



Issue 24 —30 July 2001

Attention: Health Information Managers - For Action
VEMD Submission Officers - For Action
ESIS Submission Officers - For Action
VAED/VEMD/ESIS Software Suppliers - For Action

The Health Data Standards and Systems Unit has produced Issue 24 of the Health Data Standards & Systems (HDSS) Bulletin in electronic format only. The Bulletin has been posted onto our website at www.dhs.vic.gov.au/ahs/hdss/bulletin.htm and can be viewed as both a browseable and downloadable file. To view the complete subject index for every edition of the HDSS Bulletin, please refer to www.dhs.vic.gov.au/ahs/hdss/bulindex.htm

Individuals who have previously provided us with their email address will also receive an emailed copy of the Bulletin.

Bulletin 24 provides information regarding some important issues including:

- Acute Health Reference File updates for 2001—2002
- Victorian Admitted Episodes Dataset (VAED)
 - 2001/2002 PRS/2 reporting
 - Overview document
 - File consolidation reminder
 - Updates to APET for 2001
 - Interim Care program reporting
- Victorian Emergency Minimum Dataset Version 6.0 Overview
- ESIS User Manual information
- Health Records Act Issues Paper

Please download the document from our web site. If you do not have internet access at your hospital, please contact the HDSS Help Desk to obtain a hard copy of this Bulletin. It is essential that this document is distributed to relevant staff in your organisation.

Yours faithfully,

MARK GILL
MANAGER, HEALTH DATA STANDARDS AND SYSTEMS
ACUTE HEALTH

Table of Contents

Global Reference Files	2
24.1 Hospital Code Table Update (VAED, VEMD, ESIS)	2
24.2 Updates to Country of Birth reference file for 2001 – 2002 (VAED, VEMD)	3
24.3 Updates to Postcode / SLA file for 2001 – 2002 (VAED, VEMD, ESIS)	5
Victorian Admitted Episodes Dataset (VAED)	5
24.4 VAED Overview	5
24.5 VAED File Consolidation reminder	5
24.6 Admitted Patient Entry and Transmission System (APET) 2001	6
24.7 Interim Care Program reporting	6
24.8 Reporting 2001/2002 episodes to the VAED	8
Victorian Emergency Minimum Dataset (VEMD)	9
24.9 VEMD Version 6.0 Overview	9
24.9.1 Changes to Code Descriptors	9
24.9.2 Introduction of Concept Definitions	10
24.9.3 Revision to Section 3: Data Definitions [Previously Section 2]	10
24.9.4 Revision to Section 4: Supplementary Code Lists [Previously Section 3]	10
24.9.5 Revision to Section 5: Compilation and Submission [Previously Section 4]	10
24.9.6 Revision to Section 6: Editing [Previously Section 5]	10
24.9.7 Edit Revisions	11
Elective Surgery Information System (ESIS)	13
24.10 ESIS User Manual	13
Health Records Act	13
24.11 Issues Paper	13
HDSS Contact Details	14

Global Reference Files

24.1 Hospital Code Table Update (VAED, VEMD, ESIS)

The Hospital Code Table has been updated on the HDSS website. That file includes the following changes.

Hospital	Obsolete Code			New Code		
	Hosp Code	Site ID	Campus Code	Hosp Code	Site ID	Campus Code
Swinburne University Hospital (<i>new registration</i>)	-	-	-	831	0	8310

Hospital name changes

For your information, the following hospitals have registered new names:

Former Name	New Name
Coleraine and District Hospital	Coleraine District Health Services
Como Private Hospital	Mentone Private Hospital
Dandenong Pinelodge Clinic Private Hospital	Pinelodge Clinic Private Hospital Dandenong
Dorset Private Hospital	Victorian Rehabilitation Centre – Northern Melbourne
Heywood and District Memorial Hospital	Heywood Rural Health
The Victorian Rehabilitation Centre	Victorian Rehabilitation Centre – Eastern Melbourne

24.2 Updates to Country of Birth reference file for 2001 – 2002 (VAED, VEMD)

The Country of Birth file has been updated on the HDSS website. The file includes three Code Lists and the following summarises the changes to these lists.

Country of Birth: Alphabetical Order

Code	Title	Revision
4101	Brunei Darussalam	Revised code title
5101	China (excluding Special Administrative Regions and Taiwan)	Revised code title
5101	China, People's Republic (excluding Special Administrative Regions and Taiwan)	Revised code title
9122	Congo, Democratic Republic of	Added cross-reference entry
9106	Congo, People's Republic of	Revised code title
4111	East Timor	DHS-created code 1.7.2001 (previously East Timor was included in code 4103)
5102	Hong Kong (Special Administrative Region of China)	Revised code title
2607	Kyrgyz Republic	Added cross-reference entry
5106	Macau (Special Administrative Region of China)	Revised code title
5101	People's Republic of China (excluding Special Administrative Regions and Taiwan)	Revised code title
5101	PR China (excluding Special Administrative Regions and Taiwan)	Revised code title
5108	Taiwan	Revised code title
2612	Tajikistan	Added cross-reference entry

Country of Birth: Numerical Order

Code	Title	Revision
2607	Kyrgyz Republic, Kirghizia, Kirghiz, Kirgizia, Kyrgyzstan	Revised list of names
2612	Tajikistan, Tadjikistan, Tadjikistan, Tadjik	Revised list of names
4101	Brunei Darussalam	Revised name
4103	Indonesia, Amboina, Ambon, Bali, Banda Islands, Bangay, Bangaya, Banggai Islands, Bangka, Batavia, Belitung, Billiton Islands, Billitong Islands, Bintan Islands, Bintang Islands, Celebes, DEI, Dutch Borneo, Dutch East Indies, Dutch New Guinea, Flores (Indonesia), Irian, Irian Jaya, Java, Kalimantan, Mollucas, NEI, Netherlands East Indies, Netherlands Indies, Netherlands New Guinea, Portuguese Timor, Rhio Island, Sulawesi, Sumatra, Surabaya, Timor, West Irian, Yanaon	East Timor now 4111
4111	East Timor	DHS-created code 1.7.2001 (previously East Timor was included in code 4103)
5101	China (excluding Special Administrative Regions and Taiwan), People's Republic of China, Hainan Island, Kwang-Chau-Wan, Kwangchow, Kwantung, Manchuko, Manchukuo, Manchuria, Shanghai, Tibet, Zhongguo	Revised list of names
5102	Hong Kong (Special Administrative Region of China), Kowloon	Revised list of names
5106	Macau (Special Administrative Region of China) (previously Portuguese Macao)	Revised name
5108	Taiwan (previously Formosa)	Revised name
9106	Congo (People's Republic of), Brazzaville, Middle Congo	Revised list of names
9122	Congo, Democratic Republic of, Zaire, Belgian Congo	Revised list of names

Country of Birth: Numerical Order: Structured Numerical

Code	Title	Revision
2607	Kyrgyz Republic	Revised code title
4101	Brunei Darussalam	Revised code title
4111	East Timor	New code
5101	China (excluding Special Administrative Regions and Taiwan)	Revised code title
5102	Hong Kong (Special Administrative Region of China)	Revised code title
5106	Macau (Special Administrative Region of China)	Revised code title
5108	Taiwan	Revised code title
9106	Congo, People's Republic of	Revised code title
9122	Congo, Democratic Republic of	Revised code title

24.3 Updates to Postcode / SLA file for 2001 – 2002 (VAED, VEMD, ESIS)

An updated 2001/02 Postcode / SLA file has been posted onto our HDSS website at www.dhs.vic.gov.au/ahs/hdss, [P-code/ Locality/SLA Reference File \(EXE File 227KB\)](#)

Victorian Admitted Episodes Dataset (VAED)

24.4 VAED Overview

An updated 2001/02 VAED Overview document has been posted onto our website, at www.dhs.vic.gov.au/ahs/hdss under **What's New** and at www.dhs.vic.gov.au/ahs/hdss/vaed.htm

24.5 VAED File Consolidation reminder

HDSS are committed to achieving a **complete** year's data for 2000—2001 and will be in regular contact with those sites that are not currently transmitting data in a timely manner and those that have a record of providing incomplete data.

Given that the 1 July 2000 VAED changes were kept to a minimum, it is expected that all hospitals, both public and private (excluding those sites that are currently testing), will meet the September 2001 consolidation.

The Health Services (Private Hospitals and Day Procedure Centres) Regulations 1991, Statutory Rule No. 15/1991 (r.414) provide for financial penalty in the event of non-transmission of data. **These penalty provisions may apply in the event of any shortfall in data submission for the past financial year.**

If difficulties are anticipated in meeting data transmission timeframes for either separation data, or diagnosis and procedure details, the hospital must write to the Department, indicating the nature of the difficulty, remedial action being taken, and the expected transmission schedule.

Regular transmission is necessary to avoid any 'last minute rush', which can result in outstanding diagnoses.

24.6 Admitted Patient Entry and Transmission System (APET) 2001

For sites already using APET, the **2001-2002 Software** incorporating 1 July 2001 VAED changes will be available for downloading early next month. This will be an executable file containing minor changes to file tables.

New sites wanting to load the APET system will need to obtain the complete software by contacting the HDSS Help Desk by email PRS2.Help-Desk@dhs.vic.gov.au or phone 9616 8141.

HDSS would also like to update the list of current APET users to enable us to send information to the correct sites. Please contact Nicolette Thein on 9616 7535 or email nicolette.thein@dhs.vic.gov.au to confirm your site's continued use of APET or to register your interest in using APET in the future.

24.7 Interim Care Program reporting

Background

The Winter Emergency Demand Strategy concluded on 30 June 2001. For 2001—2002 DHS has negotiated with five metropolitan health services to provide Interim Care, a strategy to improve patient 'flow'. The five auspice services are Northern Health, Eastern Health, Southern Health, Melbourne Health and the Sisters of Charity.

Patients admitted to Interim Care services will have complex care needs, which impact substantially on their ability to function independently. Interim Care patients:

- Have completed their acute and/or sub-acute episode of care
- Have been assessed and recommended by an ACAS for residential care
- Are suitable for immediate placement in a residential care facility if a place were available
- Are unlikely to improve during an extended period of convalescence.

The three main objectives for Interim Care are:

1. To provide an appropriate level of care to patients who are waiting to move to residential or similar care
2. To maintain the patients' functional abilities while in Interim Care
3. To work actively with families, carers, service providers and the patients themselves to find appropriate accommodation for the patients.

Participating health services will be involved in an evaluation of the Interim Care program to assess the extent to which this type of care delivers appropriate quality care to patients and improved patient flow through the system.

Reporting arrangements for Interim Care

Admission Type code Z, used in 2000—2001 to identify Winter Emergency Demand Strategy patients, will identify Interim Care services in 2001—2002. The definition for 2001—2002 is:

Z Admission to Interim Care

A patient who is admitted to or transferred to an Interim Care program.

Use code Z only if the Health Service is one of the five identified for the pilot Interim Care strategy (or if the patient is being treated under contract with a hospital that has been involved in pilot).

A further update regarding contracting of these services will be provided in the future.

Admission Type Z must be used to identify both formal admissions and statistical admissions, so *S Not Applicable: Statistical Admission* should not be reported for these cases.

Care Type 9 Geriatric Evaluation and Management

The definition of Care Type 9 *GEM* has been modified to include Interim Care services.

Sub-Acute Record

The reporting of Care Type 9 necessitates the transmission of a Sub-Acute Record (S2). For GEM patients, the Sub-Acute Record should be completed as specified in Section 5 of the PRS/2 Manual. For Interim Care patients, a Barthel Score on admission and separation is required.

VAED Reporting Requirements for the Interim Care program (a)

Interim Care Beds	
Care Type	9 <i>Geriatric Evaluation & Management Program</i>
Admission Type	Z <i>Admission to Interim Care Program</i>
Program Funding Source	6 <i>Acute Health Services</i>
Accommodation Type	1 <i>Overnight accommodation: shared room</i>
Account Class	MP <i>Public/Medicare Patient</i>
Admission Source	Statistical admission or transfer
Contract Role	As per ‘Contracted Care’ Section 2, PRS/2 Manual
Criterion for Admission	O <i>Patient expected to require hospitalisation for minimum of one night</i>
Principal Diagnosis	Z75.1 <i>Person awaiting admission to adequate facility elsewhere</i>
S2 Sub-Acute Record	Valid Barthel Score on Admission Valid Barthel Score on Separation

(a) The VAED reporting requirements apply from the commencement of the strategy. Any records already submitted to the VAED, which do not comply with these guidelines should be amended and re-submitted.

For further information regarding the Interim Care program please contact Basia Sudbury, Subacute and Continuity Unit, phone 9616 7948, email Basia.Sudbury@dhs.vic.gov.au.

24.8 Reporting 2001/2002 episodes to the VAED

Allegiance Systems has advised that the PRS/2 testing and production systems have now been updated to receive 2001/2002 format data. Hospitals should now commence sending July data to PRS/2.

Victorian Emergency Minimum Dataset (VEMD)

24.9 VEMD Version 6.0 Overview

The Victorian Emergency Minimum Dataset (VEMD) User Manual Version 6, 1 July 2001 was distributed to all hospitals currently transmitting to the VEMD on 20 July 2001. The Version 6.0 VEMD User Manual is currently available as downloadable pdf files and has been posted onto our website at www.dhs.vic.gov.au/ahs/vemd2001.htm The manual will also be available in browsable format in the near future.

This HDSS Bulletin summarises all major alterations incorporated in the VEMD Manual, Version 6.0. Edits, which no longer apply for data from 1 July 2001, will not appear in the manual. (Please refer to the *Specifications for Revision to the VEMD for 1/7/ 2001* for details)

Revisions made to the wording and phrasing throughout the manual have not been summarised.

24.9.1 Changes to Code Descriptors

[Additional text is underlined, text for deletion is ~~struck through~~.]

Departure Status

2 - Admission to ward (includes HITH and Medical Assessment and Planning Unit; Excludes registered Short Stay Observation Unit) / ~~return to inpatient ward~~.

3 – Admission to registered Short Stay Observation Unit (Includes Chest Pain Evaluation Unit; Excludes Medical Assessment and Planning Unit)

Description of Injury event

Data entry prompts must be installed to ensure the collection of the required components.

Escort Source

Revised to be OPTIONAL if Departure Status = 4 – Transfer out of this hospital to another hospital.

Procedure

Revised to be OPTIONAL if the Primary Diagnosis item is completed.

Referred By

7 – Nursing Home

- If patient has come from a nursing home with a referral from a GP (eg accompanying letter or phone call), Referred By = 2 – Local medical officer, includes GP/Doctor.
- If patient has come from a nursing home with GP referral, that is patient, nursing home staff or relatives have initiated the referral, Referred By = 7 – Nursing Home.

It is recommended that the following working definition of Nursing Home / Aged Care Residential Care Facility be used to assist the coding process:

Nursing Homes (also called High Level Care Facilities) accommodate elderly people who:

- Require 24 hour nursing care
- Have been assessed by and Aged Care Assessment Service as requiring nursing home care.

Excludes people from Low Level care facilities such as hostels (use Code 19 – Other)

24.9.2 *Introduction of Concept Definitions*

A new section that has been incorporated into the manual to provide users with several concept definitions relating to data items collected by the VEMD.

24.9.3 *Revision to Section 3: Data Definitions [Previously Section 2]*

Inclusion of VEMD Business Rules, designed to assist in the coding process.

24.9.4 *Revision to Section 4: Supplementary Code Lists [Previously Section 3]*

The Hospital Codes Tables have been revised to reflect the current collection of Victorian Hospitals. Refer to 24.1, in this bulletin, for details on changes made to the tables.

The Country of Birth Tables have been revised to include all relevant updates. Please refer to 24.2, in this bulletin, for a summary of changes made to the Country of Birth tables.

The following Injury Surveillance Tables and Matrix, previously located in Section 5: Editing, have been relocated to Section 4: Supplementary Code Lists.

- Foreign Body Injury / Body Region and ICD-10-AM Matrix
- Nature of Main Injury / Body Region and ICD-10-AM Matrix
- Nature of Main Injury / Body Region and ICD-10-AM Matrix Editing Tables
- Poison / Toxic Effect Additional ICD-10-AM Codes and Descriptors

24.9.5 *Revision to Section 5: Compilation and Submission [Previously Section 4]*

The directives regarding the Comparative Process have been replaced by direction regarding the Discontinuation of Paper Based Records.

24.9.6 *Revision to Section 6: Editing [Previously Section 5]*

The Injury Surveillance Tables and Matrix, previously located in Section 5: Editing, have been relocated to Section 4: Supplementary Code Lists.

24.9.7 *Edit Revisions*

Amended Edit

E207 Procedure Code Format Invalid

Effect REJECTION

- Problem**
- Procedure code format is not valid, eg) Procedure codes have been separated by more than one curly bracket `}}`, or include a space; **OR**
 - Procedure code sequence is not valid, eg) There is a blank first Procedure followed by a valid Procedure code.

~~Procedure codes must be completed, unless the Primary Diagnosis is blank.~~

Remedy Remove incorrect formatting or blank the Procedure, and resubmit transaction.

~~Contact your software supplier to ensure blank procedure codes are not transmitted.~~

Amended edit

E232 Transfer Departure Status Code Combination Invalid

Effect REJECTION

- Problem**
- Departure Status = 4-Transfer out of this hospital to another hospital, but Transfer Destination, Reason for Transfer, ~~Eseort Source~~ and/or Departure Transport Mode are null.
If the Departure Status = 4, Transfer Destination, Reason for Transfer, ~~Eseort Source~~ and Departure Transport Mode items must be completed; **OR**
 - Departure Status = 0, 1, 2, 5, 6, 7, or 9, but Transfer Destination, Reason for Transfer, ~~Eseort Source~~ and/or Departure Transport Mode not null.
If Departure Status = 0, 1, 2, 5, 6, 7, or 9, then Transfer Destination, Reason for Transfer, ~~Eseort Source~~ and Departure transport Mode must be null.

Remedy Check the Departure Status, correct as appropriate and resubmit transaction.

New Edit

E233 Unregistered Short Stay Observation Unit

Effect REJECTION

Problem Departure Status = 3 – Admission to short stay observation unit (Excludes MAPU), but the Campus Code is not registered with DHS.

Remedy Check the Departure Status, correct as appropriate and resubmit the transaction.

Contact DHS, Access Unit (see Contact Details, Section 1-12) for registration of the short stay observation unit.

The below edit deletion is effective 1 July 2001.

<i>Edit Number</i>	<i>Title</i>
E205	Procedure Blank

Elective Surgery Information System (ESIS)

24.10 ESIS User Manual

The *Elective Surgery Information System (ESIS) Version 4.0 User Manual*, has been forwarded to all hospitals participating in the ESIS collection, to system suppliers known to have Victorian clients, to a range of relevant industry bodies and to DHS staff. Should you have queries regarding this manual, please contact the HDSS Help Desk on 9616 8141 or by email (ESIS.ESIS@dhs.vic.gov.au).

The Version 4.0 ESIS User Manual is currently available as downloadable pdf files and has been posted onto our website at www.dhs.vic.gov.au/ahs/esis4/index.htm. The manual will also be available in browsable format in the near future.

Health Records Act

24.11 Issues Paper

It is planned that the Victorian Health Records Act will come into effect on 1 March 2002.

An issues paper has been prepared, which contains an overview of the access regime in the Act, and seeks comments on the development of regulations which will be made to cap fees that an organisation can charge for granting access. The paper, together with a summary document can be viewed at www.dhs.vic.gov.au/ahs/healthrecords. Follow the links to the Health Records Regulations Issues Paper.

Please note, there is an upcoming National Privacy Conference, entitled *Privacy - Make it your business*. Further information can be obtained at www.icms.com.au/privacy/

HDSS Contact Details

The Health Data Standards and Systems (HDSS) Unit of the Acute Health Division manages three Victorian hospital data collections:

- Victorian Admitted Episodes Dataset (VAED)
- Victorian Emergency Minimum Dataset (VEMD)
- Elective Surgery Information System (ESIS).

The *Health Data Standards and Systems Bulletin*, produced on an ad hoc basis by HDSS, provides:

- Answers to common questions recently directed to the HDSS Help Desk,
- Directives for implementation of revisions to data collection specifications (VAED, VEMD, ESIS), including notification of amendments to specified data collection reference tables,
- Feedback on selected data quality studies undertaken, and
- Information on upcoming events.

HDSS Bulletin Web Site www.dhs.vic.gov.au/ahs/hdss/bulletin.htm

HDSS Help Desk

Telephone: 03 9616 8141

Fax: 03 9616 7629

Email: **VAED:** PRS2.Help-Desk@dhs.vic.gov.au
VEMD: submit.vemd@dhs.vic.gov.au
ESIS: ESIS.ESIS@dhs.vic.gov.au