



Appendix 2

**This appendix was part of the submitted manuscript and has been peer reviewed.
It is posted as supplied by the authors.**

Appendix to: Sullivan C, Staib A, Khanna S, et al. The National Emergency Access Target (NEAT) and the 4-hour rule for emergency departments: time to review the target. *Med J Aust* 2016; 204: 354. doi: 10.5694/mja15.01177.

APPENDIX 2

Supplementary Tables and Figures

Table 1. Profile of datasets from study hospitals

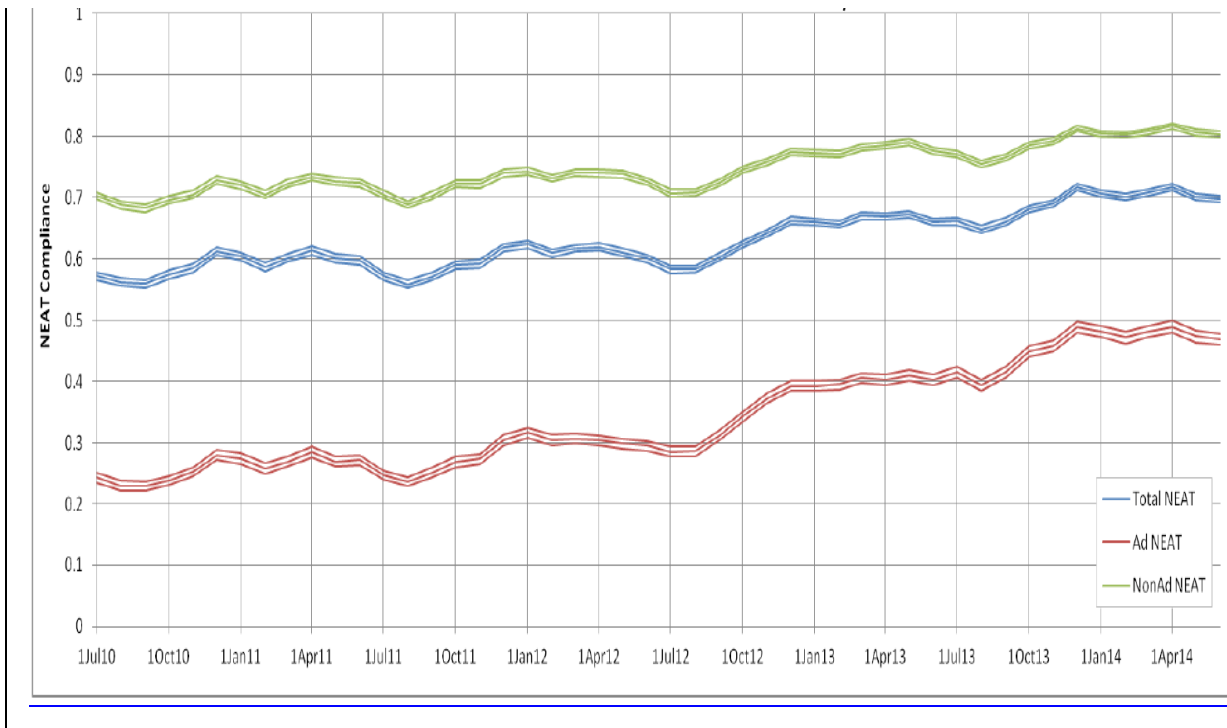
AIHW Definition (based on number of casemix-adjusted separations per annum)	Number of hospitals (Percentage of all Australian hospitals within peer group)	Total number of ED records	Mean number of daily ED Presentatio ns	Total number of inpatient records (emergency and elective)
Principal Referral Hospital*	23	5.8 million	171	6.6 million
Large Hospital**	25	4.9 million	134	3.8 million
Medium Hospital	11	1.9 million	116	1.1 million
Total numbers	59	12.5 million	146	11.6 million

*Defined as major city and >20000 separations or regional and > 16000 separations.

**Defined as major city and >10000 separations or regional and > 8000 separations or remote and >5000 separations.

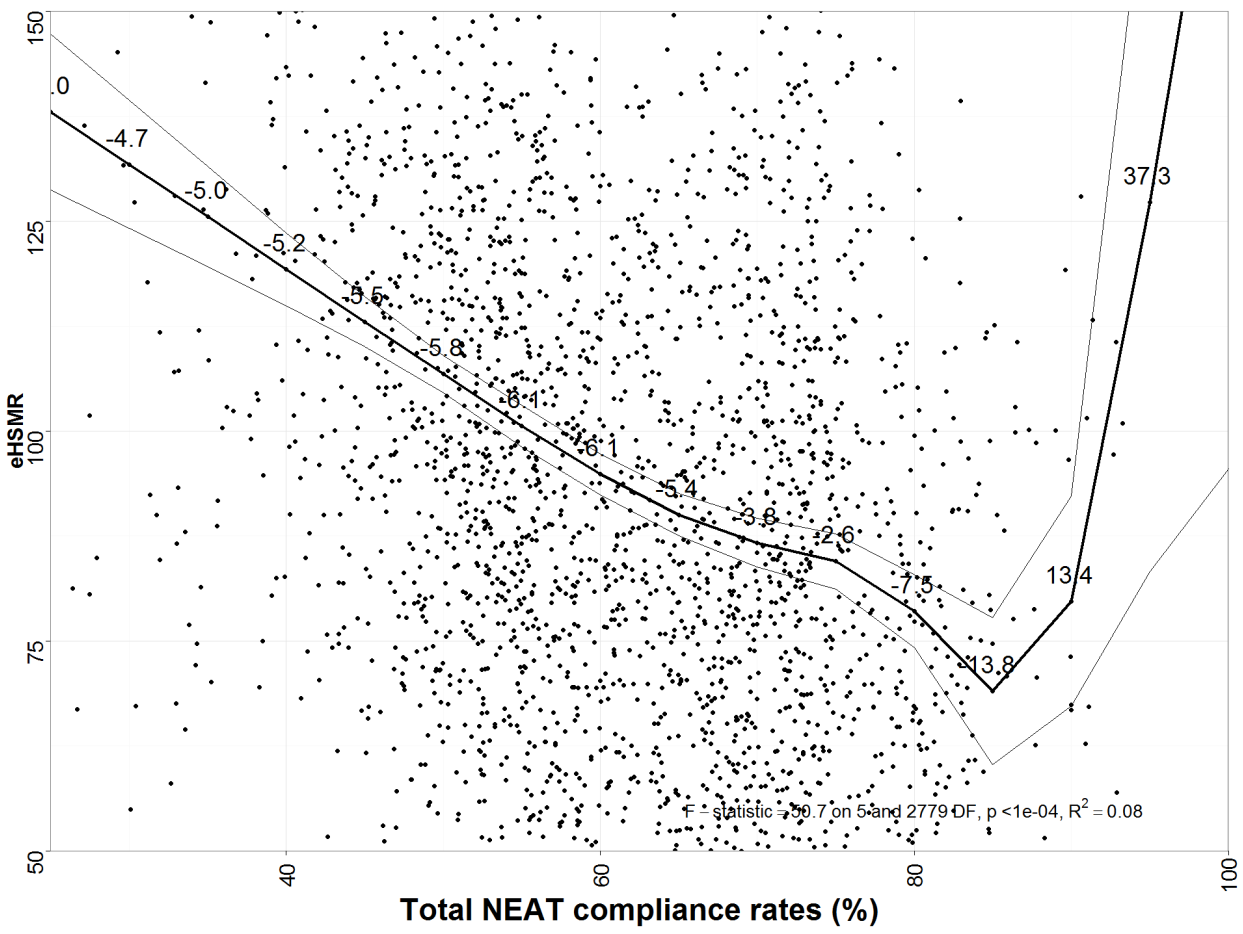
***Defined as major city or regional and 2000-10000 separations.

Figure 1 NEAT Compliance by month for 59 Australian Hospitals from 2010-2014



Faint lines represent 95% confidence intervals

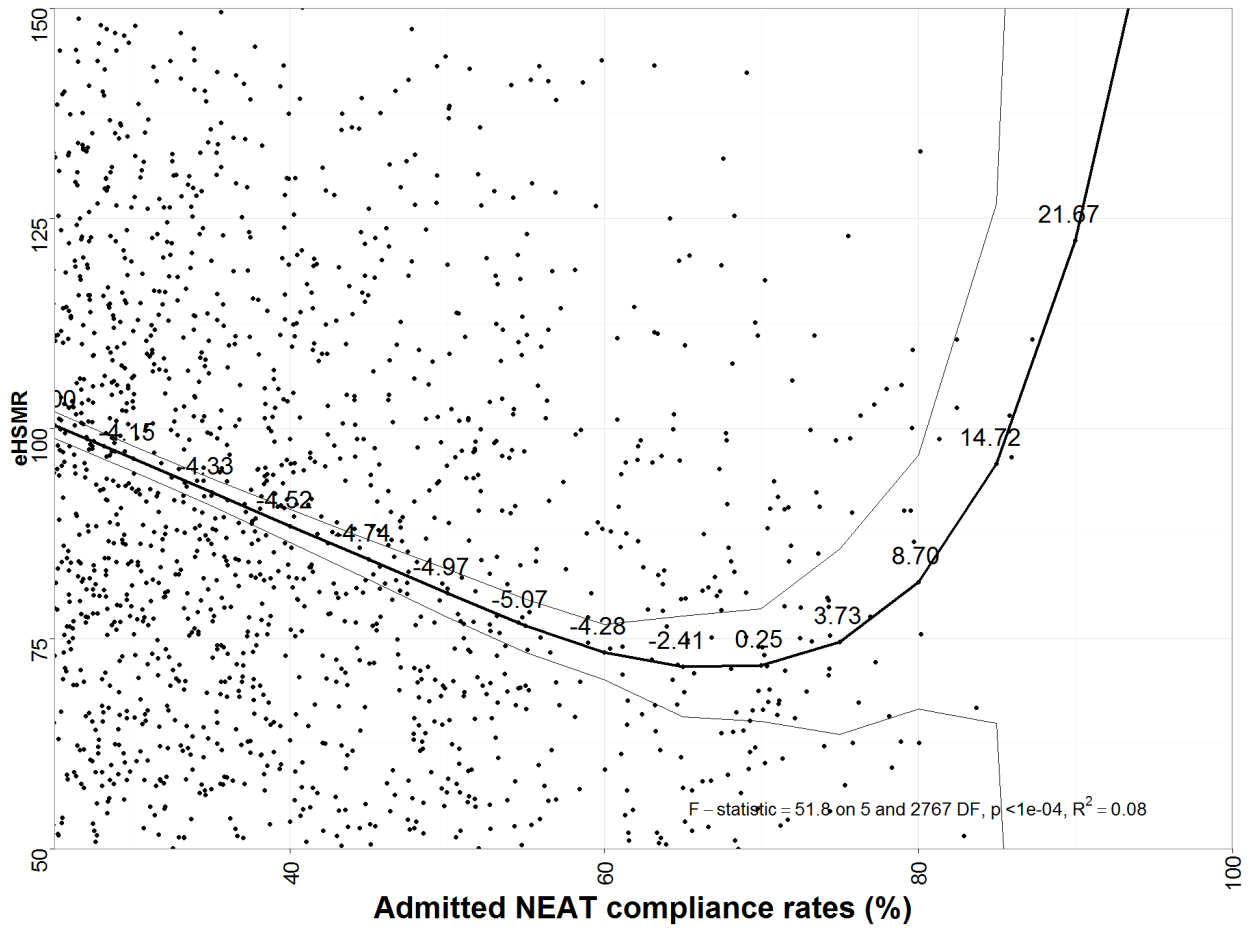
Figure 2 The Relationship between Total NEAT Compliance and eHSMR.



Faint lines represent 95% confidence intervals.

Graph labels are % change in eHSMR per 5% change in NEAT

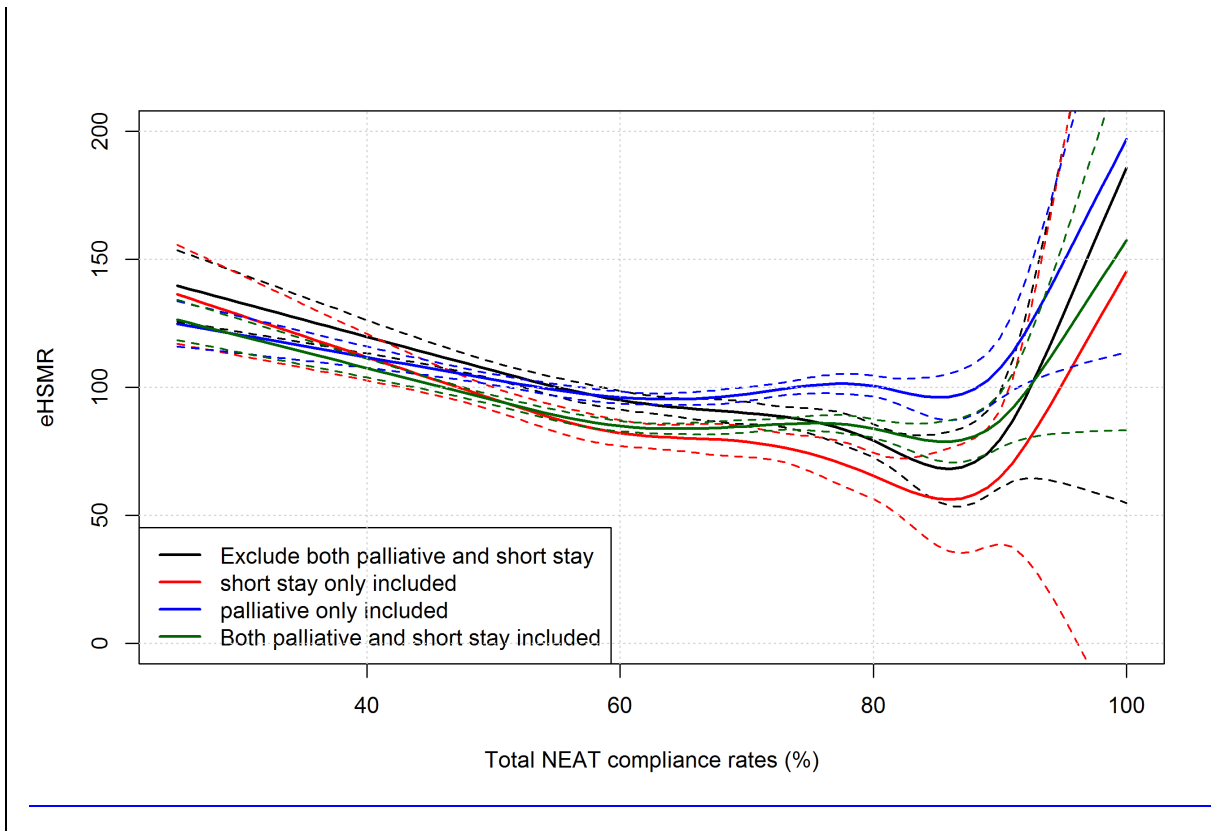
Figure 3 The Relationship between Admitted NEAT Compliance and eHSMR.



Faint lines represent 95% confidence intervals.

Graph labels are % change in eHSMR per 5% change in NEAT

Figure 4. The Relationship of NEAT compliance and eHSMR to Potential Confounders



Dashed lines represent 95% confidence intervals