# Non-admitted patient emergency department service episode—episode end status, code N

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## Non-admitted patient emergency department service episode—episode end status, code N

## Identifying and definitional attributes

Metadata item type: Data Element

Short name: Episode end status
Synonymous names: Departure status

METEOR identifier: 685013

**Registration status:** <u>Health!</u>, Superseded 19/11/2019

test, Qualified 19/09/2023

**Definition:** The status of the patient at the end of the non-admitted patient emergency

department service episode, as represented by a code.

**Context:** Emergency department care.

Data Element Concept: Non-admitted patient emergency department service episode end status

Value Domain: Emergency department non-admitted patient service episode end status code N

#### Value domain attributes

## Representational attributes

Representation class: Code

Data type: Number

Format: N

Maximum character length: 1

Maximum character length:	1	
	Value	Meaning
Permissible values:	1	Admitted to this hospital (either short stay unit, hospital- in-the-home or non-emergency department hospital ward)
	2	Non-admitted patient emergency department service episode completed - departed without being admitted or referred to another hospital
	3	Non-admitted patient emergency department service episode completed - referred to another hospital for admission
	4	Did not wait to be attended by a health care professional
	5	Left at own risk after being attended by a health care professional but before the non-admitted patient emergency department service episode was completed
	6	Died in emergency department
	7	Dead on arrival
	8	Registered, advised of another health care service, and

## Collection and usage attributes

left the emergency department without being attended by

a health care professional

#### Guide for use:

CODE 1 Admitted to this hospital (either short stay unit, hospital-in-the-home or non-emergency department hospital ward)

This code excludes patients who died in the emergency department. Such instances should be coded to Code 6.

CODE 2 Non-admitted patient emergency department service episode completed - departed without being admitted or referred to another hospital

This code includes patients who departed under their own care, under police custody, under the care of a residential aged care facility or other carer.

This code excludes those who died in the emergency department as a non-admitted patient. Such instances should be coded to Code 6.

CODE 4 Did not wait to be attended by a health care professional

This code excludes patients who are advised of other health care services that could attend to their condition, and who leave the emergency department with the intention of attending another health care service. These patients should be coded to Code 8.

CODE 6 Died in emergency department

This code should only be used for patients who die while physically located within the emergency department.

CODE 7 Dead on arrival

This code should only be used for patients who are dead on arrival and an emergency department clinician certifies the death of the patient. This includes where the clinician certifies the death outside the emergency department (e.g. in an ambulance outside the emergency department).

Exclusion: When resuscitation or any other clinical care for the patient is attempted, Code 7 should not be used.

Note: Where Code 7 is recorded for a patient, a <u>Type of visit to emergency</u> <u>department</u> Code 5 (Dead on arrival) should also be recorded.

CODE 8 Registered, advised of another health care service, and left the emergency department without being attended to by a health care professional

Patients should be coded to Code 8 if they meet all of the criteria (that is, they undergo a clerical registration process, are provided with advice about another health care service that could provide assessment and/or treatment of their condition, and leave the emergency department without receiving clinical care). However, patients should only be coded to Code 8 if, at the time of their departure, they provided a reasonable indication that they did intend to seek assistance from another health care service including the service to which they were referred.

They may leave the emergency department immediately after being advised of the other health care service, or may leave after a period of time.

If it is unclear whether the person intended to seek further treatment from another health care service, they should be coded to Code 4.

The health care service to which the patient is referred may include primary care/general practitioner (GP) clinics, other clinics that provide specialised treatment (e.g. for mental health care or drug and alcohol care), or other health services (such as the patient's usual general practitioner). The service may be colocated with the hospital in which the emergency department is located, or may be a separate facility.

#### Source and reference attributes

Submitting organisation: Independent Hospital Pricing Authority

Australian Institute of Health and Welfare

#### Data element attributes

### Collection and usage attributes

Guide for use: When recording the episode end status of a patient, Codes 6 and 7 should first be

considered for use. If Codes 6 and 7 are inappropriate, select the most suitable

code for the patient from Codes 1-5 and Code 8.

**Collection methods:** Some data systems may refer to this data element as 'Departure status'.

Comments: Code 8 has been included as a permissible value to capture situations where a

> person may have been diverted from the emergency department to another health care service. Inclusion of this code ensures consistency of reporting, and ensures that these patients are distinguished from patients who did not wait to be attended by a health care professional and for whom it is unknown if they sought any

other treatment for their condition.

#### Source and reference attributes

**Submitting organisation:** Independent Hospital Pricing Authority

Australian Institute of Health and Welfare

#### Relational attributes

Related metadata references:

Supersedes Non-admitted patient emergency department service episode—

episode end status, code N

Health!, Superseded 25/01/2018

Has been superseded by Non-admitted patient emergency department service

episode—episode end status, code N Health!, Superseded 20/10/2021

See also Emergency service stay—episode end status, code N

Health!, Superseded 25/01/2018

**Specifications:** 

Implementation in Data Set Allied health non-admitted patient emergency department NBPDS

Health!, Standard 12/12/2018

Non-admitted patient emergency department care NBEDS 2018-19

Health!, Superseded 12/12/2018 Implementation start date: 01/07/2018 Implementation end date: 30/06/2019

Non-admitted patient emergency department care NBEDS 2019-20

Health!. Retired 19/11/2019

Implementation start date: 01/07/2019 Implementation end date: 30/06/2020

Non-admitted patient emergency department care NMDS 2018-19

Health!, Superseded 12/12/2018 test, Qualified 19/09/2023

Implementation start date: 01/07/2018 Implementation end date: 30/06/2019

Non-admitted patient emergency department care NMDS 2019–20

Health!, Superseded 18/12/2019 Implementation start date: 01/07/2019 Implementation end date: 30/06/2020

Implementation in Indicators:

**Used as Numerator** 

Australian Health Performance Framework: PI 2.5.5-Waiting times for emergency

department care: proportion seen on time, 2019

Health!. Standard 09/04/2020

Australian Health Performance Framework: PI 2.5.5-Waiting times for emergency

department care: proportion seen on time, 2019

Health!, Standard 09/04/2020

Australian Health Performance Framework: PI 2.5.5-Waiting times for emergency

department care: proportion seen on time, 2020

Health!, Standard 13/10/2021

Australian Health Performance Framework: PI2.5.5–Waiting times for emergency department care: proportion seen on time, 2020

Health!, Standard 13/10/2021

Australian Health Performance Framework: PI2.5.6—Waiting times for emergency department care: waiting times to commencement of clinical care, 2019

Health!, Standard 09/04/2020

Australian Health Performance Framework: PI 2.5.6—Waiting times for emergency department care: waiting times to commencement of clinical care, 2019

Health!, Standard 09/04/2020

Australian Health Performance Framework: PI2.5.6–Waiting times for emergency department care: waiting times to commencement of clinical care, 2020 Health!, Standard 13/10/2021

Australian Health Performance Framework: PI2.5.6—Waiting times for emergency department care: waiting times to commencement of clinical care, 2020 Health!, Standard 13/10/2021

National Healthcare Agreement: PI 19—Selected potentially avoidable GP-type presentations to emergency departments, 2020

Health!, Standard 13/03/2020

National Healthcare Agreement: PI 19—Selected potentially avoidable GP-type presentations to emergency departments, 2020

Health!, Standard 13/03/2020

National Healthcare Agreement: PI 19—Selected potentially avoidable GP-type presentations to emergency departments, 2021

Health!, Standard 16/09/2020

National Healthcare Agreement: PI 19—Selected potentially avoidable GP-type presentations to emergency departments, 2021

Health!, Standard 16/09/2020

National Healthcare Agreement: PI 21a—Waiting times for emergency hospital care: proportion seen on time, 2020

Health!, Standard 13/03/2020

National Healthcare Agreement: PI 21a—Waiting times for emergency hospital care: proportion seen on time, 2020

Health!, Standard 13/03/2020

National Healthcare Agreement: PI 21a—Waiting times for emergency hospital care: proportion seen on time, 2021

Health!, Standard 16/09/2020

National Healthcare Agreement: PI21a—Waiting times for emergency hospital care: proportion seen on time, 2021

Health!, Standard 16/09/2020

#### **Used as Disaggregation**

Australian Health Performance Framework: PI 2.5.7—Waiting times for emergency department care: percentage of patients whose length of emergency department stay is 4 hours or less, 2019

Health!, Standard 09/04/2020

Australian Health Performance Framework: PI 2.5.7—Waiting times for emergency department care: percentage of patients whose length of emergency department stay is 4 hours or less, 2019

Health!, Standard 09/04/2020

Australian Health Performance Framework: PI2.5.7–Waiting times for emergency department care: percentage of patients whose length of emergency department stay is 4 hours or less, 2020

Health!, Standard 13/10/2021

<u>Australian Health Performance Framework: PI2.5.7–Waiting times for emergency department care: percentage of patients whose length of emergency department stay is 4 hours or less, 2020</u>

Health!, Standard 13/10/2021

Australian Health Performance Framework: PI 2.5.8—Waiting times for emergency department care: time spent in the emergency department, 2019

Health!, Standard 09/04/2020

Australian Health Performance Framework: PI 2.5.8—Waiting times for emergency department care: time spent in the emergency department, 2019

Health!, Standard 09/04/2020

Australian Health Performance Framework: PI 2.5.8—Waiting times for emergency department care: time spent in the emergency department, 2020

Health!, Standard 13/10/2021

Australian Health Performance Framework: PI 2.5.8—Waiting times for emergency department care: time spent in the emergency department, 2020

Health!, Standard 13/10/2021

#### **Used as Denominator**

Australian Health Performance Framework: PI 2.5.5—Waiting times for emergency department care: proportion seen on time, 2019

Health!, Standard 09/04/2020

Australian Health Performance Framework: PI 2.5.5—Waiting times for emergency department care: proportion seen on time, 2019

Health!, Standard 09/04/2020

Australian Health Performance Framework: P12.5.5–Waiting times for emergency department care: proportion seen on time, 2020

Health!, Standard 13/10/2021

Australian Health Performance Framework: PI 2.5.5—Waiting times for emergency department care: proportion seen on time, 2020

Health!, Standard 13/10/2021

National Healthcare Agreement: PI 21a—Waiting times for emergency hospital care: proportion seen on time, 2020

Health!. Standard 13/03/2020

National Healthcare Agreement: PI 21a—Waiting times for emergency hospital care: proportion seen on time, 2020

Health!, Standard 13/03/2020

National Healthcare Agreement: PI21a—Waiting times for emergency hospital care: proportion seen on time, 2021

Health!, Standard 16/09/2020

National Healthcare Agreement: PI 21a—Waiting times for emergency hospital care: proportion seen on time, 2021

Health!. Standard 16/09/2020