

Non-admitted patient emergency department service episode—episode end status, code N

Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Episode end status
Synonymous names:	Departure status
METEOR identifier:	722382
Registration status:	<ul style="list-style-type: none">Health, Superseded 20/10/2021
Definition:	The status of the patient at the end of the non-admitted patient emergency department service episode, as represented by a code.
Context:	Emergency department care.
Data Element Concept:	Non-admitted patient emergency department service episode—episode end status

Value domain attributes

Representational attributes

Representation class:	Code
Data type:	Number
Format:	N
Maximum character length:	1
Permissible values:	

Value	Meaning
1	Transferred for admitted patient care in this hospital (either short stay unit, hospital-in-the-home or other admitted patient care unit)
2	Emergency department stay completed - departed without being transferred to a short stay unit, hospital-in-the-home or other admitted patient care unit in this hospital or referred to another hospital
3	Non-admitted patient emergency department service episode completed - referred to another hospital for admission
4	Did not wait to be attended by a health care professional
5	Left at own risk after being attended by a health care professional but before the non-admitted patient emergency department service episode was completed
6	Died in emergency department
7	Dead on arrival
8	Registered, advised of another health care service, and left the emergency department without being attended by a health care professional

Collection and usage attributes

Guide for use:	<p>CODE 1 Transferred for admitted patient care in this hospital (either short stay unit, hospital-in-the-home or other admitted patient care unit)</p> <p>This code should only be used for patients who physically depart the emergency department because they are admitted to a short stay unit, hospital-in-the-home or other admitted patient care unit.</p>
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Patients for whom the intention is to admit to a short stay unit, hospital-in-the-home or other admitted patient care unit, but who die or otherwise leave the emergency department should not be recorded as Code 1.

This code excludes patients who died in the emergency department. Such instances should be coded to Code 6.

CODE 2 Emergency department stay completed - departed without being transferred to a short stay unit, hospital-in-the-home or other admitted patient care unit in this hospital or referred to another hospital

This code includes patients who either departed under their own care, under police custody, under the care of a residential aged care facility or under the care of another carer.

This code excludes those who died in the emergency department as a non-admitted patient. Such instances should be coded to Code 6.

CODE 4 Did not wait to be attended by a health care professional

This code excludes patients who are advised of other health care services that could attend to their condition, and who leave the emergency department with the intention of attending another health care service. These patients should be coded to Code 8.

CODE 6 Died in emergency department

This code should only be used for patients who die while physically located within the emergency department.

CODE 7 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: When resuscitation or any other clinical care for the patient is attempted, Code 7 should not be used.

Note: Where Code 7 is recorded for a patient, a [Type of visit to emergency department](#) Code 5 (Dead on arrival) should also be recorded.

CODE 8 Registered, advised of another health care service, and left the emergency department without being attended to by a health care professional

Patients should be coded to Code 8 if they meet all of the criteria (that is, they undergo a clerical registration process, are provided with advice about another health care service that could provide assessment and/or treatment of their condition, and leave the emergency department without receiving clinical care). However, patients should only be coded to Code 8 if, at the time of their departure, they provided a reasonable indication that they did intend to seek assistance from another health care service including the service to which they were referred.

They may leave the emergency department immediately after being advised of the other health care service, or may leave after a period of time.

If it is unclear whether the person intended to seek further treatment from another health care service, they should be coded to Code 4.

The health care service to which the patient is referred may include primary care/general practitioner (GP) clinics, other clinics that provide specialised treatment (e.g. for mental health care or drug and alcohol care), or other health services (such as the patient's usual general practitioner). The service may be co-located with the hospital in which the emergency department is located, or may be a separate facility.

Source and reference attributes

Submitting organisation: Independent Hospital Pricing Authority
Australian Institute of Health and Welfare

Data element attributes

Collection and usage attributes

Guide for use: When recording the episode end status of a patient, Codes 6 and 7 should first be considered for use. If Codes 6 and 7 are inappropriate, select the most suitable code for the patient from Codes 1-5 and Code 8.

Collection methods: Some data systems may refer to this data element as 'Departure status'.

Comments: Code 8 has been included as a permissible value to capture situations where a person may have been diverted from the emergency department to another health care service. Inclusion of this code ensures consistency of reporting, and ensures that these patients are distinguished from patients who did not wait to be attended by a health care professional and for whom it is unknown if they sought any other treatment for their condition.

Source and reference attributes

Submitting organisation: Independent Hospital Pricing Authority
Australian Institute of Health and Welfare

Relational attributes

Related metadata references: Supersedes [Non-admitted patient emergency department service episode—episode end status, code N](#)

- [Health](#), Superseded 19/11/2019

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

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

See also [Emergency service stay—episode end status, code N](#)

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

See also [Emergency service stay—episode end status, code N](#)

- [Health](#), Superseded 20/10/2021

Implementation in Data Set Specifications: [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:

Used as Numerator

[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, 2022](#)

- [Health](#), Standard 24/09/2021

Used as Denominator

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

- [Health](#), Standard 24/09/2021

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