## ACT Emergency Department Data Collection - Variable checklist

The variables listed below are available subject to data custodian and ethical approval. Please indicate the variables requested and provide justification for their inclusion in your study.

|  | Variable | Justification |
| --- | --- | --- |
| Date of birth (select one) | |  |
|  | Year |
|  | Year and month |
|  | Year, month and day of week |
|  | Date |
|  | Age |  |
|  | Sex |  |
|  | Indigenous status |  |
|  | Country of birth |  |
|  | Marital status |  |
|  | State of residence |  |
|  | Postcode of residence |  |
|  | Statistical Local Area of residence |  |
|  | Hospital Identifier |  |
|  | Insurance status |  |
| Arrival date and time (select one) | |  |
|  | Year  Year and month  Year, month and day of week  Year, month, day of week and time  Date  Date and time |
| Triage date and time (select one) | |  |
|  | Year  Year and month  Year, month and day of week  Year, month, day of week and time  Date  Date and time |
|  | Triage category |  |
| Seen date and time (select one) | |  |
|  | Year  Year and month  Year, month and day of week  Year, month, day of week and time  Date  Date and time |  |
|  | Mode of arrival |  |
|  | Type of visit |  |
|  | Referral source |  |
|  | ICD Edition |  |
|  | Diagnosis |  |
|  | Departure status |  |
| Ready date and time (select one) | |  |
|  | Year  Year and month  Year, month and day of week  Year, month, day of week and time  Date  Date and time |  |
| Actual departure date and time (select one) | |  |
|  | Year  Year and month  Year, month and day of week  Year, month, day of week and time  Date  Date and time |  |

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| --- |
| Other/comments |
|  |