

Specifications for revisions to the Victorian Emergency Minimum Dataset (VEMD) for 1 July 2007

March 2007

FINAL DRAFT

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

© Copyright State of Victoria 2007

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, 50 Lonsdale Street,
Melbourne.

FINAL DRAFT

Table of Contents

EXECUTIVE SUMMARY	4
INTRODUCTION.....	5
The need for VEMD modifications	5
Distribution and components of this document	5
Orientation to this document	5
AMENDED DATA DEFINITIONS	6
Introduction of SACC Country Codeset	6
Introduction of Australian Standard Classification of Languages (ASCL) Preferred Language codeset.....	9

FINAL DRAFT

Executive Summary

This document details the revisions to the Victorian Emergency Minimum Dataset (VEMD) for 1 July 2007. These revisions are summarised below:

1. Replace ASCCSS Country codeset with SACC Country codeset for Country of **Residence** reported in the Locality data element to standardise across collections.
2. Replace ASCCSS Country codeset with SACC Country codeset for Country of **Birth** data element.
3. Replace the existing Preferred Language codeset with the Australian Standard Classification of Languages (ASCL) Preferred Language codeset.

Introduction

The need for VEMD modifications

From 1 July 2007, changes to the Victorian Emergency Minimum Dataset (VEMD) are necessary to assist Victorian health program monitoring, planning and policy development by the Department of Human Services (DHS).

Due to the minimal changes being made for July 2007, a formal proposals document was not circulated, however these changes were discussed at the EDIS Review Committee in December 2006 and comments from hospitals and software suppliers regarding proposed changes have been taken into account and where possible, suggestions have been accommodated.

Distribution and components of this document

This document will be distributed to all Victorian hospitals, software suppliers known to have Victorian clients, and to a range of industry bodies and DHS staff. It provides the following information:

- Amended, deleted and new concept definitions, data items and business rules.
- Reference files to be updated for 1 July 2007.
- End of financial year considerations.

Victorian hospitals are required to arrange for their software to be modified in accordance with the revised specifications in time to meet reporting obligations for 2007-08.

Any questions related to this document may be directed to the HDSS Help Desk on 9096 8141, or HDSS.Help-Desk@dhs.vic.gov.au.

Orientation to this document

- New values and definitions relating to existing items appear in boxes
- ~~Redundant values and definitions relating to existing items are struck through.~~
- *[Comments relating only to the proposal document appear in square brackets and italics.]*
- Page numbers representing cross-referencing to another section of the VEMD Manual are represented by a #.

Further information such as the background to each specified change, is provided.

Amended Data Definitions

Introduction of SACC Country Codeset

Revision Summary	Introduction of SACC codeset to meet Commonwealth Reporting requirements, and for consistency with other data collections. In VEMD this change affects the Country of Birth data element and the Locality data element. The Locality data element is only affected for those records where the patient's country of residence is not Australia.
-------------------------	--

Implementation Date 1 July 2007

Implementation Notes The change will align VEMD with:

- the NHDD
- other DHS data collections, such as VINAH
- HealthSMART.

It will also facilitate Commonwealth reporting requirements.

Like the ASCCSS codeset, the SACC codeset uses a four-digit numeric code to represent countries. Many codes are duplicated between the two classifications but represent different countries. Therefore, HDSS will be undertaking a data quality analysis to identify services that appear not to have updated their codeset prior to sending July 2007 data.

It is not intended this change introduce extra work for data collection staff rather that it be managed in hospital systems' reference tables.

For the **Locality** data element:
All VEMD episodes with a Postcode of 8888 must be submitted using the SACC codeset.

Reference files for both the **country of residence** and the **country of birth** will be made available in due course at:
<http://www.health.vic.gov.au/hdss/reffiles/index.htm>
These files will also map the new (SACC) codeset to the old (ASCSS) codeset.

Country of Birth

Specification

Definition The country in which the patient was born.

Datatype Numeric **Form** Code

Field size Four **Layout** NNNN

Reported for Every Emergency Department presentation.

Reporting guide Select the code which describes the patient's Country of Birth as precisely as possible.

Report the country in which the patient was born, not the country of residence.

~~Australian born:~~

~~Patients born in Australia should be reported under the State in which they were born.~~

~~Please Note:~~

~~1100 – Australia not otherwise specified.~~

~~This code should only be used when no further details are available.~~

See Supplementary Code Lists – (web based only) - (Country of Birth Codes) <http://www.health.vic.gov.au/hdss/reffiles/index.htm>.

Edits

- E100 Country of Birth Invalid
- E102 Unusual Country of Birth
- E103 Invalid Combination of Date Of Birth, Arrival Date and Country Of Birth
- E107 Aboriginal or Torres Strait Islander Origin But Not Australian Born

Administration

Purpose Country of Birth is important in the study of access to services by different population sub-groups. This item is required for analysis of service utilisation, need for services and epidemiological studies.

Principal data users Monash University Accident Research Centre; Statewide Emergency Program, DHS.

Collection start 1 July 1995 **Version** 1 (Effective 01.07.95)
2 (Effective 01.07.07)

Definition source DHS; NHDD **Code set source** Australian Standard Classification of Countries for Social Statistics. (Australian Bureau of Statistics, catalogue no. 1269.0). NHDD

Introduction of Australian Standard Classification of Languages (ASCL) Preferred Language codeset

Revision Summary	<p>Introduction of ASCL 2nd Edition codeset to meet Commonwealth Reporting requirements, and for consistency with other data collections.</p> <p>Reference files for the Preferred Language codeset will be made available in due course at: http://www.health.vic.gov.au/hdss/reffiles/index.htm These files will also map the new (ASCL) codeset to the old codeset.</p>
-------------------------	--

Preferred Language

Specification

Definition The language (including sign language) most preferred by the patient for communication. This may be a language other than English even where the person can speak fluent English.

Datatype Alpha/numeric **Form** Code

Field size Two **Layout** NN

Reported for Every Emergency Department presentation.

Reporting guide Report valid codes as documented in Supplementary Code Lists (Preferred Language).

This information must:

- Be checked for every emergency presentation
- Not be set up to a default code on computer Emergency Department Information systems
- Be collected on, or as soon as possible after, admission.

The standard question to ask is:

What is [your] [the person's] preferred language?

Patient is unable to consent (eg baby, child or elderly):

Where a person is not able to consent for themselves (eg baby, child or elderly) then the language of the person who is consenting will be recorded. For example a parent/guardian or someone with enduring power of attorney.

Reporting guide
(Cont)

97 8000 Other Australian Indigenous languages, NEC

Includes:

- All Australian Indigenous languages not shown separately on the code list.

98 0002 Not Stated

Includes:

- Patients who are not able to respond to this question during their admission (for example unconscious).
- Child unaccompanied by an adult, who is too young to identify preferred language in relation to the ability to consent.

This question on the form was not completed, or completed incorrectly and cannot be verified throughout the admission.

Further reference:

<http://babel.uoregon.edu/yamada/geoguides.html>

<http://www.ethnologue.com/>

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

Edits

- E110 Preferred Language Invalid
- E359 Invalid Combination of Interpreter Required /and Preferred Language
- E360 Indigenous Status and Preferred Language Mismatch
- E361 Preferred Language is Unspecified

Administration

Purpose This item is an indicator of ethnicity and assists multilingual service planning and provision.

Principal data users Monash University Accident Research Centre; Statewide Emergency Program, DHS.

Collection start	1 July 1995	Version	1 (Effective 01.07.95)
			2 (Effective 01.07.95)
			2 (Effective 01.07.07)

Definition source	NHDD	Code set source	NHDD; ABS mod Aust. Stand. Classification
--------------------------	------	------------------------	---

- Related items** Section 3:
- *Country of Birth*
 - *Indigenous Status*
 - *Interpreter Required*

Administration

Purpose For planning and to form the basis for future funding allocation for Culturally And Linguistically Diverse (CALD) hospital service provision.

Principal data users Monash University, Victorian Injury Surveillance, Statewide Emergency Services – DHS,

Collection start 1 July 1995

Definition source NHDD **Code set source** NHDD; ABS ~~mod~~ Aust. Stand. Classification 2nd Edition (2005)