

Bulletin

Health Data Standards and Systems

Issue 79: 21st January 2005

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 79 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/79-210105.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 79 provides information regarding:

- HDSS forum
- Postcode update
- Hospital circulars
- Approved units
- PRS/2 training sessions
- WIES reports
- VAED amendments
- Restructured ESIS submission update

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,

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

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Global update

79.1 HDSS Forum

Further to Bulletin 76 we can now confirm that the Forum will be held on 7 February 2005. An outline of the day is listed below:

Date:	Monday 7 th February 2005	
Time:	Morning registration	10.00am-10.30am
	ESIS	10.30am-12.00pm
	Light Lunch	12.00pm-1.00pm
	Afternoon registration	12.45pm-1.00pm
	VAED	1.00pm-4.00pm
Venue:	Riverside Plaza Convention Centre Level 1, 452 Flinders Street Melbourne	

Please note, due to the singular nature of changes to VEMD this year, VEMD will not be a feature of this year's forum. Please forward any comments on or questions on VEMD changes to submit.vemd@dhs.vic.gov.au or contact the HDSS help desk. VEMD changes will be discussed at the next EDIS committee meeting.

Please complete and return via email or fax the registration form (available from the HDSS website) by Wednesday 2 February to ensure your attendance.

79.2 Postcode updates

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>

A review has been undertaken between the DHS list, and the Australia Post reference list. Approximately 1,200 new rows have been added to the list, of which 20 are Victorian postcodes.

79.3 Hospital circulars

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

<http://www.health.vic.gov.au/hospitalcirculars/>

Hospital Circular 35/2004

Subject:

1. Outpatient charges, PBS co-payments and Safety Net threshold

Hospital Circular 36/2004

Subject:

1. Funding and payment of 2004 allied health professionals' EBA

Hospital Circular 37/2004

Subject:

1. Public Hospital services prices for DVA patients – changes Rehab in the Home (RITH)

Hospital Circular 38/2004

Subject:

1. Funding and Payment of 2004 Mental Health Services EBA

Hospital Circular 39/2004

Subject:

1. Funding and Payment of 2004 Medical Scientists, Pharmacists & Related Designations EBA

Hospital Circular 40/2004

Subject:

1. Provision of Patient Information to the Lions Corneal Donation Service - Melbourne

79.4 Approved Units

The following hospital has been granted SOU registration:

Hospital Code	Hospital
1170	Monash Medical Centre [Clayton]

The following hospital has been granted EMU registration:

Hospital Code	Hospital
1121	Goulburn Valley Health [Shepparton]

Victorian Admitted Episodes Dataset (VAED)

79.5 PRS/2 Information Sessions in 2005

HDSS is again offering one-day information sessions for PRS/2 in 2005. These sessions address PRS/2:

- structure and processes
- report review and correction procedures
- reconciliation, including practice using 'dummy' reports.

Session Dates

Tuesday 1 March: this session is specifically for day procedure centre staff

Wednesday 9 March } these sessions

Tuesday 22 March } are for hospital

Wednesday 30 March } personnel

Consideration will be given to offering additional sessions, depending on demand.

All sessions will be conducted at the Department of Human Services, Melbourne, and will commence at 9.30 am and conclude by 4.00 pm.

Places will be reserved in order of booking receipt, so please submit your booking early, as numbers will be limited. Confirmation of attendance will be emailed to each participant, with venue details. Those who have previously expressed interest in PRS/2 training should submit a booking.

Sites currently **testing**, or intending to test, transmissions to PRS/2 are **strongly encouraged to attend**.

Participants will need to bring the copy of the VAED Manual used at their facility.

There is no charge for these sessions, but **booking is essential** to ensure adequate supplies of distributed materials and catering.

Any **queries** should be directed to Joanne McLachlan (Joanne.McLachlan@dhs.vic.gov.au). (Please allow time for a response, as Joanne works part time and is on leave in January!)

If you have **specific questions** about PRS/2 you want addressed, please also email these to Joanne in advance of the sessions.

You can book by **emailing** the **Booking Request** (available from the HDSS website) as an **attachment**. Please attach a separate form for each prospective participant.

(Anyone without access to email can fax the Booking Request to 03 9616 7743.)

79.6 WIES Reports

Note that there have been some discrepancies between the WIES reports generated as part of PRS/2 processing, and the monthly report distributed by the Performance Reporting and Analysis Unit. These have now been rectified, as listed below:

- PRS/2 Generated WIES Report: Was not reporting any episodes in line item 11.2 (VIC-DRGs 960Z, 961Z, 962Z, 963Z). This was rectified on the 18th January 2005.
- DHS Generated WIES Report: Was not calculating Line Item 3.10 for the month of August. Amended copies were sent out on 30 December 2004.

79.7 VAED Amendments: Leave without Permission

The following amendments alter changes that were new in 2004-05, with the intention of aligning the VAED and CMI/ODS data, specifically the recording of leave without permission for involuntary patients. However the resulting changes did not align the datasets as intended, which therefore require minor modification. We apologise to sites that have been applying the rules as specified, and will work with those sites that have already submitted data, to make any necessary corrections.

The Mental Health Act s42(1) and s42(3) makes provision for extended periods of leave when an involuntary patient absconds. The CMI seamlessly separates the patient back to the date leave first commenced where the period of leave exceeds seven days, and if appropriate, commences a new episode in the event of the patient returning for further treatment, at the date the patient returns. The VAED requires a separation date be transmitted by the hospital, and where appropriate, a new episode commenced. The changes below will result in the VAED reflecting the data that is automated in the CMI/ODS.

Any queries regarding this information should be directed to Karen Walker.

Section 2: Concept and Derived Item Definitions

Leave Without Permission (*Amended*)

Definition	Where a patient absconds or leaves against medical advice.
Guide for use	<p>As it is still the intention of the medical practitioner that the patient return within seven days to continue the current treatment, follow leave with permission guidelines and reporting. The exception to this is:</p> <ul style="list-style-type: none">• Where the patient is an involuntary Mental Health patient, in which case the Leave Without Permission can be up to 12 months (as determined by the Mental Health Act 1988).

Length of Stay (*Amended*)

- Guide for use** In practice, there are two methods for calculating length of stay:
- Retrospective: Separation Date minus Admission Date minus Total leave with and without permission days; and
 - Progressive: sum of patient days (including contract leave days) accrued to date.

By whichever method, the result must be the same at the conclusion of an individual patient episode.

Both methods of calculating LOS have some fundamental principles:

- 1 The sum of patient days (including contract leave days) and leave with and without permission days must equal the number of days elapsed between Admission Date and Separation Date.
- 2 For any given date, either a patient day (including a contract leave day) or a leave day (with and without permission) may be counted, but not both.
- 3 Patient days are not accrued when the patient is out of the hospital on leave (with and without permission), regardless of whether a bed is 'being held' for the patient during his/her absence.
Contract leave days are treated as patient days and included in Length of Stay.
- 4 For patients admitted and separated on different dates: count one patient day for date of admission; count no patient day for date of separation.
- 5 For patients admitted and separated on the same date: count one patient day; no leave days; and LOS = 1 day.
- 6 A period of absence starting and ending on the same date is not counted as leave.

Some Specific Guidelines for Counting Patient Days, Contract Leave Days and Leave Days (With and Without Permission), and Hence Calculating LOS

- 7 A same day patient cannot go on either contract leave or leave (with and without permission). A same day patient is one who has completed their course of treatment and is separated on the same day.
- 8 A period of contract or leave (with or without permission) starting and ending on the same date is not counted as a contract leave day or a leave with our without permission day. To count a contract leave day or a leave day (with or without permission), the patient must be out of the hospital overnight.
- 9 A period of leave (with or without permission) cannot exceed seven days. If a patient does not return to the hospital to continue this episode of care within seven days of starting leave (with or without permission), the patient is considered to have been separated on the date he/she started leave. ~~The exception to this is:~~
 - ~~Where the patient is an involuntary Mental Health patient, in which case the Leave Without Permission can be up to 12 months (as determined by the Mental Health Act 1988).~~
- 10 Count the day of going on contract leave or leave (with or without permission) as a contract leave day or a leave day (with or without permission) respectively. Count the day of returning from contract leave or leave with or without permission as a patient day.
- 11 Notwithstanding point 10 above:
 - When, on the same date, a patient is admitted and goes on contract leave or leave (with or without permission), count this day as a patient day.
 - When, on the same date, a patient returns from contract leave and again goes on contract leave, count this day as a contract leave day.
 - When, on the same date, a patient returns from leave (with or without permission), is assessed as fit to continue on leave and again goes on leave (with or without permission), count this day as a leave day.
 - When, on the same date, a patient returns from leave (with or without permission), receives treatment, investigation and/or observation, and again goes on leave (with or without permission), count this day as a patient day.
 - When, on the same date, a patient returns from contract leave or leave (with or without permission) and is separated, do not count this day as either a contract leave day or a leave day or as a patient day.
 - When, on the same date, a patient goes on contract leave and is separated from the contracted hospital, do not count this day as either a contract leave day or as a patient day.

Elective Surgery Information System (ESIS)

Following the analysis of test data and consultation with software vendors HDSS will further refine certain aspects of the ESIS restructure in order to simplify management by submission officers and software vendors.

79.9 Cascade Deletes

HDSS will allow cascade deletes in the restructured ESIS system. This means that if a site transmits a delete trigger for:

- A patient, all episode and intra episode events related to that patient will also be deleted;
- An episode, all intra episode events will also be deleted.

Deletes submitted as per the original specification will also be accepted.

79.10 Intra Episode Events

It has become apparent that some systems have a business need to record multiple intra episode events where no actual change has taken place. In the original specifications for the restructured ESIS, these would trigger edits S389, S390 and S392. For example:

Episode_Identifier	Event_Date	Event_Type	Event_Value
123456789	01072006	Readiness	P
123456789	05082006	Readiness	P

In recognition of this fact, and the inconvenience it will cause staff to "correct" these data, the above edits will be rewritten so that they only trigger a rejection where the reported event value does not exist in the codeset. Three new warning edits will be introduced to identify reported events that do not represent a change.

79.11 Cut-off Dates For Restructured ESIS Submissions

The following tract was published in bulletin 77:

Sites will not be able to transmit episode-level and intra episode-level data for removed episodes after 17 September of the financial year following removal. For example if a site discovers that an episode should have been registered on 22 February 2006 and removed on 14 May 2006, but was not, they can submit episode and intra episode details until 17 September 2006. Patient level data can be changed at any time. Episode and intra episode-level data for **unremoved** episodes can be updated at any time. For example if a site discovers on 12 October 2005 that an unremoved episode changed from Clinical Urgency "2" to "3" on 4 May 2005, they should submit an intra-episode event reflecting this (the event date being 4 May 2005).

The first example should read:

For example if a site discovers that an episode should have been registered on 22 February 2006 and removed on 14 May 2006, but was neither registered nor removed, they can submit episode and intra episode details until 17 September 2006. If however, the registration for the episode was successfully submitted prior to 17 September but no removal details were successfully submitted prior to 17 September, the episode will remain active until removal details are received.

Episodes for which no removal details are successfully submitted, remain active so it is possible to submit a removal for an episode where the removal occurred in a previous financial year.

79.12 Previous Identifier Of Transferred Episode

Please note that the field size for this on page 64 of Appendix A should be 13 characters not nine.

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 79	20 December 2004	✓		✓	✓
Bulletin 78	20 December 2004	✓			✓
Bulletin 77	26 November 2004	✓		✓	✓
Bulletin 76	3 November 2004	✓			✓
Bulletin 75	26 October 2004	✓	✓	✓	✓
Bulletin 74	20 October 2004			✓	
Bulletin 73	13 September 2004	✓			✓
Bulletin 72	8 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	✓	✓	✓	✓

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 CMI Helpdesk: support@mantrack.com

Mantrack phone contact: 1800 331 946