

# 1 Metadata – Patient data

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## Patient metadata

### Number of incident specific presentations

- **ED presentations** - the total number of incident specific patients who have presented at the hospital ED during the reporting period. The cumulative total (system derived) is the total of all ED presentations since the start of reporting. [Refer the Concept 'Emergency Department Presentations in the VEMD.](#)
- **Admissions** - the number of new incident specific patients admitted during the reporting period. The cumulative total (system derived) is the total of all adult (incident specific) admissions since the start of reporting. [Refer the Concept 'Admitted Patient' in the VAED.](#)

### Number of current incident specific inpatients by care type

- **General ward** –the number of incident specific patients who are currently admitted.
- **ICU** - the number of incident specific (adult) patients who are currently in intensive care unit. [Refer the Concept 'Intensive Care Unit' in the VAED.](#)
- **HDU** - means the number of emergency specific patients who are currently in high dependency unit. [Refer the Concept 'High Dependency \(HDU\) Bed' in the VAED.](#)
- **CCU** - the number of incident specific patients who are currently in coronary care unit. [Refer the Concept 'Cardiac/Coronary Care Unit' in the VAED.](#)
- **PICU** - the number of incident specific patients who are currently in paediatric ICU. [Refer the Concept 'Intensive Care Unit' in the VAED.](#)
- **NICU** - the number of incident specific patients who are currently in neonatal ICU. [Refer the Concept 'Intensive Care Unit' in the VAED.](#)

### Number of incident specific deaths (assumed)

**Note:** No causality between patients' deaths and the incident will be assumed at the time of data submission.

- **Patients dead on arrival** - the number of incident specific patients who died on route or on arrival to hospital during the reporting period. Includes, those who are or would be coded in accordance with VEMD Type of Visit is Code 10 Dead on Arrival 'Patient is pronounced dead by a medical practitioner before (or without) being brought into the ED or where the patient is brought into the ED but there is no intent to resuscitate'.  
The cumulative total (system derived) is the total of all Patients dead on arrival since the start of reporting.
- **Patient deaths in hospital** - the number of incident specific patients who died in hospital during the reporting period. Includes, those who are or would be coded in accordance with the VEMD Departure Status Code 8 Died within ED 'Patient died after commencement of ED presentation; includes where there is an intention to resuscitate but the patient is later pronounced dead', or the Victorian Admitted Episode Dataset (VAED) Separation Mode Code D Death 'Died in hospital'.  
The cumulative total (system derived) is the total of Patient deaths in hospital since the start of reporting.

## 2 Metadata—Surge bed capacity

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### Bed type description

- **General ward bed (adult)** –an adult admitted bed designated for same day and overnight services. Refer [AIMS: Form A3: Hospital beds—public](#); acute beds.
- **General ward bed (paediatric)** –a paediatric admitted bed designated for same day and overnight services. Refer [AIMS: Form A3: Hospital beds—public](#); acute beds.
- **Isolation (single room)** - Class S (standard pressure), Class N (negative pressure) and Class P (positive pressure). Excludes Class A (alternating pressure). Refer [Guidelines for the classification and design of isolation rooms in health care facilities Victorian Advisory Committee on Infection Control \(2007\)](#)
- **Specialised burns beds** - a bed designated to treat burn injury to more than 20 per cent of total body surface area (TBSA) in adults and children. The Australian and New Zealand Burn Association (ANZBA) criteria for the referral of patients to specialised burn units are:
  - burns to greater than 10 per cent of TBSA
  - burns of special areas – face, hands, feet, genitalia, perineum, major joints
  - full-thickness burns to greater than 5 per cent of TBSA
  - electrical burns
  - chemical burns
  - burns with associated inhalational injury
  - circumferential burns of the limb or chest
  - burns in the very young or very old
  - burns in people with pre-existing medical disorders that could complicate management, prolong recovery or increase mortality
  - burns with associated trauma.
- **ICU** - adult intensive care – level 3, level 2, level 1. [Refer the Concept 'Intensive Care Unit' in the VAED.](#)
- **PICU** - Paediatric intensive care unit. [Refer the Concept 'Intensive Care Unit' in the VAED.](#)
- **NICU** - a Neonatal intensive care unit–level 3; excludes special care nurseries or intensive nursing units. [Refer the Concept 'Intensive Care Unit' in the VAED.](#)
- **CCU beds** –coronary care unit beds. [Refer the Concept 'Cardiac/Coronary Care Unit' in the VAED.](#)
- **HDU beds** –high dependency unit beds. [Refer the Concept 'High Dependency \(HDU\) Bed' in the VAED.](#)
- **Sub-acute beds** - a bed designated for sub-acute services. Includes beds dedicated for providing sub-acute services, including rehabilitation, geriatric evaluation and management, palliative care, geriatric respite and interim care. Include on-site beds only. Excludes acute services same-day and overnight beds and acute mental health beds which are reported under separate categories, hospital in the home (HITH), rehabilitation in the home (RITH), transition care beds, residential nursing home, hostel and other non-acute residential beds. Refer [AIMS: Form A3: Hospital beds—public](#).

### **Surge bed capacity description**

**Available beds (now)** - the number of unoccupied beds immediately available for use by admitted patients as required.

#### **Surge capacity**

##### **No. of extra bed spaces**

- The number of general ward bed spaces which could in an emergency context be rapidly cleared by early discharge and transfer of patients to discharge lounges, nursing homes, and other allied health care facilities. Assuming sufficient staff availability to care for patients in such beds.

Do not include beds that could be made available by reprioritising elective surgery resources.

Source: Australian Government Department of Health and Ageing, 2005 National Health Disaster Management Capability Audit

##### **No. of additional configurable beds**

- Beds which, in the event that code brown has been declared, can be configured (with reticulated oxygen and suction) from resources such as closed beds, recovery trolleys and transport trolleys, recliner chairs and transit lounge beds; assuming sufficient staff availability to care for patients in such beds.

Source: Australian Government Department of Health and Ageing, 2005 National Health Disaster Management Capability Audit