|  |
| --- |
| SGV 541 as RGB - 2cm wide at 300dpiBlue range colour 1  **Version 1.4**  Release date 1 August 2014  Urgency Related Groups  Classification System |

Technical Specifications

National Health Reform Agreement

Under the National Health Reform Agreement (NHRA) a nationally consistent Activity Based Funding (ABF) system for admitted acute services, emergency department services and non-admitted patient services was implemented on 1 July 2012. Subacute and admitted mental health care commenced ABF from 1 July 2013.

The staged implementation of the national funding models will continue for 2014–15 to avoid major funding distortions while the nationally determined models are further developed and tested. For 2014–15, health services will continue to report activity and monitor revenue using existing Victorian funding models. The department will convert activity data to an equivalent number of NWAU for reporting to the Administrator of the National Funding Pool.

The ABF classification system that has been adopted for emergency departments currently reporting to the Victorian Emergency Minimum Dataset (VEMD) is Urgency Related Groups (URG).

The assignment of the URG is defined by the values reported to the Non-Admitted Patient Emergency Department Care National Minimum Dataset Specification (NAPEDC NMDS), which includes additional fields for diagnosis and URG information. The following paper describes the mapping of VEMD codes to the NAPEDC NMDS, and how to derive URG classes.

Modifications to the URG classification System

The original Urgency Disposition Groups (UDG) and URG classification system was developed in 1992 by Dr. George Jelinek (FACEM) based on 2,882 patients from four Western Australian hospitals. Subsequently a total of 73 URGs were based on cost similarities between groups of patients. These included 37 groups for admitted patients, 34 groups for non-admitted patients, a group for ‘dead on arrival’ and a group for ‘did not wait’.

In January 2012, the Independent Hospital Pricing Authority (IHPA) Clinical Advisory Committee (CAC) reviewed the URG classification system and the following changes were adopted:

* Remove poisoning comatose/conscious split (1A/1B)
* Remove injury single site/ single site minor / multiple site split (2A,2B, 2BA)
* Died in ED (N/A) grouped with admitted URG at relevant triage / Major Diagnostic Blocks (MDB)
* Left against medical advice grouped to non-admitted.

In November 2012, the IHPA’s CAC undertook a further review of the URG classification system and the following additional changes were adopted:

* A new URG for all transfer presentations
* A new URG group for all died in emergency department
* Three new URG groups for return visit, planned presentations
  + A new URG for all admitted return visit, planned presentations (triage 1, 2, 3, 4 and 5)
  + A new URG group for non-admitted return visit, planned presentations (triage 1, 2 and 3) and
  + A new URG group for non-admitted return visit, planned presentations (triage 4, 5).

The 2013 review of the URG classification system resulted in the following changes being adopted:

* The creation of three new MDBs (1 Poisoning, 3R Endocrine nutritional and metabolic and 3S Allergy);
* the deletion of two of the original groups;
* revised diagnoses mapping to MDBs;
* the creation of 48 additional URGs when compared with URG version 1.3;
* the creation of an ‘E8 Error – diagnosis not recognised’ group to identify errors attributed to input errors separately from ‘E5 Error – Diagnosis code – No MDB map;
* sex code edit changes for episodes where the sex code is required to allocate an MDB, to incorporate the following:
  + Where a sex value of 3 ‘intersex or indeterminate’ is reported and the grouper requires the sex code to assign an MDB, the grouper will treat these episodes as female and will group them to MDB 3L gynaecological illness.
  + Where a male or female specific principal diagnosis is reported (e.g. C60 malignant neoplasm of penis) and the value for sex is nine ‘not stated/ inadequately described’, the grouper will group the episode to the appropriate MDB category (in the example above, C60 will be grouped to 3M male reproductive system illness).
  + Where the principal diagnosis can be grouped to either MDB 3M or MDB 3L and the value for sex is nine, the grouper will assign the episode to an error group: ‘E7 Error – invalid sex code with diagnosis’.

The revised classification consists of 114 URGs, 46 of which are admitted, 53 non-admitted, 12 other non-pre-planned, 3 pre-planned and 8 Error URGs.

Urgency Disposition Groups (UDG)

The UDG classification system forms the basis of the URG classification system. The UDG classification system classifies patients into 17 groups based on type of visit (emergency or return visit, planned), disposition (admitted or discharged) and urgency (triage 1-5). Additional categories for patients who did not wait for treatment, dead on arrival, transfer and died in an Emergency Department are also included (Table 1).

**Table 1: Urgency Disposition Groups Classification System (Version 1.3)**

|  |  |  |  |
| --- | --- | --- | --- |
| **UDG Group** | **Type of visit** | **Disposition** | **Triage** |
| 1 | Emergency | Admitted | Triage 1 |
| 2 | Triage 2 |
| 3 | Triage 3 |
| 4 | Triage 4 |
| 5 | Triage 5 |
| 6 | Emergency | Non-Admitted | Triage 1 |
| 7 | Triage 2 |
| 8 | Triage 3 |
| 9 | Triage 4 |
| 10 | Triage 5 |
| 11 | Emergency | Did not wait/ Left before treatment completed | ALL |
| 12 | Dead on Arrival | ALL |
| 13 | Transfer presentation | ALL |
| 14 | Died in ED | ALL |
| 15 | Return visit – planned | Admitted | ALL |
| 16 | Non-Admitted | Triage 1, 2, 3 |
| 17 | Triage 4, 5 |

Urgency Related Groups (URG)

The URG classification system segments the UDG classification system further by using 28 MDBs (Table 2). Victorian ICD-10AM 8th edition codes are mapped to one of these MDBs.

**Table 2: Major Diagnostic Block Categories of the URG classification System**

|  |  |
| --- | --- |
| MDB | Detail |
| 1 | Poisoning |
| 1C | Drug reaction |
| 1D | Alcohol/drug abuse and alcohol/drug induced mental disorders |
| 2A | Injury, multiple sites |
| 2B | Injury, single site |
| 2BA | Injury, single site \*minor (subset of MDB 2B) |
| 3A | Circulatory system illness |
| 3B | Respiratory system illness |
| 3C | Digestive system illness |
| 3D | Urological illness |
| 3E | Neurological illness |
| 3F | Illness of the eyes |
| 3G | Illness of the ENT |
| 3H | Musculoskeletal/connective tissue illness |
| 3I | Illness of the skin, subcutaneous tissue, breast |
| 3J | Blood/immune system illness |
| 3K | Obstetric illness |
| 3L | Gynaecological illness |
| 3M | Male reproductive system illness |
| 3N | System infection/parasites |
| 3O | Illness of other or unknown systems |
| 3P | Newborn/Neonate |
| 3Q  3R  3S | Hepatobiliary system illness  Endocrine, nutritional and metabolic illness  Allergic illness |
| 4 | Psychiatric illness |
| 5 | Social problem |
| 6 | Other presentation |

URG v.1.4 has 114 valid URG groups (Table 3 and 4) which are based on the four data elements: Type of Visit; Disposition, Triage and MDB. URG v.1.4 also has 8 Error groups. Each eligible presentation in Victoria maps to one of these groups.

**Table 3: Urgency Related Groups v1.4 (Emergency presentation, admitted arm only)**

| **UDG Group** | **URG Group** | **Type of Visit** | **Disposition** | **Triage** | **MDB Description** | **MDB** |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | 3 | Emergency | Admitted | 1 | Injury | 2A, 2B, 2BA |
|  | 4 |  |  |  | Poisoning/ Toxic effect of drugs | 1, 1C, 1D |
|  | 5 |  |  |  | Respiratory system Illness | 3B |
|  | 6 |  |  |  | Circulatory system / endocrine, nutritional & metabolic illness | 3A, 3R |
|  | 7 |  |  |  | All other MDB groups | 3C, 3D, 3E, 3F, 3G, 3H, 3I, 3J, 3K, 3L, 3M, 3N, 3O, 3P, 3Q, 3S, 5, 6 |
| 79 | Psychiatric illness | 4 |
| 2 | 9 | Emergency | Admitted | 2 | Poisoning | 1 |
|  | 10 |  |  |  | Injury | 2A, 2B, 2BA |
|  | 11 |  |  |  | Gastrointestinal system illness | 3C, 3Q |
|  | 12 |  |  |  | Respiratory system illness | 3B |
|  | 14 |  |  |  | Neurological illness | 3E |
|  | 15 |  |  |  | Toxic effects of drugs | 1C, 1D |
|  | 16 |  |  |  | Circulatory system / endocrine, nutritional & metabolic illness | 3A, 3R |
|  | 17 |  |  |  | All other MDB groups | 3F, 3G, 3H, 3I, 3K, 3L, 3M, 3O, 3P, 3S, 5, 6 |
| 80 | System infection/parasites | 3N, 3J |
| 81 | Urological system illness | 3D |
| 82 | Psychiatric illness | 4 |
| 3 | 19 | Emergency | Admitted | 3 | Blood/immune system illness | 3J, 3N |
|  | 20 |  |  |  | Injury | 2A,2B, 2BA |
|  | 21 |  |  |  | Neurological illness | 3E |
|  | 22 |  |  |  | Obstetric/gynaecological illness | 3K, 3P |
|  | 23 |  |  |  | Digestive system illness | 3C |
|  | 24 |  |  |  | Circulatory system / endocrine, nutritional & metabolic illness | 3A, 3R |
|  | 25 |  |  |  | Poisoning/Toxic effects of drugs | 1, 1C, 1D |
|  | 26 |  |  |  | Urological illness | 3D |
|  | 27 |  |  |  | Respiratory system Illness | 3B |
|  | 29 |  |  |  | All other MDB groups | 3H, 3I, 3L, 3M, 3O, 3S, 5, 6 |
| 83 | Illness of eyes, ear, nose throat | 3F, 3G |
| 84 | Hepatobiliary system illness | 3Q |
| 85 | Psychiatric illness | 4 |
| 4 | 30 | Emergency | Admitted | 4 | Poisoning/Toxic effects of drugs | 1, 1C, 1D |
|  | 31 |  |  |  | Respiratory system Illness | 3B |
|  | 32 |  |  |  | Gastrointestinal & digestive system illness | 3C, 3Q |
|  | 33 |  |  |  | All other MDB groups | 3D, 3E, 3H, 3I, 3K, 3O, 3P, 3S |
|  | 34 |  |  |  | Injury | 2A, 2B, 2BA |
|  | 35 |  |  |  | Social problem/ other presentation | 5, 6 |
| 86 | Circulatory system / endocrine, nutritional & metabolic illness | 3A, 3R |
| 87 | Illness of eyes, ear nose throat | 3F, 3G |
| 88 | Blood/immune system illness | 3J, 3N |
| 89 | Gynaecological and Male reproductive system illness | 3L, 3M |
| 90 | Psychiatric illness | 4 |
| 5 | 37 | Emergency | Admitted | 5 | All other MDB groups 1 | 1, 3F, 3G, 3K, 3L, 3P, 3S, 5, 6 |
|  | 91 |  |  |  | All other MDB groups 2 | 1C, 1D, 3A, 3B, 3D, 3E, 3H, 3I, 3J, 3M, 3N, 3O, 3R |
| 92 |  |  |  | Injury | 2A, 2B, 2BA |
| 93 |  |  |  | Gastrointestinal & digestive system illness | 3C, 3Q |
| 94 |  |  |  | Psychiatric illness | 4 |

**Table 4: Urgency Related Groups v1.4 (Emergency presentation, non-admitted arm only)**

| **UDG Group** | **URG Group** | **Type of Visit** | **Disposition** | **Triage** | **MDB Description** | **MDB** |
| --- | --- | --- | --- | --- | --- | --- |
| 6 | 39 | Emergency | Non-admitted | 1 | All MDB groups | All MDBs |
| 7 | 40 | Emergency | Non-admitted | 2 | Toxic effects of drugs | 1C, 1D |
|  | 43 |  |  |  | Circulatory system / endocrine, nutritional & metabolic illness | 3A, 3R |
|  | 44 |  |  |  | Injury | 2A, 2B, 2BA |
|  | 45 |  |  |  | Poisoning | 1 |
|  | 46 |  |  |  | All other MDB groups | 3F, 3G, 3H, 3I, 3K, 3L, 3M, 3O, 3P, 3S, 5, 6 |
| 95 |  | Respiratory system illness | 3B |
| 96 |  | Urological illness | 3D |
| 97 |  | Gastrointestinal & digestive system illness | 3C, 3Q |
| 98 |  | Neurological illness | 3E |
| 99 |  | Blood/immune system illness, infection/parasites | 3J, 3N |
| 100 |  | Psychiatric illness | 4 |
| 8 | 48 | Emergency | Non-admitted | 3 | Circulatory system /endocrine, nutritional & metabolic illness | 3A, 3R |
|  | 50 |  |  |  | Injury | 2A, 2B, 2BA |
|  | 51 |  |  |  | Genitourinary illness | 3D, 3L, 3M |
|  | 52 |  |  |  | Gastrointestinal & digestive system illness | 3C, 3Q |
|  | 53 |  |  |  | Neurological illness | 3E |
|  | 55 |  |  |  | Respiratory system Illness | 3B |
|  | 56 |  |  |  | Musculoskeletal/connective tissue illness | 3H |
|  | 57 |  |  |  | All other MDB groups | 3G, 3I, 3K, 3O, 3P, 3S, 5, 6 |
| 101 | Poisoning | 1 |
| 102 | Toxic effects of drugs | 1C, 1D |
| 103 | Illness of eyes | 3F |
| 104 | Blood/immune system illness, infection parasites | 3J, 3N |
| 105 | Psychiatric illness | 4 |
| 9 | 58 | Emergency | Non-admitted | 4 | Injury | 2A, 2B, 2BA |
|  | 60 |  |  |  | Urological system illness | 3D |
|  | 61 |  |  |  | Circulatory system / endocrine, nutritional & metabolic illness | 3A, 3R |
|  | 62 |  |  |  | Gastrointestinal & digestive system illness | 3C, 3Q |
|  | 63 |  |  |  | Musculoskeletal/connective tissue illness | 3H |
|  | 65 |  |  |  | Illness of ENT | 3G |
|  | 66 |  |  |  | Illness of the eyes | 3F |
|  | 67 |  |  |  | Other presentations | 6 |
|  | 68 |  |  |  | All other MDB groups | 3E, 3I, 3O, 3S, 5 |
| 106 | Poisoning | 1 |
| 107 | Toxic effects of drugs | 1C, 1D |
| 108 | Respiratory system illness | 3B |
| 109 | Blood/immune system illness/ infection/parasites | 3J, 3N |
| 110 | Obstetric & newborn/neonate | 3K, 3P |
| 111 | Gynaecological/male reproductive system illness | 3L, 3M |
| 112 | Psychiatric illness | 4 |
| 10 | 69 | Emergency | Non-admitted | 5 | Poisoning/ Toxic effect of drugs | 1,1C, 1D |
|  | 70 |  |  |  | Injury | 2A, 2B, 2BA |
|  | 71 |  |  |  | Other presentations | 6 |
|  | 72 |  |  |  | All other MDB groups | 3B, 3E, 3O, 3S, 5 |
| 113 |  | Circulatory system illness/endocrine, nutritional & metabolic disease | 3A, 3R |
| 114 |  | Gastrointestinal & digestive system illness | 3C, 3Q |
| 115 |  | Illness of eyes, ear, nose & throat | 3F, 3G |
| 116 |  | Illness of Skin, subcutaneous tissue, breast/ musculoskeletal/ connective tissue illness | 3H, 3I |
| 117 |  | Blood/immune system illness/infection/parasites | 3J, 3N |
| 118 |  | Obstetric illness/ newborn/neonate | 3K, 3P |
| 119 |  | Genitourinary illness | 3D, 3L, 3M |
| 120 |  | Psychiatric illness | 4 |

**Table 5: Urgency Related Groups v.1.4 (Other groups)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **UDG Group** | **URG Group** | **Type of Visit** | **Disposition** | **Triage** | **MDB** |
| 11 | 73 | Emergency | Did not wait | ALL | Any MDB |
| 125 | Any | Left at own risk | 1-2 | Any MDB |
| 126 | Any | Left at own risk | 3 | Any MDB |
| 127 | Any | Left at own risk | 4 | Any MDB |
| 128 | Any | Left at own risk | 5 | Any MDB |
| 12 | 38 | Emergency | Dead on arrival | ALL | Any MDB |
| 13 | 74 | Emergency | Transfer presentation 1-2 | 1-2 | Any MDB |
|  | 121 | Emergency | Transfer presentation 3 | 3 | Any MDB |
|  | 122 | Emergency | Transfer presentation 4 | 4 | Any MDB |
|  | 123 | Emergency | Transfer presentation 5 | 5 | Any MDB |
| 14 | 75 | Emergency | Died in ED | 1 | Any MDB |
| 124 | Emergency | Died in ED | 2-5 | Any MDB |
|  |  |  |  |  |
| 15 | 76 | Planned, Return Visit | Admitted | ALL | Any MDB |
| 16 | 77 |  | Non-Admitted | 1-2 | Any MDB |
| 17 | 78 |  | Non-Admitted | 3-5 | Any MDB |

Data Collection Implications - Victorian Emergency Minimum Dataset (VEMD)

There have been no major changes to the VEMD.

The following four VEMD fields are used to derive the URG classification system:

* Type of Visit
* Departure Status
* Triage
* Primary Diagnosis.

**Type of Visit**

The NAPEDC NMDS defines five valid codes for emergency department stay – type of visit to emergency department that relate to the reason the patient presents to an emergency department. Each ‘Type of Visit’ code is grouped and classified as either an ‘emergency’ or ‘planned, return visit’. The national type of visit is derived from the VEMD type of visit field. The mapping process is shown in Table 6.

**Table 6: Victoria VEMD ‘Type of Visit’ mapped to NAPEDC NMDS**

|  |  |  |
| --- | --- | --- |
| **VEMD Type Visit** | **NAPEDC NMDS Type Visit** | **Type of Visit** |
| 1 - Emergency Presentation | 1 - Emergency Presentation: attendance for an actual or suspected condition which is sufficiently serious to require acute unscheduled care | Emergency |
| 2 - Return visit - planned | 2 - Return visit, planned: presentation is planned and is a result of a previous Emergency Department presentation or return visit. | Return Visit, planned |
| 8 - Pre-arranged admission clerical, nursing, clinical | 3 - Pre-arranged admission: a patient who presents at the Emergency Department for either clerical, nursing or medical processes to be undertaken, and admission has been pre-arranged by the referring medical officer and a bed allocated. | Emergency |
| 9 - Patient in transit | 4 - Patient in transit: the Emergency Department is responsible for care and treatment of a patient awaiting transport to another facility. | Emergency |
| 10 - Dead on arrival | 5 - Dead on arrival: a patient who is dead on arrival and an Emergency Department clinician certifies the death of the patient. | Emergency |

All Type of Visit codes will be eligible for funding.

**Departure Status**

The NAPEDC NMDS defines eight valid codes for Episode End Status (Table 7) that relate to where the patient physically departs to. Each ‘Episode End Status’ code is grouped to either the admitted, non-admitted, did not wait, dead on arrival, transfer or died in emergency department disposition categories of the URG classification system.

**Table 7: NAPEDC NMDS ‘Episode End Status’ mapped to URG Disposition field**

|  |  |  |
| --- | --- | --- |
| VEMD Departure Status | Episode End Status | URG Disposition |
| 3 – To Ward - Short Stay Unit  14 – To Ward – Medical Assess. & Planning Unit  15 – To Ward – ICU in this hospital  18 – To Ward – not elsewhere described  22 – To Ward – CCU in this hospital  25 – To Ward – Mental Health Obs/Assess Unit  26 – To Ward – Mental Health Bed in this hospital  27 – Cardiac catheter lab  28 – Other operating theatre / procedure room | 1 - Admitted to this hospital (including to units or beds within the Emergency Department) | Admitted |
| 1 - Home  12 - Correctional/Custodial Facility  23 - Mental health residential facility  24 - Residential care facility | 2 - Non-admitted patient Emergency Department service episode completed - departed without being admitted or referred to another hospital | Non-admitted |
| 17 - Transfer to another Hospital - Mental Health  19 – Transfer to another Hospital – excl MH/ICU/CCU  20 - Another Hospital – Intensive Care Unit  21 - Another Hospital – Coronary Care Unit | 3 - Non-admitted patient Emergency Department service episode completed - referred to another hospital for admission | Transfer |
| 10 - Left after clinical advice regarding treatment options  11 - Left at own risk, without treatment | 4 - Did not wait to be attended by a health care professional | Did Not Wait |
| 5 - Left at own risk, after treatment started | 5 - Left at own risk after being attended by a health care professional but before the non-admitted patient Emergency Department service episode was completed | Left at own risk |
| 7 - Died within ED | 6 - Died in Emergency Department as a non-admitted patient | Died in ED |
| 8 - Dead on arrival | 7 - Dead on arrival, not treated in Emergency Department | Dead on Arrival |
| 30 – Referred to a co-located clinic | 9 - Not stated/inadequately described | Invalid |
|  |  |  |

Episode End Status is derived from the VEMD Departure Status field. The mapping process is shown in Figure 1 and Table 7.

All Departure Statuses except 30 – Left after clinical advice regarding treatment options – GP Co-Located Clinic will be eligible for funding.

**Triage**

All triage codes will be eligible for funding. Allocation of triage should be done at the time the patient presents to the emergency department according to Australasian College of Emergency Medicine triage guidelines. Whilst a patient’s triage may change during their wait for treatment, the first assigned triage will be the value used for URG calculation purposes.

Triage category 6 presentations should have an ‘Episode End’ status of 7 *–* Dead on arrival, not treated in emergency department and will be automatically assigned URG group 38.

**Diagnosis**

The VEMD 2014-15 definition of Primary Diagnosis is defined as:

*‘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.’*

Diagnosis codes reported to the VEMD are defined by the VEMD diagnosis [library file](http://www.health.vic.gov.au/abf/service-streams/emergency-departments.htm) (http://www.health.vic.gov.au/abf/service-streams/emergency-departments.htm). The 2014-15 VEMD library file consists of a subset of ICD-10-AM 8th edition diagnosis codes and each code is mapped to a MDB. A password for the VEMD library file is available to authorised users. Please contact [HDSS.Helpdesk@health.vic.gov.au](mailto:HDSS.Helpdesk@health.vic.gov.au), and the password will be forwarded to you.

Only the Primary Diagnosis is used in the URG classification system. Health services may report additional diagnosis, but these will not be used to determine URG. For the purposes of this document, diagnosis means Primary Diagnosis.

**The 2014–15 commonwealth business rules for reporting diagnosis are as follows:**

The following Episode End Statuses must report a diagnosis code to be a valid record:

1 - Admitted to this hospital (including to units or beds within the emergency department).

2 - Non-admitted patient emergency department service episode completed - departed without being admitted or referred to another hospital.

5 - Left at own risk after being attended by a health care professional but before the non-admitted patient emergency department service episode was completed.

The following Episode End Statuses do not have to report a diagnosis code to be a valid record:

3 - Non-admitted patient emergency department service episode completed - referred to another hospital for admission

4 - Did not wait to be attended by a health care professional.

6 - Died in emergency department as a non-admitted presentation.

7 - Dead on arrival not treated in the emergency department.

**The VEMD business rules for reporting diagnosis are as follows:**

All presentations excluding those with departure status**:**

- Reported for all presentations excluding those with Departure Status ‘11 – Left at own risk, without treatment’.

- Optional for presentations with Departure Status ‘10 – Left after clinical advice regarding treatment options’ or ’30 – Left after clinical advice regarding treatment options – GP Co-Located Clinic’.

If the Departure Status is ‘8 – Dead on Arrival’; the Primary Diagnosis mustbe:

‘R961 – Dead on Arrival’ or

‘R959 Sudden Infant Death Syndrome (SIDS)’.

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, and therefore must not be ‘Z099’.

The Primary Diagnosis must be substantiated by clinical documentation.

Deriving URG Groups

Records are assigned a URG group as shown in Figure 1.

Further Information

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| --- |
| Authorised by the Victorian Government, Melbourne. To receive this publication in an accessible format phone 9096 1507 Funding and Information Policy, Department of Health. |

Figure 1: Deriving URG Class

