

National Healthcare Agreement: PI 21a—Waiting times for emergency hospital care: proportion seen on time, 2022

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 BY 4.0 (CC BY 4.0) 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.

National Healthcare Agreement: PI 21a—Waiting times for emergency hospital care: proportion seen on time, 2022

Identifying and definitional attributes

Metadata item type:	Indicator
Indicator type:	Progress measure
Short name:	PI 21a—Waiting times for emergency hospital care: proportion seen on time, 2022
METEOR identifier:	740840
Registration status:	Health , Standard 24/09/2021
Description:	Percentage of patients whose clinical care commenced within national benchmarks for waiting times for each triage category in public hospital emergency departments.
Indicator set:	National Healthcare Agreement (2022) Health , Standard 24/09/2021
Outcome area:	Hospital and Related Care Health , Standard 07/07/2010 National Health Performance Authority (retired) , Retired 01/07/2016

Collection and usage attributes

Computation description:	<p>See Non-admitted patient emergency department service episode—triage category, code N for description of each triage category.</p> <p>The numerator and denominator include records with a Type of visit of <i>Emergency presentation</i>.</p> <p>Records are excluded from both the numerator and denominator if the episode end status is any of '<i>Did not wait to be attended by a health care professional</i>', or '<i>Dead on arrival</i>', or '<i>Registered, advised of another health care service, and left the emergency department without being attended by a health care professional</i>' or if the waiting time to service is <i>invalid</i>.</p> <p>The scope for calculation of this indicator is all hospitals reporting to the Non-admitted patient emergency department care (NAPEDC) National Minimum Data Set (NMDS) 2018–19 and NAPEDC National Best Endeavours Data Set (NBEDS) 2018–19.</p> <p>Analysis by state and territory is based on location of service.</p> <p>Analysis by remoteness and Socio-Economic Indexes for Areas (SEIFA) Index of Relative Socio-Economic Disadvantage (IRSD) is based on usual residence of person.</p> <p>Presented as a percentage.</p>
Computation:	<p>$100 \times (\text{Numerator} \div \text{Denominator})$</p> <p>Calculated overall and separately for each triage category.</p>

Numerator:

Number of presentations to public hospital emergency departments that were treated within benchmarks for each triage category:

- Triage category 1: seen within seconds, calculated as less than or equal to 2 minutes
- Triage category 2: seen within 10 minutes
- Triage category 3: seen within 30 minutes
- Triage category 4: seen within 60 minutes
- Triage category 5: seen within 120 minutes

Numerator data elements:**Data Element / Data Set**

[Emergency department stay—waiting time \(to commencement of clinical care\), total minutes NNNNN](#)

Data Source

[National non-admitted patient emergency department care database](#)

NMDS / DSS

[Non-admitted patient emergency department care NMDS 2020–21](#)

Guide for use

Data source type: Administrative by-product data

Data Element / Data Set

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

Data Source

[National non-admitted patient emergency department care database](#)

NMDS / DSS

[Non-admitted patient emergency department care NMDS 2020–21](#)

Guide for use

Data source type: Administrative by-product data

Data Element / Data Set

[Emergency department stay—type of visit to emergency department, code N](#)

Data Source

[National non-admitted patient emergency department care database](#)

NMDS / DSS

[Non-admitted patient emergency department care NMDS 2020–21](#)

Guide for use

Data source type: Administrative by-product data

Data Element / Data Set

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

Data Source

[National non-admitted patient emergency department care database](#)

NMDS / DSS

[Non-admitted patient emergency department care NMDS 2020–21](#)

Guide for use

Data source type: Administrative by-product data

Denominator:

Total presentations to public hospital emergency departments

Denominator data elements:

Data Element / Data Set

[Emergency department stay—type of visit to emergency department, code N](#)

Data Source

[National non-admitted patient emergency department care database](#)

NMDS / DSS

[Non-admitted patient emergency department care NMDS 2020–21](#)

Guide for use

Data source type: Administrative by-product data

Data Element / Data Set

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

Data Source

[National non-admitted patient emergency department care database](#)

NMDS / DSS

[Non-admitted patient emergency department care NMDS 2020–21](#)

Guide for use

Data source type: Administrative by-product data

Disaggregation:

2020–21—Nationally, by triage category, by 2016 SEIFA IRSD deciles (not reported).

2020–21—State and territory, by triage category by:

- peer group
- Indigenous status
- remoteness (Australian Statistical Geography Standard (ASGS) 2016 Remoteness Structure)
- 2016 SEIFA IRSD quintiles.

Disaggregation by peer group uses the peer group classification as described in the AIHW publication [Australian hospital peer groups](#).

Some disaggregation may result in numbers too small for publication.

Disaggregation data elements:

Data Element / Data Set

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

Data Source

[National non-admitted patient emergency department care database](#)

NMDS / DSS

[Non-admitted patient emergency department care NMDS 2020–21](#)

Guide for use

Data source type: Administrative by-product data

Used for disaggregation by state/territory and to derive hospital peer group

Data Element / Data Set

[Person—Indigenous status, code N](#)

Data Source

[National non-admitted patient emergency department care database](#)

NMDS / DSS

[Non-admitted patient emergency department care NMDS 2020–21](#)

Guide for use

Data source type: Administrative by-product data

Data Element / Data Set

[Person—area of usual residence, statistical area level 2 \(SA2\) code \(ASGS 2016\) N\(9\)](#)

Data Source

[National non-admitted patient emergency department care database](#)

NMDS / DSS

[Non-admitted patient emergency department care NMDS 2020–21](#)

Guide for use

Data source type: Administrative by-product data

Used for disaggregation by remoteness and SEIFA IRSD

Data Element / Data Set

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

Data Source

[National non-admitted patient emergency department care database](#)

NMDS / DSS

[Non-admitted patient emergency department care NMDS 2020–21](#)

Guide for use

Data source type: Administrative by-product data

Comments:

Most recent data available for 2022 National Healthcare Agreement performance reporting: 2020–21.

For 2020–21 data, the 2016 SEIFA IRSD quintile and decile data will be produced using the ASGS 2016 geographical unit of Statistical Area Level 2.

Note that for the 2016 and previous reports the scope for the calculation of this indicator was limited to public hospitals in Peer Groups A and B, using the peer group classification method as reported in [Australian hospital statistics 2010–11](#), with the addition of emergency department activity at the Mersey Community Hospital.

The quality of the identification of Aboriginal and Torres Strait Islander patients in National Non-admitted Patient Emergency Department Care Database has not been assessed. Identification of Aboriginal and Torres Strait Islander patients is not considered to be complete, and completeness may vary among the states and territories.

Remoteness areas are based on the usual residential address of the patient. However, data are reported for the state/territory where the hospital was located. This means, for example, that although there is no 'major city' classification in Tasmania, Tasmanian hospitals may treat some patients whose usual residence is a major city in another jurisdiction.

Area of usual residence was not reported or not mappable to SEIFA categories for approximately 2 per cent of records.

Further details about emergency department waiting times for Indigenous Australians are available from the Aboriginal and Torres Strait Islander Health Performance Framework ([measure 3.14: Access to services compared with need](#)).

Representational attributes

Representation class: Percentage

Data type: Real

Unit of measure: Person

Format: NN[N]

Indicator conceptual framework

Framework and dimensions: [Accessibility](#)

Data source attributes

Data sources:

Data Source

[National non-admitted patient emergency department care database](#)

Data custodian

Australian Institute of Health and Welfare

Accountability attributes

Reporting requirements: National Healthcare Agreement

Organisation responsible for providing data: Australian Institute of Health and Welfare

Further data development / collection required: Specification: Final, the measure meets the intention of the indicator.

Source and reference attributes

- Reference documents:**
- Australian Institute of Health and Welfare (AIHW) 2012. *Australian hospital statistics 2010–11*. Health services series no. 43. Cat. no. HSE 117. Canberra: AIHW. Viewed 28 May 2020, <https://www.aihw.gov.au/reports/hospitals/australian-hospital-statistics-2010-11/contents/table-of-contents>
- AIHW 2015. *Australian hospital peer groups*. Health services series no. 66. Cat. no. HSE 170. Canberra: AIHW. Viewed 28 May 2020, <https://www.aihw.gov.au/reports/hospitals/australian-hospital-peer-groups/contents/table-of-contents>
- AIHW 2020. *Aboriginal and Torres Strait Islander Health Performance Framework*. Canberra: AIHW. Viewed 19 February 2021, <https://indigenoushpf.gov.au/>

Relational attributes

- Related metadata references:**
- Supersedes [National Healthcare Agreement: PI 21a–Waiting times for emergency hospital care: proportion seen on time, 2021](#)
[Health](#), Standard 16/09/2020
- See also [Australian Health Performance Framework: PI 2.5.5–Waiting times for emergency department care: proportion seen on time, 2020](#)
[Health](#), Standard 13/10/2021
- See also [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
- See also [Australian Health Performance Framework: PI 2.5.7–Waiting times for emergency department care: percentage of patients whose length of emergency department stay is 4 hours or less, 2020](#)
[Health](#), Standard 13/10/2021
- See also [Australian Health Performance Framework: PI 2.5.8–Waiting times for emergency department care: time spent in the emergency department, 2020](#)
[Health](#), Standard 13/10/2021
- See also [National Healthcare Agreement: PI 12–Waiting times for GPs, 2022](#)
[Health](#), Standard 24/09/2021
- See also [National Healthcare Agreement: PI 19–Selected potentially avoidable GP-type presentations to emergency departments, 2022](#)
[Health](#), Standard 24/09/2021
- See also [National Healthcare Agreement: PI 21b–Waiting times for emergency hospital care: proportion of patients whose length of emergency department stay is less than or equal to four hours, 2022](#)
[Health](#), Standard 24/09/2021