

**Proposals for Revisions to the.  
Victorian Emergency Minimum Dataset.  
(VEMD) for 1 July 2004.**

**(November 2003).**

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# *Proposals for Revisions to the VEMD for 1 July 2004*

## *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 contained within this document should not be regarded as an absolute list of changes to be made to the VEMD for the 2004—2005 financial year. 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 that it will not change from 1 July 2004. Final changes, including new and amended edits will be released in the Specifications for Revisions to the Victorian Emergency Minimum Dataset document in February 2004.

This 'Proposals' document is being distributed to 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 provide any queries or comments to the Health Data Standards and Systems Unit (HDSS) on the attached proforma by Wednesday 3 December 2003.

A representative of the proposing organisation will present their proposal as outlined in this document, at the HDSS forum on Friday 5 December 2003. There will be further opportunity to comment in writing following the forum.

Please remember to bring this document and forum agenda to the HDSS forum.

# *Introduction*

Since implementation of the seventh edition of the VEMD dataset, additional issues have been noted by the Department or highlighted by data users and participating hospitals, and have been considered by the Emergency Department Information System (EDIS) Review Committee.

The proposals for the Ninth Edition (1 July 2004), listed in this document comprise additions and modifications to existing Concept Definitions and Data Items. Associated business rules and edits for new and amended data items will be added or modified for inclusion in the Final Specifications for Revisions to the VEMD document.

Characteristics of this document are:

- Proposed additional text for existing data items appear in boxes;
- ~~Text proposed for deletion from existing data items is struck through;~~
- New additions to the VEMD are identified in the section heading rather than with individual formatting;
- Page numbers representing cross referencing to another section of the VEMD Manual are represented by a #; and
- Further information such as the background to each proposal is provided.

Complete details of existing data item formats, codes and edits are located in the Eighth Edition of the VEMD Manual, 1 July 2003.

# Data Definition Structure

The below table provides descriptions of the attributes common to every data item located in Section 3, Data Definitions (VEMD User Manual, Eighth Edition).

## Specification

<i>Definition</i>	A statement that expresses the essential nature of a data item and its differentiation from all other data items.
<i>Datatype</i>	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
<i>Form</i>	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 codes drawn from the codeset represent a different country.
<i>Field size</i>	The maximum number of characters used to represent this data item.
<i>Layout</i>	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
<i>Reported for</i>	The presentation types that require this data item to be reported.
<i>Code set</i>	The set of valid values for the data item, according to the form, layout, datatype and field size.
<i>Reporting guide</i>	Additional comments or assistance on interpreting, applying and reporting the data item and code set.
<i>Edits</i>	Edits that relate to this data item.
<i>Related items</i>	Non-exhaustive reference between the data item and related subjects within this collection.

## Administration

<i>Purpose</i>	The main reason for the collection of this data item.
<i>Principal data users</i>	The key/primary users of the information collected by this data item.
<i>Collection start</i>	The date the collection of this data item commenced.
<i>Version</i>	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.
<i>Definition source</i>	The source from which the data item was defined.
<i>Code set source</i>	The source from which the data item code set was developed.

# *Proposed Addition to Concept Definitions*

## **Proposal #1**

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### Treatment

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***Classification***

Concept

***Definition***

The medical and/or surgical care provided to a patient with a view to stabilisation, diagnosis and alleviation of their condition(s).

***Guide for Use***

It is acknowledged that treatment can commence prior to the patients' arrival at the hospital.

Hospital treatment starts when performed by a qualified clinical staff member.

# *Proposed Modification to Existing Concept Definitions*

## **Proposal #2**

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### Triage

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***Classification***

Concept

***Definition***

Triage is the ~~brief assessment~~ structured screening of a patient upon presentation at the Emergency Department in order to determine ~~the urgency of their presenting complaint and therefore~~ the priority of 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:

The Triage Category is used to prioritise the order in which patients are investigated or treated by the ED staff, based on their urgency for treatment.

Triage relies on expertise in the following:

1. Assessment (of)

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

2. Knowledge (of)

- Physiology and pathology
- Resources
- Department capabilities.

3. Intuition

- Skill
- Sensitivity
- Surveillance.

It is acknowledged that treatment can commence before, during or after triage.

Information obtained during triage should be sufficient to determine the needs and urgency of hospital treatment. This does not exclude the instigation of more detailed investigation or recommendations by the triage staff.

Triage may result in advice to the patient about alternate treatment options (Their condition may be treated more appropriately at another health care facility.).

Re-triage should occur if a patient's condition alters whilst they are waiting for treatment or if additional information impacting on the patient's clinical condition is received.

# *Proposed Addition to Data Definitions*

## **Proposal #3**

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### HARP Patient Flag

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#### **Proposal:**

Insert a new data item to identify emergency presentations for patients who are registered for the Hospital Admissions Risk Program (HARP) project.

#### **Proposed by:**

Hospital Demand Management, Metropolitan Health & Aged Care Services

Contact: Sue Daly

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Email: [sue.daly@dhs.vic.gov.au](mailto:sue.daly@dhs.vic.gov.au)

#### **Reason for Proposed Change:**

The Hospital Admissions Risk Program (HARP) started in 2001-02 and is a prevention strategy to reduce the avoidable use of hospitals (i.e. decrease ED presentations and hospital separations). HARP aims to do this by funding initiatives to better manage the treatment of people with chronic and complex conditions, for example projects that focus on patients with disease conditions such as COPD, CHF, Diabetes, Asthma, etc.

The importance of this has been highlighted with a recurrent funding of \$50m a year, hence the ability to analyse HARP related data is vital in evaluating it as a funding program.

With this data, we can:

- Identify the cohort of HARP patients
- Analyse their hospitalisations i.e. admission/readmission rate & pattern, bed days and average length of stay, primary and related diagnoses, etc.
- Analyse their use of emergency departments i.e. presentations/re-presentations, diagnoses, etc.
- Assess HARP as a funding program, by evaluating the outcomes for these patients (decreased ALOS, decreased presentations/admissions, admissions for other conditions)
- Determine the direction for the future and the level at which HARP should be funded.

## Specification

**Definition** Indication of the patients' registration in a Hospital Admissions Risk Program (HARP) project.

**Datatype** Alpha/numeric      **Form** Code

**Field size** One      **Layout** A

**Reported for** Presentations where the hospitals participate in HARP. (Conditional mandatory)  
All non-participating hospitals, report a space.

<b>Code set</b>	<b>Code</b>	<b>Descriptor</b>
	Y	Yes
	N	No

**Reporting guide** Report Code Y – *Yes*, if a patient presenting to the Emergency Department is assigned to a HARP project either:

- At the time of admission; or
- Is assigned to a HARP project during the admission

Report Code N – *No*, if a patient presenting to the Emergency Department is not assigned to a HARP project.

**Edits** ### Invalid HARP Patient Flag  
### HARP Patient Flag but Campus Not Approved

## Administration

**Purpose** To provide patient episode data to support the evaluation of the Hospital Admissions Risk Program (HARP) component of the Hospital Demand Management Strategy

**Principal data users** Hospital Demand Management Unit, DHS

**Collection start** 1 July 2004      **Version**

**Definition source** DHS      **Code set source** DHS

# *Proposed Modifications to Existing Data Definitions*

## **Proposal #4**

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### Locality

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#### **Proposal:**

Refine the Locality field Reporting Guide to improve data quality for episodes reported with a postcode of '8888' (overseas).

#### **Proposed by:**

Health Data Standards and Systems, Metropolitan Health & Aged Care Services

Contact: Gregory O'Connell

Phone: 9616 7327

Email: [Gregory.O'Connell@dhs.vic.gov.au](mailto:Gregory.O'Connell@dhs.vic.gov.au)

#### **Reason for Proposed Change:**

The Postcode data item currently specifies that when a postcode of 8888 (overseas) is entered, the completion of the Locality item is optional, using free text. To improve the data quality reported for overseas episodes, required for the Reciprocal Health Care Agreement (RCHA), it is proposed to refine the Reporting Guide to ensure that when a postcode of 8888 (overseas) is reported, a four digit country code is entered in the Locality field to indicate the country of residence.

The 'Postcode/Locality/SLA' reference file, available at:

<http://www.health.vic.gov.au/hdss/reffiles/index.htm>, will be modified to incorporate each country of birth code, derived from the Country of Birth Code List, against a multiple listing of postcode 8888 (overseas). Therefore, if a postcode of 8888 (overseas) is entered, a valid four digit country code must be entered in the Locality field.

#### **Specification**

##### **Definition**

Geographic location (suburb/town locality for Australian residents, country for overseas residents) (~~suburb/town~~) of usual residence as stated by the patient at time of presentation (not a postal address).

##### **Datatype**

Alpha/Numeric

##### **Form**

Code

##### **Field size**

Twenty-two

##### **Layout**

AAAAAAAAAAAAAAAAAAAAAAAA

**Reported for**

Every Emergency Department presentation.

**Reporting guide**

**Australian Residents**

Do not include the street address (number, name of road).

Do not use non-residential localities (such as mail delivery centres).

The hospital may collect the patient's postal address for its own purposes. However, for transmission to DHS, the Postcode and Locality items must contain details of the patient's residential address.

**Interstate Locality:**

Interstate locality is edited on the first three letters of the Locality field. The postcode must correspond correctly to the locality.

**Reference file:**

The Locality and Postcode codes are used to assign a Statistical Local Area (SLA) code for DHS purposes.

Statistical Local Area (SLA) Reference files can be obtained by:

Contacting the HDSS Help Desk by phone or via e-mail to request a copy, see Section 1 – Introduction (Contact Details)

Visiting the website at:

<http://hdss.health.vic.gov.au/globalref/index.htm>

Listed under Heading: Global Reference Files

Accessing the Australia Post website, which provides an up to date postcode and localities listing at [www.auspost.com.au](http://www.auspost.com.au)

Note that the SLA Reference File is in line with the most recent version of the National Localities Index (NLI) and is reviewed annually.

In the event that there is a new locality and postcode that is not included in the current reference file please notify:  
[submit.vemd@dhs.vic.gov.au](mailto:submit.vemd@dhs.vic.gov.au)

The VEMD editing program excludes non-residential localities but includes common variations of locality spellings as used in Melway references and the Australian Bureau of Statistics Locality Index (Cat. No. 1252).

**Overseas Residents**

A patient reporting a Locality of a country other than Australia should have a:

•  Postcode of 8888 (overseas)

•  Country code of the patient's country of residence

The country code must be one that corresponds with a code against the listing of 8888 (overseas) codes in the Postcode/Locality/SLA reference file, available at:

<http://www.health.vic.gov.au/hdss/reffiles/index.htm>

**Reporting guide  
(Cont)**

**Newborns:**

Use the guardian's residential locality.

**Edits** E115 Postcode/Locality Combination Invalid

**Related items** Postcode, Country of Birth Reference File, SLA Reference File.

## Administration

**Purpose** Analysis of service utilisation and epidemiological studies.

Identification of patients living outside Australia for the Reciprocal Health Care Agreement (RHCA).

**Principal data users** Monash University Accident Research Centre; Hospital Demand Management, DHS.

<b>Collection start</b>	1 July 1995	<b>Version</b>	1 (Effective 01.07.95)
			2 (Effective 01.07.99)
			3 (Effective 01.07.04)

<b>Definition source</b>	DHS	<b>Code set source</b>	ABS National Locality Index (Cat. No. 1252)
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## Proposal #5

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### Postcode

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#### Proposal:

Refine the Postcode field Reporting Guide to improve data quality for episodes reported with a postcode of '8888' (overseas).

#### Proposed by:

Health Data Standards and Systems, Metropolitan Health & Aged Care Services

Contact: Gregory O'Connell

Phone: 9616 7327

Email: [Gregory.O'Connell@dhs.vic.gov.au](mailto:Gregory.O'Connell@dhs.vic.gov.au)

#### Reason for Proposed Change:

The Postcode data item currently specifies that when a postcode of 8888 (overseas) is entered, the completion of the Locality item is optional, using free text. To improve the data quality reported for overseas episodes, required for the Reciprocal Health Care Agreement (RCHA), it is proposed to refine the Reporting Guide to ensure that when a postcode of 8888 (overseas) is reported, a four digit country code is entered in the Locality field to indicate the country of residence.

The 'Postcode/Locality/SLA' reference file, available at:

<http://www.health.vic.gov.au/hdss/reffiles/index.htm>, will be modified to incorporate each country of birth code, derived from the Country of Birth Code List, against a multiple listing of postcode 8888 (overseas). Therefore, if a postcode of 8888 (overseas) is entered, a valid four digit country code must be entered in the Locality field.

#### Specification

<b>Definition</b>	Postcode of locality in which patient usually resides (not a postal address).		
<b>Datatype</b>	Numeric	<b>Form</b>	Code
<b>Field size</b>	Four	<b>Layout</b>	NNNN
<b>Reported for</b>	Every Emergency Department presentation.		
<b>Reporting guide</b>	The Locality and Postcode codes are used to assign a Statistical Local Area (SLA) code for DHS purposes.		

**Reporting guide  
(Cont)**

The hospital may collect the patient's postal address for its own purposes. However, for transmission to DHS, the Postcode and Locality items must contain details of the patient's residential address. The VEMD editing program will reject non-residential Postcodes (including mail delivery centres).

**Statistical Local Area (SLA) Reference file can be obtained by:**

Contacting the HDSS Help Desk by phone or via e-mail to request a copy, see Section 1 – Introduction (Contact Details).

The website at <http://hdss.health.vic.gov.au/globalref/index.htm> and selecting the appropriate file under Global Reference Files.

Accessing the Australia Post website which provides an up to date postcode and localities listing at [www.auspost.com.au](http://www.auspost.com.au)

Note: The SLA Reference File corresponds with the most recent version of the National Localities Index (NLI) and is reviewed annually.

In the event that there is a new locality and postcode that is not included in the current reference file please notify [vemd.submit@dhs.vic.gov.au](mailto:vemd.submit@dhs.vic.gov.au)

The VEMD editing excludes non-residential localities but includes common variations to locality spellings as used in Melway references and Australian Bureau of Statistics Locality Index (Cat. 1252).

**Newborns:**

Use the guardian's residential postcode.

**Interstate postcodes:**

Must correspond with interstate locality (edited to postcode and first three letters of the Locality).

**Overseas Residents**

A patient reporting a Locality of a country other than Australia should have a:

- Postcode of 8888 (overseas)
- Country code of the patient's country of residence

The country code must be one that corresponds with a code against the listing of 8888 (overseas) codes in the Postcode/Locality/SLA reference file, available at:

<http://www.health.vic.gov.au/hdss/reffiles/index.htm>

**Pseudo Postcodes:**

- |                 |  |
|-----------------|--|
| 1000            | No fixed abode (leave Locality item blank)                   |
| <del>8888</del> | <del>Overseas (Optional to complete the Locality item)</del> |
| 9988            | Unknown Postcode (Leave Locality item blank)                 |

Note: 'No fixed abode', and 'Unknown Postcode' must have a blank locality item. It is optional to have the suburb/town/locality entered in the Locality item for the pseudo code 8888 indicating 'Overseas'.

*Edits* E115 Postcode/Locality Combination Invalid

*Related items* Locality, Country of Birth Reference File, SLA Reference File.

## Administration

*Purpose* Analysis of service utilisation and epidemiological studies.

*Principal data users* Monash University Accident Research Centre; Hospital Demand Management, DHS.

<i>Collection start</i>	1 July 1995	<i>Version</i>	1 (Effective 01.07.95)
			2 (Effective 01.07.04)

<i>Definition source</i>	DHS	<i>Code set source</i>	Australia Post
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## Proposal #6

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### Referred to on Departure

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**Proposal:**

Insert a code for referral to Alcohol and Drug Treatment Services.

**Proposed by:**

Drug Policy and Services Unit, Rural and Regional Health & Aged Care Services

Contact: Mandy Keating

Phone: 9637 4467

Email: [mandy.keating@dhs.vic.gov.au](mailto:mandy.keating@dhs.vic.gov.au)

**Reason for Proposed Change:**

Alcohol and Drug (A&D) use is an ever-increasing problem within our society. A large number of patients attend hospitals every year with an A&D related illness. The identification of these patients and referral to appropriate treatment outside the acute setting, could help to reduce the demand for A&D related episodes on Emergency Departments.

This will contribute to the monitoring of A&D issues and will help to create a service system according to Victorian needs.

**Specification**

<i>Definition</i>	The agency to which the patient was referred for continuing care.		
<i>Datatype</i>	Alpha/numeric	<i>Form</i>	Code
<i>Field size</i>	Two	<i>Layout</i>	NN
<i>Reported for</i>	Every Emergency Department presentation.		

<i>Code set</i>	<i>Code</i>	<i>Descriptor</i>	<i>Includes</i>
	1	Review in ED - scheduled	Planned return to ED
	2	Review in ED - as required	Return to ED if problems persist
	3	Outpatients	
	4	LMO	Referred to local doctor
	5	Medical Specialist	
	6	Other Specialist Health Practitioner	Physiotherapist, Dentist, etc.
	7	Home Nursing Services	RDNS
	8	Specialised Community Service	<del>Detox Centre</del> , Rape Crisis Centre, Crisis Assessment Team, (Drug and Alcohol) Treatment Service use code 10).
	9	Aged Care Assessment Service	Dedicated ACAS teams which are able to assess eligibility for community & residential aged care programs.
	10	Alcohol and Drug Treatment Service	
	16	No referral	Treatment complete
	17	Not known	
	18	Other	
	19	Not applicable	Admission to inpatient bed (Ward or MAPU), Emergency Medical Unit, Short Stay Observation Unit, Transferred, Died, Dead on Arrival, Left at own risk.

**Reporting guide** Select the first appropriate category.

8 - Specialised Community Service  
Used where a patient is referred to a Rape Crisis Centre or Crisis Assessment Team. For referral to Drug and Alcohol Treatment Service use code 10.

### 9 – Aged Care Assessment Service (ACAS)

Used where a patient is referred to an ACAS in order to assess eligibility for access to Community Aged Care Packages or residential aged care.

The core objective of ACAS is to comprehensively assess the needs of frail older people and to facilitate access to available services appropriate to their needs. In meeting this objective, ACAS also determine eligibility for Commonwealth subsidised residential aged care (including residential respite), Community Aged Care Packages and some flexible care services, including Extended Aged Care at Home (EACH).

Where a patient is referred to any other aged care specific service the appropriate code should be used (e.g. if a referral is made to a geriatrician then use code 5 medical specialist)

### 10 – Alcohol and Drug Treatment Service (A&D Services)

Used when a patient is referred to an Alcohol and Drug Treatment Service (including Counselling, Residential Withdrawal, Rehabilitation and Supported Accommodation)

#### *Edits*

E142	Dead on Arrival Combination Invalid
E240	Referred to on Departure Invalid
E242	Referred to on Departure and Departure Status Combination Invalid
E352	Arrival Transport Mode '9 – Undertaker' but not DOA
E353	Diagnosis Code Equals 'R961 – Dead on Arrival' but Patient not DOA

#### **Administration**

*Purpose* To promote and monitor the coordination of patient care.

*Principal data users* Monash University Accident Research Centre; Hospital Demand Management, DHS.

<i>Collection start</i>	1 July 1995	<i>Version</i>	1	(Effective 01.07.95)
			2	(Effective 01.07.97)
			3	(Effective 01.07.03)

<i>Definition source</i>	DHS	<i>Code set source</i>	DHS
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# Proposal #7

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## Sex

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### Proposal:

Add a code to include the concept of intersex.

### Proposed by:

Health Data Standards and Systems Unit

Contact: Catherine Perry

Phone: 9616 6928

Email: [catherine.perry@dhs.vic.gov.au](mailto:catherine.perry@dhs.vic.gov.au)

### Reason for Proposal:

The National Health Data Committee (NHDC) has updated the National Health Data Dictionary data item Sex to incorporate the concept of 'intersex', and to provide more appropriate reporting guidelines for adequately capturing the sex of a person's whose sex may change during their lifetime.

### Specification

**Definition** The sex of the patient.

**Datatype** Alpha/numeric      **Form** Code

**Field size** One      **Layout** N

**Reported for** Every Emergency Department presentation.

**Code set**      **Code**      **Descriptor**

1      Male

2      Female

3      Indeterminate

4      Intersex

**Reporting guide** Sex should be inferred or accepted as reported by the respondent. That is, it is usually unnecessary and may be inappropriate or even offensive to ask a person their sex. Sex may be inferred from other cues such as observation, relationship to respondent, or first name.

A person's sex may change during their lifetime as a result of procedures known alternatively as Sex change, Gender reassignment, transgender reassignment. Throughout the process, which may be over a considerable period of time, sex could be recorded as either Male or Female.

Codes 3 and 4 should not generally be used on data collection forms completed by the respondent. They should only be used if the person or respondent volunteers that the person is intersex or where it otherwise becomes clear during the collection process that the individual is neither male nor female.

For infants with ambiguous sexual genitalia, the biological sex as determined at birth, possibly following genetic testing, is recorded. Only where this cannot be determined during the episode of care should 'Indeterminate' be assigned. It can only be used for infants aged less than 90 days.

**Edits**

E090 Sex Invalid

E092 Sex Indeterminate with Age Greater Than or Equal To 90 Days

E093 Sex Indeterminate and Age Less Than 90 Days

E262 Diagnosis Code and Sex Incompatible

E264 Diagnosis Code and Sex — Check

Exxx Sex code 'Intersex' - Check

**Related items** Diagnosis code.

## Administration

**Purpose** Analysis of service utilisation and epidemiological studies.

**Principal data users** Monash University Accident Research Centre; Hospital Demand Management, DHS.

**Collection start** 1 July 1995

**Version**

1	(Effective 01.07.95)
2	(Effective 01.07.03)
3	(Effective 01.07.04)

**Definition source** NHDD

**Code set source** NHDD

## ***Abbreviations Used in the Document***

DHS	Department of Human Services Victoria
ED	Emergency Department
EDIS	Emergency Department Information System
HDSS	Health Data Standards & Systems Unit, DHS
HMDG	Hospital Demand Management Group, DHS
ICD-10-AM	Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification
MUARC	Monash University Accident Research Centre
NHDD	National Health Data Dictionary
NLI	National Localities Index
PRA	Performance Reporting and Analysis Unit, DHS
PRS/2	Patient Reporting System Version 2: Computer system by which hospitals transmit admitted patient data to Department of Human Services
VEMD	Victorian Emergency Minimum Dataset
VISAR	Victorian Injury Surveillance and Applied Research System
VISS	Victorian Injury Surveillance System

