

Bulletin

Health Data Standards and Systems

Issue 72: 8 September 2004

Attention: Health Information Managers-For action
VAED/ESIS/VEMD Submission Officers-For action
VAED/ESIS/VEMD Software suppliers-For action
Emergency Department Directors-For action

Issue 72 of the Health Data Standards & Systems (HDSS) Bulletin has been published in electronic format only. It has been posted onto our website at <http://www.health.vic.gov.au/hdss/bulletin/72-080904.pdf> and can be viewed as a downloadable file. To view the subject index for every edition of the bulletin, please refer to: <http://www.health.vic.gov.au/hdss/bulletin/bulindex.htm>

Bulletin 72 provides information regarding:

- HDSS staff changes and job opportunity
- Hospital Code table updates
- Postcode update
- PRS/2 processing now live
- VAED amendments
- Approved Intensive Care Unit
- ESIS specifications

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

Yours faithfully,

Andrew Brown
Manager, Health Data Standards and Systems
Metropolitan Health and Aged Care Services Division

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HDSS update

72.1 HDSS staff changes

Andrew Brown has been appointed as the Manager, Health Data Standards and Systems, commencing 1 September 2004, while Mark Gill is on six months secondment to the Performance Reporting and Analysis Unit.

Leanne Daking has taken up a new opportunity at the Victorian Institute of Forensic Medicine after five years with Health Data Standards and Systems. We would like to thank Leanne for her significant contribution to the unit, and wish her well in her future endeavors.

72.2 HDSS job opportunity

The Health Data Standards and Systems (HDSS) Unit has an ongoing vacancy available for a suitably skilled and motivated individual: Health Information Management Advisor: VPSG4 level position (\$53582-\$60794).

Purpose of the Job:

- Contribute to the effective management of computerised patient-level data collections (Victorian Admitted Episodes Dataset, Victorian Emergency Minimum Dataset, Elective Surgery Information System, and Client Management Interface for Mental Health clients) and the aggregate data collection: Agency Information Management System (AIMS). This includes specification of extensions and enhancements, database maintenance, report production and data analysis.
- Provide specialist technical advice to central and regional offices and health care facilities and other relevant enquirers on data definitions and standards, data collection systems, and health records management.
- Provide specialist technical advice to central and regional offices and health care facilities and other relevant enquirers, particularly in regard to the International Classification of Diseases and Related Health Problems, 10th edition, Australian Modification (ICD-10-AM) and Australian Refined Diagnosis Related Groups (AR-DRGs).
- Plan and introduce initiatives aimed at ensuring the quality, timeliness and accuracy of patient based and aggregate data records.
- Contribute to the preparation of user manuals and other technical documentation and the provision of training and support associated with the ongoing development of data collection systems.
- Support the operations of relevant committees including the recording of minutes. Assist other staff within the Unit as required.

Key Objectives:

Operating at Grade 4 you will:

- Interpret and advise on business rules and processes relevant to key Acute health data, assisting in policy formulation relative to hospital reporting requirements.
- Prepare reports, correspondence and manuals relative to procedural and conceptual and consultation requirements associated with Acute health data.
- Apply well developed liaison skills in the context of complex negotiations with senior Health Information staff in both public and private hospitals.
- Apply appropriate analytical techniques in reviewing reported unit record and summarised aggregate data to develop continuous data quality improvement strategies.
- Cooperate with managers in consultative processes that improve health and safety by using the relevant tools and systems, such as procedures, guidelines and policies.
- Observe the safe working practices you have been trained in, and as far as you are able, protect your own and others' health and safety.

Selection Capabilities:

Selection will be based on the skills, knowledge and personal attributes that are required for achieving the key objectives listed above. Demonstrated conduct in line with departmental values, past performance and the potential for future development will also be considered.

Desirable Qualifications:

- An appropriate tertiary qualification and eligibility for full membership of the Health Information Management Association of Australia.
- Experience in a hospital patient information management service.

Selection Capabilities:

- Extensive knowledge of data collection and patient information management issues.
- Ability to compile and interpret information in regard to data quality issues and to identify, analyse and recommend solutions to problems.
- Detailed knowledge of diagnosis and procedure coding and an in-depth knowledge of casemix related issues, particularly in regard to Australian Refined Diagnosis Related Groups.
- Sound working knowledge of word processing, spreadsheet, statistical analysis and web-based software.
- Well developed communication and interpersonal skills.
- Self motivation, able to initiate activity and to exercise a high level of independent judgement.

Attributes:

Team Work: co-operate well and work well with others in the pursuit of team goals, share information, support others, show consideration, concern and respect for others feelings and ideas.

Ethics and Values: model the department's Values, act with integrity and have high ethical standards, inspire trust by treating all individuals fairly.

Drive and Commitment: be enthusiastic and committed, demonstrate capacity for sustained effort and hard work, set high standards of performance for self and others.

Building productive networks: are able to establish and maintain relationships with people at all levels, promote harmony and consensus through diplomatic handling of disagreements, are able to forge useful partnerships with people across business areas, functions and organisations

How to apply:

Your application should include:

- A completed 'Application for Employment Form' available from www.dhs.vic.gov.au.
Note: Please ensure all sections are completed
- A statement addressing each 'Selection Capability' clearly demonstrating your ability to meet the 'Key Objectives' of the role.
Note: Read the Key Objectives carefully so you have a good understanding of what is required and remember to address what skills, knowledge and attributes you have.
- General resume
- Copies of any formal qualifications
Note: Where a 'Mandatory Qualification' is required, ensure you complete the necessary section on your Application Form and enter year completed. If emailing your application, hard copies of your qualifications will need to be produced at interview.
- 2 nominated referees, including your current supervisor if you are currently working
- Indigenous applicants are invited to contact Kylie Kinsela on 9616 2921, Co-ordinator, Indigenous Recruitment and Career Development for advice and support with your application.

Applications to be sent to:

Your application, quoting reference number 30020089 can be:

Mailed to:	The Recruitment Officer, Metropolitan Health & Aged Care Division, Level 17/555 Collins Street, Melbourne, 3000
Hand Delivered to:	As above
Emailed to:	metro.recruit@dhs.vic.gov.au

If you are interested in this challenging position, please contact Andrew Brown, Manager, HDSS on 03 9616 8733 by 17 September 2004 to obtain further details.

72.3 Call for expressions of interest: Coding Standards Advisory Committee input

The Health Data Standards and Systems Unit represents Victoria on the National Centre for Classification in Health's (NCCH) Coding Standards Advisory Committee (CSAC).

CSAC terms of reference:

1. Advise the NCCH on the implementation and publication of new and amended ICD-10-AM codes and Australian Coding Standards.
2. Advise the NCCH on activities and products relating to coding and coding quality measures.
3. Report to and from organisations/jurisdictions represented on this committee.
4. Ensure that standards of definition and convention are maintained when ratifying changes to ICD-10-AM and the Australian Coding Standards.
5. Review public submissions for changes to ICD-10-AM.
6. Receive feedback from users of coded data on the impact of standards and codes on current data collections.
7. Ratify coding advice from the NCCH prior to publication in Coding Matters.
8. Recommend to the Australian Department of Health and ageing, future changes to the Australian Refined-Diagnosis Related Groups classification system as they relate to coding.
9. Recommend to National Health Information Management Group the national adoption of ICD-10-AM modifications on a biennial basis.
10. Provide input to relevant authorities on morbidity and mortality coding related issues such as data edits, coding quality measurement, design of data collection systems.
11. Provide coding advice to the National Health Data Committee on definitions relating to relevant classification items in the National Health Data Dictionary.
12. Provide advice to NCCH and the Australian Bureau of Statistics on the relationship between Australian Coding Standards for morbidity coding and rules for cause of death coding.
13. Provide advice on other relevant health classification systems.

Currently HDSS circulate CSAC papers only to members of the Victorian ICD Coding Committee (VICC), who are given the option to provide comments. However this work needs to be balanced against the significant workload that VICC members already undertake, and their responsibilities in their workplace.

Due to the important nature of the work of the CSAC, we are seeking expressions of interest from suitably experienced coders to provide input into the work of CSAC only (without also becoming members of the Victorian Coding Committee). This input would be in the form of reviewing discussion papers distributed to CSAC members, primarily draft changes to the next edition of ICD-10-AM and Coding Matters articles, and then providing comments to Victoria's CSAC representative Sara Harrison. This feedback will be summarised and then submitted to the NCCH. Volunteers should be aware that this can sometimes be time consuming, requires attention to detail, and the ability to predict how proposed changes to the next edition of ICD-10-AM will affect both coders and end data users. All contact will be via email, that is, there will be no need to the group to meet.

All queries and expressions of interest should be addressed to Sara Harrison (sara.harrison@dhs.vic.gov.au). Expressions of interest should include details of current employment and past coding experience. Applicants should be currently employed in a position where coding comprises a significant part of the work, have completed the most recent ICD-10-AM upgrade education package and have graduated at least three years ago from an undergraduate course in Health Information Management or Medical Record Administration or a course in Clinical Coding.

Global update

72.4 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 Registration

Name	VAED Code	Effective Date
Casey Hospital	3660	1 October 2004
Glenferrie Private Hospital	8880	12 August 2004

Please note the following amendment to hospital code table update printed in HDSS Bulletin 71:

~~Hospital Name Change~~ New Hospital Registration

Name	VAED Code	Effective Date
Casey Gardens Day Hospital	8510	21 July 2004

72.5 Postcode update

An updated version of the 2004-05 Postcode File has been posted onto the HDSS Website:
<http://hdss.health.vic.gov.au/reffiles/index.htm>

This file reflects the new addition:

Suburb/Locality	Postcode
Barringun	4490
Coongoola	4490
Cuttaburra	4490
Humeburn	4490
Jobs Gate	4490
Linden	4490
Noorama	4490
Tuen	4490
Widgeegoara	4490
Yowah	4490

Victorian Admitted Episodes Dataset (VAED)

72.6 PRS/2 processing now live

PRS/2 processing for 2004-05 commenced on 7 September 2004.

A problem has been identified in the WIES report calculation. This problem will be resolved shortly. Sites that have had data processed in the last two days will find discrepancies in the WIES report; those sites will receive a corrected WIES report with their next transmission.

72.7 Additional Victorian grouper modification for 2004-05:

Z71.3 Dietary counselling and surveillance

As a result of a query to the Victorian ICD Coding Committee the Department has reviewed the use of ICD-10-AM diagnosis code *Z71.3 Dietary counselling and surveillance*. This code currently has a clinical complexity level (CCL) of 2, for both medical and surgical DRGs.

Analysis of 2003-04 VAED data has revealed the following:

- 2143 WIES funded episodes had this code in the string of diagnosis codes
- These episodes grouped to 351 AR-DRGs (v4.2)
- On average the WIES per episode was increased by \$1165 by the use of this code
- The total cost to Victorian public hospitals was in excess of \$2,000,000.

Further analysis has revealed that coders have been possibly assigning this code inappropriately. Coders are reminded that all additional codes should meet criteria outlined in ACS 0002 *Additional Diagnoses*.

Even where it is coded appropriately, the Department feels that the CCL value is inappropriate for a code of this nature, and will write to the Commonwealth Department of Health and Ageing requesting that it be amended.

In the interim, the Department has created an AR-DRG 5.0 modification for separations in 2004-05, where Z71.3 will be allocated a CCL value of 0 before grouping to VIC-DRG Version 5.0.

72.8 VAED Manual 14th Edition

The following chapters of the VAED Manual 14th Edition, which relates to 2004-05 data, are available on the HDSS website:

- Section 1: Introduction
- Section 2: Concept and Derived Item Definitions
- Section 3: Data Definitions
- Section 5: Compilation and Transmission
- Section 8: Editing
- Section 9: Supplementary Code Lists

72.9 Amendments to the *Specifications for Revisions to PRS/2 and the VAED*

72.9.1 Coding related edits

Feedback through the HDSS Helpdesk prompted a review of the edits relating to External Cause Codes, Place of Occurrence Codes and Activity Codes. This has resulted in the following changes.

363 External Cause-needs/Place Code Mismatch (*Amended*)

Effect	REJECTION
Problem	<p>The X2/Y2 Diagnosis Record has an External Cause code (Y35-V01-Y89) but does not have a where a Place of Occurrence code (Y92) is mandatory. The X2/Y2 does not contain or, has a Place of Occurrence code but does not have an following the External Cause code (V01-Y89).</p> <p>[On Library File: column N, ADD, code 6 or 8, without a code P, or code P without a code 6 or 8]</p>
Remedy	Check Diagnosis Codes, amend as appropriate and re-transmit the X2/Y2.

364

**External Cause needs /Activity Code
Mismatch (*Re-Instated and Amended*)**

Effect

REJECTION

Problem

The X2/Y2 Diagnosis Record has an External Cause code (V01-Y34) but does not have an where an Activity code (U50-U73) is mandatory. The X2/Y2 does not have or, has an Activity code but does not have an following the External Cause code (V01-Y34).

[On Library File: column N, ADD, code 7]

[On Library File: column N, ADD, code 8, without a code A, or code A without a code 8]

Remedy

Check Diagnosis Codes, amend as appropriate and re-transmit the X2/Y2.

365

**Ext Cause needs POO & Activity Code
(*Deleted*)**

Deleted as covered by the combination of 363 and 364.

452

**Place/Activity W/Out External Cause Code
(*Deleted*)**

Deleted as covered by the combination of 363 and 364.

601 Sequencing Error (*New*)

Effect	REJECTION
Problem	<p>The X2/Y2 Diagnosis Record has an Activity Code (U50-U73) that is not immediately preceded by a Place of Occurrence code, or a Place of Occurrence code (Y92) that is not immediately preceded by an External Cause Code (Y01-Y89).</p> <p>[On Library File: column N, ADD, code A must be immediately preceded by code P, and code P which must be immediately preceded by code 6 or 8]</p>
Remedy	<p>Check Diagnosis Codes, amend as appropriate and re-transmit the X2/Y2.</p> <ul style="list-style-type: none">• Refer to the <i>Victorian Additions to the Australian Coding Standards</i>.

72.9.2 Care Type 3 *Family Choice: Awake Attendant Care*

The VAED Manual has been updated to remove Care Type 3 *Family choice: Awake Attendant Care*. This Care Type has not been used since 2002, and will not be reintroduced, as it does not fall within the scope of the DHS Admission Policy.

All references to Care Type 3 have been removed, including:

- The code in the Care Type Data Item (Section 3)
- Business Rules: *Care Type: Family Choice*
- Edit 344

72.9.3 Care Type 5x Approved Mental Health Service or Psychogeriatric Program

The following edits have been amended to reflect the changes in Care Type for mental health episodes.

471 Care Type 5x, not usual Sep Referral

Effect

Warning

Problem

The E2 Episode Record's Care Type is 5x Approved Mental Health Service or Psychogeriatric Program and the Separation Mode is H Separation to private residence/accommodation, but the Separation Referral does not include either C Mental health community services, arranged before discharge, S Referral to private psychiatrist, arranged before discharge, G Referral to general practitioner, arranged before discharge, or spaces (only private hospitals are permitted to report spaces).

Remedy

Check Care Type, Separation Mode and Separation Referral, amend as appropriate, and re-transmit the E2.

- Patients admitted to Care Type 5x would usually have follow up with a mental health community service, private psychiatrist or general practitioner organised prior to discharge.
-

532 Account Class MA: not 4, 5x or U

Effect

NOTIFIABLE

Problem

The E2 Episode Record has an Account Class of MA Reciprocal Health Care Agreement and the Care Type is not 4, 5x or U.

Remedy

HDSS acknowledge that for a small number of episodes this combination of data items is correct. Check Account Class and Care Type. Where incorrect, amend as appropriate and re-transmit the E2. Alternatively, contact the HDSS Helpdesk to confirm that information is correct. Where the data has not been corrected or confirmed HDSS will periodically notify each hospital and ask them to do so.

72.10 Approved Intensive Care Unit (ICU)

The Peter MacCallum Cancer Institute now has an approved ICU.

Elective Surgery Information System (ESIS)

72.11 ESIS specifications

The *Specifications for Revisions to ESIS for 1 January 2005-Appendix A* was distributed by HDSS on 14 July 2004.

Hospitals were advised of this via a letter to the Chief Executive Officer on 9 July 2004.

The specifications document is available on the HDSS website at <http://www.health.vic.gov.au/hdss/>

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://www.health.vic.gov.au/hdss/bulletin/bulindex.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 72	7 September 2004	✓		✓	✓
Bulletin 71	5 August 2004		✓	✓	✓
Bulletin 70	5 August 2004	✓			
Bulletin 69	9 July 2004	✓	✓		✓
Bulletin 68	16 June 2004	✓	✓		✓
Bulletin 67	28 May 2004	✓	✓		
Bulletin 66	30 April 2004	✓	✓	✓	✓
Bulletin 65	08 April 2004	✓	✓	✓	✓
Bulletin 64	25 February 2004	✓	✓	✓	✓
Bulletin 63	26 November 2003	✓			✓
Bulletin 62	10 October 2003	✓	✓	✓	✓
Bulletin 61	16 September 2003	✓	✓	✓	✓
Bulletin 60	26 August 2003	✓	✓		✓
Bulletin 59	05 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	06 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	✓	✓	✓	✓

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 health 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,
- Communication regarding the 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 Web Site <http://www.health.vic.gov.au/hdss/>

HDSS Helpdesk

Telephone: 03 9616 8141 Fax: 03 9616 7743

Email: VAED: PRS2.Help-Desk@dhs.vic.gov.au

VEMD: submit.vemd@dhs.vic.gov.au

ESIS: ESIS.ESIS@dhs.vic.gov.au

AIMS Helpdesk

Telephone: 03 9616 8595 Fax: 03 9616 7743

Email: aimsmail@aims.dhs.vic.gov.au

CMI / ODS Helpdesk

Mantrack (Allegiance) CMI Helpdesk: support@mantrack.com

Mantrack (Allegiance) contact for communication problems: 1800 331 946

DHS CMI Helpdesk: 9616 2802 (Anne Orchard) or 9616 1453 (Morena McKenzie)