Non-admitted patient emergency department care NMDS 2020–21

Exported from METEOR (AIHW's Metadata Online Registry)

© Australian Institute of Health and Welfare 2024

This product, excluding the AIHW logo, Commonwealth Coat of Arms and any material owned by a third party or protected by a trademark, has been released under a Creative Commons BY 4.0 (CC BY 4.0) licence. Excluded material owned by third parties may include, for example, design and layout, images obtained under licence from third parties and signatures. We have made all reasonable efforts to identify and label material owned by third parties.

You may distribute, remix and build on this website's material but must attribute the AIHW as the copyright holder, in line with our attribution policy. The full terms and conditions of this licence are available at https://creativecommons.org/licenses/by/4.0/.

Enquiries relating to copyright should be addressed to info@aihw.gov.au.

Enquiries or comments on the METEOR metadata or download should be directed to the METEOR team at meteor@aihw.gov.au.

Non-admitted patient emergency department care NMDS 2020–21

Identifying and definitional attributes

Metadata item type: Data Set Specification

METEOR identifier: 713860

Registration status: Health, Superseded 05/02/2021

DSS type: National Minimum Data Set (NMDS)

Scope: The scope of the Non-admitted patient emergency department care national minimum data set (NAPEDC NMDS) is patients registered for care in emergency departments in public hospitals where the emergency department meets the following criteria:

- purposely designed 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 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.

Patients who were dead on arrival are in scope if an emergency department clinician certified the death of the patient. Patients who leave the emergency department after being registered to receive care and then advised of alternative treatment options are in scope.

The scope includes only physical presentations to emergency departments. Advice provided by telephone or videoconferencing is not in scope, although it is recognised that advice received by telehealth may form part of the care provided to patients physically receiving care in the emergency department.

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 (including admission in the emergency department, admission to another hospital ward, including a short stay unit, or admission to hospital-in-the-home). All patients remain in-scope for this collection until they are recorded as having physically departed the emergency department, regardless of whether they have been admitted. For this reason there is an overlap in the scope of this NMDS and the Admitted patient care national minimum data set (APC NMDS).

Excluded from the scope of the NMDS are:

- Care provided to patients in General Practitioner co-located units;
- Where only a clerical service is provided to people supporting a pre-arranged admission; and
- Where people are awaiting transit to another facility and receive no clinical care.

Collection and usage attributes

Statistical unit: Emergency department stay

Guide for use:

The definition of a 'short stay unit' is as per clause C48 of the National Health Reform Agreement—National Partnership Agreement on Improving Public Hospital Services (NPA IPHS), as follows:

a) Designated and designed for the short term treatment, observation, assessment and reassessment of patients initially triaged and assessed in the emergency department (ED);

b) Have specific admission and discharge criteria and policies;

c) Designed for short term stays no longer than 24 hours;

d) Physically separated from the ED acute assessment area;

e) Have a static number of beds with oxygen, suction, patient ablution facilities; and

f) Not a temporary ED overflow area nor used to keep patients solely awaiting an inpatient bed nor awaiting treatment in the ED.

Collection methods:

National reporting arrangements

State and territory health authorities provide the data to the Australian Institute of Health and Welfare for national collation, on a six-monthly basis within one month of the end of a reporting period and an annual basis within three months of the reporting period.

State and territory health authorities provide the data to the Independent Hospital Pricing Authority for national collation, on a quarterly basis before the last working day of the end of the following reporting period.

The Institute and the Commonwealth Department of Health will agree on a data quality and timeliness protocol. Once cleaned, a copy of the data and a record of the changes made will be forwarded by the Institute to the Commonwealth Department of Health. A copy of the cleaned data for each jurisdiction should also be returned to that jurisdiction on request.

Periods for which data are collected and nationally collated

Quarterly, six-monthly and financial year. Extraction of data for each three, six months or year should be based on the date of the end of the emergency department stay. For example, a presentation that commences at 11pm on 31 December and ends at 2am 1 January is not in scope for reporting in the second quarter or the July to December six-monthly period.

Implementation start date: 01/07/2020

Implementation end date: 30/06/2021

Comments:

Scope links with other metadata sets

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

Mental health care provided in emergency departments is in scope for the NAPEDC NMDS.

Glossary items

Glossary terms that are relevant to this National minimum data set include:

Admission

Compensable patient

Emergency department

Registered nurse

Triage

Source and reference attributes

Submitting organisation: Independent Hospital Pricing Authority

Relational attributes

Related metadata references:

Supersedes Non-admitted patient emergency department care NMDS 2019–20
Health, Superseded 18/12/2019

Has been superseded by Non-admitted patient emergency department care NMDS 2021–22
Health, Superseded 20/10/2021

See also Emergency service care NBEDS 2020-21
Health, Superseded 05/02/2021

See also Statistical Area Level 1 of usual residence NBEDS 2020–21
Health, Superseded 09/02/2021

Metadata items in this Data Set Specification

Seq No.	Metadata item	Obligation	Max occurs
-	Address—Australian postcode, code (Postcode datafile) NNNN	Mandatory	1
-	Emergency department stay—additional diagnosis, code (ICD-10-AM 11th edn) ANN{.N[N]} ***Conditional obligation:*** This data element is only required to be reported when at least one additional diagnosis is present for the emergency department stay.	Conditional	2
-	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, Emergency Department (ICD-10-AM 11th Edition) Principal Diagnosis Short List code ANN{.N[N]} ***Conditional obligation:*** This data item is only required to be reported if the value for Non-admitted patient emergency department service episode—episode end status, code N is recorded as: • Code 1 - Admitted to this hospital (either short stay unit, hospital-in-the-home or non-emergency department hospital ward); • Code 2 - Non-admitted patient emergency department service episode completed - departed without being admitted or referred to another hospital; • Code 3 - Non-admitted patient emergency department service episode completed - referred to another hospital for admission; • Code 5 - Left at own risk after being attended by a health care professional but before the non-admitted patient emergency department service episode was completed; • Code 6 - Died in emergency department.	Conditional	1
-	Emergency department stay—transport mode (arrival), code N	Mandatory	1
-	Emergency department stay—type of visit to emergency department, code N	Mandatory	1

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

Conditional obligation:

This data item is only required to be reported if the value for Non-admitted patient emergency department service episode—episode end status, code N is recorded as:

- Code 1 - Admitted to this hospital (either short stay unit, hospital-in-the-home or non-emergency department hospital ward);
- Code 2 - Non-admitted patient emergency department service episode completed - departed without being admitted or referred to another hospital;
- Code 3 - Non-admitted patient emergency department service episode completed - referred to another hospital for admission;
- Code 5 - Left at own risk after being attended by a health care professional but before the non-admitted patient emergency department service episode was completed;
- Code 6 - Died in emergency department.

-	Episode of care—Department of Veterans' Affairs funding indicator, yes/no code N	Mandatory	1
-	Establishment—organisation identifier (Australian), NNX[X]NNNNN	Mandatory	1

DSS specific information:

Establishment sector component of organisation identifier to be reported as:

1. Public (excluding psychiatric hospitals)
2. Private (excluding free-standing day hospital facilities)
3. Public psychiatric
4. Private free-standing day hospital facility

-	Non-admitted patient emergency department service episode—clinical care commencement date, DDMMYYYY	Conditional	1

Conditional obligation:

This data item is only required to be reported if the value for Non-admitted patient emergency department service episode—episode end status, code Nis recorded as:

- Code 1 - Admitted to this hospital (either short stay unit, hospital-in-the-home or non-emergency department hospital ward);
- Code 2 - Non-admitted patient emergency department service episode completed - departed without being admitted or referred to another hospital;
- Code 3 - Non-admitted patient emergency department service episode completed - referred to another hospital for admission;
- Code 5 - Left at own risk after being attended by a health care professional but before the non-admitted patient emergency department service episode was completed;
- Code 6 - Died in emergency department.

Seq No.	Metadata item	Obligation	Max occurs
-	Non-admitted patient emergency department service episode—clinical care commencement time, hhmm ***Conditional obligation:*** This data item is only required to be reported if the value for Non-admitted patient emergency department service episode—episode end status, code Nis recorded as: • Code 1 - Admitted to this hospital (either short stay unit, hospital-in-the-home or non-emergency department hospital ward); • Code 2 - Non-admitted patient emergency department service episode completed - departed without being admitted or referred to another hospital; • Code 3 - Non-admitted patient emergency department service episode completed - referred to another hospital for admission; • Code 5 - Left at own risk after being attended by a health care professional but before the non-admitted patient emergency department service episode was completed; • Code 6 - Died in emergency department.	Conditional	1
-	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 obligation:*** This data item is required to be reported if the value forEmergency department stay—type of visit to emergency department, code N is recorded as: • Code 1 - Emergency presentation • Code 2 - Return visit, planned • Code 3 - Pre-arranged admission	Conditional	1
-	Non-admitted patient emergency department service episode—triage date, DDMMYYYY ***Conditional obligation:*** This data item is required to be reported if the value forEmergency department stay—type of visit to emergency department, code N is recorded as: • Code 1 - Emergency presentation • Code 2 - Return visit, planned • Code 3 - Pre-arranged admission	Conditional	1

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 required to be reported if the value for Emergency department stay—type of visit to emergency department, code N is recorded as:

- Code 1 - Emergency presentation
- Code 2 - Return visit, planned
- Code 3 - Pre-arranged admission

-	Patient—compensable status, code N	Mandatory	1
-	Person—area of usual residence, statistical area level 2 (SA2) code (ASGS 2016) N(9)	Mandatory	1
-	Person—country of birth, code (SACC 2016) NNNN	Mandatory	1
-	Person—date of birth, DDMMYYYY	Mandatory	1

DSS specific information:

This field must not be null.

National minimum data sets:

For the provision of state and territory hospital data to Australian Government agencies this field must:

- be less than or equal to Admission date, Date patient presents or Service contact date
- be consistent with diagnoses and procedure codes, for records to be grouped.

-	Person—Indigenous status, code N	Mandatory	1
-	Person—person identifier, XXXXXX[X(14)]	Mandatory	1
-	Person—sex, code X	Mandatory	1
-	Record—identifier, X[X(79)]	Mandatory	1