

Victorian Admitted Episode Data Collection

Proposed VIMD Changes for 1.7.1999

Introduction

Proposed VIMD Data Set Changes for 1 July 1999

The Victorian Inpatient Minimum Database (VIMD) is the core data set that will be used in defining the RAPID Data Warehouse. This Warehouse is being developed in a staged manner during 1998 and will be implemented as a prototype for the VIMD from January 1999. From January 1999 to July 1999, both PRS/2 (and VIMD) and the Warehouse will operate in parallel, with the VIMD being used for casemix funding purposes. From July 1999, the Warehouse will be the authoritative source of admitted patient data and will be used for casemix funding.

To enable the development of the admitted patient component of the Warehouse, the data set that will be effective from 1 July 1999 needs to be confirmed and an interface specification provided to hospitals and software suppliers. As there are a number of changes proposed for the data set from 1 July 1999, the Department intends to provide greater lead time for preparing for these. This document outlines the current PRS/2 reporting requirements and the proposed changes in defining the admitted patient data set for 1999/2000.

These proposed changes will be outlined at the Friday 28 August 1998 PRS/2 forum. The feedback received from hospitals on the proposed changes will be taken into account in the development of a specification for admitted patient data reporting and interface requirements which will be effective from 1 July 1999. It is anticipated that these specifications will be issued in late September 1998 allowing nine months for software changes to be made. Whilst the interface specifications will include details of all known changes at that time, any essential changes that are identified at a later date will be specified in an addendum to the July 1999 changes document, to be distributed in April 1999.

VIMD Interface Format Change

The RAPID Data Warehouse will accept PRS/2 transmissions according to the 1998/1999 (modified) PRS/2 file format for separations to 31 July 2000. An alternative HL 7 (Health Level 7) interface will also be specified for use from 1 July 1999. Therefore, from 1 July 1999, the Warehouse will be expecting hospitals to transmit data in *either* a modified PRS/2 format or a HL 7 format. Hospitals may change their file format during 1999/2000 with only the HL 7 message format being accepted for separations on or after 1 July 2000. That is, from 1 July 2000, a PRS/2 style format will not be accepted.

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Summary of Proposed Changes (outlined in this document)

1. Two alternative file formats from 1 July 1999: a PRS/2 modified format (with changes as noted under items 2 to 10 below) and a new HL 7 messaging protocol which will include:
 - *Leave Days* and *Contract Leave Days*: collection of dates of commencement and completion with total leave day counts only (i.e. no MTD or FYTD counts)
 - *Newborn Qualification Status*: collection of dates of status changes rather than day counts
 - *Accommodation Types*: collection of dates and times for changes in Accommodation Type rather than day counts (see also item 8 below)
 - Provision for unlimited *Diagnosis* and *Procedure Codes*
 - Provision for *Mental Health* (Care Type 5) specific requirements within the admitted patient data set (i.e. integration of acute and mental health reporting requirements).
2. Simplified *Header* and *Trailer Records* to assist reconciliation with hospital systems.
3. An additional Transmitted Transaction *reporting option* to further simplify the reconciliation process.
4. Changes to existing data items to:
 - Use new *Hospital Codes* in the fields *Hospital Code*, *Site Identifier*, *Transfer Source*, *Separation Transfer*, *Contract Establishment Identifier* and *Spoke Establishment Identifier*.
 - Make dates year 2000 compliant (i.e. 8 character rather than 6)
 - Include *Medicare Code* in the *Medicare Number* field (as collected by the Victorian Emergency Minimum Dataset)
 - Standardisation of terminology to align with the *National Health Data Dictionary* (e.g. *Date of Birth* and *Country of Birth*)
 - Increase the number of *Diagnosis* and *Procedure Codes* (from 12 to 20)
 - Allow for *AR-DRG* hospital generated codes (i.e. 4 characters rather than 3)
 - Additional code values relevant to the integration of mental health data requirements.
5. Changes to data item values for:
 - *Level of Insurance*: code title changes to reflect current health insurance arrangements
 - *Account Class*: deletion of some detail from this data item
 - *Accommodation Types*: expansion of code set to identify various physical locations where patient treatment may be provided
 - *Separation Type*: deletion of referral detail from this data item with a new data item for collecting *Separation Referral* details
 - *Aboriginality*: change title to *Indigenous Status* and increase the code set to differentiate between *Aboriginals* and *Torres Strait Islanders*
 - *Program Funding Source*: updated titles and simpler codes to reflect the current Departmental program structure
 - *Special Funding Arrangement*: replace this data item with *Funding Arrangement Flag*, *Contract Type*, *Contract Role*, *Contract* and *Spoke Establishment Identifiers* to collect details of contract and hub/spoke arrangements.
6. Inclusion of new data items, as proposed, for *Carer Availability* and *Existing Services* (see also *Separation Referral*).

Current Data Structure and Proposed Changes by PRS/2 Record

The proposed changes to the admitted episode data set are discussed in the order they appear in the current PRS/2 file format. Additional changes are proposed with the implementation of the HL 7 file format. These changes are noted in **square brackets and underlined**. As HL 7 is a messaging protocol rather than a flat file structure, the interface specification will look significantly different to the current PRS/2 file format. Details of the HL 7 interface will be provided as a separate specification as an alternative to the PRS/2 formatted interface.

For further details of the data items discussed in this document, refer to the *PRS/2 Manual* version 7.0 July 1996 with amendments issued for July 1997 and the *Final Revisions to PRS/2 and VIMD for 1.7.1998* document dated March 1998.

Summary of PRS/2 Records

The current PRS/2 record structure is as follows:

- Header Record
- Episode Record
- Diagnosis Record
- Sub-Acute Record
- Department of Veteran's Affairs (DVA) Record
- Trailer Record 1
- Trailer Record 2

The current data structure of each of these records is provided below followed by a summary of the proposed changes which will be effective from July 1999.

Header Record

1998/1999 VIMD Data Items

<i>Fields</i>	<i>Format</i>	<i>Comments</i>
Transaction Type	H1	
Hospital Code	ANN	
Start and End Dates	DDMMYY	Dates of records in the transmission
Number of Available Beds	NNNN	End of month transmissions only
Reporting Option	0,1,blank	Full episode list or rejections and warnings only
Report Requests	5x 10 Alpha	Five report request codes and parameters
Software Version	AAA	For software supplier use

[Note: *Alpha* refers to an alphabetic/numeric field]

Proposed 1999/2000 Admitted Episode Data Items

<i>Fields</i>	<i>Proposed Change</i>
Transaction Type	No change
Hospital Code	Change title to <i>Transmission Level</i> and collect the transmitting agency <i>Establishment Identifier</i> . PRS/2 codes will be replaced by a new four character Warehouse transmitting agency code set. Hospitals will have the option of transmitting at either the Establishment (hospital) or Site (campus) level as is currently the case (see also <i>Site Identifier</i>).
Start and End Dates	Change date format to DDMMCCYY
Number of Available Beds	No change
Reporting Option	New option to be introduced (2) which will report Rejections, then Warnings, then Deletions then <i>all</i> records. Allow only 0,1,2.
Report Requests	Change number that can be requested from 5 to unlimited
Software Version	No change

Episode Record

1998/1999 VIMD Data Items

<i>Fields</i>	<i>Format</i>	<i>Comments</i>
Transaction Type	E1	
Unique Key	6 Alpha	Episode identifier
Unit Record Number	8 Alpha	Local patient identifier; preferably right justified
Medicare Number	10 Num or spaces	
Medicare Suffix	AAA	First 3 characters of the patient given name or C-U, N-E, P-N
Sex	1,2,3	Indeterminate for infants < 90 days only
Marital Status	1,2,3,9	Never/currently or previously married, unknown
Birth Date	DDMMCCYY	
Site Identifier	1 to 9 or spaces	
Postcode	NNNN	Per SLA table
Suburb/Town/Locality	22 Alpha	Per SLA table
Admission Date	DDMMYY	
Admission Time	HHMM	
Admission Type	S,M,R,I,G,X,O,Y	Statistical, newborn, maternity, emerg, planned
Admission Source	0-9	Statistical: Care Type admitted from
Transfer Source	Y,C,L,T,N,A,Z	Formal: born in hosp, ED, WL, transfer, other
Level of Insurance	ANN	Hospital Code of source hospital
	0,1,3,4,8,9	Insured >basic, =basic, ancillary, unknown level; not insured, unknown
[Normal] Leave Days MTD	NN	Hospital count
[Normal] Leave Days FYTD	NNN	Hospital count
[Normal] Leave Days Total	NNN	Hospital count
Status Segment (7 times)		
Account Class	AAA	Public, private, DVA and special classes
Accommodation Type	1,2,3,4,5	HitH, newborn, same day, overnight: shared, single
Qualification Status	N,U,X	Qualified, unqualified and not applicable
Patient Days MTD	NN	Hospital count
Patient Days FYTD	NNN	Hospital count
Patient Days Total	NNNN	Hospital count
Separation Date	DDMMYY	
Separation Type	1-9	Statistical: Care Type being admitted to
	D,Z,T,N,A,F,P,M,B,U,R,H,K	Formal: death, left against medical advice, transfers, discharge with/without support
Separation Transfer	ANN	Hospital Code of destination hospital
Account Class on Sep.	AAA	
Accommodation Type on Sep.	1,2,3,4,5	
Care Type	0-9,U	NHT, rehab, palliative, psych/psychoger, GEM,

alcohol/drug, family choice, geriatric respite,
acute, unqual newborn (NB)

Episode Record (continued)

<i>Fields</i>	<i>Format</i>	<i>Comments</i>
Contract Leave Days MTD	NN	Hospital count
Contract Leave Days FYTD	NN	Hospital count
Contract Leave Days Total	NN	Hospital count
Birth Place	NNNN	ABS standard
Aboriginality	1,2	Aboriginal or TSI; not aboriginal or TSI
Criterion for Admission	B,C,N,U,O	Day only, type C, qual NB, unqual NB, o'night
Separation Time	HHMM	
Intended Duration of Stay	1,2	Intended same day, intended overnight or longer
Health Insurance Fund	AAA	Fund code
Mental Health Legal Status	1,2,9	Involuntary, not involuntary, not applicable
Program Funding Source	1,2,6,7,8 or blank	DHS funding program; public hosps only
Special Funding Arrangnt	A-K,P-T,X,Z	Contract funding arrangements, hub-spoke

[Note: *Alpha* refers to an alphabetic/numeric field; *Num* refers to a numeric field]

Proposed 1999/2000 Admitted Episode Data Items

<i>Fields</i>	<i>Proposed Change</i>
Transaction Type	Change to <i>Event Type</i>
Unique Key	No change [Field size to increase from 6 to 9 for HL 7]
Unit Record Number	No change [Field size to increase from 8 to 10 for HL 7]
Medicare Number	Expand to 12 characters to include the Medicare Code (number to the left of the patient name on the Medicare card)
Medicare Suffix	No change
Sex	No change
Marital Status	No change
Birth Date	Change title to <i>Date of Birth</i> (per NHDD)
Site Identifier	Hospitals who transmit at an Establishment level, will need to send a Site Identifier for all records within the transmission (see <i>Hospital Code</i>). Hospitals sending at a Site level, will not need to send Site Identifiers. The new four character <i>Establishment Identifiers</i> will classify the: Organisation (metro network/no rural equivalent) Establishment (Network Component Hospital) and Site (physically distinct entity/location or campus). The Site will identify the <i>Setting</i> (i.e. physical site) where the service was provided and the Subcentre will add details of the service location (see also <i>Accommodation Type</i>).
Postcode	No change
Suburb/Town/Locality	Change title to simply <i>Locality</i>
Admission Date	Change date format to DDMMCCYY
Admission Time	No change
Admission Type	No change

Episode Record (continued)

<i>Fields</i>	<i>Proposed Change</i>
Patient Days MTD	No change [<u>Patient Days (<i>Length of Stay</i>) will be calculated by the Warehouse for HL 7 with differences between hospital and Warehouse figures/counts flagged.</u>]
Patient Days FYTD	
Patient Days Total	
Separation Date	Change date format to DDMMCCYY
Separation Type	Statistical: no change Formal: No change to D=death, Z=left against medical advice, T=transfer to hospital or K=other. Change titles of N=transfer to <i>residential care facility</i> (new name for nursing homes and hostels) and A=transfer to <i>mental health supported residential service</i> (rather than non-acute psych unit). Amalgamate F,P,M,B,U,R and H codes to H=discharge to private accommodation or home. Collect details of support services via a new data item <i>Separation Referral</i> .
Separation Transfer Code)	New 4 character <i>Establishment Identifier</i> codes (see <i>Hospital Code</i>)
Account Class on Sep	No change
Accommodation Type on Sep	No change
Care Type	No change
Contract Leave Days MTD	No change [<u>Send <i>Commence Contract Leave Date</i> and <i>Return From Contract Leave Date</i> instead for HL 7. Contract leave days will be calculated by the Warehouse with HL 7 with differences between hospital and Warehouse counts flagged.</u>]
Contract Leave Days FYTD	
Contract Leave Days Total	
Birth Place	Change title to <i>Country of Birth</i> (per NHDD)
Aboriginality	Change title to <i>Indigenous Status</i> and adopt NHDD definition: 1=aboriginal, 2=TSI, 3=both aboriginal and TSI, 4=neither. Will not include option 9=not stated.
Criterion for Admission	No change
Separation Time	No change
Intended Duration of Stay	No change
Health Insurance Fund	No change
Mental Health Legal Status	No change
Program Funding Source	Public hospital event item. Only collected by public hospitals. Update titles to 6=acute health, 7=mental health, 8=aged care, 9=coordinated care, 1=public health, 3=disability services and 4=youth and family services.
Special Funding Arrangnt	Replace with new data items to collect more detail of contract and hub/spoke arrangements. The proposed data items are: <i>Funding Arrangement Flag</i> , <i>Contract Type</i> , <i>Contract Role</i> , <i>Contract</i> and <i>Spoke Establishment Identifiers</i> (see also <i>New Data Items Proposed</i> section).

Diagnosis Record

1998/1999 VIMD Data Items

<i>Fields</i>	<i>Format</i>	<i>Comments</i>
Transaction Type	X1	
Unique Key	6 Alpha	Episode identifier
Diagnosis Codes	12x 8 Alpha	ICD-10-AM
Procedure Codes	12x 8 Alpha	ICD-10-AM with Contract Procedure Flags
Adm Weight Infant<365days	4 Num	Grams or spaces
Intention to Readmit<28days	0,1,2,3,4,9	N/A, this hosp with/out booking, other hosp, no
User Flag	1 Alpha	Hospital use
Duration of Stay in ICU	0000 to 9999	Hours or spaces
Duration of MV	0000 or 9999	Hours or spaces
AN-DRG 3.1-Hosp Generated	NNN	Or spaces
Duration of Stay in CCU	0000 to 9999	Hours or spaces
Reason for Critical Care Xfer	X,E,J,W or spaces.	Specialty/ICU/CCU bed not avail,other
[Note: <i>Alpha</i> refers to an alphabetic/numeric field; <i>Num</i> refers to a numeric field]		

Proposed 1999/2000 Admitted Episode Data Items

<i>Fields</i>	<i>Proposed Change</i>
Transaction Type	No change
Unique Key	No change [Field size to increase from 6 to 9 for HL 7]
Diagnosis Codes	Increase the number of diagnosis codes to 20 [Number of codes to be unlimited for HL 7]
Procedure Codes	Increase the number of procedure codes to 20. No change for Contract Procedure Flags (one for each Procedure Code). [Number of codes to be unlimited for HL 7]
Adm. Weight:infant<365days	No change
Intention to Readmit<28days	No change
User Flag	No change
Duration of Stay in ICU	No change [Delete for HL 7 as it will be calculated from dates and <u>times transmitted in Accommodation Type</u>]
Duration of MV	No change
AN-DRG 3.1-Hosp Generated	Change to AR-DRG 4.1. Increase field size to 4 characters
Duration of Stay in CCU	No change [Delete for HL 7 as it will be calculated from dates and <u>times transmitted in Accommodation Type</u>]
Reason for Critical Care Xfer	No change

Sub-Acute Record

1998/1999 VIMD Data Items

<i>Fields</i>	<i>Format</i>	<i>Comments</i>
Transaction Type	S1	
Unique Key	6 Alpha	Episode identifier
Unit Record Number	8 Alpha	Local patient id; preferably right justified
Barthel Index Score on Adm	000 to 100	Or spaces
Barthel Index Score on Sep	000 to 100	Or spaces
Clinical Subprogram	010 to 150	Per list or spaces
Onset Date	DDMMYY	Or spaces
Admission/Readm to Rehab	0,1	Or space
User flag	1 Alpha	Hospital use
RUG ADL on Admission	00 to 18	Or spaces
RUG ADL on Separation	00 to 18	Or spaces
Source of Referral to Palliative Care	01 to 09	Or spaces

Proposed 1999/2000 Admitted Episode Data Items

<i>Fields</i>	<i>Proposed Change</i>
Transaction Type	No change
Unique Key	No change [<u>Field size to increase from 6 to 9 for HL 7</u>]
Unit Record Number	No change [<u>Field size to increase from 8 to 10 for HL 7</u>]
Barthel Index Score on Adm	No change
Barthel Index Score on Sep	No change
Clinical Subprogram	No change
Onset Date	Change date format to DDMMCCYY
Admission/Readm to Rehab	No change
User flag	No change
RUG ADL on Admission	No change
RUG ADL on Separation	No change
Source of Referral to Palliative Care	No change

DVA Record

1998/1999 VIMD Data Items

<i>Fields</i>	<i>Format</i>	<i>Comments</i>
Transaction Type	V1	
Unique Key	6 Alpha	Episode identifier
Unit Record Number	8 Alpha	Local patient id; preferably right justified
DVA Number	9 Alpha	
Surname	20 Alpha	
Forename(s)	12 Alpha	
Admission Date	DDMMYY	
Separation Date	DDMMYY	
User Flag	1 Alpha	Hospital use

[Note: *Alpha* refers to an alphabetic/numeric field]

Proposed 1999/2000 Admitted Episode Data Items

<i>Fields</i>	<i>Proposed Change</i>
Transaction Type	No change
Unique Key	No change [<u>Field size to increase from 6 to 9 for HL 7</u>]
Unit Record Number	No change [<u>Field size to increase from 8 to 10 for HL 7</u>]
DVA Number	No change
Surname	No change
Forename(s)	Change title to <i>Given Name(s)</i>
Admission Date	Change date format to DDMMCCYY
Separation Date	Change date format to DDMMCCYY
User Flag	No change

Trailer Record: T1

1998/1999 VIMD Data Items

<i>Fields</i>	<i>Format</i>
Transaction Type	T1
Hospital Code	ANN
Total Number of Records	5 Num
Episode, Diagnosis, DVA & Sub-Acute* Records:	
new, corrections, deletions	3x 4 Num
Summary Statistics MTD	
Admissions (incl stat)	4 Num
Separations (incl stat)	4 Num
Stat separations	4 Num
On leave at end of month	3 Num
Actual remaining in at end date	4 Num
Patient days	5 Num
Summary Statistics FYTD	
Admissions (incl stat)	5 Num
Separations (incl stat)	5 Num
Stat separations	5 Num
Patient days	6 Num
AIMS Stats MTD*	
Separations and	4 Num
Patient Days for:	5 Num
public, private, compensable and ineligible for:	
acute, non acute, NHT (NH5 & nonNH5), under contract and same day	

[Note: *Num* refers to a numeric field and ‘*’ means reporting by public and private facilities differ in this area]

Proposed 1999/2000 Admitted Episode Data Items

<i>Fields</i>	<i>Proposed Change</i>
Transaction Type	No change
Hospital Code	Change title to <i>Transmission Level</i> and collect the transmitting agency <i>Establishment Identifier</i> . PRS/2 codes will be replaced by a new four character Warehouse transmitting agency code set.
Total Number of Records	No change
Episode/Diagnosis/Sub-Acute*/DVA Records:	Combine counts of new/correction (one figure) and provide totals by record type. Differences between hospital and Warehouse counts will be flagged.
new, corrections, deletions	
Summary Statistics MTD	Add a count of Warehouse Total Received (adding rejected records to the count of accepted records) to compare with
Hospital	Sent figure with differences flagged (i.e. automatic reconciliation).
Summary Statistics FYTD	Add a count of Warehouse Total Received (see above) to compare with Hospital Sent and flag differences as for MTD.

AIMS Stats MTD	Delete as AIMS statistics should be extracted from local systems and not be based on data sent to the Warehouse.
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Trailer Record: T2

1998/1999 VIMD Data Items

<i>Fields</i>	<i>Format</i>
Transaction Type	T1
Hospital Code	ANN
AIMS Statistics YTD and Total Patient Days*	
YTD Separations	5 Num
YTD Patient Days and	6 Num
Total Pt Days for YTD Seps	6 Num

for: public, private, compensable and ineligible for:
acute, non acute, NHT (NH5 & nonNH5), under contract and same day
[Note: *Num* refers to a numeric field and ‘*’ means *public and private versions differ*]

Proposed 1999/2000 Admitted Episode Data Items

<i>Fields</i>	<i>Proposed Change</i>
ALL	Delete Trailer Record 2 as AIMS statistics should be extracted from local systems and not based on data sent to the Warehouse

New Data Items Proposed

Section A: *As a result of changes to data items listed above.*

Funding Arrangement Data Items

Data previously collected under *Special Funding Arrangement* is proposed for collection under a number of new data items. The data items to identify the specific funding arrangement and participating agencies are proposed as:

- **Funding Arrangement Flag:** Collects 1=contract and 2=hub/spoke.
- **Contract Type:** Collects types including: B, ABA, AB, (A)B and BA.
- **Contract Role:** Collects role as either hospital A or hospital B.
- **Contract Establishment Identifier:** Collects Site Identifier of the other hospital party to the contract.
- **Spoke Establishment Identifier:** Collects Site Identifier of spoke hospital (i.e. the location of service provision).

Rationale: The current data set does not identify who the contracting and contracted hospitals/campuses are. As contract and hub/spoke arrangements have become more complex and numerous, it is now important that the Department is aware of these details.

Separation Referral

This new data item will collect details of referrals and support services arranged on separation of patients from public hospitals. It is proposed that *one or more* of the code values are allocated for each separation: *Referral to...*

F= domiciliary postnatal care

P= post acute care program services

M= community rehabilitation centre

B= *community* palliative care service (addition of *community* in code title)

U= home nursing (change of title from *district nursing*)

A= program of aids for disabled people with hospital equipment (new code value)

N= program of aids for disabled people without hospital equipment (new code value)

S= private psychiatrist (new code value)

C= mental health community facility (new code value)

D= psychiatric disability support program (new code value)

G= general practitioner (new code value)

R= other clinical care and/or support services (addition of *and/or support services*)

X= no referral or support services (new code value).

Rationale: This data item includes data previously collected by *Separation Type*. As these data relate to referrals on separation rather than the destination of the patient, it was considered important that these data be separated. In addition, further detail has been proposed for collection regarding referrals on separation.

This data item proposes to collect details of clinical care and support services that hospitals have arranged to meet the patient's recuperative needs when they are discharged to private accommodation or home. In arranging and referring patients to these services, it would be expected that the hospital receives confirmation from the referred provider of their preparedness to accept responsibility for delivering the required care and services to the patient upon discharge.

The addition of the word “community” in the title of code B “*community* palliative care service” is proposed to clarify that the palliative care services patients are referred to on discharge are community services rather than admitted patient services.

Change of code title U from “district nursing” to “home nursing” is proposed to clarify the need to collect *all* referrals to home nursing services and not only referrals to the Royal District Nursing Service. These referrals are obviously a sub-set of all home nursing referrals.

Codes A and N are proposed to collect data of referrals to the Program of Aids for Disabled People (PADP). This program provides aides and equipment, oxygen and/or home modifications for people with long term disabilities. Hospitals are responsible for providing equipment to patients (i.e. code A) post-discharge for 30 days prior to the PADP program services. Where equipment is not provided by the hospital (equipment being ‘aides and equipment, oxygen and/or home modifications’), but a referral is provided, then code N should be used.

The proposed inclusion of codes S for *private psychiatrist*, C for *mental health community facility*, D for *psychiatric disability support program* and G for *general practitioner* are proposed due to the integration of acute health and mental health reporting requirements.

The title of code R is proposed as “other clinical care and support services” which would allow for collection of data on referrals to services such as home and community care (HACC) including Meals on Wheels and home maintenance services, private community care and services, community health services, private allied health services, and maternal and child health services.

Inclusion of code X *no referral or support services* would allow a value to be sent for those patients who are discharged to private accommodation or home without a referral for further care and without support services.

Section B: <i>New data items proposed for inclusion in the admitted patient minimum data set.</i>
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Carer Availability

Collection per NHDD item P109:

1=carer not needed

2=lives alone has a carer

3=lives alone has no carer

4=lives with another has no carer

5=lives with another has a resident carer

6=lives with another has a non-resident carer

7=lives in a mutually dependant situation.

Note item 9 “missing or not recorded” is not proposed for collection.

Rationale: This data item is proposed to collect details of the availability of a carer who is ‘willing to provide the support necessary to assist the patient’s post acute recuperation. The carer may be any person, for example, family, friend or neighbour, who is willing and able to give regular, ongoing assistance to the discharged patient during their recuperation without payment other than a pension or benefit’.

This proposed data item is intended to collect data on patients whose post-discharge recuperative needs are greater than their pre-admission care needs where the 'regular carer' may be unable and/or unwilling to provide regular, ongoing assistance needed by the patient post-discharge. It is proposed that this data be collected for all public hospital separations.

Existing Services

This new data item is proposed to collect details of support services being provided to patients at the time of admission to a public hospital. It is proposed that *one or more* of the following code values are allocated for each separation:

M= community rehabilitation centre

B= community palliative care service

U= home nursing

G= general practitioner

R= other clinical care and/or support services

X= no support services

Rationale: The collection of details of support services provided pre-admission would allow the Department to monitor whether hospitals are implementing discharge processes that reflect the Department's proposed effective discharge policy. In particular, it would measure whether hospital staff are ascertaining what services the patient was receiving prior to the hospital admission. It is proposed that this data be collected for all public hospital separations.

Section C: Changes proposed with the introduction of HL 7.

Accommodation Type Change Dates and Times

Collection of dates and times of changes between Accommodation Types are proposed with the HL 7 interface. Accommodation Types proposed are:

4=HitH

5=newborn

6=emergency department

3=same day

7=theatre

8=ICU (NICU)

9=CCU

1=shared ward

2=single ward.

Rationale: Patient Management Systems should collect details of patient movements around the hospital. Rather than sending total counts of days spent in certain parts of the hospital, the Department proposes collection of the source data (i.e. the dates and times of movements) via HL 7 messages. These data will more accurately reflect current clinical practice and will be used to accurately calculate length of stays and will support service monitoring, planning and funding models.

[Normal] Leave and Contract Leave Dates

Collection of dates of leave episode commencement and completion is proposed with the HL 7 interface. Currently only day counts are provided which does not allow the Department to know when these leave periods occurred.

Rationale: Patient Management Systems should collect details of patient movements including leave periods. Rather than sending total leave period day counts, the Department proposes to collect the source data (i.e. the dates of movements) via HL 7 messages. This information will more accurately reflect current clinical practice and will support service monitoring and planning functions.

Qualified Status Change Dates

Collection of dates of newborn *Qualification Status* changes is proposed with the HL 7 interface. Currently only day counts by *Qualification Status* are provided which does not allow the Department to know when there were changes of status.

Rationale: Patient Management Systems should collect details of changes in status. Rather than sending total day counts by category, the Department proposes to collect the source data (i.e. the dates of status changes) via HL 7 messages. This information will provide for consistent collection of source data to more accurately monitor activity.

Mental Health Data Items

A number of new data items are required due to the integration of acute health and mental health admitted patient reporting requirements. These data will be required for all public hospital Care Type 5 (mental health) separations. It is proposed that these data items are incorporated into the HL 7 interface specification and not the PRS/2 format to avoid unnecessary changes to Patient Management Systems. The following data items are proposed for collection via HL 7 messages:

Psychiatric Unit Record Number	(to be included in the <i>Admission Event</i>)
Mental Health Case Start Date	
Mental Health Escort Source	(per PRISM)
Mental Health Transport Mode	(per PRISM)
Crisis Assessment Team Flag	(was the patient assessed prior to admission)
Mental Health Program Classification	(see below)
Mental Health Subcentre	(ward name)
Mental Health Program	(i.e. neurological, eating disorders, etc)
Mental Health Target Population	(i.e. autistic, school refusers, etc)
Area Mental Health Service Funding Program	
Region Providing Mental Health Service	(region responsible for payment)
Client Mental Health Area	(MHA of client residence)
Client Region	(DHS region of client residence)
Wellbeing Type	(i.e. HoNOS)
Wellbeing Score	(multiple individual scores)
Wellbeing Total	(total HoNOS score)
ECT, Seclusion, Mechanical Restraint and Reportable Deaths	[details of specific data requirements will be provided separately].

Five *Program Classifications* will be used to view ward/subcentre level changes required for mental health reporting whilst retaining a single statistical separation concept (Care Type 5) for acute health reporting. Diagnosis and Procedure Codes will not be required for Program Classification changes. The code values for Program Classification will be:

A=approved mental health acute adult program

C=approved mental health child or adolescent program

G=approved mental health aged persons program

S=approved mental health specialist program

N=approved mental health non-acute program.