

Emergency department care activity based funding DSS 2012-2013

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Emergency department care activity based funding DSS 2012-2013

Identifying and definitional attributes

Metadata item type:	Data Set Specification
METEOR identifier:	496522
Registration status:	Independent Hospital Pricing Authority , Superseded 31/10/2012
DSS type:	Data Set Specification (DSS)
Scope:	<p>The scope of this DSS is emergency care provided in emergency departments in activity based funded hospitals.</p> <p>These emergency departments are purposely designed and equipped areas with designated assessment, treatment and resuscitation areas and can provide resuscitation, stabilisation and initial management of all emergencies. They also have medical staff available in the hospital 24 hours a day and designated emergency department nursing staff and nursing unit manager 24 hours per day 7 days per week.</p> <p>The scope also includes services where a patient is awaiting transit, had a pre-arranged admission, did-not-wait or died on arrival. Patients with Department of Veterans' Affairs or compensable funding source are also included in the scope of the collection.</p> <p>The care provided to patients in emergency departments is, in most instances, recognised as being provided to non-admitted patients. Patients being treated in emergency departments may subsequently become admitted. The care provided to non-admitted patients who are treated in the emergency department prior to being admitted is included in this DSS.</p> <p>Care provided to patients who are being treated in an emergency department site as an admitted patient (e.g. in an observation unit, short-stay unit, 'emergency department ward' or awaiting a bed in an admitted patient ward of the hospital) are excluded from the scope.</p> <p>Also excluded from the scope are patients in General Practitioner co-located units.</p>

Collection and usage attributes

Statistical unit:	Emergency department care episodes.
Collection methods:	National reporting arrangements <p>State and territory health authorities provide the data to the Independent Hospital Pricing Authority (IHPA) for national collection, on a quarterly basis as required under national health reform arrangements.</p> Periods for which data are collected and nationally collated <p>Financial years ending 30 June each year.</p> <p>Quarterly data collection commencing 1 July each year.</p>
Implementation start date:	01/07/2012
Implementation end date:	30/06/2013
Comments:	<p><i>Scope links with other metadata sets</i></p> <p>Episodes of care for admitted patients are reported through the Admitted patient care NMDS.</p>

Source and reference attributes

Submitting organisation:	Independent Hospital Pricing Authority
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Relational attributes

Related metadata references:

Has been superseded by [Activity based funding: Emergency department care DSS 2013-2014](#)
[Independent Hospital Pricing Authority](#), Superseded 01/03/2013

Metadata items in this Data Set Specification

Seq No.	Metadata item	Obligation	Max occurs
-	Address—Australian postcode, Australian postcode code (Postcode datafile) {NNNN}	Mandatory	1
-	Emergency department stay—additional diagnosis, code X(18)	Conditional	2
Conditional obligation:			
Only required to be reported when an additional diagnosis was present for the emergency department stay.			
-	Emergency department stay—diagnosis classification type, code N.N	Conditional	1
Conditional obligation:			
Only required to be reported when a principal diagnosis and/or an additional diagnosis has been reported.			
-	Emergency department stay—physical departure date, DDMMYYYY	Mandatory	1
-	Emergency department stay—physical departure time, hhmm	Mandatory	1
-	Emergency department stay—presentation date, DDMMYYYY	Mandatory	1
-	Emergency department stay—presentation time, hhmm	Mandatory	1
-	Emergency department stay—principal diagnosis, code X(18)	Conditional	1
Conditional obligation:			
The reporting of this data element is optional for those attendances where the emergency department principal diagnosis is not likely to be ascertained for patients who:			
<ul style="list-style-type: none"> • Did not wait • Dead on arrival • Left the Emergency Department - treatment not complete. 			
-	Emergency department stay—transport mode (arrival), code N	Mandatory	1
-	Emergency department stay—type of visit to emergency department, code N	Mandatory	1
-	Emergency department stay—urgency related group major diagnostic block, code N[AA]	Mandatory	1
-	Emergency department stay—urgency related group version, code NNN	Mandatory	1
-	Emergency department stay—urgency related group, URG code [X]N[N]	Mandatory	1

Seq No.	Metadata item	Obligation	Max occurs
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|---|----------------------------------------------------------------------------------------------------------------|-------------|---|
| - | Emergency department stay—waiting time (to commencement of clinical care), total minutes NNNNN | Conditional | 1 |
|---|----------------------------------------------------------------------------------------------------------------|-------------|---|

Conditional obligation:

This data item is to be recorded if the patient has one of the following Episode end status values recorded:

- Admitted to this hospital (either short stay unit, hospital in the home or non-emergency department hospital ward);
- Non-admitted patient emergency department service episode completed —departed without being admitted or referred to another hospital;
- Non-admitted patient emergency department service episode completed —referred to another hospital for admission;
- Left at own risk after being attended by a health care professional but before the non-admitted patient emergency department service episode was completed;
- Died in emergency department as a non-admitted patient;
- Dead on arrival, emergency department clinician certified the death of the patient

- | | | | |
|---|---------------------------------------------------------------------------------------------------------------------|-------------|---|
| - | Episode of care—funding eligibility indicator (Department of Veterans' Affairs), code N | Mandatory | 1 |
| - | Establishment—organisation identifier (Australian), NNX[X]NNNNN | Mandatory | 1 |
| - | Non-admitted patient emergency department service episode—clinical care commencement date, DDMMYYYY | Conditional | 1 |

Conditional obligation:

This data item is to be recorded if the patient has one of the following Episode end status values recorded:

- Admitted to this hospital (either short stay unit, hospital in the home or non-emergency department hospital ward);
- Non-admitted patient emergency department service episode completed —departed without being admitted or referred to another hospital;
- Non-admitted patient emergency department service episode completed —referred to another hospital for admission;
- Left at own risk after being attended by a health care professional but before the non-admitted patient emergency department service episode was completed;
- Died in emergency department as a non-admitted patient;
- Dead on arrival, emergency department clinician certified the death of the patient

Seq No.	Metadata item	Obligation	Max occurs
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- [Non-admitted patient emergency department service episode—clinical care commencement time, hhmm](#)

Conditional 1

Conditional obligation:

This data item is to be recorded if the patient has one of the following Episode end status values recorded:

- Admitted to this hospital (either short stay unit, hospital in the home or non-emergency department hospital ward);
- Non-admitted patient emergency department service episode completed—departed without being admitted or referred to another hospital;
- Non-admitted patient emergency department service episode completed—referred to another hospital for admission;
- Left at own risk after being attended by a health care professional but before the non-admitted patient emergency department service episode was completed;
- Died in emergency department as a non-admitted patient;
- Dead on arrival, emergency department clinician certified the death of the patient

- [Non-admitted patient emergency department service episode—episode end date, DDMMYYYY](#)

Mandatory 1

- [Non-admitted patient emergency department service episode—episode end status, code N](#)

Mandatory 1

- [Non-admitted patient emergency department service episode—episode end time, hhmm](#)

Mandatory 1

- [Non-admitted patient emergency department service episode—service episode length, total minutes NNNNN](#)

Mandatory 1

- [Non-admitted patient emergency department service episode—triage category, code N](#)

Conditional 1

Conditional obligation:

This data item is to be recorded for patients who have one of the following Type of visit values recorded:

- Emergency department presentation;
- Return visit, planned;
- Pre-arranged admission;
- Patient in transit.

- [Non-admitted patient emergency department service episode—triage date, DDMMYYYY](#)

Conditional 1

Conditional obligation:

This data item is to be recorded for patients who have one of the following Type of visit values recorded:

- Emergency department presentation;
- Return visit, planned;
- Pre-arranged admission;
- Patient in transit.

Seq No.	Metadata item	Obligation	Max occurs
-	Non-admitted patient emergency department service episode—triage time, hhmm	Conditional	1
Conditional obligation:			
This data item is to be recorded for patients who have one of the following Type of visit values recorded:			
<ul style="list-style-type: none"> • Emergency department presentation; • Return visit, planned; • Pre-arranged admission; • Patient in transit. 			
-	Patient—compensable status, code N	Mandatory	1
-	Person—area of usual residence, geographical location code (ASGC 2011) NNNNN	Mandatory	1
-	Person—area of usual residence, statistical area level 2 (SA2) code (ASGS 2011) N(9)	Mandatory	1
-	Person—country of birth, code (SACC 2011) NNNN	Mandatory	1
-	Person—date of birth, DDMMYYYY	Mandatory	1
-	Person—Indigenous status, code N	Mandatory	1
-	Person—person identifier, XXXXXX[X(14)]	Mandatory	1
-	Person—sex, code N	Mandatory	1