

Emergency service stay—clinical care commencement time, hhmm

Exported from METEOR (AIHW's Metadata Online Registry)

© Australian Institute of Health and Welfare 2024

This product, excluding the AIHW logo, Commonwealth Coat of Arms and any material owned by a third party or protected by a trademark, has been released under a Creative Commons BY 4.0 (CC BY 4.0) licence. Excluded material owned by third parties may include, for example, design and layout, images obtained under licence from third parties and signatures. We have made all reasonable efforts to identify and label material owned by third parties.

You may distribute, remix and build on this website's material but must attribute the AIHW as the copyright holder, in line with our attribution policy. The full terms and conditions of this licence are available at <https://creativecommons.org/licenses/by/4.0/>.

Enquiries relating to copyright should be addressed to info@aihw.gov.au.

Enquiries or comments on the METEOR metadata or download should be directed to the METEOR team at meteor@aihw.gov.au.

Emergency service stay—clinical care commencement time, hhmm

Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Emergency service clinical care commencement time
METEOR identifier:	745748
Registration status:	HealthI , Standard 20/10/2021
Definition:	The time at which emergency service clinical care commences, expressed as hhmm.
Context:	Emergency service care.
Data Element Concept:	Emergency service stay—clinical care commencement time
Value Domain:	Time hhmm

Value domain attributes

Representational attributes

Representation class:	Time
Data type:	Date/Time
Format:	hhmm
Maximum character length:	4

Source and reference attributes

Reference documents:	Standards Australia 2019. <i>Date and time – Representations for information interchange</i> AS ISO 8061-1:2019 and 8061-2:2019, Standards Australia, NSW
-----------------------------	---

Data element attributes

Collection and usage attributes

Guide for use: Emergency service clinical care can be commenced by a doctor, nurse, mental health practitioner or other health professional, when investigation, care and/or treatment is provided in accordance with an established clinical pathway defined by the emergency service. Placement of a patient in a cubicle and observations taken to monitor a patient pending a clinical decision regarding commencement of a clinical pathway, do not constitute commencement.

Patients with an [Emergency service stay—episode end status, code N](#) of 'Did not wait to be attended by a healthcare professional' or 'Registered, advised of another health care service, and left the emergency service without being attended by a health care professional' should not have a clinical care commencement time, because they left before investigation, care and/or treatment was commenced by a health professional in accordance with an established clinical pathway defined by the emergency service.

The following examples illustrate the commencement of emergency service clinical care.

Example 1

- A patient presents at the emergency service with mild asthma. At [triage](#), the patient is categorised as category three and returns to the waiting area.

- The patient has a more severe asthma attack in the waiting area, is re-triaged to category two and shown to a cubicle where standard observations are taken.
- A nurse comes to the cubicle and commences treatment based on an acknowledged clinical pathway of the emergency service. At this point: **emergency service clinical care has commenced.**

Example 2

- A patient presents at the emergency service in an agitated, delusional state. At triage, the patient is categorised as category two and placed in a cubicle and the mental health practitioner notified.
- Observations are taken and nursing staff continue to observe the patient.
- The mental health practitioner arrives, assesses the patient and develops a management plan. At this point: **emergency service clinical care has commenced.**

Example 3

- A patient presents at the emergency service with an ankle injury from football. At triage, the patient is categorised as category four and moved to the 'fast track area'.
- The physiotherapist attends, examines the patient, makes an assessment (including diagnostic imaging requirements) and determines a treatment plan. At this point: **emergency service clinical care has commenced.**

Example 4

- A patient presents at the emergency service with a sore arm, following a fall, with limited arm movement possible.
- The patient is categorised as category three at triage and placed in a cubicle.
- A nurse provides analgesia and assesses the patient, including ordering diagnostic imaging. At this point: **emergency service clinical care has commenced.**

Example 5

- A patient presents at the emergency service feeling vague and having been generally unwell for a day or two. The patient has a slight cough. At triage, the patient is categorised as category three.
- The patient is placed in a cubicle where standard observations are taken. Respiration is 26 bpm, BP is 90/60 and the patient is hypoxic. The patient is given oxygen, and the treating clinician attends and provides instruction regarding patient care. At this point: **emergency service clinical care has commenced.**

Example 6

- A patient presents at the emergency service with chest pain. Triage category two is allocated. The patient is placed in a cubicle and a nurse gives oxygen and Anginine, takes blood samples and conducts an ECG. The ECG is reviewed. At this point: **emergency service clinical care has commenced.**
- A doctor subsequently arrives and the patient is transferred to the catheter lab after examination.

Example 7

- The emergency service is notified by ambulance that a patient is being transported having severe behavioural problems.
- The patient is taken to an appropriate cubicle and restrained.
- A clinician administers sedation and requests the attendance of a mental health practitioner. At this point: **emergency service clinical care has commenced.**

Collection methods:

Collected in conjunction with [Emergency service stay—clinical care commencement date, DDMMYYYY](#).

Source and reference attributes

Submitting organisation: Independent Hospital Pricing Authority

Relational attributes

Related metadata references: Is used in the formation of [Emergency service stay—waiting time, total minutes NNNNN](#)

[Health!](#), Standard 20/10/2021

See also [Emergency service stay—clinical care commencement date, DDMMYYYY](#)

[Health!](#), Standard 20/10/2021

Implementation in Data Set Specifications: [Emergency service care NBEDS 2022–23](#)

[Health!](#), Standard 20/10/2021

Implementation start date: 01/07/2022

Implementation end date: 30/06/2023

Conditional obligation:

This data item is only required to be reported if the value for [Emergency service stay—episode end status, code N](#) is recorded as:

- Code 1 - Admitted to this hospital (either short stay unit, hospital-in-the-home or non-emergency service hospital ward);
- Code 2 - Non-admitted patient emergency service episode completed - departed without being admitted or referred to another hospital;
- Code 3 - Non-admitted patient emergency service episode completed - referred to another hospital for admission;
- Code 5 - Left at own risk after being attended by a health care professional but before the non-admitted patient emergency service episode was completed;
- Code 6 - Died in emergency service.