Use of emergency departments for lower urgency care: 2015-16 to 2018-19

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Citation

AIHW

Australian Institute of Health and Welfare (2020) Use of emergency departments for lower urgency care: 2015–16 to 2018–19, AIHW, Australian Government, accessed 10 May 2022.

Last updated 28/09/2021 v26.0

About

More than one-third of presentations to hospital emergency departments (EDs) are for lower urgency care, some of which may be managed more appropriately by health services in the community. In 2018–19, use of EDs for lower urgency care varied across Australia—ranging from 53 presentations per 1,000 people in Darling Downs and West Moreton Primary Health Network (PHN) area (Qld), to 333 per 1,000 people in Western NSW PHN area.

COVID-19

This covers data up to 30 June 2019, as such this data precedes COVID-19.

Cat. no: PHC 3

Findings from this report:

- 45% of all lower urgency ED presentations were for people aged under 25
- Just under half of all lower urgency ED presentations were after-hours (47%)
- 1 in 3 ED presentations (35%, or 2.9 million) were classified as lower urgency in 2018–19, down from 38% in 2015–16
- People in regional PHN areas continue to receive lower urgency ED care more than people in metropolitan PHN areas

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Lower urgency care

Summary

Emergency departments (EDs) are a vital part of Australia's health care system; they provide care for people who require urgent, and often life-saving, medical attention. However, many people present to the ED for health conditions that may be managed more appropriately and effectively in a different health care setting, such as through their general practitioner (GP) or a community walk-in clinic. Understanding who uses emergency care services can inform health care planning, coordination and delivery to ensure that people receive the right care, in the right place, at the right time.

The first section of this report explores variation in a cohort of ED presentations referred to as lower urgency care (Box 1). Between 2015–16 and 2018–19, about one-third of ED presentations were classified as lower urgency and close to half of all lower urgency ED presentations were for people aged under 25.

Additional measures to understand the number of ED presentations per hour, arrivals by ambulance, and admissions to hospital by triage category have been included to help inform services and initiatives which aim to reduce the number of ED presentations for lower urgency care.

Box 1: What is lower urgency care?

Lower urgency ED presentations are defined as presentations at formal public hospital EDs where the person:

- had a Type of visit to the ED of *Emergency presentation*
- was assessed as needing semi-urgent (triage category 4: should be seen within 1 hour) or non-urgent care (category 5: should be seen within 2 hours)
- did not arrive by ambulance, or police or correctional vehicle
- was not admitted to the hospital, was not referred to another hospital, and did not die.

Why measure lower urgency ED presentations?

ED presentations that are lower urgency are sometimes used as a proxy measure of access to primary health care. Higher presentation rates may suggest a lack of access to GPs or other primary health services, which may have been better placed to manage a person's health condition.

This measure is based on triage categories, which reflects urgency, not the complexity or severity of a person's health condition, or the most appropriate and cost-efficient model of care for that region. It is important not to assume that all lower urgency ED presentations can be treated in a primary health care setting. For instance, an elderly person living in a small regional town who fractures their arm may be more appropriately treated at an ED rather than their local GP. This person may receive a triage category of 4 or 5 but may have pre-existing health conditions and need diagnostic imaging tests not readily available at the GP. Understanding how and when people use EDs can help to improve decision-making, service planning, and care coordination.

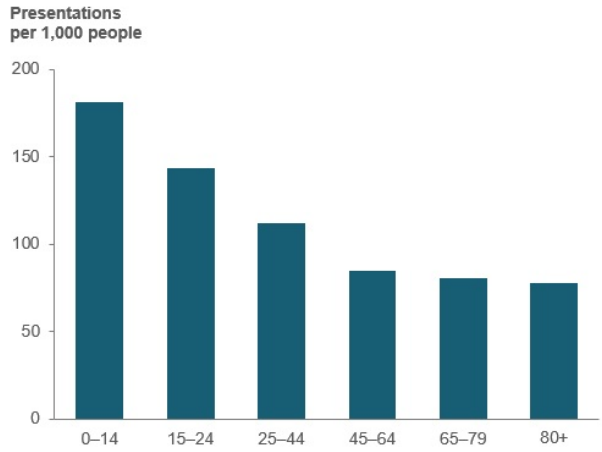
Who visits EDs for lower urgency care?

Around 1 in 3 ED presentations (35%, or 2.9 million) were classified as lower urgency in 2018–19—117.4 presentations per 1,000 people. This rate has remained relatively stable since 2015–16 (118.4 per 1,000 people). The proportion of ED presentations classified as lower urgency has fallen slightly since 2015–16 (38%).

Higher rates among children and young people

Close to half of all lower urgency ED presentations (45% or 1.3 million) were for people aged under 25; children under 15 represented 29% (or 852,000) of all lower urgency ED presentations and had the highest presentation rate (181 per 1,000 people). Conversely, people aged 65 and over accounted for 11% of lower urgency ED presentations (312,000 presentations, at a rate of 80 per 1,000 people) (Figure 1).

Figure 1: Lower urgency ED presentations per 1,000 people, by age group, all-hours, 2018-19

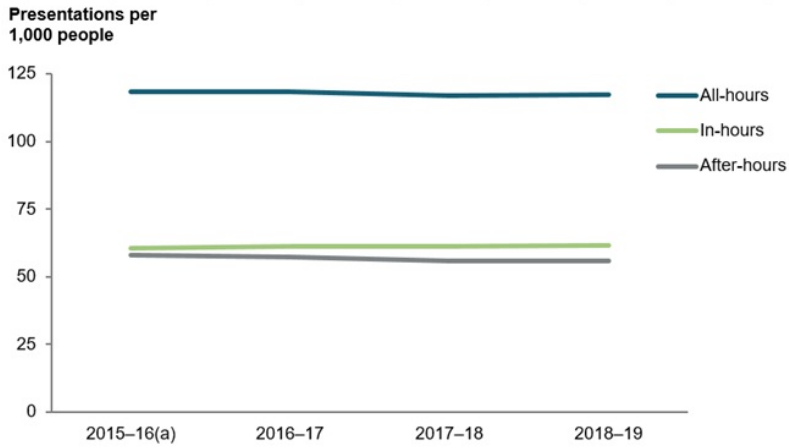


Source: AIHW analysis of the NNAPEDCD, 2018–19.

Half of all lower urgency ED presentations are after-hours

Just under half (47%) of all lower urgency ED presentations occurred during a period when general practices and other alternate health services are usually closed (after-hours, see Box 2 and Figure 2). People aged under 65 were more likely to present to ED after-hours (48% of presentations for this age group) than people aged 65 and over (39% of presentations for this age group). This proportion has slightly decreased for both cohorts since 2015–16—down from 50% and 41%, respectively.

Figure 2: Lower urgency ED presentations per 1,000 people, by presentation time, 2015-16 to 2018-19



(a) Excludes data for ED presentations that occurred in the ACT in 2015–16, as it was not available at the time of publication.

Source: AIHW analysis of the NNAPEDCD, 2015–16 to 2018–19.

Box 2: When is in-hours and after-hours?

In-hours includes weekdays from 8am to 8pm and Saturdays from 8am to 1pm (excluding public holidays).

After-hours includes Sundays, public holidays, weekdays before 8am and from 8pm, and Saturdays before 8am and after 1pm.

See the Technical note for further details.

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Lower urgency care

How do lower urgency ED presentations vary by geographic areas?

This report describes results based on where people live, not the location of the ED. People can go to an ED outside their area.

Findings confirm that people living in regional PHN areas continue to have a higher rate of lower urgency ED presentations (164 presentations per 1,000 people in 2018–19) than their metropolitan counterparts (90 per 1,000 people).

There was considerable variation across the country each year. Between 2015–16 and 2018–19, Western NSW PHN area consistently had the highest presentation rate, while Darling Downs and West Moreton PHN area had the lowest rate. In 2018–19, Western NSW had 333 presentations per 1,000 people, compared with 53 per 1,000 people in Darling Downs and West Moreton.

The proportion of lower urgency ED presentations that occurred during the in-hours period varied across the country, ranging from 47% in Western Sydney PHN area, to 60% in Western Queensland PHN area. Only three PHN areas had a higher proportion of after-hours presentations than in-hours—Western Sydney (53%), Northern Sydney (52%) and South Western Sydney (52%).

Use the interactive data visualisations to explore variation in presentation rates across small geographic areas (PHNs and Statistical Area Level 3—SA3s) between 2015–16 and 2018–19. Refer to the Technical note for further details about the geographical areas and groupings included in this report.

Tableau 1: Lower urgency ED presentations per 1,000 people, by PHN area, demographic group, and time of presentation, 2015-16 to 2018-19

This horizontal bar chart dynamically shows how the number of lower urgency ED presentations per 1,000 people varies across PHN areas. Results are presented by year (2015–16 to 2018–19), time period (all-hours, in-hours and after-hours), and demographic group (sex and age). Refer to 'PHN – Lower urgency' in the data tables.

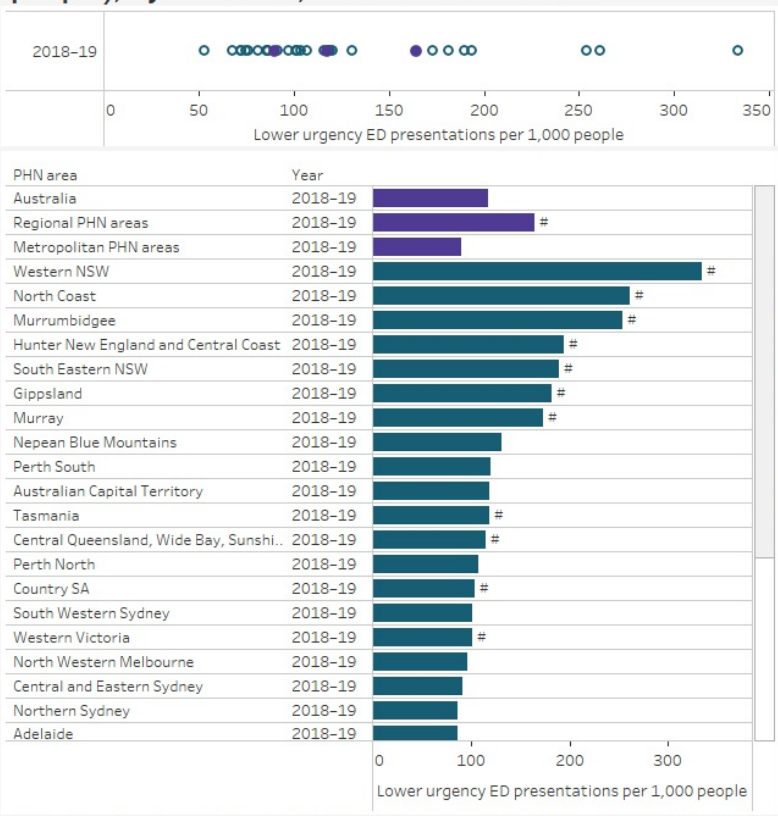
Tableau 2: PHN profile - Lower urgency ED presentations

This dynamic dashboard presents an overview of lower urgency ED presentations per PHN area. It presents how use has changed between 2015–16 and 2018–19, and how use has varied across age groups, between time periods (all-hours, in-hours and after-hours), and between the local SA3 areas *within* each PHN area. Refer to 'PHN – Lower urgency' and 'SA3 – Lower urgency' in the data tables.

Tableau 3: Lower urgency ED presentations per 1,000 people, by SA3, demographic group, and time of presentation, 2015-16 to 2018-19

This dynamic bubble chart shows the number of lower urgency ED presentations per 1,000 people, by SA3. The SA3s have been assigned into six groups: Major cities - Higher socioeconomic, Major cities - Medium socioeconomic, Major cities - Lower socioeconomic, Inner regional, Outer regional and Remote. Results are presented by year (2015–16 to 2018–19), time period (all-hours, in-hours and after-hours), and demographic group (sex and age). Refer to 'SA3 – Lower urgency' in the data tables.

Lower urgency ED presentations per 1,000 people (all-hours, all people), by PHN area, 2015–16 to 2018–19



Note: Results are based on where the person lived, not the location of the ED. See the 'Notes' tab and Technical note for further information.
Source: AIHW analysis of the NNAPEDCD, 2015–16 to 2018–19; and ABS, Estimated Resident Population 2015 to 2018.
http://www.aihw.gov.au

For more information about EDs, including the most common patient diagnoses and ED presentations by state and territory, Local Hospital Networks, and hospitals, see MyHospitals: Emergency department care.

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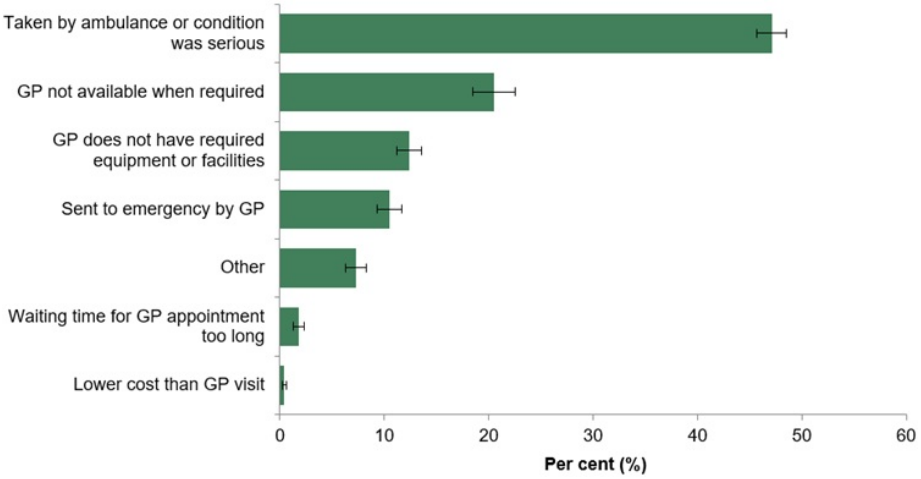
Lower urgency care

Why do people visit EDs instead of GPs?

The ABS Patient Experience Survey provides some insight into reasons why people visit EDs. The 2018–19 ABS Patient Experience Survey found that 16.8% of respondents aged 15 and over who visited an ED for any reason (representing an estimated 461,500 people) thought their care could have been provided by a GP for their most recent visit to the ED. This proportion has remained largely unchanged since 2015–16 (17.9%) (ABS 2019).

The majority of people who visited an ED reported the main reason they went to an ED instead of a GP was because they were taken by ambulance, the condition was serious, or they were sent by a GP (58%). One in 5 (21%) reported that the main reason was because a GP was not available when required and less than 1% indicated the main reason was because the ED was lower in cost than visiting a GP (Figure 3) (ABS 2019).

Figure 3: Main reason people went to the ED instead of a GP on the most recent occasion, 2018–19



95% confidence interval.

Note: Survey respondents were asked about the most recent time they went to an ED (for any reason) in the last 12 months. Survey excludes persons aged less than 15 years, persons living in non-private dwellings and the Indigenous Community Strata (encompassing discrete Aboriginal and Torres Strait Islander communities).

Source: ABS Patient Experience Survey 2018–19.

References

ABS (Australian Bureau of Statistics) 2019. Patient Experiences in Australia: Summary of Findings, 2018–19. ABS Cat. No. 4839.0. Canberra: ABS.

Last updated 1/09/2020 v10.0

Triage category 4 and 5

Half of all presentations were classified as *Semi-urgent* or *Non-urgent*

This section looks at Triage category 4 *Semi-urgent* and category 5 *Non-urgent* presentations in more detail, exploring when people arrived to the ED, how they arrived, and if they were admitted to hospital (including referrals to other hospitals for admission).

In 2018–19, nearly half of all *Emergency presentations* (Type of visit) were classified as *Semi-urgent* (39% or 3.2 million presentations) or *Non-urgent* (7.5% or 613,000 presentations) (Box 3). These included presentations where people arrived by ambulance (13% of *Semi-urgent* and *Non-urgent* presentations), or were subsequently admitted to hospital (16%).

The time emergency presentations occurred, if people arrived by ambulance, or if people were admitted to hospital, varied considerably between the triage categories, and across local areas. Understanding this variation can help health planners identify if and when care could be provided in an alternate setting, such as by a primary health care service.

Use the interactive data visualisations to explore *Semi-urgent* and *Non-urgent* presentations in more detail between 2015–16 and 2018–19. Refer to the Technical note for further details about the measures included.

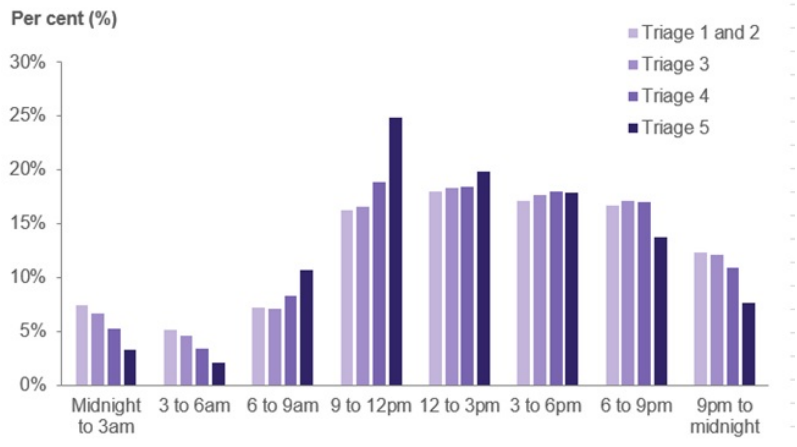
Box 3: *Emergency presentations*

All measures in this report only include *Emergency presentation* type of visits. This excludes ED presentations that were planned return visits, pre-arranged admissions, patients in transit, and patients who were dead on arrival, all of which accounted for 2% of presentations to the ED in 2018–19. See the Technical note for further details.

More *Non-urgent* ED presentations occurred mid-morning

One-quarter (25%) of people triaged as *Non-urgent* presented to the ED between 9am and 12pm. In comparison, 19% of *Semi-urgent* presentations, and 16% of Triage 1 *Resuscitation*, 2 *Emergency* and 3 *Urgent* presentations (combined) occurred in this period (Figure 4).

Figure 4: Proportion of ED presentations by time of presentation and Triage category, 2018-19



Note: Includes presentations with an *Emergency presentation* type of visit only.

Source: AIHW analysis of the NNAPEDCD, 2018–19.

People from regional areas triaged as *Non-urgent* were less likely to be admitted

Around 1 in 5 people triaged as *Semi-urgent* were admitted to hospital (18% or 572,000 presentations), while 1 in 20 people triaged as *Non-urgent* were admitted (5.4% or 33,000 presentations). People living in metropolitan PHN areas who were triaged as *Non-urgent* were more likely to be admitted to hospital (6.7% of presentations) than their regional counterparts (4.4%).

The proportion of people triaged as *Semi-urgent* and *Non-urgent* who arrived by ambulance was similar for metropolitan (14%) and regional PHN areas (13%), but varied considerably across the country, ranging from 6.0% for people living in Country WA PHN area to 24% for people living in Northern Queensland PHN area.

Tableau 4: PHN profile - Number of ED presentations by triage category

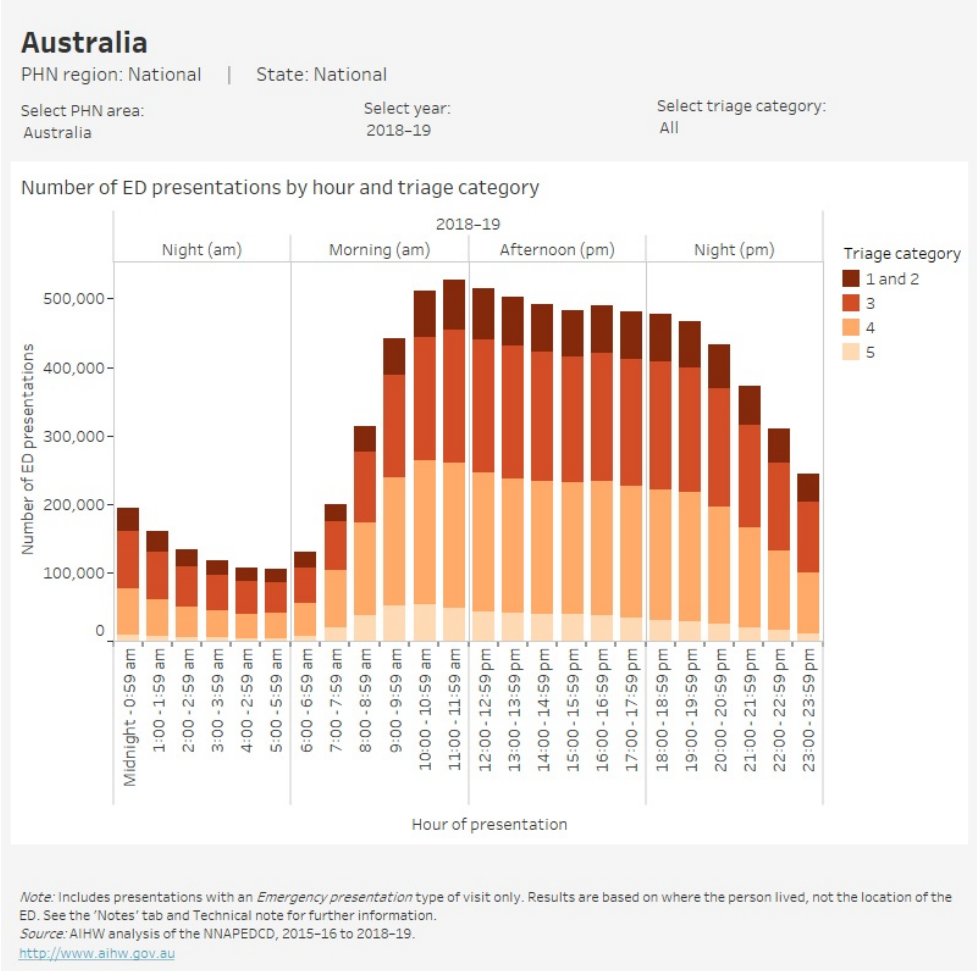
This dynamic vertical stacked bar chart shows the number of ED presentations by hour and triage category for each PHN area. Results are presented by year (2015–16 to 2018–19). Refer to 'PHN – Use by hour' in the data tables.

Tableau 5: Number of ED presentations by hour, triage category and PHN area, 2015-16 to 2018-19

This dynamic line graph shows the number of ED presentations by hour, triage category and PHN area. PHN areas have been assigned into two groups: Metropolitan and Regional. Results are presented by year (2015–16 to 2018–19). Refer to 'PHN – Use by hour' in the data tables.

Tableau 6: Number and percentage of ED presentations that arrived by ambulance or were admitted to hospital, by triage category and PHN area, 2015-16 to 2018-19

This dynamic dashboard presents two bar graphs side by side. The first bar graph shows the percentage, or number of ED presentations that arrived by ambulance, by triage category and PHN area. The second bar graph shows the percentage, or number of ED presentations that were subsequently admitted to hospital, by triage category and PHN area. Refer to 'PHN – Arrivals & Admissions' in the data tables.



Note: Includes presentations with an *Emergency presentation* type of visit only. Results are based on where the person lived, not the location of the ED. See the 'Notes' tab and Technical note for further information.
Source: AIHW analysis of the NNAPEDCD, 2015–16 to 2018–19.
http://www.aihw.gov.au

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Glossary

Coverage: The extent to which records in a database account for all occurrences of a particular event. For example, if there were estimated to be 100,000 events (such as admissions, outpatient occasions of service or emergency department presentations) nationally and 95,000 of these were specifically recorded in a database, the database would be said to have 95% coverage.

Emergency department (ED): A hospital facility that provides triage, assessment, care or treatment for non-admitted patients suffering from a medical condition or injury.

Formal public hospital emergency department (ED): Formal EDs have:

- a purposely designed and equipped area with designated assessment, treatment and resuscitation areas
- the ability to provide resuscitation, stabilisation, and initial management of all emergencies
- availability of medical staff in the hospital 24 hours a day
- designated ED nursing staff 24 hours a day, 7 days a week, and a designated ED nursing unit manager.

Index of Relative Socioeconomic Disadvantage (IRSD): One of the set of Socio-Economic Indexes for Areas for ranking the average socioeconomic conditions of the population in an area. It summarises attributes of the population such as low income, low educational attainment, high unemployment and jobs in relatively unskilled occupations.

Presentation: When a patient arrives at an emergency department for treatment. As a person may visit an emergency department in a hospital more than once in a year, the number of presentations is not the same as the number of people seen by the department.

Remoteness area: A classification of the remoteness of a location using the Australian Statistical Geography Standard Remoteness Structure (2016). The Australian Statistical Geography Standard-Remoteness Area is a geographical classification that defines locations in terms of remoteness, that is, the physical distance of a location from the nearest urban centre.

Time of presentation: Time of first recorded contact with an emergency department staff member. The first recorded contact can be the commencement of the clerical registration or triage process, whichever happens first. METeOR id: 684603.

Triage category: A category used in the emergency departments of hospitals to indicate the urgency of the patient's need for medical and nursing care. Patients are triaged into 1 of 5 categories on the Australasian Triage Scale. The triage category is allocated by an experienced registered nurse or medical practitioner. METeOR id: 684872.

- **Resuscitation (triage category 1):** the most urgent category. It is for conditions that are immediately life threatening such as heart attack, severe burns or injuries resulting from a motor vehicle accident. Patients in this category should be seen immediately (within seconds) of presenting to the emergency department.
- **Emergency (triage category 2):** conditions that could be life-threatening and require prompt attention such as chest pain or possible stroke. Patients in this category should be seen within 10 minutes of presenting to the emergency department.
- **Urgent (triage category 3):** serious but stable conditions, such as wounds or abdominal pain. Patients in this category should be seen within 30 minutes of presenting to the emergency department.
- **Semi-urgent (triage category 4):** conditions including broken arms or legs. Patients in this category should be seen within 60 minutes of presenting to the emergency department.
- **Non-urgent (triage category 5):** the least urgent category. It is for problems or illnesses such as cough or cold. Patients in this category should be seen within 120 minutes of presenting to the emergency department.

Type of visit: The reason the patient presents to an emergency department. METeOR id: 684942.

Last updated 22/05/2020 v2.0

Technical note

Technical note: Use of emergency departments for lower urgency care: 2015–16 to 2018–19

Resource

Download Technical note: Use of emergency departments for lower urgency care: 2015–16 to 2018–19. Format: PDF 607Kb PDF 607Kb

Last updated 9/05/2022 v2.0

Data

Data tables: Use of emergency departments for lower urgency care: 2015–16 to 2018–19
Data
Download Data tables: Use of emergency departments for lower urgency care: 2015–16 to 2018–19. Format: XLSX 1.8Mb XLSX 1.8Mb

Data tables: CSV file Use of emergency departments for lower urgency care: 2015–16 to 2018–19
Data

ZIP folder containing data in comma-separated values (CSV) format and accompanying metadata. The files are intended for loading into analytical software for further analysis.
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Last updated 22/05/2020 v1.0

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