Non-admitted patient emergency department service episode—type of visit to emergency department, code N

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 BY4.0 (CC BY4.0) 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.

Non-admitted patient emergency department service episode—type of visit to emergency department, code N

Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Type of visit to emergency department
METEOR identifier:	270362
Registration status:	Health, Superseded 22/12/2011
Definition:	The reason the patient presents to an emergency department, as represented by a code.
Data Element Concept:	Non-admitted patient emergency department service episode—type of visit to emergency department
Value Domain:	Emergency department visit type code N

Value domain attributes

Representational attributes

Representation class:	Code	
Data type:	Number	
Format:	Ν	
Maximum character length:	1	
	Value	Meaning
Permissible values:	1	Emergency presentation: attendance for an actual or suspected condition which is sufficiently serious to require acute unscheduled care.
	2	Return visit, planned: presentation is planned and is a result of a previous emergency department presentation or return visit.
	3	Pre-arranged admission: a patient who presents at the emergency department for either clerical, nursing or medical processes to be undertaken, and admission has been pre-arranged by the referring medical officer and a bed allocated.
	4	Patient in transit: the emergency department is responsible for care and treatment of a patient awaiting transport to another facility.
	5	Dead on arrival: a patient who is dead on arrival at the emergency department.

Data element attributes

Collection and usage attributes

Comments:

Required for analysis of emergency department services.

Source and reference attributes

Submitting organisation:	National Institution Based Ambulatory Model Reference Group
Origin:	National Health Data Committee
Relational attributes	
Related metadata references:	Has been superseded by Emergency department stay—type of visit to emergency department, code N Health, Superseded 30/01/2012 Is re-engineered from Type of visit to emergency department, version 2, DE,
	NHDD, NHIMG, Superseded 01/03/2005.pdf (15.6 KB) No registration status

Specifications:

Acute coronary syndrome (clinical) DSS Health, Superseded 01/10/2008

Acute coronary syndrome (clinical) DSS

Health, Superseded 01/09/2012

DSS specific information: This data element should only be collected for patients who presented to the emergency department for treatment related to acute coronary syndromes.

Acute coronary syndrome (clinical) DSS Health, Superseded 02/05/2013

DSS specific information: This data element should only be collected for patients who presented to the emergency department for treatment related to acute coronary syndromes.

Acute coronary syndrome (clinical) NBPDS 2013-

Health, Standard 02/05/2013

Implementation start date: 01/07/2013 DSS specific information:

This data element should only be collected for patients who presented to the emergency department for treatment related to acute coronary syndromes.

Non-admitted patient emergency department care NMDS

Health, Superseded 24/03/2006 Implementation start date: 01/07/2005 Implementation end date: 30/06/2006

Non-admitted patient emergency department care NMDS Health, Superseded 23/10/2006

Implementation start date: 01/07/2006 Implementation end date: 30/06/2007

Non-admitted patient emergency department care NMDS Health, Superseded 07/12/2005

Non-admitted patient emergency department care NMDS 2007-08

Health, Superseded 05/02/2008 Implementation start date: 01/07/2007 Implementation end date: 30/06/2008

Non-admitted patient emergency department care NMDS 2008-10

Health, Superseded 22/12/2009 Implementation start date: 01/07/2008 Implementation end date: 30/06/2010

Non-admitted patient emergency department care NMDS 2010-11

Health, Superseded 18/01/2011 Implementation start date: 01/07/2010 Implementation end date: 30/06/2011

Non-admitted patient emergency department care NMDS 2011-12

Health, Superseded 30/01/2012 Implementation start date: 01/07/2011 Implementation end date: 30/06/2012

DSS specific information: Data collected for this item from 1 January 2012 to 30 June 2012 may not comply with the above requirements. Therefore, data collected from 1 January 2012 to 30 June 2012 may not be directly comparable to data collected between 1 July 2011 and 31 December 2011.

Implementation	in
Indicators:	

Used as Numerator National Healthcare Agreement: P23-Selected potentially avoidable GP-type presentations to emergency departments, 2010 Health, Superseded 08/06/2011

National Healthcare Agreement: P35-Waiting times for emergency department care, 2010

Health, Superseded 08/06/2011

National Healthcare Agreement: PB 05-By 2012–13, 80 per cent of emergency

department presentations are seen within clinically recommended triage times as recommended by the Australasian College of Emergency Medicine, 2011 Health, Superseded 30/10/2011

National Healthcare Agreement: PB 05-By 2012–13, 80 per cent of emergency department presentations are seen within clinically recommended triage times as recommended by the Australasian College of Emergency Medicine, 2012 Health, Retired 25/06/2013

National Healthcare Agreement: PI 19-Selected potentially avoidable GP-type presentations to emergency departments, 2013 Health, Superseded 30/04/2014

National Healthcare Agreement: PI 19-Selected potentially avoidable GP-type presentations to emergency departments, 2014 Health, Superseded 14/01/2015

National Healthcare Agreement: PI 19-Selected potentially avoidable GP-type presentations to emergency departments, 2015 Health, Superseded 08/07/2016

National Healthcare Agreement: PI21a-Waiting times for emergency hospital care: Proportion seen on time, 2013 Health. Superseded 30/04/2014

National Healthcare Agreement: PI 21a-Waiting times for emergency hospital care: Proportion seen on time, 2014

Health, Superseded 14/01/2015

National Healthcare Agreement: PI21a-Waiting times for emergency hospital care: Proportion seen on time, 2015 Health, Superseded 08/07/2016

National Healthcare Agreement: PI 23-Selected potentially avoidable GP-type presentations to emergency departments, 2011 Health, Superseded 31/10/2011

National Healthcare Agreement: PI23-Selected potentially avoidable GP-type presentations to emergency departments, 2011 Health, Superseded 31/10/2011

National Healthcare Agreement: PI 23-Selected potentially avoidable GP-type presentations to emergency departments, 2012 Health, Superseded 25/06/2013

National Healthcare Agreement: PI 35-Waiting times for emergency department care, 2011

Health, Superseded 31/10/2011

National Healthcare Agreement: PI 35-Waiting times for emergency department care, 2012

Health, Superseded 25/06/2013

Used as Denominator

National Healthcare Agreement: P35-Waiting times for emergency department care, 2010

Health, Superseded 08/06/2011

National Healthcare Agreement: PB 05-By 2012–13, 80 per cent of emergency department presentations are seen within clinically recommended triage times as recommended by the Australasian College of Emergency Medicine, 2011 Health, Superseded 30/10/2011

National Healthcare Agreement: PB 05-By 2012–13, 80 per cent of emergency department presentations are seen within clinically recommended triage times as recommended by the Australasian College of Emergency Medicine, 2012 Health, Retired 25/06/2013

National Healthcare Agreement: PI21a-Waiting times for emergency hospital care: Proportion seen on time, 2013

Health, Superseded 30/04/2014

National Healthcare Agreement: PI21a-Waiting times for emergency hospital care: Proportion seen on time, 2014 Health, Superseded 14/01/2015

National Healthcare Agreement: PI21a-Waiting times for emergency hospital care:

Proportion seen on time, 2015 Health, Superseded 08/07/2016

National Healthcare Agreement: PI 35-Waiting times for emergency department care, 2011

Health, Superseded 31/10/2011

National Healthcare Agreement: PI 35-Waiting times for emergency department care, 2012

Health, Superseded 25/06/2013