

# Emergency service stay—clinical care commencement date, DDMMYYYY

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# Emergency service stay—clinical care commencement date, DDMMYYYY

## Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Emergency service clinical care commencement date
METEOR identifier:	745741
Registration status:	<a href="#">Health</a> , Standard 20/10/2021
Definition:	The date on which <a href="#">emergency service</a> clinical care commences, expressed as DDMMYYYY.
Context:	Emergency service care.
Data Element Concept:	<a href="#">Emergency service stay—clinical care commencement date</a>
Value Domain:	<a href="#">Date DDMMYYYY</a>

## Value domain attributes

## Representational attributes

Representation class:	Date
Data type:	Date/Time
Format:	DDMMYYYY
Maximum character length:	8

## Source and reference attributes

Submitting organisation:	Australian Institute of Health and Welfare
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## Data element attributes

## Collection and usage attributes

Guide for use:	Emergency service clinical care can be commenced by a doctor, nurse, mental health practitioner or other health professional, when investigation, care and/or treatment is provided in accordance with an established clinical pathway defined by the emergency service. Placement of a patient in a cubicle and observations taken to monitor a patient pending a clinical decision regarding commencement of a clinical pathway, do not constitute commencement.
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Patients with an [Emergency service stay—episode end status, code N](#) of 'Did not wait to be attended by a healthcare professional' or 'Registered, advised of another health care service, and left the emergency service without being attended by a health care professional' should not have a clinical care commencement date, because they left before investigation, care and/or treatment was commenced by a health professional in accordance with an established clinical pathway defined by the emergency service.

The following examples illustrate the commencement of emergency service clinical care.

### Example 1

- A patient presents at the emergency service with mild asthma. At [triage](#), the patient is categorised as category three and returns to the waiting area.
- The patient has a more severe asthma attack in the waiting area, is re-

triaged to category two and shown to a cubicle where standard observations are taken.

- A nurse comes to the cubicle and commences treatment based on an acknowledged clinical pathway of the emergency service. At this point: **emergency service clinical care has commenced.**

#### Example 2

- A patient presents at the emergency service in an agitated, delusional state. At triage, the patient is categorised as category two and placed in a cubicle and the mental health practitioner notified.
- Observations are taken and nursing staff continue to observe the patient.
- The mental health practitioner arrives, assesses the patient and develops a management plan. At this point: **emergency service clinical care has commenced.**

#### Example 3

- A patient presents at the emergency service with an ankle injury from football. At triage, the patient is categorised as category four and moved to the 'fast track area'.
- The physiotherapist attends, examines the patient, makes an assessment (including diagnostic imaging requirements) and determines a treatment plan. At this point: **emergency service clinical care has commenced.**

#### Example 4

- A patient presents at the emergency service with a sore arm, following a fall, with limited arm movement possible.
- The patient is categorised as category three at triage and placed in a cubicle.
- A nurse provides analgesia and assesses the patient, including ordering diagnostic imaging. At this point: **emergency service clinical care has commenced.**

#### Example 5

- A patient presents at the emergency service feeling vague and having been generally unwell for a day or two. The patient has a slight cough. At triage, the patient is categorised as category three.
- The patient is placed in a cubicle where standard observations are taken. Respiration is 26 bpm, blood pressure is 90/60 and the patient is hypoxic. The patient is given oxygen, and the treating clinician attends and provides instruction regarding patient care. At this point: **emergency service clinical care has commenced.**

#### Example 6

- A patient presents at the emergency service with chest pain. Triage category two is allocated. The patient is placed in a cubicle and a nurse gives oxygen and Anginine, takes blood samples and conducts an electrocardiogram (ECG). The ECG is reviewed. At this point:

## emergency service clinical care has commenced.

- A doctor subsequently arrives and the patient is transferred to the catheter lab after examination.

### Example 7

- The emergency service is notified by ambulance that a patient is being transported having severe behavioural problems.
- The patient is taken to an appropriate cubicle and restrained.
- A clinician administers sedation and requests the attendance of a mental health practitioner. At this point: **emergency service clinical care has commenced.**

#### Collection methods:

Collected in conjunction with [Emergency service stay—clinical care commencement time, hhmm](#).

### Source and reference attributes

**Submitting organisation:** Independent Health and Aged Care Pricing Authority

### Relational attributes

#### Related metadata references:

Is used in the formation of [Emergency service stay—waiting time, total minutes NNNNN](#)

[Health](#), Standard 20/10/2021

See also [Emergency service stay—clinical care commencement time, hhmm](#)  
[Health](#), Standard 20/10/2021

**Implementation in Data Set Specifications:** [Emergency service care NBEDS 2022–23](#)  
[Health](#), Superseded 07/02/2023

**Implementation start date:** 01/07/2022

**Implementation end date:** 30/06/2023

**Conditional obligation:**

This data item is only required to be reported if the value for [Emergency service stay—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 service hospital ward);
- Code 2 - Non-admitted patient emergency service episode completed - departed without being admitted or referred to another hospital;
- Code 3 - Non-admitted patient emergency 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 service episode was completed;
- Code 6 - Died in emergency service.

[Emergency service care NBEDS 2023–24](#)

[Health](#), Superseded 06/12/2023

**Implementation start date:** 01/07/2023

**Implementation end date:** 30/06/2024

**Conditional obligation:**

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- Code 3 - Non-admitted patient emergency 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 service episode was completed;
- Code 6 - Died in emergency service.

[Emergency service care NBEDS 2024–25](#)

[Health](#), Standard 06/12/2023

**Implementation start date:** 01/07/2024

**Implementation end date:** 30/06/2025

**Conditional obligation:**

This data item is only required to be reported if the value for [Emergency service stay—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 service hospital ward);
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