

# Bulletin

Health Data Standards and Systems

**Issue 103 – 21 July 2006**

Attention: Health Information Managers – For Action  
VAED/ESIS/VEMD/AIMS Submission Officers – For Action  
VAED/ESIS/VEMD/AIMS Software suppliers – For Action  
Emergency Department Directors – For Action

This edition of the Health Data Standards and Systems (HDSS) Bulletin has been published in electronic format only. It has been posted on our website at: <http://www.health.vic.gov.au/hdss/bulletin/103-210706.pdf> and can be viewed as a downloadable file.

This bulletin provides information regarding:

- Hospital Code Table Updates
- DHS and Australian Government Circular updates
- Reimbursement arrangements for software changes 2006-07
- Reporting of Leave – Clarification of previous advice
- Mental Health episodes for Victorian Workcover Authority (VWA) patients
- PICQ update – 2004-05 and 2005-06
- Contract/Spoke Identifier for Interim Payments
- ESIS Data Quality and Timeliness Penalty Calculations 2006-07
- AIMS updates for 2006-07 and 2005-06 end of financial year

Please download the document from our website. If you do not have internet access, please contact the HDSS Help Desk to obtain a hard copy of this bulletin. It is essential that this document be distributed to relevant staff in your organisation.

Yours faithfully,

Andrew Brown  
Manager, Health Data Standards and Systems  
Metropolitan Health and Aged Care Services Division  
Department of Human Services

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## Global Update

### 103.1 Hospital Code Table Updates

An updated version of the Hospital Code Table file, including the details below, has been posted onto the HDSS Website:

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

The excel file contains multiple worksheets that categorise public, private and non-Victorian hospitals, both in alphabetical and numerical order.

#### Hospital merger

As of 1 June 2006, St Georges Health – Normanby House will merge with St Georges Health Aged Care. Campus Code 1440 will effectively close and all activity regarding Normanby House should be reported using Campus Code 1700.

Previous name	VAED code	Merged with	VAED code	Effective date
St Georges Health – Normanby House	1440	St Georges Health	1700	1 June 2006

Approvals to provide services under Care Types 5G and 5T have been transferred to campus code 1700. The Supplementary Code Lists has been updated:

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

### 103.2 DHS circular update

The following circulars have been released, and can be found at:

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

#### Hospital Circular 10/2006

Subject:

1. Provision of patient information to the Lions Corneal Donation Service - Melbourne

#### Hospital Circular 13/2006

Subject:

1. Victorian Workcover Authority: Changed arrangements for payment of inpatient mental health services in designated mental health units

### 103.3 Australian Government circular update

The following circulars have been released:

**PHI 43/06 Private Health Insurance Branch structure and areas of responsibility**  
**PHI 44/06 Private Hospital name change – Victoria**  
**PHI 45/06 Funding of the prostheses arrangements through full cost recovery**

Private Health Insurance circulars can be found at:

<http://www.health.gov.au/internet/wcms/Publishing.nsf/Content/health-privatehealth-providers-circulars.htm>

To subscribe to the circulars, email your subscription details to Private Health Insurance Branch at [privatehealth@health.gov.au](mailto:privatehealth@health.gov.au)

### 103.4 Reimbursement arrangements for software changes for 2006-07

As advised previously, the Department will be providing reimbursement for hospitals for changes to software systems for VAED, VEMD and ESIS reporting.

Hospitals and Health Services were previously requested to provide quotations for changes in order for appropriate funds to be allocated in the 2006-07 budget.

To obtain reimbursement upon successful completion of works, Hospitals and Health Services should advise DHS that they are satisfied with the works completed, provide supporting documentation of actual costs, and the actual invoiced amount.

This advice must be provided using the 'Vendor Actual Cost Forms (VAED, ESIS and VEMD) for 1 July 2006' on the HDSS web site at:

[http://www.health.vic.gov.au/hdss/forum/vendor\\_actual\\_costs\\_form\\_2006-07.doc](http://www.health.vic.gov.au/hdss/forum/vendor_actual_costs_form_2006-07.doc) .

These forms must reach HDSS by fax, post or e-mail by **close of business 01 September 2006**.

It is expected that funds will be cash-flowed to Hospitals and Health Services in late September/early October 2006. Note that some Hospitals and Health Services have already received reimbursement (from funds provided by the Commonwealth) for VAED GEM and Rehabilitation reporting and the amounts disbursed later in the year will reflect this. As the total available funding for changes is capped, actual amounts reimbursed may be varied at DHS' sole discretion, particularly where actual costs exceed the quoted amounts.

Reimbursement amounts will be paid to Hospitals and Health Services, Hospitals and Health Services will have responsibility for making payments directly to software vendors and other parties, such as health IT alliances.

The above excludes:

- (a) APET; DHS will directly arrange and pay for changes to APET.
- (b) iSoft Homer; DHS will directly pay iSoft systems for changes to Homer.

## 103.5 HDSS Website Changes

A new HDSS Bulletin index has been added for bulletins released in 2005 and 2006.

<http://www.health.vic.gov.au/hdss/bulletin/bullindex2005.htm>

The index for bulletins released prior to 2005 has been moved to the HDSS Archive.

The VAED page has been re-arranged, and a new page added, listing changes to VAED specifications that occur outside the 1 July revisions process including changes to edits, business rules, ICD-10-AM library files, etc.

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

## Victorian Admitted Episodes Dataset (VAED)

### 103.6 Clarification – Reporting of Leave

Bulletin 101 contained an article on the Reporting of Leave to the VAED (101.11). It has come to the attention of HDSS that the second sentence in the paragraph below can be misinterpreted. The amendments below seek to clarify the business rules:

If a patient is admitted to Hospital A and is transferred to Hospital B for treatment with the intention of returning to Hospital A within seven days, Leave With Permission days or Contract Leave days (if treated under a contract arrangement) must be reported by Hospital A for the duration of stay in Hospital B. Patients on normal leave (Leave With Permission) **should not** be separated and transferred to Hospital B if the intention is for the patient to return to Hospital A within seven days.

There is no limit to the number of days of Contract Leave that can be reported.

### 103.7 Performance Indicators for Coding Quality 2004 update

Performance Indicators for Coding Quality (PICQ) is a product developed by the National Centre for Classification in Health (NCCH). It contains a series of indicators which analyse admitted patient morbidity data coded with ICD-10-AM and is based on the Australian Coding Standards and coding conventions. The Health Data Standards and Systems (HDSS) Unit purchased a statewide PICQ 2004 licence for use by Victorian public and private hospitals. To date 59 Victorian hospital sites have applied to obtain the PICQ 2004 software. The number of these sites that regularly use PICQ is not known by HDSS.

In preparation for the end of the financial year, HDSS has run the 2005-06 data to date (as of 17 June 2006 VAED consolidation) through the PICQ 2004. The results of this process will be used to highlight areas where additional coder education is required and will form the basis of education material published in future editions of the *ICD Coding Newsletter*.

Please contact Catherine Perry ([Catherine.Perry@dhs.vic.gov.au](mailto:Catherine.Perry@dhs.vic.gov.au) or 9096 6928) if your hospital would like to:

- Apply for access to PICQ 2004 to able to run PICQ and potentially improve coding quality as measured by warning and fatal indicators, or
- The details of the episodes triggering Fatal indicators only (for data submitted by 17 June 2006), to allow problems to be corrected before consolidation. (Please note that HDSS is currently unable to commit to providing this service on an ongoing basis).

Additionally where a single hospital has more than 50 episodes triggering the same fatal indicator (excluding indicator 101411 as the *Victorian Additions to Australian Coding Standards* invalidates the indicator in Victoria) the hospital will be contacted, and coders requested to amend their coding practice.

After the 2005-06 VAED has been consolidated (17 September 2006), all coded data will be run through PICQ again, and benchmarking information published on the HDSS website.

Hospitals are also encouraged to contact HDSS if they would like:

- Assistance in understanding the logic of any of the PICQ indicators, or
- To report a perceived error/problem in PICQ (which will be forwarded to NCCH if this can not be resolved by HDSS staff), or
- Assistance in producing an extract that can be used by PICQ. Note: It is understood that Homer sites will be able to create a PICQ extract with new functionality to be released late July/early August.

## 103.8 PICQ 2006

HDSS is in the process of negotiating for a Statewide licence for PICQ 2006, which has been designed to be used with ICD-10-AM Fifth Edition. Until this is available, PICQ 2004 can continue to be used; however when PICQ 2006 becomes available it would be advisable to re-run the same data through the new version of PICQ.

## 103.9 Contract/Spoke Identifier for Interim Payment

HDSS has created a new Contract/Spoke Identifier for patients receiving 'Interim payments for long-stay high-cost patients' under section 2.2.2 of the Victoria-Public Hospitals and Mental Health Services Policy and Funding Guidelines 2006-07. Hospitals should not report this Contract/Spoke Identifier unless advised to do so by HDSS.

### **New Contract/Spoke Identifier**

0710 Department of Human Services: Interim payment

PRS/2 has not yet been updated with this new code. It is expected that this will be incorporated into an update shortly after the 1 July 2006 changes have been implemented. Affected hospitals will be contacted when they are able to report this Contract/Spoke Identifier.

## 103.10 Outstanding data, diagnosis records and notifiable edits

As there is less than two months until final consolidation on 17 September, HDSS will be contacting hospitals that have outstanding data, outstanding diagnosis records, and those that have not responded to, or corrected, notifiable edits.

To identify diagnosis records that have not been successfully submitted to the VAED, you should request an Outstanding Diagnosis Report with your next PRS/2 transmission file. Refer to the VAED Manual, Section 6: *Request Reports* for details. Alternatively, contact HDSS to receive a list of episodes for which diagnosis records are outstanding.

If have submitted June data but still have outstanding data to submit, you can re-submit June header dates to PRS/2 repeatedly until all data has been successfully submitted.

## 103.11 Mental Health episodes funded by the Victorian Workcover Authority

Hospitals with approved Mental Health Services should note the publication of Hospital Circular 13/2006 describing the changed arrangements for payment of admitted patient mental health services in mental health units for Victorian Workcover Authority (VWA) patients. It is essential that the correct Care Type (that is Care Type 5x) be reported for these patients. Hospitals will be invoicing the VWA directly, with no statement being generated by PRS/2. A VWA statement is produced for Acute (Care Type 4) patients only as this provides DRG and WIES details that are not required for patients being funded using a per diem arrangement.

# Elective Surgery Information System (ESIS)

## 103.12 ESIS Data Quality and Timeliness (DQT) Penalty calculations 2006-07

The methodology for calculation of Data Quality and Timeliness (DQT) penalties for ESIS for data submitted with an extract end date after 30 June 2006 will be as follows:

### Requirement 1:

#### **All reportable activity for a given month to be submitted to DHS by the tenth day of the following month.**

In the normal course of business, this will be derived on the eleventh day of that month (or the next working day thereafter) from the latest extract end-dates received. If the latest extract end-date is after the end of the previous month, a site will be deemed to have met this reporting requirement. If, despite meeting this reporting requirement, it is later discovered that reportable activity is missing from a given month, and that the missing activity materially affects the hospital's Elective Surgery KPIs, DQT penalties may still be imposed.

#### Example 1:

On 11 August 2006 HDSS sees that the latest file received from Hospital '5000' (Test Hospital) is 5000\_06\_07\_30\_003.zip. Extract end date is 30 July. Reporting requirement not met.

#### Example 2:

On 11 August 2006 HDSS sees that the latest file received from Hospital '5000' (Test Hospital) is 5000\_06\_08\_01\_003.zip. Extract end date is 1 August. Reporting requirement met.

#### Example 3:

On 11 August 2006 HDSS sees that the latest file received from Hospital '5000' (Test Hospital) is 5000\_06\_08\_01\_003.zip. Extract end date is 1 August. The reporting requirement has been met provisionally, however it is later discovered that the reportable activity for last ten days of July was not in that, or any previous submission. Reporting requirement has therefore not been met.

### Requirement 2:

#### **Rejection and notifiable edits (excluding Transfer edits that match data between sites) to be resolved within 21 days.**

This again will be derived by subtracting the extract end-dates of the submissions in which an edit first appears, from the extract end-date in which is first observed to be resolved.

#### Example:

Edit S147 (Surgical Specialty Invalid) first triggers for episode 000123456 in the run for 5000\_06\_08\_01\_003.zip, so the clock starts 1 August. In 5000\_06\_08\_09\_004.zip it triggers again. In 5000\_06\_08\_26\_005.zip the edit no longer triggers for this episode. The episode end date is 26 August and therefore it is deemed to have taken 25 days to resolve this edit. Reporting requirement not met.

The closer a site sets their extract end dates to the current date, the longer they will give themselves to make corrections. Maximum penalties that can be applied in relation to

Requirement 1 and Requirement 2 has been published in *Victoria – Public hospitals and Mental Health Services Policy and Funding Guidelines 2006–07, General Conditions of Funding (Section 6.8)*.

The department may apply penalties of:

- (a) \$2,000 if a full month's activity is not submitted by the timeline specified above;
- (b) \$1,000 for each Rejection and Notifiable edit that is not resolved by the timeline specified above; and,
- (c) \$2,000 for each Rejection and Notifiable edit that is not resolved within one month of the timeline specified above.

## AIMS Update

### 103.13 Data Collections for 2006-07: Summary of Changes

The document outlining changes to AIMS data collections for 2006-07 and business justifications for these changes has been released in electronic format on the AIMS website at <http://www.health.vic.gov.au/aims/data2007.htm>. Please forward this information to the relevant staff who need to be aware of these changes.

Development of the revised AIMS On-line Entry system for 2006-07 (AIMS 2007) is progressing well and will be released in early August 2006. An email will be sent out to all nominated AIMS contacts advising when the system will be ready for data entry.

Version 14.0 of the AIMS Manuals will be released on the AIMS website over the next few weeks.

Please contact the AIMS Help Desk via email [helpdesk@healthcollect.vic.gov.au](mailto:helpdesk@healthcollect.vic.gov.au) or phone 9096 8595 for any queries regarding the revised reporting requirements.

### 103.14 AIMS 2005-06 End of Financial Year

The level of compliance for submission of AIMS returns has improved significantly this year and we would like to take this opportunity to thank all agencies that have submitted data and responded to queries and requests in a timely manner.

To ensure the smooth completion of the 2005-06 reporting year, all agencies must now submit any outstanding returns, including the month of June, and ensure that forms are ticked as complete. All data should be submitted and verified by 17 September 2006.

To check forms are complete and accurate, please refer to the AIMS online entry system compliance reports and year-to-date hospital activity reports located under the Hospital Reporting folder. Compliance reports are under Hospital Compliance 2005-06 and year-to-date reports are under Hospital Activity Reports 2005-06. Where an error is detected, then a correction should be submitted. Please remember all data submission is reflected on the hospital activity reports the following day.

## Contact Details

The Health Data Standards and Systems (HDSS) Unit of the Metropolitan and Aged Care Services Division has responsibility for maintaining data standards for five Victorian health data collections:

- Victorian Admitted Episodes Dataset (VAED)
- Victorian Emergency Minimum Dataset (VEMD)
- Elective Surgery Information System (ESIS)
- Agency Information Management System (AIMS)
- Victorian Integrated Non-Admitted Health Minimum Dataset (VINAH-MDS)

The HDSS Bulletin, produced on an ad hoc basis, provides:

- Answers to common questions recently directed to the HDSS Helpdesk;
- Communication regarding the implementation of revisions to data collection specifications, including notification of amendments to specified data collection reference tables;
- Feedback on selected data quality studies undertaken; and
- Information on upcoming events.

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

### HDSS Help Desk:

Telephone: (03) 9096 8141 Fax: (03) 9096 7743

Email: VAED [HDSS.HelpDesk@dhs.vic.gov.au](mailto:HDSS.HelpDesk@dhs.vic.gov.au)  
VEMD [submit.vemd@dhs.vic.gov.au](mailto:submit.vemd@dhs.vic.gov.au)  
ESIS [ESIS.ESIS@dhs.vic.gov.au](mailto:ESIS.ESIS@dhs.vic.gov.au)

### AIMS Help Desk:

Telephone: (03) 9096 8595 Fax: (03) 9096 7743

Email: [helpdesk@healthcollect.vic.gov.au](mailto:helpdesk@healthcollect.vic.gov.au)