



## Issue 44: 6 August

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

The Health Data Standards and Systems Unit has produced Issue 44 of the Health Data Standards & Systems (HDSS) Bulletin in electronic format only. The Bulletin has been posted onto our website at <http://hdss.health.vic.gov.au/bulletin/44-60802.htm> and can be viewed as both a browseable and downloadable file. To view the subject index for every edition of the bulletin, please refer to <http://hdss.health.vic.gov.au/bulletin/index.htm>.

Bulletin 44 provides information regarding:

- Hospital Code Table Updates
- Transmission of 2002/2003 Data to Allegiance
- ICD-10-AM Library File Additions
- Changes in PRS/2 Edits as of 1 July
- Interim Care
- Audit of 2000-2001 VAED Data
- WIES Payments, Care Type and Program Funding Source
- TAC Patient Fees for 2002-2003
- VEMD Submission Process

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

Yours faithfully,

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# Global Reference Files

## 44.1 Hospital Code Table Updates (VAED, VEMD, ESIS)

An updated version of the Hospital Code Table file, including the details below, has been posted onto the HDSS Website:

<http://hdss.health.vic.gov.au/reffiles/index.htm>

The Excel file contains multiple worksheets that categorise public, private and Non-Victorian (new addition) hospitals, in both alphabetical and numerical order.

### New Hospital

The following hospital has recently been registered:

Former Name	VAED Code	PRS/2 Code	Date Effective
Forest Hill Dialysis Centre	8180	H18	24 June 2002

### New Hospital Codes

The following hospital has been issued with new VAED Hospital Codes:

Former Hospital Name	New Hospital Name	New Campus Name	Old VAED (PRS/2 Code)	New VAED Code
Saint Frances Xavier Cabrini Hospital [Malvern]	Saint Frances Xavier Cabrini Hospital	Cabrini Malvern	6510 (B51)	6511
Saint Frances Xavier Cabrini Hospital [Malvern]	Saint Frances Xavier Cabrini Hospital	Cabrini Prahran	6510 (B51)	6512
Brighton Private Hospital	Saint Frances Xavier Cabrini Hospital	Cabrini Brighton	8070 (P07)	6513

## Hospital Name/Ownership Changes

With the introduction of the PRS/2 Replacement System, hospitals are no longer allocated new PRS/2 and VAED codes where a change of name or ownership occurs, unless it involves becoming another campus of an existing hospital. Where necessary, the effective date will be used to provide separate reports.

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

<b>Name</b>	<b>Former Owner</b>	<b>New Owner</b>	<b>Date Effective</b>
Brighton Private Hospital [ <i>See New Hospital Codes also</i> ]	Brighton Private Hospital Management Pty Ltd	Missionary Sisters of the Sacred Heart of Jesus	28 June 2002
Western Suburbs Endoscopy Service	Leslie J Norton Pty Ltd	Gastro West Pty Ltd	1st July 2002
Caritas Christi Hospice	Sisters of Charity Health Service	St. Vincent's Health	15 July 2002
St. George's Health Service	Sisters of Charity Health Service	St. Vincent's Health	15 July 2002
St. Vincent's Hospital	Sisters of Charity Health Service	St. Vincent's Health	15 July 2002
Vimy House Private Hospital	Transport Friendly Society Ltd	Vimy Business Pty Ltd	22 July 2002

## Victorian Admitted Episodes Dataset (VAED)

### 44.2 Transmission of 2002/2003 Data to Allegiance

Allegiance will accept 2002/2003 data from Wednesday 7 August 2002. Hospitals should endeavour to submit and clean all July E2s and June X2s by 17 August 2002. However as hospitals have been unable to transmit data until this time, the data timeliness requirements for July 2002 E2 records will not apply. DHS is also aware that the delay may result in difficulties for hospitals in finalising 2001-02 data. This factor will be acknowledged when considering whether hospitals have met the data submission deadline for June X2s.

Hospitals are reminded to contact HDSS if they are unable to transmit data for any reasons. Exemptions from data timeliness penalties are usually granted only for circumstances beyond the hospital's control.

### 44.3 Additional Admission Type Code as of 1 July

In order to identify patients admitted under the new Elective Surgery Access Strategy, as of 1 July 2002, there is a new Admission Type: *W Elective Surgery Access Service (ESAS)*.

Only designated centres (St Vincent's Hospital, Cranbourne Integrated Care Centre, Southern Health and Western Hospital) are to use this Admission Type. These sites have been notified of the data requirements for using this Admission Type.

## 44.4 ICD-10-AM Library File Additions

ICD-10-AM code L41.2 - 'Lymphomatoid papulosis' is now classified in ICD-O Third Edition as a neoplasm - an additional assignment of a morphology code is therefore required.

An addition has been made to the ICD-10-AM Library File edit section to produce a warning if code L41.2 - 'Lymphomatoid papulosis' is assigned without the required morphology code.

Additional code requirement:

3 = Warning - cancer site code - requires a morphology code to follow.

ICD-10-AM Code	Code Description	Change	Specification
L412	Lymphomatoid papulosis	Add edit	3

It has also been necessary to modify an age edit for the 2001-2002 and 2002-2003 ICD-10-AM Library Files after verification of a recently transmitted episode falling outside the current high age trim point.

Code Z30.1 *Insertion of (intrauterine) contraceptive device* and

Code 35503-00 *Insertion of intrauterine device [IUD]* rejection edits have been modified to increase the high age trim point from 55 years to 60 years.

ICD-10-AM Code	Code Description	Change	Specification
Z301	Insertion of (intrauterine) contraceptive device	First Age HH (Column F)	Change to 60
3550300	Insertion of intrauterine device [IUD]	First Age HH (Column F)	Change to 60

If you have already downloaded the Library File, you are advised to amend the file accordingly. Alternatively the updated Library File is available for downloading at:

<http://hdss.health.vic.gov.au/reffiles.index.htm>.

## 44.5 Changes in PRS/2 Edits as of 1 July

The following minor changes have been made:

- Account Class, Accommodation Type, Care Type and Medicare Suffix edit table:
  - Account Class ME *Ineligible: Hospital Exempt* will not be allowed with Care Type E *Interim Care Program* (consistent with Interim Care Program edit table)
  - Account Class JP *Prisoner* will not be allowed for Care Type 3 *Family Choice: Awake Attendant Care* (effects the Royal Children's Hospital only)
- Care Type: Family Choice edit table: has been expanded (effects the Royal Children's Hospital only)
- Criterion for Admission, Age, Admission Type and Admission Source edit table (see revised table reproduced on the following pages):
  - Creation of 2 new rows where Age must be <2 days, where the Admission Source is Y *Birth Episode*.
  - Revision of <10 days rows
  - Creation of a row outlining valid combinations for Admission Type Q *Rural Patients initiative*
  - Creation of a row outlining valid combinations for Admission Type W *Elective Surgery Access Service*
  - Revision of Admission Type G *Geriatric respite* row. Age must be greater than or equal to 55

A number of edits have been removed as they were found to duplicate the effects of other edits. All of these changes will be reflected in the manual.

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## Criterion for Admission, Age, Admission Type and Admission Source

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Valid combinations (for Early Parenting Centres, Criterion S is also permitted):

Age	Criterion for Admission	Admission Type	Admission Source
<2 days	N <i>Qualified newborn</i>	Y <i>Newborn</i>	Y <i>Birth episode</i>

<b>Age</b>	<b>Criterion for Admission</b>	<b>Admission Type</b>	<b>Admission Source</b>
<2 days	U <i>Unqualified newborn</i>	Y <i>Newborn</i>	Y <i>Birth episode</i>
<10 days	N <i>Qualified newborn</i> B <i>Day Only Bands</i> C <i>Type C</i>	Y <i>Newborn</i>	C <i>Emergency Dept of this hospital</i> T <i>Transfer</i> Z <i>Other formal admission source</i>
<10 days	U <i>Unqualified newborn</i>	Y <i>Newborn</i>	T <i>Transfer</i>
>9 days	O <i>Overnight</i> B <i>Day Only Bands</i> C <i>Type C</i>	S <i>Statistical</i>	0, 1, 2, 4, 5, 6, 7, 8, 9, F, E <i>Statistical</i>
>9 days	O <i>Overnight</i> B <i>Day Only Bands</i> C <i>Type C</i>	R <i>Road emergency</i>	C <i>Emergency Dept of this hospital</i> T <i>Transfer</i>
>9 days	O <i>Overnight</i> B <i>Day Only Bands</i> C <i>Type C</i>	O <i>Other emergency</i>	C <i>Emergency Dept of this hospital</i> T <i>Transfer</i> N <i>From Aged care res facility</i> A <i>From Mental health res facility</i>
>9 days	O <i>Overnight</i> B <i>Day Only Bands</i> C <i>Type C</i>	Q <i>Rural Patients initiative</i>	L <i>Waiting List</i> Z <i>Other formal admission source</i>
>9 days	O <i>Overnight</i> B <i>Day Only Bands</i>	W <i>Elective Surgery Access Service</i>	L <i>Waiting List</i>
>9 days	O <i>Overnight</i> B <i>Day Only Bands</i> C <i>Type C</i>	X <i>Other planned admission</i>	L <i>Waiting List</i> T <i>Transfer</i> N <i>From Aged care res facility</i> A <i>From Mental health res facility</i> Z <i>Other formal admission source</i>
>= 12 years	O <i>Overnight</i> B <i>Day Only Bands</i> C <i>Type C</i>	I <i>Industrial emergency</i>	C <i>Emergency Dept of this hospital</i> T <i>Transfers</i>
11-54 years incl	O <i>Overnight</i> B <i>Day Only Bands</i> C <i>Type C</i>	M <i>Maternity</i>	C <i>Emergency Dept of this hospital</i> T <i>Transfers</i> N <i>From Aged care res facility</i> A <i>From Mental health res facility</i> Z <i>Other formal admission source</i>
>= 55 years	O <i>Overnight</i> B <i>Day Only Bands</i> C <i>Type C</i>	G <i>Geriatric respite</i>	Z <i>Other formal admission source</i>

Valid combinations for Admission Type and Admission Source have been extracted from the edit table Criterion for Admission, Age, Admission Type and Admission Source

## 44.6 Interim Care

For Interim Care Patients remaining on 1/7/2002, who were admitted on or before 30/6/2002, the hospital needs to:

- Statistically separate from Care Type 1 NHT or 9 GEM. *The time and date of the separation should be 23.59 on 30 June.*
- Statistically admit to Care Type F Interim Care NHT or E Interim Care. *The time and date of the admission should be 00.01 on 1 July.*

This action is required to avoid 2002-03 rejection edits. Sub-acute Unit advise that these statistical separations will not impact on Interim Care funding.

## 44.7 Audit of 2000-2001 VAED Data

The Final Report of the Audit of 2000-2001 VAED Data, prepared for DHS by Healthcare Management Advisors Pty Ltd, has been posted to the HDSS website, where access is limited by password. A letter has been sent to all public hospital CEOs and HIMs advising access details.

Queries on the audit process and reports should be directed to Joanne McLachlan on 9616 7710 or Mark Gill on 9616 7456.

## 44.8 WIES Payments, Care Type and Program Funding Source

The *Victoria – Public Hospitals and Mental Health Services Policy and Funding Guidelines 2002-2003* state that all admitted episodes with a Care Type of U, 4, 8 and 0 are eligible for WIES funding if they have a Program Funding Source of 6 (Acute Health Services Program Output Group).

However in practice PRS/2 edits will not allow a Care Type of 0 to be combined with the Program Funding Source of 6. Episodes with a Care Type of 0 are funded through the Public Health Branch.

## **44.9 TAC Patient Fees for 2002-2003**

### **Acute Episodes of Care**

The base fee for TAC separations from 1 July 2002 until further notice is \$2137 per Weighted Inlier Equivalent Separation (WIES10).

### **Sub-Acute (Rehabilitation) Fees**

Effective from 1 July 2002 until further notice, the following fees apply for patients admitted to rehabilitation programs designated by the Department of Human Services.

Level 1 (Care Type 2): \$ 383 per day

Level 2 (Care Type 6): \$ 319 per day

Level 3 (Care Type 7): \$ 319 per day

### **Non-Admitted Patient Fees**

For TAC patients treated from 1 July 2002 to 31 October 2002 inclusive, the rates remain as currently published (refer to Fee Schedule 3).

New rates will be published for all non-admitted services from 1 November 2002. These will be advised via a separate Bulletin/Hospital Circular.

### **TAC DRG Statements**

As outlined in Hospital Circular No. 13/2002, new arrangements are in place for TAC funding from 1 July 2002. DHS will provide electronic data to TAC in a similar manner to DVA data. The implementation of this system means that Allegiance Systems no longer produces the 'hard copy' admitted patient statements as the Department will provide hospitals with reports on TAC account status.

# Victorian Emergency Minimum Dataset (VEMD)

## 44.10 VEMD Submission Process

HDSS is pleased to announce that the VEMD submission and editing system can now accommodate partial files. This means that hospitals can submit data during the month of collection. Once a record has been submitted for the first time, hospitals need only resubmit it where it has been corrected or updated. There is no necessity to resubmit records that have already passed (unless resubmission is requested by HDSS for other reasons).

At DHS, records received after the first submission of the month are either appended to the original file, or if applicable, they correct/update/delete earlier records. Submissions can be made during the month of collection without them being counted in the total number of submissions for the purposes of assessing bonus. At this stage it would be appreciated if hospitals would submit no more than four files during this period. If hospitals choose to begin transmitting data before the month has ended, this has the potential to significantly reduce the likelihood of 'Data Quality and Timeliness' bonus being withheld.

An example, assuming 100 Emergency Department (ED) attendances per day:

- 17 October: Hospital submits the first 1400 episodes (that occurred from 1 to 14 October).
- 19 October: Data is processed. 1391 are now free of rejection edits; 9 errors are returned to the hospital.
- 24 October: Hospital submits the 9 corrections plus the next 700 episodes (that occurred from 15 to 21 October).
- 26 October: Data is processed. 2094 are now free of rejection edits; 6 new errors are returned to the hospital.
- 31 October: Hospital submits the 6 corrections plus the next 700 episodes (that occurred from 22 to 28 October).
- 01 November: Data is processed. 2794 are now free of rejection edits; 6 new errors are returned to the hospital.

In this example, by 1 November, only data collected on the last three days of October and any rejections remain outstanding. The submissions that occurred within October are not included in the total number of submissions a hospital can have before bonuses are affected.

Another benefit of this is that data can be analysed and fed back to users like CEOs, ED Directors through the Hospital Demand Coordination Group in a far more timely manner than has previously been available. In the above example, end users of the data are likely to have an indication of how an ED is faring for the first two weeks of October, by 20 October. Previously this information would have been unlikely to be available until late November or early December. A major impediment to the usage of VEMD data in the past has been its lack of currency. If widely adopted, this system has the potential to redress this.

## HDSS Bulletin by Dataset

This table lists HDSS Bulletins released in the current and prior financial year only, and identifies the dataset to which they relate. All previous Bulletins are on the website at:

<http://hdss.health.vic.gov.au/bulletin/index.htm>.

If you are unable to access the website, please contact the HDSS HelpDesk to request any previously released HDSS Bulletins.

HDSS Bulletin No:	Date released:	Dataset:			
		VAED / PRS/2	VEMD	ESIS	Other info
Bulletin 24	30 July 2001	✓	✓	✓	✓
Bulletin 25	03 September 2001		✓		
Bulletin 26	05 September 2001	✓			✓
Bulletin 27	07 September 2001	✓			
Bulletin 28	14 September 2001			✓	
Bulletin 29	01 November 2001	✓	✓		
Bulletin 30	09 January 2002	✓			✓
Bulletin 31	18 February 2002	✓	✓	✓	
Bulletin 32	14 March 2002	✓	✓	✓	✓
Bulletin 33	03 April 2002	✓	✓	✓	✓
Bulletin 34	19 April 2002	✓			
Bulletin 35	26 April 2002	✓			
Bulletin 36	22 May 2002	✓			
Bulletin 37	28 May 2002	✓	✓	✓	✓
Bulletin 38	21 June 2002	✓	✓	✓	✓
Bulletin 39	26 June 2002	✓			✓
Bulletin 40	28 June 2002	✓			
Bulletin 41	4 July 2002	✓	✓		✓
Bulletin 42	12 July 2002	✓	✓	✓	✓
Bulletin 43	19 July 2002	✓		✓	
Bulletin 44	6 August 2002	✓	✓	✓	✓

## HDSS Contact Details

The Health Data Standards and Systems (HDSS) Unit of the Metropolitan Health and Aged Care 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 HelpDesk,
- 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      <http://hdss.health.vic.gov.au/bulletin/index.htm>

### HDSS HelpDesk

Telephone:                    03 9616 8141

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                                     VEMD:      [submit.vemd@dhs.vic.gov.au](mailto:submit.vemd@dhs.vic.gov.au)

                                     ESIS:       [ESIS.ESIS@dhs.vic.gov.au](mailto:ESIS.ESIS@dhs.vic.gov.au)