

**Proposals for Revisions
to PRS/2 and the
Victorian Admitted Episodes Dataset (VAED)**

January 2000

**Acute Health Division
Department of Human Services**

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Executive Summary

This document contains details of proposed revisions to the Victorian Admitted Episodes Dataset (VAED). These proposed revisions are summarised below.

1. Proposed changes to values within a data item

- Reason for Critical Care Transfer: The introduction of four new values for reporting by ‘*sending* hospitals’.

(Proposed implementation date: 1 July 2000.)

2. Proposed new data items

- Main Language Other than English Spoken at Home
- Proficiency in Spoken English

(Proposed implementation date: 1 July 2001.)

This document details the above proposals and describes the consultation process which will assist in the development and possible introduction of these revisions to PRS/2 and the VAED.

Introduction

The VAED Proposals Consultation Process

Each year the Department of Human Services (DHS) reviews the data elements and format of PRS/2 and the Victorian Admitted Episodes Dataset. This review seeks to ensure that the admitted patient collection supports the Department's national reporting obligations, and assists DHS planning and policy development.

This document is being distributed to all Victorian hospitals, to patient management system suppliers known to have Victorian clients, and to a range of industry bodies. It outlines *proposals* for changes to PRS/2 and the VAED, as at the time of its release in January 2000. This should not be regarded as a complete list of changes to be made for 2000–2001. Items in this publication cannot be guaranteed to change or to change in the form suggested here; nor does the absence of an item from this publication indicate it will not change from 1 July 2000.

There are three proposals for changes to the VAED outlined in this document. It is expected that release of these proposals will stimulate discussion within the health industry. **Feedback is sought on these proposals.** Hospitals and software suppliers should review this document and assess the feasibility of the proposals. All are invited to provide written feedback to the Department by completing the proforma located in the back of this document, and forwarding it to the Department as indicated, **no later than Monday 14 February 2000.**

There will be a **summary presentation** of these proposals during the **HDSS Forum** to be conducted in the **Ella Latham Lecture Theatre, Royal Children's Hospital, from 10:30am on Friday 18 February 2000.**

Constructive suggestions are welcomed, both for dealing with the proposed changes identified in this document, and of other alterations to PRS/2 and the VAED, to improve their utility for hospitals.

Orientation to this Document

This document shows the proposed new format of the 'Input Records' section of data collection manuals issued by the Health Data Standards and Systems (HDSS) Unit. We are endeavouring to increase the ease of use of our publications. Your feedback on this new format is invited.

As this document provides 'proposals' for revisions, there are a few features which require explanation:

• New values and definitions relating to existing items appear in boxes

• The text is divided into the categories of 'Specification' and 'Administration'.

Specification — details the reporting requirements for the item.

Administration — provides additional information including the purpose of the collection of the data item and the source of the code set and definitions.

• Further information such as the background to each proposal is provided.

It is envisaged that the Specification and Administration sections, only, will appear in 'Specifications for Revisions' documentation and the PRS/2 Manual.

Abbreviations

ABS	Australian Bureau of Statistics
ASCL	Australian Standard Classification of Languages
CCIHT	Critical Care Inter-Hospital Transfer
CCU	Coronary/Cardiac Care Unit
COMIMA	Council of Ministers of Immigration and Multicultural Affairs
DHS	Department of Human Services
DIMA	Department of Immigration and Multicultural Affairs
HAP	Hospital Access Program
HDSS	Health Data Standards and Systems
ICU	Intensive Care Unit
MAU	Multi-Cultural Affairs Unit
NESB	Non English Speaking Background
NHDC	National Health Data Committee
NHDD	National Health Data Dictionary
PRS/2	Patient Reporting System, Version 2
VAED	Victorian Admitted Episodes Dataset

Proposed Revisions

Main Language Other than English Spoken at Home

It is proposed to Gather data on the main language, other than English, spoken by the patient at home. This proposal involves the addition of a new field to the VAED.

Proposed by Gil Dwyer
Senior Project Officer, Effectiveness Unit, Department of Human Services
Phone 9616 7279

Proposed Implementation Date
1 July 2001

Specification

Definition The main language, other than English, spoken by a person in his or her home, on a regular basis, to communicate with other residents of the home and regular visitors to the home. If more than one language is spoken, the respondent is asked to report the language other than English which the person speaks at home most often.

Datatype Alphanumeric **Form** Code

Field Size To be determined **Layout** To be determined
(May be 2 or 4) (NN or NNNN)

Location To be determined
(E2 or X2 record)

Reported by Public hospitals (public and private patients)

Others: Private hospitals report a space in this field

Reported for All admitted patients.
(How these data are collected in relation to children or their parents is yet to be determined.)

Reported when To be determined

Code Set The details of this item will be determined by the National Health Data Committee (NHDC) in 2000, with a view to the inclusion of this item in the National Health Data Dictionary (NHDD) in 2001.

The code set will be based on the Australian Standard Classification of Languages (ASCL) published by the Australian Bureau of Statistics (ABS). This item is expected to be either two or four characters in length.

Collection Guide The standard question for obtaining detailed data on Main Language Other Than English Spoken at Home is:

[Do you] [Does the person] [Does (name)] speak a language other than English at home?

(If more than one language, indicate the one that is spoken most often.)

The following are suggested for tick boxes on forms supporting the verbal or written request for this information:

No, English only
Yes, Italian
Yes, Greek
Yes, Cantonese
Yes, Mandarin
Yes, Arabic
Yes, Vietnamese
Yes, German
Yes, Spanish
Yes, Tagalog (Filipino)
Yes, other— please specify

(The above languages accounted for approximately 90% of all languages spoken in Australia according to the 1996 Census of Population and Housing.)

For patients who are not able to respond to this question during their admission (eg unconscious), report the code for not stated/not applicable.

Edits To be determined

Related Items Cultural Indicators: Proficiency in Spoken English, Indigenous Status, Country of Birth

Administration

Purpose	To identify those for whom English is a second language, which may result in disadvantage. This information supports the planning, monitoring and evaluation of access to health services for people from culturally and linguistically diverse backgrounds.		
Principal Data Users	Effectiveness Unit, Acute Health, Department of Human Services		
Collection Start	Proposed 1 July 2001	Version	1
Definition Source	<i>Standards for Statistics on Cultural and Language Diversity</i> , Australian Bureau of Statistics, 1999, Catalogue number 1289.0	Code Set Source	<i>Australian Standard Classification of Languages (ASCL)</i> , Australian Bureau of Statistics, 1997, Catalogue number 1267.0

Proposal Background

In May 1996, a Steering Committee of the Council of Ministers of Immigration and Multicultural Affairs (COMIMA) commissioned a study to identify accurate indicators of needs in multicultural communities. Subsequently, the ABS undertook three years of developmental work and completed a pilot project in Victoria, in conjunction with the Multi-Cultural Affairs Unit (MAU) within the Victorian Department of Premier and Cabinet, and the Department of Immigration and Multicultural Affairs (DIMA).

On 22 November 1999, the ABS released a new publication *Standards for Statistics on Cultural and Language Diversity*. These national standards recommend the collection of a Minimum Core Set of four variables for use in measuring cultural and linguistic diversity. These are: Country of Birth of Person, Main Language Other than English Spoken at Home, Proficiency in Spoken English, and Indigenous Status. It is acknowledged that there are many elements to cultural and language diversity which must be considered to provide an accurate measure of culture and language diversity. The use of a single variable for this purpose has been shown to be inadequate, hence the development of the Minimum Core Set.

Sites which participated in the pilot project included Goulburn Valley Health, Western Hospital and Box Hill Hospital. Information provided by agency staff at the debriefings indicated that there was only limited client resistance to providing cultural indicator data. Similarly the staff found that the data collection process was not the administrative burden that they had initially thought it would be.

In April 1999, COMIMA endorsed the Minimum Core Set and the Standard Set of Cultural and Language Indicators and agreed they would be implemented by all national and state administrative collections which require information on cultural and language diversity. The Minimum Core Set replaces the concept of Non English Speaking Background (NESB) and is now being progressively implemented in administrative and service settings to provide data to determine, measure and monitor service needs (access and equity requirements), and to provide a measure of cultural diversity in its broader sense.

The items Main Language Other than English Spoken at Home and Proficiency in Spoken English are not currently collected by the VAED.

Main Language Other than English Spoken at Home has been collected for every individual in the ABS Census of Population and Housing since 1986.

Feedback

We would value your feedback on this early proposal. Should you have any questions or comments, please complete the proforma collated into the back of this document and fax it to the Department of Human Services as soon as possible. Your comments will be noted and any questions will be answered by telephone promptly and summarised at the HDSS Forum.

Proficiency in Spoken English

It is proposed to Gather data on proficiency in spoken English for those who speak English as a second language. This proposal involves the addition of a new field to the VAED.

Proposed by Gil Dwyer
Senior Project Officer, Effectiveness Unit, Department of Human Services
Phone 9616 7279

Proposed Implementation Date
1 July 2001

Specification

Definition The ability to speak English in every day situations. In practice, the variable measures the self-assessed level of ability to speak English, asked of people who speak a language other than English.

Datatype Alphanumeric **Form** Code

Field Size 1 **Layout** N

Location To be determined
(E2 or X2 record)

Reported by Public hospitals (public and private patients)

Others: Private hospitals report spaces in this field.

Reported if Only reported if the person speaks a language other than English, as indicated by their response to the item Main Language Other than English Spoken at Home. That is, if English is the only language spoken, proficiency in spoken English is not reported.

(How these data are collected in relation to children or their parents is yet to be determined.)

Reported when To be determined

Code Set	Code	Descriptor
	1	Very well
	2	Well
	3	Not well
	4	Not at all
	0	Not stated
	9	Not applicable

Collection Guide Question for self-enumerated collections:
How well [do you] [does the person] speak English?

Question for interview-based collections:
Do you consider [you speak] [(name) speaks] English very well, well, or not well?

It is important that this question elicits the respondent's own perception of how well they rate their English speaking skills. It is acknowledged that this is a subjective measure.

9 Not applicable

Report when the item Main Language Other than English Spoken at Home is reported as No, English only

Edits To be determined

Related Items Cultural Indicators: Main Language Other than English Spoken at Home, Indigenous Status, Country of Birth

Administration

Purpose To identify those who may experience disadvantage as a result of lack of competence in spoken English. This information supports the planning, monitoring and evaluation of access to health services for people from culturally and linguistically diverse backgrounds.

Principal Data Users Effectiveness Unit, Acute Health, Department of Human Services

Collection Start 1 July 2001 **Version** 1

Definition Source	<i>Standards for Statistics on Cultural and Language Diversity</i> , Australian Bureau of Statistics, 1999, Catalogue number 1289.0	Code Set Source	<i>Standards for Statistics on Cultural and Language Diversity</i> , Australian Bureau of Statistics, 1999, Catalogue number 1289.0
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Proposal Background

Refer to the 'Proposal Background' for Main Language Other than English Spoken at Home, on page 3.

Proficiency in Spoken English has been collected for every individual in the ABS Census of Population and Housing since 1986. ABS testing prior to the 1986 Census demonstrated that this item is a good identifier of people who are likely to need assistance in the form of interpreter services. Those people likely to need assistance will generally respond 'Not Well' or 'Not at all'.

Feedback

We would value your feedback on this early proposal. Should you have any questions or comments, please complete the proforma collated into the back of this document and fax it to the Department of Human Services as soon as possible. Your comments will be noted and any questions will be answered by telephone promptly and summarised at the HDSS Forum.

Reason for Critical Care Transfer

It is proposed to: Gather data on the reason a patient was transferred to another hospital for critical care from the *receiving* and *sending* hospitals. These data are presently reported by the *receiving* hospital only. This proposal involves the addition of four values to this existing field.

Proposed by Maree Roberts
Project Officer, Access Unit, Department of Human Services
Phone 9616 7964

Proposed Implementation Date
1 July 2000

Specification

Definition The reason a patient was transferred to another hospital for the provision of critical care.

Datatype Alphanumeric **Form** Code

Field Size 1 **Layout** A

Location X2 record

Reported by Public hospitals participating in the Critical Care Inter-Hospital Transfer (CCIHT) Program. As at 10 January 2000, these include:
The Alfred
The Angliss Health Services
Box Hill Hospital
Maroondah Hospital
St Vincent's Hospital (Melbourne)
Austin and Repatriation Medical Centre
The Northern Hospital
Royal Melbourne Hospital
Western Hospital
Dandenong Hospital
Monash Medical Centre
Frankston Hospital

Others: All other hospitals, public and private, report a space in this field.

Reported if

- This hospital is participating in the Critical Care Inter-Hospital Transfer (CCIHT) Program and admits (*receives*) a patient following their transfer from another hospital and
 - The patient receives care in the ICU or CCU during the admission.
- OR

- This hospital is participating in the Critical Care Inter-Hospital Transfer (CCIHT) Program and transfers (*sends*) an admitted patient to another hospital (public or private) for the provision of critical care.

Reported when

A separation date has been reported in the E2 record for the episode.

Code Set

Hospitals that *receive* a patient following their transfer from another hospital for the provision of critical of care, report the first appropriate value from:

Code	Descriptor
X	Transfer from acute hospital - Speciality not available at <i>sending</i> hospital
E	Transfer from acute hospital - ICU bed not available at <i>sending</i> hospital
J	Transfer from acute hospital - CCU bed not available at <i>sending</i> hospital
W	Other reason for transfer from acute hospital for critical care

Hospitals that *send* an admitted patient to another hospital for the provision of critical care report the first appropriate value from:

Code	Descriptor
Y	Transfer to acute hospital - Speciality not available at this hospital
F	Transfer to acute hospital - ICU bed not available at this hospital
K	Transfer to acute hospital - CCU bed not available at this hospital
Z	Other reason for transfer to acute hospital for critical care

**Collection
Guide**

Receiving: X, Sending: Y Specialty not available

An inter-hospital transfer of a patient:

- From a hospital without an ICU to a hospital with an ICU, for treatment in ICU.
- From a hospital to The Alfred Hospital for major burns, heart-lung transplant, pre-transplant mechanical cardiac supports or hyperbaric treatment.
- From a hospital to the Austin & Repatriation Medical Centre for spinal injury or liver transplant.
- From a hospital to The Alfred or the Royal Melbourne Hospital for bone marrow transplant or complication of a bone marrow transplant.
- From a hospital with a level 1, 2 or rural ICU to a hospital with level 3 ICU for neurology/neurosurgery, cardiac surgery or thoracic surgery, or treatment for major trauma.
- From Box Hill or Frankston Hospital to a hospital with level 3 ICU for neurology/neurosurgery, cardiac surgery.
- From the Western Hospital to a hospital with level 3 ICU for cardiac surgery.
- From a hospital without a CCU to a hospital with CCU, for treatment in CCU.
- From a hospital with a level 2 cardiac care service to a hospital with level 3 or level 4 cardiac care service for consideration or provision of angiography, angioplasty, cardiac surgery, assist device or electrophysiology.
- From St Vincent's to a hospital with level 4 cardiac care service for electrophysiology.
- From a hospital without the clinician responsible for the patient's original and on-going treatment to a hospital for on-going care by the original treating clinician.
- From a hospital without a requested or clinically needed specialist to one with a requested or clinically needed specialist.

Receiving: E, Sending: F ICU bed not available

An inter-hospital transfer of a patient to a hospital with an ICU for treatment in the ICU, outside the circumstances listed under X,Y.

Includes an inter-hospital transfer of a patient:

- From a hospital where the service, speciality or procedure is usually provided but the ICU bed, facilities, equipment or staff (medical/nursing/ancillary) are not available for the care of this patient.
- To the original *sending* hospital's ICU for recovery ('Downtransfer').

Receiving: J, Sending: K CCU bed not available

An inter-hospital transfer of a patient to a hospital with a CCU for treatment in the CCU, outside the circumstances listed under X, Y.

Includes an inter-hospital transfer of a patient:

- From a hospital where the service, specialty or procedure is usually provided but the CCU bed, facilities, equipment or staff (medical/nursing/ancillary) are not available for the care of this patient.
- To the original sending hospital’s CCU for recovery (‘Downtransfer’).

Receiving: W Other reason for transfer

An inter-hospital transfer of a patient:

- But not to an ICU or CCU. However, the patient *later* spends time in the *receiving* hospital’s ICU or CCU. (The *sending* hospital does not report a Reason for Critical Care Transfer in this instance.)
- For the provision of critical care in ICU/CCU when the *sending* hospital *is* able to provide the care required. Reasons for an inter-hospital transfer in this circumstance include:
 - Transfer to a hospital closer to home
 - Transfer to a hospital due to family convenience

Sending: Z Other reason for transfer

An inter-hospital transfer of a patient for the provision of critical care in ICU/CCU when the *sending* hospital *is* able to provide the care required.

Reasons for an inter-hospital transfer in this circumstance include:

- Transfer to a hospital closer to home
- Transfer to a hospital due to family convenience

Edits

335 INVALID REASON FOR CRIT CARE TRANSFER
 336 INCOMPAT ADM SOURCE/CRIT CARE TRANS
 337 INV E2 CODE(S) FOR CRITICAL CARE XFER
 345 INVALID COMB. FOR CRIT CARE TRANSFER

If Reason for Critical Care Transfer is Y, F, K or Z, then the Separation Type must be T *Separation and transfer to another acute hospital.*

Related Items

Duration of Stay in Intensive Care Unit, Duration of Stay in Cardiac/Coronary Care Unit

Administration

Purpose

To provide data to support the Critical Care Inter-Hospital Transfer (CCIHT) component of the Hospital Access Program (HAP).

Principal Data

Access Unit, Department of Human Services

Users

Collection Start

1 July 1998	Version	2
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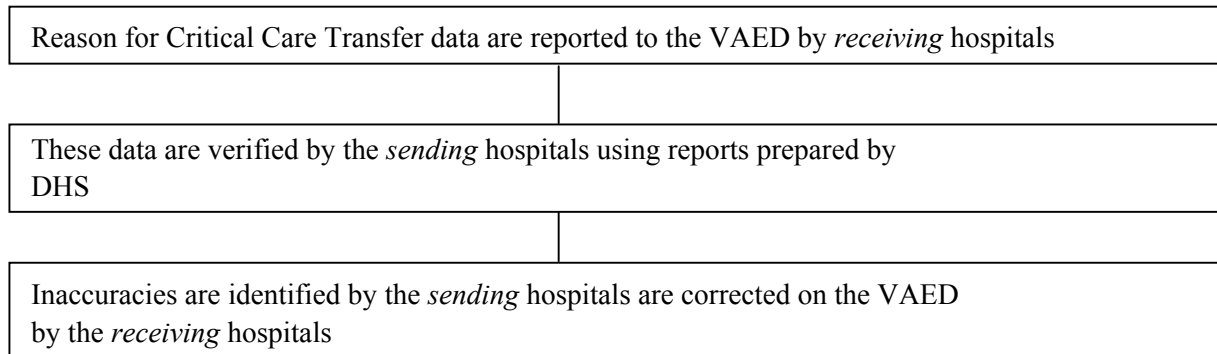
Definition Source

Access Unit, Department of Human Services	Code Set Source	Access Unit, Department of Human Services
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Proposal Background

In 1998–1999, the Critical Care Inter-Hospital Transfer (CCIHT) component of the Hospital Access Program (HAP) was introduced. Utilising a set of performance indicators and individual hospital targets, the aim of the program is to maximise bed availability and reduce the number of inappropriate inter-hospital transfers between public hospitals.

Currently, data flow supporting the CCIHT program is as follows:

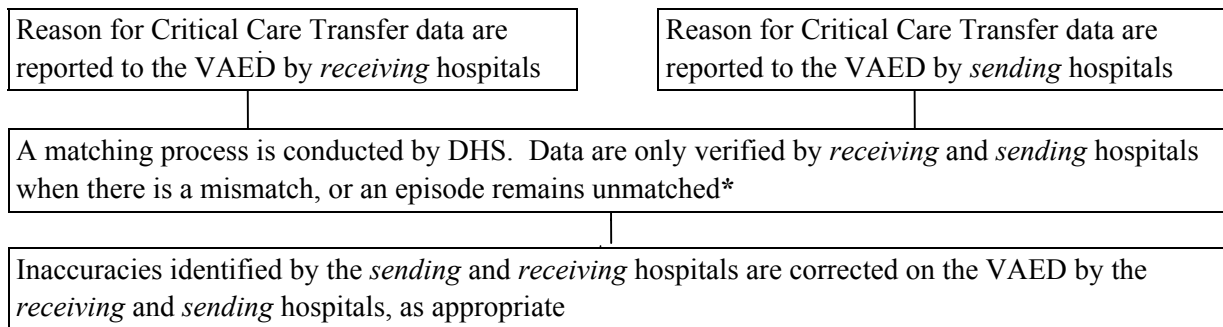


This approach was adopted following advice received by DHS that the information about transfers from *receiving* hospitals was likely to be of better quality than that of *sending* hospitals.

The Critical Care Inter-Hospital Transfer (CCIHT) Monitoring and Advisory Group includes intensive care clinicians, cardiologists and hospital administrators. This group advises the Department of Human Services on the CCIHT component of the HAP Program and has recommended the proposal detailed in this document.

It is proposed that *sending* and *receiving* hospitals report Reason for Critical Care Transfer data to the VAED. The aim of this proposed change is to reduce the hospital workload involved with the validation of data reported to the VAED. The proposed data collection changes will facilitate the matching of data reported by *sending* and *receiving* hospitals. Only unmatched and mismatched records will require manual verification. It is intended that in future years, when the quality of the data have been verified, these data will only be collected by the *sending* hospital.

The proposed amended data flow to support the CCIHT program is as follows:



*1. As it is proposed to include transfers to private hospitals from the CCIHT program participants in 2000-2001, *sending* hospitals will need to manually confirm Reason for Critical Care Transfer data relating to patients transferred to private hospitals, for the provision of critical care. This is because private hospitals are not participants in the CCIHT program and are therefore not required to report these data. These episodes will remain unmatched.

*2. Similarly, patients who are transferred to another hospital and later receive care in an ICU/CCU will be reported by the *receiving* hospital only. Therefore, Reason for Critical Care Transfer data will need to be manually confirmed by the *receiving* hospital. These episodes will remain unmatched.

Feedback

We would value your feedback on this proposal. Should you have any questions or comments, please complete the proforma collated into the back of this document and fax it to the Department of Human Services as soon as possible. Your comments will be noted and any questions will be answered by telephone promptly and summarised at the HDSS Forum.