Emergency Department Data Collection

NSW Ministry of Health

## Background

The primary purpose of collecting Emergency Department data in NSW is to:

* Assist clinicians in the management of patients; and
* Enable comparisons of performance in respect to access to services, quality clinical outcomes, patient management, customer satisfaction and cost effectiveness.

Each record in the collection represents a presentation to an emergency department.

## ED coverage

* The EDDC commenced in 1994, but was only organised into a formal data collection from July 1996.
* The number of participating EDs has intermittently increased over time from around 46 EDs in 1996 to around 90 in 2010.
* There are around 150 EDs in NSW, but the larger ones participate in the EDDC so a substantial proportion of the NSW population is covered, however this varies over time. To determine the proportion of total NSW ED visits captured by the NSW EDDC, use the number of ED presentations reported in the NSW Department of Health Annual Report as a denominator, as this is an independent source of information collected on all hospitals.
* Only public hospital EDs participate in the EDDC.

## Access to information on Aboriginal and Torres Strait Islander peoples

An application to the Aboriginal Health and Medical Research Council (AH&MRC) ethics committee should be made for research projects for which one or more of the following apply:

* The experience of Aboriginal people is an explicit focus of all or part of the research
* Data collection is explicitly directed at Aboriginal peoples
* Aboriginal peoples, as a group, are to be examined in the results
* The information has an impact on one or more Aboriginal communities
* Aboriginal health funds are a source of funding

Research that is not specifically directed at Aboriginal people or communities, such as for the total population or a sub-population (e.g. rural NSW, people over 50 years old) can still potentially impact on Aboriginal people.

However, an application for such research need only be made to the Committee if *any* one of the following applies:

* Any of the five factors listed above are present; or
* Aboriginal people are known, or are likely, to be significantly over-represented in the group being studied (e.g. compared to the 2.1% of the total NSW population as shown in the 2006 Census); or
* The Aboriginal experience of the medical condition being studied is known, or is likely, to be different from the overall population; or
* There are Aboriginal people who use the services being studied in distinctive ways, or who have distinctive barriers that limit their access to the services; or
* It is proposed to separately identify data relating to Aboriginal people in the results.

The AH&MRC ethics committee have some specific requirements, including evidence of community engagement in the research. Relevant documents can be found on the AH&MRC website at: <http://www.ahmrc.org.au>. If you are unsure whether an application to the AH&MRC Ethics Committee is required, please seek the advice of the Ethics Committee secretariat (T: 02 9212 4777).

## Diagnosis coding

The NSW Admitted Patient Data Collection has diagnoses coded by trained clinical information managers who choose diagnoses from the Australian clinical version of the International Classification of Diseases (ICD). The EDDC, on the other hand, has diagnoses recorded by medical, nursing or clerical personnel at the point of care. These personnel are not trained in clinical coding. The diagnoses are selected by keyword searching or tables of a limited set of diagnoses. The codes are assigned to the chosen diagnosis using tables built into the computer database program.

Other points to note are:

* There are several different computer programs used in NSW EDs. Different programs use different classifications to record the diagnosis, including ICD-9-CM (Clinical Modification), ICD-10-AM (Australian Modification), or SNOMED CT (see <https://nehta.org.au/aht/>). If you intend on analysing ED diagnoses, you need to determine the codes from each of these classifications that relate to the disease or symptom grouping to be studied.
* Variation in computer programs and management practices at EDs may lead to variation in diagnosis coding practices. Some disease categories are not available in some programs but may be in others.
* A small number of hospitals have had limited completeness of diagnosis entry over some periods of time.
* You should carefully select which EDs to include in the analysis based on how long the ED has participated in the EDDC and specific diagnosis code and completeness factors.
* Symptoms can be, and often are, selected as diagnoses.
* Diagnoses can be very specific or very broad. For example, someone with the same symptoms might be assigned a diagnosis of "influenza" or "viral infection".

## Other limitations

* The other main source of primary care in Australia is general practice services. Because of variability in GP service availability, limited consultation hours and variation in bulk billing practices, ED activity may be very sensitive to availability of GP services.
* Emergency Departments have different visit types, the most common being an "Emergency Visit". The data field “Type of visit” records this, however the accuracy of this field is uncertain. Since 2007, the gradual rollout of new ED patient management software in most NSW hospitals may have led to a change in the accuracy of this field over time.
* Introduction of the new ED patient management software may have led to an unpredictable change in the accuracy of the "mode of separation" field over time at some hospitals. This field records the departure status of the patient, such as "Departed following treatment", or "Admitted to a critical care ward". Some problems with this field were not identified until well after introduction of the software, and may have taken some time to correct.
* Aboriginality was not recorded for all ED presentations in western Sydney.

## Changes in the provision of linked Emergency Department Data

In early 2014, a joint project was conducted by the Centre for Epidemiology and Evidence and the Centre for Health Record Linkage with the objectives of improving the timeliness, quality and availability of linked admitted patient data. In addition to improving these attributes of the emergency department data, all variables that were previously offered for linked data research were reviewed. While the net effect of this review was a vast increase in the number of available variables, some have been removed from the variable checklist and data dictionary due to poor completeness or other quality issues.

Some of the high level changes include:

* There are now many more geographical boundaries available to researchers. When considering which version or versions of a boundary you should select, you should take into account what boundary versions are used in any area-level data that you plan to use in your study (e.g. population data, SEIFA or ARIA indices etc).
* Secondary ED diagnosis codes, ED procedure codes, ‘hospital insurance’ and ‘presenting problem’ are no longer provided.

## Tips for using Emergency Department data in linkage studies

* There are no patient names in the Emergency Department Data Collection (EDDC) prior to 2000. After 2000, the proportion of records with patient names increased yearly, to 87.6% in 2005. As names are one of the principal variables used to link records between and within datasets, linkage studies should use ED data from 2005 onwards.
* The EDDC has substantial limitations. These limitations must be considered when planning a study using ED data, and in particular, when interpreting and presenting the data

## Data custodian

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Executive Director

Health System Information and Performance Reporting

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## All questions relating to this dataset should be directed to:

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## Variable information

| Variable (variable name in dataset) | Description/Notes | Codes |
| --- | --- | --- |
| Actual departure date (actual\_departure\_date) | For the admitted patient this refers to the time the person is either 1) transferred to a ward or other unit or 2) leaves the ED for transfer to another unit.  For non-admitted patients this refers to the time at which the assessment and initial treatment is completed and/or they physically leave the department. |  |
| Actual departure time (actual\_departure\_time) |  |  |
| Age (age\_recode) | The age of the patient in years | Age has been re-coded, using the ‘yrdiff’ SAS function that returns the difference in years between birth date (from ED\_VISIT table) and arrival date |
| Age group (age\_grouping\_recode) | Five year age group, derived from re-coded age | See Table A1: Age group |
| Arrival date (arrival\_date) | Date at which the person presents for the service |  |
| Arrival time (arrival\_time) | Time at which the person presents for the service |  |
| Date of birth (birth\_date) | Full date of birth will only be supplied if sufficient justification is supplied that age is insufficient. Date of birth may otherwise be supplied as MMYYYY. |  |
| Clinical codeset (clinical\_codeset) | An identifier to identify the classification scheme a principal diagnosis has been mapped to. | ICD10AM  ICD10V8  ICD9CM |
| Compensable status (compensable\_status) | A person is classified as a compensable patient if they are entitled to the payment of, or have been paid compensation, damages or other benefits (including a payment in settlement of a claim for compensation, damages or other benefits) in respect of the injury, illness or disease for which he or she is receiving care and treatment. | See Table A2 Compensable Status |
| Country of birth (country\_of\_birth) | The country in which the person was born. | Codes are Standard Australian Classification of Countries  <http://www.abs.gov.au/ausstats/abs@.nsf/mf/1269.0> |
| Departure ready date (departute\_ready\_date) | The date recorded to indicate that patient management undertaken in an Emergency Department was completed, and the patient was ready to depart the ED. |  |
| Departure ready time (departure\_ready\_time) | For the admitted patient, the time at which the assessment and initial treatment of the person is completed. For the Non-admitted patient, the time at which the assessment and initial treatment of the person is completed such that if home arrangements of the person (including transport) were available the person could depart. |  |
| Department of Veterans Affairs card type (DVA\_card\_type) | Indicates the type of Veterans Affairs card | 1 =White Card  2 = Gold Card  3 = Orange Card |
| Principal ED Diagnosis (ed\_diagnosis\_sct, ed\_diagnosis\_code) | The diagnosis or condition established after assessment to be responsible for the person presenting to the Emergency Department.  If the person is admitted as an inpatient it is the equivalent of the admission diagnosis.  For Cerner FirstNet sites, this variable is captured as “Discharge Diagnosis”. For EDIS and iPM sites it is known as “Principal Diagnosis” | Cerner FirstNet sites – SNOMED CT  EDIS, iPM and Health-e-care – ICD9 and ICD10 |
| Referral source (ed\_source\_of\_referral) | Source from which the person was referred to this service | See Table A3 Referral Source |
| Type of visit (ed\_visit\_type) | The reason the person presents to the Emergency Department | See Table A4 ED Visit Type |
| Facility (facility\_identifier) | Identifier for the establishment in which the episode or event occurred. It is a unique number allocated by the NSW Dept. of Health to identify a particular health care establishment. | Code lists are updated regularly. |
| Local Health District of facility (area\_identifier) | 2010 boundaries | See Table A5 Local Health District |
| Facility type (facility\_type) | The category of the facility through which the health service is delivered | See Table A6 Facility Type |
| Doctor seen date (first\_seen\_clinician\_date) | The date that the first medical officer commences assessment or treatment of the patient. |  |
| Doctor seen time  (first\_seen\_clinician\_time) | The time that the first medical officer commences assessment or treatment of the patient. |  |
| Nurse Practitioner seen date | The date that treatment is commenced by a nurse. |  |
| Nurse Practitioner seen time | The time that treatment is commenced by a nurse. |  |
| Indigenous status (indigenous\_status) | Whether the person is Aboriginal or Torres Strait Islander, based on the person’s own self-report. See notes above regarding access to this variable. | See Table A7 Indigenous Status |
| Marital status (marital\_status\_nhdd) | Current marital status of the person | See Table A8 Marital Status |
| Mode of arrival (arrival\_mode) | Mode of transport by which the person arrives | See Table A9 Mode of Arrival |
| Mode of separation (mode\_of\_separation) | The status of the person at separation from the Emergency Department | See Table A10 Mode of Separation |
| Need for interpreter service (need\_interpreter\_service) | Need for interpreter services as perceived by the person. Whether or not an interpreter is actually provided is not relevant. | ' ' Interpreter not needed  ‘Y' Interpreter needed |
| Peer group (peer\_group) | Current facility peer grouping. This is one of the variables required in order to identify services provided in an acute hospital. The grouping is updated annually by the Department of Health. Therefore, a small number of hospitals are classified into different peer groups in different years. See <http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/IB2016_013.pdf> | See Table A11 Peer Groups |
| Preferred language (preferred\_language\_ascl) | The language (including sign language) most preferred by the person for communication | See Table A12 Preferred Language |
| Recognised public hospital flag (recognised\_ph\_flag) | Flag to identify whether the patient attended a facility that was a public hospital recognised by the Commonwealth Government under the Medicare Agreement. | 1 Patient attended a recognised public hospital  2 Patient did not attend a recognised public |
| Referred to on departure (referred\_to\_on\_departure\_recode) | Referred to at the end of the Emergency Department Contact. | See Table A13 Referred to on departure |
| Sex (sex) | Gender of the patient | See Table A14 Sex |
| State of usual residence (state\_of\_usual\_residence) | The State of Australia in which the patient's usual place of residence is located. | See Table A15 State of Usual Residence |
| Triage category (triage\_category) | Triage is the process used to classify patients according to the urgency of their needs for medical and nursing care |  |
| Triage date (triage\_date) | The date on which a person who presented to an Emergency Department was triaged (i.e., assessed by a Triage Nurse). |  |
| Triage time (triage\_time) | The time at which a person who presented to an Emergency Department was triaged (i.e., assessed by a Triage Nurse). | See Table A16 Triage Category |
| LHD 2010 CODE (LHD\_2010\_code) | Local Health District of residence (2010 boundaries) | See Table A5 Local Health District |
| SA2 2011 CODE (SA2\_2011\_code) | Statistical Area Level 2 | <http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/D3DC26F35A8AF579CA257801000DCD7D/$File/1270055001_july%202011.pdf> |
| SA3 2011 CODE (SA3\_2011\_code) | Statistical Area Level 3 | <http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/D3DC26F35A8AF579CA257801000DCD7D/$File/1270055001_july%202011.pdf> |
| SLA 1996 Code (SLA\_1996\_code)\* | Statistical Local Area 1996 |  |
| SLA 2001 Code (SLA\_2001\_code)\* | Statistical Local Area 2001 |  |
| SLA 2006 CODE (SLA\_2006\_CODE)\* | Statistical Local Area 2006 |  |
| SLA 2011 CODE (SLA\_2011\_CODE)\* | Statistical Local Area 2011 |  |
| LGA 2001 CODE (LGA\_2001\_CODE)\* | Local Government Area 2001 |  |
| LGA 2006 CODE (LGA\_2006\_C0DE)\* | Local Government Area 2006 |  |
| LGA 2011 CODE (LGA\_2011\_CODE)\* | Local Government Area 2011 |  |
| PHN 2015 CODE  (PHN\_2015\_CODE) | Primary Health Network 2015 |  |

\* The Australian Bureau of Statistics Australian Statistical Geographical Standard publications provide advice on a range of different versions of Statistical Local Areas and Local Government Areas. For those who are seeking to match SLA or LGA level information, such as population data or area-level information such as SEIFA or ARIA+ indices, the choice of SLA/LGA matters as indices are often computed based on a specific version of a boundary. Further, if you’re looking to perform analyses of trends over time, selecting a single geographical standard will help to control for changes in boundary definitions.

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| Table A1: Age group  |  |  | | --- | --- | | Code | Description | | 1 | 0 - 4 years | | 2 | 5 - 9 years | | 3 | 10 - 14 years | | 4 | 15 - 19 years | | 5 | 20 - 24 years | | 6 | 25 - 29 years | | 7 | 30 - 34 years | | 8 | 35 - 39 years | | 9 | 40 - 44 years | | 10 | 45 - 49 years | | 11 | 50 - 54 years | | 12 | 55 - 59 years | | 13 | 60 - 64 years | | 14 | 65 - 69 years | | 15 | 70 - 74 years | | 16 | 75 - 79 years | | 17 | 80 - 84 years | | 18 | 85+ years | | Table A2 Compensable Status  |  |  | | --- | --- | | Code | Description | | 1 | Non-compensable | | 2 | WorkCover | | 3 | Motor Accident Act | | 4 | Transcover | | 5 | Other Compensable | | 6 | Medicare Ineligible/Overseas Visitor | | 7 | Department of Veteran's Affairs | | 8 | Defence Force personnel | | 9 | Eligible Overseas Visitor | | Table A3 Referral Source  |  |  | | --- | --- | | Code | Description | | 1 | Self, family, friends | | 2 | Specialist | | 3 | Outpatient clinic | | 4 | General Medical Practitioner or Dentist (not hospital based | | 5 | Residential Aged Care facility | | 6 | Other hospital in Area Health Service | | 7 | Other hospital outside Area Health Service | | 8 | Other hospital outside NSW | | 9 | Mental health | | 10 | Department of Community Services | | 11 | Other Community Service, other than Health | | 12 | Prison or Justice Health | | 14 | Occupational Health | | 15 | Other health service | | 16 | Community Health Service | | 17 | After hours or co-located service | | 18 | Hostel/group home | | 19 | Employer | | 99 | Other | |

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| Table A4 ED Visit Type  |  |  | | --- | --- | | Code | Description | | 01 | Emergency presentation | | 02 | Return visit - planned | | 03 | Unplanned return visit for continuing condition | | 04 | Outpatient clinic | | 05 | Privately referred, non-admitted person | | 06 | Pre-arranged admission: without ED workup | | 08 | Pre-arranged admission: with ED workup | | 09 | Person in transit | | 10 | Dead on arrival | | 11 | Disaster | | Table A5 Local Health District  |  |  | | --- | --- | | Code | Description | | X700 | Sydney LHD | | X710 | South Western Sydney LHD | | X720 | South Eastern Sydney LHD | | X730 | Illawarra Shoalhaven LHD | | X740 | Western Sydney LHD | | X750 | Nepean Blue Mountains LHD | | X760 | Northern Sydney LHD | | X770 | Central Coast LHD | | X800 | Hunter New England LHD | | X810 | Northern NSW LHD | | X820 | Mid North Coast LHD | | X830 | Southern NSW LHD | | X840 | Murrumbidgee LHD | | X850 | Western NSW LHD | | X860 | Far West LHD | | X630 | Sydney Children’s Hospitals Network | | X690 | St Vincent’s Health Network | | X180 | Forensic Mental Health Network | | X170 | Justice Health | | X910 | NSW not further specified | | X920 | Victoria | | X921 | Albury (Victoria in-reach) | | X930 | Queensland | | X940 | South Australia | | X950 | Western Australia | | X960 | Tasmania | | X970 | Northern Territory | | X980 | Australian Capital Territory | | X990 | Other Australian Territories | | X997 | Overseas Locality | | X998 | No Fixed Address | | 9999 | Missing | |  |

### Table A6 Facility Type

| Code | Description |
| --- | --- |
| 1 | Public Hospital, Oncology/Cancer Outpatient Department |
| 2 | Screening Service (DoHRS Financial) |
| 3 | Community Health Centre, Dental Service |
| 4 | Public Hospital, Drug & Alcohol Unit |
| 5 | Public Hospital, Non-Psych Ward or Unit |
| 9 | Not Applicable |
| A | NSW Area Health Services |
| AHD | NSW Area Health Service Sub-Divisions |
| B | Linen Services (DOHRS Financial) |
| BIR | Public Hospital, Brain Injury Rehabilitation Unit |
| C | Public Hospital, Privately Managed under Contract |
| CAD | Community Residential, Confused and Disturbed Elderly unit |
| CAP | Community Acute & Post Acute Care (CAPAC) |
| CDA | Community Health Centre, Drug & Alcohol Service |
| CMH | Mental Health, Community Residential Facility |
| CMN | Mental Health, CAMHSNET Service |
| COM | Community Health Centre, Public Facility |
| COU | Justice Health, Courts |
| CRC | Community Residential Care Facility, NEC |
| CTC | Community Residential Transitional Care Service |
| D | Private Day Procedure Centre |
| DEN | Public Hospital, Outpatient Dental Facility |
| DOH | NSW Health Department |
| E | Biomedical engineering services (DOHRS Financial) |
| ERR | Record created in Error - Not to be used for Reporting |
| F | Food services (DoHRS Financial) |
| FLO | Inter-State & Intra-State Patient Flows |
| G | Area Program Services (DOHRS Financial) |
| GRP | Mental Health, Community Residential Group Home |
| H | Public hospital, Recognised (Non-Psych), NSW |
| HED | Public hospital, Emergency Department, NSW |
| HIT | Public Hospital, Hospital in the Home Service |
| HOP | Public hospital Outpatient Clinic, NFD |
| HPC | Community Residential Hospice |
| HWM | Public hospital, Psyc Admitting Ward or Unit |
| I | Information and Information technology services (DoHRS Financial) |
| J | Medical Imaging Services |
| JAD | Justice Health, D&A, Admitting Ward or Unit |
| JAH | Justice Health, Admitting Entity |
| JAM | Justice Health, Ambulatory Care Facility, NFD |
| JCH | Justice Health, Community Health Centre |
| JDA | Justice Health, D&A service |
| JDU | Justice Health, Dental Unit |
| JOP | Justice Health, Outpatient Department or Clinic |
| JST | Justice Health, Outpatient Service Team |
| K | Financial business units (DoHRS Financial) |
| L | Pathology business unit, Not Further defined |
| LBH | Pathology Laboratory, In Public Hospital |
| LBO | Pathology Laboratory, Non-Hospital, Public |
| LBP | Pathology Laboratory, Private Sector, NSW |
| LBU | Pathology Business Unit (DOHRS Financial) |
| LIV | Community Health Centre, Living Skills Service |
| LOC | Service Point Location (Other than Mental Health) |
| M | Public Multi-Purpose Service, Admitting Entity |
| MHH | Mental Health, Community Hostel |
| MHL | Mental Health, Service Locations |
| MHN | Mental Health Service, NEC |
| MPA | Public Multi-Purpose Service, D&A Service |
| MPR | Public Residential Aged Care Facility within MP' = 'S |
| N | Private Residential Aged Care Facility (Nursing Home) |
| NGA | Non-Govt Organisations, D&A Service |
| NGO | Non-Government Organisations, NEC |
| NUC | Nuclear Medicine unit |
| O | Other Type of Facility, Not Elsewhere Classified |
| OBS | Obsolete Facility of Former Area Structure |
| OVS | Overseas Health Authority or Health Service Provider |
| P | Private hospital, Admitting Entity |
| PAM | Private Sector, Ambulatory Care Facility, NEC |
| PCH | Private Community Health Service |
| PDA | Private Hospital, Drug & Alcohol Service |
| PHA | Pharmacy |
| POU | Private Hospital, Outpatient Department or Unit |
| Q | Community Health Centre, NFD as Public or Private |
| R | Public Residential Aged Care Facility (Nursing Home) |
| REH | Community Health Centre, Rehabilitation Service |
| RFD | Royal Flying Doctor Service |
| S | Mental Health, Public Psychiatric hospital |
| SDA | Mental Health, Public Psychiatric Hospital D&A Unit |
| SSS | NSW State-Wide or Shared Service |
| SVU | Service Unit, NFD |
| SWD | Mental Health, Public Psychiatric Hospital Admitting Ward or Unit |
| T | Inter State / Territory Health Authority |
| TLC | Community Health Transitional Living Unit |
| TLH | Public Hospital, Brain Injury Transitional Living Unit |
| U | Material Business Units (DOHRS Financial) |
| V | Capital Works Business Units |
| W | Community Residential Care Facility, NFD |
| X | NSW Public Health Units |
| XXX | Unallocated Facility Type (To be Determined) |
| Y | Justice Health, Correctional Centre |
| Z | Private Sleep Disorder Centre, Admitting Entity |

### Table A7 Indigenous Status

|  |  |
| --- | --- |
| Code | Description |
| 1 | Aboriginal |
| 2 | Torres Strait Islander |
| 3 | Aboriginal and Torres Strait Islander origin |
| 4 | Neither Aboriginal nor Torres Strait Islander |
| 5 | Indigenous – not further specified |
| 8 | Declined to respond |
| 9 | Unknown |

### Table A8 Marital Status

|  |  |
| --- | --- |
| Code | Description |
| 1 | Never married |
| 2 | Widowed |
| 3 | Divorced |
| 4 | Separated |
| 5 | Married (including de facto) |
| 6 | Not stated/inadequately described |

### Table A9 Mode of Arrival

|  |  |
| --- | --- |
| Code | Description |
| 1 | State Ambulance vehicle |
| 2 | Community/public transport |
| 3 | Private vehicle |
| 4 | Helicopter Rescue Service |
| 5 | Air Ambulance Service |
| 6 | Internal ambulance/transport |
| 7 | Police/Correctional Services vehicle |
| 8 | Other, e.g. undertakers/contractors |
| 9 | No transport (walked in) |
| 10 | Retrieval |
| 11 | Internal bed/wheelchair |

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| Table A10 Mode of Separation  |  |  | | --- | --- | | Code | Description | | 1 | Admitted: To ward/inpatient unit, not a critical care ward | | 2 | Admitted and discharged as inpatient within ED | | 3 | Admitted: Died in ED | | 4 | Departed: Treatment completed | | 5 | Departed: Transferred to another hospital without first being admitted to the hospital transferred from | | 6 | Departed: Did not wait | | 7 | Departed: Left at own risk | | 8 | Dead on arrival | | 9 | Departed: For other clinical service location | | 10 | Admitted: To critical care ward (including HDU/CCU/NICU) | | 11 | Admitted: Via operating suite | | 12 | Admitted: Transferred to another hospital | | 13 | Admitted: Left at own risk | | 99 | Registered in error | | Table A11 Peer Groups  |  |  | | --- | --- | | Code | Description | | A1 | Principal Referral | | A2 | Paediatric Specialist | | A3 | Ungrouped Acute - tertiary referral | | B1 | Major Hospitals Group 1 | | B2 | Major Hospitals Group 2 | | C1 | District Group 1 | | C2 | District Group 2 | | D1a | Community with Surgery | | D1b | Community without Surgery | | E | Ungrouped Acute - Other | | F1 | Psychiatric | | F2 | Nursing Home | | F3 | Multi-Purpose Service | | F4 | Sub Acute | | F5 | Palliative Care | | F6 | Rehabilitation | | F7 | Mothercraft | | F8 | Other ungrouped | | F9 | Dialysis services | |

## Table A12 Preferred Language

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| | Code | Description | | --- | --- | | 0000 | Not Elsewhere Classified | | 0001 | Non Verbal, so described | | 0002 | Unknown, not stated | | 1101 | Gaelic | | 1102 | Irish | | 1103 | Welsh | | 1199 | Celtic, NEC | | 1201 | English | | 1301 | German | | 1302 | Letzeburgish | | 1303 | Yiddish | | 1401 | Netherlandic | | 1402 | Frisian | | 1501 | Danish | | 1502 | Icelandic | | 1503 | Norwegian | | 1504 | Swedish | | 1599 | Scandinavian, nec | | 2101 | French | | 2201 | Greek | | 2301 | Catalan | | 2302 | Portugese | | 2303 | Spanish | | 2399 | Iberian Romance, nec | | 2401 | Italian | | 2501 | Maltese | | 2901 | Basque | | 2902 | Latin | | 2999 | Other Southern European Languages, nec | | 3101 | Latvian | | 3102 | Lithuanian | | 3201 | Estonian | | 3202 | Finnish | | 3299 | Finnic, nec | | 3301 | Hungarian | | 3401 | Belorussian | | 3402 | Russian | | 3403 | Ukranian | | 3501 | Bosnian | | 3502 | Bulgarian | | 3503 | Croatian | | Code | **Description** | | 8112 | Murrinh-Patha | | 8113 | Ngangkikurungurr | | 8114 | Nunggubuyu | | 8115 | Rembarrnga | | 8116 | Ritharrngu | | 8117 | Tiwi | | 8118 | Yanyuwa | | 8199 | Northern Aboriginal, nec | | 8201 | Alyawarr | | 8202 | Anmatyerr | | 8203 | Arrernte | | 8204 | Bardi | | 8205 | Bunuba | | 8206 | Jaru | | 8207 | Kija | | 8208 | Kuurinji | | 8211 | Kukatha | | 8212 | Kukatja | | 8213 | Miriwoong | | 8214 | Mutpurra | | 8215 | Ngaatjatjara | | 8216 | Nyangumarta | | 8217 | Pintupi | | 8218 | Pitjantjatjara | | 8221 | Walmajarri | | 8222 | Warumungu | | 8223 | Warlpiri | | 8224 | Yulparija | | 8225 | Yankunytjatjara | | 8299 | Central Aboriginal, nec | | 8301 | Gugu Yalanji | | 8302 | Guugu Yimidhirr | | 8303 | Kuuku-Yau | | 8304 | Wik-Mungkan | | 8399 | Cape York Peninsula Aboriginal, nec | | 8401 | Kalaw Lagaw Ya | | 8402 | Meryam Mir | | 8501 | Ngarluma | | 8502 | Nyungar | | 8503 | Yindjibarndi | | 8599 | West Coast Aboriginal, nec | | 8601 | Adnymathanha | | 8602 | Arabana | | 8699 | Eastern Aboriginal, nec | | |  |  | | --- | --- | | Code | Description | | 3504 | Macedonian | | 3505 | Serbian | | 3506 | Slovene | | 3601 | Czech | | 3602 | Polish | | 3603 | Slovak | | 3901 | Albanian | | 3902 | Armenian | | 3903 | Aromunian | | 3904 | Romanian | | 3999 | Other Eastern European Languages, nec | | 4101 | Kurdish | | 4102 | Pashto | | 4103 | Persian | | 4199 | Iranic, nec | | 4201 | Amharic | | 4202 | Arabic | | 4203 | Assyrian | | 4204 | Hebrew | | 4205 | Tigrinya | | 4299 | Middle Eastern and North African Languages, nec | | 4301 | Turkish | | 4399 | Turkish and Central Asian Languages, nec | | 5101 | Kannada | | 5102 | alayalam | | 5103 | Tamil | | 5104 | Telugu | | 5199 | Dravidian, nec | | 5201 | Bengali | | 5202 | Gujarati | | 5203 | Hindi | | 5204 | Konkani | | 5205 | Marathi | | 5206 | Nepali | | 5207 | Punjabi | | 5208 | Sindhi | | 5211 | Sinhalese | | 5212 | Urdu | | 5299 | Indo-Aryan, nec | | 6101 | Burmese | | Code | **Description** | | 8701 | Kriol | | 8702 | Torres Strait Creole (Broken) | | 9101 | American Languages | | 9201 | Acholi | | 9202 | Afrikaans | | 9203 | Akan | | 9204 | Asante | | 9205 | Mauritian Creole | | 9206 | Oromo | | 9207 | Shona | | 9208 | Somali | | 9211 | Swahili | | 9212 | Yoruba | | 9213 | Zulu | | 9299 | African Languages (Excluding North Africa), nec | | 9301 | Fijian | | 9302 | Gilbertese | | 9303 | Maori (Cook Island) | | 9304 | Maori (New Zealand) | | 9305 | Motu | | 9306 | Nauruan | | 9307 | Niue | | 9308 | Samoan | | 9311 | Tongan | | 9399 | Oceanic Austronesian Languages, nec | | 9401 | Tok Pisin | | 9499 | Oceanian Pidgins and Creoles, nec | | 9501 | Papuan Languages | | 9601 | Invented Languages | | 9701 | Auslan | | 9702 | Makaton | | 9799 | Sign Languages, nec | | |  |  | | --- | --- | | Code | Description | | 6199 | Burman, nec | | 6201 | Hmong | | 6299 | Hmong-Mien Languages, nec | | 6301 | Khmer | | 6302 | Vietnamese | | 6399 | Mon-Khmer, nec | | 6401 | Lao | | 6402 | Thai | | 6499 | Tai, nec | | 6501 | Bisaya | | 6502 | Cebuano | | 6503 | Ilokano | | 6504 | Indonesian | | 6505 | Malay | | 6506 | Tagalog (Filipino) | | 6507 | Tetum | | 6508 | Timorese | | 6599 | Western Austronesian Languages, nec | | 6999 | Other Southeast Asian Languages | | 7101 | Cantonese | | 7102 | Hakka | | 7103 | Hokkien | | 7104 | Mandarin | | 7105 | Teochew | | 7106 | Wu | | 7199 | Chinese, nec | | 7201 | Japanese | | 7301 | Korean | | 7999 | Other Eastern Asian Languages | | 8000 | Aboriginal dialect, nfd | | 8101 | Anindilyakwa | | 8102 | Burarra | | 8103 | Dhaangu | | 8104 | Dhayyi | | 8105 | Dhuwal-Dhuwala | | 8106 | Djinang | | 8107 | Karrwa | | 8108 | Kunwinjku | | 8111 | Maung | |

### Table A13 Referred to on departure

|  |  |
| --- | --- |
| Code | Description |
| 01 | Review in ED - Scheduled |
| 02 | Review in ED - As required' |
| 03 | Community Health (excluding Mental Health/Alcohol & Drugs) |
| 04 | Home Nursing |
| 05 | General Practitioner/LMO' |
| 06 | Outpatient Clinic' |
| 07 | Other' |
| 08 | Not referred' |
| 09 | Not known' |
| 10 | Specialist' |
| 11 | Mental Health, Alcohol and Other Drugs Inpatient Facility' |
| 12 | Mental Health, Alcohol and Other Drugs Non-Inpatient Facility |

### Table A14 Sex

|  |  |
| --- | --- |
| Code | Description |
| 01 | Male |
| 02 | Female |
| 03 | Indeterminate/Intersex |
| 09 | Not stated/Unknown |

### Table A15 State of Usual Residence

|  |  |
| --- | --- |
| Code | Description |
| AAT | Australian Antarctic Territory |
| ACT | Australian Capital Territory |
| NS | Not Stated / Inadequately described |
| NSW | New South Wales |
| NT | Northern Territory |
| OS | Overseas |
| OT | Other Territories |
| QLD | Queensland |
| SA | South Australia |
| TAS | Tasmania |
| VIC | Victoria |
| WA | Western Australia |

### Table A16 Triage Category

|  |  |
| --- | --- |
| Code | Description |
| 1 | Resuscitation |
| 2 | Emergency |
| 3 | Urgent |
| 4 | Semi urgent |
| 5 | Non urgent |
| U | Any or none |