Activity based funding: Emergency service care DSS 2015-16

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Activity based funding: Emergency service care DSS 2015-16

Identifying and definitional attributes

Metadata item type:	Data Set Specification				
METEOR identifier:	588929				
Registration status:	Health, Superseded 19/11/2015				
DSS type:	Data Set Specification (DSS)				
Scope:	The scope of this DSS is emergency services provided in <u>activity based funde</u> nospitals which do not meet any of the following criteria:				
	 Purposely designated and equipped area with designated assessment; treatment and resuscitation areas. Ability to provide resuscitation, stabilisation and initial management of all emergencies. Availability of medical staff available in the hospital 24 hours a day. Designated emergency department nursing staff 24 hours a day, 7 days a week, and a designated emergency department nursing unit manager. 				
	The care provided to patients in emergency services/urgent care centres is, in most instances, recognised as being provided to non-admitted patients. Patients being treated in emergency services/urgent care centres may subsequently become admitted. All patients remain in-scope for this collection until they are recorded as having physically departed the emergency service/urgent care centre, regardless of whether they have been admitted. For this reason there is an overlap in the scope of this DSS and the Admitted patient care national minimum data set (APC NMDS).				
	The scope also includes services where patient 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.				
	Excluded from the scope are:				
	Care provided to patients in General Practitioner co-located units.				
Collection and usage attributes					
Statistical unit:	Emergency department stay				
Collection methods:	National reporting arrangements				
	State and territory health authorities provide the data to the Independent Hospital Pricing Authority (IHPA) for national collection, on a six monthly basis as required under national health reform arrangements.				
	Periods for which data are collected and nationally collated				
	Financial years ending 30 June each year.				
	Six-monthly data collection commencing 1 July each year.				
Implementation start date:	01/07/2015				
Implementation and data:	20/06/2016				

Implementation end date: 30/06/2016

Commer	nts:	Scope links with other metadata sets			
		Episodes of care for admitted patients are reported through care NMDS.	the Admitted	patient	
		Glossary items			
		Glossary terms that are relevant to this data set specification	are included	here.	
		Activity based funding			
		Admission			
		Compensable patient			
		Emergency department			
		Registered nurse			
		<u>Triage</u>			
Source and reference attributes					
Submitti	ng organisation:	Independent Hospital Pricing Authority			
Relation	onal attributes				
Related metadata Supersedes Activity based funding: Emergency service care DS references: Independent Hospital Pricing Authority, Standard 14/01/201				5	
		Has been superseded by <u>Activity based funding: Emergency</u> 2016-17 <u>Health</u> , Superseded 05/10/2016	<u>/ service care</u>	<u>NBEDS</u>	
		See also <u>Admitted patient care NMDS 2015-16</u> <u>Health</u> , Superseded 10/11/2015			
Metadata items in this Data Set Specification					
Seq M No.	<i>l</i> etadata item		Obligation	Max occurs	
- <u>E</u>	mergency departmer	nt stay—type of visit to emergency department, code N	Mandatory	1	
_	nisode of carefunc	ling eligibility indicator (Department of Veterans' Affairs)	Mandatory	1	

- <u>Episode of care—funding eligibility indicator (Department of Veterans' Affairs).</u> Mandatory 1 <u>code N</u>
- Establishment—organisation identifier (Australian), NNX[X]NNNNN
- <u>Non-admitted patient emergency department service episode end status</u>, Mandatory 1 <u>code N</u>
- <u>Non-admitted patient emergency department service episode—triage category.</u> Conditional 1 <u>code N</u>

Conditional obligation:

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

- Code 1 Emergency presentation;
- Code 2 Return visit, planned;
- Code 3 Pre-arranged admission.
- Patient—compensable status, code N

Mandatory 1

Mandatory 1