

Bulletin

Health Data Standards and Systems

Issue 92 – 17 November 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

This edition of the Health Data Standards and Systems (HDSS) Bulletin has been published in electronic format only. It has been posted on our website at: <http://www.health.vic.gov.au/hdss/bulletin/92-171105.pdf> and can be viewed as a downloadable file.

This bulletin provides information regarding:

- Hospital code table update
- DHS circular update
- Australian Government circular update
- HDSS News
- VAED Proposals distribution
- VAED supplementary code lists update
- VAED edit modification
- ESIS edit modification

Please download the document from our website. 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,

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Global update

92.1 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://www.health.vic.gov.au/hdss/reffiles/index.htm>

The Excel file contains multiple worksheets that categorise public, private and non-Victorian hospitals, both in alphabetical and numerical order.

92.2 DHS circular update

The following circulars have been released, and can be found at:

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

Hospital Circular 15/2005

Subject:

1. Guidelines on the compulsory testing provisions of the Health Act 1958.

Hospital Circular 21/2005

Subject:

1. Hospital In The Home (HITH) - Public Hospital Bedday Fee For Ineligible Patients

Hospital Circular 19/2005

Subject:

1. Public Hospital charges - Changes Nursing Home Type patients

Hospital Circular 23/2005

Subject:

1. Public Hospital charges - Changes Home Enteral Nutrition (HEN) - suspension of co-payments

92.3 Australian Government circular update

The following circulars have been released:

PHI 66/05 Amendments to the Basic Default Table of Health Insurance **PHI 68/05 Private Sector Outreach Services**

Private Health Insurance circulars can be found at:

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

To subscribe to the circulars, email your subscription details to Private Health Insurance Branch at privatehealth@health.gov.au

92.4 HDSS News

This is a new section of the HDSS Bulletin introduced to keep you informed of the activities of the HDSS Unit.

- Submissions for proposals for revisions to the VAED, VEMD and ESIS data collections for 1 July 2006 have been received. The Proposal document for VAED has been prepared and distributed. ESIS and VEMD documents will be distributed shortly.
- Catherine Perry's secondment to NCCH has been extended until June 2006.
- Carla Read has been appointed as Secretary for the Victorian ICD Coding Committee (VICC), Carla will also have increased involvement with the Victorian Advisory Committee on Casemix Data Integrity (VACCDI).
- Preparations are underway to process PRS/2 Notifiable Edits for the 2005-06 financial year. Spreadsheets will be sent to hospitals following the 17 November consolidation.
- Work is continuing on the project to process PICQ data for all hospitals for the 2004-05 financial year. Hospitals will be advised when data is available.
- There is a project currently underway to migrate the PRS/2 processing system housed at Mantrack Systems to new hardware. We will test by processing the old and new systems in parallel for a short time and by comparing outputs and consolidated files. Hospitals will be advised of any interruptions to processing.
- Work on the implementation of the new ESIS file structure is ongoing. We are continuing to work with individual sites and vendors to resolve a small but important number of issues.

Victorian Admitted Episodes Dataset (VAED)

92.5 Proposals for revisions to VAED for 1 July 2006

Proposals for revisions to PRS/2 and the Victorian Admitted Episodes Dataset (VAED) for 1 July 2006 have been distributed to hospitals and software suppliers. Copies are also available on the HDSS website:

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

A feedback proforma is provided on the last page of the document. Feedback can be forwarded to the HDSS Help Desk (PRS2.Help-desk@dhs.vic.gov.au) and must be received before 9 December 2005.

Final acceptance of proposals is dependent on the Executive Director, Metropolitan Health and Aged Care Services, based upon recommendations by the Data Management Advisory Committee (DMAC).

Due to the low number of proposals this year there will be no HDSS Forum. However, anyone with queries or comments is welcome to contact HDSS to discuss the proposals.

92.6 Supplementary Code Lists

An updated Supplementary Code Lists spreadsheet has been placed on the HDSS website:

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

The list of sites approved for Care Type 2 (Rehabilitation Level 1) has been updated.

92.7 Change to Rehabilitation Level 1 edits

In order to accommodate reporting of Rehabilitation Level 1 (Care Type 2) episodes for children under 18 years of age, edit 253 as been modified as shown below.

253 Rehab: Invalid Clin Sub-Prog

Effect REJECTION

Problem The E2 Episode Record's Care Type is 2, 6, 7 or K *Rehabilitation* but the S2 Sub-Acute Record's Clinical Sub-Program is invalid.
OR
The E2 Episode Record's Care Type is 2 and the age at admission is equal to or greater than 18 years but the Clinical Sub-Program is not one of:

- 02x *Head injury*
- 04x *Spinal cord* or
- 05x *Amputation of limb*.

Remedy Check Care Type (E2) and Clinical Sub-Program (S2), amend as appropriate and re-transmit the E2 and/or S2.

Refer to:

- Section 3: *Clinical Sub-Program*
- Section 4: Business Rules (tabular) *Care Type: Designated and Non-Designated Rehabilitation Programs (2, 6, 7 and K)*.

The edit table in Section 4 has also been modified:

Care Type: Designated and Non-Designated Rehabilitation Programs (2, 6, 7 and K)

If Care Type is 2 *Designated Rehabilitation Program/Unit: Level 1*, 6 *Designated Rehabilitation Program/Unit: Level 2*, 7 *Designated Rehabilitation Program/Unit: Level 3* or K *Non-Designated Rehabilitation Program/Unit* then the following fields must contain the codes shown below. Only fields that cannot contain the full code set are listed.

Note that the only difference between the four Care Types is Clinical Sub-program.

Field	Valid codes
E2 Episode Record	
Admission Source	S, T, B, N, A, H
Admission Type	S, C, L, O, X
Qualification Status	X
Separation Referral	P, M, L, B, U, C, S, D, G, I, A, K, T, R, X or spaces
Criterion for Admission	B, O, E, C
Mental Health Legal Status	9
Funding Arrangement	1 or space
X2 Diagnosis Record	
Admission weight	Spaces
Duration of MV	Spaces
Reason for Critical Care Transfer	Spaces
Duration of NIV	Spaces
S2 Sub-Acute Record	
Barthel Index Score on Admission	Range 000 to 100
Barthel Index Score on Separation	Range 000 to 100
Clinical Sub-program	
If Care Type 2*	02x, 04x, 05x
If Care Type 6, 7, K	Any code from list see section 3
Onset Date	DDMMCCYY
Admission/Re-admission to Rehabilitation	0, 1
RUG ADL on Admission	Spaces
RUG ADL on Separation	Spaces
Source of Referral to Palliative Care	Spaces

Note: * If age at admission is less than 18 years, any Clinical Sub-Program can be used with Care Type 2.

Edits

- 251 Invalid Adm Barthel
- 252 Invalid Sep Barthel
- 253 Rehab: Invalid Clin Sub-Prog
- 254 Rehab: Invalid Adm/Re-Adm to Rehab
- 255 Rehab Invalid Onset Date
- 258 Sub-Acute: No Sub-Acute Record
- 260 Invalid Care for Qual
- 289 Adm Sc T'fr & Onset = Adm Date
- 291 Adm Barthel > Sep Barthel
- 305 Adm Rug ADL Present
- 306 Sep Rug ADL Present
- 341 Source Of Refer To Pal Care Present
- 406 Rehab Care Type W/Out Rehab PDx
- 407 Rehab Level 2 or 3 W Low Adm Barth
- 506 Stat Episode: Rehab also in Next Episode
- 507 Stat Episode: Rehab also in Prior Episode

Elective Surgery Information System (ESIS)

92.8 Modification to edit S375 Invalid Clinical Urgency Category for ESAS Reason For Removal

The following edit has been amended to a notifiable to accommodate the rare circumstance of a waiting episode with Clinical Urgency 1 *Urgent* treated by the Elective Surgery Access Service (ESAS):

S375 Invalid Clinical Urgency Category For ESAS Reason For Removal

Effect Rejection Notifiable

Problem This record has a Reason for Removal code of S but the Clinical Urgency category at removal is 1 *Urgent*.

Remedy If the Clinical Urgency is incorrect, go back to the intra-episode event in which it was set, and change the Event Value to the correct Clinical Urgency.

If the Clinical Urgency was 1 *Urgent* but has since changed, then this change has not been reported. Report the intra-episode event in which the change was made, including the date the change was made (the event date) and the Clinical Urgency category to which the episode changed (the event value).

If Clinical Urgency 1 *Urgent* is correct notify HDSS via
ESIS.ESIS@dhs.vic.gov.au

If the Reason for Removal is incorrect, correct and resubmit.

Refer:

- Section 3-Data Definitions: Clinical Urgency and Reason for Removal.

Contact Details

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

- Victorian Admitted Episodes Dataset (VAED)
- Victorian Emergency Minimum Dataset (VEMD)
- Elective Surgery Information System (ESIS)
- Agency Information Management System (AIMS)

The HDSS Bulletin, produced on an ad hoc basis, 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 Website: <http://www.health.vic.gov.au/hdss>

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