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| Specifications for revisions to Victorian Emergency Minimum Dataset for 2025-26 |
| December 2024 |
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# Executive Summary

The revisions for the Victorian Emergency Minimum Dataset (VEMD) for 2025-26 are summarised below.

New data elements:

* Funding Source for patient

Changes to existing data elements:

* Retire Compensable Status
* Update definition, code set and reporting guide for Service Type
* Update descriptor for Departure Status code T6
* Update reporting guides for Arrival date and time, Arrival Transport Mode, Departure Date, Departure Status, Patient Location

Changes to existing concepts:

* Retire Telehealth concept
* Update Virtual Care, Emergency Department Presentation and Registration concepts

Changes to business rules:

* Update business rule for Departure Status and Referred to on Departure
* Update business rule for Service Type

Changes to file structure:

* Add Funding Source field
* Remove Compensable Status field

Changes to validations:

* Remove validations E079, E145, E404 and E405
* Add validations E419, E420, E421, E422 and E423
* Update existing validations E079, E356, E404, E405, E409, E410, E411 and E412

# 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.

Some proposed changes submitted for 2024-25 were deferred for consideration during the 2025-26 annual change process. Comments provided by the health sector in response to Proposals for revisions to the VEMD for 2024-25 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 2025-26.

**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.**

## 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 proposal 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

The department considered proposals for changes to the VEMD submitted during the 2024-25 and 2025-26 annual changes process.

Proposals submitted to the VEMD for 2024-25 and deferred:

**Proposal 6 - Amend validation - Usual accommodation and departure status**

Proposal proceeds.

**Proposal 10 - Cease reporting Service Type COVID 19 specific codes**

Proposal proceeds.

Proposals to the VEMD for 2025-26:

**Proposal 11 - Update VEMD virtual care reporting items**

Proposal proceeds.

Proposals across multiple data collections (VEMD and AIMS) for 2025-26:

**Proposal 3 - New data item - Funding source for hospital patient**

Proposal proceeds.

# Specifications for changes from 1 July 2025

# 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. |
| **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.An Emergency Department Presentation should be reported even if the patient leaves the Emergency Department before the treatment has commenced or if the registration was commenced but not completed (use the appropriate Departure Status code).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.Health Services are advised to use the description in the Observation Medicine Guidelines 2009 and the definitions in this manual to select the code that best represents the model of observation medicine that they deliver.For ~~Telehealth or~~ Virtual Care presentations:* where the patient self-registers, the patient will be triaged into the virtual waiting room by the VVED triage nurse.
* where the patient is registered by a nurse at a Victorian ED/UCC the patient will be triaged into the virtual service by the ED/UCC triage nurse through electronic referral and provision of vitals.

~~a patient will be triaged into the Emergency Department workload via electronic referral and telephone/video discussion between 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 remote patient.~~ |

## Registration (amend)

|  |  |
| --- | --- |
| **Classification**  | Concept |
| **Definition** | The recording of complete patient particulars including the reason for presentation, details of relatives and relevant healthcare providers, authorised in person by the patient or their representative, and undertaken when the health service is responding to a patient request to receive emergency medical attention. |
| **Guide for use** | Except for ~~Telehealth and~~ Virtual Care presentations remote provision of patient particulars such as by telephone or electronic data entry either by a medical practitioner or a patient does not constitute registration. |

## Telehealth (remove)

|  |  |
| --- | --- |
| **~~Classification~~**  | ~~Concept~~ |
| **~~Definition~~** | ~~Telehealth consultations are provided by an ED clinician to a patient when there is a need to deliver a consultation remotely i.e., assessment, evaluation, and treatment.~~ |
| **~~Guide for use~~** | ~~The patient must be physically present with a nurse or doctor at a public urgent care centre, another public emergency department or a Victorian government or non-government RACS or a correctional facility.~~~~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.~~~~The patient’s presentation must be of an unplanned nature.~~~~Refer to the department’s about~~ [~~telehealth webpage~~](https://www.health.vic.gov.au/patient-care/telehealth)~~<https://www.health.vic.gov.au/patient-care/telehealth>~~ |

## Virtual care (amend)

|  |  |
| --- | --- |
| **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.~~Virtual care refers to healthcare delivery or related processes where one or more participants are separated by distance and Information and Communication Technology (ICT) is used to overcome that distance. |
| **Guide for use** | A clinician is not required to be physically present with the patient to receive Virtual Care.Virtual consultations are provided by an ED clinician.The Virtual Care provided 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. Virtual Care may be provided to:* A patient who is at home or other location in the community including another ED, an UCC, RAC, a GP clinic etc
* A patient who is physically in the presence of a clinician. This includes where the patient is in another ED, a UCC, RAC, GP clinic or prison

The patient’s presentation must be of an unplanned nature and must not be a substitute for primary care. Consultations between clinicians only are out-of-scope. 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 and, unless the patient is a prisoner in a Victorian correctional facility, is the single point of entry to receiving emergency care virtually in Victoria. The state-wide provider is responsible for reporting VVED activity to the VEMD. This includes any activity the state-wide provider subcontracts to another health service. |

# 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 invalidE095 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 |

## 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 |

## 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: provider |
| **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 |

## Compensable Status (remove)

~~Specification~~

|  |  |
| --- | --- |
| **~~Definition~~** | ~~Whether or not a patient is a compensable patient.~~ |
| **~~Reported by~~** | ~~All Victorian hospitals (public and private)~~ |
| **~~Reported for~~** | ~~Every Emergency Department Presentation.~~ |
| **~~Code set~~** | **~~Code Descriptor~~**~~1 Transport Accident Commission~~~~2 Department of Veterans' Affairs~~~~3 Work Safe~~~~4 Common Law, Public liability, Other compensable, Service personnel~~~~5 Ineligible not compensable~~~~6 Medicare patient/Overseas eligible/Ineligible hospital exempt~~~~7 Compensable status unknown~~ |
| **~~Reporting guide~~** | ~~Select the first appropriate category.~~ |
| **~~Validations~~** | ~~E079 Compensable Status and DVA Number combination invalid~~~~E145 Compensable Status invalid~~~~E404 Compensable Status and Given Name combination invalid~~~~E405 Compensable Status and Family Name combination invalid~~ |
| **~~Replated items~~** | ~~Section 3 DVA Number~~ ~~Family Name~~ ~~Given Name~~ ~~Medicare Number~~ ~~Medicare Suffix~~ |

~~Administration~~

|  |  |
| --- | --- |
| **~~Purpose~~** | ~~Analysis and monitoring.~~ |
| **~~Principal data users~~** | ~~Monash University Accident Research Centre; Department of Health; Department of Veterans’ Affairs; Work Safe; Transport Accident Commission; Medicare.~~ |
| **~~Collection start~~** | ~~1 July 1995~~ |
| **~~Version~~** | ~~Version Effective date~~~~1 1 July 1995~~~~2 1 July 2022~~ |
| **~~Definition source~~** | ~~Department of Health NHDD, METEOR ID 623179~~ |
| **~~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~~ Virtual presentations may require the patient to stay at the urgent care centre for observation. In this case there may be several ~~Telehealth~~ Virtual consultations via audio visual links between the ED and the urgent care centre. The Departure Date will be when the final ~~Telehealth~~ Virtual 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 / Time.E213 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 / Time.E350 Length of Stay greater than 4 and less than 10 daysE374 Departure Date / Time Before First Seen By Mental HealthPractitioner Date / TimeE394 Departure Date / Time before Clinical Decision to Admit Date / TimeE407 Ambulance at Destination Date / Time and Departure Date / Time invalid combinationE413 Ambulance Handover Date / Time and Departure Date / Time invalid |
| **Related items** | Section 2 Date/time fields Length of Stay Verification/Certification of deathSection 3 Departure Time Departure Status |

## 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 Clinic or PPCC5 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** | **~~Telehealth and~~ Virtual Care**T1, T2, T3, T4, T5, T6 or T7Select the appropriate code for ~~Telehealth and~~ Virtual Care presentations (Service Type code ~~- 2 Telehealth or~~ 6 - Virtual: provider) |
| **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. 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 Clinic or PPCCAt 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 or Priority Primary Care Centre (PPCC).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 Unit.19 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 and Virtual Care presentations (Service Type code - ~~2 Telehealth or~~ 6 - Virtual: provider) |
| **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 invalidE260 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 clinic or PPCCE393 Clinical Decision to Admit Date / Time and Departure Status Combination invalidE411 Departure Status and Service Type combination invalid\*E412 Unregistered Mental Health and AOD Hub |
| **Related items** | Section 3 Transfer Destination Referred to on Departure Reason for Transfer Departure Transport Mode Diagnosis - Primary Diagnosis Clinical Decision to Admit Date / TimeSection 4 Clinician Date Time and Departure Status Dead on Arrival Departure Status and Referred to on Departure Primary Diagnosis |

## 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 – Follow-up examination after unspecified treatment for other conditions’.Optional for all other Emergency Department presentations. |
| **Code set** | Refer to the IHACPA Emergency Department ICD-10-AM 1~~2~~3th Edition Principal Diagnosis Short List from 1July 202~~3~~5 (the ‘[IHACPA ED Short List’](https://www.ihacpa.gov.au/health-care/classification/emergency-care/emergency-department-icd-10-am-principal-diagnosis-short-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 IHACPA ED Short List will be accepted. |
| **Validations** | E261 Diagnosis code invalidE264 Diagnosis code and Sex at Birth - 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 |

## 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 or PPCC’
* ‘31 – Mental Health and AOD Hub Short Stay Unit’
* ‘T2 – Left at own risk after consultation started’
 |
| **Code set** | Refer to the IHACPA Emergency Department ICD-10-AM 1~~2~~3th Edition Principal Diagnosis Short List from 1 July 202~~3~~5 (the ‘[IHACPA ED Short List’](https://www.ihacpa.gov.au/health-care/classification/emergency-care/emergency-department-icd-10-am-principal-diagnosis-short-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** | 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’.**Injury or Poisoning**If the Primary Diagnosis code is an injury, poisoning or other consequence of an external cause (IHACPA ED Short 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 – Attendance for Follow-up (includes injections) / Review following earlier treatment’, 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 IHACPA ED Short 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 items |
| **Related items** | Section 2 DiagnosisSection 3 Activity When Injured Diagnosis- Additional Diagnosis 1 & 2 Body Region Description of Injury Event Human Intent Injury Cause Nature of Main Injury Place Where Injury OccurredSection 4 Dead on Arrival Injury Surveillance Primary Diagnosis |

## DVA Number (amend)

Specification

|  |  |
| --- | --- |
| **Definition** | The Department of Veterans’ Affairs file number applicable for the patient. |
| **Reported by** | Public hospitalsPrivate hospitals, optional |
| **Reported for** | Presentations with ~~Compensable Status~~ Funding Source of ‘~~2~~ -04 Department of Veterans’ Affairs’ (conditional mandatory). |
| **Reporting guide** | The DVA number is obtained from the patient.**Layout*** Part 1 State identifier

Valid codes: Q, N, V, T, S or W. ACT is included in N (NSW) and NT with S (SA).* Part 2 War Group Code

 Alphanumeric characters may be up to 3 characters.* Part 3 Serial Number

Numeric characters may be 2 to 6 characters in length.* Part 4 (Optional) Spouse or Dependent Identifier

May be 1 character in length.**Valid Format** (see also above layout and following examples):* only alphabetic and numeric characters and spaces are permitted
* alphabetic characters must be in uppercase
* a maximum of six numeric characters is permitted
* trailing spaces (to the right) are permitted
* spaces between characters are not permitted.

Examples:N123456, VX123456, WXX123A or QXXX1B |
| **Validations** | E078 DVA Number invalid~~E079 Compensable Status and DVA Number combination invalid~~ E421 Funding Source and DVA Number combination invalid |
| **Related items** | Section 3 ~~Compensable Status~~ Funding Source Family Name Given Name |

## Family Name (amend)

Specification

|  |  |
| --- | --- |
| **Definition** | The family name of the DVA patient |
| **Reported by** | Public hospitalsPrivate hospitals, optional |
| **Reported for** | Presentations with ~~Compensable Status~~ Funding Source of ‘~~2~~ 04- Department of Veterans’ Affairs’ (conditional mandatory). |
| **Reporting guide** | The family name or surname of the patient. |
| **Valid format** | Permitted characters: A to Z (upper case), space, apostrophe, hyphen.The first character must be an alpha character (upper case). |
| **Validations** | ~~E405 Compensable Status and Family Name combination invalid~~E422 Funding Source and Family Name combination invalid |
| **Related items** | Section 3 ~~Compensable Status~~ Funding Source DVA Number Given Name |

## Funding source (new)

Specification

|  |  |
| --- | --- |
| **Definition** | The source of funds for the Emergency Department presentation, as represented by a code. |
| **Reported by** | All Victorian Hospitals (Public and Private) |
| **Reported for** | Every Emergency Department presentation |
| **Code set** | **Code Descriptor**01 Health service budget (not covered elsewhere)02 Health service budget (due to eligibility for Reciprocal Health Care Agreement)03 Health service budget (no charge raised due to hospital decision)04 Department of Veterans' Affairs05 Department of Defence06 Correctional facility07 Medicare Benefits Schedule08 Contracted care09 Private health insurance10 Worker's compensation11 Motor vehicle third party personal claim12 Other compensation (e.g. public liability, common law, medical negligence)13 Self-funded88 Other funding source98 Unknown |
| **Reporting guide** | Not all funding sources in this data element may be applicable to all health care settings. The most appropriate source of funding should be assigned based on a best estimate of where the majority of funds come from, except for private health insurance, which should be assigned wherever there is a private health insurance contribution to the cost. This data item is not designed to capture information on out-of-pocket expenses to patients (for example, fees only partly covered by the Medicare Benefits Schedule).If a charge is raised for accommodation or facility fees for the episode/service event, the intent of this data item is to collect information on who is expected to pay, provided that the charge would cover most of the expenditure that would be estimated for the episode/service event. If the charge raised would cover less than half of the expenditure, then the funding source that represents the majority of the expenditure should be reported.If there is an expected funding source followed by a finalised actual funding source (for example, in relation to compensation claims), then the actual funding source known at the end of the reporting period should be recorded.The expected funding source should be reported if the fee has not been paid but is not to be waived.**CODE 01   Health service budget (not covered elsewhere)**Health service budget (not covered elsewhere) should be recorded as the funding source for Medicare eligible patients for whom there is no other funding arrangement.**CODE 02   Health service budget (due to eligibility for Reciprocal Health Care Agreement)**Patients who are overseas visitors from countries covered by Reciprocal Health Care Agreements.Australia has Reciprocal Health Care Agreements with the United Kingdom, the Netherlands, Italy, Malta, Sweden, Finland, Norway, Belgium, Slovenia, New Zealand and Ireland. The Agreements provide for free accommodation and treatment as a public patient in public hospital services, but do not cover treatment as a private patient in any kind of hospital.The Agreements with Finland, Italy, Malta, the Netherlands, Norway, Sweden, Belgium, Slovenia and the United Kingdom provide free care as a public patient in public hospitals, subsidised out-of-hospital medical treatment under Medicare, and subsidised medicines under the Pharmaceutical Benefits Scheme.The Agreements with New Zealand and Ireland provide free care as a public patient in public hospitals and subsidised medicines under the Pharmaceutical Benefits Scheme, but do not cover out-of-hospital medical treatment.Visitors from Italy and Malta are covered for a period of six months from the date of arrival in Australia only.Visitors from Belgium, the Netherlands and Slovenia require their European Health Insurance card to enrol in Medicare. They are eligible for treatment in public hospitals until the expiry date indicated on the card, or to the length of their authorised stay in Australia if earlier.Excludes: Overseas visitors who elect to be treated as private patients or under travel insurance.**CODE 03   Health service budget (no charge raised due to hospital decision)**Patients who are Medicare ineligible and receive public hospital services free of charge at the discretion of the hospital or the state/territory. Also includes patients who receive private hospital services for whom no accommodation or facility charge is raised (for example, when the only charges are for medical services bulk-billed to Medicare) and patients for whom a charge is raised but is subsequently waived.**CODE 07   Medicare Benefits Schedule**Medicare eligible patients in scope of collection for whom services are billed to Medicare. Includes both bulk-billed patients and patients with out-of-pocket expenses. This value is not applicable for admitted patients.**CODE 08   Contracted care**This code is to be reported only by the contracted hospital (destination hospital or provider of service) or a public authority (e.g. a state or territory government) or non-government organisations funded by state or territory health authorities. The contracting hospital (originating hospital) should report the underlying funding source used for the contracted care.Only report this code if the care was contracted (funded) by a hospital, either public or private, or by a public authority. Where care is contracted by a public authority that is listed under another funding source code, for example, code 05 Department of Defence, then that code should be used, rather than code 08. **CODE 09   Private health insurance**Patients who are funded by private health insurance, including travel insurance for Medicare eligible patients. If patients receive any funding from private health insurance, choose Code 09, regardless of whether it is the majority source of funds.Excludes: Overseas visitors for whom travel insurance is the major funding source.**CODE 13   Self-funded**This code includes funded by the patient, by the patient's family or friends, or by other benefactors.**CODE 88   Other funding source**Any other funding source not listed above, including travel insurance for overseas visitors |
| **Validations** | E419 Funding source invalidE420 Funding source and Medicare Suffix combination invalidE421 Funding Source and DVA Number combination invalidE422 Funding Source and Family Name combination invalidE423 Funding Source and Given Name combination invalid |

Administration

|  |  |
| --- | --- |
| **Purpose** | Analysis and monitoring |
| **Principal data users** | Monash University Accident Research Centre, Department of Health, Department of Veterans’ Affairs, Work Safe; Transport Accident Commission and Medicare. |
| **Collection start** | 1 July 2025 |
| **Version** | Version Effective date1 1 July 2025 |
| **Definition source** | NHDD METEOR ID 796822, Department of Health modified |
| **Code set source** | Independent Health and Aged Care Pricing Authority  |

## Given Name(s) (amend)

Specification

|  |  |
| --- | --- |
| **Definition** | The given name/s of the DVA patient |
| **Reported by** | Public hospitalsPrivate hospitals, optional |
| **Reported for** | Presentations with ~~Compensable Status~~ Funding Source of ‘~~2~~ 0~~4~~- Department of Veterans’ Affairs’ (conditional mandatory) |
| **Reporting guide** | The given name/s of the patient |
| **Valid format** | Permitted characters: A to Z (upper case), space, apostrophe, hyphen.The first character must be an alpha character (upper case). |
| **Reporting guide** | The given name/s of the patient. |
| **Validations** | ~~E404 Compensable Status and Given Name combination invalid~~ E423 Funding Source and Given Name combination invalid |
| **Related items** | Section 3 ~~Compensable Status~~ Funding Source DVA Number Family Name |

## Medicare Suffix (amend)

Specification

|  |  |
| --- | --- |
| **Definition** | First three characters of the patient's first given name (as it appears on the Medicare card). |
| **Reported by** | Public hospitalsPrivate hospitals, optional |
| **Reported for** | All Emergency Department presentations |
| **Code set** | Characters should be:The first three characters of the patient’s first given name in upper caseNote:If the patient’s name has only two characters type a space for the third character.Characters permitted:Upper case alphasSpace as second and third charactersSpace as third characterHyphen or apostrophe as second character or hyphen or apostrophe as third character.If Medicare Number is unavailable or the patient is not eligible for a Medicare Number, leave the Medicare Number blank (not zero-filled) and enter the appropriate suffix:Alternative Codes DescriptorC-U Card unavailable/Not applicableN-E Not eligible for MedicareP-N Prisoner |
| **Reporting guide** | Unnamed neonate:For unnamed neonates where the family has a Medicare Number, report an alternative code of ‘BAB’. The Medicare Number issued to the mother/ family must also be reported with an 11th character of ‘0’ or the mother’s IRN.Prisoners:Prisoners are treated and funded as public patients |
| **Validations** | E087 Medicare Suffix invalidE364 Medicare Last Digit Zero; Suffix Not ‘BAB’E420 Funding source and Medicare Suffix combination invalid |
| **Related items** | Section 3 Medicare Number |

## 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 invalidE409 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 Patient Location Departure Status |

## Service Type (amend)

Specification

|  |  |
| --- | --- |
| **Definition** | The type of service provided by the Emergency Department 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 Telehealth~~~~3 COVID-19 related: tested~~~~4 COVID-19 related: NOT tested~~5 Emergency use6 Virtual: provider7 Virtual: receiver |
| **Reporting guide** | Select the appropriate service type as detailed below.**1 General Emergency Presentation**The patient is physically present at the Emergency Department.Excludes: Patients who receive Virtual Care while physically in the ED and the patient has been triaged into the Virtual Care waiting room by the ED triage nurse. Report Service Type 7 Virtual: receiver**~~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: provider**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.~~ VVED is the state-wide provider of public virtual emergency care in Victoria and unless the patient is a prisoner in a Victorian correctional facility, is the single point of entry to Victorian virtual emergency care. Includes: Patients located in another ED or UCC with or without a clinician present.Excludes: Patients already admitted.7 Virtual: receiverVirtual Care received by a patient located in the emergency department of the Virtual Receiver. The Virtual Care is provided to the patient by VVED who is the Virtual Provider.Virtual Care has been delivered in collaboration between the Virtual Receiver and Virtual Provider and the patient was registered and triaged into the virtual waiting room by the Virtual Receiver.Excludes:Patients referred to Virtual Care by an ED and the patient self-registers with the VVED service. Report Service Type 1 General ED presentation. |
| **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\* |
| **Related items** | Section 2 Emergency Department Presentation ~~Telehealth~~ Virtual CareSection 3 Patient Location Departure Status |

# Section 4: Business Rules

## 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: |
| --- | --- | --- |
| **~~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 |

*[No further changes to item]*

## Service type (amend)

The valid combinations of Arrival Transport Mode, Campus code Patient Location, Referred By, Service Type, Departure Status and Type of Visit are:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **If Service Type is** | **Arrival Transport Mode must be** | **Campus code must be**  | **Patient Location must be** | **Referred by must be** | **Departure status must be** | **Type of Visit must be** |
| 1 - General emergency presentation | A valid code | Any valid campus code | Blank | Codes 0 - 22 | Codes 1 to 31 | A valid code  |
| ~~2 - Telehealth~~ | ~~Blank~~ |  | ~~A valid campus code or~~~~9000 Residential aged care service~~~~9997 Correctional facilities~~~~9998 Other~~~~9999 Unknown~~ | ~~Codes 0 - 22~~  |  | ~~1 - Emergency presentation~~ |
| 6 - Virtual: provider  | Blank | Campus code 1280# | A valid campus code or9000 Residential aged care service9996 Home9997 Correctional facilities#9998 Other9999 Unknown | Codes 0 - 22 or code 24 | Codes T1 to T7 | 1 - Emergency presentation |
| 7 - Virtual: receiver | A valid code | Any valid campus code | Blank | Codes 0 - 22 | Codes 1 to 31 | 1 - Emergency presentation |

# Any campus code may be reported if patient location is 9997 Correctional facilities

# 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 ~~9~~0 | = | Version of the dataset(202~~4-25~~5-26 is version ~~29~~30 code ‘~~9~~0’ 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~~9~~007a.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, 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~~13 | ~~1~~13 | ~~1~~ | ~~1, 2, 3, 4, 5, 6, 7~~Not collected from 1 July 2025. Leave blank. |
| 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 | IHACPA ED Short List. Subset of ICD-10-AM Codes |
| Additional Diagnosis 1 | 11 | 2 | 5 | IHACPA ED Short List. Subset of ICD-10-AM Codes |
| Additional Diagnosis 2 | 11 | 2 | 5 | IHACPA ED Short 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 | 1 | 2 | 1 | 1, 2, 3, 4, 5, 9 or blank |
| NDIS Identifier | 20 | 2 | 9 | See Section 3 NNNNNNNNN or blank |
| Funding source | 1 | 1 | 2 | 01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12, 13, 88, 98 |

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 or PPCC
* T1 - Left at own risk without consultation
 |
| 11 | Mandatory if Primary Diagnosis code = ‘Z099 – 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~~ Funding source = ~~2~~04 |
| 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 clinic or PPCCMust be blank for Departure Status 11 - Left at own risk, without treatment,Mandatory for all Departure Statuses other than 10, 11 or 30 |
| 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 or 7  |
| 19 | Mandatory if Service Type = ~~2 or~~ 6 |
| 20  | Mandatory if patient is a NDIS participant |

*[No further changes to item]*

# Section 6: Validation Reports and Validations

~~E079 Compensable Status and DVA Number combination invalid~~ (remove)

~~E145 Compensable Status invalid~~ (remove)

E356 Type of Usual Accommodation and Departure Status combination invalid (amend)

|  |  |
| --- | --- |
| **Effect** | WARNING |
| **Problem** | The record’s Type of Usual Accommodation is ‘11 – Prison/Remand Centre/Youth Training Centre’ but the Departure Status is ~~5, 10, 11~~, 23, 24, 30, ~~T1, or T2,~~ 1 |
| **Remedy** | Correct as appropriate and resubmit. |
| **See** | Section 3: Departure Status, Type of Usual Accommodation |

~~E404~~ ~~Compensable Status~~ ~~and Given Name combination invalid~~ (remove)

~~E405 Compensable Status~~ ~~and Family Name combination invalid~~ (remove)

E409 Patient Location and Service Type combination invalid (amend)

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

E410 Service Type invalid (change to function only)

E411 Departure Status and Service Type combination invalid (amend)

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

E419 Funding Source invalid (new)

|  |  |
| --- | --- |
| **Effect** | REJECTION |
| **Problem** | The Funding Source is either blank or not a valid code from the code set. |
| **Remedy** | Check Funding Source, correct as necessary and resubmit. |
| **See** | Section 3: Funding Source |

E420 Funding Source and Medicare Suffix combination invalid (new)

|  |  |
| --- | --- |
| **Effect** | REJECTION |
| **Problem** | Either:* The Funding Source is code ‘06 Correctional facility’ and Medicare Suffix is not P-N, OR
* The Medicare Suffix is P-N and the Funding Source is not code ‘06 Correctional facility’
 |
| **Remedy** | Check Funding Source, Medicare Suffix |
| **See** | Section 3: Funding Source, Medicare Suffix |

E421 Funding Source and DVA Number combination invalid (new)

|  |  |
| --- | --- |
| Effect | REJECTION |
| Problem | The campus is public and: * Funding Source is ‘04- Department of Veterans’ Affairs’ but there is no DVA number; OR
* Funding Source is not ‘04- Department of Veterans’ Affairs’ but a DVA number is reported.

A DVA number must only be reported for each DVA compensable patient. |
| Remedy | Check whether patient is DVA compensable.* If the patient is DVA, the Funding Source must be ‘04’ and a valid DVA number must be submitted.
* If the patient is not a DVA patient, correct the Funding Source and ensure the DVA number item is blank.
 |
| See | Section 3: Funding Source DVA Number |

E422 Funding Source and Family Name combination invalid (new)

|  |  |
| --- | --- |
| Effect | REJECTION |
| Problem | The campus is public and either:* Funding Source is ‘04- Department of Veterans’ Affairs’, but there is no valid Family Name; OR
* Funding Source is not ‘04- Department of Veterans’ Affairs’, but a Family Name is reported.

A Family Name must only be reported for each DVA compensable patient. |
| Remedy | Check whether patient is DVA compensable.* If the patient is DVA, the Funding Source must be ‘04’ and a valid Family Name must be submitted.
* If the patient is not a DVA patient, correct the Funding Source and ensure the Family Name is blank.
 |
| See | Section 3: Family Name Funding Source |

E423 Funding Source and Given Name combination invalid (new)

|  |  |
| --- | --- |
| Effect | REJECTION |
| Problem | The campus is public and either:* Funding Source is ‘04- Department of Veterans’ Affairs’, but there is no valid Given Name; OR
* Funding Source is not ‘04- Department of Veterans’ Affairs’, but a Given Name is reported.

A Given Name must only be reported for each DVA compensable patient. |
| Remedy | Check whether patient is DVA compensable.* If the patient is DVA, the compensable status must be ‘04’ and a valid Given Name must be submitted.
* If the patient is not a DVA patient, correct the Funding Source and ensure the Given Name is blank.
 |
| See | Section 3: Funding Source Given Name |