

Section 5— Compilation and Submission

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File Structure

The file structure shows the sequence, length, type and layout of VEMD data items to be transmitted.

File Structure Notes:

- All alpha characters must be in UPPERCASE (optional for Description of Injury Event)
- It is preferred that all numeric items be right justified
- It is preferred that all alpha/numeric items be left justified, unless otherwise specified
- Do not zero fill items unless specified

Note: Conditional mandatory items: See key at end of File Structure table for the conditions under which they become mandatory. The Excel column alpha character/s in the File Structure represent each of the letters at the head of Excel worksheet columns. Each data item completed must be located in the corresponding column of the Excel worksheet (see also Page 5 - 12, File Format).

Conditional Mandatory Items Key

Key	Descriptor
M	Mandatory item
⌚	Mandatory if Medicare Suffix does not equal C-U, N-E or P-N
§	Mandatory if Referred By = 6
*	Should be reported if Arrival Transport Mode = 1, 2, 3, 4, 10
†	Mandatory if Departure Status = 4
⊕	Primary Diagnosis is a mandatory item, except where Departure Status = 6 - Left before being seen by doctor (or definitive service provider) or 8 - Dead on arrival. If Diagnosis is an injury, further specified by utilising Injury Surveillance items
⊙	Mandatory if any other Injury Surveillance items are completed, or if an injury code from the Nature of Main Injury and Body Region Matrix is in the Primary Diagnosis item
†	Mandatory if the Nurse is the definitive service provider (except where Departure Status = 6 - Left before being seen by definitive service provider)
†	Mandatory if the Doctor is the definitive services provider (except where Departure Status = 6 - Left before being seen by definitive service provider)
∨	Mandatory if Inpatient Bed Request = Y
⌘	Mandatory if Primary Diagnosis item is completed
⊙	Mandatory if Compensable Status = 2
‡	Optional if Departure Status = 4 - Transfer from this hospital

	Field name	Maximum characters	Alpha/numeric	Format/Values
M	Campus Code	4	A/N	NNNN
M	Unique Key	9	A/N	NNNNNNNNN
Patient Biographic				
M	Patient Identifier	10	A/N	NNNNNNNNNN
Ⓜ	Medicare Number	11	N	NNNNNNNNNNN or blank
M	Medicare Suffix	3	A/N	AAA
©	DVA Number	9	A/N	See detailed specification, page 20
M	Sex	1	A/N	1, 2, 3
M	Date of Birth	8	N	DDMMCCYY
M	Country of Birth	4	A/N	NNNN
M	Indigenous Status	1	A/N	2, 5, 6, 7
M	Preferred Language	2	A/N	NN
M	Locality	22	A/N	
M	Postcode	4	N	NNNN

	Field name	Maximum characters	Alpha/numeric	Format/Values
Patient Management				
M	Arrival Transport Mode	2	A/N	1, 2, 3, 4, 6, 7, 8, 9, 10, 11, 19
M	Referred By	2	A/N	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 19
§	Transfer Source	4	A/N	NNNN
M	Type of Visit	2	A/N	1, 2, 3, 4, 5, 8, 9, 10
M	Compensable Status	1	A/N	1, 2, 3, 4, 5, 6, 7
*	Ambulance Case Number	6	A/N	See detailed specification, page 10
M	Arrival Date	8	N	DDMMCCYY
M	Arrival Time	4	N	NNNN
M	Triage Date	8	N	DDMMCCYY
M	Triage Time	4	N	NNNN
M	Triage category	1	A/N	1, 2, 3, 4, 5, 6
†	First Seen by Treating Nurse Date	8	N	DDMMCCYY or blank
†	First Seen by Treating Nurse Time	4	N	HHMM or blank
†	First Seen by Doctor Date	8	N	DDMMCCYY or blank
†	First Seen by Doctor Time	4	N	HHMM or blank

	Field name	Maximum characters	Alpha/numeric	Format/Values
⌘	Procedures	89	A/N	NN x 30 or blank
M	Inpatient Bed Request	1	A/N	Y, N
∩	Inpatient Bed Request Date	8	N	DDMMCCYY or blank
∩	Inpatient Bed Request Time	4	N	HHMM or blank
M	Departure Date	8	N	DDMMCCYY
M	Departure Time	4	N	HHMM
M	Departure Status	1	A/N	0, 1, 2, 3, 4, 5, 6, 7, 8, 9
†	Transfer Destination	4	A/N	NNNN
M	Referred to on Departure	2	A/N	1, 2, 3, 4, 5, 6, 7, 8, 16, 17, 18, 19
M	Ongoing Care Communication	1	A/N	Y, N
†	Reason for Transfer	1	A/N	1, 2, 3, 4, 5, 6, 7, 9
‡	Escort Source	1	A/N	1, 2, 3, 4, 5, 9 or blank
†	Departure Transport Mode	2	A/N	1, 2, 3, 4, 6, 7, 8, 9, 10, 11, 19
+	Primary Diagnosis	6	A/N	ICD-10-AM code
	Additional Diagnoses 1	6	A/N	ICD-10-AM code
	Additional Diagnoses 2	6	A/N	ICD-10-AM code

	Field name	Maximum characters	Alpha/numeric	Format/Values
Injury Surveillance				
⊙	Nature of Main Injury	2	A/N	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26
⊙	Body Region	2	A/N	F1, F2, F3, F4, F5, F6, F7 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22
⊙	Description of Injury Event	100	A/N	
⊙	Injury Cause	2	A/N	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30
⊙	Human Intent	2	A/N	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11
⊙	Place Where Injury Occurred	1	A/N	H, I, S, A, R, T, C, Q, F, M, P, O, U
⊙	Activity When Injured	1	A/N	S, L, W, E, C, N, V, O, U

Submission Overview

Every electronic file submitted to the VEMD must be:

- Named according to the File Naming Convention (See below)
- Submitted in accordance with the Schedule Requirements (See Page 5 – 15)
- Sent to the VEMD email address:
submit.vemd@dhs.vic.gov.au
- Resubmitted until zero rejections achieved
- Saved as 'text' file (.txt)
- Compressed into a '.zip' file using a utility such as Winzip
- Password encrypted using Winzip, using passwords issued by DHS

Data Definition

The definition of data elements and code sets are as published throughout this manual.

File Naming Convention

File naming conventions must be adhered to for every file submitted to the VEMD:

File Name Convention: AAAABnna.txt

Where	AAAA	=	Campus Code (for example: 1020)
	B	=	Version of the dataset (for example: 6)
	nn	=	Month of transmission (for example: 07 (July))
	a	=	Data submission indicator (for example: 1 st submission: 07a; 2 nd submission: 07b)
Example:	1020607a.txt (Please zip file before submission via e-mail)		
	→ 1020607a.zip		

Transmission Modes

Monthly VEMD patient level data files should be sent via e-mail. Attached files must be zipped and password protected (See Page 5 – 11, File Security). Mailed DOS formatted diskettes are also acceptable, although not preferred (See Page 1 – 12, Contact Details for mail address).

File Security

Data file transmission via electronic mail is password encrypted using Winzip by VEMD reporting hospitals and DHS to prevent unauthorised access. Passwords are allocated by DHS and are required to open VEMD data files attached to e-mail messages. Please contact the HDSS Help desk if you have not received a password (See Page 1 – 12, Contact Details).

Period of Extract

All records for patients who **depart** in a particular calendar month should be submitted in the corresponding monthly file. That is, if a patient attends the ED on 30th of September 2001 and departs on the 1st October 2001, the record should be submitted in the October file (containing discharges on and from 1 October to 31 October 2001), **NOT** the September file.

Patients ‘Remaining In’ on 30 June 2001

The Version 6.0 VEMD format is to be implemented on 1 July 2001. Therefore, all information for patients who depart the emergency department on or after this date must be submitted in the new 2001 - 2002 format. This includes patients who remain in the emergency department after midnight on the 30th of June 2001.

File Format

Every file must be submitted:

- in tab (**not** comma) delimited ASCII format
- with each record separated by a carriage return and line feed
- with the data items in the order as specified in the File Structure (See Page 5 – 5, File Structure)
- saved as a text file (.txt)
- compressed into a '.zip' file using a utility such as Winzip
- Password encrypted using Winzip, using passwords issued by DHS

Date items, for discharges on and from 1 July 2001 to 30 June 2002, should be in the Version 6.0 order as specified in this document (See File Structure).

Software Suppliers are advised to have the capacity to provide multiple versions of the VEMD program to enable hospitals to, at any time, extract files using the appropriate version for the month of data (See table: Edits and the submission process).

All fields should be provided for every record including those instances where the data provision is not mandatory. In cases, where data in non-mandatory items is unavailable the field position should be denoted by a **tab**.

Also note that in relation to data format:

- Data transmitted to VEMD must only include codes specified in the File Structure (See Page 5 – 5). Local systems may collect data through the use of other codes, acronyms or text; however, these must be converted into appropriate VEMD format for submission to VEMD.
- Only VEMD ICD-10-AM diagnosis codes, from Page 4 – 70, must be utilised for submission. Do not utilise the ICD-10-AM coding books as not all codes are included and a degree of code variation exists between codes used in the VEMD and those used in the VAED.
- Procedures: Multiple procedure codes will count as one item even though the Manual allows for the transmission of up to 30 Procedure codes. Each Procedure code should be separated by a left curly bracket {.
- Description of Injury Event: The text for this item does not need to be enclosed in quotation marks (i.e. "textual information") as each tab separates the items. Quotation marks can be used to emphasise words within the text.

Data Quality

Edits

The edit process has been further modified for financial year 2001 - 2002 and some new edits have been included. Wherever possible, edits should be maintained within the emergency department's in-house data information system to minimise rejection of records from the DHS editing program (see Section 6, Editing).

Edit messages and business rules covered in Section 6 are in alphanumeric order of the edit numbers and also detail the edit title, data items involved, the effect of the edit, the problem and the remedy. The below table outlines the problem and remedy for the three possible edit effects:

<i>Effect</i>	<i>Problem</i>	<i>Remedy</i>
Run terminated	The monthly data file is corrupt or contains data that may compromise the dataset integrity	Hospital determines and resolves the data problem and resubmits data file
Rejection	Data item/s in the attendance record did not meet the criteria specified in the business rules	Hospital determines the cause of the rejection, corrects it and resubmits the monthly data file Zero rejections must be achieved for each monthly data file to be accepted into the VEMD (See also Schedule Requirements, Page 5 - 15)
Warning	Record was acceptable but data item/s in the attendance record were questionable	Hospital checks that the data is valid. If necessary, correct the data and resubmit the data file

Standard Data Reports

Standard Data Reports are distributed to the VEMD Submission Officer and the Director of the Emergency Department.

Current data reports include information relating to waiting times, length of stay, triage categories, planned re-presentations and top 20 diagnoses. The structure and layout of the reports may change and feedback is sought (See Section 1 - 15, Contact Details).

Discontinuation of Paper Based Reports

Discontinuation of aggregate paper based report:

During 2001 - 2002, paper based reports will be discontinued. This will occur in a staged manner and be dependent on the performance of each hospital in relation to the provision of timely and accurate electronic data. Further details about the process for discontinuing paper-based reports will be sent to hospitals progressively during 2001 - 2002.

For details of the bonus reductions, which will apply to data quality and timeliness indicators in 2001 - 2002, hospitals should refer to the following documents:

- *Victoria - Public Hospitals Policy and Funding Guidelines 2001 - 2002*; and
- *Hospital Services Quality Funding Business Rules 2001 - 2002*

Schedule Requirements:

Electronic Patient Level Data:

<i>2001 - 2002 Data</i>	<i>Timeline</i>
Monthly electronic file	Must be received at DHS within ten days of following month (for example, July data by 10th August)
	Can be resubmitted a maximum of four times for further editing (maximum of five data submissions in total)
	Hospitals should correct the rejected data and resubmit the entire monthly file within seven days of receipt of the DHS rejection file or until all records pass the editing process with zero rejections
	Must be completed by the end of the following month (for example, July data with zero rejections by 31st August)

Note: DHS will endeavour to return reject reports within five working days of submission.

Aggregate Paper Based Reports

<i>2001 - 2002 Reports</i>	<i>Timeline</i>
Monthly aggregate paper based reports	Must be submitted by the 10th day of the following month (for example July data by 10th August)

Comparative Process: Electronic and Paper Based

<i>2001 - 2002 Comparison: Data and Reports</i>	<i>Timeline</i>
Response to inconsistencies	Must be completed by the date outlined in Departmental correspondence

