

Emergency service care NBEDS 2023–24

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Emergency service care NBEDS 2023–24

Identifying and definitional attributes

Metadata item type:	Data Set Specification
METEOR identifier:	756157
Registration status:	Health , Superseded 06/12/2023
DSS type:	Data Set Specification (DSS)
Scope:	The scope of the Emergency service care national best endeavours data set (ESC NBEDS) is care provided to patients in emergency services located in activity based funded hospitals which do not meet all of 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.

The care provided to patients in emergency services is, in most instances, recognised as being provided to non-admitted patients. Patients being treated in emergency services may subsequently become admitted. All patients remain in-scope for this collection until they are recorded as having physically departed the emergency service, regardless of whether they have been admitted. For this reason there is an overlap in the scope of this data set specification and the Admitted patient care national minimum data set (APC NMDS).

The scope also includes services where patients did not wait to be attended by a health-care professional; those dead on arrival; mental health-care provided in emergency services and patients with a Department of Veterans' Affairs or compensable funding source. The scope excludes care provided to patients in General Practitioner (GP) co-located units. However, patient presentations that result in a referral to a GP co-located unit after registration, but before commencement of clinical care, are in scope.

Collection and usage attributes

Statistical unit:	Emergency service stay
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Guide for use: *Interaction with the Emergency service care aggregate national best endeavours data set (ESCA NBEDS)*

The ESC NBEDS and the ESCA NBEDS work together to collect data on emergency services activity in the public hospital system. The principle should be applied that no service event is to be double-counted or included in both the ESC NBEDS and the ESCA NBEDS. Therefore activity that is reported through the ESC NBEDS should not be reported through the ESCA NBEDS.

It is intended that activity should be reported primarily at the patient level through the ESC NBEDS, and where activity is not able to be reported at a patient level through the ESC NBEDS, this activity should be reported through the ESCA NBEDS. If the following data elements in the ESC NBEDS cannot be reported as a minimum for a specific service event, then the service event should be reported through the ESCA NBEDS:

[Emergency service stay—episode end status, code N](#)

[Emergency service stay—triage category, code N](#)

[Emergency service stay—type of visit to emergency service, code N](#)

[Episode of care—Department of Veterans' Affairs funding indicator, yes/no code N](#)

[Establishment—organisation identifier \(Australian\), NNX\[X\]NNNNN](#)

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

Interaction with the Individual Healthcare Identifier national best endeavours data set (IHI NBEDS)

The ESC NBEDS and IHI NBEDS work together to enable the reporting of IHI data for emergency service episodes of care.

Collection methods: *Reporting requirements*

State and territory health authorities provide the data to the Independent Health and Aged Care Pricing Authority Pricing Authority (IHACPA) for national reporting on a quarterly basis. Quarterly reporting periods follow a financial year, commencing on 1 July and ending 30 June of the following year.

Extraction of data should be based on the date of the end of the emergency service stay. For example, a presentation that commences at 11pm on 31 December and ends at 2am 1 January is in scope for reporting in the third quarter.

Implementation start date: 01/07/2023

Implementation end date: 30/06/2024

Comments: *Glossary items*

Glossary terms that are relevant to this NBEDS include:

[Activity based funding](#)

[Admission](#)

[Compensable patient](#)

[Emergency service](#)

[Gender](#)

[Registered nurse](#)

[Sex](#)

[Triage](#)

Source and reference attributes

Submitting organisation: Independent Health and Aged Care Pricing Authority

Steward: [Independent Health and Aged Care Pricing Authority](#)

Relational attributes

Related metadata references:

Supersedes [Emergency service care NBEDS 2022–23 Health](#), Superseded 07/02/2023

Has been superseded by [Emergency service care NBEDS 2024–25 Health](#), Standard 06/12/2023

See also [Admitted patient care NMDS 2023–24 Health](#), Superseded 06/12/2023

See also [Emergency service care aggregate NBEDS 2023–24 Health](#), Superseded 06/12/2023

See also [Individual Healthcare Identifier NBEDS 2023-24 Health](#), Superseded 06/12/2023

See also [Non-admitted patient emergency department care NMDS 2023–24 Health](#), Superseded 06/12/2023

Metadata items in this Data Set Specification

Seq No.	Metadata item	Obligation	Max occurs
-	Address—Australian postcode, code (Postcode datafile) NNNN	Mandatory	1
<i>DSS specific information:</i>			
To be reported for the address of the patient.			
-	Emergency service stay—additional diagnosis, code (ICD-10-AM Twelfth edition) ANN(.N[N])	Conditional	2
<i>Conditional obligation:</i>			
This data element is only required to be reported when at least one additional diagnosis is present for the emergency service stay.			
-	Emergency service stay—clinical care commencement date, DDMMYYYY	Conditional	1
<i>Conditional obligation:</i>			
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.			

Seq No.	Metadata item	Obligation	Max occurs
-	Emergency service stay—clinical care commencement time, hhmm	Conditional	1
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 stay—episode end date, DDMMYYYY	Mandatory	1
-	Emergency service stay—episode end status, code N	Mandatory	1
-	Emergency service stay—episode end time, hhmm	Mandatory	1
-	Emergency service stay—physical departure date, DDMMYYYY	Mandatory	1
-	Emergency service stay—physical departure time, hhmm	Mandatory	1
-	Emergency service stay—presentation date, DDMMYYYY	Mandatory	1
-	Emergency service stay—presentation time, hhmm	Mandatory	1
-	Emergency service stay—principal diagnosis, emergency care (ICD-10-AM Twelfth Edition) principal diagnosis short list code ANN{.N[N]}	Conditional	1
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 stay—service episode length, total minutes NNNNN	Mandatory	1
-	Emergency service stay—transport mode (arrival), code N	Mandatory	1
-	Emergency service stay—triage category, code N	Conditional	1
Conditional obligation:			
This data item is required to be reported if the value for Emergency service stay—type of visit to emergency service, code N is recorded as:			
• Code 1 - Emergency presentation • Code 2 - Return visit, planned • Code 3 - Pre-arranged admission			

Seq No.	Metadata item	Obligation	Max occurs
-	Emergency service stay—triage date, DDMMYYYY	Conditional	1
Conditional obligation:			
This data item is required to be reported if the value for Emergency service stay—type of visit to emergency service, code N is recorded as:			
• Code 1 - Emergency presentation • Code 2 - Return visit, planned • Code 3 - Pre-arranged admission			
-	Emergency service stay—triage time, hhmm	Conditional	1
Conditional obligation:			
This data item is required to be reported if the value for Emergency service stay—type of visit to emergency service, code N is recorded as:			
• Code 1 - Emergency presentation • Code 2 - Return visit, planned • Code 3 - Pre-arranged admission			
-	Emergency service stay—type of visit to emergency service, code N	Mandatory	1
-	Emergency service stay—waiting time, total minutes NNNNN	Conditional	1
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.			
-	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 data hospital facility			
-	Patient—compensable status, code N	Mandatory	1
-	Person—area of usual residence, statistical area level 2 (SA2) code (ASGS Edition 3) N(9)	Mandatory	1
-	Person—country of birth, code (SACC 2016) NNNN	Mandatory	1

Seq No.	Metadata item	Obligation	Max occurs
-	Person—date of birth, DDMMYYYY	Mandatory	1
	DSS specific information: 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—gender, code X	Conditional	1
	Conditional obligation: This data element is collected on a Conditional basis with the element Person—sex, code X. Data must be reported for at least one of the two elements, either Sex or Gender. Data may be reported for both elements.		
-	Person—Indigenous status, code N	Mandatory	1
-	Person—person identifier, XXXXXX[X(14)]	Mandatory	1
-	Person—sex, code X	Conditional	1
	Conditional obligation: This data element is collected on a Conditional basis with the element Person—gender, code X. Data must be reported for at least one of the two elements, either Sex or Gender. Data may be reported for both elements. DSS specific information: In the ESC NBEDS a person's sex is understood to be reported as at the time of data collection.		
-	Record—identifier, X[X(79)]	Mandatory	1