

**Specification for Revisions
to the Victorian Emergency
Minimum Dataset (VEMD)
for 1.7.2000**

February 2000

**Acute Health Division
Department of Human Services**

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Executive summary of changes

The *Specifications for Revisions to VEMD for 1.7.2000* document contains details of changes relevant to the Victorian Emergency Minimum Dataset (VEMD), Version 5.0, which take effect from 1 July 2000. The modified VEMD format for Version 5.0 will comprise the existing Version 4.0 VEMD reporting specifications, as detailed in the *VEMD Manual, Version 4.0, 1 July 1999* and *HDSS Bulletin* issues (Ensure all VEMD changes specified in the HDSS Bulletins have been made).

VEMD participating hospitals should commence planning and preparation without delay to enable data transmission in Version 5.0 from 1 July 2000.

The VEMD changes detailed in this document can be summarised as follows:

1. Changes to existing data items

- *Campus Code*
 - Revisions to the Reference File (see Appendix A).
- *Referred By*
 - Expansion of the codeset.
- *Ambulance Case Number*
 - Format and Values modified.
- *Departure Status*
 - Standardised terminology of descriptor to align with the Victorian Admitted Episodes Dataset (VAED).
 - Expansion of the codeset.
- *Escort Source*
 - Code descriptors expanded.
- *Departure Transport Mode*
 - Modification of field collection guide.
 - Expansion of the codeset.
- *Injury Surveillance fields: Place where injury occurred, Activity when injured*
 - Standardisation of terminology and sequence of codes to align with the National Health Data Dictionary (NHDD), the Victorian Admitted Episodes Dataset (VAED), and ICD-10-AM.

2. New data items

- *DVA Number*
- *Ongoing Care Communication*

3. New and Amended Edits

- **E078** **INVALID DVA NUMBER**
- **E079** **COMPENSABLE STATUS AND DVA NUMBER COMBINATION INVALID**
- **E137** **TRANSFER SOURCE/DESTINATION MATCHES CAMPUS CODE**
- **E152** **AMBULANCE CASE NUMBER DEFAULT CODE INVALID**
- **E153** **AMBULANCE CASE NUMBER RANGE AND ARRIVAL TRANSPORT
MODE COMBINATION INVALID**
- **E232** **TRANSFER DEPARTURE STATUS CODE COMBINATION INVALID**
- **E242** **REFERRED TO ON DEPARTURE & DEPARTURE STATUS
COMBINATION INVALID**
- **E243** **ONGOING CARE COMMUNICATION BLANK**
- **E244** **ONGOING CARE COMMUNICATION INVALID**
- **E339** **INPATIENT BED REQUEST AND DEPARTURE STATUS COMBINATION
INVALID**

Introduction

Since July 1998, the Department of Human Services annually reviews the data elements and format of the VEMD. This process has over the years resulted in a number of changes being made to the VEMD in order to maintain and enhance the patient level data reported by the participating Emergency Departments (ED). Such data provide beneficial information for epidemiological purposes, ED operations, clinical research, performance monitoring, quality improvement, and planning.

The DHS in conjunction with the Emergency Department Information Systems (EDIS) Review Committee have kept the addition of new fields and revisions to current fields to a minimum. The Department has noted comments made on the document *Preliminary Proposals for Revisions for 1.7.2000*, released in November 1999. For further reference, please see the *Notes of VEMD Forum held on Friday 12 November 1999*, and the minutes for the EDIS Review Committee meeting held 17 November 1999.

From 1 July 2000, changes to the VEMD will be necessary:

- To further refine and align current terminology and code sets with the Victorian Admitted Episodes Dataset (VAED) and the National Health Data Dictionary (NHDD).
- To include and revise applicable edits to promote data integrity.
- To support the data requirements of the Department of Veterans' Affairs for payment purposes.
- To provide means to improving the coordination between datasets and primary health care providers.
- To update data users with current Campus codes and transfer source/destination codes and ICD-10-AM (VEMD) diagnosis codes.
- To maintain related data field cohesion.

The *Specifications for Revisions to Victorian Emergency Minimum Dataset (VEMD) for 1.7.2000* outlines new and amended VEMD definitions, fields, business rules, edits, and current and revised file structures. It is being distributed to: Emergency Directors, VEMD Submission Officers, software suppliers, a range of industry associations, and is also accessible on the website of the Health Data Standards & Systems Unit (HDSS) at DHS (www.dhs.vic.gov.au/ahs/hdss).

Hospitals should now request that software suppliers alter their computer systems in accordance with this specification to enable them to gather and transmit the required data to the VEMD from 1 July 2000. Information on the method of dealing with patients who are remaining in hospital at the end of 30 June 2000 is also included in the Specifications for Revisions.

Software suppliers are advised to ensure they have the capacity to provide multiple versions of the VEMD program to enable hospitals to, at any time, extract files using the appropriate version for the month of data (See table: Edits and the submission process).

Background

Since implementation of the Version 4.0 dataset, 1999-2000, additional issues have been noted by the Department and highlighted by participating hospitals. Proposed changes outlined in the Preliminary Proposals document which were accepted for inclusion into the Version 5.0 VEMD dataset for July 2000 have been documented in the *Specifications for Revisions to Victorian Emergency Minimum Dataset (VEMD) for 1.7.2000*.

The following file format accepted for VEMD data transmission will continue to be available from 1 July 2000:

- Tab delimited ASCII format (modified VEMD format)

The need for VEMD interface / manual modifications

From 1 July 2000, changes to the VEMD will be necessary to:

- To further refine and align current terminology and code sets with the Victorian Admitted Episodes Dataset (VAED) and the National Health Data Dictionary (NHDD).
- To include and revise applicable edits to promote data integrity.
- To support the data requirements of the Department of Veterans' Affairs for payment purposes.
- To provide means to improving the coordination between datasets and primary health care providers.
- To update data users with current Campus codes and transfer source/destination codes and ICD-10-AM (VEMD) diagnosis codes.
- To maintain related data field cohesion.

The changes noted in the Specifications for Revisions for 1 July 2000 will be documented in the Version 5.0 VEMD Manual, which is due for release in April/May 2000. Software suppliers and hospitals will be able to work from this document in conjunction with the VEMD Manual, V4.0, 1 July 1999 and HDSS Bulletins until the Version 5.0 Manual is released.

Abbreviations

DHS	Department of Human Services
DWH	Data Warehouse
MAS	Metropolitan Ambulance Services
RAPID	Redevelopment of Acute and Psychiatric Information Directions Project
RAV	Rural Ambulance Victoria
ODS	Operational Data Store
HL7	Health Level 7
ICD-10-AM	Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification
NHDD	National Health Data Dictionary
VEMD	Victorian Emergency Minimum Dataset
VAED	Victorian Admitted Episode Dataset (formerly VIMD)
VIMD	Victorian Inpatient Minimum Database

Specifications for Revisions to Victorian Emergency Minimum Dataset (VEMD) for 1.7.2000

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

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

File structure changes for addition to the 'Version 5.0 VEMD Manual' are in bold font.

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

Current and revised file structures and data items

The following pages provide details of the revisions to the VEMD, to be implemented from 1 July 2000. The following information is provided:

- Current file structure (1 July 1999 - 30 June 2000)
- Revised file structure (1 July 2000 - 30 June 2001)
- A description of new and amended data items, including field specifications

Current VEMD file structure (1 July 1999 - 30 June 2000)

	Field name	Maximum characters	Alpha/numeric	Format/Values
M	Campus code	4	A/N	NNNN
M	Unique key	9	A/N	NNNNNNNNN
<i>Patient biographic data</i>				
M	Patient identifier	10	A/N	NNNNNNNNNN
∞	Medicare number	11	N	NNNNNNNNNNN or blank
M	Medicare suffix	3	A/N	AAA
M	Sex	1	A/N	1, 2, 3
M	Date of birth	8	N	DDMMCCYY
M	Country of birth	4	A/N	NNNN
M	Indigenous status	1	A/N	2, 5, 6, 7
M	Preferred language	2	A/N	NN
M	Locality	22	A/N	
M	Postcode	4	N	NNNN
<i>Patient management data</i>				
M	Arrival transport mode	2	A/N	1, 2, 3, 4, 6, 7, 8, 9, 10, 11, 19
M	Referred by	2	A/N	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 19
§	Transfer source	4	A/N	NNNN
M	Type of visit	2	A/N	1, 2, 3, 4, 5, 8, 9, 10
M	Compensable status	1	A/N	1, 2, 3, 4, 5, 6, 7
*	Ambulance case number	6	A/N	
M	Arrival date	8	N	DDMMCCYY
M	Arrival Time	4	N	NNNN
M	Triage Date	8	N	DDMMCCYY

Current VEMD file structure continued next page

Current VEMD file structure continued

	Field name	Maximum characters	Alpha/ numeric	Format/Values
M	Triage time	4	N	NNNN
M	Triage category	1	A/N	1, 2, 3, 4, 5, 6
▼	First seen by treating nurse date	8	N	DDMMCCYY or blank
▼	First seen by treating nurse time	4	N	HHMM or blank
❖	First seen by doctor date	8	N	DDMMCCYY or blank
❖	First seen by doctor time	4	N	HHMM or blank
⌘	Procedures	89	A/N	NN x 30
M	Inpatient bed request	1	A/N	Y,N
∩	Inpatient bed request date	8	N	DDMMCCYY or blank
∩	Inpatient bed request time	4	N	HHMM or blank
M	Departure date	8	N	DDMMCCYY
M	Departure time	4	N	HHMM
M	Departure status	1	A/N	1, 2, 4, 5, 6, 7, 8
†	Transfer destination	4	A/N	NNNN
M	Referred to on departure	2	A/N	1, 2, 3, 4, 5, 6, 7, 8, 16, 17, 18, 19
†	Reason for transfer	1	A/N	1, 2, 3, 4, 5, 6, 7, 9
†	Escort source	1	A/N	1, 2, 3, 4, 5, 9
†	Departure transport mode	2	A/N	1, 2, 3, 4, 5, 6, 7, 8, 9, 19
+	Primary diagnosis	5	A/N	ICD-10-AM code
	Additional diagnoses 1	5	A/N	ICD-10-AM code
	Additional diagnoses 2	5	A/N	ICD-10-AM code

Current VEMD file structure continued next page

	Field name	Maximum characters	Alpha/numeric	Format/Values
<i>Injury surveillance data</i>				
⊙	Nature of main injury	2	A/N	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26
⊙	Body region	2	A/N	F1, F2, F3, F4, F5, F6, F7 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22
⊙	Description of injury event	100	A/N	
⊙	Injury cause	2	A/N	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30
⊙	Human intent	2	A/N	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11
⊙	Place where injury occurred	1	A/N	H, I, S, M, P, A, R, T, C, Q, F, O, U
⊙	Activity when injured	1	A/N	L, S, E, W, C, N, V, O, U

- M = Mandatory
- ⌚ = Mandatory if Medicare Suffix does not equal C-U, N-E or P-N
- § = Mandatory if *Referred By* = 6
- * = Mandatory if *Arrival Transport Mode* = 1,2,3,4,10
- † = Mandatory if *Departure Status* = 4
- + = Primary Diagnosis is a mandatory field, except where *Departure Status* = 6 - *Left before being seen by doctor (or definitive service provider)* or 8 - *Dead on arrival*. If Diagnosis is an injury, it should be further specified by utilising Injury Surveillance fields
- ⊙ = Mandatory if any other Injury Surveillance fields are completed, ~~indicating the attendance was due to an injury or if an injury code from the Nature of Main Injury and Body Region Matrix is in the Primary Diagnosis field~~
- ▼ = Mandatory if the Nurse is the definitive service provider (except where *Departure Status* = 6 *Left before being seen by definitive service provider*)
- ❖ = Mandatory if the Doctor is the definitive services provider (except where *Departure Status* = 6 *Left before being seen by definitive service provider*)
- ∩ = Mandatory if *Inpatient Bed Request* = Y
- ⌘ = Mandatory if *Primary Diagnosis* field is completed

Revised VEMD file structure (1 July 2000 - 30 June 2001)

Note:

File structure changes are in bold font.

Conditions under which some fields become mandatory are documented in the key at table end.

	Field name	Maximum characters	Alpha/numeric	Format/Values
M	Campus Code	4	A/N	NNNN
M	Unique Key	9	A/N	NNNNNNNNNN
<i>Patient biographic data</i>				
M	Patient Identifier	10	A/N	NNNNNNNNNN
<u>Ω</u>	Medicare Number	11	N	NNNNNNNNNNNN or blank
M	Medicare Suffix	3	A/N	AAA
©	DVA Number	9	A/N	See detailed specification, page 20
M	Sex	1	A/N	1, 2, 3
M	Date of Birth	8	N	DDMMCCYY
M	Country of Birth	4	A/N	NNNN
M	Indigenous Status	1	A/N	2, 5, 6, 7
M	Preferred Language	2	A/N	NN
M	Locality	22	A/N	
M	Postcode	4	N	NNNN
<i>Patient management data</i>				
M	Arrival Transport Mode	2	A/N	1, 2, 3, 4, 6, 7, 8, 9, 10, 11, 19
M	Referred By	2	A/N	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 19
§	Transfer Source	4	A/N	NNNN
M	Type of Visit	2	A/N	1, 2, 3, 4, 5, 8, 9, 10
M	Compensable Status	1	A/N	1, 2, 3, 4, 5, 6, 7
Revised file structure 2000-2001 continued next page				

	Field name	Maximum characters	Alpha/ numeric	Format/Values
*	Ambulance Case Number	6	A/N	See detailed specification, page 10
M	Arrival Date	8	N	DDMMCCYY
M	Arrival Time	4	N	NNNN
M	Triage Date	8	N	DDMMCCYY
M	Triage Time	4	N	NNNN
M	Triage category	1	A/N	1, 2, 3, 4, 5, 6
▼	First Seen by Treating Nurse Date	8	N	DDMMCCYY or blank
▼	First Seen by Treating Nurse Time	4	N	HHMM or blank
❖	First Seen by Doctor Date	8	N	DDMMCCYY or blank
❖	First Seen by Doctor Time	4	N	HHMM or blank
⌘	Procedures	89	A/N	NN x 30
M	Inpatient Bed Request	1	A/N	Y,N
∩	Inpatient Bed Request Date	8	N	DDMMCCYY or blank
∩	Inpatient Bed Request Time	4	N	HHMM or blank
M	Departure Date	8	N	DDMMCCYY
M	Departure Time	4	N	HHMM
M	Departure Status	1	A/N	0, 1, 2, 4, 5, 6, 7, 8, 9
†	Transfer Destination	4	A/N	NNNN
M	Referred to on Departure	2	A/N	1, 2, 3, 4, 5, 6, 7, 8, 16, 17, 18, 19
M	Ongoing Care Communication	1	A/N	Y, N
†	Reason for Transfer	1	A/N	1, 2, 3, 4, 5, 6, 7, 9
†	Escort Source	1	A/N	1, 2, 3, 4, 5, 9
†	Departure Transport Mode	2	A/N	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 19
+	Primary Diagnosis	6	A/N	ICD-10-AM code

Revised VEMD file structure 2000-2001 continued next page

	Additional Diagnoses 1	6	A/N	ICD-10-AM code
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	Field name	Maximum characters	Alpha/ numeric	Format/Values
	Additional Diagnoses 2	6	A/N	ICD-10-AM code
<i>Injury surveillance data</i>				
⊙	Nature of Main Injury	2	A/N	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26
⊙	Body Region	2	A/N	F1, F2, F3, F4, F5, F6, F7 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22
⊙	Description of Injury Event	100	A/N	
⊙	Injury Cause	2	A/N	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30
⊙	Human Intent	2	A/N	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11
⊙	Place Where Injury Occurred	1	A/N	H, I, S, A, R, T, C, Q, F, M, P, O, U
⊙	Activity When Injured	1	A/N	S, L, W, E, C, N, V, O, U

- M** = Mandatory
⊕ = Mandatory if Medicare Suffix does not equal C-U, N-E or P-N
§ = Mandatory if *Referred By* = 6
***** = Mandatory if *Arrival Transport Mode* = 1,2,3,4,10
† = Mandatory if *Departure Status* = 4
+ = Primary Diagnosis is a mandatory field, except where *Departure Status* = 6 - *Left before being seen by doctor (or definitive service provider)* or 8 - *Dead on arrival*. If Diagnosis is an injury, it should be further specified by utilising Injury Surveillance fields
⊙ = Mandatory if any other Injury Surveillance fields are completed, ~~indicating the attendance was due to an injury or if an injury code from the Nature of Main Injury and Body Region Matrix is in the Primary Diagnosis field~~
▼ = Mandatory if the Nurse is the definitive service provider (except where *Departure Status* = 6 *Left before being seen by definitive service provider*)
❖ = Mandatory if the Doctor is the definitive services provider (except where *Departure Status* = 6 *Left before being seen by definitive service provider*)
γ = Mandatory if *Inpatient Bed Request* = Y
⌘ = Mandatory if Primary Diagnosis field is completed
© = Mandatory if *Compensable Status* = 2

Changes to existing data items

Note:

- Text to be added to the 'VEMD Manual' is underlined
- Text to be deleted from the 'VEMD Manual' is ~~struck through~~
- Related item edits (under Collection Guide) in bold font are revised or new edits

REFERRED BY

Specification

Definition Source from which patient was referred to this Emergency Department.

Datatype Alpha/numeric *Form* **CODE**

Field Size Two *Layout* NN

<i>Code Set</i>	<i>Code</i>	<i>Descriptor</i>
	1	Self, family, friends
	2	Local medical officer, includes local GP/Doctor
	3	Outpatients, includes from this or another hospital
	4	Private specialist
	5	Emergency Department Review from this hospital
	6	Transfer from another hospital (<i>also record Transfer Source</i>) Includes both admitted and non-admitted transfers
	7	Nursing Home
	8	Prison / person in custodial care
	9	Crisis Assessment Team
	10	Other Community Services
	11	Hospital In The Home Service
	12	<u>Ward / Inpatient episode of this hospital</u>
	19	Other

Collection Guide **12—Ward/Inpatient episode of this hospital**
This code is only applicable for those patients treated within the actual
Emergency Department. It is not intended to include patients outside the
ED on inpatient wards being treated by Emergency Department staff.

Select the first appropriate category.

Edits **130, 131, 132, 133, 136,**

Related Items **Arrival Transport Mode, Inpatient bed request, Departure Status**

Administration

<i>Collection Start</i>	May 1995	<i>Version</i>	3
<i>Definition Source</i>	DHS	<i>Code Set Source</i>	DHS

AMBULANCE CASE NUMBER

Specification

Definition **Unique identifier to each ambulance transport occasion.**

Datatype **Alpha/numeric** *Form* **VALUE and CODE**

Field Size **Six** *Layout* **NNNNNN or A**

<i>Code Set</i>	<i>Code</i> <u>B</u> <u>U</u>	<i>Descriptor</i> <u>Case number not available due to industrial action (including: bans, strikes)</u> <u>Case number not available due to Ambulance Officer not providing the case number</u>
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Collection Guide **Up to six characters is permitted.**

Mandatory if Arrival Transport Mode is 1, 2, 3, 4 or 10, indicating arrival by ambulance, other than hospital contracted private ambulance car.

Default codes (B and U, see codeset above) are included for use in cases where the Ambulance Case Number was not available. The frequency of these codes will be monitored.

All case number ranges recommence each day at midnight (based on ambulance dispatch time)

Ambulance Case Numbers for Arrival Transport Modes 3, 4 or 10 must be reported between the specified ranges below or as a default code (B or U, see codeset above, in instances when the case number is not available):

Arrival Transport Mode ‘3—Ambulance Service - MICA’	
Arrival Transport Mode ‘4—Ambulance Service - road car’	
MAS	1001 to 1999
RAV (from 1/11/99) ranges depend on geographic area of ambulance dispatch:	1001 to 1500 2001 to 2500 3001 to 3500 4001 to 4500 5000 to 5500

Arrival Transport Mode ‘10—Ambulance Service - private ambulance care
--

- MAS / RAV'	
MAS	6001 to 6499
RAV	1501 to 2000
	2501 to 3000
	3501 to 4000
	4501 to 5000
	5500 to 6000

Edits **E150, E151, E152, E153**

Related Items **Arrival Transport Mode**

Administration

<i>Collection Start</i>	May 1995	<i>Version</i>	2
<i>Definition Source</i>	DHS	<i>Code Set Source</i>	DHS

DEPARTURE STATUS

Specification

Definition The status of a patient at departure from the Emergency Department.

Datatype Alpha/numeric **Form** CODE

Field Size One **Layout** N

Code Set	Code	Descriptor
	<u>0</u>	<u>Departure and transfer to aged care residential facility (includes nursing home and hostel)</u>
	1	Discharge to home (<u>includes return to nursing home, mental health residential facility</u>)
	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>

Collection Guide

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.

2—Admission to ward (including HITH) / Return to ward
Includes patients who are admitted to the ward after attending the ED at the same hospital (and HITH), and those who were admitted to the

ward prior to attending the ED at the same hospital and then return to the ward.

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.**

Select the first appropriate category from the new code set listed above.

Edits

E137, E142, E182, E188, E230, E231, E232, E242, E260, E320, E339

Related Items

Transfer Destination, Referred to on Departure, Reason for Transfer, Escort Source, Departure Transport Mode

Administration

Collection Start

May 1995

Version

4

Definition Source

DHS

Code Set Source

DHS

ESCORT SOURCE

Specification

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

Datatype Alpha/numeric **Form** CODE

Field Size One **Layout** N

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

Collection Guide 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.
Field should be left blank if transfer does not apply or if transfer is to a Nursing Home. Report the first appropriate code which best explains the escort resource.

Edits E232, E250

Related Items Departure Status, Transfer Destination, Reason for Transfer, Departure Transport Mode

Administration

Collection Start	May 1995	Version	4
Definition Source	DHS	Code Set Source	DHS

DEPARTURE TRANSPORT MODE

Specification

Definition Transport used in transferring the patient from the Emergency Department.

Datatype Alpha/numeric **Form** CODE

Field Size Two **Layout** NN

Code Set	Code	Descriptor
	1	Air ambulance - fixed wing aircraft for all or any part of journey. Excludes where air plane is helicopter (2)
	2	Helicopter
	3	Ambulance Service - MICA
	4	Ambulance Service - road car
	5	Ambulance Service - private ambulance car
	6	Community / public transport, includes council / philanthropic services
	7	Private car
	8	Police vehicle
	9	Undertaker
	<u>10</u>	<u>Ambulance Service - private ambulance care - MAS / RAV contracted</u>
	<u>11</u>	<u>Ambulance Service - private ambulance care - hospital contracted</u>
	19	Other

Collection Guide ‘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).~~’
Select the first appropriate category from the new code set listed above.

Edits E142, E232, E255

Related Items **Departure Status, Transfer Destination, Reason for Transfer, Escort Source**

Administration

<i>Collection Start</i>	May 1995	<i>Version</i>	4
<i>Definition Source</i>	DHS	<i>Code Set Source</i>	DHS

PLACE WHERE INJURY OCCURRED

Specification

Definition Where the person was situated when the injury occurred.

Datatype Alpha/numeric *Form* CODE

Field Size One *Layout* A

<i>Code Set</i>	<i>Code</i>	<i>Place</i>	<i>Includes</i>	<i>Excludes</i>
	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, 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, kindergarten, 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>

<i>Code</i>	<i>Place</i>	<i>Includes</i>	<i>Excludes</i>
M	Medical hospital	Hospital	Hospice, nursing home (I)
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</u> (H)
P	Place for recreation	Public park, amusement park	Athletics and sports area (A)
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		

Collection Guide Report the first appropriate code listed in the table which best characterises the place where the person was situated at the time when the injury occurred, on the basis of the information available at the time it is recorded.

If two or more categories are judged to be equally appropriate, select the code which is sequenced first in the code list (National Health Data Dictionary, Version 8.0)

This field is mandatory if any other Injury Surveillance fields are completed.

M—Medical hospital

This code can be mapped to the VAED code ‘2—School, other institution and public administrative area’ which includes the VEMD ‘M’ category.

P—Place for recreation

This code can be mapped to the VAED code equivalent ‘8—Other specified places’ which includes the VEMD ‘P’ category.

Q—Mine or quarry

This code and VEMD ‘C—Industrial or construction area’ can be mapped to the VAED code ‘6—Industrial and construction area’ which includes the VEMD ‘C’ and ‘Q’ categories.

Edits E305, E306

Related Items Nature of Main Injury, Body Region, Description of Injury Event, Injury Cause, Human Intent, Activity when Injured

Administration

Collection Start	May 1995	Version	2
Definition Source	DHS	Code Set Source	DHS

ACTIVITY WHEN INJURED

Specification

Definition Activity the patient was engaged in when injured.

Datatype Alpha/numeric **Form** CODE

Field Size One **Layout** A

<i>Code Set</i>	<i>Code</i>	<i>Activity</i>	<i>Includes</i>	<i>Excludes</i>
	S	Sports _ <u>(includes sport as a means of income)</u>	Physical exercise with a described functional element such as: golf, jogging, riding, school athletics, skiing, swimming, trekking, water-skiing	
	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 (S)</u>
	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) <u>Sports (S)</u>
	E	Education	Formal education, learning activities (eg attending school <u>session or lesson</u> , university, <u>undergoing education</u>)	
	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)	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	Unspecified activity		

Collection Guide Report the first appropriate code listed in the table which best characterises the type of activity being undertaken by the person at the time when the injury occurred, on the basis of the information available at the time it is recorded.
 If two or more categories are judged to be equally appropriate, select the code which is sequenced first in the code list (National Health Data Dictionary, Version 8.0)
 This field provides the basis for identifying work-related and sport-related injuries.
 This field is mandatory if any other Injury Surveillance fields are completed.

E—Education

This code can be mapped to the VAED code ‘3—While engaged in other types of work’ which includes the VEMD ‘E’ category.

N—Being nursed, cared for

This code can be mapped to the VAED code ‘4—While resting, sleeping, eating or engaging in other vital activities’ which may encompass the VEMD ‘N’ category.

Edits E310, E311

Related Items Nature of Main Injury, Body Region, Description of Injury Event, Injury Cause, Human Intent, Place where Injury Occurred

Administration

Collection Start	May 1995	Version	2
Definition Source	DHS	Code Set Source	DHS

New data items

DVA NUMBER

Specification

Definition The number allocated by the Department of Veterans' Affairs (DVA) to the DVA patient.

Datatype Alpha/numeric *Form* VALUE

Field Size Nine *Layout* Character 1 State identifier
Valid codes: Q, N, V, T, S, 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 the last non-space character may be alphabetic
Character 9 space (*veteran*)
alpha (*dependent*)

Collection Guide The DVA number is obtained from DVA, via the patient.
Only alphabetic, numeric and spaces are permitted.
Alphabetic characters must be in uppercase.
A maximum of six numeric characters is permitted.
Trailing spaces (to the right) are permitted.

Examples of permitted formats:

N123456

VX123456

WXX123A

QXXX1B

Edits E078, E079

Related Items Compensable Status

Administration

Purpose **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.**

<i>Collection Start</i>	July 2000	<i>Version</i>	1
<i>Definition Source</i>	DHS	<i>Code Set Source</i>	DHS

ONGOING CARE COMMUNICATION

Specification

Definition **The transfer of knowledge and information to the provider of ongoing care.**

Datatype **Alpha/numeric** *Form* **CODE**

Field Size **One** *Layout* **A**

Code Set *Code* *Descriptor*
Y **Yes**
N **No**

Collection Guide **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

Edits **E243, E244**

Related Items **Referred to on Departure**

Administration

Collection Start **July 2000** *Version* **1**
Definition Source **DHS** *Code Set Source* **DHS**

Amended and new edits

Amended edits

E137	TRANSFER SOURCE / DESTINATION MATCHES CAMPUS CODE
Effect	REJECTION
Problem	This Emergency Record's Transfer Source code and/or its Transfer Destination code is the same as the Campus Code of this hospital.
Remedy	Check and correct the Transfer Source code and/or Transfer Destination code and re-submit the transaction. If this attendance ended in the patient being admitted to this hospital, the Departure Status code should be <u>2</u> - Admission to ward (including HITH) / <u>return to ward</u>, and the Transfer Destination code should be blank.
E232	TRANSFER DEPARTURE STATUS CODE COMBINATION INVALID
Effect	REJECTION
Problem	This Emergency Record's Departure Status is <i>4 - Transfer out of this hospital to another hospital</i>, and Transfer Destination, reason for transfer, Escort Source and/or Departure Transport Mode are null. If the Departure Status is <i>4 - Transfer out of this hospital to another hospital</i>, then Transfer Destination, Reason for Transfer, Escort Source and Departure Transport Mode must be completed.
for	OR Departure Status is <u>0</u>, <u>1</u>, <u>2</u>, <u>5</u>, <u>6</u>, <u>7</u>, or <u>9</u>, and Transfer Destination, Reason for Transfer, Escort Source and/or Departure Transport Mode are not null. If Departure Status is <u>0</u>, <u>1</u>, <u>2</u>, <u>5</u>, <u>6</u>, <u>7</u>, or <u>9</u>, then Transfer Destination, Reason for Transfer, Escort Source and Departure transport Mode must be left blank.
Remedy	Check the Departure Status, correct as appropriate and re-submit the transaction.

E242 REFERRED TO ON DEPARTURE & DEPARTURE STATUS COMBINATION INVALID

Effect REJECTION

Problem This Emergency Record's Departure Status is '1- is Discharge to home, return to nursing home, mental health residential facility', '0 - Departure and transfer to aged care residential facility (includes nursing home and hostel) or '9 - Departure and transfer to mental health residential facility (includes psychogeriatric nursing home and community care unit)' and Referred To On Departure equals '19 - *Not Applicable*'.

OR,

Departure Status is one of:

2 - Admission to ward (including HITH) / return to ward,

4 - Transfer out of this hospital to another hospital,

5 - Left at own risk,

6 - left before being seen by doctor (or definitive service provider),

7 - Died within the ED, or

8 - Dead on arrival

and Referred To On Departure is not ~~does not equal~~ 19 - *Not applicable*.

Refer: VEMD Manual, Version 4.0: *Departure Status*, page 29; *Referred To*

On *Departure*, page 30.

Remedy Check the Departure Status and Referred To On Departure fields, correct as appropriate and re-submit the transaction.

E339 INPATIENT BED REQUEST AND DEPARTURE STATUS COMBINATION INVALID

Effect Warning

Problem This Emergency Record's Inpatient Bed Request equals 'N - *No*', but the Departure Status has been recorded as '2 - Admission to ward (including HITH) / return to ward'.

It is rare for a patient to be admitted to an inpatient ward without a request for an inpatient bed being performed (unless patient is returning to the inpatient ward).

Refer: VEMD Manual, Version 4.0: *Inpatient Bed Request*, page 26; *Departure Status*, page 29.

Remedy appropriate Check Departure Status and Inpatient Bed Request fields, correct as and re-submit the transaction.

New edits

E078 INVALID DVA NUMER

Effect REJECTION

Problem This attendance record has a Compensable Status of 2 - *Department of Veterans' Affairs*, but the DVA number is not in the correct format. The record has been rejected because the DVA number must be reported in the correct format. Refer: DVA number, page 20.

Remedy Check the DVA number field file structure, correct the DVA number accordingly and resubmit the data.

E079 COMPENSABLE STATUS AND DVA NUMBER COMBINATION INVALID

Effect REJECTION

Problem This attendance record has a Compensable Status of 2 - *Department of Veterans' Affairs*, but there is no DVA number. The record has been rejected because a DVA number must be reported for each DVA patient
Or:
This attendance record's Compensable Status is not 2 - *Department of Veterans' Affairs*, but a DVA number is reported. The record has been rejected because a DVA number must only be reported for DVA compensable patients.

Remedy If the Compensable Status is reported as 2 - *Department of Veterans' Affairs*, the DVA number must be reported in the DVA number field. If the DVA number is reported, the Compensable Status must be 2 - *Department of Veterans' Affairs*.
If the patient is not a DVA patient, correct the Compensable Status to 1, 3, 4, 5, 6, or 7, and ensure the DVA number field is blank.

E152 AMBULANCE CASE NUMBER DEFAULT CODE INVALID

Effect REJECTION

**Problem This Ambulance Case Number is non-numeric but does not exist in the
default code reference table.**

Default codes:

**B—Case number not available due to industrial action (including: bans,
strikes)**

**U—Case number not available due to Ambulance Officer not providing the
case number**

**Remedy Check the default code in the Ambulance Case Number field, correct
accordingly and resubmit the data.**

**E153 AMBULANCE CASE NUMBER RANGE AND ARRIVAL TRANSPORT
MODE COMBINATION INVALID**

Effect REJECTION

**Problem This Emergency Record contains an Ambulance Case Number which is
outside the valid range for the specified Arrival Transport Mode:**

- If the patient has an Arrival Transport Mode of ‘3—Ambulance Service -
MICA’ or ‘4—Ambulance Service - road car’ then the Ambulance Case
Number must be either a default code or between the ranges of:**

MAS

1001 to 1999

RAV

1001 to 1500

2001 to 2500

3001 to 3500

4001 to 4500

5000 to 5500

- If the patient has an Arrival Transport Mode of ‘10—Ambulance Service -
private ambulance care - MAS / RAV’ then the Ambulance Case Number
must be either a default code or between the ranges of:**

MAS

6001 to 6499

RAV

1501 to 2000

2501 to 3000

3501 to 4000

4501 to 5000

5500 to 6000

**Remedy Check the Arrival Transport Mode and the Ambulance Case Number, correct
the fields as appropriate and resubmit the transaction.**

E243 ONGOING CARE COMMUNICATION BLANK

Effect REJECTION

Problem This Emergency Record's Ongoing Care Communication code has not been recorded. Ongoing Care Communication is mandatory for all emergency attendances.

Refer: Ongoing Care Communication, page 22.

Remedy Correct Ongoing Care Communication code and re-submit the transaction.

E244 ONGOING CARE COMMUNICATION INVALID

Effect REJECTION

Problem This Emergency Record's Ongoing Care Communication code is invalid. It does not exist in the 'Ongoing Care Communication' reference table.

Refer: Ongoing Care Communication, page 22.

Remedy Correct Ongoing Care Communication code and re-submit the transaction.

Collection of VEMD data and policies

Procedure for deletion or alteration of campus code and unique key

For tab delimited ASCII format (modified VEMD format):

- To delete a record already on the data base, enter 9999999999 in the Medicare Number field. The record will then be deleted from the VEMD.
- To change the Campus Code or Unique key, delete the record (by sending the record with 9999999999 in the Medicare Number field) and then resubmit the new record with the correct Campus Code or Unique key. Ensure the deletion record is submitted before the correction record.
- To change data in any other field (not the Campus Code or Unique key) simply correct the erroneous field and resubmit the record. This new record will overwrite the previous submission.

HAP aggregate paper based reports

Aggregate paper based reports which contain information derived from the VEMD, are to continue to be forwarded to the Quality Branch of DHS in accordance with current processes (See Edits and the submission process, page 30; Submission timeline, page 30). The comparison process will continue in 2000/2001. It is anticipated that the paper reports will be phased out during 2000/2001 when the electronic data system has been fully tested and the aggregate reports can be satisfactorily extracted from the system.

Software suppliers are also advised to have the capacity to provide multiple versions of the VEMD program to enable hospitals to, at any time, extract files using the appropriate version for the month of data (See table: Edits and the submission process).

Policy for patients 'remaining in' on 30 June 2000

The Version 5.0 VEMD format is to be implemented on 1 July 2000. Therefore, all information for patients who depart the emergency department on or after this date must be submitted in the new 2000/2001 format. This includes patients who remain in the emergency department after midnight on the 30th of June 2000.

Software suppliers are advised to ensure they have the capacity to provide multiple versions of the VEMD program to enable hospitals to, at any time, extract files using the appropriate version for the month of data (See table: Edits and the submission process).

File format and submission

Format

The Department will continue to receive data in a modified VEMD format, that is:

Version 5.0, tab delimited ASCII format, with each record separated by a carriage return and line feed.

Data items, for discharges on and from 1 July 2000 to 30 June 2001, should be in the Version 5.0 order as specified in this document (See Revised file structure 1/7/2000 - 30/6/2001).

Software suppliers are advised to have the capacity to provide multiple versions of the VEMD program to enable hospitals to, at any time, extract files using the appropriate version for the month of data (See table: Edits and the submission process).

All fields should be provided for every record including those instances where the data provision is not mandatory. In cases where data in non-mandatory fields is not available, the field position should still be denoted by a tab.

Submission

Files submitted in the modified VEMD tab delimited format should be forwarded to the following VEMD email address. Queries relating to the VEMD can also be sent to this address. Accordingly, file reports and responses will continue to be sent via e-mail from DHS:

submit.vemd@dhs.vic.gov.au.

Period of Extract

All records for patients who depart in a particular calendar month should be submitted in the corresponding monthly file. That is, if a patient attends the ED on 30th of September 2000 and departs on the 1st of October 2000, the record should be submitted in the October file (containing discharges on and from 1 October 2000 to 30 October 2000), NOT the September file.

File naming conventions

File Name Convention: AAAABnna.txt

Where:	AAAA	=	Campus Code (for example: 1020)
	B	=	Version of the dataset (for example: 5)
	nna	=	Month of transmission and data submission indicator (1st submission:11a; 2nd submission:11b)

Example:	1020511a.txt (<i>Please ensure to zip the file before submission via e-mail</i>)
	1020511a.zip

Edits and the submission process

Data submitted to the VEMD are run through the VEMD editing program appropriate for the particular month of data submitted. The program is adjusted for the edit levels because they have been implemented in a staggered manner:

Level of edits	Months of data	VEMD Manual Version
<i>1</i>	<i>October 1995 to June 1998</i>	<i>1.0, 2.0</i>
1&2	August 1998 to September 1998	3.0 (1/7/98 - 30/6/99)
1&2&3	October 1998 to December 1998	3.0 (1/7/98 - 30/6/99)
1&2&3&4	January 1999 to June 1999	3.0 (1/7/98 - 30/6/99)
1&2&3&4&5	July 1999 - June 2000	4.0 (1/7/99 - 30/6/00)
1&2&3&4&5&6	July 2000 - June 2001	5.0 (1/7/00 - 30/6/01)

The current VEMD editing program has been designed so that all records that are accepted and/or have a warning, are retained in one file, and all rejected data is retained in another (This 'reject' file also displays any warning messages for correction when possible).

When the file is resubmitted, records that pass the associated edits will be included in an 'accepted' file, therefore it is important to continue to resubmit any rejections (with the whole months data) until 100% quality is achieved. A summary report detailing the number of records submitted, accepted and rejected is forwarded to the hospital. An Excel .rej file is attached which indicates what records have rejected due to particular edit/s and also a .dbf file is attached which provides a summary of the numbers of certain edits which were not passed. This process will continue until all records have been accepted and there are zero rejections. When this has been achieved, the entire accepted monthly file is added to the consolidated file for the appropriate financial year.

Accepted files in the consolidated file are compared with the monthly aggregate reports submitted to the Quality Unit, and any inconsistencies noted by the Quality unit between the electronic and aggregate paper based reports must be reconciled (See Submission timeline, Hap Reports).

Submission timeline

Data/Reports	Timeline
Submission of monthly patient level data electronic files for 2000-2001	by the 10 th day of the following month (ie Aug data by 10 th Sep)
Monthly 2000-2001 electronic file passed all edits (ie re-submission process completed)	by the end of the following month (ie Aug data by 30 th Sep)
Submission of aggregate paper based reports for 2000-2001	by the 10 th day of the following month (ie Aug data by 10 th Sep)
Response to inconsistencies in the comparison of electronic data and paper based aggregate reports	by the date outlined in Departmental correspondence

Appendix A - Campus Code/Transfer Source/Transfer Destination Reference File

Code Lists

This appendix contains code lists for reporting in the following fields:

- Campus Code
- Transfer Source
- Transfer Destination

The code sets appear in four tables:

- Public Hospitals—campus code order
- Public Hospitals—alphabetical order
- Private Hospitals—campus code order
- Private Hospitals—alphabetical order

In each table, information is arranged under the following headings:

HOSPITAL

Listing of each public/private Victorian Hospital

CAMPUS

Listing of the name of the hospital campus, if the hospital is a multi-campus hospital.

TRANS CODE

Public hospitals only.

Listing of the Transfer Source/ Transfer Destination codes (1998-1999).

For a few public hospitals, the Transfer code differs from the Old Establishment Identifier, hence the additional column.

OLD ESTABLISHMENT IDENTIFIER (OLD EST ID)

Listing of the code assigned to each hospital (as distinct from campus), prior to 1.7.1999, by Allegiance Systems.

CAMPUS CODE

Listing of the codes to be reported in the Campus Code, Transfer Source and Transfer Destination fields on and from 1.7.1999.

If reporting in the Referred By or Departure Status fields indicates a transfer from or to an acute hospital, extended care, rehabilitation or geriatric centre (code 6 or 4), then a code indicating the *Transfer Source* or *Transfer Destination* is required. The code for a specific hospital is the same whether it is the *Transfer Source* or *Transfer Destination* being reported.

Prison Hospitals and Armed Forces Hospitals

Not generally recognised as hospitals by the Department and, therefore, admission from, or separation to, such facilities is not an inter-hospital transfer.