

Proposals for revisions to Victorian Emergency Minimum Dataset (VEMD) for 1 July 2005

December 2004

Published by the Victorian Government Department of Human Services
Melbourne, Victoria

© Copyright State of Victoria 2004

This publication is copyright, no part may be reproduced by any process
except in accordance with the provisions of the *Copyright Act 1968*.

This document may also be downloaded from the Department of Human
Services' Health web site at:

<http://www.health.vic.gov.au/hdss/>

Authorised by the State Government of Victoria, 555 Collins Street,
Melbourne.

Table of Contents

| | |
|--|---|
| Executive Summary..... | 4 |
| Introduction | 5 |
| The VEMD proposals consultation process | 5 |
| Orientation to this document..... | 5 |
| Proposed revisions/additions to concept definitions, data items, business rules (non-tabular), and reference files..... | 6 |
| Proposal 1 - Indigenous Status..... | 6 |
| Indigenous Status..... | 7 |

Executive Summary

Each year the Department of Human Services (DHS) reviews the data elements and format of the Victorian Emergency Minimum Dataset (VEMD). 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 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 main document on how to do so.

In order to be accepted into the VEMD 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.

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 two edits

Introduction

The VEMD proposals consultation process

Each year the Department of Human Services (DHS) reviews the data elements and format of the Victorian Emergency Minimum Dataset (VEMD). This review seeks to ensure that the 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 the VEMD, as at the time of its release in December 2004. This should not be regarded as a complete list of changes to be made for 2005—06. 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 2005. Confirmed changes will be published in the document '*Specification for Revisions to the VEMD for 1 July 2005*', which will be published in February 2005.

It is expected that release of these proposals will stimulate discussion within the health industry.

Prompt 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 provided with this document, and forwarding it to the Department as indicated, **by 28 January 2005**. Copies of the proforma may be obtained from the HDSS web site located at <http://www.health.vic.gov.au/hdss> .

There will be a **summary presentation** of these proposals during the **HDSS Forum** to be conducted in **February 2005**. If you have any questions or comments, it is important to forward these promptly, as responses to feedback will be provided at the forum, where question time may be limited.

There will be further opportunity to provide written comment following the forum.

Orientation to this document

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

- New values and definitions relating to existing items appear in boxes
- ~~Redundant values and definitions relating to existing items are struck through.~~
- *[Comments relating to the proposal document only appear in square brackets and italics.]*
- The text is divided into the categories of 'Specification' and 'Administration' as presented in the *Victorian Admitted Episodes Dataset (VEMD 9th Edition, 1 July 2004)*.
 - 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.

Abbreviations

| | |
|------|--|
| AIHW | Australian Institute of Health and Welfare |
| DHS | Department of Human Services |
| HDSS | Health Data Standards and Systems |
| KHSU | Koori Human Services Unit |
| NHDD | National Health Data Dictionary |
| VEMD | Victorian Emergency Minimum Dataset |

Proposed revisions/additions to concept definitions, data items, business rules (non-tabular), and reference files

Proposal 1 - Indigenous Status

It is proposed to Add 2 items to the Indigenous Status code set.

Proposed by **Mary Sullivan**, Senior Project Officer, Koori Human Services Unit
Department of Human Services
Phone: 9616 6981, Email: Mary.Sullivan@dhs.vic.gov.au

Implementation Date 1 July 2005

Background Accurate data on Aboriginal status is required in order to assess and improve the health status of Aboriginal and Torres Strait Islander people. The proposal supports this aim, and is consistent with the National Health Data Dictionary (NHDD) Guide for use of this data item.

Data will be used to assess Aboriginal hospitalisation by the Koori Human Services Unit (KHSU) and the AIHW.

Indigenous Status (*Amend*)

Specification

Definition An Aboriginal or Torres Strait Islander is a person of Aboriginal or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander and is accepted as such by the community in which he or she lives.

Datatype Numeric **Form** Code

Field size 1 **Layout** N

Reported for Every Emergency Department presentation.

| Code set | Code | Descriptor |
|-----------------|-------------|--|
| | 2 | Not indigenous - Not Aboriginal or Torres Strait Islander origin |
| | 5 | Indigenous - Aboriginal but not Torres Strait Islander origin |
| | 6 | Indigenous - Torres Strait Islander but not Aboriginal origin |
| | 7 | Indigenous - Aboriginal and Torres Strait Islander origin |
| | 8 | Question unable to be answered |
| | 9 | Patient refused to answer |

Reporting guide This information must be collected for every emergency department attendance. It must not be one of the hospital's patient master index items. Systems must not be set up to input a default code.

Rather than asking every patient about their indigenous status, first ask the patient. "Were you born in Australia?":

- If No, the patient should be asked, "What country were you born in?"
- If Yes, the patient should be asked, "Are you of Aboriginal or Torres Strait Islander origin?"

If the patient answers Yes to being of Aboriginal or Torres Strait Islander origin, then ask further questions to record correctly the person's indigenous status.

Patient is baby or child

The parent or guardian should be asked about the indigenous status of the child's mother or father. If the mother of a newborn baby has not identified as being of Aboriginal or Torres Strait Islander descent, hospital staff should *not* assume the baby is non-Aboriginal; the father may be of Aboriginal or Torres Strait Islander descent.

How to obtain this information:

Rather than asking the patient about their Indigenous Status, first ask the patient 'Were you born in Australia?':

- If 'No', the patient should be asked 'What country were you born in?'
- If 'Yes', the patient should be asked 'Are you of Aboriginal and/or Torres Strait Islander origin?'

If the patient answers Yes to being of Aboriginal or Torres Strait Islander origin, then ask further questions to record correctly the person's indigenous status.

Patient is baby or child

The parent or guardian should be asked about the indigenous status of the child's mother or father. If the mother of a newborn baby has not identified as being of Aboriginal or Torres Strait Islander descent, hospital staff should *not* assume the baby is non-Aboriginal; the father may be of Aboriginal or Torres Strait Islander descent.

Edits

E105 Indigenous Status Invalid
 E107 Aboriginal or Torres Strait Islander Origin But Not Australian Born
 E360 Indigenous Status and Preferred Language Mismatch

Administration**Purpose**

To:

- Enable planning and service delivery, and monitoring of indigenous health at state and national level.
- Facilitate application of specific funding arrangements.

Principal data users

Koori Health Unit (Public Health, DHS).
 Monash University Accident Research Centre
 Hospital Demand Management (Metropolitan Health Service Relations Branch, DHS)
 Financial Analysis & Purchasing Branch (Metropolitan Health & Aged Care Services, DHS)

Collection start

1 July 1995

Version

1 (Effective 01/07/1995)
 2 (Effective 01/07/1999)
 3 (Effective 01/07/2005)

Definition source

NHDD

Code set source

NHDD, modified