

WELSH INFORMATION STANDARDS BOARD

DSC Notice:	DSCN 2017 / 03
Date of Issue:	18th September 2017

Welsh Health Circular / Official Letter:	Subject: Live Emergency Department (ED) Information
Sponsor: Roger Perks, Welsh Government	
Implementation Date: 1st October 2017	

DATA STANDARD CHANGE NOTICE

A Data Standard Change Notice (DSCN) is an information mandate for a new or revised information standard.

This DSCN was approved by the Welsh Information Standards Board (WISB) out of committee on 18th September 2017

WISB Reference: ISRN 2017 / 14

Summary:

This standard mandates the extraction of Data Items used by the Live ED Information Tool. The Live ED Information Tool publishes information to a web page in the Choose Well environment and uses the learning from a similar application that has been running in Betsi Cadwaladr UHB. The Tool is designed to help the public make better choices about if, when and where to use emergency departments (EDs) and minor injury units (MIUs).

The standard outlines the data required to enable reporting of live ED information (i.e. calculated turnaround time based on the total length of time spent in the ED from arrival to departure) and what organisations must do to ensure this information is available to drive that calculation.

Applies to:

All Welsh hospitals with an emergency department (ED) or minor injury unit (MIU).



Llywodraeth Cymru
Welsh Government

Please address enquiries about this Data Standard Change Notice to the Data Standards Team
in NHS Wales Informatics Service

E-mail: data.standards@wales.nhs.uk / Tel: 029 2050 2539

The Welsh Information Standards Board is responsible for appraising information standards.
Submission documents and WISB Outcomes relating to the approval of this standard can be
found at:

<http://howis.wales.nhs.uk/sites3/page.cfm?orgid=742&pid=24632>

DATA STANDARD CHANGE NOTICE

Introduction

This standard mandates the extraction of Data Items used by the Live ED information tool. The Tool will show a "real time" view of expected turnaround times and uses live data to update this information every 15 minutes.

The extract field names and Data Dictionary Item names required to perform this calculation are listed in the Information Specification below.

The data received will be treated as pilot data with further analysis undertaken to ensure that the methodology continues to be relative to the actual time spent in EDs over a four-week period before a public launch of the prototype.

Scope

All Welsh hospitals with an emergency department (ED) or minor injury unit (MIU).

Data to be provided from 1st October 2017 to enable a validation period up to the end of October. Depending on the results obtained from the validation period, the public prototype will be launched November 1st.

Any amendments resulting from analysis of data received during the validation period will be included in a subsequent DSCN.

Actions Required

For Local Health Boards:

Work with the NHS Wales Informatics Service Data Warehouse team to enable the connection between national and local data warehouse infrastructure, resolving any firewall / security issues.

Ensure that:

- Robust data collection processes are in place to ensure that information is captured and recorded electronically in accordance with the timescales required.
- Infrastructure enables the national reporting of the Live ED Information Data Set via a SQL to SQL view.
- The Data Set is made available as per the Information Specification.

For the NHS Wales Informatics Service (NWIS):

Work with the Health Board Information team to enable the connection between national and local infrastructure, resolving any firewall / security issues.

Ensure that architecture and processes are in place to:

- Extract and store the specified live ED data every 15 minutes
- Calculate turnaround times through application of the Analysis Method Notice

- Publish information relating to turnaround times to the web page in the Choose Well environment.

Information Specification

Data will be extracted via a SQL-2-SQL view from the health boards' local environments into the national (NWIS) data warehouse at 15 minute intervals i.e. there is no requirement for additional file submissions.

The analysis methodology will be applied within the NWIS Data Warehouse to calculate the length of time a patient would expect to spend in the ED or MIU if they were to present at that point in time i.e. the turnaround time NOT waiting time. This will be based on data for patients still in the ED or MIU or those having left within the last 24 hours (i.e. Administrative End Time – 24 hours). The figures will be provided to the Live ED Information Tool for publication.

Data Set

SQL Column Name	Data Dictionary Item Name	Purpose
AttendanceCategory	Attendance Category	To exclude planned follow up attendances
AttendanceGroup	Attendance Group	To exclude dead on arrival
ArrivalMode	Arrival Mode	To exclude ambulance and air ambulance arrivals
AdministrativeEndDate	Administrative End Date	
AdministrativeEndTime	Administrative End Time	
AdministrativeArrivalDate	Administrative Arrival Date	
AdministrativeArrivalTime	Administrative Arrival Time	
TreatmentSiteCode	Site Code (of Treatment)	Identifies the ED/MIU site

Data Items and Associated Definitions

Attendance Category

Accident and Emergency Attendance Category is an indication of whether a patient is making a first or follow-up attendance at the Accident and Emergency Department.

New Attendance

A new attendance is the first visit made by a patient to the Accident and Emergency Department for a particular injury or ailment. A new attendance can be the first in a series or one single attendance in an Accident and Emergency Department.

Planned Follow-up Attendance

A follow-up Accident and Emergency Attendance is a subsequent planned attendance at the same department, and for the same incident as the first attendance. A planned follow-up attendance is agreed or requested by a clinician.

Unplanned Follow-up Attendance

A patient returning to the Accident and Emergency Department with a conditional previously treated where they have not been asked to return by the clinician will be counted as an unplanned follow-up attendance.

Please note: This definition of an Attendance Category applies to QS1 and EDDS Reporting. For SITREPS Reporting, Unplanned Follow-ups should be counted as 'New Attendances'.

Format: 2 digit numeric

Value	Meaning
01	New Attendance
02	Planned Follow-up
03	Unplanned Follow-up

Attendance Group

A general reason for an Accident and Emergency Department Attendance.

Format: 2 character alpha-numeric

Value	Meaning
11	Accident
12	Assault
13	Deliberate Self-Harm
14	Not Known: Undetermined intent i.e. it is uncertain whether the injury was accidentally or deliberately inflicted and there is no means of knowing.
15	Not Given: The information to decide on intent is withheld i.e. deliberately not given.
20	Non-trauma
30	Dead on Arrival
99	Not Known

Note: '30 – Dead on Arrival' should only be recorded for patients who have been certified as dead on arrival by a clinician in the Accident and Emergency Department

Arrival Mode

The principal means by which a patient arrives at an Accident and Emergency department.

Format: 2 character numeric

Value	Meaning
01	Ambulance
02	Helicopter / Air Ambulance
03	Private Motorised Vehicles (Car/ Lorry/ Van/ Motorbike/ Scooter/ Moped etc.)
04	Private Non-Motorised Vehicles (Bicycle)

05	Public Transport (Bus/ Coach/ Train/ Taxi)
06	Walked
07	Police Car
20	Other
98	Not Applicable (Planned Follow-up)

Notes:

- If the patient has been transported from a Heliport/pad to the Accident and Emergency Department by Ambulance, the arrival mode should still be recorded as '02' Helicopter/ Air Ambulance.
- Record value '98 – Not Applicable (Planned Follow-Up)' for patients attending the Accident and Emergency Department for a planned follow-up appointment.

Administrative End Date

This is the date that the patient's Accident and Emergency Attendance Ends.

Accident and Emergency Attendance Administrative End Date is when one of the following criteria is met;

- a. The patient leaves the Accident and Emergency Department to continue their treatment elsewhere, wherever this might be, this is the point of clinical handover;
- b. The patient is discharged and is medically fit to leave the department;
- c. The patient self-discharges
- d. The patient dies.

Note: Leaving the Accident and Emergency Department for a diagnostic test or other treatment does not count as the Accident and Emergency Administrative End Time if the patient returns to the Accident and Emergency Department.

Format: 8 digit numeric – ccyyymmdd

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Format: hh:mm:ss

Administrative Arrival Date

Accident and Emergency Attendance Administrative Arrival Date is the date the Accident and Emergency reception staff are notified in person that a patient has arrived and needs to be

seen within the Accident and Emergency Department. Notification could be by the Ambulance Crew, the patient themselves, or a person accompanying the patient e.g. relative / friend.

Format: 8 digit numeric – ccyyymmdd

Administrative Arrival Time

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Format: hh:mm:ss

Site Code (of Treatment)

The organisation code for the site where the patient will be or is treated.

Format: 5 character alpha-numeric

See [ORGANISATION CODE](#)

Data Extraction and Publication

The following process runs every 15 minutes:

- A SQL Service Integration Service (SSIS) package extracts the live data from the health boards' local environments.
- The extracted information is stored on the NWIS server RQFW3SRVIPUASPP.
- A SQL job runs automatically on this server, calculating the predicted turnaround times for each hospital.
- These times are sent to the application server to publish to the web page in the Choose Well environment.