Emergency Department Acute and Outpatient Activity Guideline

1. Guiding Principles

The correct recording and classification of emergency presentations, planned return emergency presentations and outpatient service events.

2. Guideline

The Emergency Department (ED) care setting is used to deliver a range of services that include both emergency acute care and outpatient clinics. Classification and recording of these different types of services is required to ensure patient activity is captured appropriately, supports operational requirements and complies with state and national data collection standards.

Emergency Department Activity

Emergency Department presentations are classified[1] at triage with an attendance type of:

- **Code 1 Emergency presentation**

  Attendance for an actual or suspected condition which is sufficiently serious to require acute unscheduled care.

- **Code 2 Return visit, planned**

  This code includes a planned return to the emergency service as a result of a previous emergency service presentation (Code 1) or return visit (Code 2). The return visit may be for planned follow-up treatment, as a consequence of test results becoming available indicating the need for further treatment, or as a result of a care plan initiated at discharge.

  Where a visit follows general advice to return if feeling unwell, this should not be recorded as a planned visit.

For a presentation to be classified as a code 2 planned return visit, it must:

- be the continuation of care from a preceding acute emergency care episode (code 1 or code 2), due to unavailability of investigations or other clinical requirements to reach a decision to disposition and diagnosis
- not be the result of a formal referral for follow-on care.

Where acute emergency care has been finalized with a diagnosis and decision to disposition, any follow on care must be requested through a formal process of referral, and recorded in the outpatient module.

Outpatient Activity

All outpatient service events are to be recorded in the WebPAS Outpatient module under a suitable clinic, with clinical documentation occurring on an MR5 'Outpatient (Progress) Notes' form. In the case of obstetric patients this may be an MR8 'Maternal Assessment' form.

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[1] Non-Admitted Patient Emergency Department Care NMDS 2017-18. Data Element: emergency department stay – type of visit to emergency department. METeOR (AIHW)

A presentation is classified[2] as an outpatient service if:

- it does not meet the criteria for emergency department activity
- the person has an appropriate referral to an outpatient clinic and the referral is registered and triaged
- the person receives care recorded within an outpatient clinic (which can be within an ED setting)
- the person has not undergone the hospitals formal admission process.

Funding of Emergency Department Activity and Outpatient Activity

The Independent Hospital Pricing Authority (IHPA) fund both code 1 and code 2 visit types within the Urgency Related Groups and Urgency Disposition Groups specification as these activity types both relate to acute emergency care.

Outpatient service events are funded based upon their Tier 2 clinic code and as such, must be captured in the correct webPAS outpatient clinic. The determination of weighted activity units related to funding is not always higher for a code 1 or 2 acute emergency care visit.

The recording of activity correctly based upon the true activity type is essential under both national and state guidelines for purposes of funding, service delivery planning, demand modelling and medical record completeness.

3. Definitions

ED	Emergency Department
IHPA	Independent Hospital Pricing Authority
WebPAS	Web based Patient Administration System program

4. Roles and Responsibilities

All Staff are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

5. Compliance

Failure to comply with this policy document may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the Employment Policy Framework issued pursuant to section 26 of the *Health Services Act 2016* (HSA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

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[2] Non-Admitted Activity Reference Manual (NAARM) - Section 2.9, p7 (per – MP 0068/17 Non-Admitted Activity Recording and Reporting Policy)

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6. Evaluation

Monitoring of compliance with this document is to be carried out by the regional Health Information Manager or delegate, at least annually using the following means or methods:

- ·   Regional reviews – incorporating adhoc and opportunistic feedback
- ·   Monitoring via the WACHS Business Intelligence Data Collections

Evaluation and audit findings will be reported to the Regional Executive and to the WACHS Executive via the WACHS Information Governance Committee

7. Standards

National Safety and Quality Healthcare Standards (Second edition 2017): 1.9.1
EQuIPNational Standards (11-15): 14.1

8. Legislation

State Records Act 2000 (WA) and Regulations

9. References

Non-Admitted Patient Emergency Department Care NMDS 2017-18. Data Element: emergency department stay – type of visit to emergency department. METeOR (AIHW)

Non-Admitted Activity Reference Manual (NAARM) - Section 2.9, p7 (per – MP 0068/17 Non-Admitted Activity Recording and Reporting Policy)

10. Related Forms

MR5 Outpatient (Progress) Notes Form
MR8 WACHS Maternal Fetal Assessment Admission Form

11. Related WA Health System Policies

MP 0068/17 Non-Admitted Activity Recording and Reporting Policy
OD 0205/09 Emergency Department and Emergency Services Patient-Level Data Collection and Reporting

12. Policy Framework

Information Management Policy Framework

**This document can be made available in alternative formats
on request for a person with a disability**

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