



**Issue 56: 16 June 2003**

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 56 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/56-160603.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 56 provides information regarding:

- Hospital code table updates
- Modifications to Specifications for Revisions to PRS/2 and the VAED, ESIS and VEMD for 1 July 2003
- ICD-10-AM Library File 2003-2004

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 Update

## 56.1 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 hospitals, in both alphabetical and numerical order.

### Hospital Name Change

Previous Name	New Name	VAED Code	Date Effective
Dandenong Private Endoscopy	Digestive Health Centre	7780	30 May 2003

# Victorian Admitted Episodes Dataset (VAED)

## 56.2 Modifications to Specification for Revisions to PRS/2 and the VAED for 1 July 2003

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### VAED Edit – 444 Invalid Date of Accident

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**Effect** REJECTION

**Problem** This V2 DVA and TAC Record Date of Accident is invalid, either in format or in relation to the Admission Date and Date of Birth.

Date of Accident must be after Date of Birth.

Date of Accident must be prior to or equal to Admission Date.

Refer to: Section 3 'Date of Accident'.

**Remedy** Check Account Class and Date of Accident, amend as appropriate and re-transmit the V2.

- For DVA patients, delete Date of Accident.
- For TAC patients, amend Date of Accident.

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## Edit Table - Contracting: Funding Arrangement and Contract Fields

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Contract/Spoke Identifier code 8880 has been deleted from the codeset, as published in the 'Specifications for Revision to PRS/2 and the VAED for 1 July 2003' document released in February 2003 (page 94). The following modification relates to Funding Arrangement 1 *Contract* with Contract Type 1. The full specification for this edit table was included in the 'Specifications for Revision to PRS/2 and the VAED for 1 July 2003 – Appendix A', released in April 2003 (page 136).

Funding Arrangement	Contract fields	Code
1 Contract with Contract Type 1	Contract Type	1
	Contract Role	B
	Contract/Spoke Identifier	Valid External Purchaser Agency code: 0100-0900, <del>8880</del> . For reporting the location of lithotripsy services provided by St Vincent's Hospital only, codes: 0910, 9020, 0930, 0940, 0950, 0960, 0970, 0980, 0990.
	Contract Leave Days MTD	Space
	Contract Leave Days YTD	Space
	Contract Leave Days Total	Space

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## Method for Reporting 'Remaining Ins' on 30 June 2003

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Typographical errors have been identified in the 'Specification for Revisions to PRS/2 and the VAED for 1 July 2003 – Appendix B' document as follows:

Page 67 – Bullet point 4 under 'General Rules' heading:

- File transmissions with header dates of 1 July 2003 and beyond may contain records of unseparated patients (those remaining in on 30 June 2003); which must use ~~2002-2003~~ 2003-2004 format values.

Page 68 – Bullet point 1 following 'Hospitals have three options for processing the above':

- Soon after 30 June 2003, systematically update the 'remaining in' episodes to add in Preferred Language and Interpreter Required, and amend Admission Source, Admission Type, and any other applicable data items. However, if this is completed while the hospital is still transmitting ~~2003-2003~~ 2002-2003 Header Dates (that is, June 2003), then the large majority of 'remaining ins' will reject, resulting in only a partial census report able to be run.

### 56.3 ICD-10-AM Library File 2003-2004

The ICD-10-AM (Third Edition) Library File for 2003-2004 has now been produced. The file contains all ICD-10-AM Third Edition diagnosis, morphology and procedure codes, together with appropriate edits, mappings and code descriptions.

The Excel file has been zipped and password protected using the same password as last year. If you do not have, or have forgotten the password, please contact the HDSS HelpDesk. Separate files containing:

1. A description of the Library File layout and contents; and
2. Procedure block numbers with their short and full descriptions

are also available. The above three files can be downloaded from:

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

Software suppliers and hospitals are advised to download the new version of the ICD-10-AM Library File. Any future updates to the file during 2003-2004 will be published in the HDSS Bulletin.

# Elective Surgery Information System (ESIS)

## 56.4 Modifications to Specification for Revisions to ESIS edits for 1 July 2003

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### S135 Patient already on waiting list for same PPP

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**Effect** NOTIFIABLE

**Problem** Another waiting episode with the same *Patient Identifier* and the same *Principal Prescribed Procedure* has been reported. The PPP is not one, which can be recorded for multiple waiting episodes for the same patient (see lists A and B).

Refer: Section 3 – Data Definitions: *Patient Identifier*, *Principal Prescribed Procedure*, Registration Date, Removal Date and Readiness Status.

List A:

Another waiting episode with the same *Patient Identifier* can have the same PPP where the procedure is:

- A bilateral procedure which could be performed in separate operative episodes; or
- Normally planned to be repeated at separate operative episodes; or
- From the 'Other' categories of the PPP list.

Edit 135 will not be triggered for the following PPPs:

- ~~010 Other cardio-thoracic surgery~~
- 012 Myringotomy
- 015 Myringoplasty/tympanoplasty
- 017 Mastoidectomy
- 018 Excision/destruction of lesion/tissue of larynx
- 030 Other ENT surgery
- 033 Local excision of lesion/lump of breast
- 034 Release of carpal tunnel
- 035 Ligation and stripping of varicose veins of legs
- 038 Mastectomy
- 050 Other general surgery

- 070 Other gynaecological surgery
- 079 Spinal fusion
- 090 Other neurosurgery
- 091 Repair of cataract
- 092 Excision/destruction of lesion/tissue of eyelid
- 093 Procedures on extraocular muscles
- 094 Procedures on lacrimal system
- 095 Trabeculectomy
- 096 Excision of pterygium
- 097 Procedures on the vitreous
- 098 Repair of ectropion or entropion
- 099 Repair of blepharoptosis
- 100 Insertion of prosthetic lens
- 110 Other ophthalmic surgery
- 111 Removal of internal fixation of bone
- 112 Excision of meniscus of knee
- 113 Total hip replacement
- 114 Total knee replacement
- 115 Excision/ repair of bunion and other toe deformities
- 116 Arthroscopy of knee
- 117 Repair procedures on shoulder and elbow
- 120 Repair of cruciate ligaments
- 130 Other orthopaedic surgery
- 133 Release of Dupuytren's contracture
- 150 Local excision/destruction of lesion/tissue skin/subcutaneous tissue
- 160 Other plastic surgery
- 161 Prostatectomy
- 162 Excision/destruction of lesion/tissue of bladder
- 164 Excision/repair of hydrocele and or varicocele
- 166 Nephrectomy
- 169 Nephrotomy and/or nephrostomy
- 170 Cystoscopy
- 180 Other urological surgery
- 182 Endarterectomy
- 188 Exploration/incision of vein or artery
- 190 Other vascular surgery
- 196 Inguinal herniorrhaphy
- 206 Laparoscopy
- 212 Excision debridement of skin/soft tissue wound, infection or burn
- 213 Skin graft

- 214 Scar revision
- 218 Insertion or removal of tissue expander
- 220 Trigger finger or thumb release
- 223 Partial hip replacement
- 224 Partial knee replacement
- 230 Other surgery on the heart
- 231 Other thoracic surgery

List B:

Another waiting episode with the same *Patient Identifier* can have the same PPP where a decision may be taken at the time of the operative episode, or shortly thereafter, that the procedure needs to be repeated.

Edit 135 will not be triggered for the following PPPs provided that:

- I. The *Registration Date* of the subsequent waiting episode is on or after the *Removal Date* of the previous episode; or
- II. One of the waiting episodes is *Not Ready For Care*:

- 039 Thyroidectomy
- 041 Bowel resection
- 052 Dilation and curettage
- 056 Procedures on ovary
- ~~150 Local excision/destruction of lesion/tissue skin/subcutaneous tissue~~
- ~~161 Prostatectomy~~
- ~~162 Excision/destruction of lesion/tissue of bladder~~
- 163 Orchidopexy
- 172 Repair of hypospadias or epispadias
- 199 Procedures for morbid obesity
- ~~206 Laparoscopy~~

**Remedy**

If the PPP is not included in list A:

- Check the *Principal Prescribed Procedure* in this record and in the earlier record, correct one or both and resubmit.

If this is a duplicate entry for the same waiting episode, remove the record with the highest waiting number using a *Reason for Removal* code E *Data error*. If you consider a procedure is appropriate for multiple waiting list records, email [ESIS.ESIS@dhs.vic.gov.au](mailto:ESIS.ESIS@dhs.vic.gov.au) providing the PPP code number and an explanation of the circumstances.

If the PPP is not included in list B:

- Check the *Principal Prescribed Procedure* in this record and in the earlier record, correct one or both and resubmit or;
- Check the *Removal Date* of the earlier record and the *Registration Date* of this record, correct one or both and resubmit or;
- Check the *Readiness status* of both records and changed one of them to *Not Ready For Care*.

# Victorian Emergency Minimum Dataset (VEMD)

## 56.5 Modifications to Specification for Revisions to VEMD for 1 July 2003

Since the release of the Specifications for Revisions to the VEMD for 1 July 2003 document on 28 February 2003 some modifications have been required to ensure that the VEMD captures the most relevant and accurate data.

### Emergency Medical Unit

The need to separately identify approved Emergency Medical Units (EMU) within Victorian hospitals has resulted in the following modifications to the VEMD for 1 July 2003:

Concept and Data Definitions	Revised definition of Emergency Medical Unit (EMU)
Data Definition	Revised definition of Departure Status to include new code 13 – Registered Emergency Medical Unit
Edits	Inclusion of new edit E367: Unregistered Emergency Medical Unit
Supplementary Code Lists	Inclusion of list of Emergency Medical Units: Approved

All modifications are detailed on the following pages.

### Ambulance Case Numbers

The Ambulance Case Number data item has been modified. Please ensure that the necessary modifications are made prior to transmission of data for the 2003—2004 financial year.

### Business Rules – Departure Status

The Business Rule has been deleted and new Business Rules have been created to reflect the correct practice for Departure Status codes:

- 4 – Another Hospital Campus
- 10 – Left Without Clinical Advice Regarding Treatment Options and 11 – Left At Own Risk, Without Treatment.

### VEMD File Structure

The final VEMD file structure for 1 July 2003 can be downloaded from the HDSS Website.

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## Concept Definition - Emergency Medical Unit (EMU)

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Classification      Concept

**Definition**            An Emergency Medical Unit (EMU) is a designated area of a hospital, registered as such with DHS. These units concentrate on admissions for general medical conditions in one geographical area to streamline the care planning processes.

Patients' planned length of stay in the Emergency Medical Unit may be up to 48 hours prior to transfer to another ward or discharge home (majority of patients). The clinical management of these patients is jointly managed by Emergency Department physicians and general physicians.

**Guide for Use**        The concept of Emergency Medical Units has gathered momentum within the Victorian health System of recent times as has Medical Assessment and Planning Units (MAPU).

These models of care focus on streamlining the assessment and planning processes for medical patients.

EMUs tend to be located close to emergency departments to facilitate joint ED/admitted patient management. In comparison a MAPU is not necessarily located near emergency departments and are managed solely by admitted patient services.



If Arrival Transport Mode equals

- 1 – Air Ambulance

Ambulance Case Number should be between:

1001 to 9999
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- ~~3 – Ambulance Service – MICA: OR~~
- ~~4 – Ambulance Service – road car~~
- 3 – Road Ambulance Service

Ambulance Case Number should be between:

1001 to 2000 (IBV) 2001 to 2500 (Manual C Cards) 1001 to 2999
---------------------------------------------------------------------

- 10 – Ambulance Service – private ambulance car – MAS/RAV Contracted

Ambulance Case Number should be between:

<del>4000 to 4500 (Hospital Based non-IBV)</del> <del>5000 to 5500 (Hospital Based non-IBV)</del> <del>6001 to 6500 (IBV Cases)</del> <del>8000 to 8500 (Hospital Based non-IBV)</del> 3000 to 4999 4000 to 5499 6000 to 6499 8000 to 8499
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**Rural Ambulance Victoria**

**Valid Ambulance Case Number ranges**

If Arrival Transport Mode equals

	<del>3 – Ambulance Service – MICA</del> <del>OR</del> <del>4 – Ambulance Service – road car</del> 3 – Road Ambulance Service	10 – Ambulance Service – private ambulance car – <u>MAS/RAV Contracted</u>
<b>Ballarat</b>	1001 to 1500	1501 to 2000
<b>Bendigo</b>	2001 to 2500	2501 to 3000
<b>Wangaratta</b>	3001 to 3500	3501 to 4000
<b>Morwell</b>	4001 to 4500	4501 to 5000
<b>Geelong</b>	5001 to 5500	5501 to 6000

**Edits** E150 Ambulance Case Number Invalid  
E151 Ambulance Case Number & Arrival Transport Mode  
Combination Invalid

**Related items** Arrival Transport Mode

## **Administration**

**Purpose** Analysis of ambulance service delivery.

**Principal data users** Metropolitan Ambulance Service; Rural Ambulance Victoria; Monash University Accident Research Centre; Emergency Demand Co-ordination Group, DHS

**Collection start** 1 July 1995      **Version** 1 (Effective 01.07.95)  
2 (Effective 01.07.02)  
3 (Effective 01.07.03)

**Definition source** DHS      **Code set source** DHS

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## Data Definition - Departure Status

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### Specification

**Definition** Patient destination or status on departure from the Emergency Department.

**Datatype** Alpha/numeric      **Form** Code

**Field size** Two      **Layout** NN

**Reported for** Every Emergency Department presentation (Mandatory item).

<b>Code set</b>	<b>Code</b>	<b>Descriptor</b>
	0	Residential care facility (includes nursing home, hostel, psychogeriatric nursing home, residential care respite bed)
	1	Home
	2	Ward (Includes HITH and Medical Assessment and Planning Unit; Excludes registered Short Stay Observation Unit <u>and</u> <u>Emergency Medical Unit</u> )
	3	Registered Short Stay Observation Unit (Includes Chest Pain Evaluation Unit; Excludes <u>Emergency Medical Unit</u> <u>and</u> Medical Assessment and Planning Unit)
	4	Another hospital campus (also record Transfer Destination)
	5	Left at own risk, after treatment started
	7	Died within ED
	8	Dead on arrival
	9	Mental health residential facility (Excludes psychogeriatric nursing home, use 0)

- 10 Left after clinical advice regarding treatment options
- 11 Left at own risk, without treatment
- 12 Correctional/Custodial Facility
- 13 Registered Emergency Medical Unit (Excludes Medical Assessment and Planning Unit and Short Stay Observation Unit)

***Reporting guide***

Used to identify the **immediate** destination or departure status of the patient upon departure from the ED. This may not necessarily be to the patient's usual place of residence.

**0 - Residential care facility (includes nursing home, hostel, psychogeriatric nursing home, residential care respite bed)**

Includes: nursing home, hostel, psychogeriatric nursing home, residential care respite bed and nursing home beds which are located within an acute or sub-acute hospital campus

**1 - Home**

Includes:

- house,
- unit,
- boarding/rooming house,
- hotel,
- caravan,
- youth hostel accommodation,
- homeless person's shelters
- shelter/refuges
- armed forces hospitals and
- no fixed abode

Excludes: accommodation described in remainder of codeset.

**2 - Ward (Includes HITH and Medical Assessment and Planning Unit; Excludes registered Short Stay Observation Unit and Emergency Medical Unit)**

Includes patients who are admitted to the ward after attending the ED at the same hospital (and HITH), and those patients who attend the ED from an inpatient ward at the same hospital and then return to the ward.

Excludes: patients admitted to a Short Stay Observation Unit, (Code 3 – Registered Short Stay Observation Unit) and Emergency Medical Units (Code 13 - Registered Emergency Medical Unit) See also Section 2 – Concept Definitions.

Any change in 'Campus code' in multi-campus transfers is considered a transfer and requires a 'Transfer destination' code.

**3 – Registered short stay observation unit (Includes Chest Pain Evaluation Unit; Excludes Medical Assessment and Planning Unit and Emergency Medical Unit)**

See also Section 2 – Concept Definitions.

**4 – Another hospital campus (also record Transfer Destination)**

Excludes armed forces hospitals (use 1 – Home) and correction facility hospital (use 12 – Correctional/Custodial facility).

**7 – Died Within ED**

Patient died after commencement of ED presentation. Includes where there is an intention to resuscitate but the patient is later pronounced dead.

**8 – Dead on Arrival**

Patient is pronounced dead by a medical practitioner before (or without) being brought into the ED or where the patient is brought into the ED but there is no intention to resuscitate.

**9 –Mental health residential facility (Excludes psychogeriatric nursing home, use 0)**

Does not require a Transfer Destination code.

**10 – Left after clinical advice regarding treatment options**

At or subsequent to triage, the patient has received advice about Emergency Department and alternative treatment options. On consideration of this advice, the patient chooses to leave without being seen by a definitive service provider.

**11 – Left at own risk, without treatment**

Patient departs the Emergency Department before being seen by a clinical service provider:

- Without notifying staff; OR
- Despite being advised by clinical staff NOT to leave; OR
- Without receiving advice about alternatives to treatment in the Emergency Department

Common descriptions include: Did Not Wait, DNW, Failed To Answer, FTA.

### **13 – Emergency Medical Unit**

See Section 2 – Concept Definitions.

Excludes departure to registered:

- Medical Assessment and Planning Unit (MAPU);
- Short Stay Observation Unit (SOU).

#### **Armed Forces and Prison Hospitals:**

These are not generally recognised as hospitals by the Commonwealth Department of Health and Aged Care and therefore admission from, or separation to, such facilities is not an inter-hospital transfer.

If a patient is transferred from the ED to an Armed Forces, Departure Status equals 1- Home

If a patient is transferred from the ED to a Prison hospital, Departure Status equals 12- Correctional/Custodial Facility.

#### **Edits**

As per previous documentation with inclusion of:

E367    Unregistered Emergency Medical Unit

#### **Related items**

Escort Source, Transfer Destination, Referred to on Departure, Reason for Transfer, Departure Transport Mode

### **Administration**

#### **Purpose**

To identify and monitor the status and location of patients on departure from the ED. It is also used to define patients for whom performance measures including admission block, are calculated.

#### **Principal data users**

Monash University Accident Research Centre; Hospital Demand Management, DHS

#### **Collection start**

1 July 1995

#### **Version**

- 1 (Effective 01.07.95)
- 2 (Effective 01.07.00)
- 3 (Effective 01.07.01)
- 4 (Effective 01.07.02)
- 5 (Effective 01.07.03)

#### **Definition source**

NHDD

#### **Code set source**

DHS

## Business Rules – Departure Status

The table detailed below was detailed in the VEMD User Manual, 7<sup>th</sup> Edition, 1 July 2002.

<b>Departure Status Code:</b>
<del>0 – Departure and transfer to aged care residential facility (includes nursing home and hostel)</del> <del>1 – Discharge to home (includes returning to nursing home, mental health residential facility)</del> <del>2 – Admission to ward (includes HITH and MAPU; Excludes SOU)</del> <del>3 – Admission to Short Stay Observation Unit (Includes Chest Pain Evaluation Unit; Excludes MAPU)</del> <del>5 – Left at own risk, after treatment started</del> <del>7 – Died within ED</del> <del>8 – Dead on arrival</del> <del>9 – Departure and transfer to mental health residential facility (includes psychogeriatric nursing home and community care unit)</del>
<b>Additional Data Items to be completed:</b>
<del>Diagnosis – Primary</del> <del>First seen by doctor date (if definitive service provider)</del> <del>First seen by doctor time (if definitive service provider)</del> <del>First seen by nurse date (if definitive service provider)</del> <del>First seen by nurse time (if definitive service provider)</del> <del>Procedure (optional)</del>
<b>Departure Status Code:</b>
<del>4 – Transfer from this hospital campus to another hospital campus</del>
<b>Additional Data Items to be completed:</b>
<del>Departure Transport Mode</del> <del>Diagnosis – Primary</del> <del>Escort Service (optional)</del> <del>First seen by doctor date (if definitive service provider)</del> <del>First seen by doctor time (if definitive service provider)</del> <del>First seen by nurse date (if definitive service provider)</del> <del>First seen by nurse time (if definitive service provider)</del> <del>Procedure (optional)</del> <del>Reason for Transfer</del> <del>Transfer Destination</del>
<b>Departure Status Code:</b>
<del>6 – Left before being seen by doctor (or definitive service provider)</del>
<b>Additional Data Items to be completed:</b>
<del>No further data items required (other than data items that are mandatory for every ED presentation)</del>

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## **Business Rule - Left Without Treatment**

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A patient who is triaged upon presentation at the Emergency Department but does not receive treatment due to the patient's departure should have the data field values indicated below:

<u>Field</u>	<u>Value</u>
<u>Departure Date / Time</u>	<u>Date and Time the patient left the ED</u>
<u>Departure Status</u>	<u>10 – Left after Clinical Advice regarding Treatment Option, OR</u> <u>11- Left at Own Risk, Without Treatment</u>
<u>Departure Transport Mode</u>	<u>Blank</u>
<u>Diagnosis – Primary</u>	<u>Blank</u>
<u>First Seen By Doctor Date</u>	<u>Blank</u>
<u>First Seen By Doctor Time</u>	<u>Blank</u>
<u>First Seen By Treating Nurse Date</u>	<u>Blank</u>
<u>First Seen By Treating Nurse Time</u>	<u>Blank</u>
<u>Procedure</u>	<u>Blank</u>
<u>Referred To On Departure</u>	<u>19 – Not Applicable</u>

Optional Data Items that may be completed and submitted:

- Activity When injured
- Body Region
- Description of Main Injury Event
- Human Intent
- Injury Cause
- Nature of Main Injury
- Place Where Injury Occurred

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## **Transfer to Another Hospital Campus**

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If a patient is transferred to another hospital campus for continuing treatment the following fields **MUST** contain these values (all other fields should be completed as appropriate):

<b><u>Field</u></b>	<b><u>Value</u></b>
<u>Departure Date / Departure Time</u>	<u>Date and Time the patient left the ED</u>
<u>Departure Status</u>	<u>4 – Another Hospital Campus</u>
<u>Departure Transport Mode</u>	<u>Select the appropriate Mode of Transport:</u> <u>1 – Air Ambulance</u> <u>2 – Helicopter</u> <u>3 – Ambulance Service – MICA</u> <u>4 – Ambulance Service – Road Car</u> <u>6 – Community / Philanthropic Service</u> <u>7 – Private Car</u> <u>8 – Police Vehicle</u> <u>10 – Ambulance Service – MAS/RAV</u> <u>11 – Ambulance Service – hospital contracted</u> <u>19 – Other</u>
<u>Escort Source</u>	<u>Select the appropriate Escort Source:</u> <u>1 – Emergency Department</u> <u>2 – ICU / CCU</u> <u>3 – Ward</u> <u>4 – Retrieval Service</u> <u>5 – Nil</u> <u>9 – Other medical or nurse source</u>
<u>Reason for Transfer</u>	<u>Select the appropriate Reason for Transfer:</u> <u>1 – ICU bed not available</u> <u>2 – CCU bed not available</u> <u>3 – General bed not available</u> <u>4 – Specialty not available</u> <u>5 – Previous patient of destination hospital</u> <u>6 – Insured / Compensable</u> <u>7 – Patient preference</u> <u>9 – Other Reason</u>
<u>Referred to on Departure</u>	<u>19 – Not Applicable</u>
<u>Transfer Destination</u>	<u>Hospital code of destination hospital</u>

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## VEMD Edit – 367 Unregistered Emergency Medical Unit

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***Effect***

REJECTION

***Problem***

The Departure Status is reported as '13 – Registered Emergency Medical Unit (Excludes Medical Assessment Planning Unit and Short Stay Observation Unit) ', but the campus code entered does not have a registered EMU.

See:    Section 2,        Emergency Medical Unit;  
                                  Campus;  
          Section 3,        Campus Code;  
                                  Departure Status;  
          Section 8,        Emergency Medical Unit: Approved.

***Remedy***

Check the Departure Status, correct as appropriate and re-submit the transaction.

Alternatively, contact DHS, Hospital Demand Management (see Section 1 – Contact Details) for registration of the Emergency Medical Unit.

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## Supplementary Code List - Emergency Medical Unit: Approved

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The following hospitals have been granted EMU registration.

<b>Hospital Code</b>	<b>Hospital</b>
1210	Maroondah Hospital
1450	St Vincent's Hospital (Melbourne) Ltd [Fitzroy]

# 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 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	04 July 2002	✓	✓		✓
Bulletin 42	12 July 2002	✓	✓	✓	✓
Bulletin 43	19 July 2002	✓		✓	
Bulletin 44	6 August 2002	✓	✓	✓	✓
Bulletin 45	13 August 2002	✓	✓	✓	
Bulletin 46	23 August 2002	✓		✓	
Bulletin 47	12 September 2002	✓	✓	✓	✓
Bulletin 48	04 October 2002	✓	✓	✓	✓
Bulletin 49	17 October 2002	✓		✓	✓
Bulletin 50	11 November 2002	✓	✓	✓	✓
Bulletin 51	20 December 2002	✓			✓
Bulletin 52	20 January 2003	✓	✓		
Bulletin 53	19 February 2003	✓	✓		
Bulletin 54	07 April 2003	✓	✓	✓	✓
Bulletin 55	29 May 2003	✓	✓	✓	✓
Bulletin 56	11 June 2003	✓	✓	✓	✓

# 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

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