

Emergency Department Data Registry

# Annual Report of 2025



**NOTE**

The ED Registry uses electronic health records (EHRs) from emergency departments provided through the AKTIN infrastructure of the Network of University Medicine (NUM). The AKTIN infrastructure operates a federated and distributed infrastructure through which EHRs from emergency care can be made available. The data are stored locally, and only partial datasets can be queried. Any data provision by participating emergency departments is purpose-specific for a defined research question and is based on voluntary participation. As the database is continuously expanding and the timing of analysis may vary, the reported numbers of data-providing hospitals and case counts in individual analyses may differ from those in previously published studies. As a platform for acute, intensive, and emergency medicine, the AKTIN infrastructure is part of the NUM.

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## 1. AKTIN and the ED Registry

The „Aktionsbündnis zur Verbesserung der Kommunikations- und Informationstechnologie in der Intensiv- und Notfallmedizin“ (AKTIN e.V.) is committed to advancing science, research, and quality development in acute, emergency, and intensive care medicine through the standardized and data-protection-compliant use of electronic health records (EHRs). The AKTIN infrastructure, as well as the Emergency Department Registry operated upon it, emerged from AKTIN e.V. and were developed within the framework of the project “Improvement of Health Services Research in Acute Medicine in Germany through the Establishment of a National Emergency Department Registry”. The project was funded by the former Federal Ministry of Education and Research (BMBF), currently the Federal Ministry of Research, Technology and Space (BMFTR), between 2013 and 2019 (FKZ: 01KX1319A). Since 2020, the AKTIN infrastructure has served as a core infrastructure within the context of the Network of University Medicine (NUM) and functions as the NUM platform for acute, intensive care, and emergency medicine. The AKTIN infrastructure is operated by the Institute of Medical Informatics (IMI) at the University Hospital Aachen and the Institute of Public Health in Acute Medizin (IPHAM) at the University Medicine Magdeburg, acting as infrastructure operators in cooperation with the participating emergency departments.

The AKTIN-infrastructure serves as technical foundation for the Emergency Department Data Registry (ED registry) and emergency departments throughout Germany participate in the registry. Notably, the proportion of participating pediatric emergency departments continues to grow steadily, and the cohort of participating emergency departments include both university-affiliated and non-university institutions. The current list of participating hospitals can be found on our website.

Emergency care in Germany has been undergoing transformation for several years. Apart from selective data collections conducted within individual surveys or studies, there had been no regular, cross-institutional data collection in clinical emergency medicine. However, a valid and comprehensive data collection regarding the number of emergency patients, their presenting complaints, and their care situation is necessary for evaluating measures that have been implemented. Compared internationally, organizationally relevant indicators that could be used to assess process and outcome quality in emergency departments were, with few exceptions, only inadequately available in Germany. Fortunately, this situation has begun to change in recent years.

**The AKTIN infrastructure and the ED Registry form the data basis for the systematic analysis of organizational and medical indicators across different models of care and also serve as an interoperable, nationwide platform for research, quality assurance, and public health monitoring in clinical emergency care.**

In the ED Registry, documented cases from participating emergency departments are collected in a decentralized manner, based on a uniform standard.

The collection of data within the routine care of emergency patients, while minimizing redundancy to the greatest extent possible, enables the utilization of comprehensive, up-to-

date, and nationwide datasets for purposes such as quality management, health services research (secondary use), health reporting, and the surveillance of infectious and non-infectious disease events. The foundation for data collection within the AKTIN infrastructure is the dataset “Notfalldokumentation” which was developed by the Sektion Notfalldokumentation der Deutschen Interdisziplinären Vereinigung für Intensiv- und Notfallmedizin e.V. (DIVI).

To consolidate the relevant data for different research questions, a General Data Protection Regulation (GDPR)-compliant decentralized registry infrastructure was implemented for the ED Registry.

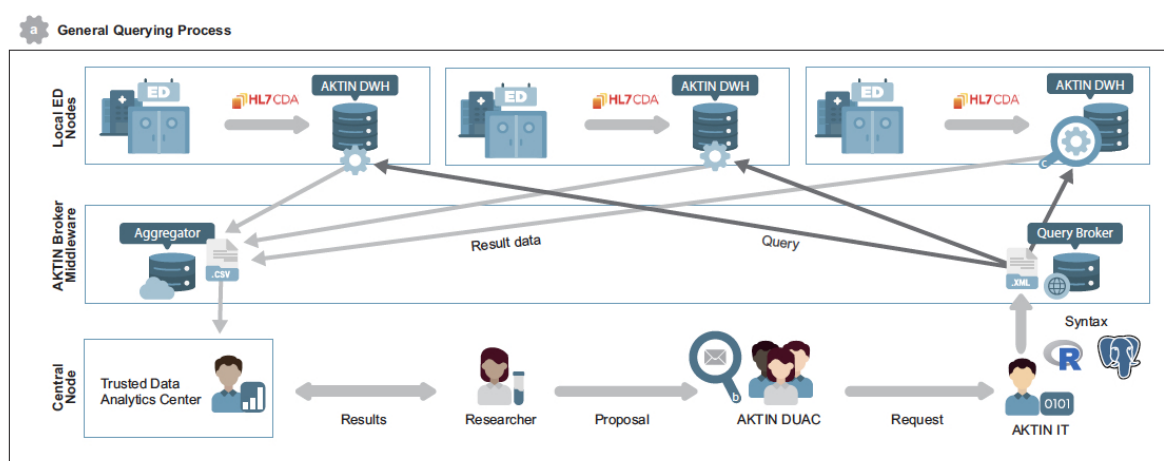


Illustration of the AKTIN infrastructure.<sup>1</sup>

Data collected during routine clinical care is automatically transmitted to decentralized data warehouses (AKTIN DWH) located at the participating sites. The data is pseudonymized and stored locally within the specific context of patient care. This process is carried out in compliance with the regulations of the respective federal state. For the purposes of quality assurance and health services research, this data is made accessible to the participating hospitals via a user interface. For scientific and statistical purposes, the collected data can be aggregated via a central AKTIN Broker. This aggregation is only possible after the Data Use and Access Committee (DUAC) has reviewed and approved the corresponding request. Furthermore, data provision by any individual emergency department is contingent upon final authorization by the responsible contact persons (typically the heads of the emergency departments). Participation in such data requests remains entirely voluntary for the emergency departments. Subsequent data analysis is conducted by the Trusted Data Analytics Center (AKTIN TDAC) Magdeburg.

<sup>1</sup>Bienzeisler, J., Kombeiz, A., Ehrentreich, S. *et al.* Implementation report on pioneering federated data access for the German National ED Registry. *npj Digit. Med.* **8**, 94 (2025). <https://doi.org/10.1038/s41746-025-01481-w>

## 2. Overview Annual Report 2025

All participating emergency departments were invited to provide data for the year 2025 (data analysis request ID2021-007). Data on date of admission, age, sex, mode of referral, mode of transport, patient disposition, presenting complaints (CEDIS-PCL4), and ICD-10-GM diagnosis were requested and analyzed descriptively within the AKTIN TDAC. In total, 78 emergency departments contributed to data collection for this annual report. All cases that were administratively registered between 01/01/2025 and 12/31/2025 were included in the report.



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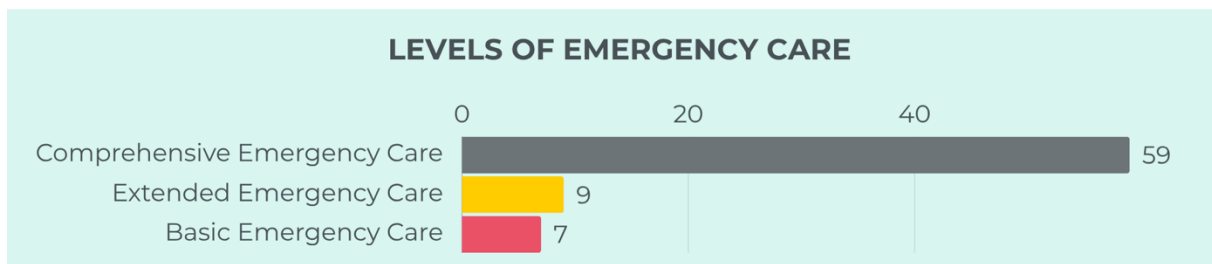
cases were recorded during the reporting period.

**78**

emergency departments contributed to the report.

**13**

federal states are included in the analyses.



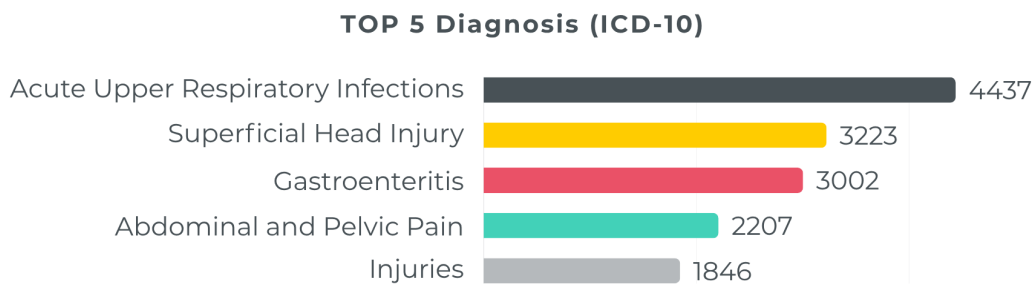
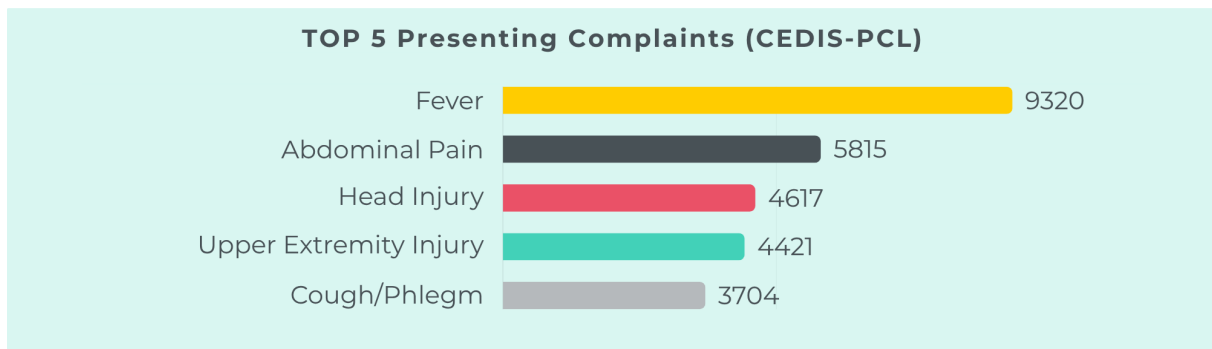
The number of cases per emergency department ranged from 1,795 to 105,324 cases in 2025.

An additional 26 emergency departments are connected to the AKTIN infrastructure but are still in the implementation or data quality assurance phase. Therefore, their data are not yet available for analysis.

<sup>2</sup> As of May 26, 2026, 102 emergency departments (including 13 pediatric emergency departments) are participating in the ED Registry.

### 3. Overview Pediatric Emergency Departments

At this point, we provide an overview of data from emergency care in **specialized pediatric emergency departments**. Nine of the 13 participating pediatric emergency departments contributed to the data collection for this report. All cases that were administratively registered between 01/01/025 and 12/31/025 in one of the participating emergency departments were included in this report.



The number of cases ranged from 3,246 to 33,106 per pediatric emergency department.

The participating pediatric emergency departments are located in six federal states of Germany: Baden-Wurttemberg, Bavaria, Lower Saxony, North Rhine-Westphalia, Saxony, and Schleswig-Holstein.

<sup>3</sup> 100,474 valid cases with information on patient disposition.

### 3.1. Case numbers and Age Distribution

An overview of case numbers by month, day of the week, and time of day is provided in Figures 1A and 1B.

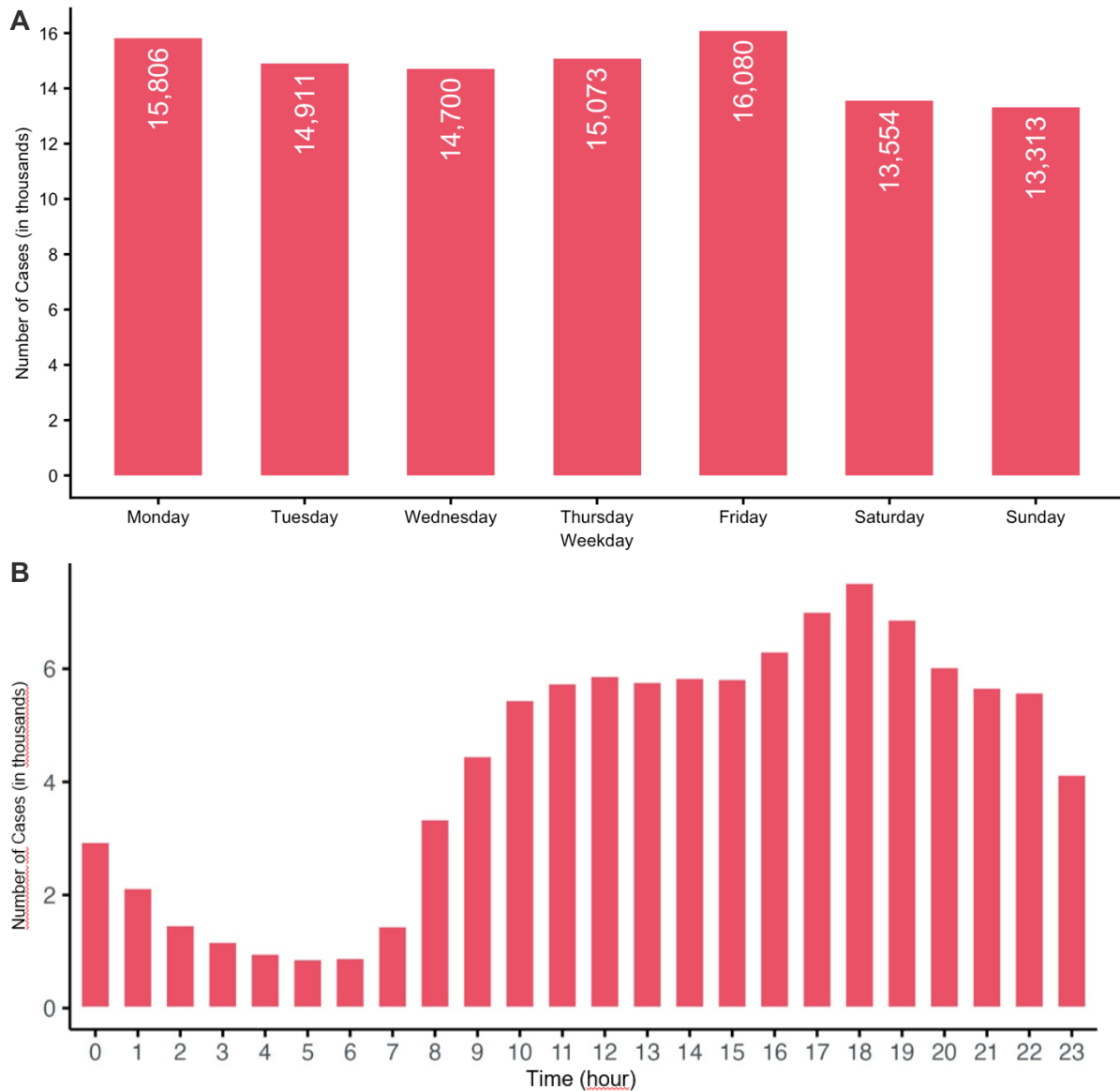


Figure 1: Case numbers in pediatric emergency departments.  
**A** – Case numbers per weekday; **B** – Case numbers throughout the day.

### 3.2. Presenting Complaints and Diagnoses

The following figures present the ten most frequent presenting complaints according to the Canadian Emergency Department Information System Presenting Complaint List (CEDIS-PCL4) (Fig. 3A). The ten most frequent emergency department diagnoses (categories/three-character codes) according to the International Statistical Classification of Diseases and Related Health Problems, 10th Revision, German Modification (ICD-10-GM), are shown in Figure 3B.

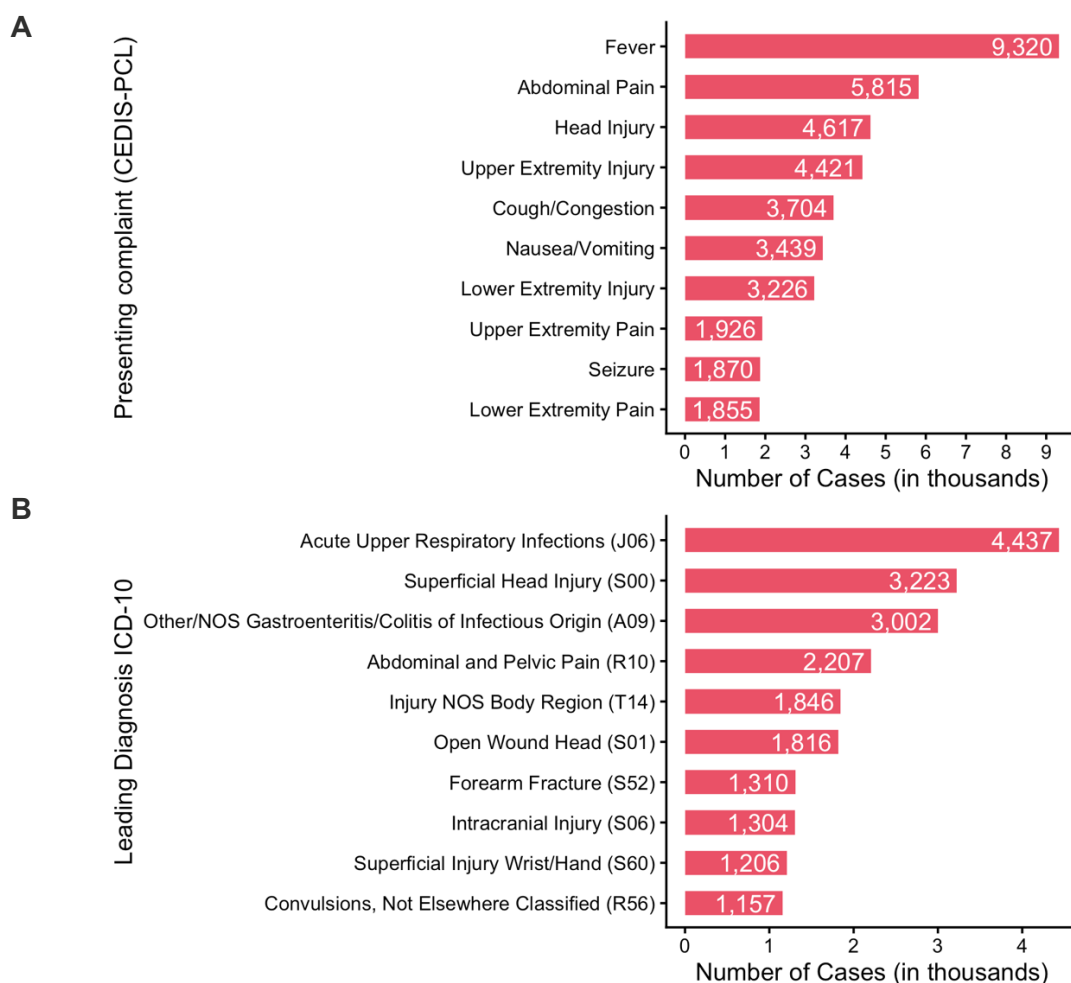


Figure 3: Presenting complaints and Diagnoses in pediatric emergency departments.

**A** – Most common presenting complaints according to CEDIS-PCL;

**B** – Most common emergency department diagnoses according to ICD-10-GM.

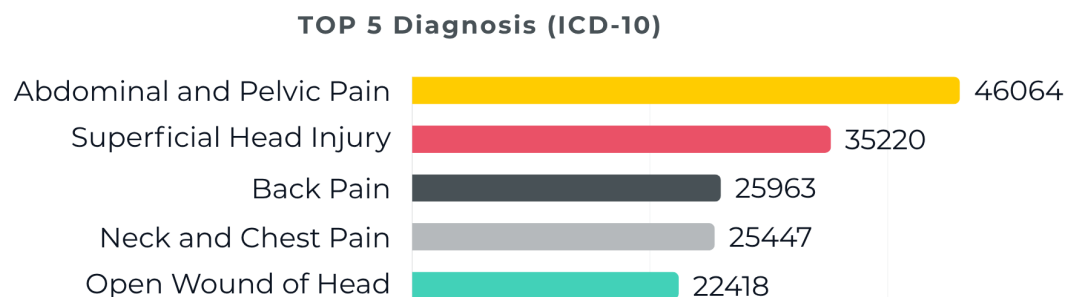
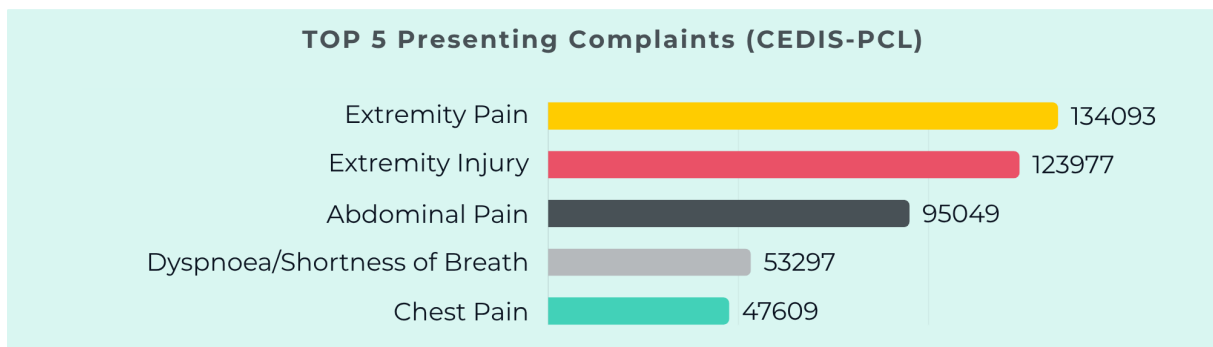
For 73,358 cases (71%), the presenting complaint according to CEDIS-PCL was available for analysis. Of these, 40,193 cases (55%) were assigned one of the ten most frequently documented CEDIS-PCL presenting complaints.

Diagnostic information was available for 69,466 cases (67%). For the analysis, 65,594 cases (94%) with a recorded primary diagnosis were included. Of these, 21,508 cases (33%) were assigned one of the ten most frequent ICD-10-GM diagnoses.

<sup>4</sup> Canadian Association of Emergency Physicians CAEP, CEDIS Presenting Complaint List 3.0 <http://caep.ca/resources/ctas/cedis> Copyright Original: Creative Commons Attribution-No Derivative Works 2.5 Canada License, German translation: <http://links.lww.com/EJEM/A156>, Copyright German translation: Creative Commons Attribution-ShareAlike 4.0 International.

## 4. Overview of Emergency Departments

Sixty-nine participating **emergency departments** contributed to the data collection for this report. All cases that were administratively registered between 01/01/25 and 12/31/25 in one of the participating emergency departments were included in this report.



The case numbers ranged from 1,795 to 105,323 per emergency department.<sup>6</sup>

<sup>5</sup> 1,952,257 valid cases with information on patient disposition.

<sup>6</sup> Individual emergency departments were unable to provide data for the entire year.

## 4.1. Case numbers

The following figures present the average case numbers over the months of 2025 (Fig. 4), by day of the week (Fig. 5), and over the course of the day (Fig. 6).

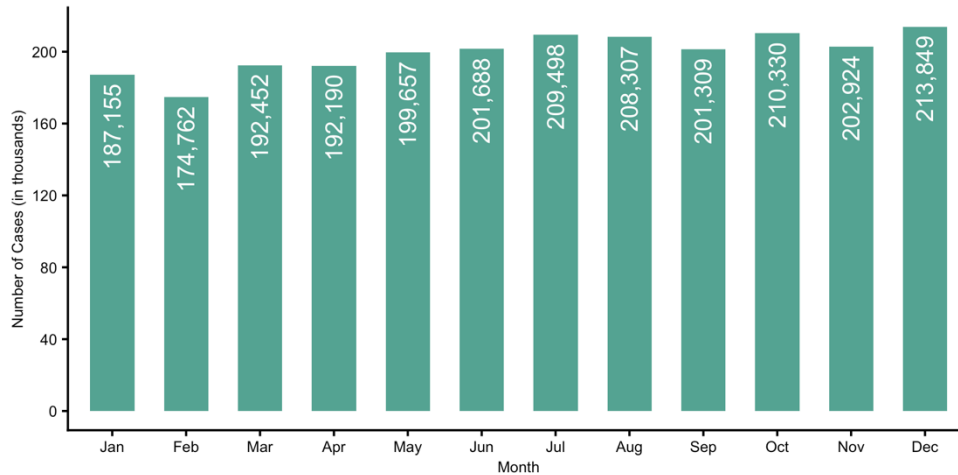


Figure 4: Case numbers in emergency departments per month

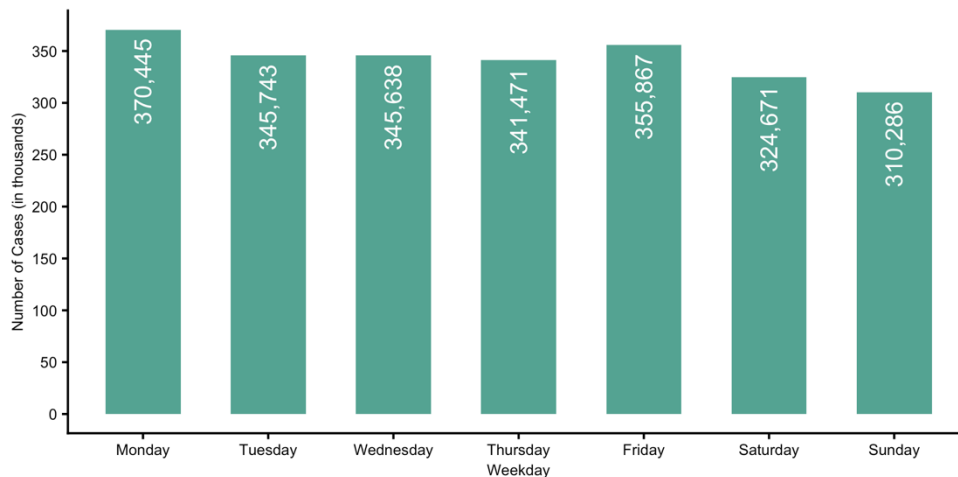


Figure 5: Case numbers in emergency departments per weekday

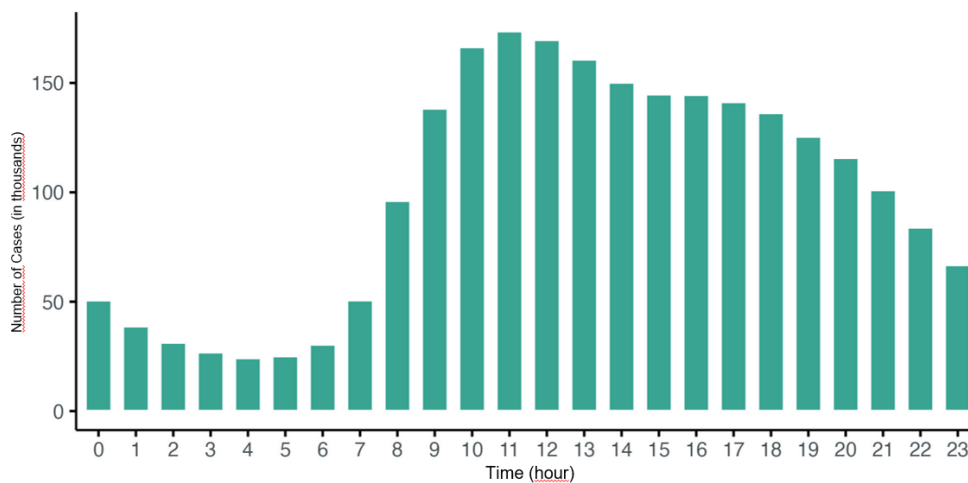


Figure 6: Case numbers in emergency departments per hour

## 4.2. Age and Gender Distribution

Figure 7 shows the age and gender distribution of the emergency department population in 2025 compared with the national age distribution of the general population.<sup>7</sup>

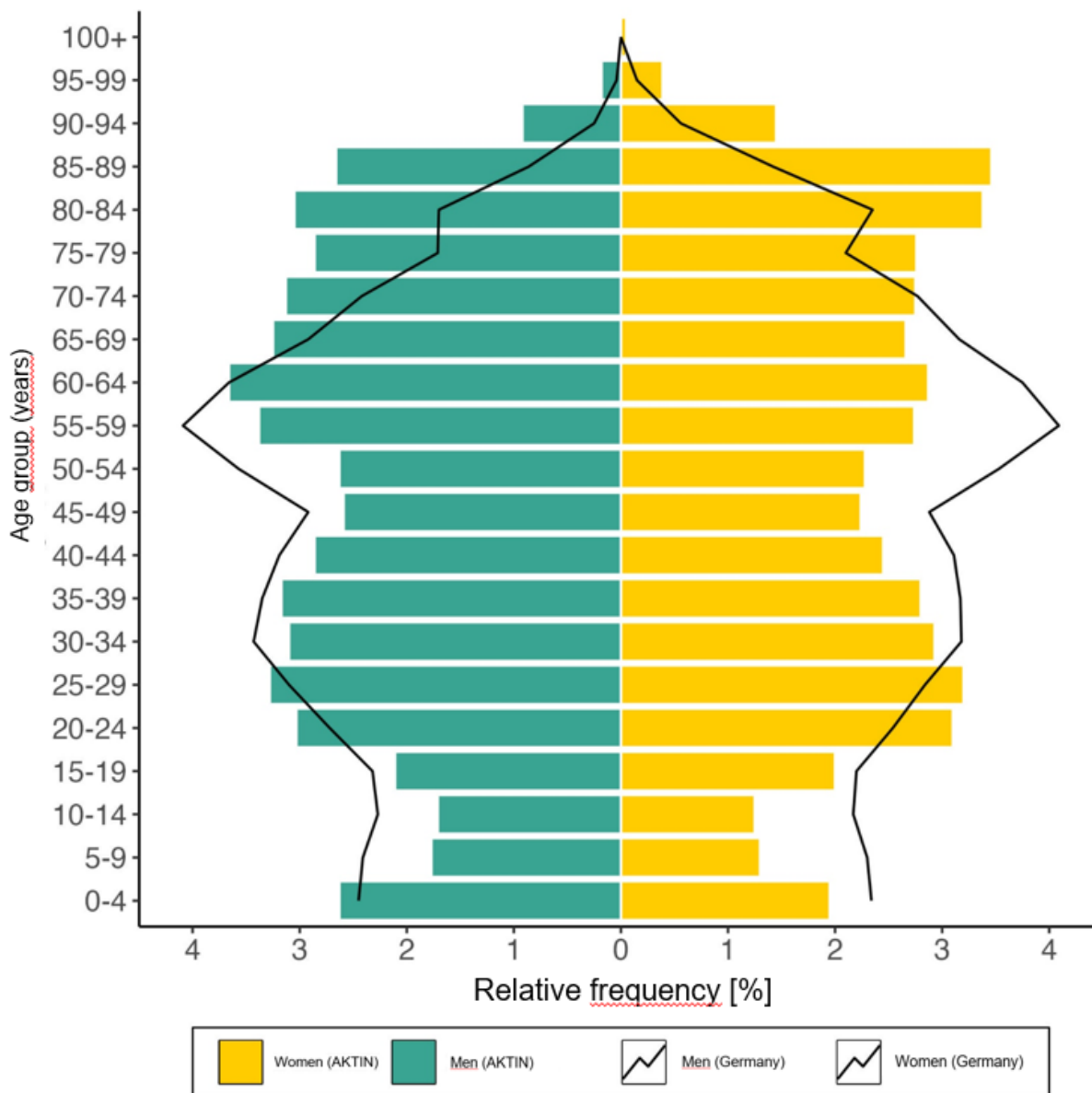


Figure 7: Age and gender distribution of patients in emergency departments

<sup>7</sup> <https://www.destatis.de/DE/Themen/Gesellschaft-Umwelt/Bevoelkerung/Bevoelkerungsvorausberechnung/inhalt.html;jsessionid=6E8534F6789504A1B7EBCD53CC13E11B.live712#sprg229086>

### 4.3. Assignment of Triage Level

The distribution of emergency department cases across triage levels is presented separately for the Manchester Triage System (MTS; Fig. 8) and the Emergency Severity Index (ESI; Fig. 9).

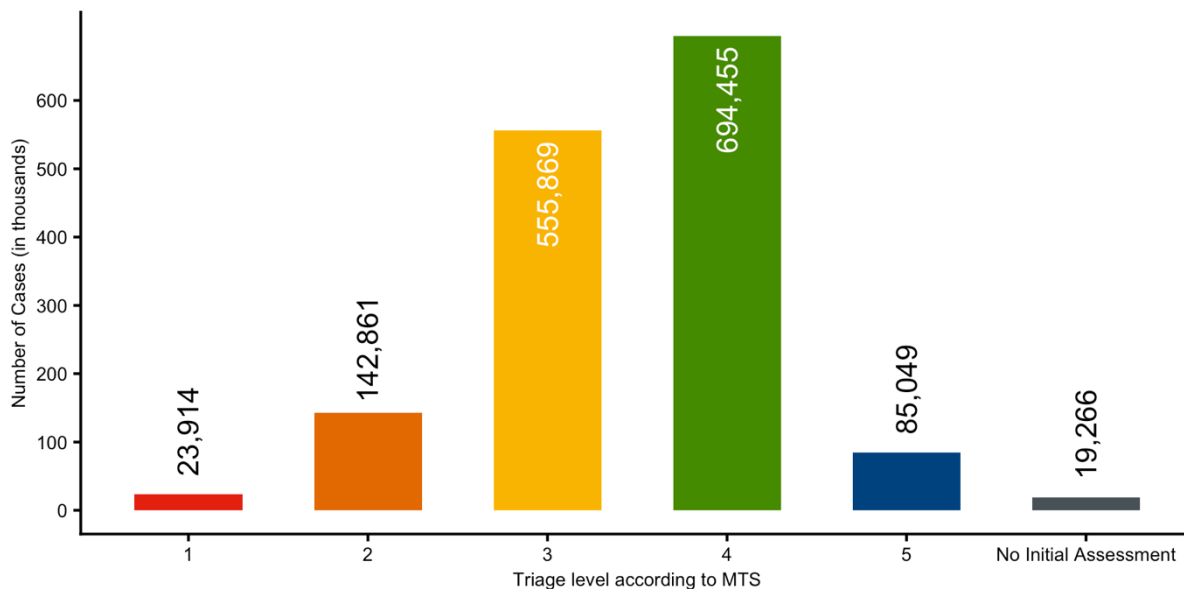


Figure 8: Assignment of triage levels according to MTS in emergency departments

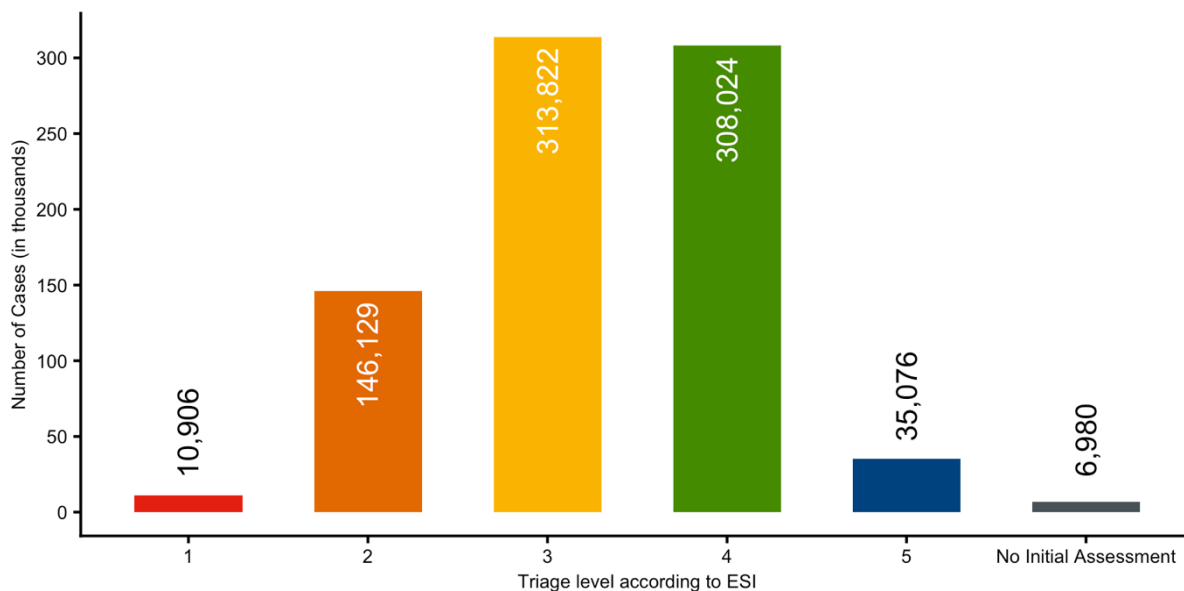


Figure 9: Assignment of triage levels according to ESI in emergency departments

In one participating emergency department with 6,097 cases, the triage level was determined using an alternative validated triage system. As this system cannot currently be represented within the dataset, these cases are not included in the present analyses. In addition, one participating emergency department with 45,673 cases does not provide triage assessment data.

#### 4.4. Mode of Referral

Figure 10 shows the modes of referral of emergency department visits. A distinction is made between self-referred visits and visits referred by emergency medical services, office-based physicians/general practices, or outpatient urgent care center.

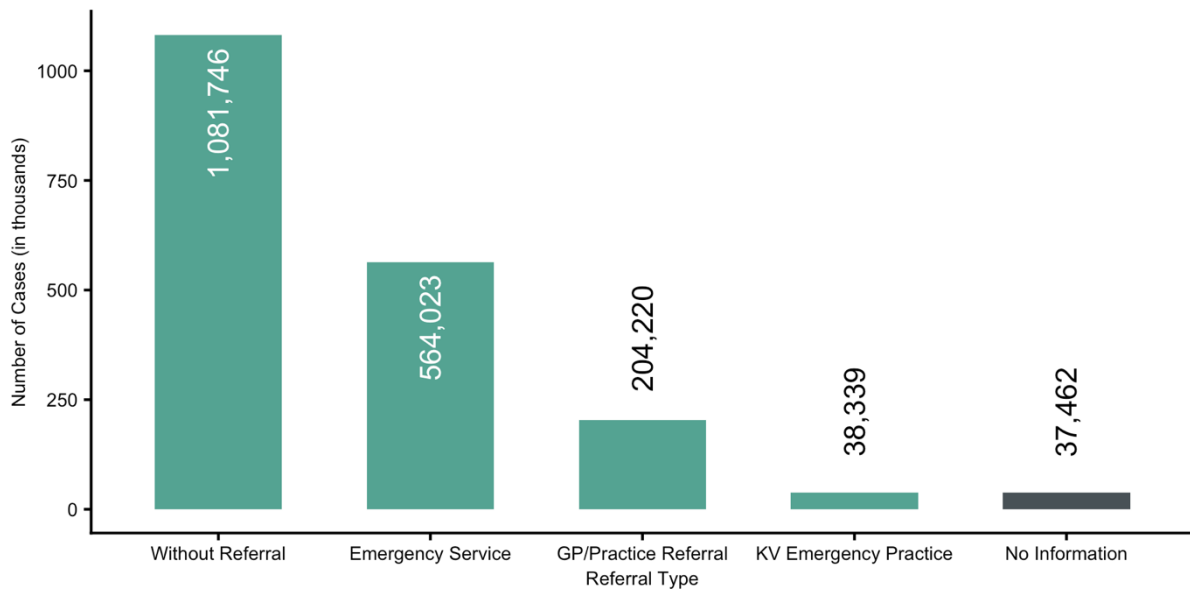


Figure 10: Referral to the central emergency department

The category *without referral* includes all cases that were not referred to the emergency department by a physician or for which the category “*other*” was documented. The category *emergency medical services* include all cases referred to the emergency department by an emergency physician or an ambulance service.

## 4.5. Mode of Transport

Figure 11 shows the different modes of transport to the emergency department. Patients may present as walk-ins without the use of emergency medical transport or via ground-based or air-based emergency medical transport.

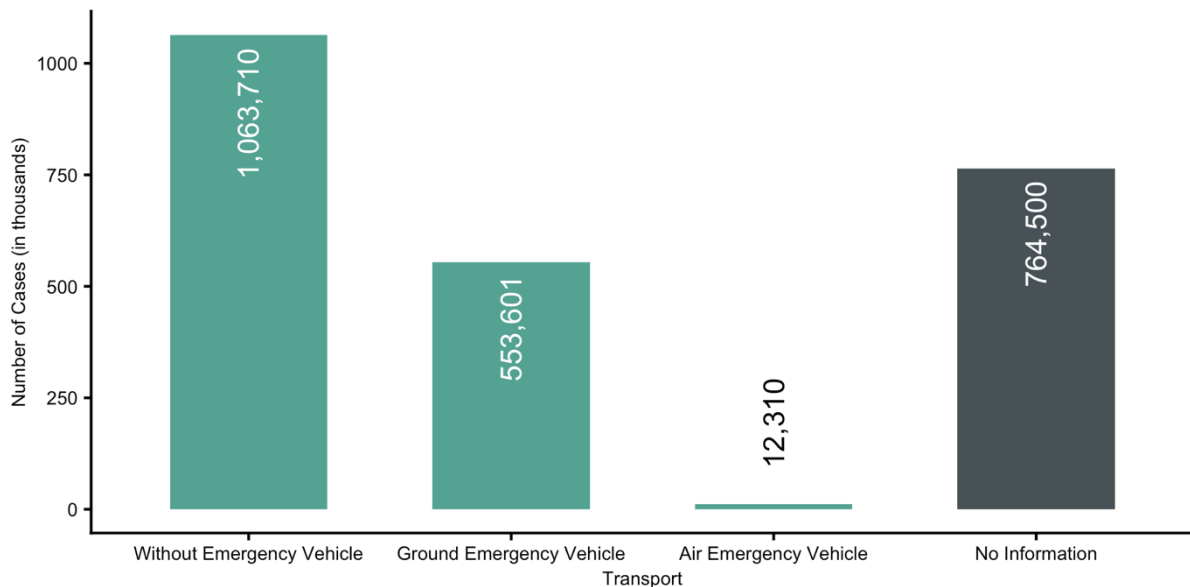


Figure 11: Transport mode to emergency departments

The category *ground-based emergency medical transport* includes all cases brought to the emergency department by ambulance, emergency ambulance, or physician-staffed emergency vehicles such as emergency physician vehicles, emergency physician ambulances, or intensive care transport ambulances. The category *air-based emergency medical transport* includes all cases brought to the emergency department by helicopter emergency medical services or intensive care transport helicopters. The category *without emergency medical transport* includes all cases that arrived at the emergency department without the use of emergency medical transport or for which “other” was documented as the mode of transport.

## 4.6. Presenting Complaints according to CEDIS-PCL

The following figures (Figs. 12, 13) present the ten most frequent presenting complaints according to the Canadian Emergency Department Information System Presenting Complaint List (CEDIS-PCL).<sup>8</sup>

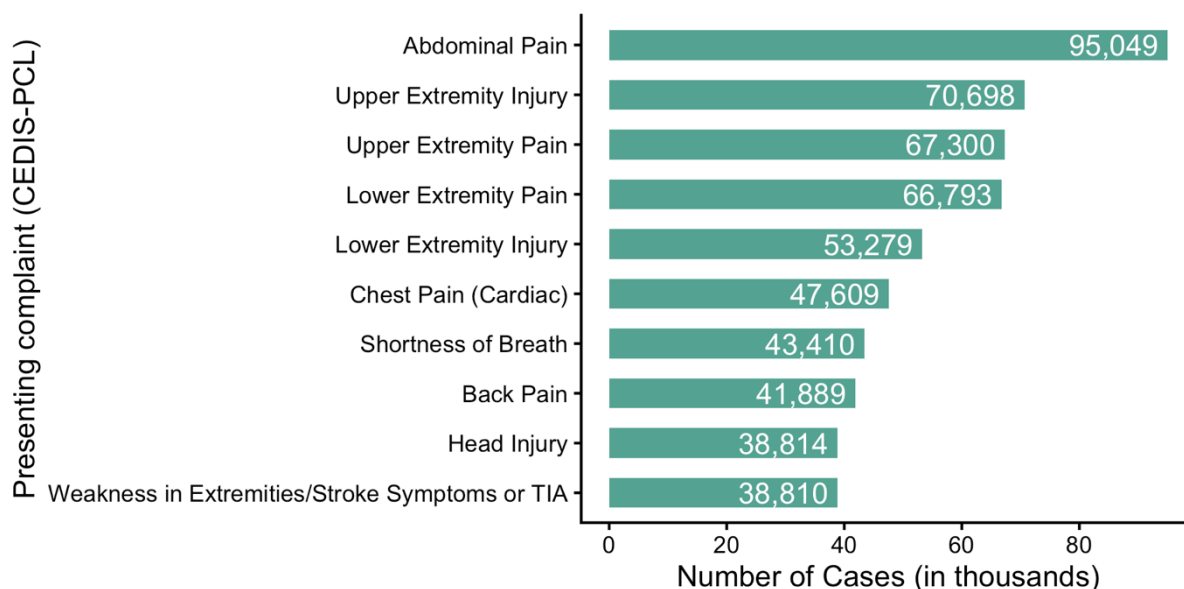


Figure 12: Most common presenting complaints according to CEDIS-PCL

For 1,308,803 cases (55%), the presenting complaint according to CEDIS-PCL was available for analysis. Among these, 563,651 cases (43%) were assigned one of the ten most frequently documented CEDIS-PCL presenting complaints.

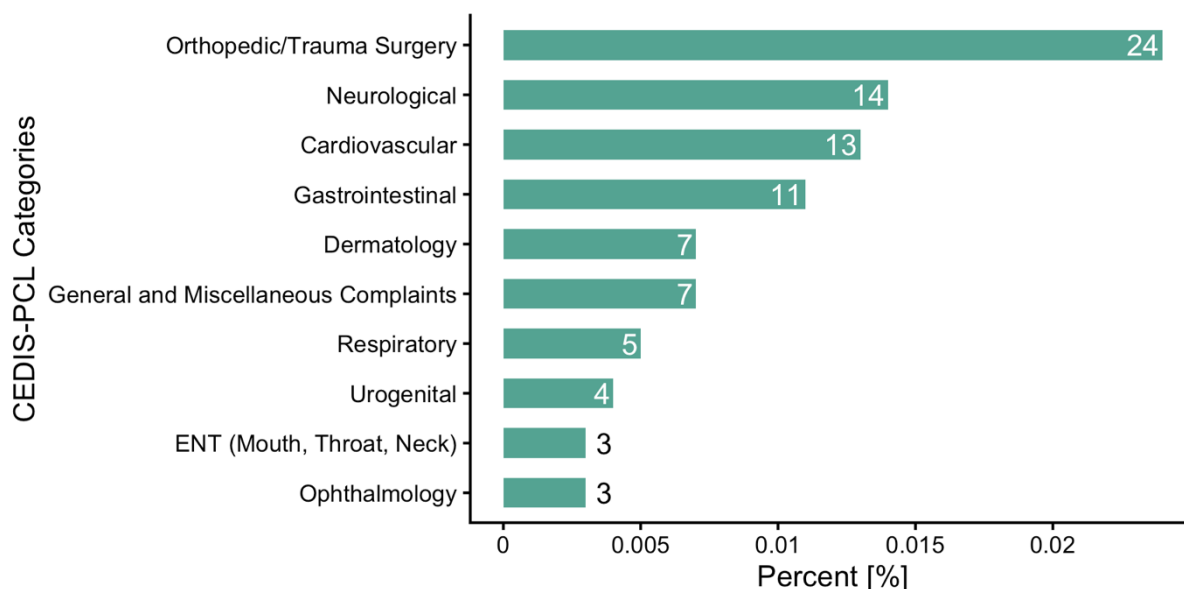


Figure 13: Most common presenting complaints according to CEDIS-PCL-categories

<sup>8</sup> Canadian Association of Emergency Physicians CAEP, CEDIS Presenting Complaint List 3.0 <http://caep.ca/resources/ctas/cedis> Copyright Original: Creative Commons Attribution-No Derivative Works 2.5 Canada License, German Translation: <http://links.lww.com/EJEM/A156>, Copyright German Translation: Creative Commons Attribution-ShareAlike 4.0 International.

## 4.7. Emergency Department Diagnoses according to ICD-10

The ten most frequent emergency department diagnoses (three-character categories) according to the International Statistical Classification of Diseases and Related Health Problems, 10th Revision, German Modification (ICD-10-GM) are shown in Figure 14.

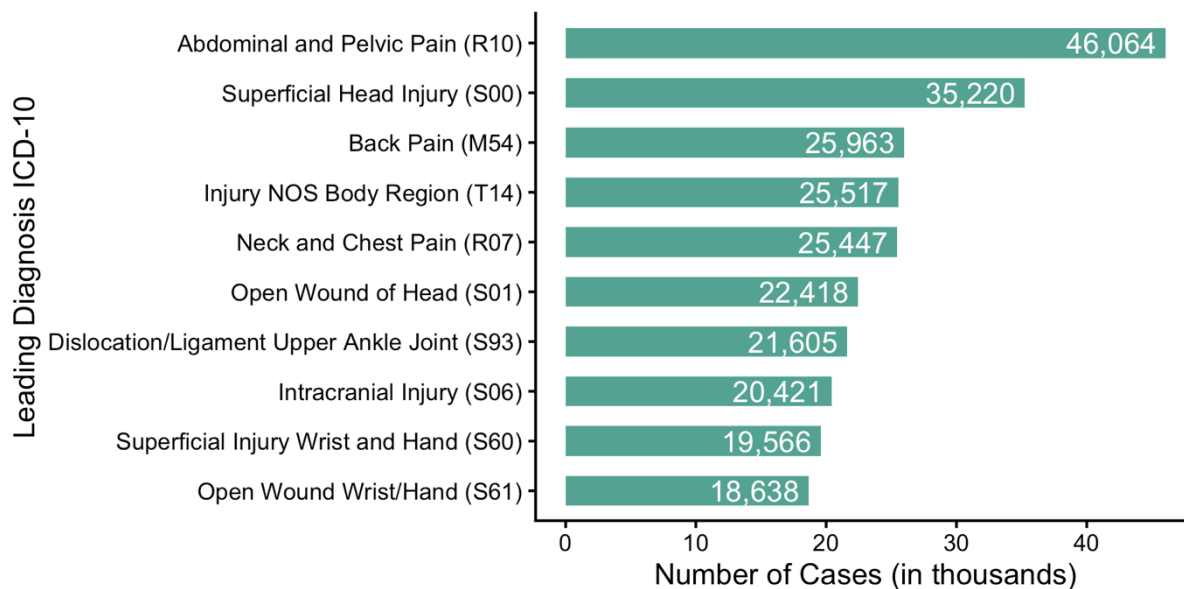


Figure 14: Most frequent emergency department diagnoses according to ICD-10-GM

Diagnostic information was available for 1,548,087 cases (65%). For the analysis, 1,278,591 cases (83%) with an assigned primary diagnosis were included. Of these, 260,859 cases (20%) were classified within one of the ten most frequent ICD-10-GM diagnosis categories.

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