

***Section 2—
Concept and Derived Item
Definitions***

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Introduction

This section provides the concepts underlying the VEMD and definitions of items derived from the data collected.

The definitions contained in this section are based, wherever possible, on the *National Health Data Dictionary*.

Concept & Derived Items (Alphabetical Order)

Admitted Patient

<i>Classification</i>	Concept
<i>Definition</i>	A patient who undergoes a hospital's admission process to receive treatment and/or care. This treatment and/or care is provided over a period of time and can occur in hospital and/or in the person's home (for hospital in the home patients or rehabilitation in the home patients).
<i>Guide for Use</i>	<p>The patient may be admitted if one or more of the following apply:</p> <ul style="list-style-type: none">• The patient's condition requires clinical management and/or facilities not available in their usual residential environment.• The patient requires observation in order to be assessed or diagnosed.• The patient requires at least daily assessment of their medication needs.• The patient requires a procedure/s that cannot be performed in a stand-alone facility, such as a doctor's room without specialized support facilities and/or expertise available (eg, cardiac catheterization).• There is a legal requirement for admission (eg, under child protection legislation).• The patient is aged nine days or less.

Age

Classification Derived Item

Definition The patient's age on presentation at the Emergency Department.

Guide for Use Age is calculated as:

- Arrival Date minus Date of Birth.

Campus

Classification

Concept

Definition

A physically distinct site owned or occupied by a health service/hospital, where treatment and/or care is regularly provided to patients.

Guide for Use

For the purposes of reporting to the VEMD:

A **single campus hospital** provides emergency and admitted patient services at one location, through a combination of emergency, overnight stay beds and day stay facilities.

A **multi-campus hospital** has two or more locations providing emergency and admitted services, where the locations:

- Are separated by land (other than public road) not owned, leased or used by that hospital.
- Has the same management at the health service/hospital level.
- Each has overnight stay facilities – a separate location (see first dot point) providing day only services, such as satellite dialysis unit, is considered to be part of a campus.
- Are not private homes. Private homes, where Hospital in the Home services are provided, are considered to be part of a campus.

The Department holds that, as a general principle, VEMD reporting should identify activity at each campus. Any multi-campus hospital not currently reporting on this basis, or a hospital intending to change from a single to multi-campus or vice versa, should discuss this with DHS.

Criteria For Admission

Classification

Concept

Definition

Minimum criteria, one of which must be met before a patient can be admitted:

- The patient, following a clinical decision, is expected to require overnight or multi-day hospitalisation; **OR**
- The patient is to receive a Same-day Surgical and Diagnostic Services as specified in Bands 1A, 1B, 2, 3 and 4 of the *Day Only Procedures Manual* and updates¹; **OR**
- The patient is to receive a Type C Professional Attention Procedure as specified in the *Day Only Procedures Manual* and updates¹. Accompanying documentation must be provided by the treating medical practitioner which justifies an admission on the grounds of the medical condition of the patient or other special circumstances that relate to the patient (for example, remote location, no-one at home to care for the patient); **OR**
- The patient is nine days old or less at the time of admission (newborn). All newborn days are further divided into categories of qualified and unqualified for the Australian Health Care Agreement and health insurance benefit purposes.

A newborn day is qualified if the newborn meets at least one of the following criteria:

- i. The newborn is the second or subsequent live born infant of a multiple birth, whose mother is currently an admitted patient; or
- ii. The newborn is, on that day, admitted to a facility approved by the Commonwealth Minister for the purpose of provision of intensive or special care; or
- iii. The newborn is, on that day, admitted to or remains in hospital without their mother.

A newborn day is unqualified if the newborn does not meet any of the criteria described in points (i) to (iii).

¹ *Day Only Procedures Manual 1999:*
Day Only Procedures Manual Supplement 1 May 2003
http://www.health.gov.au/privatehealth/providers/dayonly/daymbs_nov2001.htm

The Criteria for Admission must be considered when determining if a patient in the Emergency Department should also be admitted as an inpatient.

The criterion under which each patient is admitted does not have an impact on Casemix funding.

If the care to be provided to a patient does not meet any of the criteria for admission, then the patient should not be admitted and the episode not reported to the VAED. Hospitals are responsible for ensuring that appropriate procedures and records are maintained to facilitate accurate reporting, and to justify the admission. The list of criteria for admission in the definition is complete – there are no other criteria for admission.

For example:

- Care provided to a patient in a non-admitted hospital setting over an extended period of time does not in itself constitute (conversion to) an admission. A patient in non-admitted care may only be admitted once at least one of the admission criteria is met.
- Under these criteria, the fact that a procedure is undertaken in an operating suite does not, in itself, justify admission.

For further information on how to use Criteria for Admission, refer to the VAED User Manual, Thirteenth Edition, 1 July 2003

- Section 2 – Concept and Derived Item Definitions (Newborn).
- Section 3 – Data Definitions (Criterion for Admission).

Date/Time Fields

Classification Concept

Definition With the exception of Date Of Birth, all Date fields in VEMD have a related Time field. Although date and time fields are submitted as two separate fields, they should be viewed as a single "Date/Time" entity. To accommodate this, date and time fields are converted to a single "date/time" value before being edited.

Guide for Use Using date without time or vice versa is problematic.

For instance, calculating a Length of Stay of 1 hour, only using arrival time of 11:00 and departure time of 12:00, will be incorrect if the times fall on different days.

Similarly if a patient commences treatment on 2/5/2004 and ceased on 3/5/2004 it may not be appropriate to say that the duration of treatment was one day if it commenced just before midnight and ceased just after.

If the date and time fields fail the conversion process, they are not a valid date/time. For example submitting a date string of 31092003 with a time string of 1153 will fail to convert to a date/time because there are only 30 days in September. Submitting a date string of 30092003 and no (or a null) time string will also fail the conversion.

When correcting "Date/Time" errors, check both the date and the time fields as the error may occur in either or both.

Date Formats:

Valid DDMMCCYY
(Century (CC) must be 20 for all Date fields excluding the Date of Birth)

An Estimate of Date of Birth can be given as 0000CCYY.

Invalid Zero-filled

Time Formats:

Time HHMM (Must be in 24-hour format)

Time 0000 or 2400

Following international convention midnight is reported as either 2359 of preceding date or 0001 of the following date.

Diagnosis

Classification

Concept

Definition

A Diagnosis is a decision reached, following patient assessment, about the nature and identity of the disease or condition of a patient.

Guide for Use

When determining the patient's diagnosis consideration should be given not only to the physical examination but also to the history of the present illness, based on a description of symptoms and signs, a past medical history, a family medical history and a social history.

Reporting 'Dead On Arrival (DOA)' patients:

A patient classified as DOA **must** be allocated a Principal Diagnosis of either:

- R95 – Sudden Infant Death Syndrome (SIDS) or
- R961 - Dead on arrival.

A blank Principal Diagnosis is not acceptable for DOA patients.

Emergency Department

Classification Concept

Definition A dedicated area in a hospital that is organised and administered to provide emergency care (including reception, triage, initial assessment and management) to people who perceive the need for, or are in need of, acute or urgent care, including hospital admission: staffed on a 24 hour basis by hospital medical staff (includes staff who are on shift or on-call).

Guide for Use Where the range of care is limited (for example, to specialties such as women's health, paediatrics) pre-hospital and other policies should be in place to ensure appropriate presentation.

Emergency Department Presentation

Classification

Concept

Definition

Emergency Department Presentation is the reporting unit of the VEMD. An Emergency Department Presentation should be reported for every patient who is triaged to one of the VEMD triage categories.

Arrival Date/Time indicates the commencement of an Emergency Department Presentation, which concludes when the patient physically leaves the Emergency Department (Departure Date/Time).

Guide for Use

Some form of triage event, either formally or informally, logically precedes the act of receiving treatment in the Emergency Department. For instance, a patient may be so critically ill that they by-pass the formal triage process to receive resuscitative intervention. However, the act of prioritising access to care according to the level of need has still occurred.

An Emergency Department Presentation should be reported even if the patient leaves the ED before the treatment has commenced or if the registration was commenced but not completed (use the appropriate Discharge Status code).

If a patient attends the ED for the treatment of two or more conditions concurrently, only one episode should be reported to the VEMD.

For example: a patient attends the ED with foreign body of the eye and otitis media. Even though the two complaints are independent and may be treated as such by the clinicians, the patient has only presented at the ED once.

Up to three diagnoses and thirty procedure codes can be recorded in the VEMD, this allows sites to differentiate between different complaints and the applicable treatment.

Emergency Medical Unit (EMU)

Classification Concept

Definition An approved Emergency Medical Unit (EMU), often located near the Emergency Department. EMUs concentrate admissions for general medical conditions in one geographical area to streamline the care planning processes. Planned length of stay in the EMU may be up to 48 hours prior to transfer to another ward or discharge home (majority of patients). The clinical management of these patients is jointly managed by Emergency Department physicians and general physicians.

Context Institutional health care: EMU patients are admitted patients.

Guide for Use Hospitals must be approved by DHS to be eligible to report Departure Status code 13 – Emergency Medical Unit (Excludes MAPU and SOU)

Whilst EMUs tend to be located close to emergency departments to facilitate joint ED/ admitted patient management of patients, MAPUs are not necessarily located near emergency departments and are managed solely by admitted patient services.

Hospital

Classification

Concept

Definition

A health care facility established under Commonwealth, State or Territory legislation as a hospital or a free-standing day procedure unit, and authorised to provide treatment and/or care to patients.

Guide for Use

A hospital may be located at one physical site or may be a multi-campus hospital.

For the purposes of these definitions, 'hospital' includes satellite units managed and staffed by the hospital and private homes used for service provision under the Hospital in the Home program.

The definition includes public hospitals, denominational hospitals, metropolitan health services, and privately operated public hospitals as defined in the *Health Services Act 1988*, as amended.

The definition includes private hospitals and day procedure centres registered under the *Victorian Health Services Act 1988*, as amended. Private hospitals are required to maintain separate registrations for each site.

Nursing homes and hostels, which are now approved under the *Aged Care Act 1997* (Commonwealth) are excluded from the definition, as are supported residential services registered under the *Health Services Act 1988*, as amended.

Injury Surveillance

Classification Concept

Definition A set of data items that are mandatory if triggered by the use of a diagnosis code detailed in the Nature of Main Injury/Body Region ICD-10-AM Matrix Editing Tables.

Guide for Use The following Injury Surveillance data items must be completed:

- Activity When Injured
- Body Region
- Description of Main Injury
- Human Intent
- Injury Cause
- Nature of Main Injury
- Place Where Injury Occurred.

Length of Stay (LOS)

Classification

Derived Item

Definition

The Length of Stay is the total time for each Emergency Department presentation.

Guide for Use

The LOS is calculated as:

[Departure Date/Time] minus [Arrival Date/Time]

Length of Treatment

Classification Derived Item

Definition The Length of Treatment is the difference between the time treatment commenced and the time the patient departed the Emergency Department.

Guide for Use The Length of Treatment is calculated as:
[Departure Date/Time] minus [the earliest of [First Seen by Doctor Date/Time] and [First Seen by Treating Nurse Date/Time]].

Medical Assessment and Planning Unit

<i>Classification</i>	Concept
<i>Definition</i>	<p>An approved Medical Assessment and Planning Unit (MAPU) is a designated ward, which concentrates admissions for general medical conditions in one geographical area to streamline the care planning processes. Planned length of stay in MAPU may be up to 48 hours prior to transfer to another ward, or discharge home.</p>
<i>Context</i>	<p>Institutional health care: MAPU patients are admitted patients.</p>
<i>Guide for Use</i>	<p>Hospitals must be approved by DHS to be eligible to report Departure Status code 2 –Ward (includes HITH and MAPU; Excludes EMU and SOU)</p> <p>Whilst MAPUs are not necessarily located near emergency departments and are managed solely by admitted patient services, EMUs tend to be located close to emergency departments to facilitate joint ED/ admitted patient management of patients.</p>

Medicare Eligibility Status – Eligible Person

Classification Concept

Definition The patient's eligibility for Medicare as specified under the *Commonwealth Health Insurance Act 1973*. Persons eligible for Medicare include:

- A person who resides in Australia and whose stay in Australia is not subject to any limitation as to time imposed by law.
- Persons visiting Australia who are ordinarily resident in Finland, Italy, Malta, the Netherlands, New Zealand, the Republic of Ireland, Sweden or the United Kingdom as they are covered by reciprocal health care agreements (RHCA). However, persons from Malta and Italy are covered from six months only.
- A person or a class of persons declared eligible by the Commonwealth Minister of Health and Aged Care.

Guide for Use This category does not include a foreign diplomat or family (except where eligibility is expressly granted to such persons by the terms of a reciprocal health care agreement).

An asylum seeker who has a valid temporary entry visa and is an applicant for a protection visa and has either work rights or a spouse, parent or child who is a permanent Australian resident, is eligible to apply for a Medicare card and is therefore an eligible person once they have their Medicare card.

Categories of Eligibility

A person eligible to receive Medicare benefits will be one of the following:

- Australian Resident
- Eligible Overseas Representative
- Person declared eligible by the Minister
- From a country with which Australia has a Reciprocal Health Care Agreement.

Australian Resident

A person who resides in Australia and fulfils one of the following criteria:

- Is an Australian Citizen
- Holds an entry point permit not being a temporary entry permit
- Holds a return endorsement or resident return visa
- Has been granted refugee status
- Is the holder of a valid temporary entry permit with an application for permanent residency, and has a spouse, parent or child who is the holder of a permanent entry permit, or has authorisation to work.

Eligible Overseas Representatives

A member of diplomatic or consular staff or a member of their family, of a diplomatic mission of a country with which Australia has a Reciprocal Health Care Agreement (RHCA) except New Zealand.

Eligible overseas representatives have full Medicare eligibility and are not limited to immediately necessary medical treatment. Such persons are issued with a Medicare care endorsed 'Visitor RHCA'.

Persons Declared Eligible by the Minister

The Commonwealth Minister for Health and Aged Care also has a discretionary power to make persons eligible for Medicare. Such persons are eligible for, and generally will hold, a Medicare card.

Reciprocal Health Care Agreement (RHCA)

Agreements negotiated by Australian authorities with other countries which enables visitors to Australia, who are ordinarily *resident* (check passport visa to verify resident country) in a country with which Australia has a RHCA, to access *immediately necessary* treatment. This agreement provides for admitted patient care, but only as a public patient, for such medical treatment as is clinically necessary for the diagnosis, alleviation or care of the condition requiring attention, on terms no less favourable than would apply to an Australian resident.

The RHCA countries at June 2003 are:

- Finland
- Italy (Note 1)
- Malta (Note 1)
- Netherlands
- New Zealand (Note 2)
- Republic of Ireland
- Sweden
- United Kingdom.

Note:

1. Persons from Italy and Malta are limited to the first six months of their visits only except where a continuing course of treatment starts before and extends over the six-month limit.
2. New Zealand diplomats and their families are not included in the Australian/New Zealand RHCA and are therefore not eligible persons.
3. Students holding student visas from a country with which Australia has a RHCA are not eligible but should register with the Overseas Student Health Cover administered by Medibank Private.

Medicare Eligibility Status – Ineligible Person

Classification

Concept

Definition

The patient's ineligibility for Medicare as specified under the Commonwealth *Health Act 1973*.

Persons ineligible for Medicare include:

- Those who do not fit into one of the categories of eligibility.
- A visitor to Australia from a country with which Australia has a Reciprocal Health Care Agreement who elects to be treated as a private patient.
- A foreign diplomat, or a member of their family, or a country with which Australia does not have a Reciprocal Health Care Agreement.

Guide for Use

Types of Ineligible Patient:

Exempt Patient

- An ineligible, non-Australian resident specifically referred to Australia for hospital services not available in the patient's own country and for whom the Secretary of the Department has determined that no fee be charged; or
- A person who has been declared a safe haven resident and whose treatment is provided or arranged by a designated hospital.

Non-Exempt Patient

An eligible patient not exempted from fees by the Secretary of the Department of Human Services.

Under current legislation non-exempt ineligible patients cannot be categorised as Nursing Home Type. However, where a non-exempt ineligible patient would otherwise have been classified as a Nursing Home Type patient, they are deemed to be Non-Acute ineligible.

Metropolitan Health Service

Classification Concept

Definition Metropolitan health service is a term used in the *Health Services Act 1988* to refer to a public hospital, which is listed in Schedule 5 of the Act. A metropolitan health service may consist of a number of campuses.

Guide for Use Refer to:
<http://www.health.vic.gov.au/hospitals/index.htm>

Non-Admitted Patient

Classification

Concept

Definition

A patient who does not undergo a hospital's formal admission process. There are three categories of non-admitted patient:

- Emergency Department patient
- Outpatient
- Other non-admitted patient (treated by hospital employees off the hospital site – includes community/outreach services).

Guide for Use

The term non-admitted patient is synonymous with the term ambulatory, as used by hospitals.

Records for non-admitted patients treated in the Emergency Department should be transmitted to the VEMD. However these records should not be transmitted to the Victorian Admitted Episode Dataset (VAED), which only requires the transmission of admitted patient records.

Patient

Classification Concept

Definition A patient is a person for whom a hospital accepts responsibility for treatment and/or care.

There are two categories of patient: admitted patient and non-admitted patient.

Boarders are not patients.

Guide for Use Refer to:

- 'Admitted Patients'
- 'Non-Admitted Patients'

Short Stay Observation Unit

<i>Classification</i>	Concept
<i>Definition</i>	An approved Short Stay Observation Unit (SOU) is a designated unit that is specifically staffed and equipped to provide observation, care and treatment for emergency patients who have an expected length of stay of between 4 and 24 hours. The facility may be adjacent to, or remote from the Emergency Department.
<i>Context</i>	Institutional health care: SOU patients are admitted patients.
<i>Guide for Use</i>	Hospitals must be approved by DHS to be eligible to report Departure Status code 3 –Short Stay Observation Unit (includes Chest Pain Evaluation Unit; Excludes EMU and MAPU).

Statistical Local Area (SLA)

Classification Derived Item

Definition The Statistical Local Area (SLA) of the patient’s usual residence.

Guide for Use DHS utilises a file to validate both the Postcode and Locality and using both of these fields derives a SLA using a lookup table.

In most cases the lookup will find a single match, however in some cases up to 5 SLA codes may be identified for a given Postcode and Locality combination.

Each SLA code combination is given a probability of more than zero and less than or equal to one hundred. The sum of the five (or less) codes for each combination must equal 100.

In cases where more than one SLA code is identified, an algorithm is performed to determine which code is to be allocated to this particular VEMD episode.

An example of how the algorithm is utilised is shown in below:

Patient Postcode: 3190 Patient Suburb: Highett

SLA File Structure

Postcode	Suburb	SLA-1	SLA-2	SLA-3	SLA-4	SLA-5
3190	Highett	3411[75%]	3412[15%]	3413[10%]		
3588	Sale	4231 100%]				
3550	Bendigo	4333[50%]	4334[50%]			
3170	Mulgrave	4222[25%]	4223[25%]	4224[25%]	4225[25%]	

- Select a random number between one and one hundred
- Step through the valid SLA codes adding the probability of each subsequent code until the total equals or exceeds the random number previously selected.
- Select and allocated the SLA code.

So for the example above:

- Random Number = 93
- [3411] 75 + [3412] 15 = 90)+ [3413] 10 = 100
- SLA = 3413

Time to Treatment

Classification Derived Item

Definition Time to Treatment is the difference between Arrival Time and the Time Treatment Commenced.

Guide for Use Time to Treatment is calculated as:

[The earliest of [First Seen by Doctor Date/Time] and [First Seen by Treating Nurse Date/Time]] minus [Arrival Date/Time]

Times are then weighed against the Triage Category for the episode to determine if the patient was treated within an acceptable timeframe.

The use of the earliest treatment time reflects changes in clinical practice such as the use of clinical pathways and role demarcation of staff within the Emergency Department.

Note:

Patients who leave the ED before treatment commences (Departure Status is '10 - Left after clinical advice regarding treatment options' or '11 - Left at own risk, without treatment') are excluded from the calculation.

Triage

Classification Concept

Definition Triage is the brief assessment of a patient upon presentation at the Emergency Department in order to establish the urgency of their presenting complaint and therefore the priority for care (Triage Category).

Guide for Use The triage process is the point at which medical attention commences. The patient's presenting condition(s) is assessed in order to assign an appropriate Triage Category. The Triage Category is used to prioritise the order in which patients are treated by the ED staff, based on the urgency for treatment.

Triage assessments are complicated and are often made with limited information. Considerations when assessing patients and allocating a Triage Category include:

- Characteristics and severity of the presenting illness or condition
- Brief physical assessment
- Patients history
- Presenting signs and symptoms
- Vital signs
- Overall appearance.