

health

# Final specifications for revisions to the Victorian Emergency Minimum Dataset (VEMD) for 1 July 2012

December 2011

Final specifications for revisions  
to the Victorian Emergency  
Minimum Dataset (VEMD) for 1  
July 2012

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Authorised by the State Government of Victoria, 50 Lonsdale Street, Melbourne.

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# Executive Summary

Each year the Department of Health (DH) reviews the data elements and format of the Victorian Emergency Minimum Dataset (VEMD). This review seeks to ensure that the emergency department data collection supports the Department's state and national reporting obligations, assists DH planning and policy development, and incorporates appropriate feedback from data providers on improvements.

This document details the changes required to the VEMD for reporting from 1 July 2012.

For further information on the revisions process and timetable contact the HDSS Help Desk on 9096 8141.

The Executive Director, Hospital and Health Service Performance, has considered the submitted proposals and based on the recommendations of the Annual Change Governance Committee, has approved the following changes for the Victorian Emergency Minimum Dataset (VEMD) for 1 July 2012.

1. Modification to the Specification of Ambulance Case Number
2. Updated Reference Files for Preferred Language and Country of Birth
3. Updated VEMD Library File
4. Updated VEMD Editing Matrices
5. Updated File Naming convention
6. Addition of new edits and modifications to and deletion of existing edits
7. Updated definitions and reporting guides for Departure Date and Departure Time

## Introduction

This document has been distributed to all members of the HDSS Bulletin mailing list. It provides the following information:

- Amended, deleted and new concept definitions, data items and business rules
- Reference files to be updated for 1 July 2012
- Updated file naming convention

The VEMD User Manual 17th Edition 2012-13 will be distributed at later date. Until then, the VEMD User Manual 16th Edition 2011-12 (and subsequent HDSS Bulletins) together with this document will form the VEMD specification for 2012-13.

Services are required to arrange for their software to be modified in accordance with the revised specifications.

## Orientation to this document

- New values and definitions relating to existing items are highlighted in orange.
- Redundant values and definitions relating to existing items ~~are struck through~~.
- Edits that are changing are marked when listed as part of a Data Item or after an Edit Table with an \* after the edit number.
- The text is divided into the categories of 'Specification' and 'Administration' as presented in the *Victorian Emergency Minimum Dataset Manual (VEMD 16<sup>th</sup> Edition, 1 July 2011)*.
  - Specification*: details the reporting requirements for the item.
  - Administration*: provides additional information including the purpose of the collection of the data item and the source of the code set and definitions.

## Abbreviations

ABS	Australian Bureau of Statistics
ACHI	Australian Classification of Health Interventions
AEED	Admitted, Emergency and Elective Data Unit
AHCA	Australian Health Care Agreement
AIHW	Australian Institute of Health and Welfare
AIMS	Agency Information Management System
AR-DRG	Australian Refined Diagnosis Related Group
DH	Department of Health
ED	Emergency Department
ERC	Expenditure Review Committee
HDSS	Health Data Standards and Systems
ICD-10-AM	International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification
ICU	Intensive Care Unit
MIRI	Monash Injury Research Institute, Monash University
NEAT	National Emergency Access Target
NHDD	National Health Data Dictionary
NIPM	Nurse Initiation of Patient Management
NMDS	National Minimum Data Set
PRS/2	Patient Reporting System, Version 2
VACCDI	Victorian Advisory Committee on Casemix Data Integrity
VAED	Victorian Admitted Episodes Dataset
VEMD	Victorian Emergency Minimum Dataset
VICC	Victorian ICD Coding Committee
VISU	Victorian Injury Surveillance Unit, Monash University

## Symbols

<	Less than
>	Greater than
=	Equal to
≠	Not equal to
&	And

# Specifications

## Modify Specification of Ambulance Case Number

<b>It is proposed to</b>	Modify the specification of Ambulance Case Number
<b>Proposed by</b>	Admitted, Emergency and Elective Data unit Funding & Information Policy Department of Health
<b>Implementation Date</b>	1 July 2012
<b>Reason for proposal</b>	VEMD Ambulance Case Numbers specifications do not align with the numbers as provided by Ambulance Victoria.
<b>Details of change</b>	This proposal incorporates the following changes: <ul style="list-style-type: none"><li>2.1 Change to specification in Section 3.</li><li>2.2 Changes to Edits</li></ul>

## Updated Reference Files for Preferred Language and Country of Birth

<b>It is proposed to</b>	Update the reference files for Preferred Language and Country of Birth in accordance with the release of new versions by the Australian Bureau of Statistics.
<b>Proposed by</b>	Admitted, Emergency and Elective Data Funding, Information Policy Department of Health
<b>Implementation Date</b>	1 July 2012
<b>Reason for proposal</b>	The new reference files incorporate amendments which reflect changes to country names and new countries, and corrections to language codes.
<b>Details of change</b>	<p><b>This proposal incorporates the following changes:</b></p> <ul style="list-style-type: none"><li>• New reference file for Section 3: Preferred Language – Australian Standard Classification of Languages (ASCL) 2011</li></ul> <p>The only change to data element definition is an update to the <i>Code set source</i>. (Change not shown in this document).</p> <ul style="list-style-type: none"><li>• New reference file for Section 3: Country of Birth – Standard Australian Classification of Countries (SACC) 2011, 2<sup>nd</sup> Edition, Revision 1</li></ul> <p>The only change to data element definition is an update to the <i>Code set source</i>. (Change not shown in this document).</p> <p>Updated reference files are available on the HDSS Website. The reference files will detail the changes to each codeset :</p> <p><a href="http://www.health.vic.gov.au/hdss/reffiles/index.htm">www.health.vic.gov.au/hdss/reffiles/index.htm</a></p> <p>Further details are available on the ABS website:</p> <p>Preferred Language: <a href="http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/1267.0main+features82011">http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/1267.0main+features82011</a></p> <p>Country of Birth: <a href="http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/1269.0main+features1602011">http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/1269.0main+features1602011</a></p>

## Updated VEMD Library File

<b>It is proposed to</b>	Update the VEMD Library File in accordance with ICD-10-AM
<b>Proposed by</b>	Admitted, Emergency and Elective Data Funding, Information Policy Department of Health
<b>Implementation Date</b>	1 July 2012
<b>Reason for proposal</b>	The new reference file incorporates amendments to align the codes with ICD-10-AM
<b>Details of change</b>	<b>This proposal incorporates the following changes:</b> <ul style="list-style-type: none"><li>• Update reference file VEMD Library File 2012-13</li></ul> Updated reference files are available on the HDSS Website. <a href="http://www.health.vic.gov.au/hdss/reffiles/index.htm">www.health.vic.gov.au/hdss/reffiles/index.htm</a>

## Updated VEMD Editing Matrices – Editing Table

<b>It is proposed to</b>	Update the VEMD Editing Matrices for 2012-13
<b>Proposed by</b>	Admitted, Emergency and Elective Data Funding, Information Policy Department of Health
<b>Implementation Date</b>	1 July 2012
<b>Reason for proposal</b>	The VEMD Editing Matrices have been updated to reflect amended editing requirements.
<b>Details of change</b>	<b>This proposal incorporates the following changes:</b> <ul style="list-style-type: none"><li>• Updated reference file VEMD Editing Matrices Library File 2012-13</li></ul> Updated reference files are available on the HDSS Website. <a href="http://www.health.vic.gov.au/hdss/reffiles/index.htm">www.health.vic.gov.au/hdss/reffiles/index.htm</a>

# Section 3 Data Definition amendments

## Amended Data Elements

Revision Summary	Modify the Specification of <i>Ambulance Case Number</i>
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### Ambulance Case Number

#### Specification

<b>Definition</b>	Unique identifier issued by either Ambulance Victoria (AV)- <del>metro or AV-rural</del> for each ambulance transport occasion.		
<b>Datatype</b>	Alpha/numeric	<b>Form</b>	Identification Number
<b>Field Size</b>	Five	<b>Layout</b>	NNNNN, A, AA, AAA or blank
<b>Reported for</b>	Arrival Transport Mode 1, 2, 3 or 10, indicating arrival by ambulance, other than hospital contracted private ambulance car.		
<b>Reporting guide</b>	All case number ranges recommence each day at midnight (based on dispatch time) and depend on geographic area of ambulance dispatch.		

MAS and RAV merged on 1 July 2008 to form AV. Case number field size and valid ranges changed on 8 June 2010 to accommodate the requirements of a single service. The field size has been modified to five characters to accommodate for a greater number of cases being attended to on a daily basis. These changes are staged and therefore old case numbers will persist to some extent during the implementation phase. This means a mixed model of case numbers will persist for a period of time. **4 digit numbers should be right justified with a leading zero.**

#### Alternate Codes

Ambulance Case Number not available due to:

- B** Industrial action (for example: bans, strikes)
- U** Not provided by the Ambulance Officer

#### Valid combinations

Arrival Transport Mode	Ambulance Case Number
1, 2, 3, 10	NNNNN
	B, U
	ACT, NSW, NT, QLD, SA, TAS, or WA
6, 8, 9, 11, 99	Blank

**Valid Ambulance Case Number ranges**

If Arrival Transport Mode equals:

1 - Air Ambulance; OR

2 - Helicopter; OR

3 - Road Ambulance Service

Victorian Ambulance Case Number should be between:

0001 to 4999

10001 to 19999

70001 to 79999

10 - Ambulance Service – private ambulance car – AV contracted.

Victorian Ambulance Case Number should be between:

40000 to 69999

01001 to 01999

60001 to 69999

08000 to 08999

80001 to 84999

**Ambulance Victoria – Rural**

**Valid Ambulance Case Number ranges**

If Arrival Transport Mode equals:

	3 – Road Ambulance Service or AV Contracted Private Ambulance
Ballarat	01001 to 01999
Bendigo	02001 to 02999
Wangaratta	03001 to 03999
Morwell	04001 to 04999
Geelong	05001 to 05999

## Interstate Ambulance Services

### Valid Ambulance Case Number ranges

If the patient arrives via an interstate ambulance service and the Arrival Transport Mode equals

1 - Air Ambulance; **OR**

2 - Helicopter; **OR**

3 - Road Ambulance Service; **OR**

10 - Ambulance Service – private ambulance car – AV contracted

Ambulance Case Number should be either:

ACT, NSW, NT, QLD, SA, TAS or WA

**E151** Ambulance Case Number and Arrival Transport Mode Combination Invalid

**Related items** This section Arrival Transport Mode.

### Administration

**Purpose** Analysis of ambulance service delivery:

**Principal data users** Ambulance Victoria; Monash University Accident Research Centre; Department of Health.

<b>Collection start</b>	1 July 1995	<b>Version</b>	1	Effective 01.07.95)
			2	(Effective 01.07.02)
			3	(Effective 01.07.03)
			4	(Effective 01.07.04)
			5	(Effective 01.09.07)
			6	(Effective 01.07.11)
			7	(Effective 01.07.12)

<b>Definition source</b>	Department of Health	<b>Code set source</b>	Department of Health
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## Administration

<b>Purpose</b>	Analysis of transport service utilisation and coordination.		
<b>Principal data users</b>	Ambulance Victoria; Monash University Accident Research Centre; Department of Health.		
<b>Collection start</b>	1 July 1995	<b>Version</b>	1 (Effective 01.07.95)
			2 (Effective 01.07.97)
			3 (Effective 01.07.99)
			4 (Effective 01.07.03)
			<b>5 (Effective 01.07.12)</b>
<b>Definition source</b>	1 July 1995	<b>Code set source</b>	Department of Health.

## Departure Date

### Specification

**Definition** The date the patient physically leaves the clinical area of the Emergency Department. ~~NB Waiting rooms and transit/departure lounges are not considered part of the clinical area.~~

**Datatype** Date **Form** Date

**Field Size** Eight **Layout** DDMMYYYY

**Reported for** Every Emergency Department presentation.

**Reporting guide** ~~Record the date the patient:~~  
~~Physically leaves the clinical area of the Emergency Department OR~~  
~~Dies within the Emergency Department OR~~  
~~Is dead on arrival~~

- If Departure Status is Ward Setting or Procedure Room at this Campus (Departure Status Codes 3, 14, 15, 18, 22, 25, 26, 27, and 28) 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. 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 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.

**Reporting guide** **Valid Format:**

DDMMYYYY

<b>Edits</b>	<b>E025</b>	Duplicate Attendance
	<b>E210</b>	Departure Date/Time Invalid
	<b>E212</b>	Departure Date/Time Before Nurse Initiation of Patient Management Date/Time.
	<b>E213</b>	Departure Date/Time Before First Seen By Doctor Date/Time
	<b>E217</b>	Departure Date Conflicts with VEMD File Name
	<b>E219</b>	Length Of Stay Greater Than 10 Days
	<b>E335</b>	Departure Date/Time Before Inpatient Bed Request Date/Time
	<b>E340</b>	Departure Date/Time Less Than or Equal To Arrival Date/Time.
	<b>E350</b>	Length Of Stay Greater Than 4 and Less Than 10 Days
	<b>E374</b>	Departure Date/Time Before First Seen By Mental Health Practitioner Date/Time
<b>Related items</b>	Section 2	Date/Time Fields Length of Stay Time to Initiation of Patient Management.
	Section 3	Departure Time Departure Status.

## Administration

<b>Purpose</b>	Included in the calculation of various derived items: <ul style="list-style-type: none"><li>• Length of Stay</li><li>• Length of Treatment.</li></ul>		
<b>Principal data users</b>	Monash University Accident Research Centre; Department of Health for calculation of National Emergency Access Target (NEAT). NB Departure Status 30 is the only exclusion for the NEAT calculation.		
<b>Collection start</b>	1 July 1995	<b>Version</b>	1 (Effective 01.07.95) 2 (Effective 01.07.02) 3 (Effective 01.07.06) 4 (Effective 01.07.12)
<b>Definition source</b>	NHDD METeOR ID# 322597		

## Departure Time

### Specification

**Definition** The time the patient physically leaves the clinical area of the Emergency Department. ~~NB Waiting rooms and transit/departure lounges are not considered part of the clinical area.~~

**Datatype** Time **Form** Quantitative Value

**Field Size** Four **Layout** HHMM

**Reported for** Every Emergency Department presentation.

**Reporting guide** ~~Record the time the patient:~~  
~~Physically leaves the clinical area of the Emergency Department OR~~  
~~Dies within the Emergency Department OR~~  
~~Is dead on arrival~~

- If Departure Status is Ward Setting or Procedure Room at this Campus (Departure Status Codes 3, 14, 15, 18, 22, 25, 26, 27, and 28) 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.

### Valid Format

HHMM (Must be in 24-hour format) between 0001 and 2359.

Following international convention midnight is reported as either 2359 of preceding date or 0001 of the following date.

See Section 2 Length of Stay  
Time to Initiation of Patient Management

**Edits**

**E025** Duplicate Attendance  
**E210** Departure Date/Time Invalid  
**E212** Departure Date/Time Before Nurse Initiation of Patient Management Date/Time.  
**E213** Departure Date/Time Before First Seen By Doctor Date/Time  
**E217** Departure Date Conflicts with VEMD File Name  
**E219** Length Of Stay Greater Than 10 Days  
**E335** Departure Date/Time Before Inpatient Bed Request Date/Time  
**E340** Departure Date/Time Less Than or Equal To Arrival Date/Time  
**E350** Length Of Stay Greater Than 4 and Less Than 10 Days.  
**E374** Departure Date/Time Before First Seen By Mental Health Practitioner Date/Time.

**Related items**

Section 2 Date/Time fields  
Length of Stay  
Initiation of Patient Management  
Section 3 Departure Date  
Departure Status

## Administration

<b>Purpose</b>	Used in the calculation of various derived items, including: Length of Stay Length of Treatment.		
<b>Principal data users</b>	Monash University Accident Research Centre; Department of Health for calculation of National Emergency Access Target (NEAT). NB Departure Status 30 is the only exclusion for the NEAT calculation.		
<b>Collection start</b>	1 July 1995	<b>Version</b>	1 (Effective 01.07.95) 2 (Effective 01.07.02) 3 (Effective 01.07.12)
<b>Definition source</b>	Department of Health.		

# Section 5 Compilation and Submission amendments

## File Naming Convention

Every file submitted to the VEMD must be named as follows:

<b>File Naming Convention</b>	AAAABnna.txt		
<b>Where</b>	AAAA	=	Campus Code <b>Example</b> <b>1010</b>
	B	=	Version of the dataset (last digit) <b>(2012-13 is version 17. Code '7' will be used)</b>
	nn	=	Month of Transmission (example 07=July)
	a	=	Data Submission Indicator <b>Example</b> <b>1<sup>st</sup> July submission 07a,</b> <b>2<sup>nd</sup> July submission 07b</b> <b>3<sup>rd</sup> July submission 07c</b>
<b>Text extract:1010707a.txt</b>			
<b>Zip file with 128 bit AES encryption and password supplied by DH: 1010707a.zip</b>			





## E388 First Seen By Mental Health Practitioner before Triage Date/Time

**Effect**

**REJECTION**

**Problem**

The First Seen by Mental Health Practitioner Date/Time reported in this record is earlier than the Triage Date/Time.

**Remedy**

Check dates/times of First Seen by Mental Health Practitioner and Triage, correct as appropriate and re-submit the transaction.

See Section 3: First Seen by Mental Health Practitioner Date  
First Seen by Mental Health Practitioner Time  
Triage Date  
Triage Time

## Deleted Edits

~~E321 – Nature of Main Injury, Body Region and Primary Diagnosis Combination Invalid~~

~~E379 – Significant Change in Preferred Language Profile~~

~~E380 – Significant Change in Country of Birth Profile~~

~~E381 – Unexpected Number of Departures per Day~~