

# **National Partnership Agreement on Improving Public Hospital Services: Admission to hospital from emergency departments**

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# National Partnership Agreement on Improving Public Hospital Services: Admission to hospital from emergency departments

## Identifying and definitional attributes

<b>Metadata item type:</b>	Indicator
<b>Indicator type:</b>	Indicator
<b>Common name:</b>	Access block indicator
<b>Short name:</b>	Admission to hospital from emergency departments
<b>METEOR identifier:</b>	517314
<b>Registration status:</b>	<a href="#">Health</a> , Standard 15/06/2012
<b>Description:</b>	<p>For all patients presenting to a public hospital emergency department (including publicly funded privately operated hospitals) who are subsequently admitted to the same hospital, the:</p> <p>(a) percentage of presentations where the time from presentation to physical departure (i.e. the emergency department stay length) is <math>\leq 4</math> hours (i.e. <math>\leq 240</math> minutes); and</p> <p>(b) emergency department stay length at the 90th percentile.</p>
<b>Indicator set:</b>	<a href="#">Performance Indicators for the National Partnership Agreement on Improving Public Hospital Services</a> <a href="#">Health</a> , Standard 21/11/2013

## Collection and usage attributes

**Computation description:** Data are provided as per the Non-admitted patient emergency department care (NAPEDC) NMDS 2012-13.

The scope for calculation of access block measures is all hospitals reporting to the NAPEDC NMDS (Peer Groups A, B and other) as at August 2011, when the National Health Reform Agreement - National Partnership Agreement on Improving Public Hospital Services (NPA IPHS) was signed. For the duration of the NPA IPHS, hospitals that have not previously reported to the NAPEDC NMDS can come into scope, subject to agreement between the jurisdiction and the Commonwealth.

Calculation includes presentations with any [Type of visit to emergency department](#).

Calculation includes presentations with an [Episode end status](#) of:

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

[Emergency department stay](#) (ED stay) length is calculated by subtracting the [Date patient presents](#) and [Time patient presents](#) from the [Emergency department physical departure date](#) and [Emergency department physical departure time](#) as per the business rules included in the NAPEDC NMDS 2012-13, as follows:

Presentation date and time are the date and time of the first recorded contact with an emergency department staff member. The first recorded contact can be the commencement of the clerical registration or triage process, whichever happens first.

Physical departure date and time is:

- For patients subsequently admitted to this hospital (either in a short stay unit, hospital-in-the-home or non-emergency department hospital ward), then record the time the patient leaves the emergency department to go to the admitted patient facility.
  - Patients admitted to any other ward or bed within the emergency department have not physically departed the emergency department until they leave the emergency department.
  - If the patient is admitted and subsequently dies before leaving the emergency department, then record the time the body was removed from the emergency department.

**Computation:** (a)  $100 \times (\text{Numerator} \div \text{Denominator})$

(b) ED stay length (in hours and minutes) at the 90th percentile for ED presentations with an Episode end status of 1, i.e. Admitted to hospital (either short stay unit, hospital-in-the-home or non-emergency department hospital ward)

**Numerator:** (a) Number of ED presentations with an Episode end status of 1, where ED stay length is  $\leq 4$  hours (i.e.  $\leq 240$  minutes)

(b) Not applicable

**Numerator data elements:**

**Data Element / Data Set**

[Emergency department stay—presentation date, DDMMYYYY](#)

**Data Source**

[National Emergency Access Target data](#)

**NMDS / DSS**

[Non-admitted patient emergency department care NMDS 2012-13](#)

**Data Element / Data Set**

[Emergency department stay—presentation time, hhmm](#)

**Data Source**

[National Emergency Access Target data](#)

**NMDS / DSS**

[Non-admitted patient emergency department care NMDS 2012-13](#)

**Data Element / Data Set**

[Non-admitted patient emergency department service episode—episode end status, code N](#)

**Data Source**

[National Emergency Access Target data](#)

**NMDS / DSS**

[Non-admitted patient emergency department care NMDS 2012-13](#)

**Data Element / Data Set**

[Emergency department stay—physical departure date, DDMMYYYY](#)

**Data Source**

[National Emergency Access Target data](#)

**NMDS / DSS**

[Non-admitted patient emergency department care NMDS 2012-13](#)

**Data Element / Data Set**

[Emergency department stay—physical departure time, hhmm](#)

**Data Source**

[National Emergency Access Target data](#)

**NMDS / DSS**

[Non-admitted patient emergency department care NMDS 2012-13](#)

**Denominator:**

- (a) Number of ED presentations with an Episode end status of 1
- (b) Not applicable

**Denominator data elements:**

**Data Element / Data Set**

[Non-admitted patient emergency department service episode—episode end status, code N](#)

**Data Source**

[National Emergency Access Target data](#)

**NMDS / DSS**

[Non-admitted patient emergency department care NMDS 2012-13](#)

**Disaggregation:**

Disaggregation is by state/territory

**Disaggregation data elements:**

**Data Element / Data Set**

[Establishment—organisation identifier \(Australian\), NNX\[X\]NNNNN](#)

**Data Source**

[National Emergency Access Target data](#)

**NMDS / DSS**

[Non-admitted patient emergency department care NMDS 2012-13](#)

**Comments:**

This indicator is not intended to suggest that all patients who are admitted to a hospital from an ED should leave the ED within four hours. As per the *Expert Panel Review of Elective Surgery and Emergency Access Targets under the National Partnership Agreement on Improving Public Hospital Services*, there may be patients "...for whom it is clinically appropriate to remain in an emergency department longer than four hours" (p30).

## Representational attributes

**Representation class:** Percentage  
**Data type:** Real  
**Unit of measure:** Service event  
**Format:** NN[N]

## Data source attributes

**Data sources:**

**Data Source**

[National Emergency Access Target data](#)

**Frequency**

Quarterly

**Data custodian**

Department of Health and Ageing; 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; Department of Health and Ageing

## Source and reference attributes

**Submitting organisation:** National Health Information Standards and Statistics Committee (NHSSC) - Emergency Data Development Working Group

**Reference documents:** Standing Council on Federal Financial Relations. National Partnership Agreement on Improving Public Hospital Services. Standing Council on Federal Financial Relations, Canberra. Viewed 10 April 2013, <[http://www.federalfinancialrelations.gov.au/content/npa/health\\_reform/national-workforce-reform/national\\_partnership.pdf](http://www.federalfinancialrelations.gov.au/content/npa/health_reform/national-workforce-reform/national_partnership.pdf)>

Expert Panel. Review of Elective Surgery and Emergency Access Targets under the National Partnership Agreement on Improving Public Hospital Services: Report to the Council of Australian Government. Canberra: Commonwealth of Australia. Viewed 10 April 2013, <[http://www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/Content/Expert-Panel-Report/\\$File/Expert%20Panel%20Report-D0490.pdf](http://www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/Content/Expert-Panel-Report/$File/Expert%20Panel%20Report-D0490.pdf)>

## Relational attributes

**Related metadata references:** See also [National Partnership Agreement on Improving Public Hospital Services: National Emergency Access Target](#)  
[Health](#), Standard 21/11/2013