# Emergency department stay—type of visit to emergency department, code N

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## Emergency department stay—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: 495958

Registration status: Health, Superseded 11/04/2014

**Definition:** The reason the patient presents to an <u>emergency department</u>, as represented by

Meaning

a code.

**Context:** Emergency department care.

Data Element Concept: Emergency department stay—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: N

Maximum character length: 1

Permissible values:
1 Emergency presentation
2 Return visit, planned
3 Pre-arranged admission

Value

4 Patient in transit5 Dead on arrival

#### Collection and usage attributes

Guide for use: CODE 1 Emergency presentation

This code includes attendance at the emergency department for an actual or suspected condition which is sufficiently serious to require acute unscheduled care.

CODE 2 Return visit, planned

This code includes a planned return to the emergency department as a result of a previous emergency department presentation (Code 1) or return visit (Code 2). The return visit may be for planned follow-up treatment, as a consequence of test results becoming available indicating the need for further treatment, or as a result of a care plan initiated at discharge.

Exclusion: Where a visit follows general advice to return if feeling unwell, this should not be recorded as a planned visit.

CODE 3 Pre-arranged admission

This code includes presentation by a patient 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.

CODE 4 Patient in transit

This code includes where the emergency department is responsible for care and treatment of a patient awaiting transport to another facility.

CODE 5 Dead on arrival

This code includes where a patient is dead on arrival and an emergency department clinician certifies the death of the patient.

#### 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:

Supersedes Emergency department stay—type of visit to emergency department, code N

Health, Superseded 21/11/2013

Independent Hospital Pricing Authority, Standard 31/10/2012
National Health Performance Authority (retired), Retired 01/07/2016

Has been superseded by Emergency department stay—type of visit to emergency department, code N

Health, Superseded 25/01/2018

See also Emergency service stay—type of visit to emergency service, code N Health, Superseded 25/01/2018 **Specifications:** 

Independent Hospital Pricing Authority, Standard 14/01/2015

Implementation start date: 01/07/2014 Implementation end date: 30/06/2015

Activity based funding: Emergency service care DSS 2015-16

Health, Superseded 19/11/2015 Implementation start date: 01/07/2015 Implementation end date: 30/06/2016

Activity based funding: Emergency service care NBEDS 2016-17

Health, Superseded 05/10/2016 Implementation start date: 01/07/2016 Implementation end date: 30/06/2017

Non-admitted patient emergency department care NMDS 2014-15

Health, Superseded 13/11/2014 Implementation start date: 01/07/2014 Implementation end date: 30/06/2015

Non-admitted patient emergency department care NMDS 2015-16

Health, Superseded 19/11/2015 Implementation start date: 01/07/2015 Implementation end date: 30/06/2016

Non-admitted patient emergency department care NMDS 2016-17

Health, Superseded 05/10/2016 Implementation start date: 01/07/2016 Implementation end date: 30/06/2017

Non-admitted patient emergency department care NMDS 2017-18

Health, Superseded 25/01/2018 Implementation start date: 01/07/2017 Implementation end date: 30/06/2018

### Implementation in Indicators:

National Healthcare Agreement: PI 19—Selected potentially avoidable GP-type presentations to emergency departments, 2016

Health, Superseded 31/01/2017

National Healthcare Agreement: PI 19–Selected potentially avoidable GP-type presentations to emergency departments, 2017

Health, Superseded 30/01/2018

National Healthcare Agreement: PI 19—Selected potentially avoidable GP-type presentations to emergency departments, 2018

Health, Superseded 19/06/2019

National Healthcare Agreement: PI 19—Selected potentially avoidable GP-type presentations to emergency departments, 2019

Health, Superseded 13/03/2020

National Healthcare Agreement: PI 21a—Waiting times for emergency hospital care: Proportion seen on time, 2016

Health, Superseded 31/01/2017

National Healthcare Agreement: PI 21a—Waiting times for emergency hospital care: Proportion seen on time, 2017

Health, Superseded 30/01/2018

National Healthcare Agreement: PI 21a—Waiting times for emergency hospital care: Proportion seen on time, 2018

Health, Superseded 19/06/2019

National Healthcare Agreement: PI 21a—Waiting times for emergency hospital care: Proportion seen on time, 2019

Health, Superseded 13/03/2020

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Health, Superseded 30/01/2018

National Healthcare Agreement: PI 21a—Waiting times for emergency hospital care: Proportion seen on time, 2018

Health, Superseded 19/06/2019

National Healthcare Agreement: PI 21a—Waiting times for emergency hospital care: Proportion seen on time, 2019

Health, Superseded 13/03/2020