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# Australian hospital statistics 2012–13



*Emergency department care*



**Australian Government**

**Australian Institute of  
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*Authoritative information and statistics  
to promote better health and wellbeing*

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# **Australian hospital statistics 2012–13**

## **Emergency department care**

Australian Institute of Health and Welfare  
Canberra

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**The Australian Institute of Health and Welfare is a major national agency which provides reliable, regular and relevant information and statistics on Australia's health and welfare. The Institute's mission is authoritative information and statistics to promote better health and wellbeing.**

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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](http://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 2012 to June 2013.

The Australian Institute of Health and Welfare (AIHW) understands the importance of relevant, timely and high quality statistics to inform discussion and decisions on policy and services. These data are being reported within 4 months of the end of the reference period. The AIHW is grateful to the data providers in states and territories who worked with us to make this possible.

This report is one of a suite of products produced by the AIHW to report on Australia's hospitals each year. A separate report on elective surgery waiting times was released earlier in October, with a report on hospital-associated *Staphylococcus aureus* bacteraemia cases scheduled for release in November 2013. As in previous years, a comprehensive report and a summary report on Australian hospitals for 2012–13 will be published in April 2014.

The AIHW continues to work with data providers and other stakeholders to enhance consistency among national, state and territory statistics so that it can produce comprehensive national data of the highest standard.

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*. Both reports are due for publication in the first half of 2014. In this way, the AIHW supports the principle of 'supply once, use often' so that national data are consistent wherever reported.

David Kalisch

Director

October 2013

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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:

- Jenny Hargreaves (AIHW) (Chair)
- John Agland (New South Wales Ministry of Health)
- Paul Basso (South Australian Department for Health and Ageing)
- Neville Board (Australian Commission on Safety and Quality in Health Care)
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- Veronica Snook (Northern Territory Department of Health)
- Paul Tridgell (Australian Healthcare and Hospitals Association).

Within the AIHW, the report was prepared by Katrina Burgess, Liz Berryman, Jane McIntyre, Tony Mole and Nick Thompson, with expert advice provided by Jenny Hargreaves and George Bodilsen.

# Abbreviations

|          |  |
|----------|--|
| ABS      | Australian Bureau of Statistics                                      |
| ACT      | Australian Capital Territory   |
| AHMAC    | Australian Health Ministers' Advisory Council                        |
| AIHW     | Australian Institute of Health and Welfare                           |
| GP       | general practitioner   |
| METeOR   | Metadata Online Registry   |
| NAPEDC   | Non-admitted patient emergency department care                       |
| NEAT     | National Emergency Access Target                                     |
| NHA      | National Healthcare Agreement  |
| NHPF     | National Health Performance Framework                                |
| NHRA     | National Health Reform Agreement                                     |
| NMDS     | national minimum data set  |
| NNAPEDCD | National Non-admitted Patient Emergency Department Care Database     |
| NPA IPHS | National Partnership Agreement on Improving Public Hospital Services |
| NPHEd    | National Public Hospital Establishments Database                     |
| NSW      | New South Wales  |
| NT       | Northern Territory   |
| Qld      | Queensland   |
| SA       | South Australia  |
| SA2      | Statistical Area Level 2   |
| SEIFA    | Socio-Economic Indexes for Areas                                     |
| SES      | socioeconomic status   |
| SLA      | Statistical Local Area   |
| Tas      | Tasmania   |
| Vic      | Victoria   |
| WA       | Western Australia  |

# Symbols

|      |                |
|------|----------------|
| n.a. | not available  |
| n.p. | not published  |
| ..   | not applicable |
| <    | less than      |

# Summary

## How many emergency department presentations were there?

More than 6.7 million emergency department presentations were reported by public hospital emergency departments in 2012–13, corresponding to just over 18,000 presentations each day.

Emergency department presentations increased by 4.0% on average each year between 2008–09 and 2012–13. After adjusting for changes in the coverage of the collection, the increase was about 2.9% on average each year.

Between 2011–12 and 2012–13, emergency department presentations increased by 2.5% nationally, with the largest increases in Tasmania (3.8%) and Queensland (3.7%).

A greater proportion of patients presented to emergency departments over the weekends and on Mondays compared with the other days of the week, and 69% of patients arrived between the hours of 8am and 8pm.

## How long did patients wait?

In 2012–13, 50% of patients received treatment by a medical officer or nurse within 19 minutes of presenting to the emergency department and 90% received treatment within 101 minutes of presentation.

From 2008–09 to 2012–13, the overall proportion of patients 'seen on time' increased from 70% to 73%.

In 2012–13, the proportion 'seen on time' varied across the states and territories, from 51% in the Australian Capital Territory, to 78% in New South Wales. Almost 100% of resuscitation patients (those requiring treatment immediately) and 82% of emergency patients (requiring treatment within 10 minutes) were seen on time.

About 5% of emergency presentations were for Aboriginal and Torres Strait Islander people. In the largest hospitals, about 70% of Indigenous Australians were seen on time, compared with 72% for other Australians.

## How long did patients stay?

Generally, the length of treatment time (the amount of time between the start and end of clinical care) was longer for patients who were subsequently admitted to the hospital and for patients who required more urgent treatment. For patients who were subsequently admitted, 8% had a treatment time of less than an hour; for other patients, 32% had a treatment time of less than an hour.

The aim of the National Emergency Access Target is that, by 31 December 2015, 90% of emergency department visits will be completed in 4 hours or less. In 2012–13, just over two-thirds (67%) of emergency department visits were completed in 4 hours or less – an increase from 64% in 2011–12. Western Australia had the highest proportion (77%) of emergency department visits completed in 4 hours or less and the Australian Capital Territory had the lowest (57%).

About 27% of emergency department patients were admitted to hospital after their emergency department care. For these patients, 36% had completed their emergency department visit in 4 hours or less, and 90% were admitted within 13 hours and 41 minutes. Western Australia had the highest proportion (46%) of emergency department patients admitted in 4 hours or less and the Northern Territory had the lowest (24%).





# 1 Introduction

*Australian hospital statistics 2012–13: emergency department care* continues the series of summary annual reports produced by the Australian Institute of Health and Welfare (AIHW) that describe the characteristics and activity of Australia's hospitals (starting with the 1993–94 financial year, AIHW 1997–2013a). The *Australian hospital statistics* suite of products presents 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 2012 to 30 June 2013. It includes information on overall activity, performance indicators on waiting times for care and time spent in the emergency department, and other waiting times statistics. It also includes comparative information for the previous four reporting periods.

Data for the same period for elective surgery waiting times was released in the report *Australian hospital statistics 2012–13: elective surgery waiting times* earlier in October 2013 (AIHW 2013b). A report on hospital-associated *Staphylococcus aureus* bacteraemia cases – *Australian hospital statistics 2012–13: Staphylococcus aureus bacteraemia in Australian public hospitals* – is also scheduled for release in late 2013.

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 2013. The AIHW's annual report – *Australian hospital statistics 2012–13* – will incorporate these data to present comprehensive information on Australia's hospitals (to be published in April 2014).

*Australian hospital statistics 2012–13* will include information on emergency occasions of service not included in this report, sourced from data provided for the Public hospital establishments NMDS.

## Data source

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 waiting times and other characteristics for public hospital emergency departments.

Overall, the quality of the data in the NNAPEDCD is sufficient to be published in this report. However, the limitations of the data (as outlined in Box 1.1 and Appendix A) should be taken into consideration when they are interpreted. Detailed information about the AIHW's NNAPEDCD is in the Data Quality Statement at Appendix A and accompanying this report online at <[www.aihw.gov.au](http://www.aihw.gov.au)>.

Terms relevant to the discussion of emergency department care are summarised in Box 1.2.

### 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.
- As the scope of the Non-admitted patient care NMDS 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.
- Statistics on emergency department presentations for non-admitted patients may be affected by variations in reporting practices across states and territories and over time. Where possible, these variations have been noted in the text. Comparisons between states and territories and reporting years should be made with reference to the accompanying notes in the chapters and the appendixes.
- Data presented at peer group-level in this report are based on the peer groups assigned to hospitals for *Australian hospital statistics 2011–12* (AIHW 2013a), as the 2012–13 peer group cannot be assigned until the level of admitted patient activity is known.
- 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 those 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.
- The proportion of emergency occasions of service for which data were present in the NNAPEDCD cannot be accurately determined for 2012–13 until the establishment-level data in the NPHEd become available. For 2012–13, a preliminary estimate is that about 84% of emergency occasions of service were reported to the NNAPEDCD.
- Approximately 41,000 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.
- From 2012–13, remoteness area of residence is based on the Australian Bureau of Statistics' Australian Statistical Geography Standard. In previous reports, remoteness area was based on the ABS's Australian Standard Geographical Classification. Comparisons of the data over time should therefore be undertaken with caution.
- New South Wales did not report against the episode end status *Died in emergency department as a non-admitted patient* before 2012–13. Therefore, caution should be used when making comparisons over time.
- From 2009–10, the data for the Albury Base Hospital have been included in statistics for Victoria, whereas they were formerly reported by, and included in statistics for New South Wales.

See Appendix A for more information.

## What's in this report?

Chapter 2 presents activity information on non-admitted patient care provided in public hospital emergency departments. It includes the numbers of hospitals reporting in each peer group, numbers of presentations by state and territory and estimated proportions of emergency services reported to the NNAPEDCD in 2012–13, as well as comparable information for the four previous periods.

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

Chapter 4 presents emergency department length of stay information, including relevant performance indicators on the proportion of emergency department stays that were completed within 4 hours and the 90th percentile length of emergency department stay for patients subsequently admitted to hospital. Similar information is included for all patients. It also includes information on the length of time that patients received treatment in the emergency department.

Appendix A presents data quality information. It 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 B presents technical notes on methods used in this report.

## Hospital performance indicators

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

This report presents data on the following performance indicators relevant to emergency department care (Table 1.1):

- National Healthcare Agreement (NHA) performance indicator 19: Selected potentially avoidable GP-type presentations in emergency department. This performance indicator can be related to the National Health Performance Framework (NHPF) dimension 'Accessibility' within the domain 'Health system performance'. Under the NHA, it relates to the outcome area of *Australians receive appropriate high quality and affordable primary and community health services*; it is not an indicator of hospital performance. It should be noted that the indicator is defined using an interim specification. The AIHW is undertaking work to improve the specification of this indicator in consultation with stakeholders. See page 15 for more information.
- NHA performance indicator 21a: Waiting times for emergency hospital care: proportion seen on time. 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 *Australians receive appropriate high quality and affordable hospital and hospital-related care*.
- NHA performance indicator 21b: Waiting times for emergency department care: proportion completed within four hours. 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 *Australians receive appropriate high quality and affordable hospital and hospital-related care*.

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

- NPA IPHS indicator: Admission to hospital from emergency departments (for patients subsequently admitted to the same hospital). This indicator has two parts: the percentage of presentations where the length of the emergency department stay is less than or equal to 4 hours and the length of emergency department stay at the 90th percentile. This performance indicator can be related to the NHPF dimension 'Accessibility' within the domain 'Health system performance'.

**Table 1.1: Hospital performance indicators in this report, for the NHPF dimension – accessibility**

| Table/figure       | Indicator  | Related national indicator set |          |      |
|--------------------|--|--------------------------------|----------|------|
|                    |  | NHA                            | NPA-IPHS | NHPF |
| Table 2.8          | NHA #19 Selected potentially avoidable GP-type presentations in emergency department, 2012–13  | ✓                              |          |      |
| Tables 3.5 and 3.6 | NHA #21a Waiting times for emergency hospital care: Proportion seen on time, 2012–13   | ✓                              |          | ✓    |
| Table 4.1          | NHA #21b Waiting times for emergency hospital care: Proportion completed within four hours, 2012–13  | ✓                              | ✓        |      |
| Table 4.2          | NPA IPHS: Admission to hospital from emergency departments (for patient subsequently admitted to the same hospital): percentage of presentations with emergency department stay less than or equal to 4 hours, 2012–13 |                                | ✓        |      |
| Table 4.5          | NPA IPHS: Admission to hospital from emergency departments (for patient subsequently admitted to the same hospital): 90th percentile time to admission to hospital, 2012–13  |                                | ✓        |      |

**Box 1.2: Summary of terms relating to emergency department care**

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

An **emergency occasion of service** is any examination, consultation, treatment or other service provided as an individual session to a non-admitted patient in the emergency services functional unit of an establishment.

A **service event** is an instance or occasion of assistance received by a client from a service provider.

*(continued)*

**Box 1.2 (continued): Summary of terms relating to 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.

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

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

The **type of visit** to the emergency department indicates the reason the patient presents to an emergency department.

The **triage category** indicates the urgency of the patient's need for medical and nursing care. It is usually assigned by an experienced registered nurse or medical practitioner at, or shortly after, the time of presentation to the emergency department. The triage category assigned is in response to the question: 'This patient should wait for medical assessment and treatment no longer than...?'. The Australasian Triage Scale has five categories – as defined in the *National health data dictionary, version 16* (AIHW 2012a) – that incorporate the time by which the patient should receive care:

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

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

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

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

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

**Proportion ending in admission** is the proportion of presentations for which the episode end status was reported as *Admitted to this hospital*, usually represented as a percentage. This includes being admitted to units or beds within the emergency department.

See Appendix A 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 National Public Hospital Establishments Database (NPHEd), which has full coverage of public hospitals. The emergency occasions of service data reported for the NPHEd have wider coverage than data provided for the NNAPEDCD (emergency departments only).

The NPHEd data for 2012–13 is not yet available but will be reported in the AIHW's annual report *Australian hospital statistics 2012–13*, to be released in April 2014.

### Private hospital emergency department activity

Information about emergency occasions of service provided by private hospitals is reported to the ABS's Private Health Establishments Collection and is presented in the ABS's *Private hospitals, Australia* (ABS 2013) reports. Information sourced from the most recent *Private hospitals, Australia* report will be included in *Australian hospital statistics 2012–13*.

### Additional data online

This report can be found online at <[www.aihw.gov.au](http://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

In April 2014, the AIHW website will include updates for the tables that present estimates of the proportion of episodes included in the NNAPEDCD, based on 2012–13 data from the Public hospital establishments NMDS.

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

## 2 Emergency department activity

This chapter presents information about the more than 6.7 million presentations to emergency departments in public hospitals included in the NNAPEDCD. These 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 activity, the type of care received and how patients left the emergency department.

### How has activity changed over time?

Between 2008–09 and 2012–13, the number of emergency department presentations increased by 16.9%, with an average annual increase of 4.0% (Table 2.1). However, over this period the coverage of the NNAPEDCD collection increased, with the number of hospitals reporting increasing from 184 to 204. This coverage change should be taken into account in interpreting changes over time. After adjusting for coverage changes, the number of presentations increased by an average of 2.9% each year.

The increase in the number of emergency department presentations between 2011–12 and 2012–13 was 2.5%. The change in the number of reporting hospitals over this period was due to a Queensland hospital that started reporting separately in 2012–13 and had previously reported data under a parent facility.

**Table 2.1: Emergency department presentations, public hospital emergency departments, 2008–09 to 2012–13**

|   | 2008–09   | 2009–10   | 2010–11   | 2011–12   | 2012–13   | Change (%) <sup>(a)</sup> |               |
|---|-----------|-----------|-----------|-----------|-----------|---------------------------|---------------|
|   |           |           |           |           |           | Average since 2008–09     | Since 2011–12 |
| Number of hospitals reporting emergency department data | 184       | 184       | 186       | 203       | 204       |                           |               |
| Presentations   | 5,742,139 | 5,957,961 | 6,183,288 | 6,547,342 | 6,712,224 | 4.0                       | 2.5           |
| Estimated proportion (%) <sup>(b)</sup>                 | 80        | 81        | 81        | 84        | 84        | 1.2                       | 0.2           |

(a) Between 2008–09 and 2012–13, the coverage of the NNAPEDCD collection increased, with the number of hospitals reporting increasing from 184 to 204. This coverage change should be taken into consideration when interpreting the increase in activity over this period. After adjusting for coverage changes, the number of presentations increased by an average of 2.9% each year.

(b) The number of presentations reported to the NNAPEDCD divided by the number of emergency occasions of service reported to the NPHE as a percentage. For 2012–13, the proportion of emergency occasions of service reported to NNAPEDCD is a preliminary estimate.

Note: See boxes 1.1 and 1.2 and appendixes A and B for more information on terminology, data limitations and methods.

### States and territories

Between 2008–09 and 2012–13, the largest percentage increase in the estimated proportion of emergency services reported for the NNAPEDCD occurred in South Australia, from 67% to 80% of all emergency services.

For South Australia, 7 large country hospitals commenced reporting to the NNAPEDCD in September 2011 and, therefore, the data for 2011–12 includes only 10 months of data for those hospitals. South Australia has estimated that, adjusting for the missing data for the 7 hospitals, the increase in activity between 2011–12 and 2012–13 was about 3.4%.

Between 2011–12 and 2012–13, for which coverage of the NNAPEDCD was the same, the greatest percentage increases in emergency department presentations were reported for Tasmania (3.8%) and Queensland (3.7%) (Table 2.2).



**Table 2.2: Emergency department presentations, public hospital emergency departments, states and territories, 2008–09 to 2012–13**

|   | 2008–09          | 2009–10          | 2010–11          | 2011–12          | 2012–13          | Change (%) <sup>(a)</sup> |                    |
|---|------------------|------------------|------------------|------------------|------------------|---------------------------|--------------------|
|   |                  |                  |                  |                  |                  | Average since 2008–09     | Since 2011–12      |
| <b>New South Wales<sup>(b)</sup></b>          |                  |                  |                  |                  |                  |                           |                    |
| Number of hospitals                           | 85               | 84               | 86               | 95               | 95               |                           |                    |
| Presentations                                 | 2,007,863        | 2,035,783        | 2,074,098        | 2,235,455        | 2,278,591        | 3.2                       | 1.9                |
| Estimated proportion (%) <sup>(c)</sup>       | 83               | 83               | 83               | 88               | 88               | 1.4                       | -0.1               |
| <b>Victoria<sup>(b)</sup></b>                 |                  |                  |                  |                  |                  |                           |                    |
| Number of hospitals                           | 38               | 39               | 39               | 40               | 40               |                           |                    |
| Presentations                                 | 1,358,202        | 1,432,745        | 1,483,159        | 1,509,065        | 1,528,609        | 3.0                       | 1.3                |
| Estimated proportion (%) <sup>(c)</sup>       | 88               | 90               | 90               | 91               | 91               | 0.7                       | 0.1                |
| <b>Queensland<sup>(d)</sup></b>               |                  |                  |                  |                  |                  |                           |                    |
| Number of hospitals                           | 26               | 26               | 26               | 26               | 27               |                           |                    |
| Presentations                                 | 1,091,076        | 1,134,092        | 1,195,325        | 1,238,522        | 1,284,158        | 4.2                       | 3.7                |
| Estimated proportion (%) <sup>(c)</sup>       | 72               | 72               | 72               | 72               | 72               | 0.2                       | -0.5               |
| <b>Western Australia</b>                      |                  |                  |                  |                  |                  |                           |                    |
| Number of hospitals                           | 16               | 16               | 16               | 17               | 17               |                           |                    |
| Presentations                                 | 566,411          | 600,613          | 649,215          | 732,351          | 754,119          | 7.4                       | 3.0                |
| Estimated proportion (%) <sup>(c)</sup>       | 72               | 73               | 74               | 78               | 78               | 1.9                       | 0.6                |
| <b>South Australia<sup>(e)</sup></b>          |                  |                  |                  |                  |                  |                           |                    |
| Number of hospitals                           | 8                | 8                | 8                | 14               | 14               |                           |                    |
| Presentations                                 | 357,417          | 373,700          | 383,992          | 427,011          | 455,220          | 6.2                       | 3.4 <sup>(e)</sup> |
| Estimated proportion (%) <sup>(c)</sup>       | 67               | 67               | 68               | 80               | 80               | 4.4                       | 0.0 <sup>(e)</sup> |
| <b>Tasmania</b>                               |                  |                  |                  |                  |                  |                           |                    |
| Number of hospitals                           | 4                | 4                | 4                | 4                | 4                |                           |                    |
| Presentations                                 | 130,108          | 141,630          | 143,848          | 141,700          | 147,064          | 3.1                       | 3.8                |
| Estimated proportion (%) <sup>(c)</sup>       | 89               | 89               | 93               | 92               | 92               | 0.8                       | 0.5                |
| <b>Australian Capital Territory</b>           |                  |                  |                  |                  |                  |                           |                    |
| Number of hospitals                           | 2                | 2                | 2                | 2                | 2                |                           |                    |
| Presentations                                 | 101,897          | 106,815          | 112,232          | 118,396          | 118,931          | 3.9                       | 0.5                |
| Estimated proportion (%) <sup>(c)</sup>       | 100              | 100              | 100              | 100              | 100              | 0.0                       | 0.3                |
| <b>Northern Territory</b>                     |                  |                  |                  |                  |                  |                           |                    |
| Number of hospitals                           | 5                | 5                | 5                | 5                | 5                |                           |                    |
| Presentations                                 | 129,165          | 132,583          | 141,419          | 144,842          | 145,532          | 3.0                       | 0.5                |
| Estimated proportion (%) <sup>(c)</sup>       | 100              | 100              | 100              | 100              | 100              | 0.0                       | 0.0                |
| <b>Total</b>                                  |                  |                  |                  |                  |                  |                           |                    |
| <b>Number of hospitals</b>                    | <b>184</b>       | <b>184</b>       | <b>186</b>       | <b>203</b>       | <b>204</b>       |                           |                    |
| <b>Presentations</b>                          | <b>5,742,139</b> | <b>5,957,961</b> | <b>6,183,288</b> | <b>6,547,342</b> | <b>6,712,224</b> | <b>4.0</b>                | <b>2.5</b>         |
| <b>Estimated proportion (%)<sup>(c)</sup></b> | <b>80</b>        | <b>81</b>        | <b>81</b>        | <b>84</b>        | <b>84</b>        | <b>1.2</b>                | <b>0.2</b>         |

- (a) Between 2008–09 and 2012–13, the number of hospitals reporting to the NNAPEDCD increased from 184 to 204 and this should be taken into consideration when interpreting the increase in activity over this period. After adjusting for coverage changes, the number of presentations increased by an average of 2.9% each year.
- (b) For 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.
- (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 2012–13, the proportion of emergency occasions of service reported to NNAPEDCD is a preliminary estimate.
- (d) Between 2011–12 and 2012–13, the change in the number of reporting hospitals was due to a Queensland hospital that started reporting separately in 2012–13 and had previously reported data under a parent facility.
- (e) For South Australia, the average change between 2011–12 and 2012–13 was provided by South Australia after adjusting for incomplete reporting for 7 large country hospitals in 2011–12.

Note: See boxes 1.1 and 1.2 and appendixes A and B for more information on terminology, data limitations and methods.

## How much activity was there in 2012–13?

About 86% of presentations (5.8 million) to public hospital emergency departments in 2012–13 occurred in *Principal referral and specialist women's and children's hospitals* (peer group A) and *Large hospitals* (peer group B) (Table 2.3). For hospitals that were not categorised as either peer group A or B, it is estimated that about 43% of emergency occasions of service were reported to the NNAPEDCD.

**Table 2.3: Emergency department presentations, by public hospital peer group, public hospital emergency departments, states and territories, 2012–13**

|  | NSW              | Vic              | Qld              | WA             | SA             | Tas            | ACT            | NT             | Total            |
|--|------------------|------------------|------------------|----------------|----------------|----------------|----------------|----------------|------------------|
| <b>Principal referral and specialist women's and children's hospitals</b>                              |                  |                  |                  |                |                |                |                |                |                  |
| Hospitals  | 30               | 22               | 19               | 7              | 5              | 2              | 2              | 2              | 89               |
| Presentations  | 1,409,581        | 1,108,622        | 995,744          | 404,126        | 294,686        | 95,541         | 118,931        | 107,503        | 4,534,734        |
| Estimated proportion (%) <sup>(a)</sup>  | 100              | 100              | 100              | 100            | 100            | 100            | 100            | 100            | 100              |
| <b>Large hospitals</b>   |                  |                  |                  |                |                |                |                |                |                  |
| Hospitals  | 13               | 12               | 4                | 7              | 1              | 1              | 0              | 0              | 38               |
| Presentations  | 367,856          | 327,064          | 179,495          | 285,733        | 35,740         | 24,200         | ..             | ..             | 1,220,088        |
| Estimated proportion (%) <sup>(a)</sup>  | 100              | 100              | 100              | 100            | 100            | 99             | ..             | ..             | 100              |
| <b>Estimated proportion of all emergency occasions of service for hospitals in peer groups A and B</b> |                  |                  |                  |                |                |                |                |                |                  |
|  | <b>100</b>       | <b>100</b>       | <b>100</b>       | <b>100</b>     | <b>100</b>     | <b>100</b>     | <b>100</b>     | <b>100</b>     | <b>100</b>       |
| <b>Other hospitals</b>   |                  |                  |                  |                |                |                |                |                |                  |
| Hospitals  | 52               | 6                | 4                | 3              | 8              | 1              | 0              | 3              | 77               |
| Presentations  | 501,154          | 92,923           | 108,919          | 64,260         | 124,794        | 27,323         | ..             | 38,029         | 957,402          |
| Estimated proportion (%) <sup>(a)</sup>  | 63               | 39               | 19               | 22             | 51             | 68             | ..             | 100            | 43               |
| <b>Total</b>   |                  |                  |                  |                |                |                |                |                |                  |
| <b>Hospitals</b>   | <b>95</b>        | <b>40</b>        | <b>27</b>        | <b>17</b>      | <b>14</b>      | <b>4</b>       | <b>2</b>       | <b>5</b>       | <b>204</b>       |
| <b>Presentations</b>   | <b>2,278,591</b> | <b>1,528,609</b> | <b>1,284,158</b> | <b>754,119</b> | <b>455,220</b> | <b>147,064</b> | <b>118,931</b> | <b>145,532</b> | <b>6,712,224</b> |
| <b>Estimated proportion (%)<sup>(a)</sup></b>  | <b>88</b>        | <b>91</b>        | <b>72</b>        | <b>78</b>      | <b>80</b>      | <b>92</b>      | <b>100</b>     | <b>100</b>     | <b>84</b>        |

(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: See boxes 1.1 and 1.2 and appendixes A and B for more information on terminology, data limitations and methods.

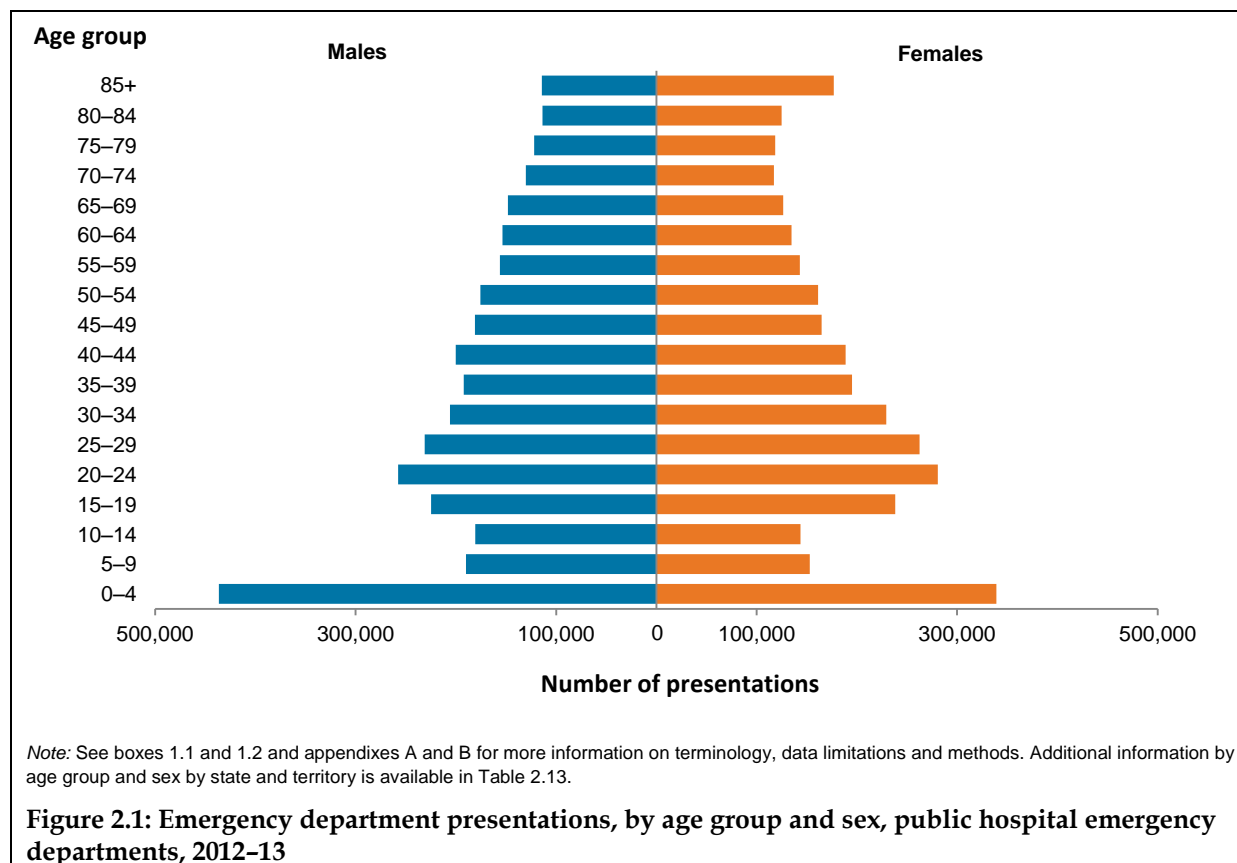
## Who used these services?

### Sex and age group

Males accounted for just over 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 15–24 (15%), followed by 25–34 (14%) (Table 2.13). Between 2008–09 and 2012–13, the 15–24 year age group has been consistently the most common age group reported.

More information on the age group and sex of patients presenting to emergency departments by state and territory is provided in Table 2.13.



## Aboriginal and Torres Strait Islander people

### Box 2.1: Quality of Indigenous status data

The AIHW report *Indigenous identification in hospital separations data: quality report* (AIHW 2013c) found that nationally, about 88% of Indigenous Australians were identified correctly in hospital admissions data in the 2011-12 study period, and the 'true' number of separations for Indigenous Australians was about 9% higher than reported.

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 A 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 Non-admitted patient emergency department care NMDS 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 department presentations may not be included for regional and remote areas where the proportion of Indigenous people (as a percentage of the population, compared with other Australians) is higher than average.

Nationally, 5.3% of all presentations were for Indigenous Australians who represent about 3% of the Australian population (Table 2.4).

The Northern Territory, for which NNAPEDCD data are reported for all hospitals, had the highest proportion of emergency department presentations for Indigenous Australians (44%). Victoria (1.5%) recorded the lowest proportion.

**Table 2.4: Emergency department presentations, by Indigenous status, public hospital emergency departments, states and territories, 2012–13**

|                              | Indigenous     | Non-Indigenous   | Not reported   | Total            |
|------------------------------|----------------|------------------|----------------|------------------|
| New South Wales              | 106,815        | 2,007,310        | 164,466        | 2,278,591        |
| Victoria                     | 22,565         | 1,495,870        | 10,174         | 1,528,609        |
| Queensland                   | 78,071         | 1,190,004        | 16,083         | 1,284,158        |
| Western Australia            | 57,437         | 693,037          | 3,645          | 754,119          |
| South Australia              | 20,493         | 416,106          | 18,621         | 455,220          |
| Tasmania                     | 6,672          | 137,823          | 2,569          | 147,064          |
| Australian Capital Territory | 3,022          | 114,531          | 1,378          | 118,931          |
| Northern Territory           | 63,916         | 81,512           | 104            | 145,532          |
| <b>Total</b>                 | <b>358,991</b> | <b>6,136,193</b> | <b>217,040</b> | <b>6,712,224</b> |

Note: See boxes 1.1 and 1.2 and appendixes A and B for more information on terminology, data limitations and methods.

## 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 where patients either walked into the emergency department or came by private transport, public transport, community transport or taxi.

In 2012–13, the majority of presentations to emergency departments had a reported arrival mode of *Other* (Table 2.5). 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 4.3% for *Non-urgent* patients to 84.7% for *Resuscitation* patients. More detailed information about arrival modes and triage categories across the states and territories is provided in Table 2.14.

**Table 2.5: Emergency department presentations, by arrival mode and triage category, public hospital emergency departments, 2012–13**

| Arrival mode  | Triage category |                |                  |                  |                | Total <sup>(a)</sup> |
|---|-----------------|----------------|------------------|------------------|----------------|----------------------|
|   | Resuscitation   | Emergency      | Urgent           | Semi-urgent      | Non-urgent     |                      |
| Ambulance, air ambulance or helicopter rescue service | 38,363          | 331,751        | 786,988          | 454,299          | 28,695         | 1,640,415            |
| Police/correctional services vehicle                  | 284             | 8,091          | 22,869           | 14,856           | 5,100          | 51,227               |
| Other <sup>(b)</sup>                                  | 6,578           | 373,745        | 1,498,908        | 2,499,134        | 634,314        | 5,018,113            |
| Not stated/unknown                                    | 45              | 205            | 571              | 1,178            | 423            | 2,469                |
| <b>Total</b>  | <b>45,270</b>   | <b>713,792</b> | <b>2,309,336</b> | <b>2,969,467</b> | <b>668,532</b> | <b>6,712,224</b>     |

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

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

Note: See boxes 1.1 and 1.2 and appendixes A and B for notes on data limitations and methods of analysis. Additional information for states and territories is available in Table 2.14.

## 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.

Table 2.6 presents the day of the week and the time of day that presentations occurred. There were greater numbers of presentations on the weekends and on Mondays compared with other days. In 2012–13, the highest number of presentations occurred between the hours of 10 am and 11:59 am, particularly on Sundays and Mondays.

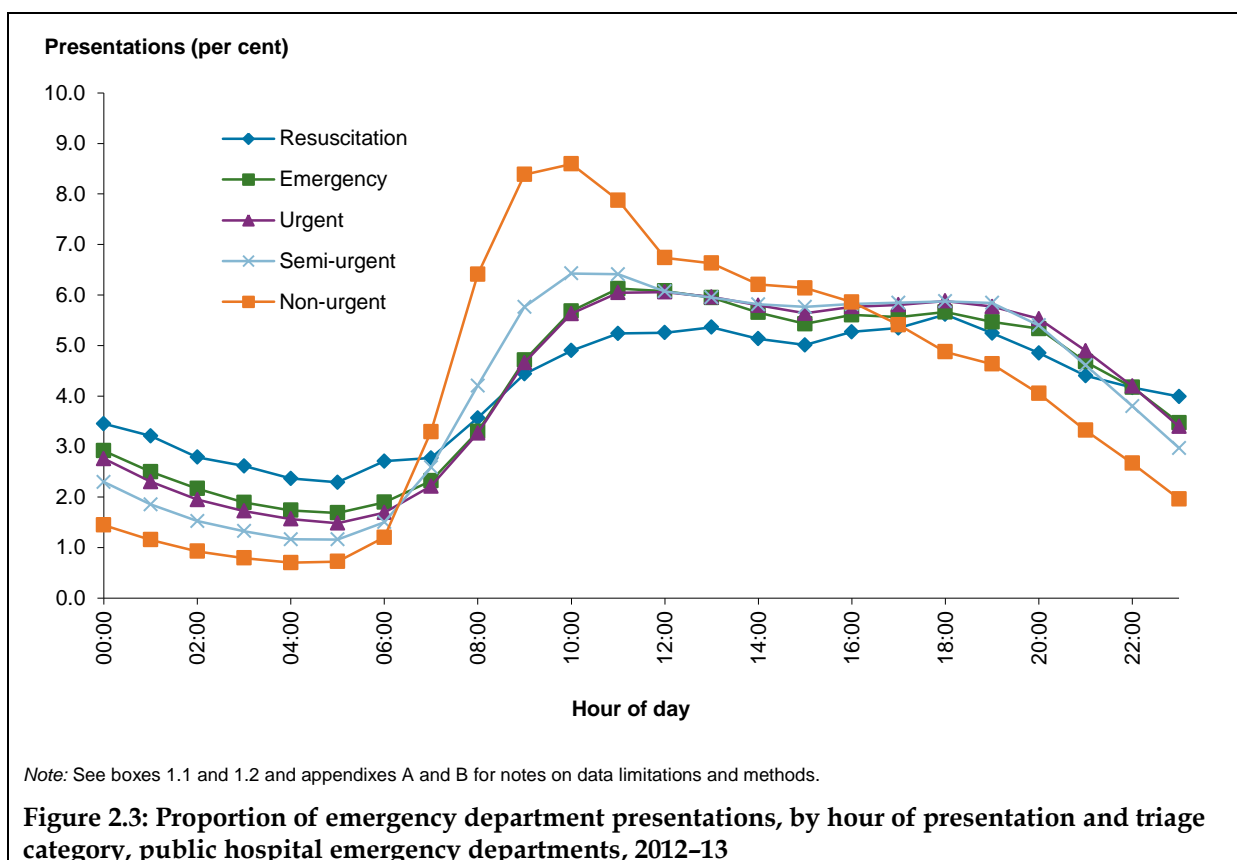
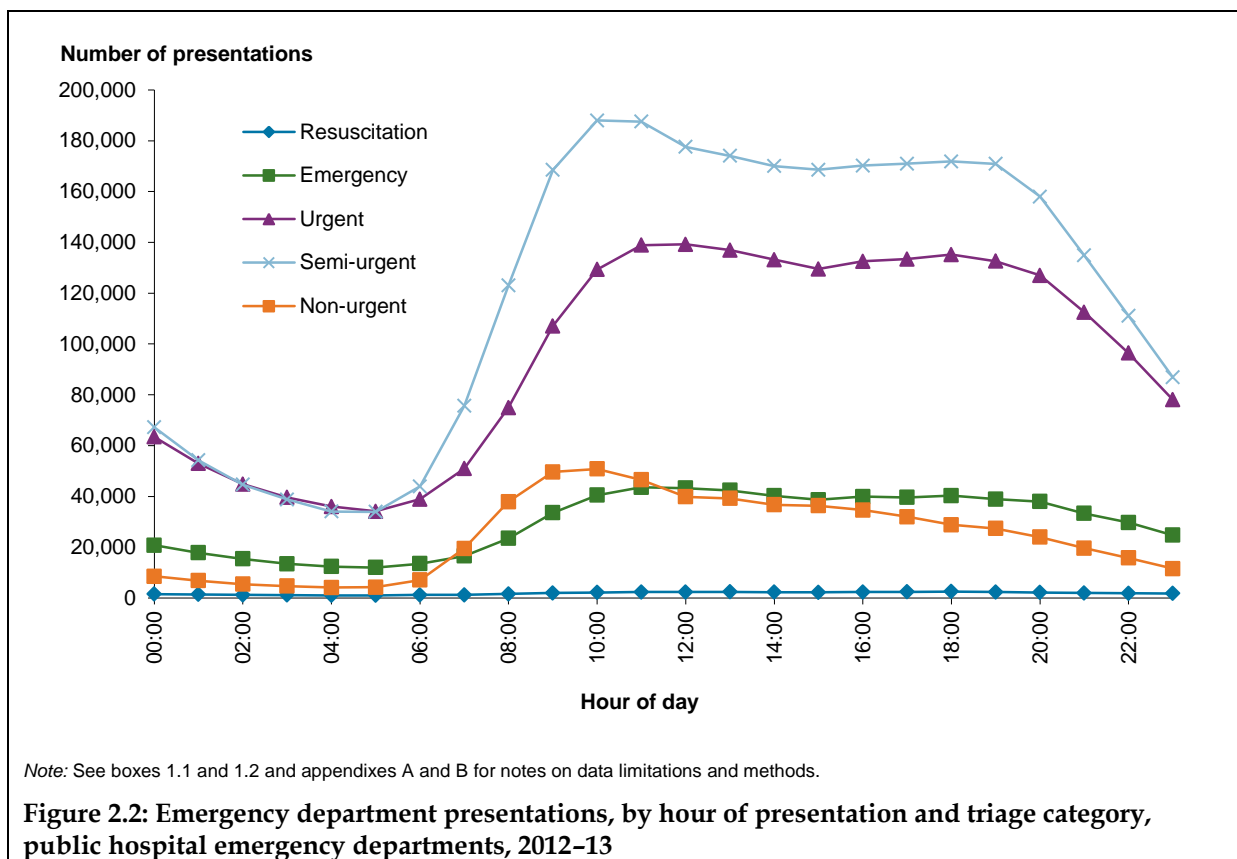
**Table 2.6: Proportion of presentations by day of week and time of presentation, public hospital emergency departments, 2012–13**

| Time of presentation | Day of week      |                  |                |                |                |                |                | Total            |
|----------------------|------------------|------------------|----------------|----------------|----------------|----------------|----------------|------------------|
|                      | Sunday           | Monday           | Tuesday        | Wednesday      | Thursday       | Friday         | Saturday       |                  |
|                      | Per cent         |                  |                |                |                |                |                |                  |
| Midnight to 1:59 am  | 0.8              | 0.6              | 0.6            | 0.6            | 0.6            | 0.6            | 0.7            | 4.4              |
| 2 am to 3:59 am      | 0.6              | 0.4              | 0.4            | 0.4            | 0.4            | 0.4            | 0.5            | 3.1              |
| 4 am to 5:59 am      | 0.5              | 0.4              | 0.3            | 0.3            | 0.3            | 0.4            | 0.4            | 2.6              |
| 6 am to 7:59 am      | 0.6              | 0.6              | 0.6            | 0.6            | 0.6            | 0.6            | 0.6            | 4.1              |
| 8 am to 9:59 am      | 1.5              | 1.6              | 1.4            | 1.4            | 1.3            | 1.4            | 1.3            | 9.9              |
| 10 am to 11:59 am    | 2.0              | 2.0              | 1.8            | 1.7            | 1.7            | 1.7            | 1.8            | 12.8             |
| Midday to 1:59 pm    | 1.9              | 1.9              | 1.7            | 1.6            | 1.6            | 1.7            | 1.8            | 12.2             |
| 2 pm to 3:59 pm      | 1.8              | 1.7              | 1.6            | 1.6            | 1.5            | 1.6            | 1.7            | 11.5             |
| 4 pm to 5:59 pm      | 1.7              | 1.7              | 1.6            | 1.6            | 1.6            | 1.6            | 1.6            | 11.5             |
| 6 pm to 7:59 pm      | 1.7              | 1.7              | 1.7            | 1.6            | 1.6            | 1.5            | 1.5            | 11.3             |
| 8 pm to 9:59 pm      | 1.5              | 1.4              | 1.4            | 1.4            | 1.4            | 1.3            | 1.3            | 9.8              |
| 10 pm to 11:59 pm    | 1.0              | 1.0              | 1.0            | 1.0            | 1.0            | 1.0            | 1.1            | 6.9              |
| <b>Total</b>         | <b>15.5</b>      | <b>15.1</b>      | <b>14.0</b>    | <b>13.8</b>    | <b>13.6</b>    | <b>13.7</b>    | <b>14.3</b>    | <b>100.0</b>     |
| <b>Presentations</b> | <b>1,037,182</b> | <b>1,015,701</b> | <b>942,616</b> | <b>923,529</b> | <b>912,987</b> | <b>921,304</b> | <b>958,905</b> | <b>6,712,224</b> |

Note: See boxes 1.1 and 1.2 and appendixes A and B for more information on terminology, data limitations and methods.

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 two-thirds (69%) of emergency department presentations occurred 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.



## Why did people receive the care?

The **type of visit** to the 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 and an emergency department clinician certifies the death of the patient.

Of the more than 6.7 million presentations reported to the NNAPEDCD for 2012–13, about 98% of presentations were *Emergency presentations*, and 2% were *Return visit, planned* (Table 2.7).

Reporting of information about patients who were *Dead on arrival* varies. For South Australia, patients who are *Dead on arrival* are not managed or reported by emergency departments. For Western Australia, emergency departments only occasionally manage and report patients who are *Dead on arrival*, as the majority of these patients are taken directly to the State Morgue.

**Table 2.7: Emergency department presentations by type of visit, public hospital emergency departments, states and territories, 2012–13**

| Type of visit          | NSW              | Vic              | Qld              | WA <sup>(a)</sup> | SA <sup>(b)</sup> | Tas            | ACT            | NT             | Total            |
|------------------------|------------------|------------------|------------------|-------------------|-------------------|----------------|----------------|----------------|------------------|
| Emergency presentation | 2,210,190        | 1,505,376        | 1,261,961        | 744,399           | 450,816           | 141,373        | 118,597        | 141,181        | 6,573,893        |
| Return visit, planned  | 58,863           | 19,850           | 18,838           | 8,744             | 3,488             | 5,147          | 316            | 4,270          | 119,516          |
| Pre-arranged admission | 6,379            | 516              | 3,199            | 362               | 31                | 0              | 13             | 0              | 10,500           |
| Patient in transit     | 134              | 882              | 117              | 0                 | 0                 | 0              | 1              | 50             | 1,184            |
| Dead on arrival        | 2,813            | 1,985            | 43               | ..                | ..                | 393            | 4              | 19             | 5,257            |
| Not reported           | 212              | 0                | 0                | 614               | 885               | 151            | 0              | 12             | 1,874            |
| <b>Total</b>           | <b>2,278,591</b> | <b>1,528,609</b> | <b>1,284,158</b> | <b>754,119</b>    | <b>455,220</b>    | <b>147,064</b> | <b>118,931</b> | <b>145,532</b> | <b>6,712,224</b> |

(a) Western Australian emergency departments only occasionally manage and report patients who are *Dead on arrival*, as the majority of these patients are taken directly to the State Morgue.

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

Note: See boxes 1.1 and 1.2 and appendixes A and B for more information on terminology, data limitations and methods.

## **Performance indicator: 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 non-hospital health services.

This is an NHA performance indicator in the outcome area of *Australians receive appropriate high quality and affordable primary and community health services* (COAG Reform Council 2013b); it is not an indicator of hospital performance.

Potentially avoidable GP-type presentations are defined for NHA reporting purposes as presentations to public hospital emergency departments in *Principal referral and specialist women's and children's hospitals* (peer group A) and *Large hospitals* (peer group B) with a type of visit of *Emergency presentation* where the patient:

- was allocated a triage category of 4 or 5 and
- did not arrive by ambulance or by police or correctional vehicle and
- at the end of the episode, was not admitted to the hospital, was not referred to another hospital, and did not die.

It should be noted that this is an interim specification based on data that is available and reported to the NNAPEDCD. An NHA Review report released by COAG in July 2012 (COAG 2012), recommended that the indicator be retained, with further data development undertaken to address identified data issues. The identified issues were that the indicator:

- cannot currently distinguish presentations which may have been explicitly referred by a general practitioner to the emergency department
- may be limited by the unavailability of information on the diagnosis/presenting problem of the patient.
- does not have full coverage of all hospitals.

The AIHW is managing revision work for this indicator under the auspices of the Australian Health Ministers' Advisory Council (AHMAC). AHMAC provides advice to the Standing Council on Health (Commonwealth and state and territory health ministers) under COAG arrangements. The AIHW received funding from the Commonwealth Department of Health and Ageing to undertake this work.

This revision is being undertaken in consultation with a range of stakeholders including emergency department stakeholders including the Australasian College for Emergency Medicine, primary care stakeholders including the Australian Medicare Local Alliance, representatives of Commonwealth and state/territory health departments and the Consumer Health Forum of Australia.

The AIHW is working towards finalising the revision of this indicator by December 2013, subject to endorsement by the relevant national health information committees. The new indicator would be implemented in 2014.

For 2012–13, potentially avoidable GP-type presentations (defined as above) accounted for almost 2.2 million emergency department presentations; over 1.6 million in *Principal referral and specialist women's and children's hospitals* and almost 570,000 in *Large hospitals* (Table 2.8).

Data describing where patients live can be used to derive an approximation of their socioeconomic status (SES) which, in turn, can be categorised into 5 equal population groups



of socioeconomic advantage/disadvantage. Nationally, the number of presentations to emergency departments that may have been potentially avoidable was highest for patients living in areas classified as being the lowest SES group (517,000 presentations, 24% of total) and the number was lowest for patients living in areas classified as being the highest SES group (340,000 presentations, 16% of total).

As these data are limited to public hospitals that were classified in peer groups A and B, most of the data presented for this indicator relates to hospitals within major cities.

Therefore, caution should be used in interpreting these data.

Data on the day and time of presentation (see Table 2.6) and the length of the treatment time (see Table 4.7) could also be useful in assessing whether a presentation could be considered a 'GP-type' presentation.

**Table 2.8: Selected potentially avoidable GP-type presentations to public hospital emergency departments, by state or territory of usual residence<sup>(a)</sup>, Principal referral and specialist women's and children's hospitals and Large hospitals, 2012-13**

|  | NSW            | Vic            | Qld            | WA             | SA             | Tas <sup>(b)</sup> | ACT           | NT            | Total            |
|--|----------------|----------------|----------------|----------------|----------------|--------------------|---------------|---------------|------------------|
| <b>Hospital peer group</b>   |                |                |                |                |                |                    |               |               |                  |
| Principal referral and specialist women's and children's hospitals   | 510,101        | 412,861        | 319,664        | 148,586        | 93,174         | 37,283             | 46,249        | 39,491        | 1,607,409        |
| Large hospitals  | 172,241        | 161,609        | 64,165         | 133,535        | 12,706         | 24,320             | 368           | 259           | 569,203          |
| <b>Indigenous status</b>   |                |                |                |                |                |                    |               |               |                  |
| Indigenous   | 29,598         | 7,808          | 23,659         | 14,958         | 3,473          | 2,969              | 1,108         | 11,988        | 95,561           |
| Other Australians <sup>(c)</sup>                                     | 652,744        | 566,662        | 360,170        | 267,163        | 102,407        | 58,634             | 45,509        | 27,762        | 2,081,051        |
| <b>Remoteness of residence<sup>(d)</sup></b>                         |                |                |                |                |                |                    |               |               |                  |
| Major cities   | 486,978        | 393,083        | 223,948        | 208,977        | 98,686         | ..                 | 46,515        | ..            | 1,458,187        |
| Inner regional   | 166,988        | 147,707        | 96,709         | 22,495         | 4,226          | 38,319             | 72            | ..            | 476,516          |
| Outer regional   | 25,357         | 31,753         | 45,445         | 45,638         | 1,691          | 22,022             | ..            | 23,140        | 195,046          |
| Remote   | 1,019          | 343            | 10,215         | 2,561          | 416            | 366                | ..            | 11,994        | 26,914           |
| Very remote  | 256            | ..             | 7,509          | 2,450          | 570            | 58                 | ..            | 4,612         | 15,455           |
| <b>Socioeconomic status (SES) of area of residence<sup>(e)</sup></b> |                |                |                |                |                |                    |               |               |                  |
| 1-Lowest   | 178,152        | 109,954        | 119,665        | 39,577         | 29,137         | 33,736             | 110           | 6,523         | 516,854          |
| 2  | 149,009        | 137,426        | 62,018         | 58,819         | 32,868         | 9,256              | 864           | 6,384         | 456,644          |
| 3  | 130,851        | 122,433        | 78,397         | 73,197         | 13,071         | 10,663             | 1,532         | 12,962        | 443,106          |
| 4  | 90,989         | 130,692        | 76,194         | 51,562         | 21,911         | 6,542              | 15,937        | 9,095         | 402,922          |
| 5-Highest  | 120,324        | 72,356         | 47,468         | 58,857         | 8,574          | ..                 | 27,782        | 4,777         | 340,706          |
| <b>Total<sup>(f)</sup></b>   | <b>682,342</b> | <b>574,470</b> | <b>383,829</b> | <b>282,121</b> | <b>105,880</b> | <b>61,603</b>      | <b>46,617</b> | <b>39,750</b> | <b>2,176,612</b> |

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

(b) For NHA 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) Socioeconomic status groups (SES) is based on the patient's usual residence, not the location of the hospital. The SES of area is based on the ABS Index of Relative Socio-economic Disadvantage. These SES groups represent approximately 20% of the national population, but do not necessarily represent 20% of the population in each state or territory.

(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: See boxes 1.1 and 1.2 and appendixes A and B for more information on terminology, data limitations and methods.

## How urgent was the care?

The triage category indicates the urgency of the patient's need for medical and nursing care. See Box 1.2 for more detail.

Nationally in 2012–13, fewer than 1% of *Emergency presentations* were assigned a triage category of *Resuscitation*, and about 11% were assigned a triage category of *Emergency* (Table 2.9). The majority of *Emergency presentations* were *Urgent* or *Semi-urgent*.

New South Wales had the highest proportion of presentations that were *Non-urgent* (11.7%) and South Australia had the highest proportions of presentations that were either *Resuscitation* or *Emergency* (1.3% and 12.5%, respectively). For data quality information on triage category, see Table A1 at Appendix A.

**Table 2.9: Emergency presentations by triage category, public hospital emergency departments, states and territories, 2012–13**

| Triage category            | NSW              | Vic              | Qld              | WA             | SA             | Tas            | ACT            | NT             | Total            |
|----------------------------|------------------|------------------|------------------|----------------|----------------|----------------|----------------|----------------|------------------|
| Resuscitation              | 14,449           | 7,234            | 9,756            | 5,830          | 5,797          | 818            | 469            | 772            | 45,125           |
| Emergency                  | 235,744          | 146,830          | 149,403          | 86,801         | 56,537         | 11,470         | 12,909         | 12,230         | 711,924          |
| Urgent                     | 714,859          | 509,881          | 534,263          | 245,368        | 164,357        | 49,108         | 40,298         | 39,485         | 2,297,619        |
| Semi-urgent                | 982,755          | 701,438          | 502,449          | 350,835        | 190,840        | 67,362         | 53,505         | 75,397         | 2,924,581        |
| Non-urgent                 | 259,191          | 139,993          | 66,090           | 55,540         | 33,285         | 12,615         | 11,416         | 13,297         | 591,427          |
| <b>Total<sup>(a)</sup></b> | <b>2,210,190</b> | <b>1,505,376</b> | <b>1,261,961</b> | <b>744,399</b> | <b>450,816</b> | <b>141,373</b> | <b>118,597</b> | <b>141,181</b> | <b>6,573,893</b> |

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

Note: See 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 at <[www.aihw.gov.au](http://www.aihw.gov.au)>.

## 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 2012–13, almost two-thirds (65%) of presentations (for all types of visit) reported an episode end status of *Departed without being admitted or referred*, and this proportion was higher for less urgent triage categories (Table 2.10). About 27% of all presentations were *Admitted to this hospital* at the conclusion of treatment in the emergency department, and this proportion was lower for less urgent triage categories – 76% for *Resuscitation* patients and less than 5% for *Non-urgent* patients.

About 4% 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 2.10: Emergency department presentations by triage category and episode end status, public hospital emergency departments, 2012–13**

| Episode end status                          | Resuscitation | Emergency      | Urgent           | Semi-urgent      | Non-urgent     | Total <sup>(a)</sup> |
|---|---------------|----------------|------------------|------------------|----------------|----------------------|
| Admitted to this hospital                   | 34,263        | 411,587        | 886,250          | 450,635          | 32,342         | 1,815,209            |
| Departed without being admitted or referred | 4,883         | 263,798        | 1,283,104        | 2,241,537        | 547,068        | 4,341,593            |
| Referred to another hospital for admission  | 2,612         | 25,501         | 45,779           | 22,042           | 1,979          | 97,918               |
| Did not wait                                | 10            | 1,405          | 49,998           | 180,558          | 60,320         | 294,045              |
| Left at own risk                            | 300           | 8,463          | 37,878           | 57,239           | 11,867         | 115,776              |
| Died in emergency department                | 3,060         | 1,136          | 532              | 109              | 18             | 4,855                |
| <b>Total<sup>(b)</sup></b>                  | <b>45,270</b> | <b>713,792</b> | <b>2,309,336</b> | <b>2,969,467</b> | <b>668,532</b> | <b>6,712,224</b>     |

(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: See boxes 1.1 and 1.2 and appendixes A and B for more information on terminology, data limitations and methods.

Queensland, Western Australia and Tasmania had higher proportions of presentations with an episode end status of *Departed without being admitted or referred* than the national average (68%, 70% and 74%, respectively) (Table 2.11). Western Australia had the lowest proportion of presentations where the patient *Did not wait*. Western Australia and South Australia had the highest proportion of presentations where the patient was *Referred to another hospital for admission*.

There is a discrepancy between the number of presentations with a type of visit of *Dead on arrival* (5257, Table 2.7) and the number of presentations with an episode end status of *Dead on arrival* (5,328, Table 2.11). For presentations with an episode end status of *Dead on arrival* that were not assigned a type of visit of *Dead on arrival*, all had a type of visit of *Emergency presentation*. However, not all presentations with a type of visit of *Dead on arrival* had an episode end status of *Dead on arrival*, and these may indicate data errors.

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 to indicate the comparability of the triage categorisation.

Nationally, 27% of all *Emergency presentations* had an episode end status of *Admitted to this hospital* (Table 2.12). The proportion of patients subsequently admitted varied by triage category between states and territories. For example, for *Resuscitation* patients, the proportion subsequently admitted ranged from 69% in Western Australia to 81% in the Australian Capital Territory. Western Australia also had the lowest proportion of *Emergency*

patients *Admitted to this hospital*. Queensland had the lowest proportion of patients *Admitted to this hospital* in all other triage categories. The proportions admitted do not include patients referred to another hospital for admission.

**Table 2.11: Emergency department presentations by episode end status, public hospital emergency departments, states and territories, 2012–13**

| Episode end status                          | NSW <sup>(a)</sup> | Vic              | Qld              | WA <sup>(b)</sup> | SA <sup>(c)</sup> | Tas            | ACT            | NT             | Total            |
|---|--------------------|------------------|------------------|-------------------|-------------------|----------------|----------------|----------------|------------------|
| Admitted to this hospital                   | 660,982            | 424,775          | 313,299          | 180,064           | 136,464           | 30,692         | 31,208         | 37,725         | 1,815,209        |
| Departed without being admitted or referred | 1,411,679          | 966,659          | 867,547          | 529,562           | 288,864           | 108,268        | 75,568         | 93,446         | 4,341,593        |
| Referred to another hospital for admission  | 14,153             | 27,986           | 24,363           | 17,580            | 10,489            | 1,486          | 1,609          | 252            | 97,918           |
| Did not wait                                | 100,717            | 84,380           | 45,365           | 21,855            | 15,096            | 5,213          | 8,922          | 12,497         | 294,045          |
| Left at own risk                            | 49,207             | 21,755           | 32,778           | 4,364             | 3,747             | 836            | 1,553          | 1,536          | 115,776          |
| Died in emergency department                | 1,950              | 1,044            | 755              | 650               | 239               | 97             | 68             | 54             | 4,857            |
| Dead on arrival                             | 2,863              | 1,984            | 51               | 6                 | ..                | 399            | 3              | 22             | 5,328            |
| Not reported                                | 37,040             | 26               | 0                | 38                | 321               | 73             | 0              | 0              | 37,498           |
| <b>Total</b>                                | <b>2,278,591</b>   | <b>1,528,609</b> | <b>1,284,158</b> | <b>754,119</b>    | <b>455,220</b>    | <b>147,064</b> | <b>118,931</b> | <b>145,532</b> | <b>6,712,224</b> |

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

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

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

*Note:* See boxes 1.1 and 1.2 and appendixes A and B for more information on terminology, data limitations and methods. More information by triage category is available in tables accompanying this report online.

**Table 2.12: Proportion of Emergency presentations with an episode end status of *Admitted to this hospital*, by triage category, public hospital emergency departments, states and territories, 2012–13**

| Triage category | NSW       | Vic       | Qld       | WA        | SA              | Tas       | ACT       | NT        | Total     |
|-----------------|-----------|-----------|-----------|-----------|-----------------|-----------|-----------|-----------|-----------|
|                 |           |           |           |           | <b>Per cent</b> |           |           |           |           |
| Resuscitation   | 80        | 74        | 72        | 69        | 79              | 80        | 81        | 72        | 76        |
| Emergency       | 63        | 58        | 52        | 50        | 59              | 52        | 56        | 57        | 58        |
| Urgent          | 42        | 41        | 32        | 35        | 41              | 33        | 36        | 44        | 38        |
| Semi-urgent     | 18        | 17        | 10        | 13        | 15              | 11        | 16        | 16        | 15        |
| Non-urgent      | 6         | 4         | 3         | 4         | 6               | 4         | 4         | 5         | 5         |
| <b>Total</b>    | <b>29</b> | <b>28</b> | <b>25</b> | <b>24</b> | <b>30</b>       | <b>21</b> | <b>26</b> | <b>26</b> | <b>27</b> |

*Note:* See boxes 1.1 and 1.2 and appendixes A and B for more information on terminology, data limitations and methods.

**Table 2.13: Emergency department presentations, by age group and sex, public hospital emergency departments, states and territories, 2012–13**

| Sex                                 | Age group                          | NSW              | Vic              | Qld              | WA             | SA             | Tas            | ACT            | NT             | Total            |
|-------------------------------------|------------------------------------|------------------|------------------|------------------|----------------|----------------|----------------|----------------|----------------|------------------|
| <b>Males</b>                        |                                    |                  |                  |                  |                |                |                |                |                |                  |
|                                     | 0–4                                | 148,507          | 96,283           | 82,444           | 55,127         | 30,391         | 8,253          | 7,424          | 8,176          | 436,605          |
|                                     | 5–14                               | 127,794          | 79,371           | 73,643           | 45,328         | 24,577         | 7,425          | 5,830          | 6,655          | 370,623          |
|                                     | 15–24                              | 158,086          | 102,181          | 100,380          | 57,366         | 32,016         | 11,767         | 9,295          | 11,133         | 482,224          |
|                                     | 25–34                              | 140,650          | 95,225           | 88,398           | 55,253         | 27,730         | 9,090          | 8,168          | 12,776         | 437,290          |
|                                     | 35–44                              | 129,623          | 86,546           | 78,055           | 44,996         | 25,770         | 8,541          | 6,898          | 11,708         | 392,137          |
|                                     | 45–54                              | 121,679          | 77,731           | 69,160           | 38,812         | 24,322         | 8,110          | 6,100          | 10,648         | 356,562          |
|                                     | 55–64                              | 109,326          | 70,394           | 57,548           | 31,606         | 20,658         | 7,528          | 5,069          | 7,400          | 309,529          |
|                                     | 65–74                              | 102,952          | 64,747           | 50,282           | 25,521         | 18,438         | 6,985          | 4,578          | 4,563          | 278,066          |
|                                     | 75–84                              | 89,252           | 58,148           | 38,505           | 21,231         | 17,357         | 5,358          | 3,709          | 1,773          | 235,333          |
|                                     | 85+                                | 45,173           | 27,114           | 17,319           | 10,384         | 9,584          | 2,276          | 1,841          | 426            | 114,117          |
|                                     | <i>Total males<sup>(a)</sup></i>   | <i>1,173,144</i> | <i>757,741</i>   | <i>655,734</i>   | <i>385,624</i> | <i>230,843</i> | <i>75,333</i>  | <i>58,912</i>  | <i>75,266</i>  | <i>3,412,597</i> |
| <b>Females</b>                      |                                    |                  |                  |                  |                |                |                |                |                |                  |
|                                     | 0–4                                | 114,805          | 73,635           | 65,365           | 43,783         | 23,206         | 6,025          | 5,528          | 6,738          | 339,085          |
|                                     | 5–14                               | 98,198           | 63,602           | 59,579           | 37,558         | 20,709         | 6,462          | 4,695          | 5,744          | 296,547          |
|                                     | 15–24                              | 161,879          | 115,408          | 112,037          | 60,879         | 34,849         | 12,220         | 10,526         | 11,205         | 519,003          |
|                                     | 25–34                              | 147,800          | 127,356          | 93,982           | 59,594         | 29,391         | 9,889          | 10,397         | 13,381         | 491,790          |
|                                     | 35–44                              | 120,710          | 92,167           | 74,708           | 43,733         | 24,532         | 8,076          | 7,307          | 12,851         | 384,084          |
|                                     | 45–54                              | 107,905          | 73,613           | 64,534           | 35,209         | 22,200         | 7,760          | 5,850          | 9,325          | 326,396          |
|                                     | 55–64                              | 98,326           | 64,716           | 50,753           | 27,607         | 18,909         | 6,678          | 4,894          | 6,065          | 277,948          |
|                                     | 65–74                              | 90,481           | 57,588           | 42,596           | 22,534         | 17,264         | 6,026          | 4,178          | 3,008          | 243,675          |
|                                     | 75–84                              | 93,562           | 60,407           | 38,711           | 21,656         | 18,878         | 5,316          | 3,765          | 1,376          | 243,671          |
|                                     | 85+                                | 71,600           | 42,372           | 26,062           | 15,865         | 14,431         | 3,179          | 2,873          | 556            | 176,938          |
|                                     | <i>Total females<sup>(a)</sup></i> | <i>1,105,315</i> | <i>770,865</i>   | <i>628,327</i>   | <i>368,418</i> | <i>224,369</i> | <i>71,631</i>  | <i>60,013</i>  | <i>70,249</i>  | <i>3,299,187</i> |
| <b>All persons<sup>(a)(b)</sup></b> |                                    | <b>2,278,591</b> | <b>1,528,609</b> | <b>1,284,158</b> | <b>754,119</b> | <b>455,220</b> | <b>147,064</b> | <b>118,931</b> | <b>145,532</b> | <b>6,712,224</b> |

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

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

Note: See boxes 1.1 and 1.2 and appendixes A and B for more information on terminology, data limitations and methods.

**Table 2.14: Emergency department presentations, by triage category and arrival mode, public hospital emergency departments, states and territories, 2012–13**

| <b>Triage category and arrival mode</b>               | <b>NSW</b> | <b>Vic</b> | <b>Qld</b> | <b>WA</b> | <b>SA</b> | <b>Tas</b> | <b>ACT</b> | <b>NT</b> | <b>Total</b> |
|---|------------|------------|------------|-----------|-----------|------------|------------|-----------|--------------|
| <b>Resuscitation</b>                                  |            |            |            |           |           |            |            |           |              |
| Ambulance, air ambulance or helicopter rescue service | 12,270     | 6,027      | 8,522      | 4,965     | 4,869     | 751        | 421        | 538       | 38,363       |
| Police/correctional services vehicle                  | 70         | 66         | 63         | 44        | 20        | n.p.       | n.p.       | 15        | 284          |
| Other <sup>(a)</sup>                                  | 2,132      | 1,149      | 1,231      | 826       | 906       | n.p.       | n.p.       | 219       | 6,578        |
| Not stated/unknown                                    | 41         | 0          | 0          | 0         | 4         | 0          | 0          | 0         | 45           |
| <i>Total</i>  | 14,513     | 7,242      | 9,816      | 5,835     | 5,799     | 821        | 472        | 772       | 45,270       |
| <b>Emergency</b>                                      |            |            |            |           |           |            |            |           |              |
| Ambulance, air ambulance or helicopter rescue service | 110,509    | 66,172     | 80,028     | 30,915    | 27,663    | 6,496      | 5,043      | 4,925     | 331,751      |
| Police/correctional services vehicle                  | 1,740      | 2,218      | 2,260      | 868       | 283       | 198        | 257        | 267       | 8,091        |
| Other <sup>(a)</sup>                                  | 124,479    | 78,595     | 67,443     | 55,193    | 28,592    | 4,798      | 7,603      | 7,042     | 373,745      |
| Not stated/unknown                                    | 116        | 0          | 0          | 39        | 44        | 0          | 6          | 0         | 205          |
| <i>Total</i>  | 236,844    | 146,985    | 149,731    | 87,015    | 56,582    | 11,492     | 12,909     | 12,234    | 713,792      |
| <b>Urgent</b>   |            |            |            |           |           |            |            |           |              |
| Ambulance, air ambulance or helicopter rescue service | 246,219    | 170,546    | 209,335    | 59,312    | 58,674    | 19,426     | 11,730     | 11,746    | 786,988      |
| Police/correctional services vehicle                  | 4,642      | 5,235      | 5,604      | 3,593     | 1,540     | 601        | 476        | 1,178     | 22,869       |
| Other <sup>(a)</sup>                                  | 469,287    | 335,762    | 322,206    | 183,431   | 104,150   | 29,273     | 28,112     | 26,687    | 1,498,908    |
| Not stated/unknown                                    | 107        | 0          | 0          | 158       | 277       | 1          | 28         | 0         | 571          |
| <i>Total</i>  | 720,255    | 511,543    | 537,145    | 246,494   | 164,641   | 49,301     | 40,346     | 39,611    | 2,309,336    |
| <b>Semi-urgent</b>                                    |            |            |            |           |           |            |            |           |              |
| Ambulance, air ambulance or helicopter rescue service | 177,386    | 104,254    | 84,676     | 32,538    | 27,295    | 10,687     | 6,809      | 10,654    | 454,299      |
| Police/correctional services vehicle                  | 3,137      | 2,203      | 2,442      | 2,415     | 983       | 355        | 216        | 3,105     | 14,856       |
| Other <sup>(a)</sup>                                  | 816,702    | 604,299    | 425,495    | 319,641   | 164,053   | 58,671     | 46,605     | 63,668    | 2,499,134    |
| Not stated/unknown                                    | 16         | 0          | 0          | 393       | 752       | 4          | 13         | 0         | 1,178        |
| <i>Total</i>  | 997,241    | 710,756    | 512,613    | 354,987   | 193,083   | 69,717     | 53,643     | 77,427    | 2,969,467    |

(continued)

**Table 2.14 (continued): Emergency department presentations, by triage category and arrival mode, public hospital emergency departments, states and territories, 2012–13**

| <b>Triage category and arrival mode</b>                      | <b>NSW</b>       | <b>Vic</b>       | <b>Qld</b>       | <b>WA</b>      | <b>SA</b>      | <b>Tas</b>     | <b>ACT</b>     | <b>NT</b>      | <b>Total</b>     |
|--|------------------|------------------|------------------|----------------|----------------|----------------|----------------|----------------|------------------|
| <b>Non-urgent</b>  |                  |                  |                  |                |                |                |                |                |                  |
| Ambulance, air ambulance or helicopter rescue service        | 15,406           | 4,340            | 3,900            | 1,468          | 1,756          | 639            | 355            | 831            | 28,695           |
| Police/correctional services vehicle                         | 1,799            | 417              | 948              | 438            | 378            | 558            | 37             | 525            | 5,100            |
| Other <sup>(a)</sup>   | 289,092          | 145,344          | 70,005           | 57,681         | 32,750         | 14,142         | 11,168         | 14,132         | 634,314          |
| Not stated/unknown   | 21               | 1                | 0                | 168            | 231            | 1              | 1              | 0              | 423              |
| <i>Total</i>   | <i>306,318</i>   | <i>150,102</i>   | <i>74,853</i>    | <i>59,755</i>  | <i>35,115</i>  | <i>15,340</i>  | <i>11,561</i>  | <i>15,488</i>  | <i>668,532</i>   |
| <b>All triage categories<sup>(b)</sup></b>                   |                  |                  |                  |                |                |                |                |                |                  |
| <b>Ambulance, air ambulance or helicopter rescue service</b> | <b>562,039</b>   | <b>351,397</b>   | <b>386,461</b>   | <b>129,201</b> | <b>120,257</b> | <b>38,008</b>  | <b>24,358</b>  | <b>28,694</b>  | <b>1,640,415</b> |
| <b>Police/correctional services vehicle</b>                  | <b>11,402</b>    | <b>10,152</b>    | <b>11,317</b>    | <b>7,358</b>   | <b>3,204</b>   | <b>1,716</b>   | <b>988</b>     | <b>5,090</b>   | <b>51,227</b>    |
| <b>Other<sup>(a)</sup></b>                                   | <b>1,704,807</b> | <b>1,167,059</b> | <b>886,380</b>   | <b>616,797</b> | <b>330,451</b> | <b>107,334</b> | <b>93,537</b>  | <b>111,748</b> | <b>5,018,113</b> |
| <b>Not stated/unknown</b>                                    | <b>343</b>       | <b>1</b>         | <b>0</b>         | <b>763</b>     | <b>1,308</b>   | <b>6</b>       | <b>48</b>      | <b>0</b>       | <b>2,469</b>     |
| <b>Total<sup>(b)</sup></b>                                   | <b>2,278,591</b> | <b>1,528,609</b> | <b>1,284,158</b> | <b>754,119</b> | <b>455,220</b> | <b>147,064</b> | <b>118,931</b> | <b>145,532</b> | <b>6,712,224</b> |

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

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

*Note:* See boxes 1.1 and 1.2 and appendixes A and B 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 provided 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 those for *Emergency presentations*, and their waiting times may rely on factors outside the control of the emergency department. Therefore, waiting time statistics are not presented in this chapter for patients with a type of visit other than *Emergency presentation*.

This chapter includes the NHA performance indicator 'Waiting times for emergency hospital care: proportion seen on time'. The NHA performance indicator information presented in tables 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*.

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 Australasian Triage Scale has five categories that incorporate the time by which the patient should receive care (see Box 1.2).

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

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. For 2012–13, there were over 299,000 presentations with an episode end status of *Did not wait* or *Dead on arrival* that were excluded from this analysis. Approximately 41,000 additional presentations with missing or invalid waiting times were also excluded.

#### How have waiting times changed over time?

Between 2008–09 and 2012–13, the proportion of *Emergency presentations* that were seen on time increased from 70% to 73% (Table 3.1). Over the same period, the median waiting time of *Emergency presentations* decreased from 23 minutes to 19 minutes. The time by which 90% of presentations were seen decreased from 119 minutes in 2008–09 to 101 minutes in 2012–13.

**Table 3.1: Emergency presentation waiting time statistics, public hospital emergency departments, 2008–09 to 2012–13**

|   | 2008–09 | 2009–10 | 2010–11 | 2011–12 | 2012–13 |
|---|---------|---------|---------|---------|---------|
| Proportion seen on time (%)                             | 70      | 70      | 70      | 72      | 73      |
| Median waiting time to clinical care (minutes)          | 23      | 23      | 23      | 21      | 19      |
| 90th percentile waiting time to clinical care (minutes) | 119     | 115     | 114     | 108     | 101     |

Note: See boxes 1.1 and 1.2 and appendixes A and B for more information on terminology, data limitations and methods.



Between 2008–09 and 2012–13, most states and territories except the Australian Capital Territory reported improvements in waiting time statistics (Table 3.2). For Victoria, the median waiting time and proportion seen on time were fairly stable over this period. South Australia recorded the largest improvements; the median waiting time to commencement of clinical care decreased from 27 minutes to 16 minutes and the proportion seen on time increased from 64% to 75%. New South Wales, Queensland and Tasmania also achieved notable improvements in waiting times over the five year period.

**Table 3.2: Emergency presentation waiting time statistics, public hospital emergency departments, states and territories, 2008–09 to 2012–13**

|   | 2008–09    | 2009–10    | 2010–11    | 2011–12    | 2012–13    |
|---|------------|------------|------------|------------|------------|
| <b>New South Wales<sup>(a)</sup></b>              |            |            |            |            |            |
| Median waiting time (minutes)                     | 20         | 20         | 19         | 19         | 17         |
| 90th percentile waiting time (minutes)            | 107        | 107        | 108        | 103        | 92         |
| Proportion seen on time (%)                       | 75         | 75         | 76         | 76         | 78         |
| <b>Victoria<sup>(a)</sup></b>                     |            |            |            |            |            |
| Median waiting time (minutes)                     | 20         | 22         | 22         | 21         | 20         |
| 90th percentile waiting time (minutes)            | 118        | 118        | 118        | 113        | 109        |
| Proportion seen on time (%)                       | 73         | 72         | 71         | 72         | 73         |
| <b>Queensland</b>                                 |            |            |            |            |            |
| Median waiting time (minutes)                     | 25         | 24         | 23         | 22         | 18         |
| 90th percentile waiting time (minutes)            | 119        | 115        | 111        | 103        | 91         |
| Proportion seen on time (%)                       | 66         | 66         | 67         | 69         | 74         |
| <b>Western Australia</b>                          |            |            |            |            |            |
| Median waiting time (minutes)                     | 29         | 28         | 30         | 29         | 26         |
| 90th percentile waiting time (minutes)            | 124        | 113        | 113        | 104        | 108        |
| Proportion seen on time (%)                       | 62         | 64         | 63         | 65         | 66         |
| <b>South Australia</b>                            |            |            |            |            |            |
| Median waiting time (minutes)                     | 27         | 24         | 20         | 15         | 16         |
| 90th percentile waiting time (minutes)            | 125        | 117        | 104        | 90         | 90         |
| Proportion seen on time (%)                       | 64         | 67         | 71         | 76         | 75         |
| <b>Tasmania</b>                                   |            |            |            |            |            |
| Median waiting time (minutes)                     | 31         | 29         | 29         | 24         | 24         |
| 90th percentile waiting time (minutes)            | 141        | 139        | 144        | 109        | 102        |
| Proportion seen on time (%)                       | 62         | 63         | 62         | 71         | 71         |
| <b>Australian Capital Territory<sup>(b)</sup></b> |            |            |            |            |            |
| Median waiting time (minutes)                     | 38         | 36         | 43         | 38         | 44         |
| 90th percentile waiting time (minutes)            | 179        | 169        | 191        | 187        | 197        |
| Proportion seen on time (%)                       | 60         | 62         | 55         | 55         | 51         |
| <b>Northern Territory</b>                         |            |            |            |            |            |
| Median waiting time (minutes)                     | 39         | 38         | 38         | 39         | 35         |
| 90th percentile waiting time (minutes)            | 167        | 152        | 136        | 158        | 152        |
| Proportion seen on time (%)                       | 54         | 56         | 58         | 54         | 57         |
| <b>Total</b>                                      |            |            |            |            |            |
| <b>Median waiting time (minutes)</b>              | <b>23</b>  | <b>23</b>  | <b>23</b>  | <b>21</b>  | <b>19</b>  |
| <b>90th percentile waiting time (minutes)</b>     | <b>119</b> | <b>115</b> | <b>114</b> | <b>108</b> | <b>101</b> |
| <b>Proportion seen on time (%)</b>                | <b>70</b>  | <b>70</b>  | <b>70</b>  | <b>72</b>  | <b>73</b>  |

(a) For 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 for the periods 2008–09 to 2010–11 presented in this report for the Australian Capital Territory (ACT) differ from the information presented in *Australian hospital statistics* reports published before 2012. For the period 2008–09 to 2011–12, the ACT corrected information used to calculate the waiting time to commencement of clinical care and length of stay in the emergency department for 12,000 records that were identified as changed contrary to established audit and validation policies.

Note: See boxes 1.1 and 1.2 and appendixes A and B for more information on terminology, data limitations and methods.

## How long did people wait for care in 2012–13?

In 2012–13, there was marked variation between states and territories in the proportion of patients seen on time and in the median waiting times to commencement of clinical care.

The overall proportion seen on time ranged from 51% in the Australian Capital Territory to 78% in New South Wales (Table 3.3).

In general, the proportion seen on time was higher for *Resuscitation* and *Emergency* patients (100% and 82% respectively). For *Non-urgent* patients, for which the clinically recommended time is within 2 hours, 91% were seen on time. For *Urgent* presentations (which account for 34% of presentations), the proportion seen on time ranged from 43% for the Australian Capital Territory to 73% for New South Wales.

For South Australia, clinical care commenced within 16 minutes for 50% of patients and for the Australian Capital Territory, clinical care commenced within 44 minutes for 50% of patients (Table 3.3 and Figure 3.1).

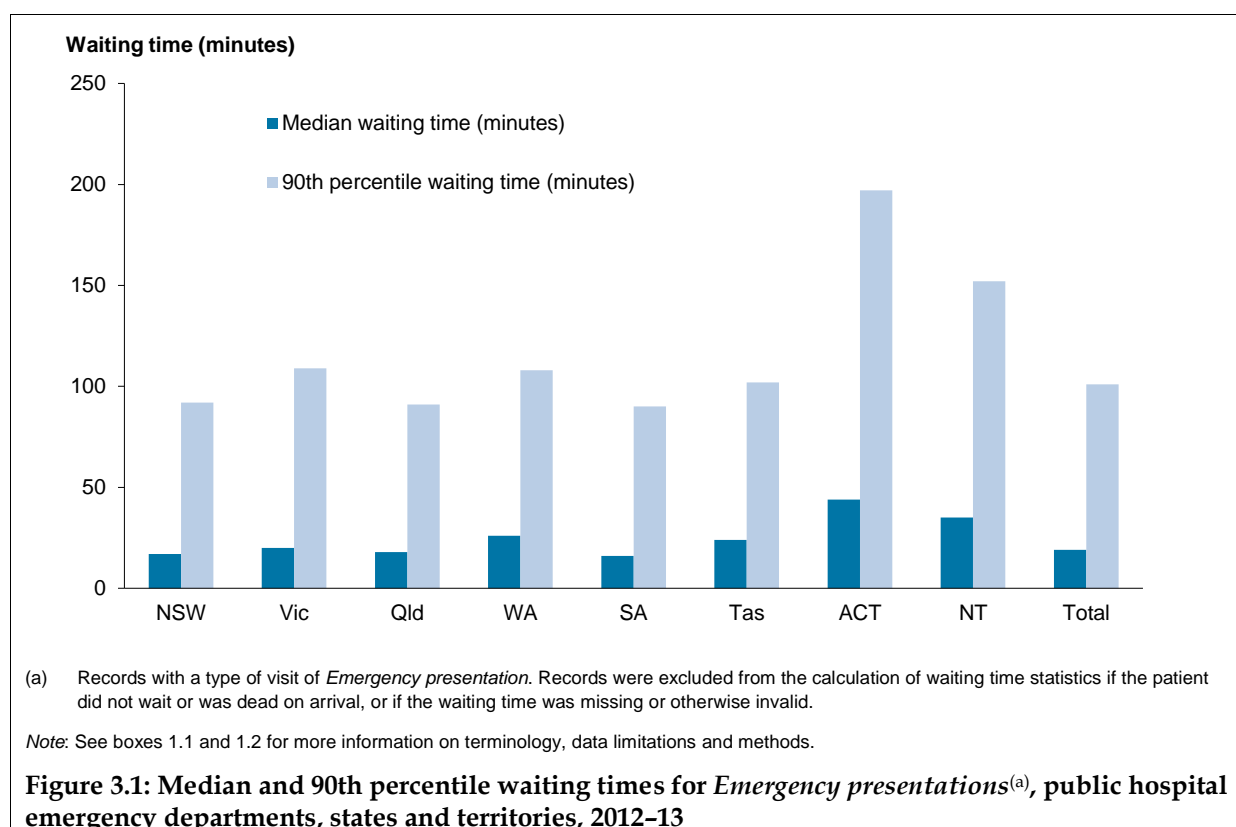
The 90th percentile waiting time also varied, from 90 minutes in South Australia to 197 minutes in the Australian Capital Territory.

**Table 3.3: Emergency presentation statistics, public hospital emergency departments, states and territories, 2012–13**

|  | NSW  | Vic       | Qld       | WA      | SA      | Tas     | ACT     | NT      | Total     |
|--|--|-----------|-----------|---------|---------|---------|---------|---------|-----------|
| Emergency presentations                | 2,210,190  | 1,505,376 | 1,261,961 | 744,399 | 450,816 | 141,373 | 118,597 | 141,181 | 6,573,893 |
|  | <b>Proportion seen on time (%)<sup>(a)</sup></b> |           |           |         |         |         |         |         |           |
| <b>Triage category</b>                 |  |           |           |         |         |         |         |         |           |
| Resuscitation                          | 100  | 100       | 100       | 100     | 100     | 100     | 100     | 100     | 100       |
| Emergency                              | 83   | 84        | 84        | 81      | 75      | 83      | 74      | 66      | 82        |
| Urgent                                 | 73   | 72        | 68        | 52      | 66      | 65      | 43      | 52      | 68        |
| Semi-urgent                            | 77   | 68        | 74        | 67      | 78      | 70      | 46      | 52      | 72        |
| Non-urgent                             | 92   | 87        | 92        | 93      | 92      | 90      | 79      | 89      | 91        |
| <i>Total</i>                           | 78   | 73        | 74        | 66      | 75      | 71      | 51      | 57      | 73        |
|  | <b>Waiting time (minutes)<sup>(a)</sup></b>      |           |           |         |         |         |         |         |           |
| Median waiting time (minutes)          | 17   | 20        | 18        | 26      | 16      | 24      | 44      | 35      | 19        |
| 90th percentile waiting time (minutes) | 92   | 109       | 91        | 108     | 90      | 102     | 197     | 152     | 101       |

(a) Records were excluded from the calculation of waiting time if the patient did not wait or was dead on arrival, or if the waiting time was missing or otherwise invalid. Records were also excluded from the calculation of proportion seen on time if the triage category was missing.

Note: See boxes 1.1 and 1.2 and appendixes A and B 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.



## How did waiting times vary by Indigenous status?

For all reporting hospitals more than 351,000 *Emergency presentations* were reported for patients identified as Aboriginal and/or Torres Strait Islander. The median waiting time for Indigenous Australians (18 minutes) was about the same as that for other Australians (19 minutes) (Table 3.4).

The overall median waiting times for Indigenous Australians were lower than for other Australians in Western Australia, South Australia and the Northern Territory.

By triage category, the median waiting times for Indigenous Australians were similar to the median waiting times for other Australians for *Resuscitation* and *Emergency* patients and were shorter for *Urgent*, *Semi-urgent* and *Non-urgent* patients.

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.

The data presented in Table 3.4 differ from that presented in Table 3.6, which is restricted to emergency departments in *Principal referral and specialist women's and children's hospitals* (peer group A) and *Large hospitals* (peer group B).

**Table 3.4: Median waiting time<sup>(a)</sup> (minutes) for *Emergency presentations*, by Indigenous status and triage category, public hospital emergency departments, states and territories, 2012–13**

|  | NSW       | Vic       | Qld       | WA        | SA        | Tas       | ACT       | NT        | Total     | Emergency presentations <sup>(b)</sup> |
|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|--|
| <b>Indigenous</b>                      |           |           |           |           |           |           |           |           |           |  |
| Resuscitation                          | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 2,355                                  |
| Emergency                              | 5         | 5         | 5         | 3         | 3         | 6         | 6         | 7         | 5         | 31,197                                 |
| Urgent                                 | 16        | 17        | 17        | 14        | 13        | 23        | 44        | 25        | 17        | 114,619                                |
| Semi-urgent                            | 22        | 30        | 29        | 20        | 12        | 36        | 75        | 50        | 27        | 165,726                                |
| Non-urgent                             | 21        | 25        | 24        | 16        | 9         | 32        | 64        | 27        | 21        | 37,011                                 |
| <b>Total<sup>(c)</sup></b>             | <b>17</b> | <b>20</b> | <b>18</b> | <b>13</b> | <b>10</b> | <b>26</b> | <b>48</b> | <b>31</b> | <b>18</b> | <b>351,108</b>                         |
| <b>Other Australians<sup>(d)</sup></b> |           |           |           |           |           |           |           |           |           |  |
| Resuscitation                          | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 0         | 42,770                                 |
| Emergency                              | 5         | 4         | 5         | 5         | 5         | 6         | 6         | 8         | 5         | 680,727                                |
| Urgent                                 | 17        | 17        | 19        | 30        | 19        | 22        | 41        | 33        | 19        | 2,183,000                              |
| Semi-urgent                            | 24        | 33        | 29        | 39        | 22        | 35        | 68        | 61        | 30        | 2,758,855                              |
| Non-urgent                             | 21        | 30        | 23        | 27        | 20        | 30        | 51        | 28        | 25        | 554,416                                |
| <b>Total<sup>(c)</sup></b>             | <b>17</b> | <b>20</b> | <b>18</b> | <b>27</b> | <b>16</b> | <b>24</b> | <b>44</b> | <b>39</b> | <b>19</b> | <b>6,222,785</b>                       |

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

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

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

Note: See boxes 1.1 and 1.2 and appendixes A and B for more information on terminology, data limitations and methods.

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

The NHA performance indicator #21a: 'Waiting time for emergency hospital care: proportion seen on time' can be related to the NHPF dimension 'Accessibility' within the domain 'Health system performance'. Under the NHA, it relates to the outcome area of *Australians receive appropriate high quality and affordable hospital and hospital-related care*.

The scope of this indicator is emergency departments in public hospitals classified as *Principal referral and specialist women's and children's hospitals* (peer group A) and *Large hospitals* (peer group B).

In 2012–13, for emergency departments in hospitals classified as peer group A and B hospitals and for all triage categories, the proportion of presentations in which patients commenced clinical care within the required time was 72%, ranging from 50% in the Northern Territory to 76% in New South Wales (Table 3.5).

The proportion of presentations seen on time also varied by triage category; more urgent presentations were generally more likely to be seen on time. Overall, almost 100% of *Resuscitation* patients were seen on time and 82% of *Emergency* patients were seen on time. For *Non-urgent* patients, the proportion seen on time (within 2 hours) was over 80% for almost all states and territories.

**Table 3.5: Proportion<sup>(a)</sup> of Emergency presentations seen on time, by triage category, Principal referral and specialist women's and children's hospitals and Large hospitals, states and territories, 2012–13 (per cent)**

| Peer group and triage category  | NSW       | Vic       | Qld       | WA        | SA        | Tas <sup>(b)</sup> | ACT       | NT        | Total     |
|---|-----------|-----------|-----------|-----------|-----------|--------------------|-----------|-----------|-----------|
| <b>Principal referral and specialist women's and children's hospitals</b>                             |           |           |           |           |           |                    |           |           |           |
| Resuscitation   | 100       | 100       | 100       | 100       | 100       | 100                | 100       | 100       | 100       |
| Emergency   | 83        | 84        | 84        | 80        | 74        | 83                 | 74        | 64        | 82        |
| Urgent  | 70        | 70        | 68        | 47        | 62        | 58                 | 43        | 48        | 66        |
| Semi-urgent   | 74        | 67        | 75        | 62        | 73        | 64                 | 46        | 44        | 69        |
| Non-urgent  | 90        | 87        | 93        | 90        | 88        | 88                 | 79        | 80        | 89        |
| <i>Total</i>  | <i>76</i> | <i>72</i> | <i>74</i> | <i>61</i> | <i>70</i> | <i>66</i>          | <i>51</i> | <i>50</i> | <i>71</i> |
| <b>Large hospitals</b>  |           |           |           |           |           |                    |           |           |           |
| Resuscitation   | 100       | 100       | 100       | 99        | 100       | 100                | ..        | ..        | 100       |
| Emergency   | 84        | 84        | 88        | 80        | 68        | 84                 | ..        | ..        | 83        |
| Urgent  | 76        | 77        | 61        | 54        | 59        | 79                 | ..        | ..        | 68        |
| Semi-urgent   | 78        | 68        | 69        | 70        | 69        | 79                 | ..        | ..        | 72        |
| Non-urgent  | 92        | 85        | 89        | 94        | 92        | 95                 | ..        | ..        | 90        |
| <i>Total</i>  | <i>79</i> | <i>74</i> | <i>69</i> | <i>67</i> | <i>66</i> | <i>81</i>          | <i>..</i> | <i>..</i> | <i>73</i> |
| <b>Total (Principal referral and specialist women's and children's hospitals and Large hospitals)</b> |           |           |           |           |           |                    |           |           |           |
| Resuscitation   | 100       | 100       | 100       | 100       | 100       | 100                | 100       | 100       | 100       |
| Emergency   | 83        | 84        | 84        | 80        | 74        | 83                 | 74        | 64        | 82        |
| Urgent  | 72        | 71        | 67        | 50        | 61        | 65                 | 43        | 48        | 66        |
| Semi-urgent   | 75        | 67        | 74        | 65        | 72        | 70                 | 46        | 44        | 70        |
| Non-urgent  | 91        | 86        | 92        | 92        | 89        | 90                 | 79        | 80        | 89        |
| <b>Total</b>  | <b>76</b> | <b>72</b> | <b>73</b> | <b>64</b> | <b>70</b> | <b>71</b>          | <b>51</b> | <b>50</b> | <b>72</b> |

(a) Records were excluded from the calculation of waiting time statistics if the triage category was unknown, if the patient did not wait or was dead on arrival, or if the waiting time was missing or otherwise invalid.

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

Note: See boxes 1.1 and 1.2 and appendixes A and B for more information on terminology, data limitations and methods.

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

For 2012–13, there were over 260,000 emergency department presentations for patients identified as Aboriginal and/or Torres Strait Islander in public hospitals classified as peer group A and peer group B (Table 3.6). This was about 4.6% of all emergency department presentations for these hospitals. The proportion varied from 1.4% in Victoria to 40.5% in the Northern Territory.

Overall, the proportion of presentations seen on time in *Principal referral and specialist women's and children's hospitals* and *Large hospitals* for Indigenous Australians (70%) was slightly lower than the proportion of presentations seen on time for other Australians (72%).

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

The data presented in Table 3.6 differ from that presented in Table 3.4, for which all hospitals that reported to the NNAPEDCD were included (that is, Table 3.4 includes data for hospitals not classified as per group A or B hospitals).

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

**Table 3.6: Proportion<sup>(a)</sup> of Emergency presentations 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, 2012–13**

|  | NSW              | Vic              | Qld              | WA             | SA             | Tas <sup>(b)</sup> | ACT            | NT            | Total            |
|--|------------------|------------------|------------------|----------------|----------------|--------------------|----------------|---------------|------------------|
| <b>Per cent</b>                              |                  |                  |                  |                |                |                    |                |               |                  |
| <b>Indigenous Australians</b>                |                  |                  |                  |                |                |                    |                |               |                  |
| Resuscitation                                | 100              | 100              | 100              | 100            | 100            | 100                | 100            | 100           | 100              |
| Emergency                                    | 81               | 81               | 85               | 83             | 72             | 84                 | 73             | 65            | 80               |
| Urgent                                       | 70               | 72               | 72               | 61             | 61             | 63                 | 41             | 53            | 66               |
| Semi-urgent                                  | 74               | 70               | 74               | 73             | 68             | 69                 | 44             | 45            | 68               |
| Non-urgent                                   | 89               | 88               | 90               | 92             | 86             | 90                 | 73             | 77            | 88               |
| <b>Total</b>                                 | <b>75</b>        | <b>73</b>        | <b>76</b>        | <b>72</b>      | <b>67</b>      | <b>70</b>          | <b>49</b>      | <b>52</b>     | <b>70</b>        |
| <b>Number</b>                                |                  |                  |                  |                |                |                    |                |               |                  |
| <b>Emergency presentations<sup>(c)</sup></b> | <b>67,515</b>    | <b>19,939</b>    | <b>71,872</b>    | <b>37,383</b>  | <b>10,725</b>  | <b>6,418</b>       | <b>3,020</b>   | <b>43,131</b> | <b>260,003</b>   |
| <b>Per cent</b>                              |                  |                  |                  |                |                |                    |                |               |                  |
| <b>Other Australians<sup>(d)</sup></b>       |                  |                  |                  |                |                |                    |                |               |                  |
| Resuscitation                                | 100              | 100              | 100              | 100            | 100            | 100                | 100            | 100           | 100              |
| Emergency                                    | 83               | 84               | 84               | 80             | 74             | 83                 | 74             | 64            | 82               |
| Urgent                                       | 72               | 71               | 67               | 49             | 61             | 65                 | 43             | 44            | 66               |
| Semi-urgent                                  | 75               | 67               | 74               | 65             | 72             | 70                 | 46             | 43            | 70               |
| Non-urgent                                   | 91               | 86               | 92               | 92             | 89             | 90                 | 79             | 82            | 89               |
| <b>Total</b>                                 | <b>76</b>        | <b>72</b>        | <b>73</b>        | <b>63</b>      | <b>70</b>      | <b>71</b>          | <b>51</b>      | <b>48</b>     | <b>72</b>        |
| <b>Number</b>                                |                  |                  |                  |                |                |                    |                |               |                  |
| <b>Emergency presentations<sup>(c)</sup></b> | <b>1,678,440</b> | <b>1,396,854</b> | <b>1,085,110</b> | <b>642,756</b> | <b>317,797</b> | <b>134,955</b>     | <b>115,577</b> | <b>63,285</b> | <b>5,434,774</b> |

(a) Records were excluded from the calculation of waiting time statistics if the triage category was unknown, if the patient did not wait or was dead on arrival, or if the waiting time was missing or otherwise invalid.

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

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

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

Note: See boxes 1.1 and 1.2 and appendixes A and B for more information on terminology, data limitations and methods.

## 4 Time spent in the emergency department

This chapter presents information on the amount of time spent in the emergency department. Measures of the amount of time associated with emergency department activity include:

- **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’.
- **treatment time** – measured as the time from the commencement of clinical care to the conclusion of the non-admitted component of care (episode end). This 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.

The chapter includes data on the following performance indicators relevant to emergency department care:

- The National Healthcare Agreement (NHA) performance indicator 21b: ‘Waiting times for emergency department care: proportion completed within four hours’.
- National Health Reform Agreement (NHRA) NPA IPHS indicator: ‘Admission to hospital from emergency departments’ (for patients subsequently admitted), including the percentage of presentations where the length of the emergency department stay is less than or equal to 4 hours; and emergency department stay length at the 90th percentile.

The length of stay measures presented in tables 4.1 to 4.5 include all emergency department *Type of visit* categories. Therefore, the data presented in this report may not be comparable with data presented in *Australian hospital statistics* reports before 2011–12, where this information was presented only for the *Type of visit* category: *Emergency presentation*.

The length of treatment time measures presented in tables 4.6 and 4.7 are for *Emergency presentations* only.

The calculations exclude presentations for which the measures of time could not be calculated due to missing or incorrect values (for example, if the time of physical departure was reported as occurring before the time of presentation).

### How long did patients stay?

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

## How many visits were completed in 4 hours or less?

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

The NHA performance indicator #21b: 'Waiting time for emergency hospital care: proportion completed within four hours' can be related to the NHPF dimensions 'Accessibility' and 'Effectiveness' within the domain 'Health system performance'. Under the NHA, it relates to the outcome area of *Australians receive appropriate high quality and affordable hospital and hospital-related care*.

The scope of this indicator is emergency departments in public hospitals classified as *Principal referral and specialist women's and children's hospitals* and *Large hospitals*.

The calculation of this 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.

During 2012–13, 67% of presentations were completed in 4 hours or less (Table 4.1). Western Australia achieved the highest proportion (77%) of emergency department visits completed in 4 hours or less and the Australian Capital Territory had the lowest (57%).

*Large hospitals* generally achieved a higher proportion of visits completed in 4 hours or less than *Principal referral and specialist women's and children's hospitals* (74% and 62%, respectively).

In general, presentations for patients who required more urgent treatment (reflected by the triage category) were not as likely to be completed in 4 hours or less. For example, 75% of *Semi-urgent* visits and 90% of *Non-urgent* visits were completed in 4 hours or less, compared with 53% of *Resuscitation* visits and 49% of *Emergency* visits (Table 4.1).

The performance indicator is reported here based on financial year data and is equivalent to the NPA IPHS National Emergency Access Target (NEAT) indicator (based on calendar year data) for the percentage of presentations where the length of the emergency department stay is less than or equal to 4 hours.

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 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.

State and territory data relevant to the NEAT for the calendar year 2012 were reported in *Australian hospital statistics: national emergency access and elective surgery targets 2012* (AIHW 2013d). Assessments of performance against the NEAT targets were reported in *National Partnership Agreement on Improving Public Hospital Services: performance report for 2012* (COAG Reform Council 2013b).



**Table 4.1: Proportion of presentations<sup>(a)</sup> to emergency departments with a length of stay<sup>(b)</sup> of 4 hours or less, by triage category and public hospital peer group, public hospital emergency departments, states and territories, 2012–13 (per cent)**

| Peer group and triage category  | NSW       | Vic       | Qld       | WA        | SA        | Tas       | ACT       | NT        | Total     |
|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| <b>Per cent</b>   |           |           |           |           |           |           |           |           |           |
| <b>Principal referral and specialist women's and children's hospitals</b>                 |           |           |           |           |           |           |           |           |           |
| Resuscitation   | 45        | 55        | 55        | 56        | 52        | 55        | 62        | 53        | 52        |
| Emergency   | 37        | 50        | 52        | 59        | 46        | 40        | 46        | 38        | 46        |
| Urgent  | 44        | 52        | 61        | 62        | 49        | 45        | 46        | 45        | 52        |
| Semi-urgent   | 64        | 69        | 81        | 82        | 67        | 70        | 63        | 65        | 71        |
| Non-urgent  | 85        | 87        | 91        | 92        | 82        | 88        | 83        | 83        | 87        |
| <i>Total<sup>(c)</sup></i>  | 56        | 62        | 69        | 72        | 58        | 61        | 57        | 57        | 62        |
| <b>Large hospitals</b>  |           |           |           |           |           |           |           |           |           |
| Resuscitation   | 50        | 48        | 57        | 60        | 54        | 66        | ..        | ..        | 54        |
| Emergency   | 47        | 50        | 67        | 68        | 58        | 52        | ..        | ..        | 57        |
| Urgent  | 55        | 61        | 71        | 72        | 55        | 68        | ..        | ..        | 64        |
| Semi-urgent   | 74        | 77        | 87        | 87        | 72        | 89        | ..        | ..        | 80        |
| Non-urgent  | 91        | 90        | 95        | 96        | 90        | 96        | ..        | ..        | 92        |
| <i>Total<sup>(c)</sup></i>  | 67        | 73        | 79        | 81        | 64        | 80        | ..        | ..        | 74        |
| <b>All hospitals<sup>(d)</sup></b>  |           |           |           |           |           |           |           |           |           |
| <b>Resuscitation</b>  | <b>47</b> | <b>54</b> | <b>55</b> | <b>58</b> | <b>55</b> | <b>56</b> | <b>62</b> | <b>52</b> | <b>53</b> |
| <b>Emergency</b>  | <b>41</b> | <b>50</b> | <b>55</b> | <b>63</b> | <b>51</b> | <b>42</b> | <b>46</b> | <b>40</b> | <b>49</b> |
| <b>Urgent</b>   | <b>50</b> | <b>54</b> | <b>63</b> | <b>67</b> | <b>55</b> | <b>52</b> | <b>46</b> | <b>49</b> | <b>56</b> |
| <b>Semi-urgent</b>  | <b>71</b> | <b>72</b> | <b>83</b> | <b>85</b> | <b>76</b> | <b>77</b> | <b>63</b> | <b>70</b> | <b>75</b> |
| <b>Non-urgent</b>   | <b>89</b> | <b>89</b> | <b>93</b> | <b>95</b> | <b>88</b> | <b>91</b> | <b>83</b> | <b>88</b> | <b>90</b> |
| <b>Waiting times for emergency department care—proportion completed within four hours</b> |           |           |           |           |           |           |           |           |           |
| <b>Total<sup>(c)</sup></b>  | <b>64</b> | <b>66</b> | <b>72</b> | <b>77</b> | <b>66</b> | <b>67</b> | <b>57</b> | <b>64</b> | <b>67</b> |

(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 *Principal referral and specialist women's and children's hospitals*, *Large hospitals* and hospitals in other peer groups that reported to the NNAPEDCD.

Note: See boxes 1.1 and 1.2 and appendices A and B for more information on terminology, data limitations and methods.

## How did the proportion completed within 4 hours vary by admission status?

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 36% of presentations for patients subsequently admitted were completed in 4 hours or less, with the highest rates of completion in 4 hours or less for *Non-urgent* patients (Table 4.2).

About 79% of presentations for patients who were not subsequently admitted completed their visit in 4 hours or less (Table 4.3).

## Performance indicator: Admission to hospital from emergency departments

The NHRA NPA IPHS indicator: 'Admission to hospital from emergency departments' (for patients who are subsequently admitted to the same hospital) is also known by the common name of 'Access block indicator'.

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

Nationally, 36% of emergency department visits for patients subsequently admitted were completed within 4 hours. The proportion ranged from 24% in the Northern Territory to 46% in Western Australia (shaded area, Table 4.2).

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

Nationally, 90% of emergency department visits for patients subsequently admitted were completed within 13 hours and 41 minutes, ranging from 9 hours and 42 minutes in Western Australia to 20 hours and 47 minutes in Tasmania (shaded area, Table 4.5).

**Table 4.2: Proportion of presentations<sup>(a)</sup> to emergency departments with a length of stay<sup>(b)</sup> of 4 hours or less for patients subsequently admitted to the hospital, by public hospital peer group and triage category, public hospital emergency departments, states and territories, 2012–13**

| Peer group and triage category   | NSW       | Vic       | Qld       | WA        | SA        | Tas       | ACT       | NT        | Total     |
|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| <b>Presentations ending in admission (%)</b>   |           |           |           |           |           |           |           |           |           |
| <b>Principal referral and specialist women's and children's hospitals</b>  |           |           |           |           |           |           |           |           |           |
| Resuscitation  | 43        | 57        | 54        | 59        | 53        | 56        | 62        | 49        | 51        |
| Emergency  | 28        | 44        | 37        | 49        | 35        | 31        | 40        | 20        | 36        |
| Urgent   | 23        | 36        | 36        | 42        | 29        | 18        | 24        | 19        | 31        |
| Semi-urgent  | 27        | 35        | 43        | 44        | 32        | 19        | 28        | 16        | 33        |
| Non-urgent   | 46        | 50        | 60        | 52        | 51        | 36        | 40        | 33        | 49        |
| <i>Total</i> <sup>(c)</sup>  | 26        | 38        | 38        | 45        | 32        | 22        | 29        | 19        | 33        |
| <b>Large hospitals</b>   |           |           |           |           |           |           |           |           |           |
| Resuscitation  | 44        | 44        | 54        | 54        | 39        | 69        | ..        | ..        | 48        |
| Emergency  | 36        | 40        | 55        | 56        | 52        | 37        | ..        | ..        | 45        |
| Urgent   | 29        | 31        | 51        | 42        | 44        | 34        | ..        | ..        | 37        |
| Semi-urgent  | 31        | 33        | 57        | 41        | 44        | 42        | ..        | ..        | 36        |
| Non-urgent   | 64        | 58        | 66        | 53        | 61        | 77        | ..        | ..        | 62        |
| <i>Total</i> <sup>(c)</sup>  | 32        | 34        | 53        | 46        | 46        | 38        | ..        | ..        | 39        |
| <b>All hospitals<sup>(d)</sup></b>   |           |           |           |           |           |           |           |           |           |
| Resuscitation  | 44        | 56        | 54        | 59        | 55        | 56        | 62        | 48        | 52        |
| Emergency  | 32        | 44        | 40        | 52        | 41        | 32        | 40        | 23        | 39        |
| Urgent   | 27        | 36        | 39        | 43        | 38        | 22        | 24        | 23        | 34        |
| Semi-urgent  | 30        | 36        | 45        | 45        | 43        | 24        | 28        | 24        | 35        |
| Non-urgent   | 53        | 53        | 62        | 55        | 61        | 47        | 40        | 50        | 54        |
| <b>Admission to hospital from emergency departments—<br/>percentage of presentations where the length of stay is less than or equal to 4 hours</b> |           |           |           |           |           |           |           |           |           |
| <b>Total<sup>(c)</sup></b>   | <b>30</b> | <b>38</b> | <b>41</b> | <b>46</b> | <b>41</b> | <b>25</b> | <b>29</b> | <b>24</b> | <b>36</b> |

(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 *Principal referral and specialist women's and children's hospitals*, *Large hospitals* and hospitals in other peer groups that reported to the NNAPEDCD.

Note: See boxes 1.1 and 1.2 and appendices A and B for more information on terminology, data limitations and methods.

**Table 4.3: Proportion of presentations<sup>(a)</sup> to emergency departments with a length of stay<sup>(b)</sup> of 4 hours or less for patients not subsequently admitted to the hospital, by public hospital peer group and triage category, public hospital emergency departments, states and territories, 2012–13**

| Peer group and triage category  | NSW       | Vic       | Qld       | WA        | SA        | Tas       | ACT       | NT        | Total     |
|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| <b>Presentations not ending in admission (%)</b>                          |           |           |           |           |           |           |           |           |           |
| <b>Principal referral and specialist women's and children's hospitals</b> |           |           |           |           |           |           |           |           |           |
| Resuscitation   | 57        | 48        | 57        | 47        | 48        | 52        | 63        | 63        | 53        |
| Emergency   | 53        | 60        | 68        | 73        | 66        | 52        | 54        | 62        | 62        |
| Urgent  | 61        | 65        | 73        | 78        | 64        |           | 58        | 67        | 67        |
| Semi-urgent   | 74        | 77        | 86        | 90        | 76        | 78        | 70        | 75        | 79        |
| Non-urgent  | 88        | 90        | 92        | 95        | 84        | 91        | 85        | 86        | 89        |
| <i>Total<sup>(c)</sup></i>  | <i>71</i> | <i>74</i> | <i>80</i> | <i>85</i> | <i>71</i> | <i>73</i> | <i>67</i> | <i>73</i> | <i>75</i> |
| <b>Large hospitals</b>  |           |           |           |           |           |           |           |           |           |
| Resuscitation   | 62        | 53        | 63        | 64        | 80        | 55        | ..        | ..        | 62        |
| Emergency   | 62        | 56        | 79        | 74        | 65        | 63        | ..        | ..        | 67        |
| Urgent  | 71        | 72        | 79        | 80        | 64        | 81        | ..        | ..        | 75        |
| Semi-urgent   | 83        | 82        | 90        | 91        | 77        | 93        | ..        | ..        | 85        |
| Non-urgent  | 93        | 91        | 96        | 96        | 91        | 98        | ..        | ..        | 93        |
| <i>Total<sup>(c)</sup></i>  | <i>80</i> | <i>80</i> | <i>85</i> | <i>87</i> | <i>73</i> | <i>88</i> | <i>..</i> | <i>..</i> | <i>82</i> |
| <b>All hospitals<sup>(d)</sup></b>  |           |           |           |           |           |           |           |           |           |
| Resuscitation   | 60        | 49        | 58        | 55        | 54        | 53        | 63        | 64        | 56        |
| Emergency   | 57        | 59        | 70        | 74        | 66        | 54        | 54        | 63        | 64        |
| Urgent  | 67        | 67        | 75        | 80        | 67        | 66        | 58        | 69        | 70        |
| Semi-urgent   | 80        | 79        | 87        | 91        | 82        | 84        | 70        | 79        | 82        |
| Non-urgent  | 91        | 91        | 94        | 96        | 90        | 93        | 85        | 90        | 92        |
| <b>Total<sup>(c)</sup></b>  | <b>77</b> | <b>76</b> | <b>82</b> | <b>87</b> | <b>77</b> | <b>78</b> | <b>67</b> | <b>77</b> | <b>79</b> |

(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 *Principal referral and specialist women's and children's hospitals*, *Large hospitals* and hospitals in other peer groups that reported to the NNAPEDCD.

Note: See boxes 1.1 and 1.2 and appendices A and B for more information on terminology, data limitations and methods.

## Median length of stay

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

The median length of stay for all patients was 2 hours and 53 minutes, varying across states and territories from 2 hours and 27 minutes in Western Australia to 3 hours and 28 minutes in the Australian Capital Territory (Table 4.4).

For patients who were subsequently admitted, the median length of stay was generally longer at 5 hours and 14 minutes, ranging from 4 hours and 15 minutes in Western Australia to 6 hours and 43 minutes in the Northern Territory.

For patients who were not subsequently admitted, the median length of stay was 2 hours and 19 minutes.

**Table 4.4: Emergency department presentation<sup>(a)</sup> median length of stay<sup>(b)</sup> (hours: minutes), by triage category and admission status, public hospital emergency departments, states and territories, 2012–13**

| Triage category   | NSW         | Vic         | Qld         | WA          | SA          | Tas         | ACT         | NT          | Total       |
|---|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| <b>Presentations ending in admission (hours: minutes)</b>     |             |             |             |             |             |             |             |             |             |
| Resuscitation   | 4:30        | 3:46        | 3:48        | 3:30        | 3:32        | 3:26        | 3:13        | 4:14        | 3:55        |
| Emergency   | 5:33        | 4:36        | 4:47        | 3:57        | 4:48        | 5:29        | 4:50        | 7:07        | 4:58        |
| Urgent  | 6:04        | 5:18        | 4:58        | 4:25        | 5:07        | 6:34        | 6:45        | 6:45        | 5:27        |
| Semi-urgent   | 5:51        | 5:18        | 4:25        | 4:20        | 4:40        | 6:28        | 6:14        | 6:42        | 5:18        |
| Non-urgent  | 3:51        | 3:54        | 3:18        | 3:51        | 3:02        | 4:26        | 4:53        | 4:03        | 3:48        |
| <i>Total<sup>(c)</sup></i>                                    | <i>5:49</i> | <i>5:08</i> | <i>4:47</i> | <i>4:15</i> | <i>4:51</i> | <i>6:13</i> | <i>6:03</i> | <i>6:43</i> | <i>5:14</i> |
| <b>Presentations not ending in admission (hours: minutes)</b> |             |             |             |             |             |             |             |             |             |
| Resuscitation   | 3:25        | 4:04        | 3:37        | 3:40        | 3:48        | 3:45        | 3:05        | 3:06        | 3:40        |
| Emergency   | 3:39        | 3:30        | 2:58        | 2:46        | 3:10        | 3:45        | 3:46        | 3:15        | 3:16        |
| Urgent  | 3:05        | 3:07        | 2:46        | 2:31        | 3:03        | 3:02        | 3:28        | 2:55        | 2:56        |
| Semi-urgent   | 2:13        | 2:20        | 1:58        | 1:51        | 2:04        | 1:55        | 2:48        | 2:20        | 2:08        |
| Non-urgent  | 1:20        | 1:29        | 1:21        | 1:21        | 1:25        | 1:20        | 1:58        | 1:14        | 1:23        |
| <i>Total<sup>(c)</sup></i>                                    | <i>2:19</i> | <i>2:29</i> | <i>2:17</i> | <i>2:02</i> | <i>2:21</i> | <i>2:11</i> | <i>2:55</i> | <i>2:21</i> | <i>2:19</i> |
| <b>All presentations (hours: minutes)</b>                     |             |             |             |             |             |             |             |             |             |
| Resuscitation   | 4:15        | 3:50        | 3:44        | 3:34        | 3:36        | 3:29        | 3:10        | 3:49        | 3:52        |
| Emergency   | 4:44        | 4:00        | 3:47        | 3:22        | 3:56        | 4:37        | 4:19        | 5:01        | 4:04        |
| Urgent  | 4:00        | 3:48        | 3:18        | 3:07        | 3:39        | 3:54        | 4:21        | 4:05        | 3:40        |
| Semi-urgent   | 2:37        | 2:39        | 2:07        | 2:03        | 2:16        | 2:07        | 3:07        | 2:40        | 2:25        |
| Non-urgent  | 1:25        | 1:32        | 1:23        | 1:24        | 1:27        | 1:22        | 2:02        | 1:18        | 1:27        |
| <b>Total<sup>(c)</sup></b>                                    | <b>3:05</b> | <b>3:02</b> | <b>2:43</b> | <b>2:27</b> | <b>2:51</b> | <b>2:41</b> | <b>3:28</b> | <b>2:59</b> | <b>2:53</b> |

(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: See boxes 1.1 and 1.2 and appendixes A and B for more information on terminology, data limitations and methods.

## 90th percentile length of stay

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

Nationally, 90% of emergency department presentations were completed within 7 hours and 55 minutes, ranging from 6 hours in Western Australia to 9 hours and 40 minutes in the Australian Capital Territory (Table 4.6).

For patients who were not subsequently admitted, 90% of presentations were completed within 5 hours and 34 minutes, ranging from 4 hours and 30 minutes in Western Australia to 7 hours and 5 minutes in the Australian Capital Territory.

**Table 4.5: Emergency department presentation<sup>(a)</sup> 90th percentile length of stay<sup>(b)</sup> (hours: minutes), by triage category and admission status, public hospital emergency departments, states and territories, 2012–13**

| Triage category   | NSW          | Vic          | Qld          | WA          | SA           | Tas          | ACT          | NT           | Total        |
|---|--------------|--------------|--------------|-------------|--------------|--------------|--------------|--------------|--------------|
| <b>Presentations ending in admission (hours: minutes)</b>   |              |              |              |             |              |              |              |              |              |
| Resuscitation   | 12:09        | 11:03        | 09:34        | 8:57        | 11:18        | 10:05        | 9:38         | 12:39        | 10:50        |
| Emergency   | 14:25        | 14:21        | 11:39        | 9:29        | 13:33        | 19:13        | 15:09        | 18:55        | 13:31        |
| Urgent  | 15:04        | 14:29        | 11:54        | 10:02       | 14:08        | 21:38        | 18:26        | 18:08        | 14:05        |
| Semi-urgent   | 14:05        | 13:36        | 11:19        | 9:30        | 12:57        | 20:39        | 15:30        | 17:18        | 13:26        |
| Non-urgent  | 10:09        | 9:53         | 08:55        | 8:08        | 09:47        | 13:40        | 10:28        | 15:38        | 10:00        |
| <b>Admission to hospital from emergency departments—emergency department stay length at the 90th percentile</b> |              |              |              |             |              |              |              |              |              |
| <i>Total<sup>(c)</sup></i>  | <i>14:31</i> | <i>14:07</i> | <i>11:40</i> | <i>9:42</i> | <i>13:35</i> | <i>20:47</i> | <i>16:55</i> | <i>17:53</i> | <i>13:41</i> |
| <b>Presentations not ending in admission (hours: minutes)</b>   |              |              |              |             |              |              |              |              |              |
| Resuscitation   | 7:58         | 9:50         | 8:05         | 8:40        | 10:18        | 7:17         | 8:47         | 7:40         | 8:39         |
| Emergency   | 7:52         | 8:45         | 6:58         | 6:31        | 7:26         | 9:09         | 9:34         | 7:45         | 7:43         |
| Urgent  | 6:46         | 6:58         | 5:55         | 5:19        | 6:53         | 7:07         | 8:19         | 6:33         | 6:30         |
| Semi-urgent   | 5:24         | 5:24         | 4:26         | 3:57        | 5:05         | 4:58         | 6:30         | 5:27         | 5:04         |
| Non-urgent  | 3:50         | 3:52         | 3:31         | 3:08        | 3:58         | 3:35         | 4:43         | 3:58         | 3:46         |
| <i>Total<sup>(c)</sup></i>  | <i>5:45</i>  | <i>5:53</i>  | <i>5:11</i>  | <i>4:30</i> | <i>5:46</i>  | <i>5:44</i>  | <i>7:05</i>  | <i>5:41</i>  | <i>5:34</i>  |
| <b>All presentations (hours: minutes)</b>   |              |              |              |             |              |              |              |              |              |
| Resuscitation   | 11:10        | 10:37        | 9:09         | 8:51        | 10:56        | 9:17         | 9:29         | 11:29        | 10:18        |
| Emergency   | 11:50        | 12:00        | 9:33         | 8:00        | 11:16        | 13:39        | 12:10        | 14:07        | 10:58        |
| Urgent  | 10:28        | 10:06        | 8:08         | 7:10        | 9:56         | 11:30        | 12:18        | 12:04        | 9:33         |
| Semi-urgent   | 7:10         | 6:49         | 5:10         | 4:50        | 6:13         | 6:18         | 8:01         | 7:24         | 6:26         |
| Non-urgent  | 4:09         | 4:06         | 3:41         | 3:22        | 4:18         | 3:51         | 5:02         | 4:25         | 4:01         |
| <b>Total<sup>(c)</sup></b>  | <b>8:33</b>  | <b>8:10</b>  | <b>7:04</b>  | <b>6:00</b> | <b>8:10</b>  | <b>8:23</b>  | <b>9:40</b>  | <b>9:13</b>  | <b>7:55</b>  |

(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: See boxes 1.1 and 1.2 and appendixes A and B for more information on terminology, data limitations and methods.

## How long did treatment take?

The length of treatment time is calculated as the time between the commencement of clinical care and the end of the episode.

It can differ according to whether the patient is subsequently admitted to the same hospital. As a result, treatment time statistics are presented separately for patients who were subsequently admitted to the same hospital and for patients not subsequently admitted to the hospital.

### Patients subsequently admitted to the same hospital

Approximately 8% of *Emergency presentations* for patients subsequently admitted to the hospital had a treatment time of less than one hour, 41% had treatment times from 1 hour to less than 4 hours, and 50% had treatment times of 4 hours or more (Table 4.6). Almost one in five (19%) *Non-urgent* presentations were treated within 1 hour.

Generally, the treatment times were greater for patients *Admitted to this hospital* than for other patients (Table 4.7).

The treatment time could not be calculated for about 4,000 records for patients subsequently admitted to the same hospital.

**Table 4.6: Treatment time statistics for *Emergency presentations* for patients subsequently *Admitted to this hospital* by triage category, public hospital emergency departments, 2012–13**

|  | Resuscitation | Emergency      | Urgent         | Semi-urgent    | Non-urgent    | Total <sup>(a)</sup> |
|--|---------------|----------------|----------------|----------------|---------------|----------------------|
| <b>Number of presentations</b>         |               |                |                |                |               |                      |
| Less than 1 hour                       | 4,714         | 26,367         | 67,221         | 44,530         | 5,428         | 148,279              |
| 1 hour to <2 hours                     | 5,633         | 51,586         | 103,550        | 57,668         | 4,746         | 223,195              |
| 2 hours to <3 hours                    | 5,429         | 62,914         | 123,292        | 62,533         | 4,284         | 258,464              |
| 3 hours to <4 hours                    | 5,008         | 64,028         | 127,468        | 60,650         | 3,670         | 260,834              |
| 4 hours or more                        | 13,347        | 205,025        | 456,820        | 215,999        | 9,844         | 901,062              |
| <b>Total<sup>(b)</sup></b>             | <b>34,173</b> | <b>410,228</b> | <b>879,802</b> | <b>443,236</b> | <b>28,587</b> | <b>1,796,151</b>     |
| <b>Proportion of presentations (%)</b> |               |                |                |                |               |                      |
| Less than 1 hour                       | 14            | 6              | 8              | 10             | 19            | 8                    |
| 1 hour to <2 hours                     | 16            | 13             | 12             | 13             | 17            | 12                   |
| 2 hours to <3 hours                    | 16            | 15             | 14             | 14             | 15            | 14                   |
| 3 hours to <4 hours                    | 15            | 16             | 14             | 14             | 13            | 15                   |
| 4 hours or more                        | 39            | 50             | 52             | 49             | 34            | 50                   |
| <b>Total<sup>(b)</sup></b>             | <b>100</b>    | <b>100</b>     | <b>100</b>     | <b>100</b>     | <b>100</b>    | <b>100</b>           |

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

(b) Includes approximately 4,000 records for which the length of treatment time could not be calculated as the time of episode end was not reported.

Note: See boxes 1.1 and 1.2 and appendixes A and B for more information on terminology, data limitations and methods.

## Patients not subsequently admitted to the same hospital

Approximately 32% of *Emergency presentations* for patients who were not subsequently admitted to the same hospital had a treatment time of less than 1 hour, 49% had treatment times from 1 hour to less than 4 hours, and 14% had treatment times of 4 hours or more (Table 4.7). Around 41% of *Resuscitation* patients had a treatment time of 4 hours or more, while 54% of *Non-urgent* presentations were treated within 1 hour.

The treatment time could not be calculated for about 6% of records (276,000 presentations) for patients who were not subsequently admitted to the same hospital as the time of episode end was not reported. Almost 236,000 of these records had an episode end status of *Did not wait*.

**Table 4.7: Treatment time statistics for *Emergency presentations* for patients not subsequently admitted to this hospital, by triage category, public hospital emergency departments, 2012–13**

|  | Resuscitation | Emergency      | Urgent           | Semi-urgent      | Non-urgent     | Total <sup>(a)</sup> |
|--|---------------|----------------|------------------|------------------|----------------|----------------------|
| <b>Numbers of presentations</b>        |               |                |                  |                  |                |                      |
| Less than one hour                     | 1,337         | 23,892         | 259,210          | 932,885          | 301,201        | 1,518,979            |
| 1 hour to <2 hours                     | 1,446         | 53,183         | 319,104          | 608,795          | 110,932        | 1,093,549            |
| 2 hours to <3 hours                    | 1,853         | 68,073         | 285,811          | 346,897          | 47,077         | 749,754              |
| 3 hours to <4 hours                    | 1,781         | 54,124         | 204,566          | 194,917          | 21,145         | 476,553              |
| 4 hours or more                        | 4,469         | 100,361        | 304,227          | 233,463          | 19,524         | 662,089              |
| <b>Total<sup>(b)</sup></b>             | <b>10,952</b> | <b>301,696</b> | <b>1,417,817</b> | <b>2,481,345</b> | <b>562,840</b> | <b>4,777,742</b>     |
| <b>Proportion of presentations (%)</b> |               |                |                  |                  |                |                      |
| Less than one hour                     | 12            | 8              | 18               | 38               | 54             | 32                   |
| 1 hour to <2 hours                     | 13            | 18             | 23               | 25               | 20             | 23                   |
| 2 hours to <3 hours                    | 17            | 23             | 20               | 14               | 8              | 16                   |
| 3 hours to <4 hours                    | 16            | 18             | 14               | 8                | 4              | 10                   |
| 4 hours or more                        | 41            | 33             | 21               | 9                | 3              | 14                   |
| <b>Total<sup>(b)</sup></b>             | <b>100</b>    | <b>100</b>     | <b>100</b>       | <b>100</b>       | <b>100</b>     | <b>100</b>           |

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

(b) Includes approximately 276,000 records for which the length of treatment time could not be calculated as the time of episode end was not reported.

Note: See boxes 1.1 and 1.2 and appendices A and B for more information on terminology, data limitations and methods.

## Additional information

More information on non-admitted patient emergency department care by state and territory of hospitalisation and public hospital peer group, including presentation length statistics, is available in the tables accompanying this report online at <[www.aihw.gov.au](http://www.aihw.gov.au)>.

# Appendix A: Data quality information

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

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

The data quality statement for the NNAPEDCD is also available online at <[www.aihw.gov.au](http://www.aihw.gov.au)>.

## Data quality statement: National Non-admitted Patient Emergency Department Care Database 2012–13

### Summary of key data quality issues

- The National Non-admitted Patient Emergency Department Care Database (NNAPEDCD) 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 hospitals* and *Large hospitals*, respectively).
- Some states and territories also provided data for public hospitals that were classified in peer groups other than A or B.
- For 2012–13, 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 84% for all public hospitals. This estimate will be finalised when the total numbers of emergency occasions of service are available early in 2014 in the National Public Hospital Establishments Database (NPHEd) for 2012–13.
- Before 1 January 2012, the data collection did not include care provided to admitted patients in emergency departments. From 1 January 2012, all care provided to patients treated in emergency departments is in scope for this collection. Care is included until the patient is recorded as having physically departed the emergency department, regardless of whether they have been admitted. However, care provided to patients admitted to 'short stay units' is not included.
- Changes in data set specifications in the second half of 2011–12 may affect the comparability of these data with data for other reporting periods.
- 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, the point at which the non-admitted patient emergency department presentation is reported as completed varies 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.
- Due to changes in the classifications used to determine remoteness areas and socioeconomic status (SES) groups of area of usual residence, time series presenting these data should be interpreted with caution.

## Description

The NNAPEDCD includes episode-level data on non-admitted patients treated in the emergency departments of Australian public hospitals.

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*, respectively) in the Australian Institute of Health and Welfare's (AIHW'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, namely for:

- 24 *Medium hospitals*, 20 *Small hospitals* and 8 *Unpeered/Other hospitals* in New South Wales
- 6 *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.

The NNAPEDCD includes data for each year from 2003–04 to 2012–13.

## Institutional environment

The AIHW is a major national agency set up by the Australian Government under the *Australian Institute of Health and Welfare Act 1987* (Cwlth) 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 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 data sets based on data from each jurisdiction, to analyse these data sets and to disseminate information and statistics.

The Australian Institute of Health and Welfare Act, 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](http://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 2012–13. The data set includes records for Non-admitted patient emergency department service episodes between 1 July 2012 and 30 June 2013.

States and territories provided a first version of the 2012–13 data to the AIHW during July 2013. This report was published in October 2013. 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 Non-admitted patient emergency department care (NAPEDC) NMDS and the NAPEDC data set specification are published in the AIHW's Metadata Online Registry (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=10737422826>>.

## 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 2012–13, 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 84% for all public hospitals. This estimate will be finalised when the total numbers of emergency occasions of service are available early in 2014 in the NPHEd for 2012–13.

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 four performance indicators for the NHA 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 before being admitted is included in this database.

From 1 January 2012, the care provided to all patients treated in emergency departments is 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. However, care provided to patients admitted to 'short stay units' in emergency departments 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 2012–13. The data set includes records for Non-admitted patient emergency department service episodes between 1 July 2012 and 30 June 2013.

### Geographic detail

The NAPEDC NMDS for the 2012–13 period specified that states and territories should provide the Statistical Area Level 2 (SA2) of usual residence of patient. The SA2 is a geographical unit under the Australian Statistical Geography Standard (ASGC). The Australian Statistical Geography Standard (ASGS) – was introduced in 2011 by the Australian Bureau of Statistics (ABS).

However, not all states and territories provided this information in the form of an SA2 code for all presentations. For New South Wales, all records were provided with the area of usual residence of the patient as a Statistical Local Area (SLA) 2011. The SLA is a geographical unit under the previous ABS Australian Standard Geographical Classification (ASGC). Where necessary, the AIHW mapped the supplied SLA of residence data for each presentation to the SA2 2011 version. This mapping was done on a probabilistic basis.

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

### **Remoteness area of residence**

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

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

### **Socioeconomic status of area of residence**

SES is based on the reported area of usual residence of the patient, mapped to Socio-Economic Indexes for Areas (SEIFA) 2011. For the purpose of this report, the SEIFA categories (quintiles) were assigned on the basis of ranking within the nation, not within the individual state/territory.

Before 2012–13, SES of the area of usual residence of the patient was based on the Census data for 2006. Comparisons of the data over time should therefore be interpreted with caution.

## **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.

The reporting of *Type of visit* by state or territory varied. Not all states and territories reported presentations for all types of visit category. In particular, for patients who were *Dead on arrival*:

- Western Australian emergency departments only occasionally manage and report patients who are *Dead on arrival*, as the majority of these patients are taken directly to the State Morgue.
- South Australian emergency departments do not manage or report patients who are *Dead on arrival*.

The reporting of *Episode end status* by state or territory varied. Before 2012–13, New South Wales did not report against the episode end status *Died in emergency department as a non-admitted patient*. Therefore, caution should be used when making comparisons over time. In addition, Western Australia and South Australia did not use the *Episode end status* value—*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 queries.

### **Incomplete responses**

For 2012–13, approximately 41,000 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**

Changes in data set specifications in the second half of 2011–12 may affect the comparability of these data with data for other reporting periods.

Overall, the activity data reported for 2012–13 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 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. For example, 7 large country hospitals in South Australia commenced reporting to the NNAPEDCD in September 2011 and therefore, the data for 2011–12 includes only 10 months of data for those hospitals. South Australia has estimated that, adjusting for the missing data for the 7 hospitals, the increase in activity between 2011–12 and 2012–13 was about 3.4%.

The number of hospitals in peer groups A and B included in the NNAPEDCD increased from 112 in 2003–04 to 127 in 2012–13. Over the same period, there was a notable increase in the number of hospitals included in the NNAPEDCD that were not classified in peer groups A and B (from 21 to 77).

Between 2003–04 and 2012–13, 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 84% for all public hospitals.

Between 2011–12 and 2012–13, the change in the number of hospitals reported to the NNAPEDCD was due to a Queensland hospital that started reporting separately in 2012–13 and had previously reported data under a parent facility.

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

## Variation in reporting

### 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* (11.7%) and South Australia had the highest proportions of presentations that were *Resuscitation* or *Emergency* (1.3% and 12.5%, respectively) (Table A1). This may reflect different triage categorisation, differing mixes of patients or both.

**Table A1: Proportion of *Emergency presentations* by triage category, public hospital emergency departments, states and territories, 2012–13 (per cent)**

| <b>Triage category</b>     | <b>NSW</b>      | <b>Vic</b>   | <b>Qld</b>   | <b>WA</b>    | <b>SA</b>    | <b>Tas</b>   | <b>ACT</b>   | <b>NT</b>    | <b>Total</b> |
|----------------------------|-----------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
|                            | <b>Per cent</b> |              |              |              |              |              |              |              |              |
| Resuscitation              | 0.7             | 0.5          | 0.8          | 0.8          | 1.3          | 0.6          | 0.4          | 0.5          | 0.7          |
| Emergency                  | 10.7            | 9.8          | 11.8         | 11.7         | 12.5         | 8.1          | 10.9         | 8.7          | 10.8         |
| Urgent                     | 32.3            | 33.9         | 42.3         | 33.0         | 36.5         | 34.7         | 34.0         | 28.0         | 35.0         |
| Semi-urgent                | 44.5            | 46.6         | 39.8         | 47.1         | 42.3         | 47.6         | 45.1         | 53.4         | 44.5         |
| Non-urgent                 | 11.7            | 9.3          | 5.2          | 7.5          | 7.4          | 8.9          | 9.6          | 9.4          | 9.0          |
| <b>Total<sup>(a)</sup></b> | <b>100.0</b>    | <b>100.0</b> | <b>100.0</b> | <b>100.0</b> | <b>100.0</b> | <b>100.0</b> | <b>100.0</b> | <b>100.0</b> | <b>100.0</b> |

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

Note: See boxes 1.1 and 1.2 for more information on terminology, data limitations and methods.

Variation in the proportion of patients admitted to the hospital may indicate variation in the triage categorisation of patients presenting to the emergency department. Nationally, around 27% of *Emergency presentations* had an episode end status of *Admitted to this hospital*. South Australia (30%) had the highest proportion of patients subsequently *Admitted to this hospital* and Tasmania had the lowest proportion (21%, see Table 2.12).

## 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.

Indigenous status was not reported for about 3% of emergency department presentations in 2012–13. 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 2012–13, Indigenous status was not reported for about 7% of emergency department records. This is a decrease from the 14% not reported for 2011–12. 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 2012–13 should still be considered to undercount the number of Aboriginal and Torres Strait Islander patients. The quality of Indigenous status data in emergency department data is improving but is less accurate than data for admitted patients in public hospitals.

### Queensland

Queensland Health noted that, for 2012–13 emergency department data, Indigenous status was not reported in 1.3% of cases. Efforts will continue to ensure that reporting of Indigenous status is as complete and accurate as possible.

### Western Australia

The Western Australian (WA) Department of Health regards the recording of Indigenous status for non-admitted patient emergency department data as being substantially complete, with 99.5% of data identified by Indigenous status in 2012–13.

While the data element is well recorded, it is possible that the data quality is inaccurate, as a state-wide audit of how accurately Indigenous status is recorded in WA emergency departments has not been conducted. However, a recent sample survey of WA admitted patient records concluded that WA was collecting Indigenous status with a high degree of accuracy.

### South Australia

The SA Department for Health and Ageing considers the quality of Indigenous status data to be better in admitted patient care than in the emergency department data collection. The

number of *Not stated* responses fell in 2012–13 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. 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 to be done in maintaining and improving, where needed, the collection of this data element.

### **Australian Capital Territory**

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

### **Northern Territory**

The Northern Territory Department of Health reported that the quality of its 2012–13 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 B: Technical notes

## Definitions

If not otherwise indicated, data elements were defined according to the 2012–13 definitions in the *National health data dictionary, version 16* (AIHW 2012a) (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 (Table 2.8).

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

Data on waiting times (50th and 90th percentiles) and the proportion seen on time 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 or hours and minutes waited) represents the number of minutes within which 50% of patients commenced clinical care (or completed their episode or were admitted); half the waiting times will have been shorter, and half the waiting times longer, than the median.

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

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

The calculation is where:

$n$  is the number of observations and

$p$  is the percentile value divided by 100,

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

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

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

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

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

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

## Estimated coverage 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 NPHED, as a percentage.

For 2012–13, as the corresponding public hospital establishment data were not available, a preliminary estimate was based on comparing the number of presentations and hospitals that were reported to the NNAPEDCD for 2011–12 and 2012–13, and the numbers of emergency occasions of service reported to the NPHED for 2011–12.

For example:

- If the same hospitals were reported by a jurisdiction for the NNAPEDCD for both 2011–12 and 2012–13, the jurisdiction's coverage was assumed to be the same for both years.
- If the hospitals reported by a jurisdiction changed between 2011–12 and 2012–13, the jurisdiction's coverage was adjusted by increasing (or decreasing) the numerator counts (NNAPEDCD presentations for 2011–12), based on the number of emergency occasions of service reported for the individual hospital(s) to the NPHED for 2011–12.
- If a hospital that was included in the NNAPEDCD for the first time in 2012–13 was not included in the NPHED for 2011–12, 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 patients who present with a type of visit of *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 if the patient *Did not wait* to be attended by a health-care professional, or was *Dead on arrival*.

Approximately 41,000 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.

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

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

### **Proportion of presentations ending in admission**

The proportion of presentations ending in admission is determined as the proportion of all emergency presentations with an episode end status of *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)**

### **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 a negative number of minutes).

## **Emergency department length of stay**

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

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

## **Admission to hospital from emergency departments**

Measures under the NHRA NPA IPHS indicator: 'Admission to hospital from emergency departments' (for patients subsequently admitted) are calculated using the emergency department length of stay for presentations with an episode end status of *Admitted to this hospital*.

## **Treatment time**

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

The treatment time is determined as the time elapsed between commencement of clinical care and the physical departure of the patient.

## **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

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

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

**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 stay:** the period between when a patient presents at an emergency department and when that person is recorded as having physically departed the emergency department. METeOR id: 472904

**Emergency department waiting time to admission:** 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:** time elapsed in minutes 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:** an emergency services occasion of service is any examination, consultation, treatment or other services provided as an individual session to a non-admitted patient in the emergency services functional unit of an establishment. METeOR id: 270506

**Episode:** see Emergency department stay.

**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 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 hospital's formal admission process. There are three categories of non-admitted patient: emergency department patient, outpatient and other non-admitted patient. METeOR id: 268973

**Non-admitted patient emergency department service episode:** The treatment or care between when a patient presents at an emergency department and when the non-admitted patient emergency department clinical care ends. METeOR id: 473100

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

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

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

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

**Service event:** an instance or occasion of assistance received by a client from a service provider. METeOR id: 320989

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

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## Related publications

This report, *Australian hospital statistics 2012–13: emergency department care*, is part of an annual series. The earlier editions and any published subsequently can be downloaded for free from the Australian Institute of Health and Welfare (AIHW) website <[www.aihw.gov.au/hospitals-publications/](http://www.aihw.gov.au/hospitals-publications/)>. The website also includes information on ordering printed copies.

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- AIHW 2013. Australian hospital statistics 2011–12. Health services series no. 50. Cat. no. HSE 134. Canberra: AIHW.
- AIHW 2013. Australia's hospitals 2011–12 at a glance. Health services series no. 49. Cat. no. HSE 133. Canberra: AIHW.
- AIHW 2013. Australian hospital statistics 2011–12: *Staphylococcus aureus* bacteraemia in Australian public hospitals. Health Services series no. 47. Cat. no. HSE 129. Canberra: AIHW.
- AIHW 2013. Australian hospital statistics: national emergency access and elective surgery targets 2012. Health services series no. 48. Cat. no. HSE 131. Canberra: AIHW.
- AIHW 2012. Australian hospital statistics 2011–12: emergency department care. Health services series no. 45. Cat. no. HSE 126. Canberra: AIHW.
- AIHW 2012. Australian hospital statistics 2011–12: elective surgery waiting times. Health services series no. 46. Cat. no. HSE 127. Canberra: AIHW.
- AIHW 2011. Australian hospital statistics 2010–11 – emergency department care and elective surgery waiting times. Health services series no. 41. Cat. no. HSE 115. Canberra: AIHW.
- AIHW 2010. Australian hospital statistics 2009–10: emergency department care and elective surgery waiting times. Health Services series no. 38. Cat. no. HSE 93. Canberra: AIHW.

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In 2012–13:

- there were more than 6.7 million presentations to public hospital emergency departments
  - 73% of patients received treatment within an appropriate time for their urgency (triage) category
  - 67% of patients spent 4 hours or less in the emergency department
  - 1.8 million patients were admitted to the hospital from the emergency department, and 36% of these were admitted within 4 hours.
- 