

Episode of admitted patient care— emergency/elective admission status: Obstetric delivery admissions

- The 'Episode of admitted patient care—emergency/elective admission status'¹ is assigned on admission of the patient and identifies whether a patient who presents at the hospital is assigned an urgency status of 'emergency', 'elective' or 'not assigned'.
- Episode of admitted patient care—emergency/elective admission status is assigned on admission of the patient. It is not a retrospective assessment of the patient's needs/condition.
- The definitions for each Episode of admitted patient care—emergency/elective admission status category are:
 - An **emergency admission (Code 1)** occurs if one or more of the following clinical conditions are applicable and require the patient to be admitted within 24 hours. Applicable clinical conditions include where the patient is:
 - at risk of serious morbidity or mortality and requiring urgent assessment and/or resuscitation; or
 - suffering from suspected acute organ or system failure; or
 - suffering from an illness or injury where the viability or function of a body part or organ is acutely threatened; or
 - suffering from a drug overdose, toxic substance or toxin effect; or
 - experiencing severe psychiatric disturbance whereby the health of the patient or other people is at immediate risk; or
 - suffering severe pain where the viability or function of a body part or organ is suspected to be acutely threatened; or
 - suffering acute significant haemorrhage and requiring urgent assessment and treatment; or
 - suffering gynaecological or obstetric complications; or
 - suffering an acute condition which represents a significant threat to the patient's physical or psychological wellbeing; or
 - suffering a condition which represents a significant threat to public health.

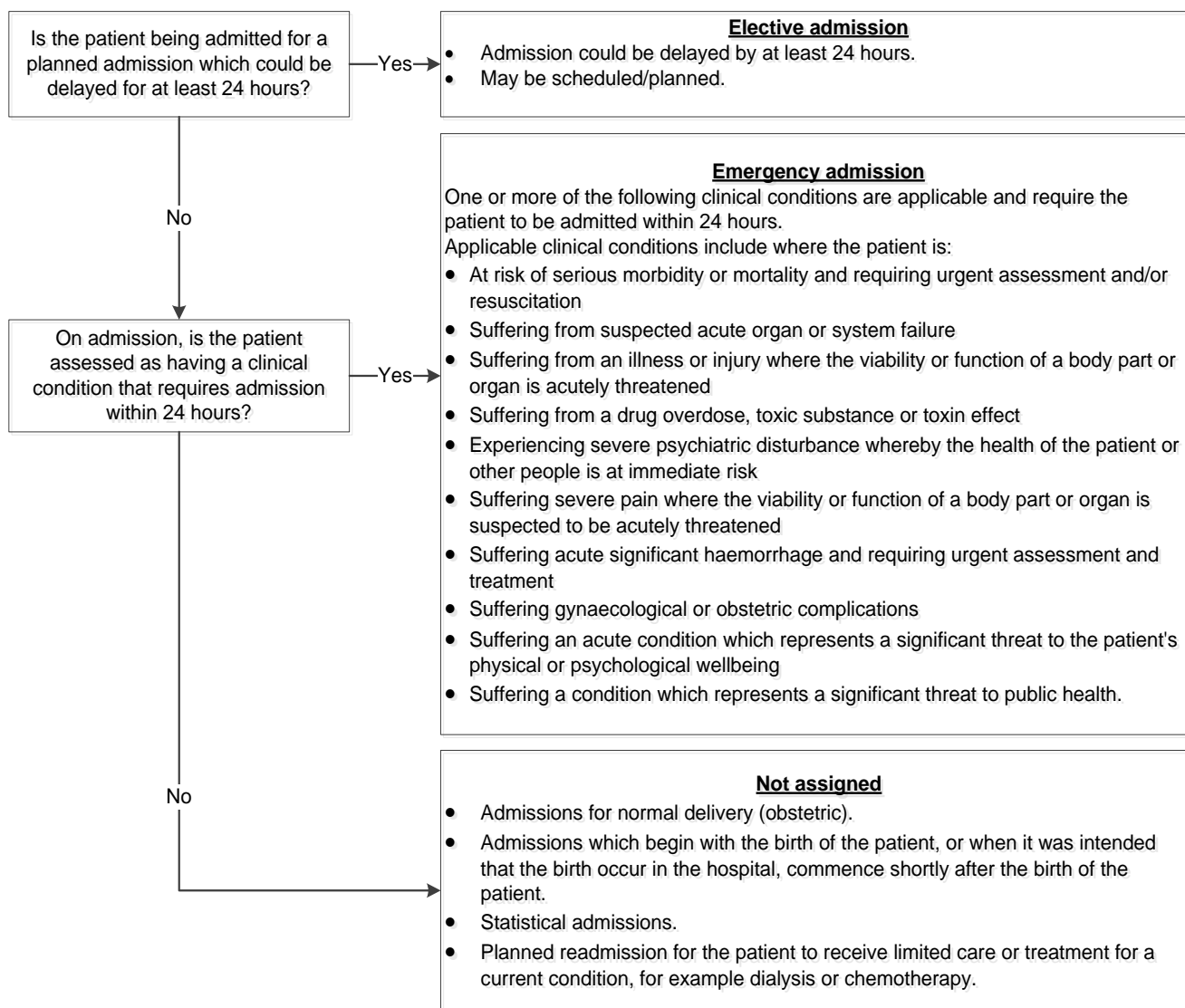
Irrespective of whether the patient was admitted within 24 hours or not, if the patient meets the above criteria, the admission is categorised as emergency.

- An **elective admission (Code 2)** will often be assigned for an admission that has been scheduled in advance – this includes a planned caesarean or induction, or elective surgery. If a patient presents for a scheduled admission, but on arrival it is found that the patient has one or more of the clinical conditions that indicate an emergency status, the urgency of admission assigned would be emergency. The distinguishing characteristic for an elective admission is that it could be delayed by at least 24 hours.

¹Queensland Health Data Dictionary, accessed 1 November 2021, https://oascrasprod.health.qld.gov.au:8443/ords/f?p=103:DE_DETAIL::NO::P7_SEQ_ID:44283&cs=11E841F4EBB2024A884DBAF648AE75E01

- An admission for which an emergency/elective status is **Not assigned (Code 3)** as it is neither an emergency or elective admission is:
 - an admission for normal delivery (obstetric); or
 - an admission which begins with the birth of the patient, or when it was intended that the birth occur in the hospital, commences shortly after the birth of the patient; or
 - a statistical admission; or
 - a planned readmission for the patient to receive limited care or treatment for a current condition, for example dialysis or chemotherapy.
- **Note:** The Episode of admitted patient care–emergency/elective status is assigned for admissions based on the above definitions and code priority. For example, a patient who is to have an obstetric admission may have one or more of the clinical conditions listed above and should be assigned as and admitted on an emergency basis.

Episode of admitted patient care – emergency/elective admission status flow chart



Why is it important to correctly assign the Episode of admitted patient care – emergency/elective admission status?

- Data such as Episode of admitted patient care – emergency/elective admission status assists in understanding patient care needs which can assist with future planning of resources and care options. Emergency admissions, because they are unplanned, in some circumstances may mean a hospital admits a patient with care needs outside their normal service offerings and can limit the range of options available to healthcare professionals. The resource utilisation is often also higher for emergency admissions compared to other categories.
- The information can be used for local and state-wide reporting and to gain a greater understanding of the types of admissions that occur.
- The data is used at a national level to gain greater understanding of admission processes and healthcare resource utilisation.

Scenarios

Below are some scenarios intended to assist in identifying the correct emergency/elective admission status category to be assigned.

Scenario 1

An obstetric patient unexpectedly presents at Hospital A in labour (no booked admission elsewhere). Hospital A has an obstetric unit. On arrival the patient is assessed as not currently experiencing any emergency clinical conditions and a normal delivery of twins is expected. The patient goes on to have twins - both via spontaneous delivery. The Episode of admitted patient care–emergency/elective status assigned on admission is 3 – Not assigned.

Scenario 2

An obstetric patient has booked at Hospital A to have an induction of labour and normal delivery. The patient arrives at Hospital A on the date booked and after clinical assessment (no complications identified), undergoes an induction of labour which progresses to a spontaneous delivery. The delivery is complicated by fetal distress and failure to progress. Though there were complications experienced during the episode of care (after admission), the Episode of admitted patient care–emergency/elective status assigned on admission is 2 – Elective admission as these complications were not assessed as present on admission.

Scenario 3

An obstetric patient has booked at Hospital A to have an elective spontaneous vaginal delivery. Due to circumstances, the patient goes into labour and presents at Hospital B to deliver. Hospital B does not have an obstetric service and it is not possible to send the patient elsewhere for delivery at a hospital with an obstetric unit. On assessment of the patient, a normal delivery is expected. Though the delivery does not occur at originally planned hospital, the Episode of admitted patient care–emergency/elective status assigned on admission is 3 – Not assigned.

Scenario 4

An obstetric patient has booked at Hospital A to have an uncomplicated spontaneous delivery. Due to circumstances, the patient goes into labour and presents at Hospital B to deliver. Hospital B does not have an obstetric unit. On assessment of the patient, it is identified that the patient is suffering acute significant haemorrhage and requires urgent admission, assessment and treatment. Due to the clinical conditions identified on admission, the Episode of admitted patient care–emergency/elective status assigned is 1 – Emergency admission.

Scenario 5

An obstetric patient has booked at Hospital A to have a planned/elective caesarean section procedure. The patient presents on the date booked for admission and has a caesarean procedure. The Episode of admitted patient care–emergency/elective status assigned on admission is 2 – Elective admission.

Scenario 6

An obstetric patient has booked at Hospital A to have planned/elective caesarean section procedure. The patient presents prior to the booked date - in labour with an obstetric complication, and goes on to have an emergency caesarean procedure. The Episode of admitted patient care–emergency/elective status assigned on admission is 1 – Emergency admission.

Scenario 7

An obstetric patient is booked to have an expected uncomplicated single spontaneous delivery at a birthing centre. During the delivery at the birthing centre there are complications and the patient has a ward transfer from the birthing centre to the birth suite at the hospital. As a normal delivery was expected and an assessment performed on admission did not indicate otherwise, the Episode of admitted patient care–emergency/elective status assigned on admission is 3 – Not assigned.

Scenario 8

An obstetric patient presents at Hospital A in labour intending to have a spontaneous delivery. The patient has not previously been admitted to Hospital A and there is no information available regarding antenatal care provided. Hospital A does have an obstetric unit and labour ward. The patient is assessed on arrival (and subsequently admitted due to rapid progress of labour) and is assessed as not currently experiencing any emergency clinical conditions. The Episode of admitted patient care–emergency/elective status assigned on admission is 3 – Not assigned.

For further information, contact the Principal Statistical Data Standards Officer, Statistical Services Branch, 07 3708 5653.