Proposals for Revisions to the Victorian Emergency Minimum Dataset (VEMD) for 1.7.2001

(October 2000)

Contents

Proposals for Revisions to the VEMD for 1.7.2001 0-1

Background 0-1

Introduction 0-2

Data Definition Structure 0-3

Proposed New Data Items 0-5

Admission Number 0-5
Date of Injury 0-8
Time of Injury 0-10
Postcode of Injury 0-12

Proposed Modifications to Existing Data Items 0-13

Departure Status 0-13
Ongoing Care Communication 0-16

Proposed Data Items for Deletion 0-17

Proposals for Revisions to the VEMD for 1.7.2001

Background

The Department of Human Services (DHS) conducts an annual review of the Victorian Emergency Minimum Dataset (VEMD) data elements and format. This process is undertaken to maintain and enhance the patient level data reported to the VEMD by the participating Emergency Departments (ED).

The proposals should not be regarded as an absolute list of changes to be made for 00/01. 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 2001. Final changes will be released in the *Specifications for Revisions to the Victorian Emergency Minimum Dataset* document.

This “proposals” document is being distributed to Emergency Department (ED) Directors and Submission Officers at all VEMD participating Victorian hospitals; software suppliers, and a range of industry associations.

It is expected that the release of these Proposals will stimulate discussion within the health industry. Hospitals, emergency associations and software suppliers should review this document carefully and feedback any queries or comments to the Health Data Standards and Systems Unit (HDSS) on the enclosed proforma by Friday, 10 November 2000.

A representative of the proposing organisation will present their proposal, outlined in this document, at the VEMD forum. Those who have an interest in the VEMD are invited to attend the VEMD forum, scheduled for:

Friday 17 November 2000, 10.00am - 2:00pm
Department of Human Services
Floor 12, Room A
555 Collins Street
MELBOURNE

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

Introduction

Since implementation of the Version V5.0 dataset, additional issues have been noted by the Department and highlighted by data users and participating hospitals. Listed in this document are proposals for revisions, additions and deletions of items and codes in the current dataset.

The numbers of proposals for Version 6.0 (1 July 2001) comprise:

- Four new data items
- Two modifications to existing data items
- Two deletions of existing data items

The associated business rules and edits will be added or modified accordingly. This document outlines these proposed changes to the current VEMD dataset and business rules.

Proposed additional text for existing data items is <u>underlined</u> and text proposed for deletion from existing data items is ~~struck through~~.

Complete details of existing data item formats, codes and edits are located in Version 5.0 of the VEMD Manual, July 2000.

Data Definition Structure

The below table provides descriptions for each of the data item attributes common to every data item located in Section 2, Data Definitions (NHDD, V9.0)

Specification

Definition	A statement that expresses the essential nature of a data item and its differentiation from all other data items.
Datatype	The type of symbol, character or other designation used to represent a data item. For example: • **Alpha/Numeric** - a field on which calculations are not performed • **Numeric** - a field on which calculations are performed
Form	Name or description of the form of representation for the data item, such as: Date, Code (code set), and Quantitative value. For example, the representational form for *Country of Birth* is ‘Code’ because individual codes drawn from the codeset represent a different country.
Field size	The **maximum** number of characters that can be used to represent this data item.
Layout	The layout of characters in the data item, expressed by a character string representation (see also Field size). For example: • ‘DDMMCCYY’ for dates • ‘NNN’ for a numeric value of 3 digits
Reported for	The episode types that require this data item to be reported.
Code set	The set of valid values for the data item, according to the form, layout, datatype and field size.
Reporting guide	Additional comments or assistance on interpreting, applying and reporting the data item and code set.

Edits	Edits that relate to this data item.
Related items	Non-exhaustive reference between the data item and related subjects within this collection.

Administration

Purpose	The reason for the collection of this data item.
Principal data users	The key/primary users of the information collected by this data item.
Collection start	The date the collection of this data item commenced.
Version	A version number for each data item, beginning with 1 for the initial version of the data item and 2, 3 etcetera, for each subsequent revision.
Definition source	The source from which the data item was defined.
Code set source	The source from which the data item code set was developed.

Proposed New Data Items

Preliminary Proposal #1

Admission Number

Proposed by:
Greg O'Connell, Austin & Repatriation Medical Centre

Reason for Proposed Change:

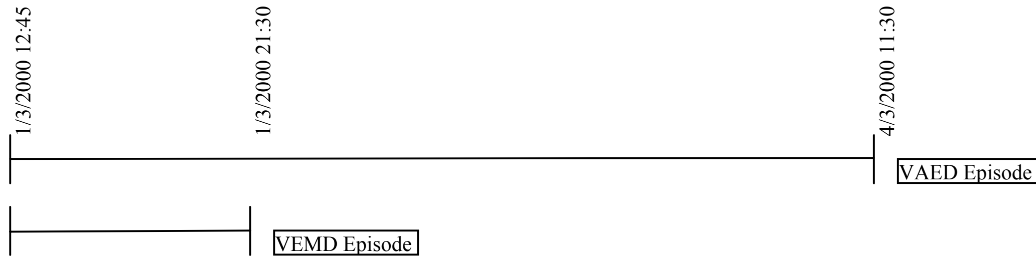
When a patient attends the Emergency Department (ED), their VEMD attendance can often overlap with, or occur in parallel with, or become, their admitted episode (see diagrams on following page). The VEMD does not currently collect the patient's corresponding Admission Number as generated by the hospital admissions system and transmitted to the Victorian Admitted Episodes Dataset (VAED).

An ED attendance record is created when a person attends the ED and is triaged by the Triage Nurse. Such a patient could either be: a non-admitted patient, in which case an Admission Number has not been created; or an admitted patient, in which case the patient would have an Admission Number allocated. When a patient attends the ED and a decision is made to subsequently admit them from the ED, the admission date and time is taken from the time treatment was started in the ED (PRS/2 Manual, V9.0, A-21).

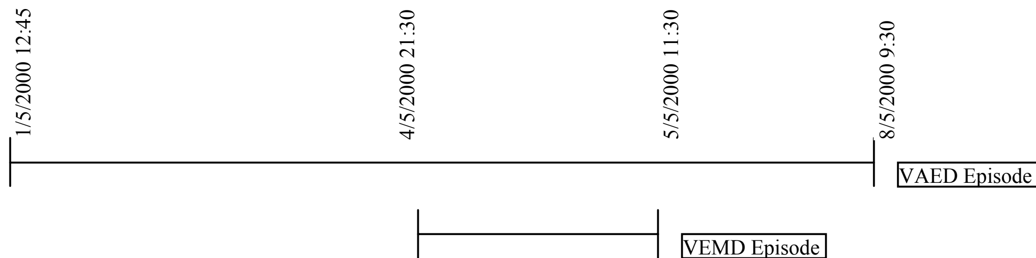
The VAED definition of an admitted patient is a person who has been assessed by the treating clinician as meeting at least one of the minimum criteria for admission and who undergoes the hospital's formal or statistical admission process as either a same-day, overnight or multi-day stay patient.

It is proposed that the Admission Number of an admitted patient who attends the ED be transmitted to the VEMD. This would alleviate many of the difficulties currently experienced when attempting to measure the "number of ED admissions" or "admissions from ED" and could be used:

- To effectively link the VEMD and inpatient datasets.
- To provide hospitals the capacity to better measure WEIS as it applies to Emergency Department variables.
- As a research tool for tracking the outcomes of admitted Emergency patients.
- To enable comparisons between Emergency Department diagnosis and VAED discharge diagnosis.
- To enable a more uniform measure of the number of admissions that relate to Emergency Department attendances.



Because the VAED and VEMD episodes overlap, the admission number is extracted from the inpatient database



Because the VAED and VEMD episodes overlap, the admission number is extracted from the inpatient database

Collection Mechanism:
Automatically by the E.D. database querying the Admissions database of the patient to see if any admission dates/times overlap with E.D. presentations.

Step 1
Select all episodes from the admissions database where:

- The admission date/time is before the end of this reporting period; AND
- The discharge date/time is after the start of this reporting period (or if they have not been discharged yet).

Step 2
Select all emergency episodes for this reporting period.

Step 3
Compare each Emergency episode UR with each Inpatient Episode UR:

- IF that Emergency UR Number = The inpatient episode UR number being checked; AND
- If that Emergency Attendance Date/Time is <= The Discharge Date/Time in the inpatient dataset; AND
- If that Emergency Departure Date/Time is >= The Admission Date/Time in the inpatient dataset

THEN you have a match!

Step 4
Copy the the admission number from the matching Admissions episode to the corresponding Emergency episode.

Collection issues:

- The major problem will occur if some hospitals are not already generating an admission number. If this is the case, the proposal may not be able to proceed.
- There is no additional data input requirement for staff. The data is already there, it will just take some astute programming to extract.
- There is no adjustment to existing VEMD items.
- To collect the data, Emergency systems will have to:
    - Match the patient identifier in the Emergency dataset with the patient identifier in the hospital's admitted patients database. If it matches, then check that the Emergency attendance date/time and/or departure date/time falls between an inpatient episode's commencement and finish date/times then extract the admission number where it occurs.

Proposed Specification

Definition	The admission number as generated by the hospital's admissions database where there is overlap between that VAED admission and an Emergency Department presentation for the same patient.		
Datatype	Alpha/numeric	***Form***	Code
Field size	Four	***Layout***	NNNN
Reported for			
Reporting guide	The Admission Number reflects the number of admissions that a patient has had including the current one. For example, if a patient has an Admission Number of 12 then they have been admitted 12 times (including the current admission). The layout of NNNN assumes that a person will never have more than 9999 admissions. Thus 12 admissions will yield 0012		
Edits	•		
Related items			

Administration

Purpose				
Principal data users	Access Unit, Quality Branch, DHS			
Collection start	1 July 2001	***Version***	1	(Effective 01.07.01)
Definition source		***Code set source***		

Preliminary Proposal #2

Date of Injury

Proposed by:

Dr. Mark Stokes (VISS Director), Victorian Injury Surveillance System (VISS), Monash University Accident Research Centre (MUARC)

Reason for Proposed Change:

In combination with time of injury, and date and time of attendance, period until attendance can be calculated.

Date of injury is important for prevention (temporal patterns of occurrence), retrieval (assessment of time to treatment) and health service utilisation (assessment of repeat visits following a single injury). The occurrence of many injuries fluctuates with time. Understanding of the patterns contributes to prevention. The circadian pattern of injury may reveal a simple means by which injuries could be reduced.

To the best of our knowledge information at this level of detail is not collected by any hospital but could easily be obtained. In combination with *time of injury*, and date and time of attendance, period until attendance can be calculated.

Collection Mechanism:

Collection will take place at Triage, however coding may also be completed by clinical or clerical staff.

Studies of data entry suggest that date of injury and time of injury will require only a few seconds of data collection and entry time. It is anticipated that data entry costs for date of injury and time of injury by experienced users will be minimal.

Proposed Specification

Definition	Date on which injury occurred. If injury had gradual onset, then date on which injury was first noticed.		
Datatype	Numeric	*Form*	Date
Field size	Eight	*Layout*	DDMMCCYY
Reported for			
Reporting guide	If only year, or month and year, is known, record this. Missing day or month should be coded "99". Month: January = 01, February = 02 ... December = 12		
Edits	•		
Related items			

Proposed Administration

Purpose	In combination with time of injury, and date and time of attendance, period until attendance can be calculated. *Date of injury* is important for prevention (temporal patterns of occurrence), retrieval (assessment of time to treatment) and health service utilisation (assessment of repeat visits following a single injury).		
Principal data users	VISS, MUARC; Access Unit, Quality Branch, DHS		
Collection start	1 July 2001	***Version***	1 (Effective 01.07.01)
Definition source	AIHW National Injury Surveillance Unit and NDS-IS Advisory Group	***Code set source***	AIHW National Injury Surveillance Unit and NDS-IS Advisory Group

Preliminary Proposal #3

Time of Injury

Proposed by:

Dr. Mark Stokes (VISS Director), Victorian Injury Surveillance System (VISS), Monash University Accident Research Centre (MUARC)

Reason for Proposed Change:

In combination with time of injury, and date and time of attendance, period until attendance can be calculated.

Date of injury is important for prevention (temporal patterns of occurrence), retrieval (assessment of time to treatment) and health service utilisation (assessment of repeat visits following a single injury). The occurrence of many injuries fluctuates with time. Understanding of the patterns contributes to prevention. The circadian pattern of injury may reveal a simple means by which injuries could be reduced.

To the best of our knowledge information at this level of detail is not collected by any hospital but could easily be obtained. In combination with *time of injury*, and date and time of attendance, period until attendance can be calculated.

Collection Mechanism:

Collection will take place at Triage, particularly with reference to Date of injury and Time of Injury. However coding may also be completed by clinical or clerical staff.

Studies of data entry suggest that date of injury and time of injury will require only a few seconds of data collection and entry time. It is anticipated that data entry costs for date of injury and time of injury by experienced users will be minimal.

Proposed Specification

Definition	Time of day when injury occurred or was first noticed.		
Datatype	Numeric	*Form*	Quantitative Value
Field size	Four	*Layout*	HHMM
Reported for			
Reporting guide	If only hour is known, then record this and code minute to "99". Use the 24 hour clock. (Midnight = 0000; 2:16 pm = 1416)		
Edits	•		
Related items			

Proposed Administration

Purpose	The occurrence of many injuries fluctuates with time. Understanding of the patterns contributes to prevention. In combination with *time of injury*, and date and time of attendance, period until attendance can be calculated.		
Principal data users	VISS, MUARC; Access Unit, Quality Branch, DHS		
Collection start	1 July 2001	*Version*	1 (Effective 01.07.01)
Definition source	AIHW National Injury Surveillance Unit and NDS-IS Advisory Group	*Code set source*	AIHW National Injury Surveillance Unit and NDS-IS Advisory Group

Preliminary Proposal #4

Postcode of Injury

Proposed by:

Dr. Mark Stokes (VISS Director), Victorian Injury Surveillance System (VISS), Monash University Accident Research Centre (MUARC)

Reason for Proposed Change:

To the best of our knowledge information at this level of detail is not collected by any hospital. This field should enable the identification of target local government locations for injury prevention and in-depth research.

Collection Mechanism:
Collection will take place at Triage, however coding may also be completed by clinical or clerical staff.

Postcode of injury, if constructed using a simple locality pull-down menu, will similarly require very little time and effort. It is anticipated that data entry costs for postcode of injury by experienced users will be minimal.

Proposed Specification

Definition	Postcode in which injury occurred.		
Datatype	Numeric	***Form***	Code
Field size	Four	***Layout***	NNNN
Reported for			
Reporting guide	Postcode of an additional item. The current item Postcode (of locality or area of residence) remains unchanged and the preference for use of SLAs is retained for Postcode o Injury.		
Edits	•		
Related items			

Proposed Administration

Purpose	Enables identification of target local government locations for injury prevention and in-depth research.		
Principal data users	VISS, MUARC; Access Unit, Quality Branch, DHS		
Collection start	1 July 2001	*Version*	1 (Effective 01.07.01)
Definition source	VISS	*Code set source*	AIHW National Injury Surveillance Unit and NDS-IS Advisory Group

Proposed Modifications to Existing Data Items

Preliminary Proposal #5

Departure Status

Proposed by:
Dr Peter Barnett, Royal Children's Hospital

Reason for Proposal:
It is necessary to be able to collect information on patients who are seen at triage and are then reassured by the triage nurse and decide to go home. These patients who have been reassured by the Triage Nurse, have not received treatment. They usually decide to go home and either see their GP in the morning or are reassured enough not to require any treatment.

The current classification categorises these patients with Departure Status 6 – 'Left before being seen by doctor'. This is true, however it does not distinguish between those people who leave because of a long wait and those who are reassured and sent home. Patients who are reassured may not have a diagnosis and thus do not fit the regular criteria for being treated by a nurse. Therefore, only the treating nurse and time should be included as nothing else was done.

A new code '10-Left after referred by triage nurse' has been proposed.

Proposed Specification Modification

Definition	Patient status and/or destination at departure from the Emergency Department.		
Datatype	Alpha/numeric	*Form*	Code
Field size	Two	*Layout*	NN
Reported for	Every emergency department attendance (Mandatory item).		

Code set

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

Reporting 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 inpatient ward

Includes patients who are admitted to the ward after attending the ED at the same hospital (and HITH), and those patients who attend the ED from an inpatient ward at the same hospital and then return to the ward.

Any change in 'Campus Code' in multi-campus transfers is considered a transfer and requires a 'Transfer Destination' code.

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.

Armed Forces and Prison Hospitals:

These are not recognised by Department of Health and Aged Care and therefore admission from, or separation to, such facilities is not an inter-hospital transfer.

If a patient is transferred from the ED to an Armed Forces or Prison hospital, Departure Status = 1- Discharge to home (includes return to nursing home, mental health residential facility)

Edits

- E137 : Transfer / Destination Source = Campus Code
- E142 : Type of Visit Combination Invalid
- E182 : First Seen By Treating Nurse / Doctor Date & Departure Status Combination Invalid
- E188 : First Seen By Treating Nurse / Doctor Time & Departure Status Combination Invalid
- E230 : Departure Status Blank
- E231 : Departure Status Invalid
- E232 : Transfer Departure Status Code Combination Invalid
- E242 : Referred to on Departure & Departure Status Comb. Invalid
- E260 : Primary Diagnosis Blank
- E320 : Nature of Main Injury, Body Region & Primary Diagnosis Combination Invalid
- E339 : Inpatient Bed Request & Departure Status Combination Invalid

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

Proposed Administration

Purpose To identify and monitor the status of patients on departure from the ED.

Principal data users MUARC; Access Unit, Quality Branch, DHS

Collection start	1 July 1995	*Version*	1	(Effective 01.07.95)
			2	(Effective 01.07.00)
			3	(Effective 01.07.01)
Definition source	NHDD, V9.0	*Code set source*	DHS	

Preliminary Proposal #6

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
Reported for	Every Emergency Department attendance (mandatory item).		

Code set

Code	*Descriptor*
Y	Active transfer of knowledge and information to the provider of ongoing care performed.
N	No transfer of knowledge and information to the provider of ongoing care.
<u>U</u>	<u>Not applicable</u>

Reporting guide

This field must be reported regardless of whether the patient is admitted to the ward, discharged or transferred.

The transfer of knowledge and information, via means such as an electronically generated letter, would need to be given to the patient, or transmitted directly to the receiving doctor (or 'ongoing care provider').

Edits

- E243 : Ongoing Care Communication Blank
- E244 : Ongoing Care Communication Invalid

Related items Referred to on Departure

Administration

Purpose	Hospitals are encouraged to develop ability to electronically capture and disseminate clinical information to support continuity of care.		
Principal data users	MUARC; Access Unit, Quality Branch, DHS		
Collection start	1 July 2000	***Version***	1 (Effective 01.07.00)
Definition source	DHS	***Code set source***	DHS

Proposed Data Items for Deletion

Escort Source and Procedures have been identified as poorly completed and of extremely low value to data users. These two data items have been proposed for deletion from the Minimum Dataset, Version 6.0.

Forum Notes: