

NHS Data Model and Dictionary



Type:	Data Dictionary Change Notice
Reference:	1918
Version No:	1.0
Subject:	Emergency Care Attendance guidance for Admitted Patients
Effective Date:	Immediate
Reason for Change:	Change to NHS Business Definitions
Publication Date:	22 May 2024

Background:

Further guidance is required to provide clarification as to how an Emergency Care attendance should be recorded where a patient has been admitted to a Hospital Provider Spell.

Additional information has been added to the following NHS Business Definitions:

- Emergency Care Attendance
- Care Professional Admitted Care Episode
- Hospital Provider Spell
- Consultant Episode (Hospital Provider)
- Midwife Episode
- Nursing Episode.

This Data Dictionary Change Notice amends the supporting definitions in the NHS Data Model and Dictionary to provide further clarification.

A short demonstration is available which describes "How to Read an NHS Data Model and Dictionary Change Request", in an easy to understand screen capture including a voice over and readable captions. This demonstration can be viewed at: https://datadictionary.nhs.uk/elearning/change_request/index.html.

Note: if the web page does not open, please copy the link and paste into the web browser. A guide to how to use the demonstration can be found at: [Demonstrations](#).

Summary of changes:

Supporting Information

<u>CARE PROFESSIONAL ADMITTED CARE EPISODE</u>	Changed Description
<u>CONSULTANT EPISODE (HOSPITAL PROVIDER)</u>	Changed Description
<u>EMERGENCY CARE ATTENDANCE</u>	Changed Description
<u>HOSPITAL PROVIDER SPELL</u>	Changed Description
<u>MIDWIFE EPISODE</u>	Changed Description
<u>NURSING EPISODE</u>	Changed Description

Date: 22 May 2024

Sponsor: Tomas Sanchez Lopez, Director Technology and Data Integration, Data and Analytics, NHS England

Note: New text is shown with a blue background. Deleted text is crossed out. Retired text is shown in grey. Within the Diagrams deleted classes and relationships are red, changed items are blue and new items are green.

CARE PROFESSIONAL ADMITTED CARE EPISODE

Change to Supporting Information: Changed Description

A [Care Professional Admitted Care Episode](#) is an [ACTIVITY GROUP](#).

A [Care Professional Admitted Care Episode](#) is the period of time within a [Hospital Provider Spell](#) during which the [PATIENT](#) is under the medical responsibility of a [CARE PROFESSIONAL](#).

The [CARE PROFESSIONAL](#) could be a:

- [CONSULTANT](#)
- [MIDWIFE](#)
- [NURSE](#)
- [ALLIED HEALTH PROFESSIONAL](#).

A [Care Professional Admitted Care Episode](#) can be a:

- [Consultant Episode \(Hospital Provider\)](#)
- [Midwife Episode](#)
- [Nursing Episode](#).

An [Emergency Care Attendance](#) should be recorded where a [PATIENT](#) who is admitted to a [Hospital Provider Spell](#) and [Care Professional Admitted Care Episode](#) at the same [Health Care Provider](#), is taken to the [Emergency Care Department](#) for treatment because, for example, the required resources are not available on the [WARD](#) to which the [PATIENT](#) is admitted. The

[Hospital Provider Spell](#) and [Care Professional Admitted Care Episode](#) are not interrupted by an [Emergency Care Attendance](#) of this nature. The [Emergency Care Attendance](#) record should identify the appropriate [URGENT AND EMERGENCY CARE ATTENDANCE SOURCE \(SNOMED CT\)](#) [SNOMED CT](#) concept for a [PATIENT](#) attending an [Emergency Care Department](#) from a [WARD](#) setting.

[Health Care Providers](#) should note, however, that before they commence such recording of [Emergency Care Attendances](#) for admitted [PATIENTS](#), they should discuss this with their commissioners (e.g. [Integrated Care Board](#)). If the commissioner is not willing to fund the [Emergency Care Attendance](#) in addition to the [Care Professional Admitted Care Episode](#), then the [Emergency Care Data Set Version 4](#) record must be excluded from the [National Tariff Payment System](#) process. This is done by following the guidance on the [NHS SERVICE AGREEMENT IDENTIFIER](#) data element in the relevant [Emergency Care Data Set Version 4](#) record.

CONSULTANT EPISODE (HOSPITAL PROVIDER)

Change to Supporting Information: Changed Description

A [Consultant Episode \(Hospital Provider\)](#) is an [ACTIVITY GROUP](#).

A [Consultant Episode \(Hospital Provider\)](#) is the time a [PATIENT](#) spends in the continuous care of one [CONSULTANT](#) using [Hospital Site](#) or [Care Home](#) bed(s) of one [Health Care Provider](#) or, in the case of shared care, in the care of two or more [CONSULTANTS](#). Where care is provided by two or more [CONSULTANTS](#) within the same episode, one [CONSULTANT](#) will take overriding responsibility for the [PATIENT](#) and only one [Consultant Episode \(Hospital Provider\)](#) is recorded. Additional [CONSULTANTS](#) participating in the care of [PATIENTS](#) are defined as [Shared Care Consultants](#). A [Consultant Episode \(Hospital Provider\)](#) includes those episodes for which a [GENERAL MEDICAL PRACTITIONER](#) is acting as a [CONSULTANT](#).

A [PATIENT](#) going on [Home Leave](#), or [Mental Health Leave of Absence](#) for 28 days or less, or has a current period of [Mental Health Absence Without Leave](#) of 28 days or less, does not interrupt the [Consultant Episode \(Hospital Provider\)](#).

A [PATIENT](#) may not have concurrent [Consultant Episodes \(Hospital Provider\)](#) but can have [Consultant Out-Patient Episodes](#) overlapping with a [Consultant Episode \(Hospital Provider\)](#). A [Consultant Episode \(Hospital Provider\)](#) must not overlap with a [Nursing Episode](#) for the same [PATIENT](#).

Any time spent as a [LODGED PATIENT](#) before being admitted to a [WARD](#) is included in the first [Consultant Episode \(Hospital Provider\)](#).

A [CONSULTANT](#) transfer occurs when the responsibility for a [PATIENT](#) transfers from one [CONSULTANT](#) (or [GENERAL MEDICAL PRACTITIONER](#) acting as a [CONSULTANT](#)) to another within a [Hospital Provider Spell](#). In this case one [Consultant Episode \(Hospital Provider\)](#) will end and another one begin.

A transfer of responsibility may occur from a [CONSULTANT](#) to the [PATIENT](#)'s own [GENERAL MEDICAL PRACTITIONER](#) (not acting as [CONSULTANT](#)) with the [PATIENT](#) still in a [WARD](#) or [Care Home](#) to receive nursing care. In this case the [Consultant Episode \(Hospital Provider\)](#) will end and a [Nursing Episode](#) will begin.

A transfer of responsibility from the [PATIENT](#)'s own [GENERAL MEDICAL PRACTITIONER](#) to a [CONSULTANT](#) while the [PATIENT](#) is in a [WARD](#) or [Care Home](#) for nursing care will end the [Nursing Episode](#) and begin a [Consultant Episode \(Hospital Provider\)](#).

During the [Consultant Episode \(Hospital Provider\)](#) a number of [Patient Procedures](#) and [PATIENT DIAGNOSES](#) may be recorded.

If this is the first episode under a [CONSULTANT](#) in one of the psychiatric specialties within the [Hospital Provider Spell](#), the appropriate [PSYCHIATRIC PATIENT STATUS CODE](#) should be recorded.

There may be one or more [Mental Health Clinically Ready for Discharge Periods](#) recorded during a [Care Professional Admitted Care Episode](#) in one of the psychiatric specialties (see [MAIN SPECIALTY CODE \(MENTAL HEALTH\)](#)).

An [Emergency Care Attendance](#) should be recorded where a [PATIENT](#) who is admitted to a [Hospital Provider Spell](#) and [Care Professional Admitted Care Episode](#) at the same [Health Care Provider](#), is taken to the [Emergency Care Department](#) for treatment because the required resources are not available on the [WARD](#) to which the [PATIENT](#) is admitted. The [Hospital Provider Spell](#) and [Care Professional Admitted Care Episode](#) are not interrupted by an [Emergency Care Attendance](#) of this nature. The [Emergency Care Attendance](#) record should identify the appropriate [URGENT AND EMERGENCY CARE ATTENDANCE SOURCE \(SNOMED CT\)](#) [SNOMED CT](#) concept for a [PATIENT](#) attending an [Emergency Care Department](#) from a [WARD](#) setting.

[Health Care Providers](#) should note, however, that before they commence such recording of [Emergency Care Attendances](#) for admitted [PATIENTS](#), they should discuss this with their commissioners (e.g. [Integrated Care Board](#)). If the commissioner is not willing to fund the [Emergency Care Attendance](#) in addition to the [Care Professional Admitted Care Episode](#), then the [Emergency Care Data Set Version 4](#) record must be excluded from the [National Tariff Payment System](#) process. This is done by following the guidance on the [NHS SERVICE AGREEMENT IDENTIFIER](#) data element in the relevant [Emergency Care Data Set Version 4](#) record.

EMERGENCY CARE ATTENDANCE

Change to Supporting Information: Changed Description

An [Emergency Care Attendance](#) is a [CARE CONTACT](#).

An [Emergency Care Attendance](#) is an individual visit by one [PATIENT](#) to an [Emergency Care Department](#) to receive treatment.

An [Emergency Care Attendance](#) may occur as an unscheduled presentation by the [PATIENT](#) themselves, but also as a result of a [REFERRAL REQUEST](#) from a [GENERAL MEDICAL PRACTITIONER](#), a direct transfer from an [Emergency Ambulance](#), or via a [REFERRAL REQUEST](#) from the [NHS 111 Service](#).

An [Emergency Care Attendance](#) may be conducted face to face, or virtually by a [CARE PROFESSIONAL](#) from an [Emergency Care Department](#) who is qualified to deliver virtual care. In [Emergency Care Data Set Version 4](#), the [CONSULTATION MECHANISM \(URGENT AND EMERGENCY CARE\)](#) is used to differentiate face to face attendances from those conducted virtually.

An [Emergency Care Attendance](#) may be either a first or follow up attendance. A follow-up attendance is any subsequent [Emergency Care Attendance](#) for the same condition, and this may be planned or unplanned, as defined by the [URGENT AND EMERGENCY CARE ATTENDANCE CATEGORY \(ECDS V4\)](#) / [EMERGENCY CARE ATTENDANCE CATEGORY \(CDS 6-2-3\)](#). All planned follow-up [Emergency Care Attendances](#) should follow a clinical decision to discharge the [PATIENT](#) to their normal place of residence, but with an ongoing duty of care to follow up. For [Emergency Care Data Set Version 4](#), where a follow up [Emergency Care Attendance](#) is planned, this triggers the start of an [Urgent and Emergency Care Extended Care Episode](#). The [Urgent and Emergency Care Extended Care Episode](#) starts at the [Urgent and Emergency Care Activity End Timestamp](#) of the [Emergency Care Attendance](#) within which the clinical decision that there should be an ongoing duty of care to follow up was taken.

If a [PATIENT](#) with an open [Urgent and Emergency Care Extended Care Episode](#) attends the [Emergency Care Department](#) outside of a scheduled attendance in the [Urgent and Emergency Care Extended Care Episode](#) (for example their condition deteriorates and they attend the [Emergency Care Department](#)), the unscheduled [Emergency Care Attendance](#) should also be recorded as being part of the open [Urgent and Emergency Care Extended Care Episode](#).

The [URGENT AND EMERGENCY CARE ACTIVITY IDENTIFIER](#) which identifies the open [Urgent and Emergency Care Extended Care Episode](#) must be linked in the [ELECTRONIC](#)

[HEALTH RECORD](#) system, and submitted in the [Emergency Care Data Set Version 4](#) record relating to the [Emergency Care Attendance](#), for all planned and unplanned [Emergency Care Attendances](#) within the [Urgent and Emergency Care Extended Care Episode](#).

During an [Emergency Care Attendance](#) the [PATIENT](#) may temporarily leave the [Emergency Care Department](#), for example for a [Clinical Investigation](#), whilst still under the clinical responsibility of the [Emergency Care Department](#). Such temporary absences from the [Emergency Care Department](#) do not interrupt the [Emergency Care Attendance](#) for that [PATIENT](#).

During a [Emergency Care Attendance](#), when the clinical decision is made that the [PATIENT](#) no longer requires ongoing care by the [Emergency Care Department](#), this is recorded as the [Urgent and Emergency Care Clinically Ready To Proceed Timestamp](#).

For a face to face [Emergency Care Attendance](#) (where the [CONSULTATION MECHANISM \(URGENT AND EMERGENCY CARE\)](#) is National Code '*Face to face*'), the [Urgent and Emergency Care Activity End Timestamp \(ECDS V4\)](#) / [Emergency Care Departure Date](#) and [Emergency Care Departure Time](#) (CDS v6-2-3) is the time that the [PATIENT](#) leaves the [Emergency Care Department](#) premises and their clinical care is no longer the responsibility of the [Emergency Care Department](#).

For an [Emergency Care Attendance](#) undertaken virtually (where the [CONSULTATION MECHANISM \(URGENT AND EMERGENCY CARE\)](#) is National Codes '*Telephone*', '*Video Consultation*' or '*Chat Room (Synchronous)*'), the [Urgent and Emergency Care Activity End Timestamp \(ECDS V4\)](#) / [Emergency Care Departure Date](#) and [Emergency Care Departure Time](#) (CDS v6-2-3) is the time that all [CARE ACTIVITIES](#) undertaken by the responsible [CARE PROFESSIONAL](#) relating to the [Emergency Care Attendance](#) are completed.

An [Emergency Care Attendance](#) (face to face or virtual) outcome may include:

- The clinical care of the [PATIENT](#) is transferred to a different [Health Care Provider](#) and the [PATIENT](#) leaves the [Emergency Care Department](#) premises. This may be before the [PATIENT](#) has been formally assessed by a treating [CARE PROFESSIONAL](#) (termed 'Streaming'), or after formal initial assessment (as recorded in the [Urgent and Emergency Care Initial Assessment Timestamp](#)), when it is a transfer of care based on that clinical assessment by the responsible [CARE PROFESSIONAL](#) in the [Emergency Care Department](#)
- The [PATIENT](#) leaves the [Emergency Care Department](#) following formal discharge, with no further clinical care planned as part of an [Urgent and Emergency Care Extended Care Episode](#)
- A decision to admit to a [Hospital Provider Spell](#) is taken by the responsible [CARE PROFESSIONAL](#)
- The [PATIENT](#) leaves the [Emergency Care Department](#) for a [Same Day Emergency Care Attendance](#) at the same [Health Care Provider](#)

- The [PATIENT](#) is assessed during the [Emergency Care Attendance](#) as requiring ongoing clinical care from the same [Urgent and Emergency Care Service](#), which is to be delivered under a [Urgent and Emergency Care Extended Care Episode](#).

If during the [Emergency Care Attendance](#) the [PATIENT](#) leaves the [Emergency Care Department](#) premises (if being seen face to face), or does not continue engagement with the assigned [CARE PROFESSIONAL](#) during virtual care, then the [Emergency Care Attendance](#) is completed. The [Urgent and Emergency Care Activity End Timestamp \(ECDS V4\)](#) / [Emergency Care Departure Date](#) and [Emergency Care Departure Time](#) (CDS v6-2-3) should record the time at which the [CARE PROFESSIONAL](#) responsible for the [Emergency Care Attendance](#) made the clinical decision to provide no further care. The [URGENT AND EMERGENCY CARE DISCHARGE STATUS \(SNOMED CT\)](#) should indicate that the [PATIENT](#) has left the [Emergency Care Department](#)/declined further virtual care, and that clinical care responsibility transfers back to their own usual [CARE PROFESSIONAL](#) (for example their [GENERAL MEDICAL PRACTITIONER](#)).

An [Emergency Care Attendance](#) should be recorded where a [PATIENT](#) who is admitted to a [Hospital Provider Spell](#) and [Care Professional Admitted Care Episode](#) at the same [Health Care Provider](#), is taken to the [Emergency Care Department](#) for treatment because, for example, the required resources are not available on the [WARD](#) to which the [PATIENT](#) is admitted. The [Hospital Provider Spell](#) and [Care Professional Admitted Care Episode](#) are not interrupted by an [Emergency Care Attendance](#) of this nature. The [Emergency Care Attendance](#) record should identify the appropriate [URGENT AND EMERGENCY CARE ATTENDANCE SOURCE \(SNOMED CT\)](#) [SNOMED CT](#) concept for a [PATIENT](#) attending an [Emergency Care Department](#) from a [WARD](#) setting.

[Health Care Providers](#) should note, however, that before they commence such recording of [Emergency Care Attendances](#) for admitted [PATIENTS](#), they should discuss this with their commissioners (e.g. [Integrated Care Board](#)). If the commissioner is not willing to fund the [Emergency Care Attendance](#) in addition to the [Care Professional Admitted Care Episode](#), then the [Emergency Care Data Set Version 4](#) record must be excluded from the [National Tariff Payment System](#) process. This is done by following the guidance on the [NHS SERVICE AGREEMENT IDENTIFIER](#) data element in the relevant [Emergency Care Data Set Version 4](#) record.

For further guidance for Emergency Departments on Initial Assessment and Patient Flow, see the [NHS England](#) website at: [Guidance for emergency departments: initial assessment](#).

HOSPITAL PROVIDER SPELL

Change to Supporting Information: Changed Description

A [Hospital Provider Spell](#) is an [ACTIVITY GROUP](#).

A [Hospital Provider Spell](#) is the total continuous stay of a [PATIENT](#) using a [Hospital Bed](#) on premises controlled by a [Health Care Provider](#) during which medical care is the responsibility of one or more [CONSULTANTS](#), or the [PATIENT](#) is receiving care under one or more [Nursing Episodes](#) or [Midwife Episodes](#) in a [WARD](#). During [Nursing Episodes](#) and [Midwife Episodes](#) general medical care is the responsibility of their own [GENERAL MEDICAL PRACTITIONER](#), who is not acting as a [CONSULTANT](#). The [Hospital Provider Spell](#) may be as a result of an [ELECTIVE ADMISSION LIST ENTRY](#).

During the [Hospital Provider Spell](#), the [PATIENT](#) may be subject to more than one [ADMINISTRATIVE CATEGORY PERIODS](#). The [PATIENT](#) may be subject to one or more [CRITICAL CARE PERIODS](#).

The [Hospital Provider Spell](#) starts when a [CONSULTANT](#), [NURSE](#) or [MIDWIFE](#) assumes responsibility for care following the [DECISION TO ADMIT](#) the [PATIENT](#). This may be before formal admission procedures have been completed and the [PATIENT](#) transferred to a [WARD](#). For example, if a [PATIENT](#) is brought into hospital as an emergency and dies in the [OPERATING THEATRE](#) before being transferred to a [WARD](#), the [PATIENT](#) would have started a [Hospital Provider Spell](#).

In some circumstances a [PATIENT](#) may take [Home Leave](#), or [Mental Health Leave of Absence](#) for a period of 28 days or less, or have a current period of [Mental Health Absence Without Leave](#) of 28 days or less, which does not interrupt the [Hospital Provider Spell](#), [Consultant Episode \(Hospital Provider\)](#), [Care Professional Admitted Care Episode](#), [Nursing Episode](#), [Midwife Episode](#) or [Hospital Stay](#).

Each admission as part of a series of regular day/night admissions generates a separate [Hospital Provider Spell](#) and [Consultant Episode \(Hospital Provider\)](#). An admission is the start of the [PATIENT](#)'s [Hospital Provider Spell](#) and the first [Consultant Episodes \(Hospital Provider\)](#), [Midwife Episode](#) or [Nursing Episode](#) within the spell. If the [PATIENT](#) is on a [Hospital Site](#) the admission will also start the first [Hospital Stay](#) and, unless the [PATIENT](#) has to spend time as a [LODGED PATIENT](#), the admission will also start the first [Ward Stay](#) within that [Hospital Provider Spell](#). If the [PATIENT](#) is in a [Care Home](#) the admission will start the first [Care Home Stay \(Consultant Care\)](#) within the [Hospital Provider Spell](#). Any admission of a [PERSON](#) liable to be detained under the Mental Health Act 1983 cannot be in a [Care Home](#) and must be a [Hospital Provider Spell](#).

A discharge will be the end of the last [Consultant Episode \(Hospital Provider\)](#), [Care Professional Admitted Care Episode](#), [Midwife Episode](#) or [Nursing Episode](#), and the end of the last [Care Home Stay \(Consultant Care\)](#) or [Hospital Stay](#) and [Ward Stay](#) within that [Hospital Provider Spell](#).

If there is any time spent as a [LODGED PATIENT](#) before transfer to a [WARD](#) this is included in the [Hospital Provider Spell](#).

A [Hospital Provider Spell](#) starts with a [Hospital Provider](#) admission and ends with a [Hospital Provider](#) discharge.

There may be one or more [Mental Health Clinically Ready for Discharge Periods](#) recorded for any [Care Professional Admitted Care Episode](#) within the [Hospital Provider Spell](#).

An [Emergency Care Attendance](#) should be recorded where a [PATIENT](#) who is admitted to a [Hospital Provider Spell](#) and [Care Professional Admitted Care Episode](#) at the same [Health Care Provider](#), is taken to the [Emergency Care Department](#) for treatment because, for example, the required resources are not available on the [WARD](#) to which the [PATIENT](#) is admitted. The [Hospital Provider Spell](#) and [Care Professional Admitted Care Episode](#) are not interrupted by an [Emergency Care Attendance](#) of this nature. The [Emergency Care Attendance](#) record should identify the appropriate [URGENT AND EMERGENCY CARE ATTENDANCE SOURCE \(SNOMED CT\)](#) [SNOMED CT](#) concept for a [PATIENT](#) attending an [Emergency Care Department](#) from a [WARD](#) setting.

[Health Care Providers](#) should note, however, that before they commence such recording of [Emergency Care Attendances](#) for admitted [PATIENTS](#), they should discuss this with their commissioners (e.g. [Integrated Care Board](#)). If the commissioner is not willing to fund the [Emergency Care Attendance](#) in addition to the [Care Professional Admitted Care Episode](#), then the [Emergency Care Data Set Version 4](#) record must be excluded from the [National Tariff Payment System](#) process. This is done by following the guidance on the [NHS SERVICE AGREEMENT IDENTIFIER](#) data element in the relevant [Emergency Care Data Set Version 4](#) record.

MIDWIFE EPISODE

Change to Supporting Information: Changed Description

A [Midwife Episode](#) is an [ACTIVITY GROUP](#).

A [Midwife Episode](#) is a continuous period of time a [PATIENT](#) uses a [Hospital Bed](#) or [Delivery](#) facility as part of a [Hospital Provider Spell](#) or [Care Home Stay \(Midwife Care\)](#), under the direct care of a [MIDWIFE](#). This may be during a [Maternity Episode](#) or [Labour and Delivery](#) for the mother but may also be for a baby following a [REGISTRABLE BIRTH](#).

The [MIDWIFE](#) with overall responsibility for a [Midwife Episode](#) must be identified. If the responsible [MIDWIFE](#) changes then a new [Midwife Episode](#) or [Consultant Episode \(Hospital Provider\)](#) begins.

General medical care during the [Midwife Episode](#) is the responsibility of the [PATIENTS](#) own [GENERAL MEDICAL PRACTITIONER](#) who is acting as a [CONSULTANT](#).

An [Emergency Care Attendance](#) should be recorded where a [PATIENT](#) who is admitted to a [Hospital Provider Spell](#) and [Care Professional Admitted Care Episode](#) at the same [Health Care Provider](#), is taken to the [Emergency Care Department](#) for treatment because, for example, the required resources are not available on the [WARD](#) to which the [PATIENT](#) is admitted. The [Hospital Provider Spell](#) and [Care Professional Admitted Care Episode](#) are not interrupted by an [Emergency Care Attendance](#) of this nature. The [Emergency Care Attendance](#) record should identify the appropriate [URGENT AND EMERGENCY CARE ATTENDANCE SOURCE \(SNOMED CT\)](#) [SNOMED CT](#) concept for a [PATIENT](#) attending an [Emergency Care Department](#) from a [WARD](#) setting.

[Health Care Providers](#) should note, however, that before they commence such recording of [Emergency Care Attendances](#) for admitted [PATIENTS](#), they should discuss this with their commissioners (e.g. [Integrated Care Board](#)). If the commissioner is not willing to fund the [Emergency Care Attendance](#) in addition to the [Care Professional Admitted Care Episode](#), then the [Emergency Care Data Set Version 4](#) record must be excluded from the [National Tariff Payment System](#) process. This is done by following the guidance on the [NHS SERVICE AGREEMENT IDENTIFIER](#) data element in the relevant [Emergency Care Data Set Version 4](#) record.

NURSING EPISODE

Change to Supporting Information: Changed Description

A [Nursing Episode](#) is an [ACTIVITY GROUP](#).

A [Nursing Episode](#) is a continuous period of residential nursing care for a client ([PATIENT](#)) given on site 24 hours a day as part of a [Hospital Provider Spell](#) or [Care Home Stay \(Nursing Care\)](#), under the direct care of a [NURSE](#).

The [NURSE](#) with overall responsibility for a [Nursing Episode](#) must be identified. If the responsible [NURSE](#) changes then a new [Nursing Episode](#) or [Consultant Episode \(Hospital Provider\)](#) begins.

During a [Nursing Episode](#) the [PATIENT](#) is either in a [Care Home](#) or in one or more [WARDS](#) of a [Hospital Site](#). In some circumstances a [PATIENT](#) may take [Home Leave](#), or [Mental Health Leave of Absence](#) for 28 days or less, or has a current period of [Mental Health Absence Without Leave](#) of 28 days or less, which does not interrupt the [Nursing Episode](#).

An Emergency Care Attendance should be recorded where a PATIENT who is admitted to a Hospital Provider Spell and Care Professional Admitted Care Episode at the same Health Care Provider, is taken to the Emergency Care Department for treatment because, for example, the required resources are not available on the WARD to which the PATIENT is admitted. The Hospital Provider Spell and Care Professional Admitted Care Episode are not interrupted by an Emergency Care Attendance of this nature. The Emergency Care Attendance record should identify the appropriate URGENT AND EMERGENCY CARE ATTENDANCE SOURCE (SNOMED CT) SNOMED CT concept for a PATIENT attending an Emergency Care Department from a WARD setting.

Health Care Providers should note, however, that before they commence such recording of Emergency Care Attendances for admitted PATIENTS, they should discuss this with their commissioners (e.g. Integrated Care Board). If the commissioner is not willing to fund the Emergency Care Attendance in addition to the Care Professional Admitted Care Episode, then the Emergency Care Data Set Version 4 record must be excluded from the National Tariff Payment System process. This is done by following the guidance on the NHS SERVICE AGREEMENT IDENTIFIER data element in the relevant Emergency Care Data Set Version 4 record.

For enquiries about this Change Request, please email information.standards@nhs.net

