

Bulletin

Health Data Standards and Systems

Issue 86: 01 June 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 86 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/86-010605.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 86 provides information regarding:

- HDSS job opportunity
- Hospital code changes
- Australian Government Circular update
- VAED processing issues
- VAED amendments and Errata to the Specifications for Revisions to VAED 1 July 2005
- ICD-10-AM Library File for 1 July 2005
- ICD-10-AM Fourth Edition post implementation workshops
- Third quarter ICD Coding Newsletter

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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HDSS Update

86.1 HDSS job opportunity

The Health Data Standards and Systems (HDSS) Unit has an ongoing vacancy available for a suitably skilled and motivated individual as listed below.

Title: Health Information Management Advisor	
Grade 4	Value Range 1: \$53,582 to \$60,794
Salary on Offer:	\$53,582
Award Coverage:	CPSU – Victorian Public Service (Non Executive Staff) Agreement 2004 - advancement by progression assessment
Employment Status:	Full Time, Ongoing
Work Area:	Metropolitan Health and Aged Care Services Division Funding and Financial Policy Branch Health Information Section Health Data Standards and Systems Unit
Contact for information:	Andrew Brown
Telephone No:	(03) 9616 8733
Reference No:	met57520
Applications Close:	13 June 2005

Core Departmental Values

Professional Integrity: We treat all people with dignity and respect

Quality: We always strive to do our best and improve the way we do things

Collaborative Relationships: We work together to achieve better results

Responsibility: We commit to the actions we take to achieve the best possible outcomes for our clients

Client Focus: We work towards improving the health and well being of our clients and community

- The Department of Human Services values diversity, is an Equal Opportunity Employer and encourages applications from Indigenous people
- The Department of Human Services requires compliance with the Victorian Public Service Code of Conduct.

Work Environment:

The Health Information Section manages development and operation of the Department's key hospital information databases, which supply data for the analyses of trends in hospital services.

The Health Data Standards and Systems Unit (HDSS) has responsibility for maintaining data standards, and optimising data quality and timeliness 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)

These data collections are used to provide clinical, demographic, resource utilisation and financial information essential for the casemix-based funding of public hospitals, service

planning and coordination, epidemiology and other research, and to meet Victoria's national reporting obligations.

The Unit seeks to continually improve the usefulness of the information to the Department and external users by developing and enhancing data standards, maximising coverage, completeness and timeliness of data submission, and by monitoring and providing feedback to hospitals on data quality.

In addition, the Unit provides authoritative technical advice to the Department on health information management standards and systems, including the International Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification (ICD-10-AM) and the Australian Refined Diagnosis Related Groups, Version 5.0 (AR-DRG 5.0) classification systems. The Unit represents Victoria on relevant State and National data standards committees.

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

Other relevant information:

Requirements

- If you are successful in this job application and you are not currently a departmental employee, you will be required to fill out a Pre-existing Injury/Disease Declaration Form.
- You may be required to undergo a Pre-employment medical check and a Criminal Records Check.
- This job will be initially located at 555 Collins St. Melbourne
- DHS is committed to Wur-cum barra, the Victorian Government Indigenous Employment Strategy and has an internal Indigenous Staff Support Network.

Benefits

- Vic Super (superannuation scheme) 9 % employer contribution, with employee salary sacrifice options.
- Novated Leasing available.
- Commuter Club – direct salary deduction for annual rail ticket at a discounted rate.
- Social Club – discounted movie and theatre tickets as well as other leisure activities.
- VPS Health Insurance Plan – direct salary deduction.
- Partially paid Study Leave and practical assistance available for approved courses.
- Departmental staff private mobile plan.
- Confidential, responsive counselling (Employee Assistance Program) available for time when personal and work related issues may affect your ability to perform at work.
- Flexible working arrangement options.
- Up to date technology and ergonomic furniture and work environment.
- Free Lunch Time Seminars – internal and external guest speakers.
- Access to the department's Home Use Program. This program enables you to purchase a single licensed copy of Office Pro 2003 or Office XP Professional to install and use on your home computer.
- Staff offers – IBM Contract, Hewlett Packard, & Notebook computer offer.
- Access to the departments Anti virus and frequent updates for home use.

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 met57520 can be:

Mailed to: Recruitment Officer, 17/555 Collins St, Melbourne 3000

Hand Delivered to: As above

Emailed to: metro.recruit@dhs.vic.gov.au

Global Update

86.2 Hospital Code Table Updates

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
Toorak-Malvern Day Surgery Centre	7680	29 April 2005

86.3 Australian Government Circular Update

Please note that the following circular has been released: PHI 23/05 - Amendments To The Basic Default Table Of Health Insurance, which should be used in conjunction with the *DHS Hospital Admission Policy*.

This circular provides additions and amendments to the *Day Only Procedure Manual Supplement* (Type B and C lists), and at the end reproduces the lists in total. The website for the Australian Government circulars is:

<http://www.health.gov.au/internet/wcms/Publishing.nsf/Content/Circulars%20and%20Reports-1>

To subscribe to the circulars, email your subscription details to Private Health Insurance Branch at privatehealth@health.gov.au. Please include: nature of business, company name, contact name, position, postal address, phone, fax and email address¹.

¹ <http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-privatehealth-providers-circulars.htm>

Victorian Admitted Episodes Dataset (VAED)

86.4 VAED Processing and the May Consolidation Date

During May there were several days that Mantrack Systems were unable to process PRS/2 files. Several hospitals notified the HDSS Help Desk to express concern that this unduly affected their ability to meet the data timelines for the VAED May Consolidation Date (17 May 2005). At this time hospitals should have submitted all admission and separation data (E2) for April 2005, and all diagnosis and procedure (X2, Y2) and sub-acute details (S2).

Because this delay was beyond hospitals' control, the Department will not penalise hospitals for late data for this month, as long as:

- Affected episodes are transmitted by next month (17 June 2005), and
- Hospitals provide the details of the affected episode(s), as per usual late data processes.

Also in relation to data timelines, hospitals are reminded that episodes which are deleted and re-submitted using a new Unique Key may be considered late for the purpose of applying late diagnosis or sub-acute submission penalties if the new episode is not submitted within timelines. If the original record was received within submission timelines, hospitals must provide HDSS with both the original and new Unique Keys so that late penalties will not be applied.

86.5 Amended Edit and Edit Table

The following edit change is a result of a query received by the HDSS Help Desk.

440 NIV Duration without NIV Proc Code (Amended)

Effect

REJECTION

Problem

The E2 Episode Record's:

- Age on admission is greater than or equal to 28 days, and the Duration of NIV is greater than or equal to ~~24~~²⁵, or
- Age on admission is less than 28 days, and the Duration of NIV is greater than 0, but:

the X2 record does not contain a Procedure Code indicating:

- CPAP 92038-00 [568]
- Bi-level Positive Airway Pressure (BiPAP) 92039-00 [568]
- Intermittent Positive Pressure Breathing (IPPB) 92040-00 [568]
- Intermittent Mandatory Ventilation (IMV) 92039-00 [568]

Remedy

Check Admission Date, Date of Birth (E2), Duration of NIV and Procedure Codes (X2/Y2), amend as appropriate, and re-transmit the E2 and/or X2/Y2.

- If NIV given outside a NICU/SCN/ICU, do not report Duration of NIV.
- When the age on admission is greater than or equal to 28 days, the Duration of NIV should be reported when it is greater than or equal to 24. However, due to the difference between in counting and rounding the hours between the data item and for the purpose of ICD-10-AM coding, the edit needs to trigger when the Duration of NIV hours is greater than or equal to 25 hours.

The following edit table change is a result of a query received by the HDSS Help Desk.

Account Class, Acc Type, Care Type and Medicare Suffix (*Amended*)

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
Newborn (Transferred and Unqualified)			
NT*	B	U	name, C-U, BAB
Public			
<i>[Rest of table as per VAED Specifications]</i>			

* Newborns with an Account Class of NT may change to another Account Class in the second or subsequent status segment. The record will then be subject to the validation rules for the subsequent Account Class, but the Care Type can only be U or 4.

Edits 094 Combination A/C, Accom Care Med Suff
 329 Geri Respite- Invalid Comb
 454 Incompat Fields for Interim Care

86.6 Errata to the Specifications for revisions to VAED 1 July 2005

Palliative Care Patient Days

Some revisions have been made to the specification for the new data item Palliative Care Patients *Days*. To ensure consistency of interpretation, the complete updated specification is provided in this Bulletin. This specification replaces the earlier version released in the *Specification for Revisions to PRS/2 and the VAED for 1 July 2005*. At the end of the specification is a 'Summary of changes' table that outlines the differences between this specification and the previous version.

Palliative Care Patient Days

Specification

Definition The total number of patient days for which the patient received palliative care under an approved palliative care program during the whole episode of care, excluding leave days.

Datatype Numeric **Form** Quantitative value

Field size 3 **Layout** NNN or spaces

Location Episode Record

Reported by Public Hospitals

Reported for Episodes with Care Type 1, 2, 4, 6, 7, K, 8, 9, F and E, where the hospital campus is approved for Palliative Care.

[For Care Types 0, 1, 5, F and U, report spaces in this field.]

Otherwise, report spaces.

Reported when A Separation Date is reported in the Episode Record.

Code set A number in the range of 001 to 999.

Reporting guide Approved Palliative Care Patient Days is reported for patients treated under approved programs, as defined by the Continuing Care unit. An approved program is one funded specifically for the delivery of palliative care to patients in approved beds or units by suitably qualified staff. The list of public hospitals authorised to report this data item is the same as those eligible to report a Care Type of 8.

A day should be reported as a Palliative Care Patient Day when the palliative care program was primarily responsible for the patients care.

Palliative Care Patient Days must be equal to or less than Patient Days Total.

~~Where the Care Type is 8 Palliative Care Program, the number of Palliative Care Patient Days must equal Patient Days Total.~~

Where Palliative Care Patient Days is greater than zero, the Diagnosis Code Z51.5 Palliative Care must be present in the Diagnosis Code string.

Edits

- 472 Pall Care, not approved for Palliative Care Program
- 498 Pall Care without Pall Care Diag
- ~~607 Care Type Pall Care: Pall Care Pt Days not = Pt Days Total~~
- ~~608 Palliative Care Mismatch Invalid Palliative Care Pt Days~~
- 609 Pall Care Pt Days > Patient Days Total
- ~~610 Pall Care Pt Days without Pall Care Diag~~
- ~~611 Pall Care Diag without Pall Care Pt Days at approved site~~
- 612 Palliative Care mismatch
- 613 Pall Care Diag no Pall Care (at approved campus)

Related items

Section 2: Concept definitions *Episode of Care*, *Leave With Permission*, *Palliative Care* and *Patient Day*.

Section 3: *Care Type*, page 3-#, *Diagnosis Code*, page 3-#, and *Patient Days Total*, page 3-#.

Section 4:

- [Business Rules \(non-tabular\) Palliative Care](#)
- [Business Rules \(tabular\) Care Type and Palliative Care Patient Days](#)

Section 9:

- *Palliative Care Units Approved for Care Type 8 and Palliative Care Patient Days*.

Administration

Purpose

To measure the demand for palliative care services for:

- Planning of palliative care services
- Managing funding arrangements for palliative care services

Principal data users Continuing Care, DHS.

Collection start 2005-06

Definition source DHS **Code set source** DHS

Palliative Care—Edits

472 Pall Care, not approved for Palliative Care Program

Effect REJECTION

Problem This is a Palliative Care episode (represented by Care Type 8 and/or the presence of Palliative Care Patient Days in the E2 Episode Record) yet this Hospital Campus is not approved to provide Palliative Care.

Remedy Check Care Type and Palliative Care Patient Days, amend as appropriate and re-transmit the E2. If you believe that this Hospital Campus is approved to report palliative care episodes under approved palliative care programs, contact the HDSS Help Desk.

Refer to:

- Section 9: *Code Lists: Care Type: Care Type 8: Approved Palliative Care Units*.

498 Pall Care without Pall Care Diag

Effect REJECTION

Problem This is a Palliative Care episode (represented by Care Type 8 and/or the presence of Palliative Care Patient Days in the E2 Episode Record) yet the X2 or Y2 Diagnosis Record does not contain a Diagnosis Code of Z51.5 *Palliative Care*.

Remedy Check Care Type, Palliative Care Patient Days (E2) and Diagnosis Codes (X2/Y2), amend as appropriate and re-transmit the E2 and/or X2/Y2.

609 Pall Care Pt Days > Patient Days Total

Effect REJECTION

Problem The E2 Episode Record's Palliative Care Patient Days is greater than Patient Days Total.

Remedy Check Patient Days Total and Palliative Care Patient Days, amend as appropriate and re-transmit the E2.

Palliative Care—New edits

612 Palliative care mismatch (*New*)

Effect REJECTION

Problem The E2 Episode Record has an invalid format or combination of Care Type and (or) Palliative Care Patient Days.

Remedy Check Care Type and Palliative Care Patient Days, amend as appropriate and re-transmit the E2.

Refer to:

- Section 4: Business Rules (tabular) *Care Type and Palliative Care Patient Days*.

613 Pall Care diag, no Pall Care (at approved campus) (*New*)

Effect Warning

Problem This hospital campus is approved to provide Palliative Care.

The E2 Episode Record is neither Care Type 8 *Palliative Care* nor has *Palliative Care Patient Days* reported, yet the X2/Y2 Diagnosis Record for this episode has a Diagnosis Code indicating that palliative care was provided during the episode (Z51.5 *Palliative Care*).

Remedy Check Care Type, Palliative Care Patient Days and the Diagnosis Code, amend as appropriate and retransmit as required.

Business rules (tabular)—New

Care Type and Palliative Care Patient Days (*New*)

Care Type	Palliative Care Patient Days
8	001-999
2, 4, 6, 7, K, 9	Space or 001-999
0, 1, 5x, F, U	Space

Edit 612 Palliative Care Mismatch

Summary of changes

Reported for	'Episodes with Care Type' Delete 1, F '[For Care Types...]' Add 1, F
Reporting guide	Delete Where the Care Type is 8 Palliative Care Program, the number of Palliative Care Patient Days must equal Patient Days Total.
Edits	Delete 607 Care Type Pall Care: Pall Care Pt Days not = Pt Days Total 608 Invalid Palliative Care Pt Days 610 Pall Care Pt Days without Pall Care Diag 611 Pall Care Diag without Pall Care Pt Days at approved site Add 612 Palliative Care Mismatch 613 Pall Care Diag no Pall Care (at approved campus)
Related items	Section 4: Add <ul style="list-style-type: none">• Business Rules (tabular) <i>Care Type and Palliative Care Patient Days</i>

Deleted Edit

The following edit will be deleted, as Care Type J is not valid in 2005-06.

589 Care Type J, not appr for Rehab Home (Deleted)

Effect	REJECTION
Problem	The E2 Episode Record's Care Type is J <i>Designated Rehabilitation Program/Unit: Home-based substitution</i> but the Hospital Campus is not approved to provide this level of Rehabilitation Care.
Remedy	Check Care Type, amend as appropriate and re-transmit the E2. <ul style="list-style-type: none">• If you believe the Hospital Campus is approved to report this Care Type, contact the HDSS Help Desk. Refer to: <ul style="list-style-type: none">• Section 9: Code Lists: Care Type: <i>Care Type J: Designated Rehabilitation Program: Home-based substitution</i>

Request Report: DRGs for review

The following Request Report will be modified, as it does not currently include all nil value/problem DRGs.

DRGs for Review (*Amended*)

Report Code 02

Purpose By listing selected nil value/problem DRGs, the hospital can review diagnosis and procedure coding (accuracy, completeness, sequencing) and accuracy of sex and date of birth. Where amendments can legitimately be made, re-transmit the E2, and/or X2/Y2 records as appropriate, so these episodes can be re-grouped.

Report Contents Episodes with a separation date within the reporting range, grouping to nil value/problem DRGs:

- 901Z *Extensive O.R. Procedure Unrelated to Principal Diagnosis*
- 902Z *Non-Extensive O.R. Procedure Unrelated to Principal Diagnosis*
- 903Z *Prostatic O.R. Procedure Unrelated to Principal Diagnosis*
- 960Z *Ungroupable*
- 961Z *Unacceptable Principal Diagnosis*
- 963Z *Neonatal Diagnosis Not Consistent W Age/Weight*
- 964Z *Gender Reassignment - Conflict*

86.7 ICD-10-AM Library File for 1 July 2005

The ICD-10-AM Fourth Edition Library File for 1 July 2005 and associated documents have been released on the HDSS Website.

The range of valid codes has not changed compared to the 2004-05 Library File, however the range of edits triggered by various codes has necessitated the release of this new version.

86.8 ICD-10-AM Fourth edition post implementation coding workshops

The NCCH has commenced taking registrations for the ICD-10-AM Fourth edition post implementation coding workshops, scheduled for Victoria on 6, 7 and 8 September. For further information and a registration form please refer to the latest *Coding Matters* Volume 12 Number 1, June 2005. Places have already been allocated for those coders who contacted the NCCH with an expression of interest earlier in the year, so it is expected that the remaining places will fill quickly. If you are interested in attending one of these workshops, you are advised to register early.

86.9 Third quarter ICD Coding Newsletter

The Third quarter ICD Coding Newsletter was released on 16 May 2005 and distributed electronically to interest parties on the HDSS mailing list. If you are interested in receiving the ICD Coding Newsletter and are not currently on our mailing list, please contact the HDSS Help Desk.

Newsletters are also available at <http://www.health.vic.gov.au/hdss/icdcoding/newslet/index.htm>

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 86	01 June 2005	✓			✓
Bulletin 85	09 May 2005			✓	
Bulletin 84	29 April 2005	✓			✓
Bulletin 83	13 April 2005	✓		✓	✓
Bulletin 82	01 April 2005	✓			✓
Bulletin 81	07 March 2005			✓	✓
Bulletin 80	24 February 2005	✓		✓	
Bulletin 79	21 January 2005	✓		✓	✓
Bulletin 78	20 December 2004	✓			✓
Bulletin 77	26 November 2004	✓		✓	✓
Bulletin 76	03 November 2004	✓			✓
Bulletin 75	26 October 2004	✓	✓	✓	✓
Bulletin 74	20 October 2004			✓	
Bulletin 73	13 September 2004	✓			✓
Bulletin 72	08 September 2004	✓		✓	✓
Bulletin 71	05 August 2004		✓	✓	✓
Bulletin 70	05 August 2004	✓			
Bulletin 69	09 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	✓	✓		

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