Uniform Emergency Department Data Set: Project Update

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The National Center for Injury Prevention and Control, Centers for Disease Control and Prevention (CDC), is coordinating the development of a Uniform Emergency Department Data Set. The goal is to develop a data set that:

- ▶ meets the common data needs of multiple data users, including data needed for public health surveillance and epidemiologic research
- ▶ is compatible with existing or rapidly emerging standards for computer-based patient records
- ▶ is used to create patient records in 24-hour, hospital-based emergency departments (EDs) throughout the United States.

The impetus for this effort comes from practitioners, educators, researchers, payers, administrators, public health professionals, and medical information specialists who have long recognized the need for greater uniformity of ED data.

Joining CDC in cosponsoring this effort are the Agency for Health Care Policy and Research, American College of Emergency Physicians, American Health Information Management Association, American Hospital Association, Emergency Nurses Association, Health Resources and Services Administration, National Association of EMS Physicians, National Highway Traffic Safety Administration, and Society for Academic Emergency Medicine. Representatives of these agencies and organizations drafted a data set that was reviewed at the National Workshop on Emergency Department Data on January 23-25, 1996, in Atlanta.

The Workshop was a public forum in which 160 participants distributed themselves into one of six concurrent sessions, each of which focused on a segment of the proposed 82-element data set. Many participants in the Workshop represented national professional associations or public agencies that have a keen interest in EDs and the services they provide. Other participants represented data standards organizations, accrediting bodies, and third party payers. Numerous information system vendors and other interested individuals also participated, including participants from the United Kingdom, Canada, and Israel.

The injury incident data elements discussed at the Workshop were:

Alcohol- and drug-relatedness Text description

Mechanism Suspected maltreatment

Work-relatedness External cause code Occupation/Industry Cause category

Consumer product-related injury Activity Protective/Safety equipment

Intent

Address and location type

The recommendations that emerged from the Workshop and additional recommendations solicited after the meeting will be used to revise the data set. The revised version will be distributed for public review and comment in spring 1996. Plans call for completion of the data set in summer 1996.