 minutes in Western Australia to 6 hours and 34 minutes in Queensland.

For patients who were not subsequently admitted, the median length of stay was 2 hours and 18 minutes.

Nationally, 90% of emergency department visits were completed within 8 hours and 28 minutes, ranging from 5 hours and 43 minutes in Western Australia to 9 hours and 12 minutes in the Australian Capital Territory.

For patients subsequently admitted, 90% of visits were completed within 14 hours and 23 minutes. For patients who were not subsequently admitted, 90% of visits were completed within 5 hours and 39 minutes.

Additional information

More information on non-admitted patient emergency department care by state or territory of hospitalisation and public hospital peer group, including presentation length statistics, is available in the tables accompanying this report on the Internet.

Table 4.3: Emergency department presentation[a] length of stay[b] statistics (hours: minutes) for all presentations, by triage category and admission status, public hospital emergency departments, states and territories, 2011–12

Length of stay and triage category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
				Presentations ending in admission					
Median length of stay									
Resuscitation	4:28	3:54	4:36	3:24	3:37	3:18	3:23	3:44	4:04
Emergency	6:05	5:15	6:19	3:52	5:00	5:30	4:44	6:30	5:31
Urgent	6:41	5:41	6:49	4:00	5:20	6:28	5:57	6:23	6:01
Semi-urgent	6:35	5:35	6:30	3:59	4:54	6:27	6:16	6:08	5:50
Non-urgent	4:38	3:48	4:22	3:38	3:31	4:33	4:29	3:02	4:11
Total[c]	*6:25*	*5:31*	*6:34*	*3:58*	*5:05*	*6:10*	*5:42*	*6:13*	*5:47*
90th percentile length of stay									
Resuscitation	11:51	10:37	12:02	8:51	10:07	9:09	8:04	12:02	11:02
Emergency	15:04	13:52	14:50	9:06	12:46	14:51	12:44	17:21	13:59
Urgent	16:03	13:42	16:24	9:11	13:50	18:01	14:36	16:34	14:52
Semi-urgent	15:16	13:12	16:52	8:48	12:39	16:54	14:39	15:26	14:13
Non-urgent	11:42	9:35	13:57	7:25	10:42	10:48	11:24	10:46	10:58
Total[c]	*15:28*	*13:29*	*16:00*	*9:02*	*13:11*	*16:53*	*14:09*	*16:13*	*14:23*
				Presentations not ending in admission					
Median length of stay									
Resuscitation	3:57	3:14	4:12	3:28	3:36	3:59	2:50	3:42	3:49
Emergency	3:51	2:48	3:24	2:41	3:15	3:59	3:49	3:25	3:17
Urgent	3:14	2:40	3:01	2:25	3:08	3:07	3:28	2:53	2:56
Semi-urgent	2:19	2:10	2:04	1:48	2:07	1:53	2:51	2:19	2:08
Non-urgent	1:28	1:27	1:23	1:17	1:26	1:17	1:58	1:14	1:26
Total[c]	*2:24*	*2:11*	*2:25*	*1:57*	*2:24*	*2:10*	*2:56*	*2:19*	*2:18*
90th percentile length of stay									
Resuscitation	8:31	8:28	9:53	7:54	9:11	9:55	8:18	7:39	8:59
Emergency	8:23	5:11	8:16	6:21	7:59	10:06	9:42	8:19	7:53
Urgent	7:20	5:13	6:56	5:05	7:15	7:37	8:09	6:38	6:40
Semi-urgent	5:50	4:49	4:59	3:52	5:17	5:12	6:43	5:23	5:11
Non-urgent	4:19	3:47	3:47	3:00	4:07	3:47	4:50	3:54	4:00
Total[c]	*6:11*	*4:48*	*5:59*	*4:16*	*6:01*	*6:00*	*7:08*	*5:40*	*5:39*
				All presentations					
Median length of stay									
Resuscitation	4:23	3:52	4:26	3:25	3:36	3:24	3:18	3:43	4:00
Emergency	5:12	4:20	4:42	3:17	4:05	4:47	4:18	4:53	4:29
Urgent	4:27	3:54	3:47	3:00	3:46	3:59	4:15	3:57	3:54
Semi-urgent	2:46	2:39	2:14	1:59	2:20	2:08	3:09	2:36	2:29
Non-urgent	1:33	1:31	1:24	1:20	1:29	1:21	2:01	1:17	1:30
Total[c]	**3:14**	**3:02**	**2:59**	**2:21**	**2:55**	**2:42**	**3:27**	**2:53**	**2:58**
90th percentile length of stay									
Resuscitation	11:27	10:29	11:19	8:33	9:59	9:09	8:09	9:58	10:37
Emergency	12:38	12:03	11:49	7:55	11:00	12:06	11:17	13:17	11:40
Urgent	11:22	10:14	10:27	6:47	10:09	11:00	10:55	11:29	10:24
Semi-urgent	7:50	6:59	6:08	4:38	6:28	6:35	8:04	7:05	6:55
Non-urgent	4:46	4:08	4:01	3:13	4:28	4:06	5:02	4:10	4:23
Total[c]	**9:11**	**8:12**	**8:47**	**5:43**	**8:22**	**8:25**	**9:12**	**8:47**	**8:28**

(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) Includes presentations for triage categories not assigned.

Note: Refer to boxes 1.1 and 1.2 and appendices 1 and 2 for more information on terminology, data limitations and methods.

Appendix 1:
Data quality statement: National Non-Admitted Patient Emergency Department Care Database 2011–12

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).

This appendix also contains information on changes in the specifications used to define these data, 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>.

Summary of key data quality issues

- The National Non-Admitted Patient Emergency Department Care Database (NNAPEDC) is a compilation of episode-level data for emergency department presentations in public hospitals.
- The scope of the NNAPEDCD is non-admitted patients registered for care in emergency departments in public hospital peer groups A and B (*Principal referral and specialist women's and children's* and *Large* hospitals).
- Some states and territories also provided data for public hospitals that were classified in peer groups other than A or B. Data were also provided for:
  - 24 *Medium hospitals*, 20 *Small hospitals* and 8 *Unpeered/Other* hospitals in New South Wales
  - 7 *Medium* hospitals in Victoria
  - 4 *Medium* hospitals in Queensland
  - 3 *Small remote acute* hospitals in Western Australia
  - 7 *Medium* hospitals and 1 *Small remote acute hospital* in South Australia
  - 1 *Medium hospital* in Tasmania
  - 3 *Small remote acute* hospitals in the Northern Territory.
- For 2011–12, a preliminary estimate of the proportion of emergency occasions of service reported to the NNAPEDCD was 100% for public hospitals in peer groups A and B and 83% for all public hospitals. This estimate will be finalised when the total numbers of emergency occasions of service are available early in 2013 in the National Public Hospital Establishments Database for 2011–12.
- Before 1 January 2012, the data collection does not include care provided to admitted patients in emergency departments. From 1 January 2012, all care provided to patients treated in emergency departments remain 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. However, care provided to patients admitted to 'short stay units' is not included.

- 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. For example, there is variation in the point at which the non-admitted patient emergency department presentation is reported as completed for those patients subsequently admitted within the emergency department and/or elsewhere in the hospital.
- The quality of the data reported for Indigenous status has not been formally assessed; therefore, caution should be exercised when interpreting these data.
- Changes in data set specifications in the second half of 2011–12 may affect the comparability of these data with other reporting periods and across the 2011–12 reporting period.
- The waiting times data presented in this report for the Australian Capital Territory differs from the information presented in previous *Australian hospital statistics* reports for the period 2008–09 to 2010–11, due to the resupply of corrected data from the Australian Capital Territory.

Description

The NNAPEDCD includes episode-level data on non-admitted patients treated in the emergency departments of Australian public hospitals. The data supplied for the period from 1 July to 31 December 2012 are based on the National Minimum Data Set for Non-admitted patient emergency department care (NAPEDC NMDS). Data supplied for the period from 1 January 2011 to 30 June 2012 are based on the Non-admitted patient emergency department care Data Set Specification (DSS) 1 January 2012 to 30 June 2012.

While the scope of the NNAPEDCD covers public hospitals in public hospital peer groups A and B (*Principal referral and specialist women's and children's hospitals* and *Large hospitals*) in the Australian Institute of Health and Welfare's *Australian hospital statistics* of the previous year, data were also provided by some states and territories for hospitals in peer groups other than A and B.

The NNAPEDCD includes data for each year from 2003–04 to 2011–12.

Institutional environment

The Australian Institute of Health and Welfare (AIHW) is a major national agency set up by the Australian Government under the *Australian Institute of Health and Welfare Act 1987* to provide reliable, regular and relevant information and statistics on Australia's health and welfare. It is an independent statutory authority established in 1987, governed by a management board, and accountable to the Australian Parliament through the Health and Ageing portfolio.

The AIHW aims to improve the health and wellbeing of Australians through better health and welfare information and statistics. It collects and reports information on a wide range of topics and issues, ranging from health and welfare expenditure, hospitals, disease and injury, and mental health, to ageing, homelessness, disability and child protection.

The Institute also plays a role in developing and maintaining national metadata standards. This work contributes to improving the quality and consistency of national health and welfare statistics. The Institute works closely with governments and non-government

organisations to achieve greater adherence to these standards in administrative data collections to promote national consistency and comparability of data and reporting.

One of the main functions of the AIHW is to work with the states and territories to improve the quality of administrative data and, where possible, to compile national datasets based on data from each jurisdiction, to analyse these datasets and disseminate information and statistics.

The *Australian Institute of Health and Welfare Act 1987*, in conjunction with compliance to the *Privacy Act 1988* (Cwlth), ensures that the data collections managed by the AIHW are kept securely and under the strictest conditions with respect to privacy and confidentiality.

For further information see the AIHW website <www.aihw.gov.au>

Data for the NNAPEDCD were supplied to the AIHW by state and territory health authorities under the terms of the National Health Information Agreement (see the following links):

<http://www.aihw.gov.au/nhissc/>

<http://meteor.aihw.gov.au/content/index.phtml/itemId/182135>

The state and territory health authorities received these data from public hospitals. States and territories use these data for service planning, monitoring and internal and public reporting. Hospitals may be required to provide data to states and territories through a variety of administrative arrangements, contractual requirements or legislation.

Timeliness

Data for the NNAPEDCD are reported annually. The most recent reference period for this data set is 2011–12. The data set includes records for Non-admitted patient emergency department service episodes between 1 July 2011 and 30 June 2012.

States and territories provided a first version of the 2011–12 data to the AIHW during August 2012. This report was published in September 2012. Data provision and publication were in accordance with agreed timetables.

Accessibility

The AIHW provides a variety of products that draw upon the NNAPEDCD. Published products available on the AIHW website are:

- *Australian hospital statistics* suite of products with associated Excel tables.

These products may be accessed on the AIHW website at:
<http://www.aihw.gov.au/hospitals/>

Interpretability

Metadata information for the NAPEDC NMDS and the NAPEDC DSS are published in the AIHW's online metadata repository—METeOR, and the *National health data dictionary*.

METeOR and the *National health data dictionary* can be accessed on the AIHW website at:

<http://meteor.aihw.gov.au/content/index.phtml/itemId/181162>

<http://www.aihw.gov.au/publication-detail/?id=6442468385>

Relevance

Scope and coverage

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 that were classified as either peer group A (*Principal referral and specialist women's and children's hospitals*) or B (*Large hospitals*). Data were also provided by some states and territories for hospitals that were not classified as either peer group A or B hospitals.

For 2011–12, a preliminary estimate of the proportion of emergency occasions of service reported to the NNAPEDCD was 100% for public hospitals in peer groups A and B and 83% for all public hospitals. This estimate will be finalised when the total numbers of emergency occasions of service are available early in 2013 in the National Public Hospital Establishments Database for 2011-12.

The data in the NNAPEDCD are not necessarily representative of the hospitals not included in the NNAPEDCD. Hospitals not included do not necessarily have emergency departments that are equivalent to those in hospitals in peer groups A and B.

The NNAPEDCD is the source of information for three performance indicators for the National Healthcare Agreement and other national performance reporting.

Although the NNAPEDCD is a valuable source of information on non-admitted patient emergency department care, the data have limitations. For example, sick or injured people who do not present to emergency departments are not included. Persons who present to an emergency department more than once in a reference year are counted on each occasion.

The care provided to patients in emergency departments is, in most instances, recognised as being provided to 'non-admitted' patients. Patients being treated in emergency departments may subsequently become 'admitted'. The care provided to non-admitted patients who are treated in the emergency department prior to being admitted is included in this database.

Before 1 January 2012, care provided to patients who were being treated in an emergency department site as an admitted patient (e.g. in an observation unit, short-stay unit, 'emergency department ward' or awaiting a bed in an admitted patient ward of the hospital) was not included in this database.

From 1 January 2012, the care provided to all patients treated in emergency departments remain in scope for this collection until they are recorded as having physically departed the emergency department, regardless of whether they have been admitted. For this reason, from 1 January 2012, there is an overlap in scope of the NNAPEDCD and the National Hospital Morbidity Database (NHMD). However, care provided to patients admitted to 'short stay units' is not included.

Non-admitted patients who are treated in outpatient clinics are not included in the NNAPEDCD.

Reference period

The reference period for this data set is 2011–12. The data set includes records for Non-admitted patient emergency department service episodes between 1 July 2011 and 30 June 2012.

Geographic detail

While the NAPEDC NMDS specifies that states and territories should provide Statistical Local Area (SLA) of usual residence of patient, not all states provided this information in the form of an SLA code for all presentations. In addition, not all states and territories provided the version of SLA specified in the NMDS.

Where necessary, the AIHW mapped the supplied area of residence data for each presentation to the same SLA version and to remoteness area categories based on the Australian Bureau of Statistics (ABS) Australian Standard Geographical Classification (ASGC) Remoteness Structure for 2006. This mapping was done on a probabilistic basis. Because of the probabilistic nature of the mapping, the SLA and remoteness areas data for individual records may not be accurate; however, the overall distribution of records by geographical area is considered useful.

Socioeconomic status is based on the reported area of usual residence of the patient. The Socio-Economic Indexes for Areas (SEIFA) categories for socioeconomic status are assigned at the national level, not at the individual state/territory level.

Accuracy

Potential sources of variation

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

There was variation in the reporting of *Type of visit* by state or territory. Not all states and territories reported presentations for all type of visit categories. In particular, for patients who were *Dead on arrival*:

- Western Australian emergency departments only occasionally manage and report patients who are *Dead on arrival*
- South Australian emergency departments do not manage or report patients who are *Dead on arrival*
- Tasmanian emergency departments did not identify patients who were dead on arrival by type of visit, but did record the episode end status as *Dead on arrival*.

There is variation in the way that patients who died in the emergency department were reported to the NNAPEDCD. In New South Wales, presentations where the patient died in the emergency department were categorised as *Admitted to this hospital*, whereas other jurisdictions reported these to the NNAPEDCD as *Died in the emergency department as a non-admitted patient*. In addition, Western Australia and South Australia did not use the episode end status *Dead on arrival*.

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.

As the scope of the database is limited to public hospitals in peer groups A and B, most of the data relates to hospitals within major cities. Consequently, the NNAPEDCD may not include areas where the proportion of Indigenous people (compared with other Australians) may be higher than average. Similarly, disaggregations by socioeconomic status and remoteness should be interpreted with caution.

Data validation

States and territories are primarily responsible for the quality of the data they provide. However, the AIHW undertakes extensive validations on receipt of data. Data are checked for valid values, logical consistency and historical consistency. Where possible, data in individual data sets are checked with data from other data sets. Potential errors are queried with jurisdictions, and corrections and resubmissions may be made in response to these edit queries.

Incomplete responses

For 2011–12, approximately 46,000 records did not have a valid waiting time recorded.

Non-response adjustment

The AIHW does not adjust data to account for possible data errors or missing or incorrect values, except as stated.

Coherence

The data reported for 2011–12 are consistent with data reported for the NNAPEDCD for previous years for individual hospitals.

In addition, the data reported to the NNAPEDCD in previous years has been consistent with the numbers of emergency occasions of services reported to the National Hospital Establishments Database (NPHED) for each hospital for the same reference year.

Time series presentations may be affected by changes in the number of hospitals reported to the collection and changes in coverage.

The number of hospitals in peer groups A and B included in the NNAPEDCD increased from 112 in 2003–04 to 125 in 2011–12. Over the same period, there was a notable increase in the number of hospitals that were not classified in peer groups A and B included in the NNAPEDCD (from 21 to 78).

Between 2003–04 and 2011–12, the estimated proportion of emergency occasions of service reported to the NNAPEDCD increased from 98% to 100% for hospitals in peer groups A and B and from 73% to 83% for all public hospitals.

The waiting times data presented in this report for the Australian Capital Territory (ACT) differ from the information presented in previous Australian hospital statistics reports for the period 2008–09 to 2010–11. For the period 2008–09 to 2011–12, the ACT has corrected information that is used to calculate the waiting time to commencement of clinical care and length of stay in the emergency department for 12,000 records that were 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 ACT 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.

Variation in reporting

Issues arising from changes in data set specifications implemented in the second half of 2011–12

In December 2011, the National Health Information Standards and Statistics Committee (NHISSC) agreed to implement changes to the collection of data provided to the

NNAPEDCD and for the National Partnership Agreement (NPA) purposes from 1 January 2012 in the form of a data set specification (DSS). NHISSC also agreed to a revised national minimum data set (NMDS) that reflects these changes, for the reference period 2012–13.

These changes were made to enable consistent reporting of the NPA on Improving Public Hospital Services— National Emergency Access Target (NEAT).

The differences between the DSS and the NMDS include:

- the DSS is reported on a quarterly basis
- the guide for use for the data elements 'Episode end status' and 'Physical departure date/time' were amended to support the reporting of the NEAT. In particular, the guides for use provide additional information on the recording of 'Physical departure date/time' and 'Episode end date/time' for patients with different 'Episode end status' values
- the NMDS scope was clarified to include patients who were
  - dead on arrival and certified by an emergency department clinician
  - triaged and advised of alternative treatment options
- the NMDS scope was clarified to exclude patients who did not physically present to the emergency department (for example, accessing telehealth)
- the NMDS scope was revised to include admitted patients who have not physically left the emergency department (except for patients admitted to 'short stay units"
- the data elements 'Service event' and 'Service commencement date/time' were revised to reflect period of 'Clinical care'
- a definition of a 'short stay unit' was included, as agreed under the NPA.

It was noted that any relevant analysis of the NNAPEDCD for the period 2011–12 would need to be appropriately caveated, including in data quality statements, that the 'data collected from 1 January to 30 June 2012 may not be directly comparable to data collected between 1 July and 31 December 2011'.

It was also noted that, given the limited time for implementation, data quality issues may exist for the revised data elements.

Possible variation in triage categorisation

The proportion of presentations by triage category varied by state or territory. New South Wales had the highest proportion of presentations that were *Non-urgent* (13.8%) and South Australia had the highest proportions of presentations that were *Resuscitation* or *Emergency* (1.2% and 12.2%, respectively) (Table A1.1). This may reflect different triage categorisation, differing mixes of patients or both.

Variation in the proportion of patients admitted to the hospital that may indicate variation in the types of patients presenting to the emergency department. Nationally, around 29% of *Emergency presentations* had an episode end status of *Admitted to this hospital*. Victoria had the highest proportion of patients with the episode end status of *Admitted to this hospital* (36%) compared to the lowest in Tasmania (21%).

Table A1.1: Proportion of *Emergency presentations* by triage category, public hospital emergency departments, states and territories, 2011–12

Triage category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Resuscitation	0.6	0.5	0.8	0.8	1.2	0.5	0.4	0.5	0.7
Emergency	9.5	9.1	11.5	11.3	12.2	7.7	10.9	7.4	10.1
Urgent	31.5	32.7	42.0	32.3	36.0	33.8	33.4	28.7	34.2
Semi-urgent	44.3	47.5	40.1	48.1	43.3	48.0	44.4	54.2	44.9
Non-urgent	13.8	10.2	5.6	7.5	7.3	10.0	10.8	9.1	10.0
Total[(a)]	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**

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

Note: Refer to boxes 1.1 and 1.2 for more information on terminology, data limitations and methods of analysis.

Table A1.2: Proportion of *Emergency presentations* by episode end status, states and territories, 2011–12

Episode end status	NSW[(a)]	Vic	Qld	WA[(b)]	SA[(c)]	Tas	ACT	NT	Total
Admitted to this hospital	28.8	36.4	22.6	24.6	29.3	21.1	26.1	26.2	28.7
Emergency department episode completed	61.5	56.2	68.3	71.3	63.5	73.1	63.3	63.8	63.1
Referred to another hospital	0.6	0.3	2.0	2.1	2.5	0.9	1.4	0.2	1.1
Did not wait	5.5	5.8	5.0	1.4	3.7	4.3	7.3	8.9	5.0
Left at own risk	2.1	1.4	2.0	0.5	0.8	0.4	1.8	0.8	1.6
Died in emergency department[(a)]	0.0	<0.1	0.1	0.1	0.1	0.1	0.1	<0.1	<0.1
Dead on arrival	<0.1	<0.1	<0.1	0.0	0.0	<0.1	0.0	<0.1	<0.1
Not reported	1.6	<0.1	0.0	<0.1	0.1	0.2	0.0	0.0	0.5
Total	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**

(a) In New South Wales, presentations for which a patient dies in the emergency department are categorised as *Admitted to this hospital*.

(b) For Western Australia, patients who are *Dead on arrival* are only occasionally managed and reported by emergency departments.

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

Note: Refer to boxes 1.1 and 1.2 for more information on terminology, data limitations and methods of analysis.

Quality of Indigenous status data

The successful monitoring of the health of Aboriginal and Torres Strait Islander people is dependent 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; most states and territories advised that the Indigenous status data collected in an emergency department setting could be less accurate than the data collected for admitted patients. Therefore, the information on Indigenous status presented in this report should be used with caution.

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 2011–12, for about 14% of emergency department records Indigenous status was not indicated. It is likely that in the majority of these instances the patient chose not to advise their Indigenous status or the information supplied was insufficient to determine their status. 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 2011–12 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 that of admitted patients in public hospitals.

Queensland

Queensland Health noted that, for 2011–12 emergency department data, Indigenous status was not reported in 1.3% of cases. This is a slight decrease from the 1.6% reported for 2010–11. Efforts will continue to be made to ensure that reporting of Indigenous status is as complete and accurate as possible.

Western Australia

The Western Australian Department of Health regards its Indigenous status for non-admitted patient emergency department data as being of good quality, with 99.5% of data identified by Indigenous status in 2011–12.

South Australia

SA Health 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 fell in 2011–12 compared with the previous year but the numbers are still considered to be too high.

The department contracted the Australian Bureau of Statistics 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. Training of more than 430 staff was conducted in metropolitan and country locations throughout the state. A second round of training is due to start in the second half of 2012. This initiative is expected to lead to improvements in data quality.

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 on maintaining and improving, where needed, the collection of this data element.

Australian Capital Territory

The Australian Capital Territory Government 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 2011–12 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.

Appendix 2: Technical notes

Definitions

If not otherwise indicated, data elements were defined according to the 2011–12 definitions in the *National health data dictionary, version 16* (AIHW 2012c) (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. The exception is for the table presenting information on potentially avoidable GP-type emergency department presentations, which is based on data on the state or territory of usual residence.

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 may denote less than 0.05 or 0.5, respectively.

Data on the 50th and 90th percentile have been suppressed if there were fewer than 10 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 were admitted; half the waiting times will have been shorter, and half the waiting times longer, than the median.

The 90th percentile data represent the number of minutes within which 90% of patients commenced clinical care 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, then the percentile value will correspond to the average of the values for the i^{th} and $(i+1)^{th}$ observations.

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

Estimated proportion of emergency services

The estimated proportion of emergency occasions of service covered by the NNAPEDCD data is calculated as the number of presentations reported to the NNAPEDCD divided by the number of emergency occasions of service reported to the National Public Hospital Establishments Database (NPHED), as a percentage.

For 2011–12, as the corresponding public hospital establishment data were not available, a preliminary estimate was based on a comparison of the number of presentations and hospitals that were reported to the NNAPEDCD for 2010–11 and 2011–12, and the numbers of emergency occasions of service reported to the NPHED for 2010–11.

For example:

- If the same hospitals were reported by a jurisdiction for the NNAPEDCD for both 2010–11 and 2011–12, then the jurisdiction's coverage was assumed to be the same for both years.
- If the hospitals reported by a jurisdiction changed between 2010–11 and 2011–12, then the jurisdiction's coverage was adjusted by increasing (or decreasing) the numerator counts (NNAPEDCD presentations for 2010–11), based on the number of emergency occasions of service reported for the individual hospital(s) to the NPHED for 2010–11.
- If a hospital that was included in the NNAPEDCD for the first time in 2011–12 was not included in the NPHED for 2010–11, then it was assumed to be reporting 100% of its emergency occasions of service.

Waiting time statistics calculations (chapter 3)

Patients who present to the emergency department with a type of visit of *Return visit*, *planned*, *Pre-arranged admission* or *Patient in transit* do not necessarily undergo the same processes as *Emergency presentations*, and their waiting times may rely on factors outside the control of the emergency department. Therefore, waiting time statistics (including the proportion ending in admission) are not presented in chapter 3 for patients with a type of visit other than *Emergency presentation*.

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 the patient *Did not wait* to be attended by a health care professional, or was *Dead on arrival*.

Approximately 46,000 records for which a valid waiting time could not be calculated due to missing or incorrect values (for example, for time of presentation or commencement of clinical care) were not used to derive waiting time statistics.

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 National Triage Scale definition. 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 *Admitted to this hospital*. The calculation is restricted to presentations with a type of visit of *Emergency presentation*.

Emergency department length of stay statistics calculations (chapter 4)

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

Waiting time for admission

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

Proportion of emergency department 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 negative number of minutes).

Other

Age of patients

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.

Glossary

For further information on the terms used in this report, refer to the definitions in the *National health data dictionary version 16* (AIHW 2012c). Each definition contains 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 health and community services-related topics, and specifications for related national minimum data sets (NMDSs), METeOR can be viewed on the AIHW website at <www.aihw.gov.au>.

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
Emergency department waiting time to admission	The time elapsed for each patient from presentation to the emergency department to admission to hospital. METeOR id: 270004
Emergency department waiting time to clinical care	The time elapsed for each patient from presentation in the emergency department to commencement of the emergency department non-admitted clinical care. METeOR id: 471932
Emergency occasion of service	A non-admitted patient occasion of service reported to the National Public Hospital Establishments Database with a Type of non-admitted patient occasion of service type of Emergency services.
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: 268971
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 person and is accepted as such by the community in which he or she lives. METeOR id: 291036
Non-admitted patient	A patient who does not undergo a hospitals formal admission process. There are three categories of non-admitted patient: *emergency department patient*, *outpatient* and *other non-admitted patient*. METeOR id: 268973

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: 327262
Peer group	Groupings of hospitals into broadly similar groups in terms of their volume of admitted patient activity and their geographical location.
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	A non-admitted patient emergency department service episode.
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 Standard Geographical Classification Remoteness Structure (2006), based on the Accessibility/Remoteness Index of Australia which measures the remoteness of a point based on the physical road distance to the nearest urban centre.
Triage 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 National Triage Scale. The triage category is allocated by an experienced registered nurse or medical practitioner. METeOR id: 390392

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In 2011–12:

- there were more than 6.5 million presentations to public hospital emergency departments
- 72% of patients received treatment within an appropriate time for their urgency (triage) category
- almost two-thirds of patients stayed in the emergency department for 4 hours or less, and 90% had left within 8 hours and 30 minutes.