

Emergency Department Data Collection

ACT Government Health Directorate

Background

The primary purpose of collecting Emergency Department data in ACT is to:

- Assist clinicians in the management of patients; and
- Enable comparisons of performance in respect to access to services, quality clinical outcomes, patient management, customer satisfaction and cost effectiveness.

Each record in the collection represents a presentation to an emergency department.

ED coverage

- The Emergency Department Data Collection (EDDC) commenced in 2000, but is only available through the Master Linkage Key from July 2005.
There are two participating Emergency Departments in the ACT, one at each public hospital (Canberra and Calvary).

Diagnosis coding

The ACT Admitted Patient Data Collection has diagnoses coded by trained clinical information managers who choose diagnoses from the Australian clinical version of the International Classification of Diseases (ICD). The EDDC, on the other hand, has diagnoses recorded by medical, nursing or clerical personnel at the point of care. These personnel are not trained in clinical coding. The diagnoses are selected by keyword searching or tables of a limited set of diagnoses. The codes are assigned to the chosen diagnosis using tables built into the computer database program.

Other points to note are:

- There are two different computer programs used in ACT EDs. Different programs use different classifications to record the diagnosis, including ICD-9, ICD-10, or SNOMED CT (see <https://nehta.org.au/aht/>). If you intend analysing ED diagnoses, you need to determine the codes from each of these classifications that relate to the disease or symptom grouping to be studied.
- Variation in computer programs and management practices at EDs may lead to variation in diagnosis coding practices. Some disease categories are not available in some programs but may be in others.
- Symptoms can be, and often are, selected as diagnoses.
- Diagnoses can be very specific or very broad. For example, someone with the same symptoms might be assigned a diagnosis of "influenza" or "viral infection".

Other limitations

- The other main source of primary care in Australia is general practice services. Because of variability in GP service availability, limited consultation hours and variation in bulk billing practices, ED activity may be very sensitive to availability of GP services.
- Emergency Departments have different visit types, the most common being an "Emergency Visit".

Tips for using Emergency Department data in linkage studies

- The EDDC has substantial limitations. These limitations must be considered when planning a study using ED data, and in particular, when interpreting and presenting the data
- Data are available from all public hospitals in the ACT.
- Access to data from Canberra and Calvary hospitals needs to be sought separately. Please see the CHeReL website 'Apply for linked data' page for more information (<http://www.cherel.org.au/apply-for-linked-data>) or speak to the CHeReL Research Project Manager (cherel.mail@moh.health.nsw.gov.au).

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Variable information

Variable	Description/Notes	Codes
Date of birth	Full date of birth will only be supplied if sufficient justification is supplied that age is insufficient. Date of birth may otherwise be supplied as MMYYYY.	
Age	The age of the patient in years	
Sex	Gender of the patient	1 = Male 2 = Female 3 = Indeterminate 9 = Not stated/inadequately described
Indigenous status	Whether the person is Aboriginal or Torres Strait Islander, based on the person's own self-report	1 = Aboriginal but not Torres Strait Islander origin 2 = Torres Strait Islander but not Aboriginal origin 3 = Both Aboriginal and Torres Strait Islander origin 4 = Neither Aboriginal nor Torres Strait Islander origin 9 = Unknown or not stated
Country of birth	The country in which the patient was born	Codes are according to the Standard Australian Classification of Countries (SACC) issued by the Australian Bureau of Statistics http://www.abs.gov.au/ausstats/abs@.nsf/mf/1269.0
Marital status	Current marital status of the patient	1 = Never married 2 = Widowed 3 = Divorced 4 = Separated 5 = Married (including de facto) 6 = Not stated/inadequately described

Variable	Description/Notes	Codes
State of residence	The Australian state in which the patient usually resides	0 = not applicable, o/s, at sea. no fixed address 1 = NSW 2 = Vic 3 = Qld 4 = SA 5 = WA 6 = Tas 7 = NT 8 = ACT 9 = Other/Territories
Postcode of residence	The postcode of the patient's usual place of residence	The following codes are also valid: 9999 = No Further Information Available (NFIA) ACT - 2600-2620; 2900-2915. Postcodes 2600, 2611, 2618, 2619, 2620 are shared with NSW NSW - 2000 - 2599; 2618 – 2899 VIC - 3000 - 3999 QLD – 4000-4999 SA – 5000-5999 WA – 6000-6999 TAS – 7000-7999 NT – 0800-0899 O/S – null or 9999
Statistical Local Area of residence	The geographical boundary assigned to the patient's area of residence	Codes are according to the Australian Standard Geographical Classification (ASGC) issued by the Australian Bureau of Statistics http://www.abs.gov.au/ausstats/abs@.nsf/mf/1216.0
Hospital Identifier	The specific hospital reporting the ED episode of care.	82 = Canberra Hospital 83 = Calvary Public Hospital -Bruce
Insurance status	Indicates whether the person receiving the service is insured or not insured at the time. This variable is not intended to indicate whether or not the person utilises hospital benefit entitlements.	1 = Hospital insurance 2 = No hospital insurance 9 = Unknown

Variable	Description/Notes	Codes
Arrival date and time	Date and time at which the person presents for the service	DDMMYY and HH:MM (24 hour format)
Triage date and time	Date and time at which the person is assessed by a Triage nurse	DDMMYY and HH:MM (24 hour format)
Mode of arrival	Mode of transport by which the person arrives	01 = ACT Ambulance 02 = Ambulance (Services) 03 = Air Ambulance 04 = NSW Ambulance 05 = Bicycle 06 = Clinic car 07 = Community / public transport 08 = Hospital transport 09 = Motor bike 10 = Other including undertakers 11 = Private car 12 = Police vehicle 13 = Taxi 14 = Walk 15 = Correctional services vehicle 99 = Other/unknown
Type of visit	The reason the person presents to the Emergency Department	01 = Emergency presentation 02 = Return visit 03 = Pre-arranged admission 04 = Patient in transit 05 = Dead on arrival

Variable	Description/Notes	Codes
Referral source	Source from which the person was referred to this service	01 = Self, family, friends 02 = Community based specialist 03 = Outpatients 04 = Community based GP 05 = Residential Aged Care facility 06 = Other ACT hospital 07 = Non-ACT hospital 08 = Mental health team 09 = Community health centre or service 10 = Other community services 11 = Prison 12 = Police 13 = Ambulance 14 = Health First call centre 17 = Defence hospital 18 = Canberra Hospital 19 = Calvary Public hospital 98 = Unspecified 99 = Other/unknown
ICD-10-AM Edition	International Classification of Diseases Edition and Version of diagnosis codes	1 = ICD-10-AM Ed 1 2 = ICD-10-AM Ed 2 3 = ICD-10-AM Ed 3 4 = ICD-10-AM Ed 4 5 = ICD-10-AM Ed 5 6 = ICD-10-AM Ed 6 7 = ICD-10-AM Ed 7
Ready date	Date and time at which person is ready for departure	DDMMYY and HH:MM (24 hour format)
Diagnosis	The diagnosis or condition established after assessment to be responsible for the person presenting to the Emergency Department. If the person is admitted as an inpatient it is the equivalent of the admission diagnosis.	ICD Edition and Version as noted in "ICD-10-AM Edition" variable

