



LEGISLATIVE ASSEMBLY

FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON ESTIMATES 2024-2045

Ms Nichole Lawder MLA (Chair) Ms Suzane Orr MLA (Deputy Chair),

Miss Laura Nuttall MLA (Member)

ANSWER TO QUESTION TAKEN ON NOTICE DURING PUBLIC HEARINGS

Asked by: **Ms Nicole Lawder MLA**

Addressed to: Minister for Health

Reference: Uncorrected Hansard Transcript pages 4 and 5

In relation to: Initiation of care definitions

Hearing Date: 25 July 2024

THE CHAIR: Lovely. For the purposes of reporting, at what point is a patient going from ED to the AMU counters, being seen or receiving medical care?

Ms Zagari: So, the being seen and treated in the emergency department is counted in the same way irrespective of where the patient is going to go to. So, it is not about if the patient is going to AMU. Once they start to receive care there is a series of definitions that are about initiation of care. So the review by a medical team, or the administration of medications, for example. So there is actually a definition. And we can provide that actually formally as a question on notice, if that would be useful?

Minister Stephen-Smith: The answer to the Member's question is as follows:

The MetaData online registry (METEOR) outlines the definitions, located here:

<https://meteor.aihw.gov.au/content/746621>

Emergency department (ED) non-admitted clinical care can be commenced by a doctor, nurse, mental health practitioner or other health professional, when investigation, care and/or treatment is provided in accordance with an established clinical pathway defined by the ED. Placement of a patient in a cubicle and observations taken to monitor a patient pending a clinical decision regarding commencement of a clinical pathway, do not constitute commencement. The following examples illustrate the commencement of ED non-admitted clinical care.

Example 1

A patient presents at the ED with mild asthma. At **triage**, the patient is categorised as category three and returns to the waiting area. The patient has a more severe asthma attack in the waiting area, is re-triaged to category two and shown to a cubicle where standard observations are taken. A nurse comes to the cubicle and commences treatment based on an acknowledged clinical pathway of the ED. At this point ED clinical care has commenced.

Example 2

A patient presents at the ED in an agitated, delusional state. At triage, the patient is categorised as category two and placed in a cubicle and the mental health practitioner notified. Observations are taken and nursing staff continue to observe the patient. The mental health practitioner arrives, assesses the patient and develops a management plan. At this point ED clinical care has commenced.

Example 3

A patient presents at the ED with an ankle injury from football. At triage, the patient is categorised as category four and moved to the 'fast track area'. The physiotherapist attends, examines the patient, makes an assessment (including diagnostic imaging requirements) and determines a treatment plan. At this point ED clinical care has commenced.

Example 4

A patient presents at the ED with a sore arm, following a fall, with limited arm movement possible. The patient is categorised as category three at triage and placed in a cubicle. A nurse provides analgesia and assesses the patient, including ordering diagnostic imaging. At this point ED clinical care has commenced.

Example 5

A patient presents at the ED with chest pain. Triage category two is allocated. The patient is placed in a cubicle and a nurse gives oxygen and medication, takes blood samples and conducts an ECG. The ECG is reviewed. At this point ED clinical care has commenced. A doctor subsequently arrives and the patient is transferred to the catheter lab after examination.

Approved for circulation to the Select Committee on Estimates 2024-2025

Signature: 

Date: 1/8/24

By the Minister for Health Rachel Stephen-Smith