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| Specifications for revisions to the Victorian Emergency Minimum Dataset (VEMD) for 2024-25 |
| December 2023 |
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# Executive summary

The revisions for the Victorian Emergency Minimum Dataset (VEMD) for 2024-25 are summarised below:

**Amendments to existing data elements**

* Amend existing data element **Sex** to **Sex at Birth** and:
	+ remove codes 3 Indeterminate, 4 Other
	+ add code 5 Another term

The proposal to amend data element Sex to Sex at Birth was originally scheduled for 2023-24 but was subsequently deferred and will now be implemented in 2024-25.

* Reporting of the existing data element **Gender** will be **mandatory** from 2024-25.

# Introduction

Each year the Department of Health review the Victorian Emergency Minimum Dataset (VEMD) to ensure that the data collection supports the department’s business objectives, including national reporting obligations, and reflects changes in hospital funding and service provision arrangements for the coming financial year.

Comments provided by the health sector in response to *Proposals for revisions to multiple data collections for 2024-25* and *Proposals for revisions to the Victorian Emergency Minimum Dataset for 2024-25*  have been considered, and where possible, suggestions have been accommodated, resulting in changes to or withdrawal of some proposals.

The revisions set out in this document are complete as at the date of publication. Where further changes are required during the year, for example to reference files such as the postcode locality file, data validation rules or supporting documentation, these will be advised via the HDSS Bulletin.

An updated VEMD manual will be published in due course. Until then, the current VEMD manual and subsequent HDSS Bulletins, together with this document, form the data submission specifications for 2024-25.

**Victorian health services must ensure their software can create a submission file in accordance with the revised specifications and ensure reporting capability is achieved to maintain compliance with reporting timeframes set out in the relevant Department of Health policy and funding guidelines or the *Health Services (Health Service Establishments) Regulations 2013.***

## Orientation to this document

* New data elements are marked as (new).
* Changes to existing data elements are highlighted in green
* Redundant values and definitions relating to existing elements are ~~struck through~~.
* Comments relating only to the proposal document appear in *[square brackets and italics].*
* Validations to be changed are marked \* when listed as part of a data element or below a validation table.
* Changes are shown under the appropriate manual section headings.

# Outcome of proposals

The decision to implement changes to key datasets in 2024-25 was based on a priority ranking, with only those proposals considered critical approved. Some reporting guide updates were also approved. All other proposals for changes for 2024-25 have been placed on hold.

# Amend Sex to Sex at birth

## Section 1 Introduction

## Reference files (amend)

Reference files including the postcode and locality file are available at [VEMD reference files](https://www.health.vic.gov.au/data-reporting/vemd-vaed-vinah-esis-reference-files) <https://www.health.vic.gov.au/data-reporting/vemd-vaed-vinah-esis-reference-files>

The VEMD Editing Matrix including Age and Sex at Birth validations is available from the HDSS Helpdesk. Please email the HDSS Helpdesk <hdss.helpdesk@health.vic.gov.au>.

## Section 3 Data definitions

## Arrival Date (amend)

Specification

|  |  |
| --- | --- |
| **Definition** | The date on which the patient/client presents for delivery of an Emergency Department service.  |
| **Reported by** | All Victorian hospitals (Public and Private) |
| **Reported for** | Every Emergency Department presentation |
| **Reporting guide** | The date of patient presentation at the emergency department is the date of first recorded contact with an emergency department staff member. The first recorded contact can be the commencement of the clerical registration or triage process whichever happens first.For Telehealth and Virtual Care presentations the 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. |
| **Validations** | E025 Duplicate AttendanceE086 Medicare IRN and Date of Birth combination invalid *[Rejection]*E089 Medicare IRN and Date of Birth combination invalid *[Warning]*~~E093 Sex Indeterminate and Age Less Than 90 Days~~E095 Date of Birth invalidE103 Invalid combination of Date of Birth, Arrival Date and Country Of BirthE155 Arrival Date / Time invalidE167 Triage Date / Time Before Arrival Date / TimeE219 Length Of Stay Greater Than 10 DaysE340 Departure Date / Time Less Than or Equal To Arrival Date / TimeE350 Length of Stay Greater Than 4 and Less Than 10 DaysE351 Potentially Excessive Time to Initiation of Patient ManagementE389 Triage Category 1 patient – Excessive Time to Initiation of Patient ManagementE395 Clinical Decision to Admit Date / Time Before Arrival Date / Time |
| **Related Items** | Section 2 Length of Stay Registration Time to Initiation of Patient ManagementSection 3 Arrival Time |

Administration

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| **Purpose** | Used in the calculation of various derived items, including Age at admission, Length of Stay, Time to Initiation of Patient Management |
| **Principal data users** | Monash University Accident Research Centre; Department of Health. |
| **Collection start** | 1 July 1995 |
| **Version** | Version Effective date1 1 July 19952 1 July 20023 1 July 20164 1 July 20185 1 July 20196 1 July 20237 1 July 2024 |
| **Definition source** | Department of Health |

## Date of Birth (amend)

Specification

|  |  |
| --- | --- |
| **Definition** | Patient's date of birth |
| **Reported by** | All Victorian hospitals (Public and Private) |
| **Reported for** | Every Emergency Department Presentation. |
| **Reporting guide** | Unknown Date of Birth:If the patient’s date of birth is unknown, this should be estimated. If the patient’s approximate age is known, then the Date of Birth should be estimated using the approximate age to calculate an estimated year of birth. Sentinel dates should not be used. |
| **Validations** | E086 Medicare IRN and Date of Birth combination invalid *[Rejection]*E089 Medicare IRN and Date of Birth combination invalid *[Warning]*~~E092 Sex Indeterminate with Age Greater Than or Equal To 90 Days~~~~E093 Sex Indeterminate and Age Less Than 90 Days~~ |
| **Related items** | Section 2 Age Section 3 Date of Birth Accuracy Code |

Administration

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| --- | --- |
| **Purpose** | Used in the calculation of derived items. |
| **Principal data users** | Monash University Accident Research Centre, Department of Health. |
| **Collection start** | 1 July 1995 |
| **Version** | Version Effective date1 1 July 19952 1 July 2024 |
| **Definition source** | NHDD |
| **Code set source** | Department of Health  |

## Diagnosis - Additional Diagnoses 1 and 2 (amend)

Specification

|  |  |
| --- | --- |
| **Definition** | Additional diagnoses are those which:* Existed at the time of presentation
* Arose while patient was in the Emergency Department

Are expected to affect treatment plan or length of stay in the Emergency Department |
| **Reported by** | Public hospitalsPrivate hospitals, optional |
| **Reported for** | Mandatory if Primary Diagnosis is ‘Z099 – Follow-up examination after unspecified treatment for other conditions’.Optional for all other Emergency Department presentations. |
| **Code set** | Refer to the IHACPA Emergency Department ICD-10-AM 12th Edition Principal Diagnosis Short List (the ‘[IHACPA ED Short List’](https://www.ihacpa.gov.au/health-care/classification/emergency-care/emergency-department-icd-10-am-principal-diagnosis-short-list)) <https://www.ihacpa.gov.au/health-care/classification/emergency-care/emergency-department-icd-10-am-principal-diagnosis-short-list>. Ensure all punctuation (decimal points, full stops or obliques) are removed from the ICD-10-AM codes before submission.Codes with punctuation will not be accepted. |
| **Reporting guide** | Additional Diagnoses must be substantiated by clinical documentation.If the Primary Diagnosis is ‘Z099’, the Additional Diagnosis 1 code must identify the condition under review.Additional diagnoses give information on factors which can result in increased length of stay, more intensive treatment, or the use of greater resources. Additional diagnosis can include diseases, conditions, injuries, poisoning, signs, symptoms, abnormal findings, complaints, or other factors influencing the patient’s health status.Code Z099 must not be reported in either Additional Diagnosis field.**Diagnosis code format:**Diagnosis codes must be submitted in ICD-10-AM format. Ensure any punctuation (decimal points or obliques) are removed from ICD-10-AM codes before submission, as codes with punctuation will not be accepted. Only codes detailed in the IHACPA ED Short List will be accepted. |
| **Validations** | E261 Diagnosis code invalidE264 Diagnosis code and Sex at Birth - checkE265 Diagnosis code and Age - checkE341 Primary Diagnosis equals ‘Z099’ but Additional Diagnosis blankE390 Additional Diagnosis 1 or 2 equals ‘Z099’ |
| **Related items** | Section 2 DiagnosisSection 3 Diagnosis – Primary Diagnosis |

Administration

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| **Purpose** | To facilitate epidemiological studies and other research |
| **Principal data users** | Monash University Accident Research Centre; Department of Health |
| **Collection start** | 1 July 1995 |
| **Version** | Version Effective date1 1 July 19952 1 July 19983 1 July 19994 1 July 20025 1 July 20126 1 July 20167 1 July 20178 1 July 20239 1 July 2024 |
| **Definition source** | Department of Health |
| **Code set source** | Independent Hospital Aged Care Pricing Authority (IHACPA) <https://www.ihacpa.gov.au/health-care/classification/emergency-care/emergency-department-icd-10-am-principal-diagnosis-short-list> |

## Diagnosis - Primary Diagnosis (amend)

**Specification**

|  |  |
| --- | --- |
| **Definition** | The diagnosis established at the conclusion of the patient’s attendance in an emergency department to be mainly responsible for occasioning the attendance following consideration of clinical assessment. |
| **Reported by** | Public hospitalsPrivate hospitals, optional |
| **Reported for** | All presentations excluding those with Departure Status:* ‘11 – Left at own risk, without treatment’
* ‘T1– Left at own risk without consultation’

Optional for presentations with Departure Status:* ‘10 – Left after clinical advice regarding treatment options’
* ‘30 – Left after clinical advice regarding treatment options – GP Co-located clinic or PPCC’
* ‘T2 – Left at own risk after consultation started’
 |
| **Code set** | Refer to the IHACPA Emergency Department ICD-10-AM 12th Edition Principal Diagnosis Short List (the ‘[IHACPA ED Short List’](https://www.ihacpa.gov.au/health-care/classification/emergency-care/emergency-department-icd-10-am-principal-diagnosis-short-list)) <https://www.ihacpa.gov.au/health-care/classification/emergency-care/emergency-department-icd-10-am-principal-diagnosis-short-list>. Ensure all punctuation (decimal points, full stops or obliques) are removed from the ICD-10-AM codes before submission.Codes with punctuation will not be accepted. |
| **Reporting guide** | Primary Diagnosis must be substantiated by clinical documentation.**Dead on Arrival**If the Departure Status is ‘8 – Dead on Arrival’; the Primary Diagnosis must be ‘R99 – Death of unknown cause’.**Injury or Poisoning**If the Primary Diagnosis code is an injury, poisoning or other consequence of an external cause (IHACPA ED Short List codes beginning with S or T); ensure that the corresponding Nature of Main Injury and Body Region combination is correct. Refer to the VEMD Editing Matrix for valid combinations and completion of Injury Surveillance fields optional/mandatory indicator. The VEMD Editing Matrix is available to health service and their vendors. Email the HDSS Helpdesk <hdss.helpdesk@health.vic.gov.au> for a copy of the VEMD Editing Matrix.**Follow up Attendance**If the Primary Diagnosis code is ‘Z099 – Attendance for Follow-up (includes injections) / Review following earlier treatment’, an Additional Diagnosis 1 code is mandatory. The Additional Diagnosis 1 code must identify the condition under review.**Diagnosis code format:**Diagnosis codes must be submitted in ICD-10-AM format. Ensure any punctuation (decimal points or obliques) are removed from ICD-10-AM codes before submission, as codes with punctuation will not be acceptedOnly codes detailed in the IHACPA ED Short List will be accepted.  |
| **Validations** | E142 Dead on Arrival combination invalidE260 Primary Diagnosis blankE261 Diagnosis Code invalidE264 Diagnosis Code and Sex at Birth- checkE265 Diagnosis Code and Age - checkE320 Nature of Main Injury, Body Region and Primary Diagnosis Combination invalidE341 Primary Diagnosis Equals ‘Z099’ but Additional Diagnosis blank.E342 Invalid combination between Primary Diagnosis and Departure StatusE391 The Primary Diagnosis for this record requires the completion of all Injury Surveillance data items |
| **Related items** | Section 2 DiagnosisSection 3 Activity When Injured Diagnosis- Additional Diagnosis 1 & 2 Body Region Description of Injury Event Human Intent Injury Cause Nature of Main Injury Place Where Injury OccurredSection 4 Dead on Arrival Injury Surveillance Primary Diagnosis |

Administration

|  |  |
| --- | --- |
| **Purpose** | To facilitate epidemiological studies and other research. |
| **Principal data users** | Monash University Accident Research Centre; Department of Health |
| **Collection start** | 1 July 1995 |
| **Version** | Version Effective date1 1 July 19952 1 July 20023 1 July 20234 1 July 2024 |
| **Definition source** | Department of Health |
| **Code set source** | Independent Hospital Aged Care Pricing Authority (IHACPA) <https://www.ihacpa.gov.au/health-care/classification/emergency-care/emergency-department-icd-10-am-principal-diagnosis-short-list> |

## Sex at Birth (amend)

Specification

|  |  |
| --- | --- |
| **Definition** | The sex of the person as recorded at birth or infancy.The distinction between male, female, and others who do not have biological characteristics typically associated with either the male or female sex, as represented by a code. |
| **Reported by** | Public hospitalsPrivate hospitals, optional |
| **Reported for** | Every Emergency Department presentation |
| **Code set** | **Code Descriptor**1 Male2 Female5 Another term~~3 Indeterminate~~~~4 Other~~ |
| **Reporting guide** | The term 'sex' refers to a person's biological characteristics. A person's sex is usually described as being either male or female; some people may have both male and female characteristics, or neither male nor female characteristics, or other sexual characteristics.Sex recorded at birth refers to what was determined by sex characteristics observed at birth or infancy. Hospitals should refrain from making assumptions about a person's sex based on indicators such as their name, voice or appearance**1 Male**Persons whose sex at birth or infancy was recorded as male.**2 Female**Persons whose sex at birth or infancy was recorded as female. **5 Another term**Persons whose sex at birth or infancy was recorded as another term (not male or female).~~A person’s sex is usually described as either being male or female. Some people may have both male and female characteristics. Sex is assigned at birth and is relatively fixed.~~~~A person’s sex may change during their lifetime as a result of procedures known alternatively as sex change, gender reassignment or transgender reassignment. However throughout the process, which may be over a considerable period of time, sex could be recorded as either Male or Female.~~**~~3 Indeterminate~~**~~Code ‘3 – Indeterminate’ should be used for infants with ambiguous genitalia, where the biological sex, even following genetic testing, cannot be determined. This code should not generally be used on data collection forms completed by the respondent.~~ ~~Code 3 can only be used for infants aged less than 90 days.~~**~~4 Other~~**~~Includes:~~* ~~An intersex person, who because of a genetic condition was born with reproductive organs or sex chromosomes that are not exclusively male or female.~~
* ~~A person who identifies as neither male nor female.~~

~~Excludes: Transgender, transsexual and chromosomally indeterminate individuals who identify with a particular sex (male or female).~~ |
| **Validations** | E090 Sex invalid\*~~E092 Sex Indeterminate with Age greater than or equal to 90 days~~ ~~E093 Sex Indeterminate and Age less than 90 days~~E264 Diagnosis Code and Sex at Birth– check~~E370 Sex Code ‘Other’~~ |
| **Related items** | Section 3 Diagnosis  |

**Administration**

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| --- | --- |
| **Purpose** | Analysis of service utilisation and epidemiological studies. |
| **Principal data users** | Monash University Accident Research Centre; Department of Health |
| **Collection start** | 1 July 1995 |
| **Version** | Version Effective date1 1 July 19952 1 July 20033 1 July 20044 1 July 20175 1 July 20226 1 July 2024 |
| **Definition source** | Person—sex, code X (METEOR 741686) |
| **Code set source** | Person—sex, code X (METEOR 741686) |

[***Implementation notes***

*Hospitals that require codes 3 and/or 4 for their own purposes should continue to use these codes for internal data collection, and map to code 5 – Another term for reporting purposes.]*

## Section 6: Validation reports and validations

E090 Sex at Birth invalid (change to function)

~~E092 Sex Indeterminate with Age greater than or equal to 90 Days (delete)~~

~~E093 Sex Indeterminate and Age less than 90 Days (delete)~~

E264 Diagnosis Code and Sex at Birth – check (amend)

|  |  |
| --- | --- |
| **Effect** | WARNING |
| **Problem** | Diagnosis code(s) reported is unusual for the patient’s Sex at Birth. |
| **Remedy** | Check code(s) and note validations in the VEMD Editing Matrix. If necessary, correct code(s) and re-submit the record.Check the sex; if necessary, correct and re-submit the record. |

E370 Sex code ‘Other’ – Check (delete)

# Reporting of Gender mandatory in 2024-25

## Section 3 Data definitions

## Gender (amend)

Specification

|  |  |
| --- | --- |
| **Definition** | How a person describes their gender, as represented by a code |
| **Reported by** | Public hospitalsPrivate hospitals, optional |
| **Reported for** | Every Emergency Department presentation |
| **Code set** | **Code Descriptor**1 Man, or boy, or male2 Woman, or girl, or female3 Non-binary 4 Different term5 Prefer not to answer9 Not stated |
| **Reporting guide** | ~~Optional for 2023-24,~~ Mandatory for public hospitals. ~~for 2024-25~~Gender is a social and cultural concept. It is about social and cultural differences in identity, expression and experience as a man, boy, woman, girl, or non-binary person. The terms sex and gender are interrelated, and are often used interchangeably, however they are distinct concepts:* Sex is understood in relation to sex characteristics. Sex recorded at birth refers to what was determined by sex characteristics observed at birth or in infancy
* Gender is about social and cultural differences in identity, expression, and experience.

A person's gender may differ from their sex and may also differ from what is indicated on their legal documents. A person's gender may stay the same or can change over the course of their lifetime. **1 Man, or boy, or male**A person who describes their gender as man, or boy, or male.**2 Woman, or girl, or female**A person who describes their gender as woman, or girl, or female.**3 Non-binary**A person who describes their gender as non-binary.Non-binary is an umbrella term describing gender identities that are not exclusively male or female**4 Different term**A person who describes their gender as a term other than man/boy/male, woman/girl/female or non-binary.**5 Prefer not to answer**A person who prefers not to respond on how they describe their gender.**9 Not stated or inadequately described**Includes:Question unable to be asked such as when the patient is unconscious or too unwell. |
| **Validations** | E415 Gender code invalid\* |
| **Related items** | Section 3 Sex at Birth*[No further changes to item]* |

Administration

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| **Purpose** | To measure usage of services and identify needs and gaps in provision. To inform development of targeted programs and funding of services. |
| **Principal data users** |  |
| **Collection start** | 1 July 2023  |
| **Version** | Version Effective date1 1 July 20232 1 July 2024 |
| **Definition source** | Person—gender, code X (METEOR 741842)  |
| **Code set source** | Australian Bureau of Statistics Alternative Code system for Gender, Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables, 2020.  |

## Section 6 Validation Reports and Validations

E415 Gender code invalid (amend)

|  |  |
| --- | --- |
| **Effect** | REJECTION |
| **Problem** | The Gender code has not been reported or does not exist in the code set. |
| **Remedy** | Check code, correct as necessary and resubmit. |
| **See** | Section 3: Gender  |

# Section 5 Compilation and submission

## File naming convention (amend)

Every file submitted to the VEMD must be named as follows:

|  |  |  |  |
| --- | --- | --- | --- |
| File naming convention | AAAABnna.txt |  |  |
| Where | AAAAExample 9999 | = | Campus Code |
|  | BExample ~~8~~9 | = | Version of the dataset(202~~3-24~~4-25 is version 2~~8~~9 code ‘~~8~~9’ will be used) |
|  | nnExample 07 | = | Month of submission (example 07= July) |
|  | aExample a | = | Data submission indicator1st July submission 07a2nd July submission 07b3rd July submission 07cMust be sequential with no gaps commencing with ‘a’ for the first submission of the month. |
| Extract: 9999~~8~~907a.txt |  |  |  |

## File structure (amend)

The file structure details the sequence, length, type and layout of data items to be submitted to the VEMD.

File Structure Notes:

* All fields are data type text
* All alpha characters must be in UPPERCASE (optional for Description of Injury Event)
* Do not zero fill items unless specified.
* Time must be in 24-hour format (0000 to 2359)
* Padding fields with space characters (either to the left or right) is unnecessary.

Mandatory items

See Table 2 (Key for Public and Private) for the conditions under which they become mandatory.

Table 1- Data Item Format

| Data Item | Public | Private | Max Character | Layout/code set |
| --- | --- | --- | --- | --- |
| Campus Code | 1 | 1 | 4 | XXXX |
| Unique Key | 1 | 1 | 9 | XXXXXXXXX |
| Patient Identifier | 1 | 1 | 10 | XXXXXXXXXX |
| Medicare Number | 3 | 2 | 11 or blank | NNNNNNNNNNN or blank |
| Medicare Suffix | 1 | 2 | 3 | XXX |
| DVA Number | 14 | 2 | 9 | See Section 3 |
| Sex at Birth | 1 | 2 | 1 | 1, 2, ~~3, 4,~~ 5 |
| Date of Birth | 1 | 1 | 8 | DDMMYYYY |
| Date of Birth Accuracy Code | 1 | 2 | 3 | XXX |
| Country of Birth | 1 | 2 | 4 | XXXX |
| Indigenous Status | 1 | 2 | 1 | 1, 2, 3, 4, 8, 9 |
| Interpreter Required | 1 | 2 | 1 | 1, 2, 9 |
| Preferred Language | 1 | 2 | 4 | XXXX |
| Locality | 1 | 2 | 22 | XXXXXXXXXXXXXXXXXXXXXX |
| Postcode | 1 | 2 | 4 | NNNN |
| Type of Usual Accommodation | 1 | 2 | 2 | 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 18, 19 |
| Arrival Transport Mode | 18 | 1 | 2 | 1, 2, 3, 6, 8, 9, 10, 11, 99 or blank |
| Referred By | 1 | 2 | 2 | 0, 1, 2, 4, 6,14,15,16,17,18, 19, 20, 21, 22, 24 |
| Transfer Source | 4 | 2 | 4 | XXXX or blank |
| Type of Visit | 1 | 1 | 2 | 1, 2, 8, 10 |
| Compensable Status | 1 | 2 | 1 | 1, 2, 3, 4, 5, 6, 7 |
| Ambulance Case Number | 16 | 2 | 10 | See Section 3 |
| Arrival Date | 1 | 1 | 8 | DDMMYYYY |
| Arrival Time | 1 | 1 | 4 | HHMM |
| Triage Date | 1 | 2 | 8 | DDMMYYYY |
| Triage Time | 1 | 2 | 4 | HHMM |
| Triage Category | 1 | 1 | 1 | 1, 2, 3, 4, 5, 6 |
| Nurse Initiation of Patient Management Date | 9 | 9 | 8 | DDMMYYYY or blank |
| Nurse Initiation of Patient Management Time | 9 | 9 | 4 | HHMM or blank |
| First Seen by Doctor Date | 10 | 10 | 8 | DDMMYYYY or blank |
| First Seen by Doctor Time | 10 | 10 | 4 | HHMM or blank |
| Seen by Mental Health Practitioner Date | 9 | 9 | 8 | DDMMYYYY or blank |
| Seen by Mental Health Practitioner Time | 9 | 9 | 4 | HHMM or blank |
| Procedure | 13 | 13 | 89 | XX (x30)(Not collected from 1 July 2016) |
| Clinical Decision to Admit Date | 12 | 12 | 8 | DDMMYYYY or blank |
| Clinical Decision to Admit Time | 12 | 12 | 4 | HHMM or blank |
| Departure Date | 1 | 1 | 8 | DDMMYYYY or blank |
| Departure Time | 1 | 1 | 4 | HHMM or blank |
| Departure Status | 1 | 1 | 2 | 1, 3, 5, 7, 8, 10, 11, 12, 14, 15, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 30, 31, T1, T2, T3, T4, T5, T6, T7 |
| Transfer Destination | 6 | 2 | 4 | XXXX or blank |
| Referred to on Departure | 1 | 2 | 2 | 1, 2, 3, 4, 5, 6, 7, 9, 10, 11, 12, 13, 16, 17, 18, 19 |
| Reason for Transfer | 6 | 2 | 1 | 1, 2, 3, 4, 5, 6, 7, 9 or blank |
| Departure Transport Mode | 7 | 2 | 2 | 1, 2, 3, 4, 6, 7, 8, 10, 11, 19 or blank |
| Primary Diagnosis | 15 | 2 | 5 | IHACPA ED List. Subset of ICD-10-AM Codes |
| Additional Diagnosis 1 | 11 | 2 | 5 | IHACPA ED List. Subset of ICD-10-AM Codes |
| Additional Diagnosis 2 | 11 | 2 | 5 | IHACPA ED List. Subset of ICD-10-AM Codes |
| Nature of Main Injury | 8 | 2 | 2 | 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 26 or blank |
| Body Region | 8 | 8 | 2 | 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 | 8 | 2 | 250 | Free text |
| Injury Cause | 8 | 2 | 2 | 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 or blank |
| Human Intent | 8 | 2 | 2 | 1, 6, 8, 9, 12, 13, 14, 15, 16, 17, 18, 19, 20 or blank |
| Place Where Injury Occurred | 8 | 2 | 1 | H, I, S, A, R, T, C, Q, F, M, P, O, U or blank |
| Activity When Injured | 8 | 2 | 1 | S, L, W, E, C, N, V, O, U or blank |
| Ambulance at Destination Date | 16 | 16 | 8 | DDMMYYYY or blank |
| Ambulance at Destination Time | 16 | 16 | 4 | HHMM or blank |
| Ambulance Handover Complete Date | 16 | 16 | 8 | DDMMYYYY or blank |
| Ambulance Handover Complete Time | 16 | 16 | 4 | HHMM or blank |
| Advance Care Directive Alert | 1 | 2 | 1 | 1, 2, 3, 4 or blank |
| Given Name | 14 | 2 | 15 | See Section 3 XXXXXXXXXXXXXXX or blank |
| Family Name | 14 | 2 | 25 | See Section 3 XXXXXXXXXXXXXXXXXXXXXXXXX or blank |
| Service Type | 1 | 1 | 1 | 1, 2, 3, 4, 5, 6 |
| Patient Location | 19 | 2 | 4 | XXXX or blank |
| Gender | ~~21~~1 | 2 | 1 | 1, 2, 3, 4, 5, 9 ~~or blank~~ |
| NDIS Identifier | 20 | 2 | 9 | See Section 3 NNNNNNNNN or blank |

Key for private and public (Table 2)

|  |  |
| --- | --- |
| Key | Descriptor |
| 1  | Mandatory item |
| 2 | Optional for private hospitals. Report blanks or valid codes. |
| 3 | Mandatory if Medicare Suffix does not equal C-U, N-E or P-N |
| 4 | Mandatory if Referred By = 6 |
| 6 | Mandatory if patient is transferred to another hospital campus. Departure status is:17 - Mental Health bed at another hospital campus 19 - Another hospital campus 20 - Another hospital campus – Intensive Care Unit 21 - Another hospital campus – Coronary Care UnitBlank for Departure Status codes 10, 11, 30 or T1 |
| 7 | Mandatory if patient is transferred to another hospital campus. Departure status is:17 - Mental Health bed at another hospital campus 19 - Another hospital campus 20 - Another hospital campus – Intensive Care Unit 21 - Another hospital campus – Coronary Care UnitBlank for Departure Status codes 10, 11, 30 or T1 |
| 8 | See Section 4 – Business Rules, Injury Surveillance |
| 9 | Blank if Departure Status = 8, 10, 11, 30, T1 |
| 10 | Blank if Departure Status is:* 10 - Left after clinical advice, regarding treatment options,
* 11- Left at own risk, without treatment,
* 30 - Left after clinical advice regarding treatment options - GP Co-Located Clinic.
* T1 - Left at own risk without consultation
 |
| 11 | Mandatory if Primary Diagnosis code = ‘Z099 Follow-up examination after unspecified treatment for other conditions’. |
| 12 | Mandatory if a clinical decision to admit was made, regardless of whether the patient is actually admitted.  |
| 13 | Not collected from 1 July 2016 - data in field will not be persisted or validated by Department of Health |
| 14 | Mandatory if Compensable Status = 2 |
| 15 | Optional for Departure Status * 10 - Left after clinical advice, regarding treatment options
* 30 - Left after clinical advice regarding treatment options – GP Co-Located Clinic
* T2 - Left at own risk after consultation started

Must be blank for Departure Status* 11 - Left at own risk, without treatment,
* T1 - Left at own risk without consultation

Mandatory for all Departure Statuses other than 10, 11, 30 or T1, T2 |
| 16 | Mandatory if Arrival Transport Mode = 1, 2, 3, 10 or 11 |
| 17 | Mandatory for all Triage Categories other than 6 |
| 18 | Mandatory if Service Type = 1  |
| 19 | Mandatory if Service Type = 2 or 6 |
| 20  | Mandatory if patient is a NDIS participant |
| ~~21~~ | ~~Optional for 2023-24, mandatory from 2024-25~~ |