



Australasian College  
for Emergency Medicine

# Integrity of data collection in emergency departments

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Policy P60

## Document Review

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Timeframe for review: every two (2) years, or earlier if required.  
Document authorisation: Council of Advocacy, Practice and Partnerships  
Document implementation: Council of Advocacy, Practice and Partnerships  
Document maintenance: Department of Policy and Strategic Partnerships

## Revision History

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Version	Date	Pages revised / Brief Explanation of Revision
V1	Mar-2011	Approved by the Council of Advocacy, Practice and Partnerships
V2	Jun-2020	Minor revision throughout, Clause 2.2 added (with footnote), reference to ACEM Policy on Standard Terminology added to Clause 2.4 and advocacy responsibility added to Clause 3.1, Clauses 2.7, 3.4 and 3.5 added, new document style applied.

## 1. Purpose and scope

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This policy of the Australasian College for Emergency Medicine (ACEM) relates to the integrity of data collection within emergency departments (EDs). Data collected to measure performance is essential to inform policy and planning decisions. It must be accurate and comprehensive to be an effective tool for analysis and improvement.

This Policy is applicable to EDs in Australia and New Zealand.

## 2. Policy

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- 2.1 Key performance indicators are used as quantifiable measures to evaluate the efficiency and quality of an emergency service and to inform policy and planning decisions.
- 2.2 The intentional misrepresentation or 'gaming' of performance management data to achieve good/improved scores on service metrics is unacceptable<sup>1</sup>.
- 2.3 ACEM believes all Fellows have a moral and professional responsibility to ensure that data generated in the ED is a true and accurate representation of their service. Lack of data integrity has the potential to
  - Minimise emergency performance indicators which may show negative impact(s) on patient care/outcomes and increased risk to ED staff;
  - Obscure the real relationship between ED use, the allocation of resources and patient outcomes;
  - Undermine the scientific validity of ED research; and
  - Inaccurately represent the effect(s) of process change within a department or hospital, and/or conceal potential avenues for process improvement.
- 2.4 ACEM supports the use of uniform measures across the hospital system to ensure the integrity of data. The ACEM Policy on Standard Terminology (P02) provides recommended specifications for certain time measured components of a patient's interaction with the ED, including arrival time and departure ('physically leaves') time.
- 2.5 ACEM believes that all ED staff should be educated on the importance of data integrity. The ACEM Curriculum Framework specifies that emergency physicians who have attained Fellowship will be able to analyse and review data obtained for key performance indicators, use data on patient flow in the ED to improve patient care, and make recommendations based on results obtained for key performance indicators.
- 2.6 ACEM acknowledges that retrospective data entry is sometimes necessary. The medical record will inform this data entry. Therefore, the accuracy of data entry should be independently verifiable in the medical record should an audit be undertaken.
- 2.7 Optimal care of individual patients in the ED will always be prioritised above departmental performance measures.

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<sup>1</sup>See examples of ED data 'gaming' in: Hession M, Forero R, Man NW et al. Gaming National Emergency Access Target Performance Using Emergency Treatment Performance Definitions and Emergency Department Short Stay Units. *Emerg Med Australas*, 31(6): 997-1006.

### 3. Responsibilities of ACEM and its members

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- 3.1 All College members and trainees must maintain the integrity of data collection and presentation relating to their ED. For Fellows in particular this includes advocating at an organisational level to maintain the objectivity and accuracy of ED data.
- 3.2 In situations where there is evidence of intentional misrepresentation of ED data by a College member or trainee, or ED staff member, that individual will be referred by the College to the relevant state and/or federal authorities for further investigation in accordance with the relevant legislation.
- 3.3 Any College member or trainee found to have intentionally misrepresented ED data may be subject to disciplinary proceedings pursuant to the provisions of the [ACEM Constitution](#) and associated College regulations and processes.
- 3.4 ACEM recognises that achievement of time-based performance targets involves processes within and external to the ED, including factors and systems outside of ED control. Achieving targets involving external factors should therefore be a hospital-wide responsibility, not solely an ED management responsibility.
- 3.5 ACEM will support members who are subject to undue pressure and/or sanctions regarding performance targets when factors outside of ED control prevent the expected outcome.



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