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Use of emergency departments for lower urgency care

Web report | Last updated: **16 May 2024** | Topic: Primary health care

About

This web report is an update to the report *Use of emergency departments for lower urgency care: 2015–16 to 2018–19* and provides counts and rates of presentations to hospital emergency departments (ED) for lower urgency care by Statistical Area Level 3 and Primary Health Network, for 2020–21 and 2021–22. Reasons people present to the ED rather than a General Practitioner are also explored.

Cat. no: PHC 17

Findings from this report:

- Over 1 in 3 ED presentations (36%, or 3.1 million) were classified as lower urgency in 2021–22
- 42% of all lower urgency ED presentations were by people aged under 25 in 2021–22
- 45% of all lower urgency ED presentations were after-hours in 2021–22
- People in regional PHN areas have higher rates of lower urgency ED presentations than people in metropolitan PHN areas

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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. People who attend EDs are managed according to the condition they are presenting with to ensure that the most urgent cases are dealt with most quickly. People are triaged into 1 of 5 categories on the Australasian Triage Scale (ACS). These vary on how soon people presenting to the ED need medical and/or nursing care. These categories are:

- Triage category 1 (Resuscitation): patient should be seen immediately (within seconds)
- Triage category 2 (Emergency): patient should be seen within 10 minutes
- Triage category 3 (Urgent): patient should be seen within 30 minutes
- Triage category 4 (Semi-urgent): patient should be seen within 60 minutes
- Triage category 5 (Non-urgent): patient should be seen within 120 minutes.

Understanding who uses emergency care services can inform health care planning, coordination, and delivery to ensure that people receive the best care for their circumstances.

The first section of this report explores ED presentations referred to as lower urgency care (Box 1). In 2021–22, about one-third of ED presentations were classified as lower urgency and about 4 in 10 of all lower urgency ED presentations were by 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 in the data tables to help inform services and initiatives which aim to ensure the best care for patients presenting 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*
- had a triage category of *semi-urgent* (triage category 4: should be seen within 60 minutes) or *non-urgent care* (triage category 5: should be seen within 120 minutes)
- did not arrive by ambulance, or police or correctional vehicle
- was not admitted to the hospital, not referred to another hospital, and did not die.

These types of presentations are sometimes referred to as 'avoidable GP type' or 'GP style' however, there is nothing in the indicator specification that enables this kind of characterisation and so we do not present them as such. The indicator is based on the Australian College of Emergency Medicine's Australasian Triage Scale for assessing emergency department patients. Further, more detailed work would need to be done, including by looking at various factors that influence the most appropriate model of care for such presentations, including for example the complexity of a presentation and the patient's choice or condition.

Why measure lower urgency ED presentations?

Understanding how and when people use EDs can help to improve decision-making, service planning, and care coordination.

ED presentations that are lower urgency are sometimes used as a proxy measure of access to primary health care because some patients presenting in these categories may be better managed elsewhere in the health system. However, this measure is based only on the categories of the Australasian Triage Scale, which reflects urgency and does not reflect the complexity or severity of a person's health condition, nor does it identify the most appropriate and cost-efficient model of care for the patient or in that region.

It is important not to assume that all lower urgency ED presentations could be more appropriately or efficiently treated in another setting. For instance, someone who fractures their arm may be more appropriately treated at an ED that has access to diagnostic imaging tests not readily available in all other settings.

Rates of lower urgency care admissions

Around 1 in 3 ED presentations (36%, or 3.1 million) were classified as lower urgency in 2021–22. ED presentations classified as lower urgency remained steady since 2020–21 (37%, or 3.2 million).

Higher rates of lower urgency presentations among children and young people

Around 4 in 10 lower urgency ED presentations in 2021–22 (42% or 1.3 million) were for people aged under 25. Children under 15 represented nearly 3 in 10 (26% or 807,000) lower urgency ED presentations and was the age group with the highest presentation rate (170 per 1,000 people). Conversely, people aged 65 and over accounted for about 1 in 10 (11%) lower urgency ED presentations (326,000 presentations, a rate of 74 per 1,000 people) (Figure 1).

Figure 1: Lower urgency ED presentations per 1,000 people, by age group, all-hours, 2021–22

Younger people were more likely than older people to present to ED for presentations that were considered lower urgency in 2021–22.

Source: AIHW analysis of the National Non-admitted Patient Emergency Department Care Database (NNAPEDCD) 2021–22.

Less than half of all lower urgency ED presentations were after-hours

In 2021–22 over 4 in 10 (45%) lower urgency ED presentations occurred when general practices and other alternate health services are usually closed (after-hours, see Box 2). People aged under 65 were more likely to present to ED after-hours (45% of presentations for this age group) for presentations considered lower urgency, than people aged 65 and over (37% of presentations for this age group). Since 2020–21, the proportion of after-hours presentations for lower urgency care has remained steady (Figure 2; Box 2).

Figure 2: Proportion (%) of lower urgency ED presentations that occurred after-hours, by age group, 2020–21 and 2021–22

In 2020–21 and 2021–22, people aged under 65 were more likely to present to ED after-hours for lower urgency presentations than people aged 65 and over.

Source: AIHW analysis of the NNAPEDCD 2020–21; 2021–22.

Box 2: When is in-hours and after-hours for ED presentations?

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 from 1pm.

For further details refer to the Technical notes.

Impact of COVID-19 on emergency department activity

During the initial outbreak of COVID-19 in Australia, a range of restrictions on travel, business, social interaction and border control were introduced across most jurisdictions from February 2020 to prevent and reduce the spread of COVID-19. In response to the ongoing COVID-19 pandemic, many restrictions have continued in some jurisdictions in 2020–21, and new restrictions put in place in 2021–22 in response to new variants of COVID-19. These restrictions have had effects on the delivery of emergency department care.

The specific factors that may have affected overall ED activity include:

- changes in patient behaviours, including changes in healthcare seeking behaviours and restricted activities that might reduce risks for some kinds of healthcare issues such as injuries or influenza
- patients being asked not to enter premises or re-directed to other services if they have symptoms consistent with COVID-19 or have been a close contact of someone who has been infected
- closure of, or restriction on, some types of healthcare services (for example, non-urgent surgery or dental care)
- establishment of testing facilities and fever clinics for COVID-19 – which, in some areas, may have been established as part of ED facilities
- establishment of new modes of delivery for healthcare services (for example, telehealth services funded through the Medicare Benefits Schedule) (AIHW 2023).

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

References

AIHW (Australian Institute of Health and Welfare) 2023 *Emergency department care activity*, AIHW, Australian Government, accessed 21 February 2024.

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Lower urgency care

This report describes results based on where people lived, not the location of the Emergency Department (ED). People can go to an ED outside their area.

Findings confirm that people living in regional Primary Health Network (PHN) areas had a higher rate of lower urgency ED presentations (167 presentations per 1,000 people in 2020–21 and 159 per 1,000 in 2021–22) than their metropolitan counterparts (100 per 1,000 people in 2020–21 and 97 per 1,000 in 2021–22).

There was considerable variation across PHNs. In 2021–22, Western NSW PHN (NSW) area had 340 presentations per 1,000 people, compared with 48 per 1,000 in Darling Downs and West Moreton PHN (Qld) area.

The proportion of lower urgency ED presentations in 2021–22 that occurred in-hours also varied across PHNs, ranging from 48% in Western Sydney PHN (NSW) area, to 66% in the Gold Coast PHN (Qld) area.

For detailed 2020–21 and 2021–22 data at the PHN and Statistical Area Level 3 (SA3) areas, refer to the data tab. For details about the geographical areas and groupings included in this report refer to the Technical notes.

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

For more information about PHN, including what they are, what they do and a map of their boundaries, see Primary Health Networks.

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Why do people visit Emergency Departments instead of General Practitioners?

The Australian Bureau of Statistics (ABS) Patient Experience Survey provides some insight into reasons why people visit Emergency Departments (EDs). The survey found that of the 3.2 million respondents aged 15 and over in 2022–23 who visited an ED for any reason, about 16% (an estimated 492,000 people) thought their care could have been provided by a General Practitioner (GP) for their most recent visit to the ED. This proportion has remained largely unchanged since 2018–19 (17%) (Figure 3) (ABS 2023).

Figure 3: Proportion (%) of people aged 15 years and over who visited an ED, who thought their care could have been provided by a GP for their most recent visit to the ED, 2018–19 to 2022–23

Since 2018–19, about 17% of people aged 15 and over who visited an ED thought their care could have been provided by a GP for their most recent visit.

Source: ABS (2023).

In 2022–23, of people aged 15 years and over who visited an ED (3.2 million):

- nearly 1 in 2 (47%) people reported that the main reason they went to an ED instead of a GP was because they were taken by ambulance or the condition was serious
- 1 in 5 (22%) reported that the main reason was because a GP was not available when required or that the waiting time for a GP appointment was too long
- fewer than 1% indicated the main reason was because the ED was lower in cost than visiting a GP (Figure 4) (ABS 2023).

Figure 4: Main reason people aged 15 years and over went to the ED instead of a GP on the most recent occasion, 2022–23

In 2022–23, almost half of people aged 15 and over who visited an ED reported they went to an ED instead of a GP because they were taken by ambulance or the condition was serious.

Source: ABS (2023).

References

ABS (Australian Bureau of Statistics) 2023. Patient Experiences, ABS website, accessed 21 November 2023.

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Triage category 4 and 5 presentations

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

This section looks at *Semi-urgent* (triage category 4) and *Non-urgent* (triage category 5) presentations in further detail, exploring when people arrived to the Emergency Department (ED), how they arrived, and if they were admitted to hospital (including referrals to other hospitals for admission). As outlined in Box 1, lower urgency ED presentations are a subset of all *Semi-urgent* and *Non-urgent* emergency presentations where the person did not arrive by ambulance, or police or correctional vehicle; and was not admitted to the hospital, not referred to another hospital, or did not die.

In 2021–22, nearly half of all emergency presentations (type of visit) were classified as *Semi-urgent* (36% or 3.2 million presentations) or *Non-urgent* (8.6% or 745,000 presentations) (Box 3). These included presentations where people arrived by ambulance (12% of all *Semi-urgent* and *Non-urgent* presentations), or were subsequently admitted to hospital (13% of all *Semi-urgent* and *Non-urgent* presentations).

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 how best to provide care to these patients.

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. For further details refer to the Technical notes.

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

In 2021–22, one-quarter (25%) of people triaged as *Non-urgent* (triage category 5) and 20% of *Semi-urgent* (triage category 4) presented to the ED between 9am and 12pm. In comparison, 17% of *Resuscitation* (triage category 1), *Emergency* (triage category 2) and *Urgent (triage category 3)* presentations combined occurred in this period (Figure 5).

Figure 5: Proportion of emergency presentations by time of presentation and triage category, 2021–22

In 2021–22, the highest proportion of people triaged as Non-urgent presented to the ED between 9am to 12pm.

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

Source: AIHW analysis of the NNAPEDCD, 2021–22.

Rates of admission are similar for metropolitan and regional areas for people triaged as *Non-urgent*

Around 1 in 7 people triaged as *Semi-urgent* were admitted to hospital (15% or 484,000 presentations), while 4.3% triaged as Non-urgent were admitted (31,800 presentations). People living in metropolitan PHN areas who were triaged as *Non-urgent* were admitted to hospital at a similar rate to their regional counterparts (4.5% of presentations for metropolitan PHN areas; 4.0% of presentations for regional PHN areas).

The proportion of people triaged as *Semi-urgent* and *Non-urgent* who arrived by ambulance was similar for metropolitan (11%) and regional PHN areas (13%), but varied considerably across the country, ranging from 5.9% for people living in Country WA PHN (WA) area to 23% for people living in Northern Queensland PHN (Qld) area.

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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. METEOR id: 531713.

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: 746098.

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.

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Notes

Data quality statement

AIHW National Non-admitted Patient Emergency Department Care Database (NNAPEDCD)

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Data

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