

# Emergency service care aggregate NBEDS 2022–23

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# Emergency service care aggregate NBEDS 2022–23

## Identifying and definitional attributes

<b>Metadata item type:</b>	Data Set Specification
<b>METEOR identifier:</b>	745004
<b>Registration status:</b>	<a href="#">Health!</a> , Standard 20/10/2021
<b>DSS type:</b>	Data Set Specification (DSS)
<b>Scope:</b>	<p>The scope of the Emergency services care aggregate national best endeavours data set (ESCA NBEDS) is care provided to patients in <a href="#">emergency services</a> located in <a href="#">activity based funded</a> hospitals which do not meet all of the following criteria:</p> <ul style="list-style-type: none"><li>• purposely designed and equipped area with designated assessment, treatment and resuscitation areas</li><li>• ability to provide resuscitation, stabilisation and initial management of all emergencies</li><li>• availability of medical staff in the hospital 24 hours a day</li><li>• designated emergency department nursing staff 24 hours a day, 7 days a week, and a designated emergency department nursing unit manager.</li></ul>

The care provided to patients in emergency services is, in most instances, recognised as being provided to non-admitted patients. Patients being treated in emergency services may subsequently become admitted. All patients remain in-scope for this collection until they are recorded as having physically departed the emergency service, regardless of whether they have been admitted. For this reason there is an overlap in the scope of this data set specification and the Admitted patient care national minimum data set (APC NMDS).

The scope also includes services where patients did not wait to be attended by a health-care professional; those dead on arrival; mental health-care provided in emergency services and patients with a Department of Veterans' Affairs or compensable funding source. The scope excludes care provided to patients in General Practitioner (GP) co-located units. However, patient presentations that result in a referral to a GP co-located unit after registration, but before commencement of clinical care, are in scope.

## Collection and usage attributes

<b>Statistical unit:</b>	<a href="#">Emergency service stay</a>
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**Guide for use:*****Interaction with the Emergency service care national best endeavours data set (ESC NBEDS)***

The ESC NBEDS and the ESCA NBEDS work together to collect data on emergency services activity in the public hospital system. The principle should be applied that no service event is to be double-counted or included in both the ESC NBEDS and the ESCA NBEDS. Therefore activity that is reported through the ESC NBEDS should not be reported through the ESCA NBEDS.

It is intended that activity should be reported primarily at the patient level through the ESC NBEDS, and where activity is not able to be reported at a patient level through the ESC NBEDS, this activity should be reported through the ESCA NBEDS. If the following data elements in the ESC NBEDS cannot be reported as a minimum for a specific service event, then the service event should be reported through the ESCA NBEDS:

[Emergency service stay—episode end status, code N](#)

[Emergency service stay—triage category, code N](#)

[Emergency service stay—type of visit to emergency service, code N](#)

[Episode of care—Department of Veterans' Affairs funding indicator, yes/no code N](#)

[Establishment—organisation identifier \(Australian\), NNX\[X\]NNNNN](#)

[Patient—compensable status, code N](#)

**Collection methods:*****Reporting requirements***

State and territory health authorities provide the data to the Independent Hospital Pricing Authority (IHPA) for national reporting on a quarterly basis. Quarterly reporting periods follow a financial year, commencing on 1 July and ending 30 June of the following year.

Extraction of data 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 in scope for reporting in the third quarter.

**Implementation start date:** 01/07/2022

**Implementation end date:** 30/06/2023

**Comments:** *Glossary items*

Glossary terms that are relevant to this NBEDS include:

[Activity based funding](#)

[Admission](#)

[Compensable patient](#)

[Emergency service](#)

[Registered nurse](#)

[Triage](#)

**Source and reference attributes**

**Submitting organisation:** Independent Hospital Pricing Authority (IHPA)

**Relational attributes**

**Related metadata references:**

Supersedes [Emergency service care NBEDS 2021-22 Health!](#), Superseded 20/10/2021

See also [Admitted patient care NMDS 2022-23 Health!](#), Standard 20/10/2021

See also [Emergency service care NBEDS 2022-23 Health!](#), Standard 20/10/2021

See also [Non-admitted patient emergency department care NMDS 2022-23 Health!](#), Standard 20/10/2021

## Metadata items in this Data Set Specification

Seq No.	Metadata item	Obligation	Max occurs
-	<a href="#">Emergency service stay—episode end status, code N</a>	Mandatory	1
-	<a href="#">Emergency service stay—triage category, code N</a>	Conditional	1
<i>Conditional obligation:</i>			
This data item is required to be reported if the value for <a href="#">Emergency service stay—type of visit to emergency service, code N</a>			
<ul style="list-style-type: none"><li>• Code 1 - Emergency presentation</li><li>• Code 2 - Return visit, planned</li><li>• Code 3 - Pre-arranged admission</li></ul>			
-	<a href="#">Emergency service stay—type of visit to emergency service, code N</a>	Mandatory	1
-	<a href="#">Episode of care—Department of Veterans' Affairs funding indicator, yes/no code N</a>	Mandatory	1
-	<a href="#">Establishment—organisation identifier (Australian), NNX[X]NNNNN</a>	Mandatory	1
-	<a href="#">Patient—compensable status, code N</a>	Mandatory	1