



Issue 59: 5 August 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 59 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/> 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/bulindex.htm>

Bulletin 59 provides information regarding:

- Transmission of 2003-04 Data to Allegiance
- Hospital Admission Policy
- VAED Updates
- ICD-10-AM Library File Modification
- VEMD Updates

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><i>Global Update</i></b>	<b>2</b>
59.1 <i>Hospital Circulars</i>	2
<b><i>Victorian Admitted Episodes Dataset (VAED)</i></b>	<b>3</b>
59.2 <i>Transmission of 2003-04 Data to Allegiance</i>	3
59.3 <i>Admission Policy</i>	3
59.4 <i>Edit 362 Modification</i>	4
362 <i>Morphology Code Missing</i>	4
59.5 <i>Hospital Activity and WIES Report</i>	5
Hospital Activity and WIES Report	5
59.6 <i>Updates to VAED Specifications</i>	6
406 <i>Rehab Care Type W/Out Rehab DRG PDX</i>	6
465 <i>Adm Duration &lt; 15 Mins</i>	7
Account Class, Acc Type, Care Type and Medicare Suffix ( <i>Small portion reproduced</i> )	7
59.7 <i>ICD-10-AM Library File Modification</i>	8
<b><i>Victorian Emergency Minimum Dataset (VEMD)</i></b>	<b>9</b>
59.8 <i>Modifications to VEMD for 1 July 2003</i>	9
E366 <i>Departure Status and Triage Category Combination Invalid</i>	9
<b><i>HDSS Bulletin by Dataset</i></b>	<b>10</b>
<b><i>HDSS Contact Details</i></b>	<b>11</b>

# Global Update

## 59.1 Hospital Circulars

Please note that the following circulars have been released, and can be found at:

<http://www.dhs.vic.gov.au/ahs/circular/index.htm>

### Hospital Circular No 14/2003

Subjects:

1. Public Hospital Fees - Changes
2. Specified Grants
3. Guidelines for Individual Health Funds when approving psychiatric care programs for benefits for privately insured private patient hospital-based psychiatric care.
4. Administrative changes
5. State's Fees Manual

### Hospital Circular No 19/2003

Subjects:

1. Transport Accident Commission (TAC) - Changes in Department of Human Services (DHS) status Reports for Admitted Patients
2. Fees Updates
3. Emergency Department Costs - Streamlined procedure for claims

# Victorian Admitted Episodes Dataset (VAED)

## 59.2 Transmission of 2003-04 Data to Allegiance

Allegiance will accept 2003/2004 data from later this week. Hospitals should endeavour to submit and clean all July E2s and June X2s by 17 August 2003. However it is recognised that because hospitals have been unable to transmit 2003-04 data until this time, this has impacted on the ability of some hospitals to finalise their 2002-03 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 reason. Exemptions from data timeliness penalties are usually granted only for circumstances beyond the hospital's control.

## 59.3 Admission Policy

HDSS is conducting a two stage review of our hospital Admission Policy. Stage one has just been completed, which is the release of a document that clarifies the current intention and reporting guidelines for admitted patients. Stage two of the review will occur during 2003-04, and will involve broader consultation both within the Department of Human Services, Victoria (DHS), and with healthcare facilities. Our aim is to more clearly define what is considered an admission, particularly to make the guidelines more clinically objective; this may impact on the numbers of admitted patients reported at both a hospital and State level.

Please find the *DHS Hospital Admission Policy 2003-04* paper at:  
<http://hdss.health.vic.gov.au/vaed/index.htm>

## 59.4 Edit 362 Modification

Edit 362 *Morphology Code Missing* has been modified from a Warning to a Rejection. When a Diagnosis Code indicating a neoplasm is assigned, a Morphology Code must be assigned in the string following the Neoplasm Code.

### Section 8: Editing

---

## 362 Morphology Code Missing

---

<b>Effect</b>	Warning <b>REJECTION</b>
<b>Problem</b>	<p>The X2/Y2 Diagnosis Record has a Diagnosis Code indicating a neoplasm (codes starting with C or codes D00-D48, D76.0 and L41.2) where a Morphology Code <del>should</del> <b>must</b> be added. The X2/Y2 does not contain a Morphology Code <b>immediately</b> following the Neoplasm Code/s.</p> <p>[On Library File: column N, <del>Additional Code Requirement</del> <b>ADD</b>, code 3]</p>
<b>Remedy</b>	<p>Check Diagnosis Codes, amend as appropriate <del>if necessary</del>, and re-transmit the X2/Y2.</p> <ul style="list-style-type: none"><li><del>If Diagnosis Code is correct then add the Morphology Code later in the string.</del></li><li>When more than one Neoplasm Code is assigned that has the same Morphology Code, the Morphology Code must only be assigned once, immediately following the string of Neoplasm Codes it applies to. <i>Example:</i> D044 <i>Carcinoma in situ of skin – skin of scalp and neck</i> D042 <i>Carcinoma in situ of skin - skin of ear and external auricular canal</i> M80702 <i>Squamous cell carcinoma in situ NOS</i></li><li><del>If Diagnosis Code is incorrect, amend (and if the correct code requires a Morphology Code, add that code).</del></li><li><del>If the Diagnosis Code is correct but the record does not contain sufficient information to code morphology, this should be taken up with the hospital's clinicians.</del></li></ul>

## 59.5 Hospital Activity and WIES Report

A new VAED request Report has been developed to allow hospitals to request a Hospital Activity and WIES Report in any PRS/2 transmission. From July 2003, an end of month Header Date will trigger a 2003-04 Hospital Activity and WIES Report only. Hospitals will be able to produce a 2002-03 report using Request Report 13.

---

### Hospital Activity and WIES Report

---

<b>Report Code</b>	13
<b>Purpose</b>	<p>To allow hospital management to reconcile their activity against data held by the Department.</p> <p>Note that Transmission Control and Reconciliation Reports automatically print a Hospital Activity and WIES Report when the Header Record End Date is the last day of the month. This report only needs to be requested if a Hospital Activity and WIES Report is needed in a non end of month transmission, or when the Hospital Activity and WIES Report is needed for the previous financial year (that is, until the file has been closed on 17 September). See Section 7: <i>Hospital Activity and WIES Report</i>.</p>
<b>Report Contents</b>	Episodes with a separation date less than or equal to the month requested, and in the financial year of the month requested.
<b>Period Covered</b>	Defined by the report parameters. Can cover any period in the <i>current</i> PRS/2 file (that is, until the previous financial year has been closed on 17 September). For example, at 31 August 2003, the report could cover any period from 1 July 2002 to 31 August 2003; at 31 October 2003, the report could cover only 1 July 2003 to 31 October 2003.
<b>Report Parameters</b>	<p>DDMMCCYY</p> <p>Requires a valid date in the month of the last month to be reported.</p> <p>Thus, if the report is required for: the full 2002-2003 financial year input parameter: 30062003----[last four characters blank]</p> <p>Including the report code (13), the full fourteen characters would read: 1330062003---- [last four characters blank].</p>
<b>Report Sequence</b>	See Section 7: <i>Hospital Activity and WIES Report</i> .
<b>Fields Reported</b>	See Section 7: <i>Hospital Activity and WIES Report</i> .

For a copy of the Hospital Activity and WIES Report see Section 7: *Hospital Activity and WIES Report*.

## 59.6 Updates to VAED Specifications

The *Specification for Revisions to PRS/2 and the VAED for 1 July 2003, Appendix A* specified Edit 406 *Rehab Care Type W/Out Rehab DRG* changing from a Warning to a Rejection edit.

As a result of feedback received after running this edit on 2002-03 VAED data, the edit has been changed to reflect the original intent of checking for an assigned Principal Diagnosis code of Z50 *Care involving use of rehabilitation procedures* against episodes with a Care Type of 2, 6, 7 or J *Rehabilitation*.

---

### 406 Rehab Care Type W/Out Rehab DRG PDx

---

**Effect** REJECTION

**Problem** The E2 Episode Record's Care Type is 2, 6, 7 or J *Rehabilitation* but the DRG allocated according to the X2 Diagnosis Record is *not* a Vic 4.2 Rehabilitation DRG (Z60A, Z60B, Z60C) Principal Diagnosis Code is not Z50.- *Care involving use of rehabilitation procedures.*

Refer to:

- Section 4: Business Rules (tabular) *Care Type: Designated Rehabilitation Program (2, 6, 7 and J)*.

**Remedy** Check Care Type (E2) and Principal Diagnosis Codes and DRG (X2), amend as appropriate and re-transmit the E2 and/or X2/Y2.

- If this is *not* a Rehabilitation episode, amend the Care Type.
- If this *is* a Rehabilitation episode, check Principal Diagnosis code for a mis-code or mis-punch, or for a sequencing error; the normal Principal Diagnosis Code for a Rehabilitation episode ~~will~~ **must** be Z50.-.

Edit 465 Adm Duration < 15 Mins has been modified to exclude episodes with a Separation Mode of D *Death* and T *Separation and transfer to other acute hospital/extended care/rehabilitation/geriatric centre*.

## 465 Adm Duration < 15 Mins

<b>Effect</b>	NOTIFIABLE
<b>Problem</b>	The E2 Episode Record's Separation Date and Separation Time is calculated to be less than 15 minutes after the E2 Episode Record's Admission Date and Admission Time, excluding episodes with Separation Mode D <i>Death</i> or T <i>Separation and transfer to other acute hospital/extended care/rehabilitation/geriatric centre</i> .
<b>Remedy</b>	<p>Check Admission Date, Admission Time, Separation Date and Separation Time, amend as appropriate and re-transmit the E2.</p> <ul style="list-style-type: none"> <li>• HDSS acknowledge that for a small number of episodes this 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, hospital may prospectively contact the HDSS Helpdesk as they check their Control Reports.</li> </ul>

The following table has been amended to allow Account Class MR *Geriatric respite care* to be used in combination with Care Type 9 *Geriatric Evaluation and Management Program*. This provides consistency with the instruction in the *Specifications for Revisions to PRS/2 and the VAED, 1 July 2003* that 'Geriatric Respite patients may be reported with a Care Type of 4 or 9, depending on the Health Service Agreement of the hospital'.

## Account Class, Acc Type, Care Type and Medicare Suffix (*Small portion reproduced*)

Account Class	Accom Type	Care Type	Medicare Suffix
<b>Public</b>			
MR	1 2 4 6 M S	4 9	name, C-U

## 59.7 ICD-10-AM Library File Modification

The age edit for diagnosis code P250 *Interstitial emphysema originating in the perinatal period* has been modified to reduce the upper limit from 1 year to 1 month of age.

ICD-10-AM Code	Code Description	Change						Specification
		First Age (Col D-F)			Second Age (Col G-I)			
		age	LL	HH	age	LL	HH	
P250	Interstitial emphysema originating in the perinatal period	8	00	01				Warn if older than 1 month of age

Please ensure this modification is made to the 2003-04 Library File. Alternatively the updated Library File is available for downloading at:

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

# Victorian Emergency Minimum Dataset (VEMD)

## 59.8 Modifications to VEMD for 1 July 2003

---

### **E366**      **Departure Status and Triage Category Combination Invalid**

---

***Effect***                      NOTIFIABLE

***Problem***                      The record's Departure Status is '10 or 11 – Left at own risk, without treatment but the patient has a Triage Category of '1 – Resuscitation'.

***Remedy***                      Check Departure Status, Triage Category and First Seen by Treating Nurse or Doctor Date/Time, amend as appropriate if necessary, and re-transmit.

See:      Page 3 – 33,              Departure Status;  
            Page 3 - 52,              First Seen by Doctor Date;  
            Page 3 - 54              First Seen by Doctor Time;  
            Page 3 - 56,              First Seen by Treating Nurse Date;  
            Page 3 - 58,              First Seen by Treating Nurse Time.  
            Page 3 – 105,              Triage Category.

# 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 59	5 August 2003	✓	✓		✓
Bulletin 58	22 July 2003	✓			✓
Bulletin 57	01 July 2003	✓	✓	✓	✓
Bulletin 56	11 June 2003	✓	✓	✓	✓
Bulletin 55	29 May 2003	✓	✓	✓	✓
Bulletin 54	07 April 2003	✓	✓	✓	✓
Bulletin 53	19 February 2003	✓	✓		
Bulletin 52	20 January 2003	✓	✓		
Bulletin 51	20 December 2002	✓			✓
Bulletin 50	11 November 2002	✓	✓	✓	✓
Bulletin 49	17 October 2002	✓		✓	✓
Bulletin 48	04 October 2002	✓	✓	✓	✓
Bulletin 47	12 September 2002	✓	✓	✓	✓
Bulletin 46	23 August 2002	✓		✓	
Bulletin 45	13 August 2002	✓	✓	✓	
Bulletin 44	6 August 2002	✓	✓	✓	✓
Bulletin 43	19 July 2002	✓		✓	
Bulletin 42	12 July 2002	✓	✓	✓	✓
Bulletin 41	04 July 2002	✓	✓		✓
Bulletin 40	28 June 2002	✓			
Bulletin 39	26 June 2002	✓			✓
Bulletin 38	21 June 2002	✓	✓	✓	✓
Bulletin 37	28 May 2002	✓	✓	✓	✓
Bulletin 36	22 May 2002	✓			
Bulletin 35	26 April 2002	✓			
Bulletin 34	19 April 2002	✓			
Bulletin 33	03 April 2002	✓	✓	✓	✓
Bulletin 32	14 March 2002	✓	✓	✓	✓
Bulletin 31	18 February 2002	✓	✓	✓	
Bulletin 30	09 January 2002	✓			✓

# HDSS Contact Details

The Health Data Standards and Systems (HDSS) Unit of the Metropolitan Health and Aged Care Division has responsibility for maintaining data standards for five Victorian hospital data collections:

- Victorian Admitted Episodes Dataset (VAED)
- Victorian Emergency Minimum Dataset (VEMD)
- Elective Surgery Information System (ESIS).
- Agency Information Management System (AIMS)
- Client Management Interface (CMI)(for Mental Health clients)

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, 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)