

Proposals for revisions to Victorian  
Hospital Data Collections  
(VAED, VEMD and ESIS)  
for 1 July 2005  
– Executive Summary

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# Executive Summary

Each year the Department of Human Services (DHS) reviews the data elements and format of its hospital data collections. This review seeks to ensure that the admitted patient collection supports the Department's national reporting obligations, and assists DHS planning and policy development. The data collections covered by this document are:

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

This document has been produced to invite comment and stimulate discussion on the proposals outlined below. If you would like to comment on any of the proposals, please see the introduction section in the relevant document on how to do so.

In order to be accepted into a hospital data collection proposals need to demonstrate clear business justification and be fully costed, meaning funding streams will need to be identified and confirmed. Final acceptance of all proposals is dependent on the Executive Director, Metropolitan Health and Aged Care Services.

For further information on the revisions process and time table see page 4 of the HDSS Bulletin at <http://www.health.vic.gov.au/hdss/bulletin/76-031104.pdf> or contact the HDSS Help Desk on 9616 8141.

## VAED Proposals

The proposed revisions for the Victorian Admitted Episodes Dataset (VAED) for 1 July 2005 are summarised below. They include (but are not limited to) the:

- Addition of 3 new data items
- Amendment of 9 existing data items
- Amendment of 1 concept definition
- Deletion of 1 concept definition
- Amendment of 1 non-tabular business rules
- Deletion of 1 non-tabular business rules
- Addition of 1 edit table (tabular business rules)
- Amendment of 17 edit tables (tabular business rules)
- Addition of 11 edits
- Amendment of 57 edits
- Deletion of 3 edits
- Amendment of one supplementary code list, deletion of another

The proposals are:

1. Add two Aged Care Assessment Service (ACAS) related data items, to allow a summary collection (the "quarterly bed census") to be discontinued. The proposal includes:
  - Two new data items: ACAS Recommended Long Term Care Setting and Date of ACAS Delegation
  - Amend one edit table (tabular business rule)
  - Seven new edits.
2. Remove Care Type J: Rehabilitation in the Home, as this form of care does not meet Criteria for Admission and is therefore outside the scope of the VAED. The proposal includes:
  - Amend one concept definition (Hospital in The Home), delete another (Rehabilitation in The Home)
  - Delete one code from the Care Type data item
  - Amend the code descriptor and/or reporting guide for at least one code, for four data items (Admission Type, Admission Type on Separation, Admission Source and Separation Mode)
  - Delete one non-tabular business rule (Rehabilitation in The Home)
  - Delete one supplementary code list
  - Amend twenty-one edits

3. Add Contract/Spoke Identifiers for spoke Dialysis centres where they do not exist. The proposal includes:
  - Add codes to the Contract/Spoke Identifier data item
  - Amend one edit table (tabular business rule)
  - Amend two edits
4. Duration of Non-Invasive Ventilation (NIV) to become an optional data item in order to reduce the data provision workload for hospitals. The proposal includes:
  - Amend the reporting requirements for Duration of NIV data item
  - Delete one edit
5. Amend ICD Library File and Related Coding Edits to improve the utility and effectiveness of this group of edits and reduce the data provision workload for hospitals. The proposal includes:
  - Amend the library file specifications, and the attributes assigned to each code
  - Amend nine edits
  - Delete two edits
6. For Indigenous Status, to add additional options to the code set to improve the quality of the data in line with national standards. The proposal includes:
  - Add two codes to the Indigenous Status data item
  - Amend two edits
7. Newborns: Accommodation Types, to remove the reference in the code set to patients aged less than 3 months as patients older than 3 months utilise nursery beds. The proposal includes:
  - Amend the code descriptor for two codes in the Accommodation Type and Accommodation Type on Separation data items
  - Amend one edit
8. Add a Designated Palliative Care Patient Days data item to allow improved data analysis, funding and reporting to the Commonwealth of these episodes. The proposal includes:
  - Add a Designated Palliative Care Patient Days data item
  - Amend one non-tabular business rule (Palliative Care)
  - Amend one supplementary code list
  - Add four new edits
9. Capture Transition Care program data, which is a new joint funded (by the Australian Government and the State) program for older people. The proposal includes:
  - Add a code to three data items (Admission Source, Separation Mode, Separation Referral)
  - Amend twelve edit tables (tabular business rule)
  - Amend nine edits
  - Add two new edits
10. Amend Notifiable and Rejection Edits to improve the functionality of the edits and more clearly differentiate between the different types of edits. The proposal includes:
  - Separate selected Notifiable edits into a new 'class' of edit: Fatal edits
  - Amend sixteen edits
11. Amend Trailer Records to reduce the burden on hospitals and software suppliers in providing information that is no longer required. The proposal includes:
  - The T2 record being reduced, and the T2 record being deleted
  - Amend one edit
12. Modification of VAED Record Structure to correct various limitations and position VAED to leverage the HealthSmart initiative. The proposal includes:
  - Preliminary discussion on the need for and benefits accruing from the change
13. AR-DRG Version and WIES figures/calculations: As in previous years, a new version of AR-DRGs and VicDRGs, and updated WIES calculations and weights will be implemented.

## ESIS Proposals

The ESIS proposals document details the proposed revisions to the Elective Surgery Information System for 1 July 2005. These proposed revisions are summarised below.

1. To report the date the waiting list episode is entered onto the reporting organisations waiting list system. This change is required for two reasons:
  1. To remain aligned with national reporting requirements.
  2. To better understand the gap between when the clinical decision is made to add a patient to the waiting list and the time they are actually added.

The proposal involves:

- Adding one new data item
- Adding two new edits

2. To include an end date in the ESIS extract file name. This change is required in order to avoid certain edits triggering inappropriately. This will reduce workload for DHS and Hospitals. The proposal involves:
  - Modification of the file naming convention
3. To report Indigenous Status for episodes registered onto the waiting list. This change will align reporting more closely with national guidelines. The proposal involves:
  - Adding one new data item
  - Adding one new edits

## VEMD Proposals

A single revision is proposed for the VEMD. It is:

1. For Indigenous Status, to add additional options to the code set to improve the quality of the data in line with national standards. The proposal includes:
  - Add two codes to the Indigenous Status data item
  - Amend one edit