Measure (see definitions below)	Result – record here then transfer to electronic survey if required
Total number of treatment spaces including resuscitation care spaces	
Number of resuscitation care spaces	
Number of spaces in ED controlled short stay unit	
Nursing direct clinical care hours (excluding. breaks) per 100 patient visits = average nursing hours per day / average number of patients per day x 100	
Physician direct clinical care hours (excluding. breaks) per 100 patient visits (all levels of doctor) = average physician hours per day / average number of patients per day x 100	
Advance practice provider direct clinical care hours (excluding. breaks) per 100 patient visits = average NP/CNS hours per day / average number of patients per day x 100	
Emergency medicine specialist 24/7 coverage (Y/N)	
Independent admission rights (Y?N)	
Number of ED visits/year	
Number and Proportion of patients aged 0-5	
Number and Proportion of patients aged >75	
Case mix level of acuity Number and proportion of patients per triage category.	
Number and Proportion of patients coming by ambulance	
ED Length of stay Median (IQR) Mean (sd)	
Time to first provider Median (IQR) Mean (sd)	
Acute care beds per 1000 inhabitants	
Number of Hospital beds	
Number and proportion Left without being seen	
Disposition (number and proportion) (Discharged; Admitted; ED SSU Admission; Died; Transferred)	
Number and proportion Re-attendance within 72h, resulting in admission	

Measure	Definition (use to help calculate value for the measure in the survey)
ED structure	
Total number of treatment spaces	Any space designated for assessment of acute patients within the Emergency Department (ED) designed to allow safe, timely, effective, efficient, patient centred emergency care appropriate to management of acute clinical conditions. This includes bed spaces within rooms separated by walls or curtains, with access to oxygen and suction equipment, and chair spaces in an ambulatory or 'fast track' area. When reporting the total number of treatment spaces the number of resuscitation and fast track spaces should also be stated. Waiting room spaces or rooms designed solely for specific procedures (e.g. plastering, suturing) or specific-organ examination (e.g. ophthalmology, otolaryngology, gynaecology) where patients do not stay longer than it takes to perform the specific procedure for which the room is designed are not included in the number of treatment spaces but the number and type of these may also be reported. ED short stay unit spaces should be reported separately to the number of treatment spaces. ED hallway spaces and ambulance stretchers or trolleys are not appropriate ED treatment spaces and are therefore excluded from this definition.
Total number of resuscitation beds	A Resuscitation Bed is a bed in a specific area of the ED used for critical (high dependency) medical or trauma care, or high risk patients. It usually contains equipment for rapid procedures, imaging, diagnostics and intensive care level monitoring and treatments. This includes but is not restricted to advanced airway equipment, invasive and non-invasive ventilation equipment, and equipment for continuous cardiac and invasive haemodynamic monitoring. The number of resuscitation beds should be counted in the total number of ED treatment spaces but also reported separately as a subcategory of the total number of treatment areas.
Number of beds in ED-controlled short stay unit	A short stay unit is intended for short-term treatment, observation, assessment and reassessment of patients initially triaged and assessed in the ED/ The anticipated duration of stay is likely to be <24 hours. In order to be included in the ED bed count these beds must be controlled and managed by designated ED staff. The unit must have clearly defined admission and discharge criteria and policies. ED Short stay units have a static number of beds with oxygen, suction, and ablution facilities, physically separated from the ED acute treatment area. They are not a temporary ED overflow area, or used to keep patients solely awaiting an inpatient bed or awaiting treatment in the ED. ED short stay unit bed numbers are should be reported separately to the number of ED treatment spaces. If an ED uses a room for either acute assessment or short stay according to current needs, the spaces in this room are counted as treatment spaces for reporting purposes. NOTE: there are a number of interchangeable names given to ED Short Stay Units in different jurisdictions, such as Short Stay Unit/Ward, Observation Unit/Ward, Assessment Unit/Ward, Clinical Decision Unit, etc. The particular name given to such units locally is not important as long as the operating principles are consistent with those described above.
ED staffing and governance	

Staffing	Number of direct clinical care hours, excluding breaks, all per 100 ED visits: - Total number of direct care clinical nursing hours provided by registered nurses - Total number of physician hours (counting all specialties and all levels of training, but excluding physicians who only provide consultative services after another provider has assessed the patient) - supplementary: of which total number of EM specialist hours, physically present in ED - Number of advanced practice provider hours: Total number of advanced practice provider hours per 100 ED visits. Advance practice providers include nurse practitioners, advance practice nurses, physicians assistants and other health assistants.
EM specialist coverage	Is there 24 hour / day physical presence of an EM specialist in the ED? Yes/No An EM specialist is a physician with specialist training in emergency medicine as defined by national qualifying standards. Other specialists, even if working only in the ED, should not be included.
Independent admission rights	Can the senior decision maker in the ED independently decide that the patient should be admitted? Yes/No
ED population	
Number of ED visit/year	ED census: Number of ED encounters tracked annually
Proportion of patients aged 0-5 and >75	Infant/pediatric rate: Percentage of ED patients younger than 6 years Geriatric rate: Percentage of ED patients older than 75 years
Level of acuity	Percentage of patients in different acuity levels according to local triage system grading from high acuity to low acuity.
Proportion of patients coming by ambulance	Percentage of ED patients arriving by ambulance (road and air included)
ED process time	

Length of stay	Total Emergency Department Length of Stay is the total time spent or Length of Stay (LOS) in the ED treatment area and short stay unit (observation area). This is the time of Arrival in the Emergency Department (T0) subtracted from the time of Departure from the Emergency Department (T1 if not placed in the ED short stay unit and T2 if placed in the ED short stay unit). Arrival Time is defined the date and time of first contact by the patient with a triage nurse or receptionist (whichever comes first). Departure Time is defined as the date and time at which the patient physically leaves the ED: either admitted to an in-patient ward, transferred to another hospital facility or discharged to home or other community care facility (including the mortuary for patients who die in ED). Arrival Time: T0 = First Date and Time stamp in ED Departure Times: T1 = Date and Time of Leaving ED treatment area T2 = Date and Time of Leaving short stay unit (observation area) ED LOS in the treatment area: T1 - T0 ED LOS in the short stay unit (observation area): T2 - T1 Total ED LOS is T2-T0 for those who are placed in ED short stay units (observation areas) and T1-T0 if not placed in a short stay unit (observation area) SUPPLEMENTARY All variants of ED LOS may also be reported separately for those patients who are 1. Admitted to hospital; 2. Discharged from or Died in ED; and 3. Transferred to another hospital.
Time to first provider	Time to first provider is the time Arrival (T0) subtracted from the time of first contact with a provider of definitive care in the ED (Tp). Provider is defined as physician, nurse practitioner/advanced practice nurse, or physician assistant. Provider contact time is defined by either the face-to-face evaluation of the patient or the initiation by the provider of specific diagnostic and/or therapeutic orders (in a pre-specified care pathway). Triage assessment alone and the provision of analgesia or IV fluids outside of a pre-specified care pathway is not counted as Tp. Patients are excluded from this calculation if they leave prior to assessment by a provider or are dead on arrival.
Occupancy	Supplementary: Number of patients per bed (treatment space)
Hospital and health care system	
Acute care beds per 1000 inhabitants	Hospital beds are defined as all beds that are regularly maintained and staffed and are immediately available for use. They include beds in general hospitals, mental health hospitals, and other specialty hospitals. Beds in residential long-term care facilities are excluded. Reported at a national level or for a geographic area relative to the study (ie in a city, or a stateprovince)

Hospital beds	According to OECD health statistics: Total hospital inpatient bed are all hospital beds which are regularly maintained and staffed and immediately available for the care of admitted patients. They are the sum of the following four categories: Curative (acute) care beds; Rehabilitative care beds; Long-term care beds; and Other hospital beds. Inclusion - Beds in all hospitals, including general hospitals, mental health hospitals, and other specialised hospitals. - Occupied and unoccupied beds Exclusion - Surgical tables, recovery trolleys, emergency stretchers, beds for same-day care, cots for healthy infants - Beds in wards which were closed for any reason - Provisional and temporary beds - Beds in residential long-term care facilities. Use the average number of available beds over the year where possible.
ED outcomes	
Left without being seen	Proportion of ED patients left before seeing a physician or other decision making clinician
Disposition	Discharged Directly form ED Mortality rate: Percentage of ED patients who die in the ED (Supplementary percentage with DNACPR (Do Not Attempt Cardio-Pulmonary Resuscitation status) ICU admission rate: Percentage of ED patients requiring any kind of ICU bed on admission. Ward admission: Percentage of ED patient admitted to a regular in-hospital ward SSU admission: Percentage of ED patients admitted to an ED controlled short stay unit Transfer rate: Percentage of ED patients transferred for care at another facility
Re-attendance	Unplanned return visit to the ED resulting in admission within 72 h of being seen and discharged from the ED. All return visits that were not previously scheduled by ED staff should be included.