# National Partnership Agreement on Improving Public Hospital Services: Length of stay in emergency department short stay units less than or equal to 24 hours

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## National Partnership Agreement on Improving Public Hospital Services: Length of stay in emergency department short stay units less than or equal to 24 hours

### Identifying and definitional attributes

Metadata item type:	Indicator
Indicator type:	Indicator
Short name:	Length of stay in emergency department short stay units less than or equal to 24 hours
Synonymous names:	Length of stay in an ED short stay unit
METEOR identifier:	545661
Registration status:	Health!, Standard 04/09/2014
Description:	The percentage of patients provided with care in an <u>emergency department</u> <u>short stay unit</u> whose length of stay in the unit is less than or equal to 24 hours.
Indicator set:	Performance Indicators for the National Partnership Agreement on Improving Public Hospital Services Health!, Standard 21/11/2013

#### Collection and usage attributes

Computation description:	The denominator is calculated using the total number of episodes of admitted patient care assigned an <u>Emergency department short stay unit departure</u> <u>destination</u> , which is a count of the total number of patients that were provided with care in an emergency department short stay unit. Analysis is by state and territory and hospital, based on location of service. Presented as a percentage.
Computation:	100 × (Numerator ÷ Denominator)
Numerator:	The number of episodes of admitted patient care with a length of stay in an emergency department short stay unit less than or equal to 24 hours (i.e. less than or equal to 1,440 minutes).
Numerator data elements:	Data Element / Data Set
	Episode of admitted patient care—length of stay in emergency department short stay unit, total minutes NNNNN
	Data Source
	National Hospital Morbidity Database (NHMD)
	NMDS / DSS
	Admitted patient care NMDS 2014-15
Denominator:	The number of episodes of admitted patient care where the patient physically departs from an emergency department short stay unit.

Denominator data elements:	Data Element / Data Set   Episode of admitted patient care—emergency department short stay unit departure destination, code N   Data Source   National Hospital Morbidity Database (NHMD)   NMDS / DSS   Admitted patient care NMDS 2014-15
Disaggregation:	Disaggregation is by state/territory and hospital
Disaggregation data elements:	Data Element / Data Set   Establishment—organisation identifier (state/territory), NNNNN   Data Source   National Hospital Morbidity Database (NHMD)   NMDS / DSS   Admitted patient care NMDS 2014-15
Comments:	The scope of this indicator is all hospitals for which the <u>National Emergency</u> <u>Access Target</u> applies, that is, all hospitals reporting to the Non-admitted patient emergency department care (NAPEDC) NMDS (Peer Groups A, B and other) as at August 2011. The scope has been recommended by the Expert Panel's Review of Elective Surgery and Emergency Access Targets under the National Partnership Agreement on Improving Public Hospital Services (Recommendation 9) and agreed by the Council of Australian Governments in the National Health Reform Agreement - National Partnership Agreement on Improving Public Hospital Services (Clause 5).

## **Representational attributes**

Representation class:	Percentage
Data type:	Real
Unit of measure:	Episode
Format:	NN[N].N

## Data source attributes

Data sources:	Data Source
	National Hospital Morbidity Database (NHMD)
	Frequency
	Annual
	Data custodian
	Australian Institute of Health and Welfare

## Accountability attributes

Reporting requirements:	National Partnership Agreement on Improving Public Hospital Services
Organisation responsible for providing data:	Australian Institute of Health and Welfare

### Source and reference attributes

Submitting organisation:	National Health Information Standards and Statistics Committee - Emergency Data Development Working Group
Reference documents:	Council of Australian Governments, 2011. Expert Panel Review of Elective Surgery and Emergency Access Targets under the National Partnership Agreement on Improving Public Hospital Services. Council of Australian Governments, Canberra. Viewed 7 February 2014, http://www.coag.gov.au/sites/default/files/Expert_Panel_Report%20D0490.pdf
	Standing Council on Federal Financial Relations, 2011. National Partnership Agreement on Improving Public Hospital Services. Standing Council on Federal Financial Relations, Canberra. Viewed 7 February 2014, http://www.federalfinancialrelations.gov.au/content/npa/health_reform/national- workforce-reform/national_partnership.pdf