Non-admitted patient emergency department care NMDS 2022–23

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Identifying and definitional attributes

Metadata item type:	Data Set Specification
METEOR identifier:	742184
Registration status:	Health!, Standard 20/10/2021
DSS type:	National Minimum Data Set (NMDS)
Scope:	The scope of the Non-admitted patient emergency department care national minimum data set (NAPEDC NMDS) is patients registered for care in **emergency departments** in public hospitals where the emergency department meets the following criteria:

- purposely designed 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 in the hospital 24 hours a day
- designated emergency department nursing staff 24 hours a day, 7 days a week, and a designated emergency department nursing unit manager.

Patients who were dead on arrival are in scope if an emergency department clinician certified the death of the patient. Patients who leave the emergency department after being registered to receive care and then advised of alternative treatment options are in scope.

The scope includes only physical presentations to emergency departments. Advice provided by telephone or videoconferencing is not in scope, although it is recognised that advice received by telehealth may form part of the care provided to patients physically receiving care in the emergency department.

The care provided to patients in emergency departments is, in most instances, recognised as being provided to non-admitted patients. Patients being treated in emergency departments may subsequently become admitted (including admission in the emergency department, admission to another hospital ward, including a short stay unit, or admission to hospital-in-the-home). All patients remain in-scope for this collection until they are recorded as having physically departed the emergency department, regardless of whether they have been admitted. For this reason there is an overlap in the scope of this NMDS and the Admitted patient care national minimum data set (APC NMDS).

Excluded from the scope of the NMDS are:

- Care provided to patients in General Practitioner co-located units;
- Where only a clerical service is provided to people supporting a pre-arranged admission; and
- Where people are awaiting transit to another facility and receive no clinical care.

Collection and usage attributes

Statistical unit:	Emergency department stay

| **Guide for use:** | The definition of a 'short stay unit' is as per clause C48 of the National Health Reform Agreement—National Partnership Agreement on Improving Public Hospital Services (NPA IPHS), as follows: |

a) Designated and designed for the short term treatment, observation, assessment and reassessment of patients initially triaged and assessed in the emergency department (ED);

b) Have specific admission and discharge criteria and policies;

c) Designed for short term stays no longer than 24 hours;

d) Physically separated from the ED acute assessment area;

e) Have a static number of beds with oxygen, suction, patient ablution facilities; and

f) Not a temporary ED overflow area nor used to keep patients solely awaiting an inpatient bed nor awaiting treatment in the ED.

Interaction with the Individual Healthcare Identifier national best endeavours data set (IHI NBEDS)

The NAPEDC NMDS and IHI NBEDS work together to enable the reporting of IHI data for emergency department episodes of care.

Collection methods:

National reporting arrangements

State and territory health authorities provide the data to the Australian Institute of Health and Welfare for national collation on an annual basis.

State and territory health authorities provide the data to the Independent Hospital Pricing Authority for national collation, on a quarterly basis before the last working day of the end of the following reporting period.

The Institute and the Commonwealth Department of Health will agree on a data quality and timeliness protocol. Once cleaned, a copy of the data and a record of the changes made will be forwarded by the Institute to the Commonwealth Department of Health. A copy of the cleaned data for each jurisdiction should also be returned to that jurisdiction on request.

Periods for which data are collected and nationally collated

Quarterly and financial year. Extraction of data for each three months or year should be based on the date of the end of the emergency department stay. For example, a presentation that commences at 11pm on 31 December and ends at 2am 1 January is not in scope for reporting in the second quarter .

| **Implementation start date:** | 01/07/2022 |
| **Implementation end date:** | 30/06/2023 |

Comments:	*Scope links with other metadata sets*	

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

Mental health care provided in emergency departments is in scope for the NAPEDC NMDS.

The IHI NBEDS works with the NAPEDC NMDS to enable the reporting of the IHI for emergency department patients.

Glossary items

Glossary terms that are relevant to this National minimum data set include:

Admission

Compensable patient

Emergency department

Gender

Registered nurse

Sex

Triage

Source and reference attributes

Submitting organisation: Independent Hospital Pricing Authority

Relational attributes

Related metadata references:	Supersedes Non-admitted patient emergency department care NMDS 2021–22 Health!, Superseded 20/10/2021
	See also Emergency service care aggregate NBEDS 2022–23 Health!, Standard 20/10/2021
	See also Emergency service care NBEDS 2022–23 Health!, Standard 20/10/2021
	See also Individual Healthcare Identifier NBEDS 2022-23 Health!, Standard 20/10/2021
	See also Statistical Area Level 1 of usual residence NBEDS 2022–23 Health!, Standard 20/10/2021

Metadata items in this Data Set Specification

Seq No.	Metadata item	Obligation	Max occurs
-	Address—Australian postcode, code (Postcode datafile) NNNN	Mandatory	1
-	Emergency department stay—additional diagnosis, code (ICD-10-AM 11th edn) ANN{.N[N]}	Conditional	2

Conditional obligation:

This data element is only required to be reported when at least one additional diagnosis is present for the emergency department stay.

-	Emergency department stay—physical departure date, DDMMYYYY	Mandatory	1
-	Emergency department stay—physical departure time, hhmm	Mandatory	1
-	Emergency department stay—presentation date, DDMMYYYY	Mandatory	1

Seq No.	Metadata item	Obligation	Max occurs
-	Emergency department stay—presentation time, hhmm	Mandatory	1
-	Emergency department stay—principal diagnosis, Emergency Department (ICD-10-AM 11th Edition) Principal Diagnosis Short List code ANN{.N[N]}	Conditional	1

Conditional obligation:

This data item is only required to be reported if the value for Non-admitted patient emergency department service episode—episode end status, code N is recorded as:

- Code 1 - Admitted to this hospital (either short stay unit, hospital-in-the-home or non-emergency department hospital ward);
- Code 2 - Non-admitted patient emergency department service episode completed - departed without being admitted or referred to another hospital;
- Code 3 - Non-admitted patient emergency department service episode completed - referred to another hospital for admission;
- Code 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;
- Code 6 - Died in emergency department.

-	Emergency department stay—transport mode (arrival), code N	Mandatory	1
-	Emergency department stay—type of visit to emergency department, code N	Mandatory	1
-	Emergency department stay—waiting time, total minutes NNNNN	Conditional	1

Conditional obligation:

This data item is only required to be reported if the value for Non-admitted patient emergency department service episode—episode end status, code N is recorded as:

- Code 1 - Admitted to this hospital (either short stay unit, hospital-in-the-home or non-emergency department hospital ward);
- Code 2 - Non-admitted patient emergency department service episode completed - departed without being admitted or referred to another hospital;
- Code 3 - Non-admitted patient emergency department service episode completed - referred to another hospital for admission;
- Code 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;
- Code 6 - Died in emergency department.

-	Episode of care—Department of Veterans' Affairs funding indicator, yes/no code N	Mandatory	1
-	Establishment—organisation identifier (Australian), NNX[X]NNNNN	Mandatory	1

DSS specific information:

Establishment sector component of organisation identifier to be reported as:

1. Public (excluding psychiatric hospitals)
2. Private (excluding free-standing day hospital facilities)
3. Public psychiatric
4. Private free-standing data hospital facility

Seq No.	Metadata item	Obligation	Max occurs
-	[Non-admitted patient emergency department service episode—clinical care commencement date, DDMMYYYY](#)	Conditional	1

Conditional obligation:

This data item is only required to be reported if the value for [Non-admitted patient emergency department service episode—episode end status, code N](#) is recorded as:

- Code 1 - Admitted to this hospital (either short stay unit, hospital-in-the-home or non-emergency department hospital ward);
- Code 2 - Non-admitted patient emergency department service episode completed - departed without being admitted or referred to another hospital;
- Code 3 - Non-admitted patient emergency department service episode completed - referred to another hospital for admission;
- Code 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;
- Code 6 - Died in emergency department.

Seq No.	Metadata item	Obligation	Max occurs
-	[Non-admitted patient emergency department service episode—clinical care commencement time, hhmm](#)	Conditional	1

Conditional obligation:

This data item is only required to be reported if the value for [Non-admitted patient emergency department service episode—episode end status, code N](#) is recorded as:

- Code 1 - Admitted to this hospital (either short stay unit, hospital-in-the-home or non-emergency department hospital ward);
- Code 2 - Non-admitted patient emergency department service episode completed - departed without being admitted or referred to another hospital;
- Code 3 - Non-admitted patient emergency department service episode completed - referred to another hospital for admission;
- Code 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;
- Code 6 - Died in emergency department.

Seq No.	Metadata item	Obligation	Max occurs
-	[Non-admitted patient emergency department service episode—episode end date, DDMMYYYY](#)	Mandatory	1
-	[Non-admitted patient emergency department service episode—episode end status, code N](#)	Mandatory	1
-	[Non-admitted patient emergency department service episode—episode end time, hhmm](#)	Mandatory	1
-	[Non-admitted patient emergency department service episode—service episode length, total minutes NNNNN](#)	Mandatory	1

		Obligation	Max occurs
-	[Non-admitted patient emergency department service episode—triage category, code N](#)	Conditional	1

Conditional obligation:

This data item is required to be reported if the value for [Emergency department stay—type of visit to emergency department, code N](#) is recorded as:

- Code 1 - Emergency presentation
- Code 2 - Return visit, planned
- Code 3 - Pre-arranged admission

-	[Non-admitted patient emergency department service episode—triage date, DDMMYYYY](#)	Conditional	1

Conditional obligation:

This data item is required to be reported if the value for [Emergency department stay—type of visit to emergency department, code N](#) is recorded as:

- Code 1 - Emergency presentation
- Code 2 - Return visit, planned
- Code 3 - Pre-arranged admission

-	[Non-admitted patient emergency department service episode—triage time, hhmm](#)	Conditional	1

Conditional obligation:

This data item is required to be reported if the value for [Emergency department stay—type of visit to emergency department, code N](#) is recorded as:

- Code 1 - Emergency presentation
- Code 2 - Return visit, planned
- Code 3 - Pre-arranged admission

-	[Patient—compensable status, code N](#)	Mandatory	1
-	[Person—area of usual residence, statistical area level 2 (SA2) code (ASGS Edition 3) N(9)](#)	Mandatory	1
-	[Person—country of birth, code (SACC 2016) NNNN](#)	Mandatory	1
-	[Person—date of birth, DDMMYYYY](#)	Mandatory	1

DSS specific information:

This field must not be null.

National minimum data sets:

For the provision of state and territory hospital data to Australian Government agencies this field must:

- be less than or equal to Admission date, Date patient presents or Service contact date
- be consistent with diagnoses and procedure codes, for records to be grouped.

Seq No.	Metadata item	Obligation	Max occurs
-	Person—gender, code X	Conditional	1

Conditional obligation:

This data element is collected on a Conditional basis with the element Person—sex, code X. Data must be reported for at least one of the two elements, either Sex or Gender.

Data may be reported for both elements.

-	Person—Indigenous status, code N	Mandatory	1
-	Person—person identifier, XXXXXX[X(14)]	Mandatory	1
-	Person—sex, code X	Conditional	1

Conditional obligation:

This data element is collected on a Conditional basis with the element Person—gender, code X. Data must be reported for at least one of the two elements, either Sex or Gender.

Data may be reported for both elements.

DSS specific information:

In the NAPEDC NMDS a person's sex is understood to be reported as at the time of data collection.

-	Record—identifier, X[X(79)]	Mandatory	1