



## Explanatory notes - Victorian Emergency Minimum Dataset

### Data source

The Victorian Emergency Minimum Dataset (VEMD) contains information detailing presentations at Victorian public hospitals with designated Emergency Departments. The VEMD information in this dashboard focuses on demographic characteristics as well as the nature and cause of the injuries of the patients presenting for family violence reasons. For the purposes of this report, patients presenting for family violence reasons are identified by the 'human intent' data item as assessed by the clinician.

### Scope

For the financial years from July 2014 to June 2016, patients presenting for family violence reasons were identified with the human intent injury of 'Maltreatment, assault by domestic partner' or 'Child neglect/maltreatment by parent or guardian'.

From July 2016, the human intent injury categories were further expanded to include all of the following categories:

- sexual assault by current or former intimate partner;
- sexual assault by other family member (excluding intimate partner);
- neglect, maltreatment, assault by current or former intimate partner or;
- neglect, maltreatment, assault by other family member (excluding intimate partner).

In the years prior to 2016-17, the human intent category 'sexual assault' included both family and non-family violence related incidents and was therefore not included in the previous iteration of the Family Violence Database.

The data also now includes maltreatment by other family members other than parent/guardian or intimate partners. This has resulted in an increase in the number of presentations deemed as family violence related.

When interpreting this data, these additional categories should be taken into consideration.

### Reference period

The data extracted from the VEMD covers patients presenting at a Victorian public hospital and departing between 1 July 2015 and 30 June 2020.

### Geographical classifications

The residential postcode of patient is recorded for every Emergency Department presentation; this is the postcode in which the person usually resides (not postal address).

In order to identify and display the geographic areas where patients reside, postcode data has been converted to local government area (LGA) boundaries for the purposes of mapping and creating rates per 100,000 population.

The correspondence of postcodes to LGAs is based on the ABS data cube 1270.0.55.006 – Australian Statistical Geography Standard, July 2011.

The rate of family violence related patients per 100,000 population is calculated using the count of patients residing in a local government area and the Estimated Resident Population (ERP) of that LGA. The ERPs are sourced from the ABS dataset 3218.0 – Regional Population growth, Australia, 2015-16<sup>1</sup>. The rate per 100,000 is calculated using the following formula:

$$\text{VEMD FV patient rate} = (\text{Number of patients/ERP count}) \times 100,000$$

ABS population data concerning the most recent financial year is not available. To calculate these numbers, the CSA uses estimates created by the Victorian Government's 'Victoria in future' report.

## Other classifications

Country of birth as collected by the VEMD is converted to world regions as specified in the Standard Australian Classification of Countries<sup>2</sup> (Australian Bureau of Statistics) to avoid small numbers and issues of confidentiality.

## Terminology and abbreviations

### **FV**

Family violence

### **VEMD**

Victorian Emergency Minimum Dataset

### **Type of accommodation of usual residence of patients**

'Usual' is defined as the type of accommodation the person has lived in for the most amount of time over the past three months prior to presentation. If a person stays in a particular place of accommodation for four or more days a week over the period, that place of accommodation would be the person's type of usual accommodation. In practice, receiving an answer strictly in accordance with the above definition may be difficult to achieve. The place the person perceives as their usual accommodation will often prove to be the best approximation.

### **Cause of injury**

Event, circumstances or condition associated with the occurrence of injury, poisoning or adverse effect.

### **Type of visit**

The reason the patient presented to the Emergency Department.

### **Urgency of visit**

Classification according to urgency of need for medical and nursing care, using the National Triage Scale. The Triage Category is to be allocated by an experienced registered nurse or medical practitioner.

### **Main injury**

The patho-physical nature of the injury primarily responsible for the patient's presentation at the Emergency Department.

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<sup>1</sup> For more information, please refer to the [ABS website](#).

<sup>2</sup> For more information, please refer to the [ABS website](#).

**Body region**

The region of the body where the injury was sustained.

**Referred to VEMD by**

Source from which patient was referred to this Emergency Department.

**Place where the injury occurred**

The specific physical location of the person at the time the injury occurred.

**Activity when injured**

The type of activity being undertaken by the person, at the moment the injury occurred.

**Bed requested**

Records whether a bed was requested for the patient from 1 July 2011 to 30 June 2014. This data item was replaced in 2014 by the data item 'Clinical Decision to Admit'.

**Referred to**

The agency to which the patient was referred for continuing care.

**Departure status**

Patient destination or status on departure from the Emergency Department.