Emergency department non-admitted patient service episode end status code N

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Identifying and definitional attributes

Metadata item type:	Value Domain
METEOR identifier:	748897
Registration status:	Health, Standard 20/10/2021
Definition:	A code set representing the status of a patient at the end of a non-admitted patient emergency department service episode.

Representational attributes

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

	Value	Meaning
Permissible values:	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:

CODE 1 Transferred for admitted patient care in this hospital (either short stay unit, hospital-in-the-home or other admitted patient care unit)

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.

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, an Emergency department stay—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

Relational attributes

Related metadata references:	Supersedes Emergency department non-admitted patient service episode end status code N Health, Superseded 20/10/2021
Data elements implementing this value domain:	Non-admitted patient emergency department service episode—episode end status, code N Health, Standard 20/10/2021