

Emergency department data

Emergency departments

This page explains the hospital emergency department measures on this website, and describes how the measures are calculated.

Only hospitals in the National Non-Admitted Patient Emergency Department Care Database (NNAPEDCD) are included. Hospitals that are not included may still provide emergency services.

The information on MyHospitals about services provided by a particular hospital is intended for general information purposes only. Readers are advised to contact a hospital directly to confirm the current availability of specific services they may need to access.

The data presented on the MyHospitals website relate to the number of presentations to the emergency department, the waiting time from presenting to emergency department to the commencement of clinical care, and the time from presenting to emergency department to departure.



The data presented on the MyHospitals website relate to the number of presentations to the emergency department (visits), the waiting time from presenting to the emergency department, through triage to the commencement of clinical care, and the total time from presenting to the emergency department, through commencement and then end of clinical care, to physical departure. The time from commencement of clinical care to the end of clinical care (treatment time) is not presented separately on the MyHospitals website.

Peer groups

Hospital peer grouping allows comparisons that reflect the purpose, resources and role of each hospital.

On 1 December 2016 MyHospitals updated the peer groups for emergency department measures based on the 2015 Australian hospital peer groups (AIHW, 2015). MyHospitals further categorises some of the groups into Metropolitan and Regional using the 2011 Australian Statistical Geography Standard (ASGS) remoteness categories (ABS, 2013). The table below outlines how the peer groups used on MyHospitals for emergency department comparisons align with the 2015 Australian hospital peer groups and ASGS remoteness categories. Note that peer groups used in other AIHW hospital reports may differ.

Alignment between MyHospitals groups and the Australian hospital peer groups and ASGS remoteness categories as used for emergency department measures

MyHospitals groups	Australian hospital peer groups (remoteness category)
Hospitals ‘not in <i>Major cities</i> ’ may be in <i>Inner regional</i> , <i>Outer regional</i> , <i>Remote</i> or <i>Very remote areas</i> .	
Hospitals that are not included in the above categories are considered ‘Unpeered’ in MyHospitals reports. ‘Unpeered’ hospitals are a diverse group of specialised hospitals, sub and non-acute hospitals, very small hospitals and clinics.	
Major hospitals	Principal referral (all areas)
Large metropolitan hospitals	Public acute group A (in <i>Major cities</i>)
Large regional hospitals	Public acute group A (not in <i>Major cities</i>)
Medium metropolitan hospitals	Public acute group B and public Women’s hospitals (in <i>Major cities</i>)
Medium regional hospitals	Public acute group B (not in <i>Major cities</i>)
Small hospitals	Public acute group C (all areas)
Children’s hospitals	Public Children’s hospitals and public Combined women’s and children’s hospitals (all areas)

Note

Further information on emergency department waiting times can be found in the Emergency department care 2019-20 Appendices.

Percentage of patients seen on time

The percentage of patients who commenced treatment within the recommended time

Data source

National Non-Admitted Patient Emergency Department Care Database (NNAPEDCD)

Before 2015–16, data were provided according to the Non-admitted patient emergency department care national minimum data set specification (NAPEDC NMDS).

In 2015–16, Queensland provided data according to the Non-admitted patient emergency department care data set specification (NAPEDC DSS), while other states/territories provided data according to the NAPEDC NMDS.

In 2016–17 and 2017–18, Victoria (excluding Albury hospital), Queensland and Western Australia provided data to the NNAPEDCD using the national best endeavours data set (NBEDS) specification, while all other states and territories provided data to the NNAPEDCD using the NMDS specification.

About the measure

Waiting time is the time between arrival (presentation) at the emergency department and commencement of clinical care.

When patients arrive at the emergency department they are triaged by a health professional according to the urgency of their need for care. Each urgency (triage) category specifies a recommended maximum waiting time for commencement of clinical care¹. Clinical care refers to the assessment and treatment phase of care (and is referred to on MyHospitals as ‘treatment’).

The five triage categories are:

1. Resuscitation (requires immediate treatment which is defined for this report as commencement of clinical care within 2 minutes from the presentation time)
2. Emergency (treatment required within 10 minutes)
3. Urgent (treatment required within 30 minutes)
4. Semi-urgent (treatment required within 60 minutes)
5. Non-urgent (treatment recommended within 120 minutes)

The cohort includes all patients presenting to the emergency department with a *type of visit* coded as ‘emergency presentation’.

Patients are excluded from the measure if the *episode end status* was ‘did not wait’, ‘dead on arrival’, or were ‘registered, advised of another health care service, and left the emergency department without being attended by a health care professional’.

Calculating the measure

‘Number of patients’ refers to the full cohort of patients in each triage category.

The percentage of patients who commenced treatment on time is calculated as the percentage of patients with the waiting times of equal to or less than the recommended maximum waiting time.

Only presentation data which met certain criteria are included in the calculation. The criteria for calculating and presenting results are:

- Valid times for presentation and service commencement
- Valid triage category
- 5 or more (or 0) presentations seen on time (in the numerator)
- 10 or more presentations in the category (in the denominator).

Detailed specifications

Data are prepared according to the National Healthcare Agreement (NHA) indicator *PI 21a–Waiting times for emergency hospital care: Proportion seen on time*. Data are reported on this website for the Performance and Accountability Framework (PAF) indicator *Emergency Department waiting times by urgency category*. The PAF indicator has the same definition as the NHA indicator, and is reported at hospital level and peer group level. Peer group, state and national-level data are available in the publication the Emergency department care 2019-20 Appendices.

Notes:

1. There is variation between states and territories in the assignment of an episode end status of ‘registered, advised of another health care service, and left the emergency department without being attended by a health care professional’, which may affect the comparability of results. Thus the results for 2016–17 and 2017–18 may not be directly comparable with previous years, and peer group comparisons for 2016–17 and 2017–18 should be interpreted with caution.
2. The definition of an emergency department changed in 2013–14 which resulted in additional hospitals being included in the NNAPEDCD data collection. Thus the results for 2012–13 may not be directly comparable with subsequent years.
3. Arrival (presentation) time is the earliest recorded time of either the commencement of the clerical registration or the start of the triage process.
4. Additional data quality information can be found in the Emergency department care 2019-20 Appendices.

Reference

¹ The triage categories are defined in the National health data dictionary. These categories are equivalent to triage categories ATS 1 to ATS 5 respectively on the Australasian Triage Scale (ACEM, 2016).

Percentage of patients who depart the emergency department within four hours of arrival

The percentage of patients departing the emergency department within four hours of arrival

Data source

National Non-Admitted Patient Emergency Department Care Database (NNAPEDCD)

Before 2015–16, data were provided according to the Non-admitted patient emergency department care national minimum data set specification (NAPEDC NMDS).

In 2015–16, Queensland provided data according to the Non-admitted patient emergency department care data set specification (NAPEDC DSS), while other states/territories provided data according to the NAPEDC NMDS.

In 2016–17 and 2017–18, Victoria (excluding Albury hospital), Queensland and Western Australia provided data to the NNAPEDCD using the national best endeavours data set (NBEDS) specification, while all other states and territories provided data to the NNAPEDCD using the NMDS specification.

From 2019-20 onwards, patients in Tasmanian hospitals are not categorised as ending in admission to hospital unless they physically depart the emergency department to a recognised inpatient area. Caution should be exercised when interpreting tables based on admission status, as 2019-20 data is not directly comparable with previous years.

About the measure

The measure, percentage of patients arriving at the emergency department who departed within four hours, includes all patients presenting to the emergency department with any *type of visit* code (not just Emergency presentations).

When patients arrive at the emergency department they are triaged by a health professional according to the urgency of their need for care. Each urgency (triage) category specifies a maximum waiting time for commencement of clinical care¹. Commencement of clinical care refers to the assessment and treatment phase of care (and is referred to on MyHospitals as ‘treatment’).

The five triage categories are:

1. Resuscitation (requires immediate treatment which was defined for this report as commencement of clinical care within 2 minutes from the presentation time)
2. Emergency (treatment required within 10 minutes)
3. Urgent (treatment required within 30 minutes)
4. Semi-urgent (treatment required within 60 minutes)
5. Non-urgent (treatment recommended within 120 minutes)

Patients are considered to have departed 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). The mode of leaving the emergency department is identified by the *episode end status*.

Results are presented for all patients, and by each triage category; by patients admitted to the same hospital from emergency department and by patients discharged from emergency department.

The ‘discharged from emergency department’ measure includes patients who: ‘departed without being admitted or referred’, were ‘referred to another hospital for admission’, ‘did not wait’ to be attended by a health care professional, ‘left at own risk’ before care was completed, ‘died in the emergency department’, were ‘dead on arrival’, or were ‘registered, advised of another health care service, and left the emergency department without being attended by a health care professional’.

Calculating the measure

‘Number of patients’ refers to all emergency presentations in each category.

This measure is calculated as the number of patients within each category whose time of physical departure was within four hours of their time of presentation, divided by the number of patients in that category.

Only presentation data which met certain criteria are included in the calculation. The criteria for calculating and presenting results are:

- Valid times for presentation and physical departure
- Valid departure status (episode end status) for measures of time spent by patients admitted to the same hospital or patients discharged from emergency department
- 5 or more (or 0) presentations that departed within four hours (in the numerator)
- 10 or more presentations in the category (in the denominator).

Detailed specifications

Data are prepared according to the National Healthcare Agreement (NHA) indicator *PI 21b–Waiting times for emergency hospital care: proportion of patients whose length of emergency department stay is less than or equal to four hours*. Data are reported on this website for the Performance and Accountability Framework (PAF) indicator *Percentage of Emergency Department patients transferred to a ward or discharged within four hours, by triage category*. The PAF indicator has the same definition as the NHA indicator, and is reported at hospital level and peer group level. Peer group, state and national-level data are available in the Emergency department care 2019-20 Appendices.

Notes:

1. The definition of an emergency department changed in 2013–14 which resulted in additional hospitals being included in the NNAPEDCD data collection. Thus the results for 2012–13 may not be directly comparable with subsequent years.
2. Patients admitted to the same hospital or discharged may spend time waiting to physically depart the emergency department. This time is included in calculations of time spent from arrival to departure from emergency department. This time was out of scope for the NNAPEDCD before January 1 2012, but in scope after that. Thus the results for 2011–12 may not be directly comparable with subsequent years.
3. Arrival (presentation) time is the earliest recorded time of either the commencement of the clerical registration or the start of the triage process.
4. Additional data quality information can be found in the Emergency department care 2019-20 Appendices.

Reference

¹ The triage categories are defined in the National health data dictionary. These categories are equivalent to triage categories ATS 1 to ATS 5 respectively on the Australasian Triage Scale (ACEM, 2016).

Time spent in emergency department from arrival to departure

Median time spent in the emergency department

Data source

National Non-Admitted Patient Emergency Department Care Database (NNAPEDCD).

Before 2015–16, data were provided according to the Non-admitted patient emergency department care national minimum data set specification (NAPEDC NMDS).

In 2015–16, Queensland provided data according to the Non-admitted patient emergency department care data set specification (NAPEDC DSS), while other states/territories provided data according to the NAPEDC NMDS.

In 2016–17 and 2017–18, Victoria (excluding Albury hospital), Queensland and Western Australia provided data to the NNAPEDCD using the national best endeavours data set (NBEDS) specification, while all other states and territories provided data to the NNAPEDCD using the NMDS specification.

About the measure

Time spent in the emergency department is the time between the patient's arrival (presentation) at the emergency department and their physical departure.

The cohort includes patients presenting to the emergency department with any *type of visit* code.

The median is the time until half of the patients (50%) had departed the emergency department.

Results are presented for all patients, and by triage category; by patients admitted to the same hospital from emergency department and by patients discharged from emergency department.

The patients included in the 'discharged from the emergency department' measure are patients who: 'departed without being admitted or referred', were 'referred to another hospital for admission', 'did not wait' to be attended by a health care professional, 'left at own risk' before care was completed, 'died in the emergency department', were 'dead on arrival', or were 'registered, advised of another health care service, and left the emergency department without being attended by a health care professional'.

Calculating the measure

'Number of patients' refers to all presentations for each category.

The median time spent in emergency departments is calculated as the time between patient presentation and physical departure for the patient at the 50th percentile, which means that half of patients' waiting times are either the same or less than this waiting time. The median is the time until half of the patients (50%) had departed the emergency department. Only data which met certain criteria are included in the calculation. The criteria for calculating and presenting results are:

- Valid times for presentation and physical departure
- Valid departure status (*episode end status*) for measures of time spent by patients admitted to the same hospital or patients discharged from emergency department
- 10 or more presentations in the category (in the denominator).

Time until most patients (90%) had departed the emergency department

Data source

National Non-Admitted Patient Emergency Department Care Database (NNAPEDCD).

Before 2015–16, data were provided according to the Non-admitted patient emergency department care national minimum data set specification (NAPEDC NMDS).

In 2015–16, Queensland provided data according to the Non-admitted patient emergency department care data set specification (NAPEDC DSS), while other states/territories provided data according to the NAPEDC NMDS.

In 2016–17 and 2017–18, Victoria (excluding Albury hospital), Queensland and Western Australia provided data to the NNAPEDCD using the national best endeavours data set (NBEDS) specification, while all other states and territories provided data to the NNAPEDCD using the NMDS specification.

From 2019-20 onwards, patients in Tasmanian hospitals are not categorised as ending in admission to hospital unless they physically depart the emergency department to a recognised inpatient area. Caution should be exercised when interpreting tables based on admission status, as 2019-20 data is not directly comparable with previous years.

About the measure

Time spent in the emergency department is the time between the patient's arrival (presentation) at the emergency department and their physical departure.

The cohort includes patients presenting to the emergency department with any *type of visit* code.

This measure calculates the time until most patients (90%) had departed the emergency department. Results are presented for all patients, and by triage category; by patients admitted to the same hospital from emergency department and by patients discharged from emergency department.

The patients included in the 'discharged from the emergency department' measure are patients who: 'departed without being admitted or referred', were 'referred to another hospital for admission', 'did not wait' to be attended by a health care professional, 'left at own risk' before care was completed, 'died in the emergency department', were 'dead on arrival', or were 'registered, advised of another health care service, and left the emergency department without being attended by a health care professional'.

Calculating the measure

'Number of patients' refers to all presentations for each category.

The time until most patients had departed the emergency department is calculated as the time between patient presentation and physical departure of the patient in the 90th percentile of times in that category.

Only data which met certain criteria are included in the calculation. The criteria for calculating and presenting results are:

- Valid times for presentation and physical departure
- Valid departure status (*episode end status*) for measures of time spent by patients admitted to the same hospital or patients discharged from emergency department
- 10 or more presentations in the category (in the denominator).

Notes:

1. The definition of an emergency department changed in 2013–14 which resulted in additional hospitals being included in the NNAPEDCD data collection. Thus the results for 2012–13 may not be directly comparable with subsequent years.
2. Patients admitted to the same hospital or discharged may spend time waiting to physically depart the emergency department. This time is included in calculations of time spent from arrival to departure from emergency department. This time was out of scope for the NNAPEDCD before January 1 2012, but in scope after that. Thus the results for 2011–12 may not be directly comparable with subsequent years.
3. Arrival (presentation) time is the earliest recorded time of either the commencement of the clerical registration or the start of the triage process.
4. Additional data quality information can be found in the Emergency department care 2019-20 Appendices.

Presentations to the emergency department

Number of patients

Data source

National Non-Admitted Patient Emergency Department Care Database (NNAPEDCD).

Before 2015–16, data were provided according to the Non-admitted patient emergency department care national minimum data set specification (NAPEDC NMDS).

In 2015–16, Queensland provided data according to the Non-admitted patient emergency department care data set specification (NAPEDC DSS), while other states/territories provided data according to the NAPEDC NMDS.

In 2016–17 and 2017–18, Victoria (excluding Albury hospital), Queensland and Western Australia provided data to the NNAPEDCD using the national best endeavours data set (NBEDS) specification, while all other states and territories provided data to the NNAPEDCD using the NMDS specification.

About the measure

The measure, ‘Number of patients’, includes all presentations (visits) to the emergency department. The cohort includes patients presenting to the emergency department with any *type of visit* code.

When patients arrive at emergency department they are triaged by a health professional according to the urgency of their need for care. Each urgency (triage) category specifies a maximum waiting time for commencement of clinical care¹. Commencement of clinical care refers to the assessment and treatment phase of care (and is referred to as ‘treatment’).

The five triage categories are:

1. Resuscitation (requires immediate treatment which was defined for this report as commencement of clinical care within 2 minutes from the presentation time)
2. Emergency (treatment required within 10 minutes)
3. Urgent (treatment required within 30 minutes)
4. Semi-urgent (treatment required within 60 minutes)
5. Non-urgent (treatment recommended within 120 minutes)

Data are presented for total presentations and by triage category.

Calculating the measure

'Number of presentations' refers to all presentations for each category.

Only data which met certain criteria are included in the calculation. The criteria for calculating and presenting results are:

- Valid triage category information, for measures of presentations by triage category.

Notes:

1. The definition of an emergency department changed in 2013–14 which resulted in additional hospitals being included in the NNAPEDCD data collection. Thus the results for 2012–13 may not be directly comparable with subsequent years.
2. Arrival (presentation) time is the earliest recorded time of either the commencement of the clerical registration or the start of the triage process.
3. Additional data quality information can be found in the Emergency department care 2019-20 Appendices.

Reference

¹ The triage categories are defined in the National health data dictionary. These categories are equivalent to triage categories ATS 1 to ATS 5 respectively on the Australasian Triage Scale (ACEM, 2016).