



Issue 57: 04 July 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 57 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/57-040703.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 57 provides information regarding:

- Relocation of HDSS
- VEMD & ESIS Data Quality and Timeliness for 2003—04
- Transmission of 2003—04 data to PRS/2
- APET System for 2003—04
- Modification to VAED, ESIS and VEMD for 1 July 2003
- DVA Entitlement Information
- Modification to ICD-10-AM Library File 2003-04

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,

MARK GILL  
MANAGER, HEALTH DATA STANDARDS AND SYSTEMS  
METROPOLITAN HEALTH AND AGED CARE SERVICES DIVISION

## Table of Contents

<b>Global Update</b>	<b>2</b>
57.1 Relocation of HDSS	2
57.2 Hospital Code Table Updates (VAED, VEMD, ESIS)	3
57.3 DVA (Department of Veteran's Affairs)	4
57.4 VEMD & ESIS Data Quality & Timeliness for 2003-04	8
<b>Victorian Admitted Episodes Dataset (VAED)</b>	<b>11</b>
57.5 Transmission of 2003—04 data to PRS/2	11
57.6 APET System for 1 July 2003	11
57.7 Modifications to VAED for 1 July 2003	12
Account Class, Acc Type, Care Type and Medicare Suffix	12
VAED Edit - 444 Invalid Date of Accident	15
VAED Edit - 449 Notifiable Infectious Disease Coded	16
57.8 ICD-10-AM Library File 2003-04 Modification	17
<b>Elective Surgery Information System (ESIS)</b>	<b>18</b>
57.9 Clarification of additions to the PPP list for 2003-04	18
<b>Victorian Emergency Minimum Dataset (VEMD)</b>	<b>19</b>
57.10 Modifications to VEMD for 1 July 2003	19
Business Rule - Left Without Treatment	19
E242 Referred to on Departure and Departure Status Combination Invalid	21
<b>HDSS Bulletin by Dataset</b>	<b>22</b>
<b>HDSS Contact Details</b>	<b>23</b>

# Global Update

## 57.1 Relocation of HDSS

As a result of the restructure of the Metropolitan Health and Aged Care Services Division, the Health Data Standards and Systems (HDSS) Unit has moved from the 17<sup>th</sup> Floor to the 4<sup>th</sup> Floor of 555 Collins Street, Melbourne.

Could all future correspondence to any member of the HDSS unit be forwarded to the address below:

Health Data Standards and Systems  
Metropolitan Health and Aged Care Services  
Department of Human Services  
4<sup>th</sup> floor 555 Collins Street  
GPO Box 4057  
MELBOURNE VIC 3001

All phone numbers detailed below remain the same, however the fax number has changed to 9616 7743.

Name	Position	Telephone
Mark Gill	Manager, HDSS Unit	9616 7456
Joanne McLachlan	Senior Health Information Management Advisor Part-time	9616 8704
Catherine Perry	Senior Health Information Management Advisor	9616 6928
Jennie Shephard	Senior Health Information Management Advisor Part-time	9616 8704
Karen Walker	Senior Health Information Management Advisor	9616 7953
Greg O'Connell	Data Quality Analyst	9616 7327
Anna Cooper	Health Information Management Advisor	9616 8154
Leanne Daking	Health Information Management Advisor	9616 8022
Amanda Muggivan	Health Information Management Advisor	9616 7535
Carla Read (nee Arrighini)	Health Information Management Advisor	9616 8118
Robyn Bailey	Health Information Management Advisor	9616 8513
Jo Capper	Administrative Officer	9616 8337
Jenny Wischer	Health Information Management Advisor Part-time	9616 8118

## 57.2 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.

### New Hospital Codes – Reissued

Please note that the following table is a reiteration of advice issued in HDSS Bulletin 44 - 6 August 2002. It has been reproduced as a result of a substantial number of HDSS Helpdesk queries relating to the use of previous allocated hospital codes.

Former Hospital Name	New Hospital Name	New Campus Name	Old VAED Code	New VAED Code
Saint Frances Xavier Cabrini Hospital [Malvern]	Saint Frances Xavier Cabrini Hospital	Cabrini Malvern	6510	6511
Saint Frances Xavier Cabrini Hospital [Malvern]	Saint Frances Xavier Cabrini Hospital	Cabrini Prahran	6510	6512
Brighton Private Hospital	Saint Frances Xavier Cabrini Hospital	Cabrini Brighton	8070	6513

### Hospital Closure

Name	VAED Code	Effective Date
Southern Cross Specialist Centre Day Surgery	8140	30 June 2003
The Warburton Clinic	6010	30 June 2003

Note: The Warburton Clinic has merged with the Ivanhoe Private Rehabilitation Hospital (7070) as of 1 July 2003.

### Transfer of Hospital Registration

For your information the following hospital registration was transferred on 29 June 2003:

Name	Previous Registration	New Registration
Sunbury Private Hospital	HCoA Operations (Australia) Pty Ltd	Primelife (Sunbury) Pty Ltd

## 57.3 DVA (Department of Veteran's Affairs)

Note: Previously published in Hospital Circular 12/2003 – 20 June 2003

- ▶ Information about entitlement cards
- ▶ Visits to Veterans in Victorian hospitals by Ex- Service Organisations

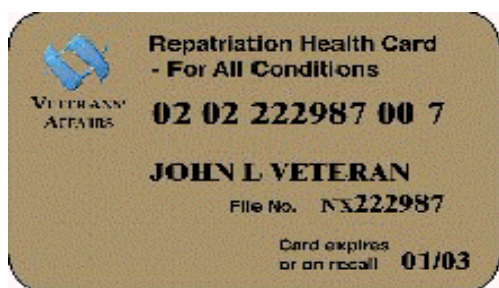
### 1. Repatriation Health Cards

The Repatriation Private Patient Scheme enables eligible veterans to be treated as private patients at the public or private hospital of their choice. Not all veterans are eligible for treatment under the Scheme and eligibility must be established before treatment occurs.

Victoria's public hospitals are funded by the Department of Veterans' Affairs, through the Department of Human Services to provide services to eligible veterans on the basis of the cards shown below. The Department of Human Services (DHS) has been requested by the Department of Veterans' Affairs to forward an update to hospitals about the DVA Repatriation Health Care entitlement cards and arrangements for veteran's hospital treatment.

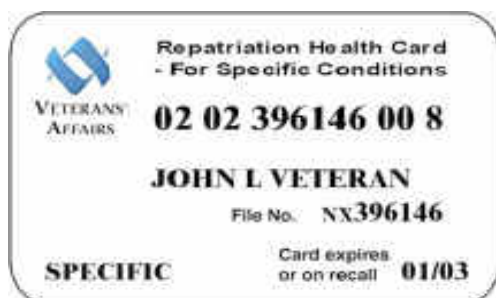
Eligibility for hospital treatment can be established by confirming whether the patient holds a gold or white Repatriation Health Card. Eligibility only applies for the cardholder, that is, for the person whose name appears on the card. If spouses of veterans are eligible, they will hold their own gold or white card. The Repatriation Health cards issued to eligible beneficiaries are as follows

#### The Gold Repatriation Health Card



The Gold Repatriation Health Card is for all acute conditions. Gold card holders have full eligibility. That is, they are eligible for DVA-funded services for all of their acute medical/surgical conditions, but it does not include services such as cosmetic surgery unless specifically authorised by DVA.

## The White Repatriation Health Card



White card holders only have specific eligibility for treatment for:

- ◆ accepted disabilities (conditions accepted by the Repatriation Commission as war caused); and/or
- ◆ malignant neoplasia, pulmonary tuberculosis and post-traumatic stress disorder, *for Australian Veterans only, where DVA has received a claim for treatment for these conditions from the Veteran or on their behalf;* and/or
- ◆ anxiety and depression, *for Australian Vietnam Veterans only, where diagnosed by a psychiatrist and DVA has received an 'Authority to Release Personal Information – Vietnam Veterans Treatment of Depressive/Anxiety Disorder' form.*

As only eligible veterans and war widow(er)s are entitled to treatment paid for by the Department of Veterans' Affairs, it is imperative that eligibility for treatment is confirmed prior to the commencement of any treatment or as soon as practicable thereafter. The card must be presented prior to or on admission to hospital. Gold card holders are eligible for public hospital treatment as veterans, but separate eligibility for white card holders must be established on each admission. Hospitals need to contact DVA about white card holders to establish eligibility at the time of admission or on the next business day if the patient is being admitted over a weekend.

Confirmation of eligibility can be obtained by contacting the Medical Services team at DVA during normal business hours on:

- 1300 550 456 (metro callers); or
- 1800 550 456 (country callers)

Alternatively, a completed D652B form can be faxed on (03) 9284 6440.

The following information is required by DVA to establish eligibility:

- DVA file number;
- Patient name;
- Patient date of birth;
- Hospital name, contact name, telephone/fax number;
- Date of admission; and
- Principal diagnosis.

Supplies of the D652B forms can be obtained by completing a DVA stationery order form (which can be obtained by calling the Medical Services team on the telephone numbers above) and faxing the form to Leigh-Mardon on (02) 6230 0477.

### The Orange Repatriation Pharmaceutical Benefits Card

Veterans may also be issued with an Orange Repatriation Pharmaceutical Benefits card. Orange cardholders are entitled to pharmaceuticals listed under the Repatriation Pharmaceutical benefits Scheme (RPBS) for all medical conditions.

The orange card cannot be used for any other medical or health care treatment.

The orange card can be used for outpatient or discharge pharmaceuticals.



### Other Cards

DVA also issues other cards, which may include the DVA file number, such as the Pensioner Concession Card and the Commonwealth Seniors Health Card, however these cards do not confer treatment eligibility under the DVA arrangements. It is only the gold and white Repatriation Health cards that denote the cardholder's treatment eligibility.

More details regarding the DVA card system can be found on the DVA website: [www.dva.gov.au/health/vtec/treatmentcards.htm](http://www.dva.gov.au/health/vtec/treatmentcards.htm).

## **2. Visits to Veterans in Victorian hospitals by Ex-Service Organisations**

Many Victorian hospitals have an established visitation program by local ex-service organisations to Veterans in hospitals. In order for these visits to occur the names and locations of admitted patient Veterans need to be given to the ex-service organisations.

Under Section 141 of the Health Services Act 1988, it is an offence for hospitals and their staff to disclose identifying information about an individual who is or has been a patient, unless the informed consent of that individual has been obtained, or where the disclosure is authorised under section 141(3) or any other law. It is therefore recommended that hospitals seek the consent of Veterans to allow their names to be released to ex-service organisations for the purpose of receiving visits from such organisations while they are in hospital. Such consent may be written or oral, but, for ease of reference, it is suggested that, at the minimum, a written note is made of the consent or otherwise of Veterans. Given that Veterans may be transferred between hospital acute and sub-acute facilities or if there is an extended length of stay, it is advisable to confirm this consent at appropriate intervals during the admitted patient episode, in order to ensure it reflects the current wishes of each Veteran.

Ex-service organisations have requested that the names of Veterans agreeing to receive a visit are passed on to them promptly. It may therefore be appropriate for hospitals where there is no designated Veteran Liaison Officer, to appoint a contact person for ex-Service Organisations to facilitate such a Veteran visitation process.

## 57.4 VEMD & ESIS Data Quality & Timeliness for 2003-04

There have been changes to the Hospital Demand Management Strategy (HDM) which have impacted on the Data Quality and Timeliness (DQ & T) arrangements for VEMD and ESIS for 2003-04.

In 2003-2004 HDM no longer covers VEMD and ESIS DQ & T. Responsibility for these arrangements in 2003-04 has been allocated to the Health Data Standards and Systems Unit in the Funding and Financial Policy Branch. Any funding adjustments will be made on a monthly basis through the regular hospital cash flow managed by that Branch.

Hospitals should note the following changes to DQ & T incentives and timelines:

1. incentives for accurate and timely data now apply to **ALL** hospitals that supply data to the VEMD and ESIS.
2. partial file submissions for the VEMD are required to support a more timely consideration of factors impacting on Emergency Departments. Whilst it would be appreciated if hospitals could implement this arrangement for July, in recognition of the short notice given for this requirement, it will not become mandatory until August.
3. the final day for clear data for VEMD and ESIS files has been standardised to the 21<sup>st</sup>.

The Conditions of Funding for 2003-04, which will shortly be posted on the Department's website, contains the following:

### 6.6 Transmission of Emergency Department data

6.6.1 Hospitals receiving the non-admitted emergency services grant will transmit data to the VEMD according to the following timelines:

<i>VEMD, 2003-04</i>	<i>Timeline</i>
First 14 days of the month	At least one submission must be received by the 21 <sup>st</sup> of the reporting month (for example, 1-14 July data by 21 July).
Full month	Remainder of the month must be supplied by the 10 <sup>th</sup> of the following month. Must be complete, i.e. zero rejection and notifiable edits, by the 21 <sup>st</sup> of the following month (for example, July data by 21 August).

Note: the Department will endeavour to return rejection and notifiable edit reports within three working days of submission.

6.6.2 Where hospitals are non compliant with these timelines, the department will apply

a penalty no greater than:

- (a) \$2000 if a file containing data from the first 14 days of the month and/or the full month is not submitted by the timeline specified in 6.6.1;
- (b) \$1000 for each record from the full month that is not completed by the timeline specified in 6.6.1; and
- (c) \$2000 for each record from the full month that is not completed within one month of the timeline specified in 6.6.1.

6.6.3 If difficulties are anticipated in meeting the data transmission timelines, the hospital must write to the Department, indicating the nature of the difficulties, remedial action being taken, and the expected transmission schedule. Exemptions for late submission of data will generally only be considered for computer system problems that are beyond the control of the hospital. For the period that the hospital is unable to supply unit record data, the hospital may be asked to submit aggregate data.

## 6.7 Transmission of Elective Surgery data

6.7.1 Hospitals with at least 3000 WIES in elective surgery separations will transmit data to ESIS according to the following timelines:

<i>ESIS, 2003-04</i>	<i>Timeline</i>
Full month	Initial file must be supplied by the 10 <sup>th</sup> of the following month. Must be complete, i.e. zero rejection and notifiable edits, by the 21st of the following month (for example, July data by 21 August).

Note: the department will endeavour to return rejection and notifiable edit reports within three working days of submission.

6.7.2 Where hospitals are non compliant with these timelines, the department will apply a penalty no greater than:

- (a) \$2000 if a file containing data from the full month is not submitted by the timeline specified in 6.7.1;
- (b) \$1000 for each record that is not completed by the timeline specified in 6.7.1; and
- (c) \$2000 for each record that is not completed within one month of the timeline specified in 6.7.1.

6.7.3 If difficulties are anticipated in meeting the monthly timelines, the hospital must write to the Department, indicating the nature of the difficulties, remedial action being taken, and the expected transmission schedule. Exemptions for late submission of data will generally only be considered for computer system problems that are beyond the control of the hospital. For the period that the hospital is unable to supply unit record data, the hospital may be asked to submit aggregate data.

# Victorian Admitted Episodes Dataset (VAED)

## 57.5 Transmission of 2003—04 data to PRS/2

Hospitals are asked not to transmit any admitted patient data for 2003—04 to PRS/2 until notified via a HDSS Bulletin.

Submissions with July Header dates will not be processed until verification of the inclusion of all modifications for this financial year has been received. This is expected within the month.

## 57.6 APET System for 1 July 2003

Testing has commenced on the APET Online System for 2003—04. It is anticipated that the system will be available for data entry in mid July (prior to the release of the PRS/2 system).

Due to modifications to the 2003—04 data collection, sites are asked not to enter any data for July 2003 until advised by HDSS. Data for admissions prior to close of business on Monday 30 June 2003 can continue to be entered into the current system.

User manuals and instructions will be distributed directly to sites in the near future.

Sites not yet using the APET Online System are reminded that the previous version of APET (as stored on computer systems) will not be supported for the 2003—04 financial year and alternative arrangements must be made to ensure admitted patient data is still submitted to the VAED. This may involve using the APET Online System or purchasing a suitable replacement.

Any queries regarding the APET system should be directed to Leanne Daking on [leanne.daking@dhs.vic.gov.au](mailto:leanne.daking@dhs.vic.gov.au) or (03) 9616 8022.

## 57.7 Modifications to VAED for 1 July 2003

The following table was incorrect in the *Specifications for Revisions to PRS/2 and the Victorian Admitted Episodes Dataset (VAED), for 1 July 2003*. The changes for 1 July 2003 were correctly specified, however, changes previously made from 1 July 2002 were inadvertently omitted.

### Account Class, Acc Type, Care Type and Medicare Suffix

Listed below are the valid reporting combinations for each Account Class. Note, Accommodation Type 4 *Hospital in the Home*, can only be used for public, private, DVA, TAC and WorkCover patients, unless the Department has notified hospitals that specific funders accept other types of patients for this program.

Account Class	Accom Type	Care Type	Medicare Suffix
<b>Newborn (Transferred and Unqualified)</b>			
NT	B	U	name, C-U, BAB
<b>Public</b>			
MP	1234 678BCM S	0, 2, 3, 4, 5, 6, 7, J, 8, 9, E, U	name, C-U, BAB, P-N
ME	1234 678BCM S	0, 2, 4, 5, 6, 7, J, 8, 9, U	N-E
MR	12 4 6 M S	4	name, C-U
MN	12 4 6 M S	1, F	name, C-U, P-N, N-E
M5	12 4 6 M S	1, F	name, C-U, P-N, N-E
MA	1234 678BCM S	4, 5, E	name, C-U
<b>Private</b>			
PA	12 4 678BCM S	4, 5, U	name, C-U, BAB, P-N
PB	12 4 678BCM S	4, 5, U	name, C-U, BAB, P-N
PC	12 4 67 BCM S	4, 5, U	name, C-U, BAB, P-N
PD	12 4 67 BCM S	4, 5, U	name, C-U, BAB, P-N
PE	1234 678BCM S	0, 2, 3, 4, 5, 6, 7, J, 8, 9, U	name, C-U, BAB, P-N
PF	12 4 678BCM S	0, 2, 3, 4, 5, 6, 7, J, 8, 9, U	name, C-U, BAB, P-N
PG	123 67 BCM S	4, 5, U	name, C-U, BAB, P-N
PH	12 67 BCM S	4, 5, U	name, C-U, BAB, P-N
PI	123 67 M S	2, 6, 7, J	name, C-U, P-N
PJ	12 67 M S	2, 6, 7, J	name, C-U, P-N

Account Class	Accom Type	Care Type	Medicare Suffix
PK	12 67 M S	2, 6, 7, J	name, C-U, <del>P-N</del>
PL	123 6 M S	5	name, C-U, <del>P-N</del>
PM	12 6 M S	5	name, C-U, <del>P-N</del>
PN	12 6 M S	5	name, C-U, <del>P-N</del>
PO	1234 678BCM S	0, 2, 4, 5, 6, 7, J, 8, 9	name, C-U, BAB, <del>P-N</del>
PP	1234 678BCM S	0, 2, 4, 5, 6, 7, J, 8, 9	name, C-U, BAB, <del>P-N</del>
PQ	1234 678BCM S	0, 2, 4, 5, 6, 7, J, 8, 9	name, C-U, BAB, <del>P-N</del>
PR	1234 678BCM S	0, 2, 4, 5, 6, 7, J, 8, 9	name, C-U, BAB, <del>P-N</del>
PS	12 4 6 M S	1	name, C-U, <del>P-N</del>
PT	12 4 6 M S	1	name, C-U, <del>P-N</del>
PU	12 4 6 M S	1	name, C-U, <del>P-N</del>
PV	12 4 6 M S	1	name, C-U, <del>P-N</del>
DVA			
VX	1234 678BCM S	0, 2, 3, 4, 5, 6, 7, J, 8, 9, U, E	name, C-U, BAB
VN	12 4 6 M S	1, F	name, C-U
V5	12 4 6 M S	1, F	name, C-U
Prisoners			
JP	1234 6 8BCM S	0, 2, 4, 5, 6, 7, 8, 9, U	name, P-N
JN	12 4 6 8 M S	1	name, P-N
Compensable			
WorkCover			
WC	1234 678BCM S	0, 2, 4, 5, 6, 7, J, 8, 9, U	name, C-U, BAB, N-E, P-N
WN	12 4 6 M S	1	name, C-U, N-E, P-N
TAC			
TA	1234 678BCM S	0, 2, 3, 4, 5, 6, 7, J, 8, 9, U	name, C-U, BAB, N-E, P-N
TN	12 4 6 M S	1	name, C-U, N-E, P-N
Services			
AS	1234 678BCM S	0, 2, 3, 4, 5, 6, 7, J, 8, 9, U	name, C-U, BAB
AN	12 4 6 M S	1	name, C-U
Seamen			
SS	1234 678BCM S	0, 2, 4, 5, 6, 7, J, 8, 9, U	name, C-U, N-E
SN	12 4 6 M S	1	name, C-U, N-E
Common Law			
CL	1234 678BCM S	0, 2, 3, 4, 5, 6, 7, J, 8, 9, U	name, C-U, BAB, N-E
CN	12 4 6 M S	1	name, C-U, N-E

Account Class	Accom Type	Care Type	Medicare Suffix
<i>Other</i>			
OO	1234 678BCM S	0, 2, 3, 4, 5, 6, 7, J, 8, 9, U	name, C-U, BAB, N-E
ON	12 4 6 M S	1	name, C-U, N-E
Ineligible			
XX	1234 678BCM S	0, 2, 4, 5, 6, 7, J, 8, 9, U	N-E
XN	12 4 6 M S	1	N-E

***Edits***

094 Combination A/C, Accom Care Med Suff

329 Geri Respite- Invalid Comb

344 Invalid Comb For Family Choice

454 Incompat Fields for Interim Care

---

## VAED Edit – 444 Invalid Date of Accident

---

A query to the PRS/2 HelpDesk has identified that an unborn child can be involved in an accident and subsequently be admitted after birth for treatment of injuries relating to the accident; i.e. the date of the accident is prior to their date of birth. This has resulted in the modification of Edit 444 *Invalid Date of Accident* to remove the 'Date of Accident must be after Date of Birth' condition.

It is recognised that only a small number of episodes will legitimately have a Date of Accident before their Date of Birth and that such a combination may be an error. During 2003—04, HDSS will query hospitals about episodes reported with a date of accident prior to the date of birth and request that these episodes be confirmed as correct. A notifiable edit will be implemented for the 2004—05 VAED collection.

**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.

---

## VAED Edit – 449 Notifiable Infectious Disease Coded

---

Edit 449 *Notifiable Infectious Disease Coded* has been revised to trigger a notifiable edit for **rare** notifiable infectious diseases only, as determined by the Australian Institute of Health and Welfare (AIHW). Notifiable infectious disease codes not identified as rare will trigger Edit 449 *Notifiable Infectious Disease Coded* as a warning only. The Notifiable Infectious Disease ICD-10-AM Code listing, including identification of rare notifiable infectious disease codes, will be published in the 2003-04 VAED Manual, Section 9 – Supplementary Code Lists.

**Effect** Warning or NOTIFIABLE

**Problem** The X2/Y2 Diagnosis Record has a Diagnosis Code for a Notifiable Infectious Disease. These codes are specified in the ICD Library File, Column L, Area Code as:

- 3 (notifiable infectious disease – warning); or
- 4 (notifiable rare infectious disease – notifiable)

~~{On ICD Library File: Diagnosis codes, column 22, Area, code 3}~~

**Remedy** Check Diagnosis Code (refer to the coding feature in *ICD Coding Newsletter*, June August 2002 special edition):

- If the code is correct, ensure that the hospital/clinician sends the Notification to the Department of Human Services.
- If the code is incorrect, amend as appropriate if necessary and re-transmit the X2/Y2.
- HDSS acknowledge that for a small number of episodes that trigger this notifiable edit, this the combination of data items is correct. HDSS will notify each hospital periodically of their episodes that trigger notifiable edits, and ask that these be confirmed as correct. Alternatively, hospitals may prospectively contact the HDSS Helpdesk as they check their Control Reports.
- Periodically, the DHS Communicable Disease Unit may query any episodes that include a Diagnosis Code for a Notifiable Infectious Disease.

## 57.8 ICD-10-AM Library File 2003-04 Modification

To accommodate the changes to VAED Edit – 449 *Notifiable Infectious Disease Coded*, a new code has been added to the code set for the ICD-10-AM Library File Area edit (column L):

Code	Area Restraint Edit
Space	No Restraint
1	REJECT if code found
2	WARN if code found
3	WARN – notifiable infectious disease code
4	NOTIFY - notifiable rare infectious disease code

Please ensure these modifications are made to your Library File. The updated 2003-04 ICD-10-AM Library File and specification documentation are available for downloading from the HDSS website at: <http://hdss.health.vic.gov.au/reffiles/index.htm>.

# Elective Surgery Information System (ESIS)

## 57.9 Clarification of additions to the PPP list for 2003–04

Listed below are answers to some frequently asked questions regarding additions to the PPP list for 2003–04:

### 1. Do hospitals need to recode all episodes with PPP code 200 to a code from the '500' code range?

For 2003–04 only those units that your hospital currently maps to an ESIS surgical specialty will require the change from PPP 200 to a PPP from the '500' code range. For example, a hospital that maps the Gastroenterology unit to an ESIS surgical specialty will be required to recode endoscopies from PPP 200 to the new PPP code.

### 2. Will PPP code 200 continue to exist?

For 2003–04 PPP code 200 can still be used in hospitals for those procedures that have not been assigned a PPP code from the '500' code range. These procedures, such as caesarean sections and organ transplants, are those where the waiting time cannot be controlled.

### 3. How long do hospitals have to recode waiting episodes to a PPP code from the '500' code range?

Hospitals will have at least until the end of July 2003 to recode the waiting list episodes in order for the episodes to be included in the July 2003 ESIS extract. If hospitals foresee problems in meeting this requirement, please notify the Department in writing detailing your circumstances.

### 4. What edits will be applied to waiting list episodes with a PPP code from the '500' code range?

DHS recognises that many of these waiting list episodes may not have been validated by hospital software in the past, therefore initially only the following edits will be applied:

- S061 Unique Key Is Not Unique
- S066 Patient Identifier Invalid
- S134 Principal Prescribed Procedure Invalid
- S169 Registration Date Invalid

The remaining edits will be introduced progressively based on analysis of the data quality.

# Victorian Emergency Minimum Dataset (VEMD)

## 57.10 Modifications to VEMD for 1 July 2003

### Ambulance Case Numbers

Bulletin Item 56.5 detailed a modification to the Ambulance Case Number data item for 1 July 2003.

An error was printed in the number range for Arrival Transport Mode 10 – Ambulance Service – Private Ambulance Care – MAS/RAV Contracted.

- 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 <del>4999</del> <u>3499</u>
4000 to 5499
6000 to 6499
8000 to 8499

Please ensure that the necessary modifications are made prior to transmission of data for the 2003—04 financial year.

---

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

---

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:

Field	Value
Departure Date / Time	Date and Time the patient left the ED

Departure Status	10 – Left after Clinical Advice regarding Treatment Options, OR  11- Left at Own Risk, Without Treatment
Departure Transport Mode	Blank
Diagnosis – Primary	Blank
First Seen By Doctor Date	Blank
First Seen By Doctor Time	Blank
First Seen By Treating Nurse Date	Blank
First Seen By Treating Nurse Time	Blank
Procedure	Blank
Referred To On Departure	If Departure Status = 10  <ul style="list-style-type: none"> <li>• Any code excluding 19 – Not Applicable</li> </ul> If Departure Status = 11  <ul style="list-style-type: none"> <li>• 19 – Not Applicable</li> </ul>

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



# HDSS Bulletin by Dataset

This table lists the most recent HDSS Bulletins, 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 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	✓	✓	✓	✓
Bulletin 57	02 July 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

Telephone: 03 9616 8141

Fax: 03 9616 7743

Email: VAED: [PRS2.Help-Desk@dhs.vic.gov.au](mailto:PRS2.Help-Desk@dhs.vic.gov.au)

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)