

**Proposals for Revisions to the
Victorian Emergency Minimum Dataset
(VEMD) for 1 July 2002**

(November 2001)

Contents

Proposals for Revisions to the VEMD for 1 July 2002	1
Background	1
Introduction.....	2
Data Definition Structure	3
Proposed New Data Items.....	5
<i>Admission Status.....</i>	<i>5</i>
Proposed Modifications to Existing Data Items	7
VEMD ICD-10-AM Diagnosis Code.....	7
Description of Injury Event.....	9
Diagnosis – Primary (Use of ‘Review’ codes) and Diagnosis – Additional Diagnoses 1 and 2.....	11
Departure Transport Mode (minor modification)	16
Diagnosis – Primary and Departure Status.....	18
Proposed New Business Rules.....	19
Time to Treatment Calculation.....	19
Submission and Processing Modification	20
Proposed Data Items for Deletion	22
Inpatient Bed Request.....	22
Body Region	23
Nature of Main Injury.....	24
Proposed New Edits.....	25
Exxx Departure Date &/or Time > Arrival Date &/or Time. (Total Length of Stay Cannot be Less Than One Minute).	25
Exxx Duplicate Unique Key	26
Proposed Modifications to Existing Edits	27
E219 Length Of Stay > 10 Days	27
Abbreviations Used in the Document	28
Forum Notes.....	29

Proposals for Revisions to the VEMD for 1 July 2002

Background

The Department of Human Services (DHS) conducts an annual review of the Victorian Emergency Minimum Dataset (VEMD) data elements and format. This process is undertaken to maintain and enhance the patient level data reported to the VEMD by the participating Emergency Departments (ED).

The proposals contained within this document should not be regarded as an absolute list of changes to be made to the VEMD for 2002 – 2003. 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 that it will not change from 1 July 2002. Final changes will be released in the *Specifications for Revisions to the Victorian Emergency Minimum Dataset* document.

This 'Proposals' document is being distributed to ED Directors and Submission Officers at all VEMD participating Victorian hospitals, software suppliers, and a range of industry associations.

It is expected that the release of these proposals will stimulate discussion within the health industry. Hospitals, emergency associations and software suppliers should review this document carefully and provide any queries or comments to the Health Data Standards and Systems Unit (HDSS) on the attached proforma by Friday 30 November 2001.

A representative of the proposing organisation will present their proposal, outlined in this document, at the HDSS forum. Those who have an interest in the VEMD are invited to attend the HDSS forum, scheduled for:

Thursday, 13 December 2001,

9.30am – 12:30pm

Michael Chamberlin Theatre

St Vincent's Public Hospital

Cnr of Nicholson Street and Victoria Street FITZROY

Please remember to bring this document and forum agenda to the HDSS forum.

Introduction

Since implementation of the Version V6.0 dataset, additional issues have been noted by the Department and highlighted by data users and participating hospitals. Listed in this document are proposals for revisions, additions and deletions of items and codes in the current dataset.

The proposals for Version 7.0 (1 July 2002) are comprised of modifications to existing data items' including some deletions, new business rules, new edits and one new data item. Associated business rules and edits for new and amended data items will be added or modified as necessary.

Proposed additional text for existing data items is underlined and text proposed for deletion from existing data items is ~~struck through~~.

Complete details of existing data item formats, codes and edits are located in Version 6.0 of the VEMD Manual, July 2001.

Data Definition Structure

The below table provides descriptions for each of the data item attributes common to every data item located in Section 3, Data Definitions (VEMD User Manual, V6.0)

Specification

<i>Definition</i>	A statement that expresses the essential nature of a data item and its differentiation from all other data items.
<i>Datatype</i>	The type of symbol, character or other designation used to represent a data item. For example: Alpha/Numeric - a field on which calculations are not performed Numeric - a field on which calculations are performed
<i>Form</i>	Name or description of the form of representation for the data item, such as: Date, Code (code set), and Quantitative value. For example, the representational form for Country of Birth is 'Code' because individual codes drawn from the codeset represent a different country.
<i>Field size</i>	The maximum number of characters that can be used to represent this data item.
<i>Layout</i>	The layout of characters in the data item, expressed by a character string representation (see also Field size). For example: 'DDMMCCYY' for dates 'NNN' for a numeric value of 3 digits
<i>Reported for</i>	The episode types that require this data item to be reported.
<i>Code set</i>	The set of valid values for the data item, according to the form, layout, datatype and field size.
<i>Reporting guide</i>	Additional comments or assistance on interpreting, applying and reporting the data item and code set.

Edits Edits that relate to this data item.

Related items Non-exhaustive reference between the data item and related subjects within this collection.

Administration

Purpose The reason for the collection of this data item.

Principal data users The key/primary users of the information collected by this data item.

Collection start The date the collection of this data item commenced.

Version A version number for each data item, beginning with 1 for the initial version of the data item and 2, 3 etcetera, for each subsequent revision.

Definition source The source from which the data item was defined.

Code set source The source from which the data item code set was developed.

Proposed New Data Items

Proposal #1

Admission Status

Proposed by:

Purchasing Policy Unit, Department of Human Services.

Contact: Jane Fewings, telephone: 9616 6139

Reason for Proposed Change:

Currently the VEMD does not distinguish between Admitted and Non-Admitted patients, although the funding allocations provided to hospitals are based on admissions (WIES) and provision of non-admitted services. The identification of Non-Admitted patients within the Emergency Department will allow for a more precise targeting of funds.

Collection Mechanism:

To achieve accurate results, the Emergency Department database would need to query the hospital's admitted patient database during extraction of the VEMD dataset. This process would match UR numbers in each database and find overlapping episodes in both.

Proposed Specification

<i>Definition</i>	Statement of whether or not the patient has been admitted in order to receive treatment and/or care.		
<i>Datatype</i>	Indicator	<i>Form</i>	
<i>Field size</i>	One	<i>Layout</i>	Y or N
<i>Reported for</i>	Every public hospital emergency department attendance		
<i>Code Set</i>	Code	Descriptor	
	Y	Yes	
	N	No	

Reporting guide Y – Yes
 The patient **has** undergone this hospital’s formal admission process.

N – No
 The patient **has not** undergone this hospital’s formal admission process.

- Edits (Proposed)*
- Admission Status blank
 - Admission Status invalid

Related items

Administration

Purpose To distinguish between admitted and non-admitted patients treated through the emergency departments.

Principal data users Acute Health, Department of Human Services

Proposed Collection start 1 July 2002

Definition source DHS *Code set source* DHS

Proposed Modifications to Existing Data Items

Proposal #2

VEMD ICD-10-AM Diagnosis Code

Proposed by:

Dr Peter Barnett, Royal Children's Hospital

Reason for Proposal:

In the current VEMD ICD-10-AM diagnosis code reference file, the diagnosis '*Subluxation of Radial Head*' is indexed to 'Q688'. The condition most commonly assigned to this code in the VEMD is '*Pulled Elbow*', an injury occurring most commonly in children below school age.

It has been proposed that the indexed Q688, a congenital diagnosis, does not suitably categorise the injury sustained, and that no other injury code is specific enough to appropriate categorise this diagnosis.

This proposal involves the deletion of the existing diagnosis code:

Code	Existing Descriptor
Q688	Subluxation of Radial Head

and the introduction of a new diagnosis code

Code	Descriptor
S5319	Dislocation - Pulled Elbow (Subluxation of Radial Head)

This will also involve a modification to the *Nature of Main Injury/Body Region* and *ICD-10-AM Matrix* as follows.

Nature of Main Injury/Body Region and ICD-10-AM Matrix

Nature of Main Injury (NoMI)		Body Region (B.Reg)																					
		Non Foreign Body Injury																					
Code	Descriptor	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
		Head (Inc. ears, exc. face)	Face (Exc. eye)	Neck	Thorax	Abdomen	Lower Back (Inc. loin)	Pelvis (Inc ano-genital & perin.)	Shoulder	Upper Arm	Elbow	Forearm	Wrist	Hand (Inc. finger)	Hip	Thigh	Knee	Lower Leg	Ankle	Foot (Inc. toes)	Unspecified body region	Multiple Injuries (>1 body region)	B. Reg. not applicable
1	Superficial (Exc. eye)	*	S0080	S1090	S2080	S3090	S3090	S3090	S409	S409	S509	S509	S609	S609	S709	S709	S809	S809	S909	S909	T1400	T009	
2	Open wound (Exc. eye)	*	S0180	S119	S219	S3180	S310	S310	S410	S411	S510	S519	S619	S619	S710	S711	S810	S819	S910	S913	T141	T019	
3	Fracture (Exc. tooth)	S029	S030	S129	S229		S3200	S3283	S429	S423	S5200	S529	S628	S628	S7208	S729	S820	S829	S8288	S929	T142	T029	
4	Dislocation	S033	S033	S132	S232		S333	S334	S4300	T112	S5310	T112	S6300	S6310	S7300		S8310		S930	S9330	T143	T039	
	- pulled elbow (subluxation of radial head)										S5319												
5	Sprain/strain	S035	S035	S136	S235	T092	S3350	S337	S437	T112	S5340	T112	S6350	S637	S7310	T132	S836	T132	S9340	S936	T143	T039	
6	Nerve (Inc. spinal cord; exc. brain)	S049	S045	S146	S246	S346	S346	S346	S449	S449	S549	S549	S649	S649	S749	S749	S849	S849	S949	S949	T144	T062	
7	Blood vessel	S090	S090	S159	S259	S359	S359	S359	S459	S459	S559	S559	S659	S659	S759	S759	S859	S859	S959	S959	T145	T063	
8	Muscle/tendon	S091	S091	S16	S290	S390	S390	S390	S469	S469	S568	S568	S669	S669	S760	S764	S869	S869	S969	S969	T146	T064	
9	Crush injury	S079	S070	S179	S280	S381	S381	S381	S47	S47	S570	S579	S678	S678	S770	S771	S870	S878	S970	S978	T147	T049	
10	Amputation (Inc. partial)	S089	S088	S18	S281	S383	S383	S383	S480	S481	S580	S589	S684	S689	S780	S781	S880	S881	S980	S984	T147	T059	
11	Internal organ	S069			*	S369		S379														T068	
12	Burn/corrosion (Exc. eye)	T200	T200	T200	T2102	T2103	T2104	T2109	T2202	T2202	T2201	T2201	T230	T230	T240	T240	T240	T240	T250	T250	T300	T290	
13	Eye injury (Exc. foreign body external eye, see '14')																						S059
14	Foreign body (see Section 5-8; Section 2-17)																						#
15	Intracranial (Inc. concuss.)	*																					*
16	Dental (Inc. fract. tooth)																						S025
17	Drowning, immersion																						T751
18	Asphyxia/threat to breath.																						T71
19	Electrical injury																						T754
20	Poison/toxic effect(Ex. bite)																						@
21	Bite (venomous)	T639	T639	T639	T639	T639	T639	T639	T639	T639	T639	T639	T639	T639	T639	T639	T639	T639	T639	T639	T639	T639	*
22	Other specified NoMI	*	S098	S198	*	*	S398	S398	S498	S498	S598	S598	S698	S698	S798	*	S898	S898	S998	S998	T148	T068	*
23	Unspecified NoMI	S099	S099	S199	S299	S399	S399	S399	S499	S499	S599	S599	S699	S699	S799	S799	S899	S899	S999	S999	T149	T07	
24	Injuries of >1 nature	S097	S097	S197	S297	S397	S397	S397	S497	S497	S597	S597	S697	S697	S797	S797	S897	S897	S997	S997	T07	T07	
26	Bite (non venomous)	S019	S0180	S119	S219	S3180	S310	S310	S410	S411	S510	S519	S619	S619	S710	S711	S810	S819	S910	S913	T141	T019	

Proposal #3

Description of Injury Event

Proposed by:

Health Data Standards and Systems, Department of Human Services

Contact: Greg O'Connell, Telephone: 9616 7327

Reason for Proposal:

During 2000–2001, approximately eight percent of episodes with an entered *Description of Injury Event* (or 31,000+ episodes) had the description truncated at the 98th, 99th or 100th character.

It has been proposed to increase the size of this field from 100 to 500 characters.

There is no technical barrier to receiving the full description (up to about 500 characters). An increase in the data field size does not mean extra work for collection staff; it will enable better use of data and the provision of more comprehensive and complete descriptions to VISAR.

It has also been proposed that an explanatory note be included in the Manual to clarify the source of the *Description of Injury Event* data. This item is not intended to capture the 'Triage Description' (or 'Present Complaint Description') from the hospital's internal information system. The problem with capturing 'Triage Description' (or 'Present Complaint Description') is that often these descriptions contain information that is inappropriate for publication in a statewide database, even though they may be appropriate for the hospitals internal information system.

Therefore, the *Description of Injury Event* data item should be a separate field to the hospitals internal 'Triage Description Fields'.

Specification

Definition Patient's personal description of injury event or reason for attendance (non-injury), provided at triage.

Datatype Alpha/numeric *Form* Free text

Field size ~~One Hundred~~ *Layout* N/A
Five Hundred

Reported for Refer to VEMD Manual Version 6.0.

Reporting guide Refer to VEMD Manual Version 6.0.

Edits Refer to VEMD Manual Version 6.0.

Related items Refer to VEMD Manual Version 6.0.

Administration

Purpose Refer to VEMD Manual Version 6.0.

Principal data users No Modifications, Refer to VEMD Manual Version 6.0.

Collection start 1 July 1995 *Version* 1 (Effective 01/07/95)

Definition source DHS

Proposal #4

Diagnosis – Primary (Use of ‘Review’ codes)

Diagnosis – Additional Diagnoses 1 and 2

Proposed by:

Health Data Standards and Systems, Department of Human Services
Contact: Greg O’Connell, Telephone: 9616 7327

Reason for Proposal:

At present the most commonly submitted *Diagnosis Code* in the VEMD is ‘Z099- Attendance for Follow-up (includes injections) / Review following earlier treatment.’

This diagnosis codes does provide specificity of the condition being reviewed, thus not adequately reflecting the complexity and diversity of the work undertaken in emergency departments.

Statewide, over twenty percent of all episodes with a *Primary Diagnosis* of ‘Z099’ do not appear to have a previous emergency attendance.

It has been proposed that a where a *Primary Diagnosis* of ‘Z099’ has been entered, an *Additional Diagnosis* becomes **mandatory**, to identify the condition under review.

The proposed modifications will have a minimal impact on VEMD data collection providing the VEMD Software can detect the ‘Z099’ primary diagnosis in real time, and prompt for the second diagnosis at that point.

Proposed Specification (Diagnosis - Primary)

<i>Definition</i>	The diagnosis primarily responsible for presentation to the Emergency Department.		
<i>Datatype</i>	Alpha / numeric	<i>Form</i>	Code
<i>Field size</i>	Five	<i>Layout</i>	ANNNN
<i>Reported for</i>	All episodes, except where Departure Status = 6-Left before being seen by doctor (or definitive service provider), or = 8-Dead on Arrival.		
<i>Reporting guide</i>	<p>If the Primary Diagnosis code is an injury, poisoning or other consequence of an external cause (VEMD diagnosis codes beginning with S or T), ensure that the corresponding Nature of Main Injury and Body Region combination is correct.</p> <p>Further specify the injury by utilising the Injury Surveillance items.</p> <p><u>If the Primary Diagnosis code = 'Z099-Attendance for Follow-up (includes injections)/Review following earlier treatment', an Additional Diagnosis code is mandatory.</u></p> <p><u>The Additional Diagnosis code must identify the condition under review, and therefore must not be Z099.</u></p> <p>Primary Diagnosis must be substantiated by clinical documentation.</p> <p>Diagnosis code format:</p> <p>Diagnosis codes must be submitted in VEMD ICD-10-AM format. Ensure that any punctuation (decimal points or obliques) is removed from VEMD ICD-10-AM codes before submission, as codes with punctuation will not be accepted.</p> <p>How to use the NoMI/B.Region Matrix:</p> <ul style="list-style-type: none">• Select the NoMI code appropriate• Scroll across row to body region the appropriate• Select the ICD-10-AM code in the intersecting cell of the matrix• Ensure that all of the Injury Surveillance fields are completed		

Software suppliers should note

- the ideal implementation would be to automatically insert the appropriate Primary Diagnosis code for associated injuries by utilising the Body Region Matrix.
- that if a Primary Diagnosis of 'Z099-Attendance for Follow-up (includes injections) / Review following earlier treatment' is entered the user should be prompted to enter the mandatory Additional Diagnosis.

The Additional Diagnosis code must identify the condition under review, and therefore must not be Z099.

See: VEMD User Manual, Version 6.0

Page 3-39 for examples on how to complete injury surveillance fields.

Page 4-70, VEMD ICD-10-AM Diagnosis Codes

Page 4-59, Nature of Main Injury / Body Region and ICD-10-AM Matrix.

Edits (Proposed) • Diagnosis - Primary equals 'Z099' but Additional Diagnosis 1 and 2 is blank

Related items Additional Diagnosis, Nature of Main Injury, Body Region, Description of Injury Event, Injury Cause, Human Intent, Place Where Injury Occurred, Activity When Injured

Proposed Administration

Purpose To enable injury categorisation and identify trends in injury and poisoning occurrences and causes.

Principal data users Monash University Accident Research Centre; Emergency Demand Coordination Group, DHS

<i>Collection start</i>	1 July 1995	<i>Version</i>	1 (Effective 01/07/95)
			2 (Effective 01/07/98)
			3 (Effective 01/07/99)
			4 (Effective 01/07/01)

<i>Definition source</i>	NCCH (Modified), DHS	<i>Code set source</i>	NCCH (Modified)
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Specification **Additional Diagnosis 1 and 2**

Definition

Additional Diagnoses are those which:

- Existed at the time of presentation
- Arose while patient was in the emergency department
- Are expected to affect treatment plan or length of stay in the emergency department

Datatype

Alpha/numeric

Form

Code

Field size

Five

Layout

ANNNN

Reported for

Emergency Department attendances with more than one diagnosis code.

Mandatory if Primary Diagnosis = 'Z099 - Attendance for Follow-up (includes injections) / Review following earlier treatment'.

Reporting guide

Additional Diagnoses give information on factors, which result in increased length of stay, more intensive treatment or the use of greater resources. Additional Diagnosis can include diseases, conditions, injuries, poisoning, signs, symptoms, abnormal findings, complaints, or other factors influencing the patient's health status.

In cases requiring mandatory assignment due to a Primary Diagnosis of 'Z099' the Additional Diagnosis provides information regarding the specific condition under review during the emergency department attendance.

The Additional Diagnosis code must identify identifies the condition under review, and therefore must not be Z099.

Additional Diagnoses are derived from and must be substantiated by clinical documentation.

Diagnosis code format:

Diagnosis codes must be submitted in VEMD ICD-10-AM format. Ensure any punctuation (decimal points or obliques) is removed from VEMD ICD-10-AM codes before submission, as codes with punctuation will not be accepted.

See: VEMD User Manual, Version 6.0

Page 4 – 70, VEMD ICD-10-AM Diagnosis codes;

Edits (Proposed) • Diagnosis – Primary equals 'Z099' but Additional Diagnosis 1 and is blank

Related items Primary Diagnosis

Administration

Purpose To enable injury categorisation and identify trends in the occurrence of injury and poisonings.

Principal data users Monash University Accident Research Centre; Emergency Demand Co-ordination Group, DHS

Collection start 1 July 1995 *Version* 1 (Effective 01/07/95)
2 (Effective 01/07/98)
3 (Effective 01/07/99)
4 (Effective 01/07/01)

Definition source NCCH (Modified), DHS *Code set source* NCCH (Modified)

Proposal #5

Departure Transport Mode (minor modification)

Proposed by:

Health Data Standards and Systems, Department of Human Services.

Contact: Greg O'Connell, Telephone: 9616 7327

Reason for Proposal:

It has been proposed that there be a clarification that the Departure Transport Mode data item is mandatory **only if** *Departure Status* = '4 - Transfer from this to another hospital' and **must be** left blank if any other *Departure Status* is entered.

Based on this clarification the removal of the following codes or descriptors from the data item code set has been proposed. It is highly unlikely that a patient would be transferred to another hospital using the modes that have been struck through in the table below, any incidence involving the deleted modes can be entered using '19 - Other' to fulfil reporting requirements.

Code	Descriptor
6	Community / public transport, includes council / philanthropic services
8	Police vehicle
9	Undertaker

Specification

Definition The type of transport used in transferring the patient from the Emergency Department to another hospital.

Datatype Alpha / numeric *Form* Code

Field size Two *Layout* NN

Reported for Mandatory if Departure Status code = 4 - Transfer from this hospital to another hospital. If Departure Status **does not** = 4 - Transfer from this hospital to another hospital leave data item blank.

<i>Code Set</i>	Code	Descriptor
		Select the first appropriate category from the code set listed above.
	1	Air ambulance - fixed wing aircraft for all or any part of journey. Excludes where air plane is helicopter (2)
	2	Helicopter
	3	Ambulance Service - MICA
	4	Ambulance Service - road car
	6	Community / public transport, includes council / philanthropic services
	7	Private car
	8	Police vehicle
	9	Undertaker
	10	Ambulance Service - private ambulance car - MAS / RAV contracted
	11	Ambulance Service - private ambulance car - hospital contracted
	19	Other

Reporting guide Item should be blank if patient has not been transferred to another hospital.

Edits

Related items Departure Status, Transfer Destination, Reason for Transfer, Escort Source

Administration

Purpose To identify the modes of transport used to transport patients on transfer from the ED.

Principal data users Monash University Accident Research Centre; Emergency Demand Co-ordination Group, DHS

<i>Collection start</i>	1 July 1995	<i>Version</i>	1 (Effective 01/07/95) 2 (Effective 01/07/97) 3 (Effective 01/07/00)
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<i>Definition source</i>	DHS	<i>Code set source</i>	DHS
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Proposal #6

Diagnosis - Primary

Departure Status

Proposed by:

Health Data Standards and Systems, Department of Human Services.

Contact: Greg O'Connell, Telephone: 9616 7327

Reason for Proposed Change:

At present thirteen percent of VEMD episodes with a Departure Status = '6 - Left before being seen by a doctor (or definitive service provider) are submitted with Diagnosis Codes. Assuming a diagnosis cannot be made unless a doctor (or definitive service provider) has at least seen the patient, if not treated, these submissions raise two issues:

1. Is there confusion between 'Left before being seen by a doctor (or definitive service provider)' and 'Left at own risk, after treatment started'?
2. Is the VEMD software forcing the completion of the diagnosis data item, when no diagnosis can or has been made?

A proposed solution to this problem is to have a default diagnosis of allocated in the Diagnosis-Primary field for all episodes submitted with a Departure Status = 6.

Feasible codes would be:

Z76.8	<i>Persons encountering health services in other specified circumstances.</i>
Z76.9	<i>Persons encountering health services in unspecified circumstances.</i>

It has also been suggested that to further augment our understanding of patients who leave before treatment, the use of a 'triage presenting complaint code' could be investigated. Most VEMD software already prompts triage staff for variants of this, however a uniform code set would be required before submission to the VEMD could commence. Whilst it is unlikely that such a modification could be implemented for the 2002 – 2003 financial year, it may be worth establishing a working party to develop the code set based on the information currently collected.

Proposed New Business Rules

Proposal #7

Time to Treatment Calculation

Proposed by:

David Pickersgill, The Alfred Hospital.

Reason for Proposed Change:

Currently data items the 'First Seen By Treating Nurse Date'; 'First Seen By Treating Nurse Time'; 'First Seen By Doctor Date' and 'First Seen By Doctor Time' are utilised to measure the Time To Treatment.

However, the default measure is the Date and Time attributed to the Doctor and only if this is blank, is the Date and Time attributed to the Nurse used as the base measure.

It is proposed that the Time To Treatment use as the base measure the first Date and Time (after Triage) recorded by either the Doctor or Nurse.

This new business rule would ensure that the Time To Treatment derived field is in fact an accurate evaluation of the time between Triage and when Treatment commenced.

Proposal #8

Submission and Processing Modification

Proposed by:

Information Analysis Unit, Department of Human Services

Contact: Peter Darby, Telephone: 9616 7629

Reason for Proposed Change:

The VEMD processing configuration currently involves the following:

- Hospitals transmit the monthly VEMD data submission to the Department
- The Department processes the file to identify any errors in data
- The entire monthly file, including all identified Rejections and Warnings, is returned to hospitals
- Hospitals review file and correct any errors identified via the Rejections and Warnings
- Hospitals then transmit a new VEMD extract, including all amendments
- The Department processes the file to identify any errors in data.

This process loop continues until the monthly file is submitted without any rejected episodes.

It has been proposed that the Department alter the 'edit loop' with the intention of returning an abridged file to the hospitals. This file would contain only the episodes allocated rejections or warnings during processing. Episodes submitted without any errors are to be stored, by the Department as completed data.

As a result of the proposed modification hospitals would only need to review those episodes with allocated either rejections or warnings. The appropriate corrections can be made and re-transmitted to the Department.

It is anticipated that the modification would decrease both the time taken to review and correct files at hospitals but also the processing time at the Department as well as a substantial reduction in the amount of memory required to transmit the entire monthly file.

Previously accepted episodes can be amended or deleted with the submission of a new episode record with the appropriate amendments. Once the amended episode has been acceptance the originally accepted episode will be overwritten with the amended episode.

To delete the episode a deletion record must be sent, this is a copy of the accepted episode record with a Medicare number equal to '9999999999'.

Proposed Data Items for Deletion

Proposal #9

Inpatient Bed Request

Proposed by:

Health Data Standards and Systems, Department of Human Services
Contact: Greg O'Connell, Telephone: 9616 7327

Reason for Deletion:

This data item provides redundant information that can be obtained via a simple evaluation of the *Inpatient Bed Request Date* and *Inpatient Bed Request Time* data items. If a date and time is present in the above data items it can be ascertained that an inpatient bed was requested.

The *Inpatient Bed Request* data item has been proposed for deletion from the VEMD, Version 7.0

Proposal #10

Body Region

Proposed by:

Health Data Standards and Systems, Department of Human Services

Contact: Greg O'Connell, Telephone: 9616 7327

Reason for Deletion:

The information contained in the *Body Region* data item is largely redundant as the information is duplicated in the diagnosis fields. The data item also adds unnecessary layers of complexity to the collection and validation of the data and the underlying database programming at each site.

It is proposed that with some minor of modifications to the injury *Diagnosis* data items, to ensure a one-to-one relationship, the *Body Region* can be simply mapped from the *Diagnosis* fields.

The *Body Region* data item has been proposed for deletion from the VEMD, Version 7.0

Proposal #11

Nature of Main Injury

Proposed by:

Health Data Standards and Systems, Department of Human Services

Contact: Greg O'Connell, Telephone: 9616 7327

Reason for Deletion:

The information contained in the *Nature of Main Injury* data item is largely redundant as the information is duplicated in the diagnosis fields. The data item also adds unnecessary layers of complexity to the collection and validation of the data and the underlying database programming at each site.

It is proposed that with some minor of modifications to the injury Diagnosis data items, to ensure a one-to-one relationship, the Nature of Main Injury can be simply mapped from the Diagnosis fields.

The Nature of Main Injury data item has been proposed for deletion from the VEMD, Version 7.0

Proposed New Edits

Proposal #12

Exxx Departure Date &/or Time > Arrival Date &/or Time. (Total Length of Stay Cannot be Less Than One Minute).

Proposed by:

Information Analysis Unit, Department of Human Services

Reason for Proposal:

There are no VEMD edits to capture and reject episodes submitted with a *Departure Date* and *Departure Time* equal to the *Arrival Date* and *Arrival Time*. As a result, approximately 30 records per month are submitted to the VEMD detailing a length of stay of '0' due to the exact particulars being present for the date and time fields.

It has been proposed that an edit verifying that the *Departure Date* and *Departure Time* are not equal to the *Arrival Date* and *Arrival Time* be incorporated into the VEMD.

Effect	REJECTION
Problem	The Departure Date specified in this record is earlier than the Arrival Date. The Departure Date must be a date equal to or later than the Arrival Date. OR The record's Departure Date equals the Arrival Date, but the Departure Time is equal to or less than the Arrival Time. If the Arrival and Departure Date items are the same, the Departure Time must be later than the Arrival Time.
Remedy	Confirm Arrival and Departure Dates and Times, correct as appropriate and resubmit the transaction.

Proposal #13

Exxx Duplicate Unique Key

Proposed by:

Health Data Standards and Systems Unit, Department of Human Services

Reason for Proposal:

A data analysis of the VEMD has revealed several instances where hospitals submit episodes with different Patient Identifiers but the Unique Keys are the same.

It has been proposed that a VEMD edit be written to check duplicate business keys, such as the campus code and unique key, to verify that the submitted record truly has a 'Unique' key.

Effect	REJECTION
Problem	This record has the same Unique Key as another record but a different Patient Identifier.
Remedy	Check the Patient Identifier and Unique Key of all applicable attendances: If Unique Key is wrong, correct it and resubmit the transaction; If the Patient Identifier is wrong, correct it and resubmit the transaction.

Proposed Modifications to Existing Edits

Proposal #14

E219 Length Of Stay > 10 Days

Proposed by:

Information Analysis Unit, Department of Human Services

Reason for Proposal:

Recent data analysis has identified that several hospitals are reporting Lengths of Stay in the Emergency Department of more four days and that according to the sites concerned, these are accurate.

It was proposed that the upper limit of four days be extended to 10 days, whilst maintaining the edit as a REJECTION error.

Effect	REJECTION
Problem	The calculated difference between the Arrival Date and Departure Date gives a Length of Stay greater than 4 <u>10</u> days.
Remedy	Check the Arrival and Departure Dates, correct any erroneous items and resubmit the transaction. If the Arrival and Departure dates are correct, contact the HDSS Helpdesk.

Abbreviations Used in the Document

DHS	Department of Human Services Victoria
ED	Emergency Department
EDCG	Emergency Demand Co-ordination Group
EDIS	Emergency Department Information System
HDSS	Health Data Standards & Systems Unit, Acute Health Division, DHS
IAU	Information Analysis Unit, Acute Health Division, DHS
ICD-10-AM	Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification
MUARC	Monash University Accident Research Centre
NHDD	National Health Data Dictionary
NLI	National Localities Index
PRS/2	Patient Reporting System Version 2: Computer system by which hospitals transmit admitted patient data to Department of Human Services
VEMD	Victorian Emergency Minimum Dataset
VISAR	Victorian Injury Surveillance and Applied Research System
VISS	Victorian Injury Surveillance System

