

Activity based funding: Emergency service care DSS 2014-15

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Activity based funding: Emergency service care DSS 2014-15

Identifying and definitional attributes

Metadata item type:	Data Set Specification
METEOR identifier:	564550
Registration status:	Independent Hospital Pricing Authority , Standard 14/01/2015
DSS type:	Data Set Specification (DSS)
Scope:	<p>The scope of this DSS is emergency services provided in activity based funded hospitals which do not meet any of the following criteria:</p> <ul style="list-style-type: none">• Purposely designated and equipped area with designated assessment; treatment and resuscitation areas.• Ability to provide resuscitation, stabilisation and initial management of all emergencies.• Availability of medical staff available in the hospital 24 hours a day.• Designated emergency department nursing staff and nursing unit manager 24 hours per day 7 days per week.

The care provided to patients in emergency services/urgent care centres is, in most instances, recognised as being provided to non-admitted patients. Patients being treated in emergency services/urgent care centres may subsequently become admitted. The care provided to non-admitted patients who are treated in the emergency services/urgent care centres prior to being admitted is included in this DSS.

The scope also includes services where patient did not wait or died on arrival. Patients with Department of Veterans' Affairs or compensable funding source are also included in the scope of the collection.

Excluded from the scope are:

- Care provided to patients who are being treated in emergency services/urgent care centres as an admitted patient (e.g. in an observation unit, short-stay unit, emergency services ward or awaiting a bed in an admitted patient ward of the hospital).
- Care provided to patients in General Practitioner co-located units.

Collection and usage attributes

Statistical unit:	Emergency department stay
Collection methods:	National reporting arrangements <p>State and territory health authorities provide the data to the Independent Hospital Pricing Authority (IHPA) for national collection, on a quarterly basis as required under national health reform arrangements.</p> Periods for which data are collected and nationally collated <p>Financial years ending 30 June each year. Quarterly data collection commencing 1 July each year.</p>
Implementation start date:	01/07/2014
Implementation end date:	30/06/2015

Comments: *Scope links with other metadata sets*

Episodes of care for admitted patients are reported through the Admitted patient care NMDS.

Glossary items

Glossary terms that are relevant to this data set specification are included here.

[Activity based funding](#)

[Admission](#)

[Compensable patient](#)

[Emergency department](#)

[Registered nurse](#)

[Triage](#)

Source and reference attributes

Submitting organisation: Independent Hospital Pricing Authority

Relational attributes

Related metadata references: Supersedes [Activity based funding: Emergency service care DSS 2013-2014](#) Independent Hospital Pricing Authority, Standard 31/10/2012

Has been superseded by [Activity based funding: Emergency service care DSS 2015-16](#) Health!, Superseded 19/11/2015

See also [Admitted patient care NMDS 2014-15](#) Health!, Superseded 13/11/2014

Metadata items in this Data Set Specification

Seq No.	Metadata item	Obligation	Max occurs
-	Emergency department stay—type of visit to emergency department, code N	Mandatory	1
-	Episode of care—funding eligibility indicator (Department of Veterans' Affairs), code N	Mandatory	1
-	Establishment—organisation identifier (Australian), NNX[X]NNNNN	Mandatory	1
-	Non-admitted patient emergency department service episode—episode end status, code N	Mandatory	1
-	Non-admitted patient emergency department service episode—triage category, code N	Conditional	1
Conditional obligation:			
This data item is to be recorded for patients who have one of the following Type of visit values recorded:			
<ul style="list-style-type: none"> • Code 1 - Emergency presentation; • Code 2 - Return visit, planned; • Code 3 - Pre-arranged admission. 			
-	Patient—compensable status, code N	Mandatory	1