

Emergency service stay—episode end status, code N

Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Emergency service stay episode end status
Synonymous names:	Departure status
METEOR identifier:	745050
Registration status:	<ul style="list-style-type: none">• Health, Standard 20/10/2021
Definition:	The status of a patient at the end of the emergency service episode, as represented by a code.
Context:	Emergency service care.
Data Element Concept:	Emergency service stay—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	Admitted to this hospital (either short stay unit, hospital-in-the-home or non-emergency service hospital ward)
2	Non-admitted patient emergency service episode completed - departed without being admitted or referred to another hospital
3	Non-admitted patient emergency 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 emergency service episode was completed
6	Died in emergency service
7	Dead on arrival
8	Registered, advised of another health care service, and left the emergency service without being attended by a health care professional

Collection and usage attributes

Guide for use:

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

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

CODE 2 Non-admitted patient emergency service episode completed - departed without being admitted or referred to another hospital

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

This code excludes those who died in the emergency service. 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 service with the intention of attending another health care service. These patients should be coded to Code 8.

CODE 6 Died in emergency service

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

CODE 7 Dead on arrival

This code should only be used for patients who are dead on arrival and an emergency service clinician certifies the death of the patient. This includes where the clinician certifies the death outside the emergency service (e.g. in an ambulance outside the emergency service).

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, an [Emergency service stay—type of visit to emergency service](#), Code 5 (Dead on arrival) should also be recorded.

CODE 8 Registered, advised of another health care service, and left the emergency service without being attended 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 service 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 service 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 GP). The service may be co-located with the hospital in which the emergency service 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 service 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
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Relational attributes

Related metadata references:	Supersedes Emergency service stay—episode end status, code N <ul style="list-style-type: none">• Health, Superseded 20/10/2021 See also Emergency service stay—type of visit to emergency service, code N <ul style="list-style-type: none">• Health, Standard 20/10/2021 See also Non-admitted patient emergency department service episode—episode end status, code N <ul style="list-style-type: none">• Health, Superseded 20/10/2021
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Implementation in Data Set Specifications:	Emergency service care aggregate NBEDS 2022–23Health , Standard 20/10/2021
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Implementation start date: 01/07/2022

Implementation end date: 30/06/2023

[Emergency service care NBEDS 2022–23Health](#), Standard 20/10/2021

Implementation start date: 01/07/2022

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