

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:	684942
Registration status:	Health , Superseded 20/10/2021
Definition:	The reason a patient presents to an emergency department , as represented by 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	
	Value	Meaning
Permissible values:	1	Emergency presentation
	2	Return visit, planned
	3	Pre-arranged admission
	5	Dead on arrival

Collection and usage attributes

Guide for use:**CODE 1 Emergency presentation**

Where a patient presents to the emergency department for an actual or suspected condition which is sufficiently serious to require acute unscheduled care. This includes patients awaiting transit to another facility who receive clinical care in the emergency department, and patients for whom resuscitation is attempted.

Exclusion: Where patients are awaiting transit to another facility and do not receive clinical care in the emergency department, the patient should not be recorded.

CODE 2 Return visit, planned

Where a patient presents to the emergency department for a return visit, 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

Where a patient presents to the emergency department for an admission to either a non-emergency department ward or other admitted patient care unit that has been arranged prior to the patient's arrival, and the patient receives clinical care in the emergency department.

Exclusion: Where a patient presents for a pre-arranged admission and only clerical services are provided by the emergency department, the patient should not be recorded.

CODE 5 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: Where resuscitation of the patient is attempted, this should be recorded as an emergency presentation (Code 1).

Note: Where Code 5 is recorded for a patient, an [Episode end status](#) Code 7 (Dead on arrival) should also be recorded.

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare

Data element attributes

Collection and usage attributes

Comments: Required for analysis of emergency department services.

Source and reference attributes

Submitting organisation: National Health Information Standards and Statistics Committee

Origin: National Health Data Committee

Relational attributes

Related metadata references:

Supersedes [Emergency department stay—type of visit to emergency department, code N](#)
[Health](#), Superseded 25/01/2018

Has been superseded by [Emergency department stay—type of visit to emergency department, code N](#)
[Health](#), Standard 20/10/2021

See also [Emergency service stay—type of visit to emergency service, code N](#)
[Health](#), Superseded 18/12/2019

See also [Emergency service stay—type of visit to emergency service, code N](#)
[Health](#), Superseded 20/10/2021

See also [Emergency service stay—type of visit to emergency service, code N](#)
[Health](#), Superseded 17/10/2018

Implementation in Data Set Specifications:

[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
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

[Non-admitted patient emergency department care NMDS 2020-21](#)
[Health](#), Superseded 05/02/2021
Implementation start date: 01/07/2020
Implementation end date: 30/06/2021

[Non-admitted patient emergency department care NMDS 2021-22](#)
[Health](#), Superseded 20/10/2021
Implementation start date: 01/07/2021
Implementation end date: 30/06/2022

Implementation in Indicators:

[Australian Health Performance Framework: PI 2.5.5—Waiting times for emergency department care: proportion seen on time, 2019](#)
[Health](#), Superseded 13/10/2021

[Australian Health Performance Framework: PI 2.5.5—Waiting times for emergency department care: proportion seen on time, 2019](#)
[Health](#), Superseded 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

[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: PI 2.5.6—Waiting times for emergency department care: waiting times to commencement of clinical care, 2019](#)
[Health](#), Superseded 13/10/2021

[Australian Health Performance Framework: PI 2.5.6—Waiting times for emergency department care: waiting times to commencement of clinical care, 2019](#)
[Health](#), Superseded 13/10/2021

[Australian Health Performance Framework: PI 2.5.6—Waiting times for emergency department care: waiting times to commencement of clinical care, 2020](#)
[Health](#), Standard 13/10/2021

[Australian Health Performance Framework: PI 2.5.6—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 19–Selected potentially avoidable GP-type presentations to emergency departments, 2022](#)
[Health, Standard 24/09/2021](#)

[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: PI 21a–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](#)

[National Healthcare Agreement: PI 21a–Waiting times for emergency hospital care: proportion seen on time, 2022](#)
[Health, Standard 24/09/2021](#)

[Australian Health Performance Framework: PI 2.5.5–Waiting times for emergency department care: proportion seen on time, 2019](#)
[Health, Superseded 13/10/2021](#)

[Australian Health Performance Framework: PI 2.5.5–Waiting times for emergency department care: proportion seen on time, 2019](#)
[Health, Superseded 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](#)

[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: PI 21a–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](#)

[National Healthcare Agreement: PI 21a–Waiting times for emergency hospital care: proportion seen on time, 2022](#)

