

Bulletin

Health Data Standards and Systems

Issue 110 – 10 November 2006

Attention: Health Information Managers – For Action
VAED/ESIS/VEMD/VINAH Submission Officers – For Action
VAED/ESIS/VEMD/VINAH 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/110-101106.pdf> and can be viewed as a downloadable file.

This bulletin provides information regarding:

- Hospital Code Table Updates
- Australian Government circular update
- Revised definition of "Campus" (VAED, ESIS and VEMD)
- VAED - Resumption of PRS/2 processing
- VAED – Batch WIES calculation
- VAED - Revision of submission deadlines
- VAED -Issues with PRS/2 processing of 2006-07 data
- ESIS – S287 issues
- ESIS Manual – Section 3 released

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

110.1 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>

Interim Care (Care Types E and F) Approval

The following hospital has been granted approval for Interim Care (Care Types E and F).

Name	Campus code	Effective date
Williamstown Hospital	1460	1 December 2006

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

110.2 Australian Government circular update

The following circulars have been released:

PHI 69/06 Increase in Private Health Insurance Ombudsman's Levy
PHI 68/06 Amendments to the basic default table of health insurance

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

Victorian Admitted Episodes Dataset (VAED)

110.3 Resumption of PRS/2 processing

On Wednesday night, 1 November 2006, a power failure caused technical issues that meant PRS/2 files could not be processed. This issue was resolved at 4.30pm on Monday 6 November. Files that were sent since last Wednesday have processed and do not need to be resubmitted.

110.4 Batch WIES processing

PRS/2 processing will be suspended from Friday afternoon on 10 November in order for the batch WIES process to take place, which will re-calculate WIES values for all 2006-07 records. Processing will resume Monday 13 November.

110.5 Revision of submission deadlines

Due to problems with edits and delays in processing, as well as the number of sites experiencing software difficulties, the submission deadlines have been reviewed and are now detailed in the table below.

Month of data	Record Type	Normal due date	Revised due date
July 2006	Episode Records (E3)	17 August 2006	17 November 2006
	Diagnosis Records (X3/Y3)	17 September 2006	17 November 2006
	Sub-Acute Records (S3)	17 September 2006	17 November 2006
August 2006	Episode Records (E3)	17 September 2006	17 November 2006
	Diagnosis Records (X3/Y3)	17 October 2006	8 December 2006
	Sub-Acute Records (S3)	17 October 2006	8 December 2006
September 2006	Episode Records (E3)	17 October 2006	8 December 2006
	Diagnosis Records (X3/Y3)	17 November 2006	8 December 2006
	Sub-Acute Records (S3)	17 November 2006	8 December 2006

Hospitals anticipating problems in meeting submission deadlines must apply for an extension in writing to Andrew Brown, Manager Health Data Standards and Systems, Funding Health and Information Policy, Metropolitan Health and Aged Care Services. Hospitals that have previously applied are not required to re-apply for extension.

110.6 Issues with PRS/2 processing for 2006-07

The following issues have been identified in PRS/2 processing for 2006-07 data:

WIES Reports

Problem: For some sites, WIES figures are not calculating for some patients making the total figures incorrect. A batch process will be run in order to correct the values in the database and replacement WIES reports will be delivered to hospitals. Hospitals are not required to re-submit data.

Status: Batch WIES process to be run 10 November. Hospitals will receive updated reports via the Performance Reporting and Analysis Unit.

Workcover Vic-DRG Statements

Problem: The VIC-DRG Base Fee was not updated for 2006-07 and in some cases the WIES value is incorrect. A batch process will be run to produce statements for all submitted episodes with separation dates after 1 July 2006. Hospitals are not required to re-submit data.

Status: Statements will be re-generated after the batch WIES process has been run, as the WIES values used for calculation of fees need to be updated.

S3/X3/V3 edits where E3 is rejected

Problem: A number of edits are being incorrectly triggered when the episode record is an Update record and is rejected, and an S3, V3 and/or X3 has been submitted. Because the update has been rejected, the episode remains unseparated on the PRS/2 database, therefore the S3, V3 and X3 records should reject with an edit indicating that the record cannot be processed because the episode is unseparated, such as R196 on the X3 record.

Examples of the incorrect edits that have been reported include *R323 Mechanical Ventilation > Total Stay* on the X3 record, and *W334 Hospital Generated DRG Not Equal to PRS/2 DRG* on the X3 record.

Status: This problem has been resolved. Hospitals should check the E3 episode record for rejection edits, and once the episode is amended and re-submitted, the S3, V3 and X3 records should then be edited correctly.

User Reconciliation Report

Problem: Some hospitals have reported problems in the calculation of the PRS/2 totals in this report.

Status: The problem is currently being investigated.

110.7 Revised definition of Campus

For 1 July 2006 the definition of Campus has been revised as follows:

Campus

Definition A physically distinct site owned or occupied by a public metropolitan health service/hospital, where treatment and/or care is regularly provided to patients.

Guide for use For the purposes of reporting to the VAED:

A **single campus hospital** provides admitted patient services at one location, through a combination of overnight stay beds and day stay facilities, or day stay facilities only.

Unless designated otherwise by DHS, a **multi-campus hospital** has two or more locations providing admitted patient services, where the locations:

- Are separated by land (other than public road) not owned, leased or used by that hospital.
- Have the same management at the public metropolitan health service/hospital level.
- Each has overnight stay facilities. A separate location (see first dot point) providing day only services, such as a satellite dialysis unit, is considered to be part of a campus.
- Are not private homes. Private homes where hospital services are provided are considered to be part of a campus.

The Department holds that, as a general principle, VAED reporting should identify activity at each campus. Patient activity must be reported under the campus code at which it occurred. Any multi-campus hospital not currently reporting on this basis, or intending to change from single to multi-campus or vice versa, should discuss this with DHS.

Refer to:

- Section 2: *Hospital and Transfer*.
- Section 3: *Campus Code*.

Elective Surgery Information System (ESIS)

110.8 S287 - Scheduled Admission Date Exceeded

On October 31 2006 the following email was sent out to all ESIS submission officers:

"...It has recently been discovered that the above edit is currently failing to detect all instances where a Scheduled Admission Date has been exceeded. Statewide, 472 scheduling (aka "SET SAD") events currently exist where:

- a) The episode is currently reported to DHS as being unremoved, AND
- b) The reported Scheduled admission date in question, is prior to 1 October 2006, AND
- c) No "REASON SAD CHANGED" event to cancel the SET SAD event, appears to have been successfully reported.

Eighty five percent of the errors identified occur at just five sites. Fortunately only 170 of these have PPPs < 500.

The logic behind edit S287 is that if the scheduled admission did not take place (i.e. episode is unremoved) there must be some reason why it did not take place, and this must have been conveyed to the patient on or before the SAD.

Possible causes:

- a) The episode's removal has not been successfully reported, OR
- b) The "REASON SAD CHANGED" event related to the booking by the SAD Identifier has not been successfully reported, OR
- c) The booking in question was entered in error and should be deleted.

When correcting the attached records, sites should bear in mind that the only thing that can be changed about an intra-episode event is the event value. In all other cases (e.g. where the SAD Identifier or Event Date are incorrect) your system must send a DELETE for the incorrect record and send a new one.

Please note that the published logic of S287 has not changed. The software implementation of that edit will be updated to capture the above class of error on Tuesday 7 November. Data processed on or after this date will receive the benefit of this change, and it will be applied to all bookings relating to these unremoved episodes. This edit will now trigger where episodes are:

- a) unremoved, AND
- b) scheduling is "uncancelled" (no "REASON SAD CHANGED" event for this booking exists AND
- c) the Scheduled Admission Date is earlier than the extract end date.

If your system gives you no capacity to correct these errors, you should contact your software vendor (and let HDSS know). If you have any questions regarding this, please respond to ESIS.ESIS@dhs.vic.gov.au

110.9 Revised definition of Campus

For 1 July 2006 the definition of Campus has been revised as follows:

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Guide for use A **single campus hospital** provides admitted patient services at one location, through a combination of overnight stay beds and day stay facilities, or day stay facilities only.

Unless designated otherwise by DHS, a **multi-campus hospital** has two or more locations providing admitted patient services, where the locations:

- Are separated by land (other than public road) not owned, leased or used by that hospital.
- Have the same management at the **public metropolitan** health service/hospital level.
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- Are not private homes. Private homes where hospital services are provided are considered to be part of a campus.

Note: Data is not always submitted to ESIS at the campus level. For health services managing their waiting list centrally, data may be submitted at the health service level.

Refer to:

- Section 2: *Submitting Organisation*.

110.10 ESIS Manual 9th Edition 2006-07

A draft version of the ESIS Manual 9th Edition 2006-07, Section 3 has been placed on the HDSS website:

<http://www.health.vic.gov.au/hdss/esis/2006-07/manual/index.htm>

Other sections of the manual will be added when they become available and printed manuals will be delivered to hospitals once they have been completed.

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)

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/VINAH HDSS.Helpdesk@dhs.vic.gov.au
VEMD submit.vemd@dhs.vic.gov.au
ESIS ESIS.ESIS@dhs.vic.gov.au

AIMS Help Desk:

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

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