

|  |
| --- |
| VEMD reporting guidelines - telehealth and virtual consults |
| January 2023 |
| OFFICIAL |

Contents

[Introduction 1](#_Toc120539309)

[Reporting 2](#_Toc120539310)

[Telehealth 2](#_Toc120539311)

[Virtual consultation 3](#_Toc120539312)

[VVED sub-contracted out 4](#_Toc120539313)

[Patient offered VVED as an alternative 5](#_Toc120539314)

[Health service organises VVED consult while patient is in an ED/UCC 5](#_Toc120539315)

[VEMD reporting in 2023-24 5](#_Toc120539316)

[Useful Resources 5](#_Toc120539317)

# Introduction

Telehealth/virtual consultations are provided where there is a need to deliver a consultation remotely.

Telehealth consultations have been reportable in the VEMD since July 2019, but only where the patient is physically present with a nurse or doctor in a public UCC or ED, a residential aged care service or a correctional centre.

In February 2022, the Victorian Government announced funding for Northern Health’s Victorian Virtual Emergency Department (VVED), with a remit for state-wide coverage of certain elements such as supporting Ambulance Victoria and COVID Positive Pathways. Its focus is to reduce pressure on our emergency departments and Ambulance Victoria, whilst providing patients with access to safe and timely emergency virtual care.

The VVED is a state-wide service operated by Northern Health that allows patients with non-life-threatening emergencies to receive a virtual video assessment by emergency clinicians from their home, workplace or community. The VVED accepts referrals from Ambulance Victoria paramedics, and other healthcare professionals such as GPs, and provides virtual video assessments, medical advice, treatment and local referrals.

The virtual care model in Victoria is evolving and expanding. The purpose of this document is to assist health services to differentiate between the emerging virtual emergency care model and existing telehealth model for the purposes of reporting to the VEMD during 2022-23.

# Reporting

For the purpose of reporting to the VEMD:

* a telehealth consult is one that is delivered remotely to a patient who is physically present with a nurse or doctor e.g. is in a public UCC or ED, a residential aged care service or a correctional centre
* a virtual consult is one that is delivered remotely to a patient who is not physically present with a nurse or a doctor e.g. is at home

All consultations delivered via telehealth/virtually must be equivalent to a face-to-face consultation. This means both the remote ED clinician and the patient must interact in a mutually responsive manner via an audio-visual link. The patient’s presenting condition/injury must be visible to the remote ED clinician.

The patient’s presentation must be of an unplanned nature.

## Telehealth

The emergency department that provides the consultation via telehealth should report the activity (the health service where the patient physically attends should not report the presentation).

The presentation should be reported as a telehealth presentation. When reporting a ‘telehealth’ consult, the health service providing the remote consultation must report the following data items to the VEMD (in addition to the VEMD data items usually reported for an emergency department presentation):

**Arrival date** = is the date the patient was first registered by clerical officer or triage process commences by a triage nurse or doctor (whichever comes first) in the Emergency Department

**Arrival time** = is the time the patient was first registered by clerical officer or triaged by a triage nurse or doctor (whichever comes first) in the Emergency Department.

**Departure status**

T1 Left at own risk without consultation

T2 Left at own risk after consultation started

T3 Referred to GP

T4 Discharged to usual residence

T5 Transferred to ward setting

T6 Transferred to another health service

T7 Recommended for transfer to Telehealth Emergency Department campus

**Departure date** - If the Departure Status is Telehealth (Departure Status codes T1, T2, T3, T4, T5, T6 and T7) then record the date when the ED clinician completes the final consultation and the audio-visual link ends. For example, some Telehealth presentations may require the patient to stay at the urgent care centre for observation. In this case there may be several Telehealth consultations via audio visual links between the ED and the urgent care centre. The departure date will be when the final Telehealth consultation is completed and the visual audio link ends.

**Departure time** - If the Departure Status is Telehealth (Departure Status Code T1, T2, T3, T4, T5, T6 and T7) then record the time when the ED clinician completes the final consultation and the audio-visual link ends. For example, some Telehealth presentations may require the patient to stay at the urgent care centre for observation. In this case there may be several Telehealth consultations via audio visual links between the ED and the urgent care centre. The departure time will be when the final Telehealth consultation is completed and the visual audio link ends

**Patient location** – physical location of the patient during the telehealth consultation

**Code Descriptor**

NNNN Campus code

9000 Residential aged care service

9997 Correctional facilities

9998 Other

9999 Unknown

**Service type** – 2 - Telehealth

**Referred to on departure**

|  |  |
| --- | --- |
| If ***departure status*** is | ***Referred to on departure*** must be |
| **Telehealth:** |  |
| T1 - Left at own risk without consultation | 19 – Not applicable |
| T2 - Left at own risk after consultation started | 19 – Not applicable |
| T3 - Referred to GP | 4 – LMO  |
| T4 - Discharged to usual residence | 1-18 |
| T5 - Transferred to ward setting | 19 – Not applicable |
| T6 - Transferred to another health service | 19 – Not applicable |
| T7 - Recommended for transfer to Telehealth Emergency Department | 1 - review in ED – scheduled  |

Note: Arrival transport mode is not required for telehealth presentations

##

## Virtual consultation

While Northern Health are the state-wide provider of the VVED, other health services might also deliver emergency consultations virtually.

The health service providing the virtual consultation should report the consultation as a telehealth presentation (as there is currently no other option for reporting ‘virtual’ activity in the VEMD).

When reporting a virtual consult, the health service providing the virtual consultation must report the following data items to the VEMD (in addition to the VEMD data items usually reported for an emergency department presentation):

**Arrival date** = is the date the patient was first registered by clerical officer or triage process commences by a triage nurse or doctor (whichever comes first) in the Emergency Department

**Arrival time** = is the time the patient was first registered by clerical officer or triaged by a triage nurse or doctor (whichever comes first) in the Emergency Department.

**Departure status**

T1 Left at own risk without consultation

T2 Left at own risk after consultation started

T3 Referred to GP

T4 Discharged to usual residence

T6 Transferred to another health service

T7 Recommended for transfer to Telehealth Emergency Department campus

**Departure date** - If the Departure Status is Telehealth (Departure Status codes T1, T2, T3, T4, T5, T6 and T7) then record the date when the ED clinician completes the consultation and the audio-visual link ends.

**Departure time** - If the Departure Status is Telehealth (Departure Status Code T1, T2, T3, T4, T5, T6 and T7) then record the time when the ED clinician completes the consultation and the audio-visual link ends.

**Patient location** – 9998 - Other

**Service type** – 2 – Telehealth

**Type of visit** – 1 - Emergency

**Referred to on departure**

|  |  |
| --- | --- |
| If ***departure status*** is | ***Referred to on departure*** must be |
| **Telehealth:** |  |
| T1 - Left at own risk without consultation | 19 - Not applicable |
| T2 - Left at own risk after consultation started | 19 - Not applicable |
| T3 - Referred to GP | 4 - LMO |
| T4 - Discharged to usual residence | 1-18 |
| T5 - Transferred to ward setting | 19 - Not applicable |
| T6 - Transferred to another health service | 19 - Not applicable |
| T7 - Recommended for transfer to Telehealth Emergency Department \* | 1 - review in ED – scheduled |

Note: Arrival transport mode is not required for virtual consultations

\*If the patient is asked to present to the ED providing the remote consultation, for a face-to-face consultation, the face-to-face presentation should be reported as a separate emergency department attendance.

# VVED sub-contracted out

Northern Health is the state-wide provider of the Victorian Virtual Emergency Department (VVED) service. If Northern Health subcontract delivery of this service to other health services, the activity must be reported in the VEMD by Northern Health, who are funded to deliver the service.

# Patient offered VVED as an alternative

If a patient presents to ED/UCC, is triaged, given advice about VVED as an alternative treatment option and chooses to leave without being seen to use the VVED service, discharge the patient from ED/UCC.

**Departure status** = 10 - Left after clinical advice regarding treatment options

**Referred to on departure** = 18 - Other

If after having the VVED consult the patient represents to ED/UCC, this should be reported as a new ED/UCC presentation.

# Health service organises VVED consult while patient is in an ED/UCC

If during an ED/UCC presentation, the health service organises a ‘virtual’ consult with another health service, this should be reported in accordance with the telehealth reporting guidelines above.

# VEMD reporting in 2023-24

As part of the annual changes process, several changes to the VEMD for reporting of virtual emergency care were recommended for implementation in 2023-24 including:

* Amend the ED presentation concept to include virtual presentations and add a new concept for ‘virtual care’
* Add ‘home’ as a new patient location
* Add a new code to the ‘Referred to on Departure’ data element to identify when an ED presentation results in a referral to a virtual care service
* Add ‘virtual’ as a new Service type
* Add ‘Paramedic’ as a new Referred by code
* Amend departure status for telehealth codes to include virtual care presentations
* Update reporting guides

The outcome of the above changes and the specifications to the VEMD for 2023-24 will be released by 1 January 2023.

# Useful Resources

Refer to the department’s about [telehealth webpage](https://www.health.vic.gov.au/rural-health/telehealth) <https://www.health.vic.gov.au/rural-health/telehealth>

Victorian Emergency Minimum Dataset [(VEMD) manual](https://www.health.vic.gov.au/publications/victorian-emergency-minimum-dataset-vemd-manual-2022-2023) (<https://www.health.vic.gov.au/publications/victorian-emergency-minimum-dataset-vemd-manual-2022-2023>>

|  |
| --- |
| To receive this document in another format email:hdss.helpdesk@health.vic.gov.au, <hdss.helpdesk@health.vic.gov.au>.Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.© State of Victoria, Australia, Department of Health, December 2022.Available at [Health data standards and systems communications](https://www.health.vic.gov.au/data-reporting/health-data-standards-and-systems-communications) <https://www.health.vic.gov.au/data-reporting/health-data-standards-and-systems-communications> |

https://www.health.vic.gov.au/data-reporting/health-data-standards-and-systems-communications