Activity based funding: Emergency service care DSS 2015-16

Exported from METEOR (AIHW's Metadata Online Registry)

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Registration status:	[Health,](#) Superseded 19/11/2015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 **activity based funded** hospitals 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 end date:	30/06/2016

Comments:	*Scope links with other metadata sets*	

Episodes of care for admitted patients are reported through the Admitted patient care NMDS.

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](#)

[Triage](#)

Source and reference attributes

Submitting organisation: Independent Hospital Pricing Authority

Relational attributes

Related metadata references: Supersedes [Activity based funding: Emergency service care DSS 2014-15](#) [Independent Hospital Pricing Authority](#), Standard 14/01/2015

Has been superseded by [Activity based funding: Emergency service care NBEDS 2016-17](#) [Health](#), Superseded 05/10/2016

See also [Admitted patient care NMDS 2015-16](#) [Health](#), Superseded 10/11/2015

Metadata items in this Data Set Specification

Seq No.	Metadata item	Obligation	Max occurs
-	[Emergency department stay—type of visit to emergency department, code N](#)	Mandatory	1
-	[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—episode end status, code N](#)	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:
>
> - Code 1 - Emergency presentation;
> - Code 2 - Return visit, planned;
> - Code 3 - Pre-arranged admission.

-	[Patient—compensable status, code N](#)	Mandatory	1