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| **Advisory**  Advisory\_2024\_NCAMP\_ Reporting of Event End Type Code  **Date of Issue:**  05 December 2023 | |
| **Proposed Implementation Date:**  01 July 2024 | | **Subject:** Reporting of Event End Type Code |
| **CHANGE NOTIFICATION** | | |
| **Summary:**  This advisory notice is to inform Districts that all Event end type descriptions and definitions will be reviewed with clarification provided to assist in the correct assignment of codes on event records.  Following a review of NMDS Event end type data it was found that the allocation of event end types DA – Discharge to an acute facility, DT – Discharge of patient to another healthcare facility, EA – Discharge from Emergency department acute facility to specialist facility for neonates and burns only and ET – Discharge from Emergency department acute facility to another healthcare facility are inconsistently allocated and reported.  In addition to the inconsistent allocation it was also found that the original definition in the development of the Event end type DA is no longer fit for purpose. Therefore, a review of the Event end type descriptions and definitions will be completed with clarification provided.  All Event end types are mapped to a separation mode, which is used by the grouper software, as it can contribute to the DRG assigned for an event record. | | |
| **National Collections Impacted by Change:** | | NMDS and NNPAC |
| **Context of the Change:**  In 1995 Event end type DA – Discharge to an acute facility was developed due to the implementation of the grouper AN-DRG v3.1. In AN-DRG v3.1 Event end type in addition to diagnosis/procedure codes determined the DRG for neonatal and burns event records. The Event end type DA definition in 1995 was:  *“Discharge to acute specialist facility only in the cases where the discharge directly due to the need for immediate treatment at an acute specialist neonatal unit or a specialist burn unit.”*  From 1 July 2003 the Event end type definition for DA was revised by the National Data Policy Group (NDPG) to include stroke and multiple trauma event records where there was a transfer to a tertiary facility within five days, to accommodate the changes in AR-DRG v4.2. Since 1 July 2003 the DA definition has been:  *“DA is only used in cases where the patient is being transferred within 5 days of admission, and: - the patient being transferred has a principal diagnosis of stroke or*  *- the discharge is directly due to the need for immediate treatment at a neonatal facility, a specialist burns unit, or a multiple trauma unit.”*  The above definition has not changed since 2003 however the use of the Event end type in later AR-DRG versions has, for example Event end type contributes to the assignment of DRGs for Stroke and Other Cerebrovascular Disorders, Intracranial Injuries, Circulatory Disorders, Admitted for AMI, Heart Failure and Shock, Femoral Fractures, Neonatal, Multiple Significant Trauma and Burns.  Event end types for attendances (<3 hours) and short stay (>3 hours) events in an Emergency department were developed on the basis of the general Event end types and implemented in the national collections from 1 July 2007. Listed below are the current Event end types available for use.   |  |  | | --- | --- | | **Event End Type Code and Descriptions** | | | DA | Discharge to an acute facility | | DC | Psychiatric patient discharged to community care | | DD | Died | | DF | Statistical discharge for change in funder | | DI | Self-discharge from hospital, indemnity signed | | DL | Committed psychiatric patient discharged to leave for more than 10 days | | DN | Psychiatric remand patient discharged without committal | | DO | Discharge of a patient for organ donation | | DP | Psychiatric patient transferred for further psychiatric care | | DR | Ended routinely | | DS | Self-discharge from hospital (no indemnity) | | DT | Discharge of patient to another healthcare facility | | DW | Discharge to other service within same facility between the following types of specialty: AT&R, mental health, personal health and palliative care. Not to be used for transfer between surgical, medical and maternity services (with or without a LMC). | | | | EA | Discharge from Emergency department acute facility to specialist facility for neonates and burns only | | ED | Died while still in Emergency department acute facility | | EI | Self discharge from treatment in an Emergency department acute facility with indemnity signed | | ER | Routine discharge from an Emergency department acute facility | | ES | Self discharge from treatment in an Emergency department acute facility without indemnity | | ET | Discharge from Emergency department acute facility to another healthcare facility | | | |
| **Details of Proposed Change:** | | |
| **What is Expected of the Sector:**  All Districts will need to provide the updated documentation and education to all staff who allocate Event end type codes. | | |
| **Impact of Change on National Collection(s):**  Revised Event end type definitions will assist in the correct Event end type being allocated and reported to National Collections. The revised definitions may impact on DRG assignment.  Additional validation rules will be developed in the NMDS to reject event records reported with incorrect use of discharge/transfer Event end type codes with facility transfer to and transfer from, and admission source. | | |
| **Contact:** If you have any questions regarding this change notice, please email [ncamp@health.govt.nz](mailto:ncamp@health.govt.nz) | | |