

|  |
| --- |
| Specifications for revisions to the Victorian Emergency Minimum Dataset (VEMD) for 2023-24 |
| December 2022 |
|  |



|  |
| --- |
| To receive this document in another format, email HDSS help desk <HDSS.helpdesk@health.vic.gov.au>.Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.© State of Victoria, Australia, Department of Health, December 2022.Available at [HDSS annual changes](https://www.health.vic.gov.au/data-reporting/annual-changes) < https://www.health.vic.gov.au/data-reporting/annual-changes> |
|  |

Contents

[Executive Summary 5](#_Toc121412703)

[Introduction 6](#_Toc121412704)

[Orientation to this document 6](#_Toc121412705)

[Outcome of proposals 7](#_Toc121412706)

[Specifications for changes for 2023-24 8](#_Toc121412707)

[Section 1: Introduction 8](#_Toc121412708)

[Reference files (amend) 8](#_Toc121412709)

[Section 2: Concepts and derived item definitions 8](#_Toc121412710)

[Emergency department presentation (amend) 8](#_Toc121412711)

[Virtual care (new) 9](#_Toc121412712)

[Section 3: Data definitions 10](#_Toc121412713)

[Arrival date (amend) 10](#_Toc121412714)

[Arrival time (amend) 12](#_Toc121412715)

[Arrival transport mode (amend) 14](#_Toc121412716)

[Departure date (amend) 16](#_Toc121412717)

[Departure status (amend) 18](#_Toc121412718)

[Departure time (amend) 26](#_Toc121412719)

[Diagnosis - Additional diagnoses 1 and 2 (amend) 28](#_Toc121412720)

[Diagnosis - Primary diagnosis (amend) 30](#_Toc121412721)

[Gender (new) 33](#_Toc121412722)

[NDIS participant identifier (new) 35](#_Toc121412723)

[Patient location (amend) 36](#_Toc121412724)

[Referred by (amend) 38](#_Toc121412725)

[Referred to on Departure (amend) 42](#_Toc121412726)

[Service type (amend) 46](#_Toc121412727)

[Sex at birth (amend) 48](#_Toc121412728)

[Section 4: Business rules 50](#_Toc121412729)

[VEMD editing matrix (amend) 50](#_Toc121412730)

[Dead on arrival (amend) 50](#_Toc121412731)

[Departure Status and Referred to on Departure (amend) 51](#_Toc121412732)

[Service Type (new) 52](#_Toc121412733)

[Section 5: Compilation and submission 54](#_Toc121412734)

[File naming convention (amend) 54](#_Toc121412735)

[File structure (amend) 54](#_Toc121412736)

[File format (amend) 60](#_Toc121412737)

[Section 6: Validation reports and validations 61](#_Toc121412738)

# Executive Summary

The revisions for the Victorian Emergency Minimum Dataset (VEMD) for 2023-24 are summarised below:

New data elements

* Concept for virtual care
* NDIS participant identifier
* Gender – reporting optional 2023-23, mandatory in 2024-25

Changes to existing data elements

* Amend Sex codes and amend data element name from Sex to Sex at Birth
* Extend the existing concept for Emergency Department Presentation to include virtual care
* Add a code to Service Type for virtual care
* Add a code to Referred by for patients receiving virtual care with an Ambulance Victoria paramedic in attendance
* Add a code to Referred to on Departure for patients referred to virtual care by a general emergency department
* Add a code to Patient Location for patients receiving virtual care at home
* Amend Departure Status descriptors to include virtual care
* Amend Departure date/time to include virtual care
* Amend Arrival date/time to include virtual care
* Update existing business rules to include virtual care
* Replace the VEMD library file with the IHACPA Principal Diagnosis Short List 2023-24

# 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 across multiple data collections (ESIS, VAED, VEMD and VINAH) for 2023-24* and *Proposals for revisions to the Victorian Emergency Minimum Dataset for 2023-24* 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 2023-24.

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 specifications document appear in *[square brackets and italics].*
* New validations are marked ### if number has not yet been allocated
* 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

Proposals across multiple data collections for 2023-24:

**Proposal 1 - Extend January reporting deadline to 15th of the month for VAED, VEMD, VINAH, ESIS and AIMS collections**

The proposal was withdrawn by the proposer

**Proposal 2A - New data element Gender**

The proposal proceeds

**Proposals 6 and 7 - Sex at birth**

The proposal proceeds

**Proposal 8 - Collect National Disability Insurance Scheme (NDIS) participant identifier**

The proposal proceeds

Proposals to the VEMD for 2023-24:

**Proposal 9 - Seen by other recognised health professional**

The proposal does not proceed

**Proposal 10 - Victorian Virtual Emergency Department activity via VEMD**

The proposal proceeds with amendments

**Proposal 11 - Diagnosis optional for left at own risk departures**

The proposal does not proceed

**Proposal 12 - Expand the scope of Telehealth presentations**

The proposal was withdrawn by the proposer

The proposal to **Implement the National Emergency Department Principal Diagnosis Short List** originally scheduled for 2020-21 but subsequently deferred, will be implemented in 2023-24.

# Specifications for changes for 2023-24

# Section 1: Introduction

## Reference files (amend)

Reference files including the postcode and locality file are available at [VEMD reference files](https://www2.health.vic.gov.au/hospitals-and-health-services/data-reporting/health-data-standards-systems/reference-files) <https://www2.health.vic.gov.au/hospitals-and-health-services/data-reporting/health-data-standards-systems/reference-files>.

The ~~VEMD Library File and~~ 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 2: Concepts and derived item definitions

## Emergency department presentation (amend)

|  |  |
| --- | --- |
| **Classification** | Concept |
| **Definition** | An Emergency Department Presentation is the reporting unit of the VEMD. All presentations assessed to the extent that they are allocated a Triage Category should be reported.This includes presentations to the Emergency Department via an audio-visual link, refer to concepts for Telehealth and Virtual Care~~.where the patient is physically present with a nurse or doctor at a public urgent care centre, other public emergency department or a Victorian government or non-government residential aged care service.~~ |
| **Guide for use** | Some form of formal or informal triage event logically precedes the act of receiving treatment in the Emergency Department. For instance, a patient may be so critically ill that they by-pass the formal triage process to receive resuscitative intervention. However, the act of prioritising access to care according to the level of need has still occurred.For Telehealth or Virtual Care presentations, a patient will be triaged into the Emergency Department workload via electronic referral and telephone/video discussion between ~~nurse or doctor~~ clinician at the patient location.For Virtual Care presentations where the patient self refers, the patient will be triaged into the virtual waiting room via video consultation between the virtual ED clinician and the remote patient.If a patient attends the Emergency Department for the treatment of two or more conditions concurrently, only one presentation should be reported to the VEMD. |

## Virtual care (new)

|  |  |
| --- | --- |
| **Classification** | Concept |
| **Definition** | Virtual Care utilises telemedicine to provide virtual video assessments, medical advice, treatment and referrals to a patient located outside an emergency department. The patient’s presentation must be of an unplanned nature and must not be a substitute for primary care. Virtual consultations are provided by an ED clinician. |
| **Guide for use** | A clinician is not required to be physically present with the patient to receive Virtual Care.The Victorian Virtual Emergency Department (VVED) is the state-wide platform for delivery of virtual care. The service provides Victorians with non-life-threatening healthcare needs, with alternative pathways to physically presenting at an emergency department, including access to urgent medical care, advice, and referrals. VVED is operated by a state-wide provider. The state-wide provider is responsible for reporting activity to the VEMD. This includes any activity the state-wide provider subcontracts to other health services. |

# 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 invalidE089 Medicare IRN and Date of Birth combination invalidE093 Sex Indeterminate and Age less than 90 DaysE095 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

|  |  |
| --- | --- |
| **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 date2 1 July 20023 1 July 20164 1 July 20185 1 July 20196 1 July 2023 |
| **Definition source** | Department of Health |

## Arrival time (amend)

Specification

|  |  |
| --- | --- |
| **Definition** | The time at which the patient presents for delivery of an Emergency Department service |
| **Reported by** | All Victorian hospitals (Public and Private) |
| **Reported for** | Every Emergency Department presentation |
| **Reporting guide** | A valid 24-hour time (0000 to 2359)The time of patient presentation at the emergency department is the time 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 Time is the time the patient was first registered by clerical officer or triaged by a triage nurse or doctor (whichever comes first) in the Emergency Department. |
| **Validations** | 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 ManagementE372 Age invalidE389 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 Date |

Administration

|  |  |
| --- | --- |
| **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 1July 20164 1 July 20185 1 July 20196 1 July 2023 |
| **Definition source** | Department of Health |
| **Code set source** | Department of Health |

## Arrival transport mode (amend)

|  |  |
| --- | --- |
| **Definition** | The type of transport the patient used to arrive at the Emergency Department |
| **Reported by** | All Victorian hospitals (Public and Private) |
| **Reported for** | Every Emergency Department presentation except Service Type 2 – Telehealth or 6 - Virtual |
| **Code set** | **Code Descriptor**1 Air ambulance - fixed wing aircraft (excludes helicopter)2 Helicopter3 Road Ambulance service 6 Community/public transport (includes council / philanthropic services)8 Police vehicle9 Undertaker10 Ambulance service - private ambulance car - AV contracted11 Ambulance service - private ambulance car - hospital contracted99 Other |
| **Reporting guide** | For journeys involving more than one transport mode, select the mode of transport in which the greater distance of the journey was undertaken.Code 1 - Air ambulance – fixed wing aircraft; excludes helicopter. Use code 2.For example most patients transported by air require road transportation to and/or from the transferring hospital. Where the air transport involves the greater distance, select code 1 or 2 as appropriate. |
| **Validations** | E125 Arrival Transport Mode invalidE142 Dead on Arrival combination invalidE397 Ambulance at Destination date/time and Arrival Transport Mode invalid |
| **Related Items** | Section 2 Telehealth Virtual Care Ambulance at Destination Ambulance Handover CompleteSection 3 Ambulance at Destination Date Ambulance at Destination Time Ambulance Handover Complete Date Ambulance Handover Complete Time |

Administration

|  |  |
| --- | --- |
| **Purpose** | Analysis of transport service utilisation and coordination. |
| **Principal data users** | Ambulance Victoria; Monash University Accident Research Centre; Department of Health |
| **Collection start** | 1 July 1995 |
| **Version** | Version Effective date2 1 July 19973 1 July 19994 1 July 20035 1 July 20196 1 July 2023 |
| **Definition source** | Department of Health |
| **Code set source** | Department of Health |

## Departure date (amend)

Specification

|  |  |
| --- | --- |
| **Definition** | The date the patient leaves the clinical area of the Emergency Department. |
| **Reported by** | All Victorian hospitals (Public and Private) |
| **Reported for** | Every Emergency Department Presentation |
| **Reporting guide** | * If Departure Status is This Campus (Departure Status codes 3, 14, 15, 18, 22, 25, 26, 27, 28 and 31) then record the date the patient physically leaves the emergency department to go to the ward or procedure room.
* If Departure Status is Returning to usual residence (Departure Status codes 1, 12, 23, and 24) then record the date the patient physically leaves the clinical area of the emergency department. **Note** Waiting rooms are not considered part of the clinical area.
* If Departure Status is Transfer to another hospital campus (Departure Status codes 17, 19, 20, and 21) then record the date the patient physically leaves the emergency department.
* If the Departure Status is Left at own risk or Left after clinical advice (Departure Status codes 5, 10, 11, and 30) then record the date the patient physically leaves the emergency department or was first noticed as having left.
* If the Departure Status is Died within ED (Departure Status code 7) then record the date the body was removed from the emergency department.
* If the Departure Status is Dead on arrival (Departure Status code 8) then record the date the body was removed from the emergency department. However if the emergency clinician certifies the patient’s death outside the emergency department record the date of certification of death.
* If the Departure Status is Telehealth or Virtual Care (Departure Status codes T1, T2, T3, T4, T5, T6 and T7) then record the date when the ED clinician completes the final consultation and the audio-visual link ends. For example, some Telehealth presentations may require the patient to stay at the urgent care centre for observation. In this case there may be several Telehealth consultations via audio visual links between the ED and the urgent care centre. The departure date will be when the final Telehealth consultation is completed and the visual audio link ends.
 |
| **Validations** | E025 Duplicate attendanceE210 Departure date/time invalidE212 Departure date/time before Nurse Initiation of Patient Management date/timeE213 Departure date/time before First Seen by Doctor date/timeE217 Departure Date conflicts with VEMD File NameE219 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 daysE374 Departure date/time before First Seen by Mental Health Practitioner date/timeE394 Departure date/time before Clinical Decision to Admit date/time |
| **Related items** | Section 2 Date/time fields Length of Stay Verification/Certification of deathSection 3 Departure Time Departure Status |

Administration

|  |  |
| --- | --- |
| **Purpose** | Included in the calculation of various derived items:* Length of Stay
* Length of Treatment
 |
| **Principal data users** | Monash University Accident Research Centre; Department of Health for calculation of National Emergency Access Target (NEAT). Note: Departure Status 30 is the excluded for the NEAT calculation. |
| **Collection start** | 1 July 1995 |
| **Version** | Version Effective date1 1 July 19952 1 July 20023 1 July 20064 1 July 20125 1 July 20196 1 July 2023 |
| **Definition source** | NHDD (Department of Health modified) METEOR ID 684489 |
| **Code set source** | Department of Health |

## Departure status (amend)

Specification

|  |  |
| --- | --- |
| **Definition** | Patient destination or status on departure from the Emergency Department |
| **Reported by** | All Victorian hospitals (Public and Private) |
| **Reported for** | Every Emergency Department presentation |
| **Code set** | **Code Descriptor*****Departure before treatment completed:***11 Left at own risk, without treatment10 Left after clinical advice regarding treatment options30 Left after clinical advice regarding treatment options - GP Co-Located Clinic5 Left at own risk, after treatment started7 Died within ED8 Dead on arrival***This campus:***27 Cardiac catheter laboratory28 Other operating theatre/procedure room15 Intensive Care Unit - this campus22 Coronary Care Unit - this campus25 Mental Health Observation/Assessment Unit3 Emergency Department (ED) Short Stay Unit14 Medical Assessment and Planning Unit26 Other Mental Health Bed - this Campus18 Ward not elsewhere described31 Mental Health and AOD Hub Short Stay Unit***Transfers to another hospital campus:***17 Mental Health bed at another Hospital Campus20 Another Hospital Campus - Intensive Care Unit21 Another Hospital Campus - Coronary Care Unit19 Another Hospital Campus ***Returning to usual residence:***23 Mental health residential facility24 Residential care facility12 Correctional/Custodial Facility1 Home***Telehealth and Virtual Care:***T1 Left at own risk without consultationT2 Left at own risk after consultation startedT3 Referred to GPT4 Discharged to usual residenceT5 Transferred to ward settingT6 Transferred to another health serviceT7 Recommended for transfer to Telehealth or Virtual Care Emergency Department campus |
| **Reporting guide** | **Departure before treatment completed**11 Left at own risk, without treatment Patient departs the Emergency Department before being seen by a definitive service provider:* without notifying staff, or
* despite being advised by clinical staff not to leave, or
* without receiving advice about alternatives to treatment in the Emergency Department.

Common descriptions include: Did Not Wait, (DNW) and Failed To Answer (FTA).10 Left after clinical advice regarding treatment optionsAt or subsequent to triage, the patient has received advice about Emergency Department and alternative treatment options (which may include virtual care options). On consideration of this advice, the patient chooses to leave without being seen by a definitive service provider. 30 Left after clinical advice regarding treatment options - GP Co- Located ClinicAt or subsequent to triage, the patient has received advice about Emergency Department and alternative treatment options. Patient is redirected from the Emergency Department directly to the GP co-located clinic.5 Left at own risk, after treatment startedPatient departs the Emergency Department after being seen by a definitive service provider despite being advised by clinical staff not to leave. The appropriate hospital forms must be completed and signed by the patient.7 Died Within EDPatient died after commencement of ED presentation. Includes where there is an intention to resuscitate but the patient is later pronounced dead.8 Dead on ArrivalPatient is pronounced dead by a medical practitioner before (or without) being brought into the ED or where the patient is bought into the ED but there is no intention to resuscitate.**This campus**27 Cardiac catheter laboratoryPatient departs the emergency department directly to a cardiac catheter laboratory or angiography suite.*Excludes:*Patient undergoing a procedure/investigation in a procedure room within the emergency department.Patient leaving the emergency department to attend the radiology department.28 Other procedure room or operating theatrePatient departs the emergency department directly to an operating theatre or procedure room, including endoscopy suites.*Excludes:*Patient undergoing a procedure/investigation in a procedure room or theatre within the emergency department.Patient departing the emergency department directly to a cardiac catheterisation laboratory or angiography suite (Use 27)15 Intensive Care Unit - this campusPatient is transferred to a registered ICU bed at this campus. *Excludes:*Coronary Care Unit (use 22)**Refer to:** Section 2 Intensive Care Unit22 Coronary Care Unit – this campusPatient is transferred to a registered CCU bed at this campus.*Excludes:*Intensive Care Unit (use 15) **Refer to:** Section 2 Coronary Care Unit25 Mental Health Observation/Assessment UnitIncludes registered:Psychiatric Assessment and Planning Unit (PAPU)Mental Health Short Stay Observation Unit*Excludes:*Other Mental Health Bed at this campus (use 26)Short Stay Observation Unit (use 3)Medical Assessment and Planning Unit (use 14)3 Emergency Department (ED) Short Stay Unit (SSU)*Excludes:*Medical Assessment and Planning Unit (use 14)Mental Health Observation/Assessment Unit (use 25)**Refer to:** Section 2 Emergency Department (ED) Short Stay Unit14 Medical Assessment and Planning Unit (MAPU)*Excludes:*Short Stay Observation Unit (use code 3);Mental Health Observation/Assessment Unit**Refer to:** Section 2 Medical Assessment and Planning Unit26 Other Mental Health bed – this campusThe bed or ward must be part of an approved mental health program. *Excludes:* Patients transferred to the Mental Health and AOD Hub Short Stay Unit.**Refer to:** Section 2 Mental Health Bed18 Ward*Includes* patients who:* go to the ward after attending the ED at the same hospital
* go to HITH
* attend the ED from an inpatient ward at the same hospital and then return to the ward

*Excludes* patients who:* attend the ED from an inpatient ward at the same hospital and then return to a Mental Health bed (use 26)
* depart to a Short Stay Observation Unit (use 3)
* depart to a Medical Assessment and Planning Unit (use 14)
* depart to an Intensive Care Unit (use 15)

31 Mental Health and AOD Hub Short Stay UnitPatient is transferred to the bed based unit within the Mental Health and AOD Hub.**Transfers to another hospital campus**17 Mental Health bed at another hospital campusPatient has been transferred to a registered mental health bed at another hospital campus. A Transfer Destination must also be reported.**Refer to:** Section 2 Mental Health Bed20 Another Hospital Campus - Intensive Care UnitPatient has been transferred to a registered ICU bed at another hospital campus. A Transfer Destination must also be reported.**Refer to:** Section 2 Intensive Care Unit21 Another Hospital Campus - Coronary Care Unit.Patient has been transferred to a registered CCU bed at another hospital campus. A Transfer Destination must also be reported.**Refer to:** Section 2 Coronary Care Unit19 Another hospital campusPatient has been transferred to another hospital campus.*Excludes*Patients transferred to the following registered bed types at another campus:* Mental Health bed (use 17)
* ICU bed (use 20)
* CCU bed (use 21)

A Transfer Destination must also be reported.**Returning to usual residence**23 Mental health residential facility*Includes* psychogeriatric nursing home.*Excludes* transfer to hospital Mental health bed:* At this campus (use 26)
* At another hospital campus (use 17)
* Returning to usual residence

24 Residential care facility*Includes:** Nursing home
* Hostel
* Residential care respite bed
* Nursing home beds located within an acute or sub-acute hospital campus.

*Excludes:** psychogeriatric nursing home (use 23)

12 Correctional / Custodial FacilityA correctional or custodial facility refers to a structure used by police or government to lawfully secure, hold, detain or imprison a person, and *includes:** Watch-house
* Holding cell
* Lock-up
* Prisoner

The Commonwealth does not recognise these facilities as hospitals and therefore admission from, or separation to, such facilities is not an inter hospital transfer.Does not require a Transfer Destination code1 Home *Includes:* * House
* Unit
* Boarding/rooming house
* Hotel
* Caravan
* Youth hostel accommodation
* Homeless person’s shelters
* Shelter/refuges
* Armed forces hospitals
* No fixed abode

Report the immediate destination or departure status of the patient upon departure from the ED. This may not necessarily be to the patient’s usual place of residence.Armed Forces HospitalsThe Commonwealth does not recognise these facilities as hospitals and therefore admission from, or separation to, such facilities is not an inter hospital transfer.If a patient is transferred from the ED to an Armed Forces hospital, Departure Status equals ‘1 - Home’.**Telehealth and Virtual Care** T1, T2, T3, T4, T5, T6 or T7Select the appropriate code for Telehealth or Virtual Care presentations (Service Types - 2 Telehealth or 6 - Virtual) |
| **Validations** | E142 Dead on Arrival combination invalidE182 First Seen by Treating Clinician date/time and Departure Status Combination invalidE230 Departure Status invalidE233 Unregistered Short Stay Observation UnitE242 Referred to on Departure and Departure Status combination invalid\*E260 Primary Diagnosis blankE342 Invalid combination between Primary Diagnosis and Departure StatusE356 Type of Usual Accommodation and Departure Status combination invalidE366 Departure Status and Triage Category combination invalidE376 Unregistered Medical Assessment and Planning UnitE377 Unregistered Intensive Care UnitE378 Unregistered Coronary Care UnitE382 Unregistered Mental Health Observation/Assessment UnitE384 Campus does not have a designated GP Co-Located ClinicE393 Clinical Decision to Admit date/time and Departure Status combination invalidE411 Departure Status and Service Type combination invalidE412 Unregistered Mental Health and AOD HubE411 Departure Status and Service Type combination invalid\* |

Administration

|  |  |
| --- | --- |
| **Purpose** | Identify and monitor the status and location of patients on departure from the ED.Define patients for performance measures calculation. |
| **Principal data users** | Monash University Accident Research Centre; Department of Health |
| **Collection start** | 1 July 1995 |
| **Version** | Version Effective date1 1 July 20002 1 July 20013 1 July 20024 1 July 20035 1 July 20066 1 July 20087 1 July 20098 1 July 20119 1 July 201910 1 July 2023 |
| **Definition source** | NHDD (Department of Health modified)  |
| **Code set source** | Department of Health |

## Departure time (amend)

Specification

|  |  |
| --- | --- |
| **Definition** | The time the patient physically leaves the clinical area of the Emergency Department |
| **Reported by** | All Victorian hospitals (Public and Private) |
| **Reported for** | Every Emergency Department presentation |
| **Reporting guide** | A valid 24-hour time (0000 to 2359)* If Departure Status is This Campus (Departure Status Codes 3, 14, 15, 18, 22, 25, 26, 27, 28, and 31) then record the time the patient physically leaves the emergency department to go to the ward or procedure room.
* If Departure Status is Returning to usual residence (Departure Status codes 1, 12, 23, and 24) then record the time the patient physically leaves the clinical area of the emergency department. NB Waiting rooms are not considered part of the clinical area.
* If Departure Status is Transfer to another hospital campus (Departure Status codes 17, 19, 20, and 21) then record the time the patient physically leaves the emergency department.
* If the Departure Status is Left at own risk or Left after clinical advice (Departure Status Codes 5, 10, 11, and 30) then record the time the patient physically leaves the emergency department or was first noticed as having left.
* If the Departure Status is Died within ED (Departure Status Code 7) then record the time the body was removed from the emergency department.
* If the Departure Status is Dead on arrival (Departure Status Code 8) then record the time the body was removed from the emergency department. However if the emergency clinician certifies the patient’s death outside the emergency department record the time of certification of death.
* If the Departure Status is Telehealth or Virtual Care (Departure Status Code T1, T2, T3, T4, T5, T6 and T7) then record the time when the ED clinician completes the final consultation and the audio-visual link ends. For example, some Telehealth presentations may require the patient to stay at the urgent care centre for observation. In this case there may be several Telehealth consultations via audio visual links between the ED and the urgent care centre. The departure time will be when the final Telehealth consultation is completed and the visual audio link ends.
 |
| **Validations** | E025 Duplicate attendanceE210 Departure date/time invalidE212 Departure date/time Before Nurse Initiation of Patient Management date/timeE213 Departure date/time Before First Seen by Doctor date/timeE217 Departure Date conflicts with VEMD File NameE219 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 daysE374 Departure date/time Before Seen By Mental Health Practitioner date/time.E395 Departure date/time Before Clinical Decision to Admit date/timeE407 Ambulance at Destination date/time and Departure date/time invalid combination |
| **Related items** | Section 2 Date/time fields Verification/Certification of Death Length of StaySection 3 Departure Date Departure Status |

Administration

|  |  |
| --- | --- |
| **Purpose** | Included in the calculation of various derived items:* Length of Stay
* Length of Treatment
 |
| **Principal data users** | Monash University Accident Research Centre; Department of Health for calculation of National Emergency Access Target (NEAT). Note: Departure Status 30 is excluded for the NEAT calculation. |
| **Collection start** | 1 July 1995 |
| **Version** | Version Effective date1 1 July 20002 1 July 20023 1 July 20064 1 July 20125 1 July 20196 1 July 2023 |
| **Definition source** | NHDD (Department of Health modified) METEOR ID 684489 |
| **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 ~~– Attendance for Follow-up (includes injections) / Review following earlier treatment~~. Follow-up examination after unspecified treatment for other conditions.Optional for all other Emergency Department presentations. |
| **Code set** | ~~Refer to the VEMD library file for additional diagnosis codes. The VEMD Library File is available to health services and their vendors. Email the~~ ~~HDSS Helpdesk~~ ~~<~~~~hdss.helpdesk@health.vic.gov.au~~~~> for a copy.~~Refer to the IHACPA Emergency Department ICD-10-AM 12th Edition [Principal Diagnosis Short List](https://www.ihacpa.gov.au/health-care/classification/emergency-care/emergency-department-icd-10-am-principal-diagnosis-short-list) for 2023-24 (the ‘IHACPA ED 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 ~~VEMD Library File~~IHACPA ED List will be accepted. |
| **Validations** | E261 Diagnosis code invalidE264 Diagnosis code and Sex - 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

|  |  |
| --- | --- |
| **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 2023 |
| **Definition source** | Department of Health |
| **Code set source** | ~~Department of Health~~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’‘31 – Mental Health and AOD Hub Short Stay Unit’ |
| **Code set** | ~~Refer to the VEMD Library File for additional diagnosis codes. The VEMD Library File is available to health services and their vendors. Email the~~ ~~HDSS Helpdesk~~ ~~<hdss.helpdesk@health.vic.gov.au> for a copy of the VEMD Library File.~~Refer to [IHACPA ED List](https://www.ihacpa.gov.au/health-care/classification/emergency-care/emergency-department-icd-10-am-principal-diagnosis-short-list) for 2023-24. <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’ ~~or ‘R959 Sudden Infant Death Syndrome (SIDS)’~~.**Injury or Poisoning**If the Primary Diagnosis code is an injury, poisoning or other consequence of an external cause (~~VEMD diagnosis~~ IHACPA ED 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, 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 ~~VEMD Library File~~ IHACPA ED 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 elements |
| **Related items** | Section 2 DiagnosisSection 3 Activity When Injured Body Region Diagnosis- Additional Diagnosis 1 & 2  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 19983 1 July 19994 1 July 20025 1 July 20126 1 July 20167 1 July 20178 1 July 20199 1 July 2023 |
| **Definition source** | Department of Health |
| **Code set source** | ~~Department of Health~~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 |

## Gender (new)

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-binary4 Different term5 Prefer not to answer9 Not stated  |
| **Reporting guide** | Optional for 2023-24, mandatory for public hospitals for 2024-25Gender 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 |

Administration

|  |  |
| --- | --- |
| **Purpose** | To measure usage of services and identify needs and gaps in provision.  |
| **Principal data users** | To inform development of targeted programs and funding of services. |
| **Collection start** | 1 July 2023  |
| **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.  |

**[*Implementation notes***

*The* [*Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables, 2020*](https://www.abs.gov.au/statistics/standards/standard-sex-gender-variations-sex-characteristics-and-sexual-orientation-variables/latest-release) *available at <https://www.abs.gov.au/statistics/standards/standard-sex-gender-variations-sex-characteristics-and-sexual-orientation-variables/latest-release> has been developed by the Australian Bureau of Statistics (ABS) to standardise the collection and dissemination of data relating to sex, gender, variations of sex characteristics and sexual orientation.  This document provides some useful advice regarding collecting Sex and Gender data.]*

## NDIS participant identifier (new)

Specification

|  |  |
| --- | --- |
| **Definition** | National Disability Insurance Scheme (NDIS) participant number of person who is a registered NDIS participant. |
| **Reported by** | Public hospitalsPrivate hospitals, optional |
| **Reported for** | Every Emergency Department presentation if the person is a registered NDIS participant |
| **Code set** | Allocated by the National Disability Insurance Agency (NDIA) |
| **Reporting guide** | The NDIS participant number is the unique reference number allocated to the individual by the NDIS as a form of identification once the agency has approved the provision of NDIS services for that person. For new NDIS participants, report the NDIS participant number as soon as this becomes available. Valid:* First two characters can only be ‘43’ (in that order) or ‘99’
* All numeric or blank
* For NDIS participants who are unable to provide their number report 999999999

For non-NDIS participants the field should be blank |
| **Validations** | E416 NDIS participant identifier is invalid\* |

Administration

|  |  |
| --- | --- |
| **Purpose** | To identify NDIS participants within health data collections, and the primary identifier for data linkage between health data collections and the NDIA |
| **Principal data users** | Health Services and Aged Care Policy, Department of Health |
| **Collection start** | 1 July 2023 |
| **Definition source** | Department of Health |
| **Code set source** | National Disability Insurance Agency |

## Patient location (amend)

Specification

|  |  |
| --- | --- |
| **Definition** | The physical location of the patient during a Telehealth or Virtual Care presentation. |
| **Reported by** | Public hospitalsPrivate hospitals, optional |
| **Reported for** | Every Emergency Department presentation where the Service Type is 2 or 6  |
| **Code set** | **Code Descriptor**NNNN Campus code9000 Residential aged care service9996 Home9997 Correctional facilities9998 Other9999 Unknown |
| **Reporting guide** | Enter the campus code of the Urgent Care Centre or Emergency Department, or select the appropriate physical location of the patient as detailed below.**NNNN Campus code**The Campus Code of the Urgent Care Centre or Emergency Department. For the full code set refer to Reference Files on HDSS website.**9000 Residential aged care service**Government or non-government residential aged care service. **9996 Home**The patient receiving Virtual Care is physically at their usual residence. Excludes RACS (use code 9000) and/or correctional facility (use code 9997).**9997 Prison, correctional facility**Includes prisons, remand centres, police centres, youth training centres and juvenile justice centres.**9998 Other**The patient’s location is not covered by another code.**9999 Unknown**The location of the patient cannot be determined. |
| **Validations** | E408 Patient Location invalid\*E409 Patient Location and Service Type combination invalid\*E417 Patient location is 9996 - Home but Service Type is not 6 - Virtual |
| **Related items** | Section 2 Emergency Department Presentation Telehealth Virtual CareSection 3  Departure Status Service Type |

Administration

|  |  |
| --- | --- |
| **Purpose** | To identify the location of a patient presenting via Telehealth or Virtual Care. |
| **Principal data users** | Department of Health |
| **Collection start** | 1 July 2019 |
| **Version** | Version Effective date1 1 July 20192 1 July 2023 |
| **Definition source** | Department of Health |
| **Code set source** | Department of Health |

## Referred by (amend)

Specification

|  |  |
| --- | --- |
| **Definition** | Source from which patient was referred to this Emergency Department  |
| **Reported by** | Public hospitals Private hospitals, optional  |
| **Reported for** | Every Emergency Department presentation  |
| **Code set** | **Code Descriptor**0 Staff from this campus1 Self, family, friends2 Local medical officer, includes local GP/Doctor4 Private specialist6 Staff from another campus (includes both admitted and non- admitted transfers)14 Nurse on Call15 Other Nurse16 Mental health telephone assessment/advisory line17 Telephone advisory line, not otherwise specified18 Other mental health staff19 Other20 Other community services staff21 Apprehended under Mental Health Act - Police/Protective Service Officer22 Correctional Officer / Other police23 Emergency use24 Ambulance Victoria paramedic |
| **Reporting guide** | **6 Staff from another campus**Includes:* admitted and non-admitted transfers
* record transfer Source

**14 Nurse on Call*** Patient indicated that they had been advised by NURSE-ON-CALL to present to the Emergency Department of the nearest Hospital.

Excludes:* District Nurse, Nurse Practitioner and Nurses employed within Aged Care Residential Care Facility (both high and low level care), Hostel, Respite Care Facility, Nursing Home and Custodial Care Facility.
* Unspecified telephone advisory line/service (report code 17)
* Mental Health telephone advisory service where this is specifically named by the patient (report code 16)

**15 Other Nurse**Includes:* District Nurse, Nurse Practitioner and Nurses employed within Aged Care Residential Care Facility (both high and low level care), Hostel, Respite Care Facility, Nursing Home and Custodial Care Facility.

Excludes:* Personal Care Attendants (PCA), Nurse on Call, and nurses within this hospital or other acute care facility.

**16 Mental health telephone assessment/advisory line**Includes:* Suicide help line
* Mental health area phone triage

Excludes:* Unspecified telephone advisory line/service (report code 17)
* Nurse on call where this is specifically named by the patient (report code 14).

**17 Telephone advisory line, not otherwise specified**Patient indicated that they had been advised by a telephone advisory or referral service to present to the Emergency Department. Patient unable to advise the specific telephone service involved.Excludes:* Nurse on call where this is specifically named by the patient (report code 14).
* Mental health telephone advisory service where this is specifically named by the patient (report code 16)

**18 Other mental health staff**Includes: * Psychiatric disability rehabilitation support service (PDRSS)
* Crisis assessment team (CAT team)

Excludes:* Triage/help line workers

**19 Other**Includes:Armed forces hospitalsThese are not recognised by the Commonwealth and therefore admission from, or separation to, such facilities are not an inter-hospital transfer.**20 Other community services staff**Excludes:Mental health services staff such as crisis assessment teams (report code 18)Continuing care services**21 Apprehended under Mental Health Act – Police/Protective Service Officer**Where a patient has been apprehended by police/PSO under s351 of the Mental Health Act**22 Correctional Officer / Other police**Includes:Prison hospitalsThese are not recognised by the Commonwealth and therefore admission from, or separation to, such facilities are not an inter-hospital transfer.Excludes:Where a patient has been apprehended by police/PSO under s351 of the Mental Health Act (report code 21).**23 Emergency use** Only to be used under the direction of the Department of Health. The department will provide reporting guidelines when an ‘emergency use’ code is enacted.**24 Ambulance Victoria** Only for use when Ambulance Victoria refers a patient for a virtual ED consultation.  Excludes:  Patents physically presenting in person to the emergency department. |
| **Validations** | E130 Referred by invalid\*E136 Referred by and Transfer Source combination invalid E414 Referred by and Service Type combination invalid (new) |

Administration

|  |  |
| --- | --- |
| **Purpose** | Analysis of referral patterns |
| **Principal data users** | Department of Health |
| **Collection start** | 1 July 1995 |
| **Version** | Version Effective date1 1 July 19952 1 July 19973 1 July 20014 1 July 20025 1 July 20036 1 July 20087 1 July 20098 1 July 20189 1 July 202110 1 July 2023 |
| **Definition source** | Department of Health |
| **Code set source** | Department of Health |

## Referred to on Departure (amend)

Specification

|  |  |
| --- | --- |
| **Definition** | The agency to which the patient was referred for continuing care. |
| **Reported by** | Public hospitalsPrivate hospitals, optional |
| **Reported for** | Every Emergency Department presentation |
| **Code set** | **Code Descriptor**1 Review in ED - scheduled2 Review in ED - as required3 Outpatients4 LMO5 Medical Specialist6 Other Specialist Health Practitioner7 Home Nursing Services9 Aged Care Assessment Service10 Drug and Alcohol Treatment Service11 Mental Health Community Service 12 Other community service13 Virtual care15 Emergency use16 No referral17 Not known18 Other19 Not applicable |
| **Reporting guide** | **1 Review in Emergency Department – scheduled**Patient has a planned return date to re-attend the emergency department.**2 Review in Emergency Department – as required**Patient has been advised to return to the emergency department if the problem/s persists and/or further care is required.**3 Outpatients**Patient has been referred to an outpatient clinic for further care, treatment and/or follow up**4 Local medical officer (LMO)**Patient has been referred to their local doctor for further care, treatment and/or follow-up.**5 Medical Specialist**Medical SpecialistExcludes:Allied health personnel, Dentist (report code 6-Other specialist health practitioner).**6 Other specialist health practitioner**Includes:Allied health personnel, DentistExcludes:Mental health staff (report code 11 Mental Health community service)**7 Home nursing service**Includes:Royal District Nursing Service (RDNS)**9 Aged Care Assessment Service (ACAS)**Used where a patient is referred to an ACAS in order to assess eligibility for access to Community Aged Care Packages or residential aged care.The core objective of ACAS is to comprehensively assess the needs of frail older people and to facilitate access to available services appropriate to their needs. In meeting this objective, ACAS also determine eligibility for Commonwealth subsidised residential aged care (including residential respite), Community Aged Care Packages and some flexible care services, including Extended Aged Care at Home (EACH).Where a patient is referred to any other aged care specific service the appropriate code should be used (e.g. if a referral is made to a geriatrician then use code ‘5 – Medical Specialist’)**10 Alcohol and Drug Treatment Service (A&D Services)**Used when a patient is referred to an Alcohol and Drug Treatment Service (including Counselling, Residential Withdrawal, Rehabilitation and Supported Accommodation).**11 Mental health community service**Clinical mental health services are part of larger health services that deliver a range of hospital and community based services. The community-based clinical mental health services to which emergency department patients are most likely to be referred are:* **Crisis assessment and treatment (CAT) services**

These operate 24 hours a day and provide urgent community-based assessment and short-term treatment interventions to people in psychiatric crisis. CAT services have a key role in deciding the most appropriate treatment option and in screening all potential inpatient admissions.CAT services provide intensive community treatment and support, often in the person’s own home, during the acute phase of illness as an alternative to hospitalisation. CAT services also provide a service to designated hospital emergency departments through an onsite presence.* **Continuing care services**

These are the largest component of adult community based services. They provide non-urgent assessments, treatment, case management, support and continuing care services to people with a mental illness in the community. The length of time case management services are provided to a person varies according to clinical need.Continuing care services may be involved with people for extended periods of time or may provide more episodic care. Continuing care clinicians frequently liaise with, and refer to, generalist services including general practitioners for ongoing support and provision of services to people with a mental illness.Excludes:Mental Health service provision in the admitted setting**12 Other community service**Includes:* Rape crisis centre

**13 Virtual care**The patient has presented in person to the emergency department and on departure been referred to a Virtual Emergency Department Includes: patients physically present at the emergency departmentExcludes: patients presenting to the emergency department via Virtual Care.**15 Emergency use**Only to be used under the direction of the department of Health. The department will provide reporting guidelines when an ‘emergency use’ code is enacted.**16 No referral**The patient’s treatment has been completed and no referral is required.**17 Not known****18 Other****19 Not Applicable**Patient has either:* been transferred to ward (including MAPU, EMU, SOU)
* been transferred to another hospital campus
* died
* left at own risk, or

was dead on arrival |
| **Validations** | E142 Dead on Arrival Combination invalidE240 Referred to on Departure invalidE242 Referred to on Departure and Departure Status combination invalid\* |
| **Related items** | Section 4 Dead on arrival Departure Status and Referred to on Departure |

Administration

|  |  |
| --- | --- |
| **Purpose** | To promote and monitor the coordination of patient care |
| **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 19973 1 July 20034 1 July 20045 1 July 20096 1 July 20217 1 July 2023 |
| **Definition source** | Department of Health |
| **Code set source** | Department of Health |

## Service type (amend)

Specification

|  |  |
| --- | --- |
| **Definition** | The type of service provided to the patient by the Emergency Department |
| **Reported by** | All Victorian Hospitals (Public and Private) |
| **Reported for** | Every Emergency Department presentation. |
| **Code set** | **Code Descriptor**1 General Emergency Presentation 2 Telehealth3 COVID-19 related: tested4 COVID-19 related: NOT tested5 Emergency use6 Virtual |
| **Reporting guide** | Select the appropriate service type as detailed below.**1 General Emergency Presentation**The patient is physically present at the emergency department.**2 Telehealth** The ED clinician located in an emergency department provides via an audio-visual link; the assessment, evaluation and treatment of a patient. The patient must be physically present with a nurse or doctor.The Telehealth consultation must be equivalent to a face to face consultation. This means both the remote ED clinician and the patient must interact in a mutually responsive manner, utilising an audio-visual link. The patient’s presenting condition/injury must be visible to the remote ED clinician.**3 COVID-19 related: tested**The patient has presented to an Emergency Department, or a COVID-19 assessment clinic and a COVID-19 test has been performed.**4 COVID-19 related: not tested**The patient has presented to an Emergency Department or COVID19 assessment clinic and a COVID-19 test has not been performed. **5 Emergency use**Only to be used under the direction of the Department of Health. The department will provide reporting guidelines when an ‘emergency use’ code is enacted.**6 Virtual**Virtual Care provided to a patient located outside the emergency departmentThe Virtual consultation must be equivalent to a face-to-face consultation. This means both the remote ED clinician and the patient must interact in a mutually responsive manner, utilising a video link. The patient’s presenting condition/injury must be visible to the remote ED clinician. |
| **Validations** | E125 Arrival Transport Mode invalid\*E409 Patient Location and Service Type combination invalid\*E410 Service Type invalid\*E411 Departure Status and Service Type combination invalid\*E414 Referred by and Service Type combination invalid (new) |
| **Related items** | Section 2 Emergency Department Presentation Telehealth Virtual CareSection 3 Patient Location Departure Status |

## 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 (amend)~~E370 Sex Code ‘Other’~~ |
| **Related items** | Section 3 Diagnosis  |

Administration

|  |  |
| --- | --- |
| **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 2023 |
| **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 4: Business rules

## VEMD editing matrix (amend)

The VEMD Editing Matrix specifies the:

* valid combinations between Primary Diagnosis injury codes and particular injury surveillance fields
* unusual combinations between Primary Diagnosis codes, Sex at Birth codes and patient age (validations E264 and E265)

Email the HDSS Helpdesk for a copy of the VEMD Editing Matrix.

## Dead on arrival (amend)

Departure Status ‘Dead on Arrival’ should only be accorded to a presentation where the:

* patient is certified dead by a medical practitioner or patient is verified dead by a registered nurse or other suitably qualified person, before (or without) being brought into the Emergency Department.

OR

* patient is brought into the Emergency Department but there is no intention to resuscitate them.

Where there is the intention to resuscitate a patient brought into the ED, but they are later pronounced dead, the patient should be recorded as having ‘Died within ED’.

If the Departure Status **is** Dead on Arrival then the following fields **MUST** contain these values:

|  |  |
| --- | --- |
| Field | Value |
| Arrival Transport Mode  | Any mode – although majority should be 9 |
| Departure Status  | 8 |
| Diagnosis  | ~~R959 or~~ R99 |
| Referred to on Departure | 19 |
| Triage category | 6 |
| Type of Visit  | 10 |
| First Seen by Doctor date/time | Time patient’s death was certified |
| Departure date/time | Patient certified dead by clinician outside the ED and body not brought to ED: Departure date/time = date/time of certification of death |

All other mandatory fields should also be reported.

If the Departure Status **is NOT** Dead on Arrival then the following fields **MUST NOT** contain these values:

|  |  |
| --- | --- |
| Field | Value |
| Arrival Transport Mode  | 9 |
| Departure Status | 8 |
| Diagnosis  | ~~R959 or~~ R99(~~R959 and~~ R99 permitted with Departure Status 7) |
| Triage Category  | 6 |
| Type of Visit | 10 |

**Refer to** Section 2: Death – Verification and Certification and Section 6: E142 Dead on Arrival

## Departure Status and Referred to on Departure (amend)

The valid combinations of Departure Status and Referred to on Departure and Service Type are:

| If Departure Status is: | Referred to on Departure must be: | Service Type must be: |
| --- | --- | --- |
| **Departure Before Treatment Completed:** |  |  |
| 11 - Left at own risk, without treatment | 19 | 1 |
| 10 - Left after clinical advice regarding treatment options | 1 - 18 | 1 |
| 30 - Left after clinical advice regarding treatment options – GP Co - Located Clinic | 1 - 18 | 1 |
|  5 - Left at own risk, after treatment started | 19 | 1 |
|  7 - Died within ED | 19 | 1 |
|  8 - Dead on arrival | 19 | 1 |
| **This hospital:** |  |   |
| 27 - Cardiac catheter laboratory | 19 | 1 |
| 28 - Other procedure room or operating theatre | 19 | 1 |
| 15 - Intensive Care Unit - this campus | 19 | 1 |
| 22 - Coronary Care Unit - this campus | 19 | 1 |
| 25 - Mental Health Observation/Assessment Unit | 19 | 1 |
|  3 - Short Stay Observation Unit | 19 | 1 |
| 14 - Medical Assessment and Planning Unit | 19 | 1 |
| 26 - Other Mental Health Bed - this campus | 19 | 1 |
| 18 - Ward not elsewhere described (excludes SOU, EMU, MAPU, ICU, CCU and Mental Health Bed) | 19 | 1 |
| 31 - Mental Health and AOD Hub Short Stay Unit | 19 | 1 |
| **Transfers to another hospital campus (also report Transfer Destination):** |  |  |
| 17 - Mental Health bed at another hospital campus | 19 | 1 |
| 20 - Another hospital campus - Intensive Care Unit | 19 | 1 |
| 21 - Another hospital campus - Coronary Care Unit | 19 | 1 |
| 19 - Another hospital campus (excludes for Mental Health and ICU or CCU transfer) | 19 | 1 |
| **Returning to usual residence:** |  |  |
| 23 - Mental health residential facility or psychogeriatric nursing home. | 1 - 18 | 1 |
| 24 - Residential care facility includes nursing home, hostel. | 1 - 18 | 1 |
| 12 - Correctional/Custodial Facility | 1 - 18 | 1 |
|  1 – Home | 1 - 18 | 1 |
| **Telehealth and Virtual Care:** |  |  |
| T1 - Left at own risk without consultation | 19 | 2 or 6 |
| T2 - Left at own risk after consultation started | 19 | 2 or 6 |
| T3 - Referred to GP | 4 | 2 or 6 |
| T4 - Discharged to usual residence | 1-18. Not 13 | 2 or 6 |
| T5 - Transferred to ward setting | 19 | 2 or 6 |
| T6 - Transferred to another health service | 19 | 2 or 6 |
| T7 - Recommended for transfer to Telehealth or Virtual Care emergency department | 1,2 | 2 or 6 |

## Service Type (new)

The valid combinations of Arrival Transport Mode, Patient Location, Referred by, Service Type and Type of Visit are:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **If Service Type is** | **Arrival Transport Mode must be** | **Patient Location must be** | **Referred by must be** | **Type of Visit must be** |
| 1 - General emergency presentation | A valid code | Blank | Codes 0 - 22 | A valid code  |
| 2 - Telehealth | Blank | A valid campus code or9000 Residential aged care service9997 Correctional facilities9998 Other9999 Unknown | Codes 0 - 22  | 1 - Emergency presentation |
| 6 - Virtual  | Blank | A valid campus code or9000 Residential aged care service9996 Home9997 Correctional facilities9998 Other9999 Unknown | Codes 0 - 22 or code 24 | 1 - Emergency presentation |

# 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 | = | Version of the dataset(202~~2-2~~3-24 is version ~~27~~28: code ‘~~7~~8’ 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~~7~~807a.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 | ~~VEMD subset of ICD-10-AM Codes~~ IHACPA ED List. Subset of ICD-10-AM Codes |
| Additional Diagnosis 1 | 11 | 2 | 5 | ~~VEMD subset of ICD-10-AM Codes~~ IHACPA ED List. Subset of ICD-10-AM Codes |
| Additional Diagnosis 2 | 11 | 2 | 5 | ~~VEMD subset of ICD-10-AM Codes~~ 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 | 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 ~~– Attendance for Follow-up (includes injections) / Review following earlier treatment~~ 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 or 30 - Left after clinical advice regarding treatment options – GP Co-Located ClinicMust be blank for Departure Status 11 - Left at own risk, without treatment, T1Mandatory 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 |

## File format (amend)

Every file must be submitted:

* In the order specified in this document, for patients who depart on and from 1 July 2023 to 30 June 2024 (See File Structure).
* In tab (not comma) delimited ASCII format. Where data in non-mandatory items is unavailable the field position should be denoted by a tab.
* File must contain only valid ASCII characters, with each record separated by a carriage return and line feed
* All data elements are data type text
* Saved as a text file (.txt)

Software suppliers are advised to have the capacity to generate earlier versions of the VEMD file formats to enable hospitals to extract files using the version appropriate for the extraction period up to the final consolidation date for that financial year.

Also note that in relation to data format:

* Data submitted to VEMD must only include codes specified in the File Structure. Local systems may collect data using other codes, acronyms or text; however, these must be converted into appropriate VEMD format for submission to VEMD.
* Only include ~~VEMD~~ ICD-10-AM diagnosis codes from the ~~VEMD Library File~~ IHACPA ED List. ~~Email the~~ ~~HDSS Helpdesk~~ ~~<hdss.helpdesk@health.vic.gov.au> for a copy of the file.~~ available from [IHACPA ED List](https://www.ihacpa.gov.au/health-care/classification/emergency-care/emergency-department-icd-10-am-principal-diagnosis-short-list) for 2023-24 <https://www.ihacpa.gov.au/health-care/classification/emergency-care/emergency-department-icd-10-am-principal-diagnosis-short-list>
* Do not use the ICD-10-AM coding books as not all codes are included.
* Procedure: From 1 July 2016 data in this field is not persisted or validated
* Description of Injury Event: The text for this item does not need to be enclosed in quotation marks (i.e. “textual information”) as each tab separates the items. Quotation marks can be used to emphasise words within the text.

# Section 6: Validation reports and validations

E090 Sex 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)~~

E142 Dead on Arrival (change to function)

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

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

E265 Diagnosis Code and Age – check (amend)

|  |  |
| --- | --- |
| **Effect** | WARNING |
| **Problem** | Diagnosis code(s) reported is unusual for the patient’s age (as calculated by subtracting Arrival Date from Date of Birth) |
| **Remedy** | Check code(s) (note VEMD ~~Library File~~ Editing Matrix) and Date of Birth, if needed correct as necessary, and re-submit the record. |
| **See** | Section 2: Age Date/time Fields DiagnosisSection 3: Arrival date/time Date of Birth Diagnosis-Additional 1 and 2 Diagnosis-Primary  |

~~E370 Sex code ‘Other’ – Check (delete)~~

E130 Referred by invalid (change to function)

E240 Referred to on Departure invalid (change to function)

E242 Referred to on Departure and Departure Status combination invalid (change to function)

E408 Patient Location invalid (change to function)

E409 Patient Location and Service Type combination invalid (amend)

|  |  |
| --- | --- |
| **Effect** | REJECTION |
| **Problem** | The Service Type is 2 - Telehealth or 6 - Virtual and the Patient Location is blank OR:The Service Type is 2 - Telehealth or 6 - Virtual and the Patient Location is not blank. |
| **Remedy** | Check the Patient Location, correct as appropriate and re-submit the record. |
| **See** | Section 2: TelehealthSection 3: Patient Location Service Type |

E410 Service Type invalid (change to function)

E411 Departure Status and Service Type combination invalid (amend)

|  |  |
| --- | --- |
| **Effect** | REJECTION |
| **Problem** | The Departure Status code is:* T1, T2, T3, T4, T5, T6 or T7 and the Service Type **is** **not** 2 - Telehealth or 6 – Virtual; OR
* Not T1, T2, T3, T4, T5, T6 or T7 and the Service Type **is** 2 – Telehealth or 6 - Virtual
 |
| **Remedy** | Check the Service Type and Departure Status, correct as appropriate and re-submit the record. |
| **See** | Section 3: Departure Status Service Type |

E414 Referred by and Service Type (new)

|  |  |
| --- | --- |
| **Effect** | REJECTION |
| **Problem** | The Referred by is code 24 – Ambulance Victoria. but the service type is not code 6 – Virtual. |
| **Remedy** | Check the Referred by and Service Type code(s), correct as appropriate and re-submit the record. |
| **See** | Section 3: Referred by Service TypeSection 4: Service Type |

E415 Gender code invalid (new)

|  |  |
| --- | --- |
| **Effect** | Rejection |
| **Problem** | The Gender code reported does not exist in the code set |
| **Remedy** | Check code(s), correct as necessary and resubmit. |
| **See** | Section 3: Gender  |

**E416 NDIS Participant Id invalid (new)**

|  |  |
| --- | --- |
| **Effect** | REJECTION |
| **Problem** | The NDIS Participant Identifier reported is invalid |
| **Remedy** | Check code(s), correct as necessary and resubmit. |
| **See** | Section 3: NDIS Participant Id |

**E417 Patient location is 9996 – Home but Service Type is not 6 - Virtual**

|  |  |
| --- | --- |
| **Effect** | REJECTION |
| **Problem** | The reported Patient Location is 9996 but the reported Service Type is not 6 – Virtual. |
| **Remedy** | Check code(s), correct as necessary and resubmit. |
| **See** | Section 3: Patient Location Service Type |