

Victorian Emergency Minimum Dataset

**Preliminary Proposals for revisions
for 1.7.2000**

November 1999

**Acute Health Division
Department of Human Services**

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Introduction:

The Department of Human Services (DHS) reviews the data elements and format of the Victorian Emergency Minimum Dataset (VEMD) annually; a precedent set in July 1998. This process is undertaken to maintain and enhance the patient level data reported by the participating Emergency Departments (ED). Patient level data provide beneficial information for epidemiological purposes, ED operations, clinical research, performance monitoring and quality improvement, and planning.

The preliminary proposals for Version 5.0 (1 July 2000) include further revisions to the existing data items and the associated business rules and edits will be added or modified accordingly. Proposed changes to the current VEMD dataset and business rules have been outlined within this document.

The proposals should not be regarded as a comprehensive list of changes to be made for 2000/2001. Items in this publication cannot be guaranteed to change or to change in the form suggested here; nor does the absence of an item from this publication indicate it will not change from 1 July 2000. Changes to be made will be released in the *Specifications for Revisions to the Victorian Emergency Minimum Dataset* document.

The Preliminary Proposals document is being distributed to: all Victorian Hospitals involved in the collection of VEMD data, including Emergency Directors and VEMD Submission Officers; software suppliers; and a range of industry associations.

It is expected that the release of these Preliminary Proposals will stimulate discussion within the health industry. Hospitals, emergency associations and software suppliers should review this document carefully prior to the VEMD forum and assess the feasibility and practicality of the proposals. All are invited to attend the VEMD forum where a summary presentation of the proposals will be conducted and feedback will be sought. The forum is scheduled for:

Friday 12 November 1999, 10.00am - 2:00pm
Department of Human Services
Floor 12, Room B
555 Collins Street
MELBOURNE

Please remember to bring the Preliminary Proposals document and agenda to the VEMD forum.

Preliminary Proposals for Revisions to the VEMD

The following pages provide an outline of proposals for changes and revisions to VEMD fields.

Text proposed for addition to the 'Version 5.0 VEMD Manual' is underlined.
Text proposed for deletion from the 'Version 5.0 VEMD Manual' is ~~struck through~~.

For complete details of existing formats, codes and edits, reference should be made to version 4.0 of the VEMD Manual, July 1999.

Background:

Since implementation of the Version 4.0 dataset, additional issues have been noted by the Department and highlighted by participating hospitals. These proposals are outlined in the Preliminary Proposals 1 - 7 below. The first four proposals listed below are minor revisions to the current dataset and aim to further refine VEMD fields, codes and descriptions.

Preliminary Proposal 1

Standardisation of HDSS datasets:

Proposed by:

Health Data Standards and Systems (HDSS) Unit, Department of Human Services in conjunction with the EDIS Review Committee

Background

Standardising common fields within datasets has many benefits for both the Department and for Hospitals. Some of these benefits include ease of comparison and analysis across state and national datasets, consistent interpretation of common data items across datasets, the ability to interface hospital in-house software systems for entry and extraction of like data items and the ability to coordinate updates and amendments across datasets.

It is proposed, therefore, that three fields within the VEMD be more closely aligned with the VAED, NHDD and ICD-10-AM external cause code definitions.

- **Departure Status**

Reason for the proposed change:

It was noted that hospitals have been experiencing difficulty in distinguishing between what constitutes a transfer to an acute care facility and a transfer to an aged care residential facility or mental health residential facility.

To ensure that all transfers and departures are recorded appropriately, it is proposed that two additional *Departure Status* codes be available for selection (see table A).

Proposed Collection Method:

Table A: Proposed 2000/2001 *Departure Status* field

| Code | Departure status |
|-------------|-------------------------------------------------------------------------------------------------------------------------------------|
| <u>0</u> | <u>Departure and transfer to aged care residential facility (includes nursing home and hostel)</u> |
| 1 | Discharge to home, nursing home |
| 2 | Admission to ward (<i>including HITH</i>) / <u>return to ward</u> |
| 4 | Transfer out of this hospital to another hospital (<i>also record Transfer Destination</i>) |
| 5 | Left at own risk, <i>after</i> treatment started |
| 6 | Left before being seen by doctor (<i>or definitive service provider</i>) |
| 7 | Died within ED |
| 8 | Dead on arrival |
| <u>9</u> | <u>Departure and transfer to mental health residential facility (includes psychogeriatric nursing home and community care unit)</u> |

Notes:

- 0 - Departure and transfer to aged care residential facility (includes nursing home and hostel)**
Departure and transfer to an aged care residential facility (includes nursing home and hostel). Does *not* require a Transfer Destination code. *Excludes:* Patients *returning* to the aged care residential facility in which they live. Use code 1 - *Home* in these instances.
- 9 - Departure and transfer to mental health residential facility (includes psychogeriatric nursing home and community care unit).**
Departure and transfer to mental health residential facility (includes psychogeriatric nursing home and community care unit). Does *not* require a Transfer Destination code.

Excludes: Patients *returning* to the mental health residential facility in which they live. Use code 1 - *Home* in these instances.

• Injury Surveillance Fields

Reason for the proposed change:

The descriptors of the VEMD Injury Surveillance Fields do not align with current descriptors of the ICD-10-AM external cause 4th and 5th digits utilised in the VAED.

Proposed Collection Method

To ensure that VEMD participating sites have an appropriate selection of injury surveillance codes, it is proposed that the descriptors of two fields (*Place Where Injury Occurred* and *Activity when Injured*) are further enhanced to align more closely with the ICD-10-AM external cause codes. In ICD-10-AM these data are identified in external cause 4th and 5th digits.

Although there is no actual change to the codes within these fields, the addition of further examples will ensure that appropriate codes are selected for submission to the VEMD (see Table B and Table C).

⇒ *Place where injury occurred:*

Table B - Proposed 2000/2001 Place Where Injury Occurred field

| Code | Place | Includes | Excludes |
|------|-----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| H | Home | House, <u>home premises</u> , farm house, non-institutional place of residence, apartment, boarding house, caravan park (resident), private: driveway to home, garage, garden/yard or home, path to home, swimming pool in private house, garden | Institutional place of residence (I), abandoned or derelict house (O), home under construction and not yet occupied (C) |
| I | Residential institution | Children's home, orphanage, home for the sick, nursing home, old people's home, hospice, military camp, reform school, prison, <u>pensioners home</u> , <u>dormitory</u> | Hospital (M) |
| S | School, day care centre, public administration area | Building (including adjacent grounds) used by the general public or by a particular group of the public such as: assembly hall, public hall, church, clubhouse, court house, post office, day care centre, preschool, youth centre, gallery, library, museum, cinema, theatre, opera house, concert hall, dance hall, school (public or private), college, university, institution for higher education, <u>movie house</u> , <u>kindergarten</u> , <u>campus</u> | Hospital (M), recreation area (P), athletics and sports area (A), trade or service area (T), building under construction (C), <u>residential institution (I)</u> |
| M | Medical hospital | Hospital | Hospice, nursing home (I) |

| Code | Place | Includes | Excludes |
|------|----------------------|-----------------------------|-------------------------------|
| P | Place for recreation | Public park, amusement park | Athletics and sports area (A) |

| Code | Place | Includes | Excludes |
|------|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| A | Athletics and sports area | Cricket ground, riding school, basketball court, golf course, stadium, skating rink, <u>baseball field, football field, gymnasium, hockey field, squash court, swimming pool (public), tennis court (public)</u> | Public park, amusement park (P), <u>swimming pool / tennis court in private home / garden (H)</u> |
| R | Road, street or highway | Freeway, footpath, motorway, pavement, road | Private driveway (H) |
| T | Trade or service area | Bank, petrol station, supermarket, <u>airport, cafe, casino, garage (commercial), gas station, hotel, market, office building, radio or television station, restaurant, service station, shop (commercial), shopping mall, station (bus/rail), warehouse</u> | <u>Garage in private home (H)</u> |
| C | Industrial or construction area | Any building under construction, industrial yard, workshop, dry dock, <u>dock yard, factory building/ premises, gasworks, oil rig & other offshore installation, power station (coal/nuclear/oil), shipyard</u> | Mine, quarry, tunnel under construction (Q) |
| Q | Mine or quarry | Mine or quarry tunnel under construction | |
| F | Farm | Farm buildings and land, ranch | Farm house, <u>& home premises of farm (H)</u> |
| O | Other specified place | Forest, beach, pond, abandoned or derelict house, <u>campsite, canal, caravan site NOS, desert, dock NOS, harbour, hill, lake, marsh, military training ground, mountain, parking lot & parking place, prairie, public place NOS, railway line, river, sea, seashore, stream, swamp, water reservoir, zoo</u> | |
| U | Unspecified place | | |

⇒ **Activity When Injured**

Table C - Proposed 2000/2001 Activity When Injured field

| Code | Activity | Includes | Excludes |
|-------------|-------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| L | Leisure | Hobby activities; leisure-time activities with an entertainment element such as being at a cinema, a dance or party; participating in activities of a voluntary organisation | <u>Sports activities</u> (S) |
| S | Sports | Physical exercise with a described functional element such as: golf, jogging, riding, school athletics, skiing, swimming, trekking, water-skiing | |
| E | Education | Formal education, learning activities (eg attending school, university) | |
| W | Working for income | Paid work for salary (<u>manual</u>) (<u>professional</u>), bonus and other types of income; transportation (time) to and from such activities | Voluntary work (L) |
| C | Other work | Unpaid domestic duties such as: caring for children and relatives, cleaning, gardening, household maintenance, <u>cooking</u> . Other duties for which income is not gained (eg unpaid work in family business), <u>learning activities</u> (<u>attending school session or lesson</u> , <u>undergoing education</u>) | Voluntary work (L) |
| N | Being nursed, cared for | Care of infant by parent, patient by nurse | |
| V | Vital activity, resting, sleeping, eating | Personal hygiene, other personal activity | |
| O | Other specified activity | | |
| U | Un-specified activity | | |

Departure Status

Proposed by:

HDSS Unit, Department of Human Services in conjunction with the EDIS Review Committee

Reason for Proposed Change

It was highlighted that the option to assign a *Departure Status* code applicable to patients who attend the ED for treatment whilst already admitted at the same site and then return to the ward, was not available for selection in this field.

Proposed Collection Method

It is proposed that 'return to ward' be included as an additional descriptor for *Departure Status '2'*: 'Admission to ward (including HITH) / Return to ward' (See Table A).

Preliminary Proposal 3

Escort Source

Proposed by:

HDSS Unit, Department of Human Services in conjunction with the EDIS Review Committee

The current definition for Escort Source in the Version 4.0 VEMD manual is:

Definition: *The work location or source of the medical or nursing assistant(s) accompanying a patient whilst being transferred to another hospital.*

Two of the current values available within this field require clarification. Currently non-medical and non-nursing escorts have the potential to be reported incorrectly. The proposed code definitions for '5' and '9' (see Table D) aim to address this.

Table D: Proposed V5.0 Escort Source

| Code | Source |
|-------------|---------------------------------------------|
| 1 | Emergency Department |
| 2 | ICU/CCU |
| 3 | Ward |
| 4 | Retrieval Service |
| 5 | Nil (<i>no medical or nursing escort</i>) |
| 9 | Other <i>medical or nursing escort</i> |

Preliminary Proposal 4

Departure Transport Mode

Proposed by:

HDSS, Department of Human Services in conjunction with the EDIS Review Committee

Reason for Proposed Change

The V4.0 VEMD manual defines the 'Departure Transport Mode' as being:

Transport used in transferring the patient from the Emergency Department.

It also states that 'Departure Transport Mode' is:

Mandatory if Departure Status code is 4, indicating transfer out of this hospital to another hospital, except if to a Nursing Home within such a facility or 8, indicating that the patient was Dead on Arrival.

Field should be left blank if transfer does not apply, if transfer is to a Nursing Home, or if patient was not Dead on Arrival (DOA).

It was noted that Departure Transport Mode is a transfer field and should be used in conjunction with other transfer fields. However, patients who are DOA and transported from the hospital do not essentially constitute a 'transfer' because no further treatment or care is required.

Please note, the reporting of transfers for organ procurement is currently in the development phase.

Proposed Collection Method

It is proposed that the statement in the next version of the VEMD manual reads, '*Mandatory if Departure Status code is 4, indicating transfer out of this hospital to another hospital, except if to a Nursing Home within such a facility ~~or 8,~~ indicating that the patient was Dead on Arrival.*'

'Field should be left blank if transfer does not apply or if transfer is to a Nursing home, ~~or if patient was not Dead on Arrival (DOA).~~'

The associated edits will be modified accordingly.

The following proposals 5-7 have been proposed by persons external to the HDSS Unit.

Preliminary Proposal 5

DVA Fields

Proposed by: Peter Lewis (Financial Analysis and Purchasing Unit, DHS)

New Field Title:

DVA Number

Field Definition:

Nine-character alpha/numeric field, with ALPHA characters in UPPERCASE.
The patient's DVA identification number:

Character 1 = State identifier

Valid codes: Q, N, V, T, S or W

Characters 2-4 = alphabetic characters may appear in these fields but no alphabetic characters may appear after any numerics in these positions

Characters 5-8 = numeric except last non-space character may be alphabetic

Character 9 = space (veteran)
 alpha (dependent)

Edits applied to DVA Number:

Only alphas, numerics and spaces are permitted.

Alpha characters must be uppercase.

A maximum of six numeric characters is permitted.

Trailing spaces (to the right) are permitted.

Examples of permitted formats:

N123456

VX123456

WXX123A

QXXX1B

Coding Convention:

As defined in the PRS/2 Manual, 9th edition, July 1999 (pp. 117-122).

Collection Mechanism:

To be collected in the Emergency Department, upon or as soon as practicable, after presentation. The data should be collected by the admissions clerk at each presentation.

Justification for Collection of these data:

The Department of Veterans' Affairs, for payment purposes, requires an exact match of patient data with their internal systems. These data are being collected so that DHS can calculate an incentive payment for hospitals for the treatment of eligible veterans and war widow(er)s attending public hospital emergency departments

Language Fields

Proposed by: Gil Dwyer (DHS)

Titles of these new/amended fields:

1. Birthplace of Person
[The data would be identical to *Country of Birth* as currently collected. New name only.]
2. Proficiency in spoken English
[*New field*]
1. Main language other than English spoken at home
[*New field*]

Field Definition: Questions on admission:

1. In which country were you born?
2. How well do you speak English?
 - very well
 - well
 - not well
 - not well at all
3. Do you speak a language other than English at home? If yes, please specify which language.

These data item have been proposed for version 9 of the National Health Data Dictionary.

Collection Mechanism

These data items should be collected at the first point of data collection for each presentation to the ED.

Justification for Collection of these Data

Data from these indicators will provide a valuable planning and evaluation tool in the area of access to health services for people from culturally and linguistically diverse backgrounds. Over the next few weeks it is expected that the Premier or the Minister for Multicultural Affairs will write to all Victorian Government Departments to direct them to collect these data items on all relevant data systems.

These indicators were recommended by a 1998/99 national pilot study known as the *Clinical Indicators Pilot Study*, which aimed to identify better indicators of needs in multicultural communities. A Steering Committee of the Council of Ministers of Immigration and Multicultural Affairs commissioned the study in May 1996. It was conducted by the Australian Bureau of Statistics in conjunction with the Multi-Cultural Affairs Unit (MAU) within the Victorian Department of Premier and Cabinet.

Of all cultural and language indicator variables piloted, these three were found to provide the most effective measures of the cultural and language background of the community and of potential disadvantage in terms of access to services.

Ongoing Care Communication

Proposed by: Marcus Kennedy

New Field Subject:

Care Continuity

Field Definition:

1 Alpha field = Y or N

Coding Convention:

Y = Yes Active transfer of knowledge and information to the provider of ongoing care

N = No = Active transfer of knowledge and information to the provider of ongoing care not performed

Collection Method:

Clinician, Nurse or Clerk. Electronic collection at time of discharge.

Justification for Collection of these Data:

These data are a quality marker/indicator. It would be used to assess follow-up arrangements with primary health care worker.