

Bulletin

Health Data Standards and Systems

Issue 111 – 30 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/111-301106.pdf> and can be viewed as a downloadable file.

This bulletin provides information regarding:

- Australian Government & DHS Circular Update
- VAED – Issues with PRS/2 processing for 2006-07
- VAED – Data submission deadlines
- VAED – Changing episodes from TAC/DVA to another Account Class
- VAED – Release of Proposals for Revisions to PRS/2 and VAED for 1 July 2007
- ESIS – Reconciling ESIS data with in-house data
- ESIS - Edit S287 – Scheduled Admission Date Exceeded
- VEMD – Edit 375 and VEMD Version 11 Editor
- VINAH - Amendment to Section 3 of the VINAH Manual v2

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,

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Metropolitan Health and Aged Care Services Division
Department of Human Services

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Global Update

111.1 Australian Government circular update

The following circulars have been released:

PHI 70/06 **Private Health Insurance Branch structure and areas of responsibility**
PHI 71/06 **Amendments to the August 2006 Protheses List**
PHI 72/06 **General Hospital Information – WA, VIC, NSW, SA**

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

111.2 DHS circular update

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

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

Hospital Circular 22/2006

Subject:

1. Australian Health Care Agreement : Compliance with Charges for Patients other than Public Patients.

Hospital Circular 25/2006

Subject:

1. Public Health Medical Workforce EBA – New Workplace Agreements

Victorian Admitted Episodes Dataset (VAED)

111.3 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 were not calculating for some patients making the total figures incorrect.

Status: A batch WIES process was run successfully on 10 November 2006. WIES reports produced as a result of transmission file processing are now correct. Please note that WIES reports provided recently by the Performance Analysis and Reporting Unit were based on data from the 17 November 2006 consolidation and therefore data may have changed if more data has been transmitted since that date.

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: A batch run of statements for all separations from 1 July 2006 was run on 28 November 2006 and reports will be delivered to hospitals.

User Reconciliation Report

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

Status: The problem was resolved on 22 November 2006.

Transmitted Transaction Report – Transaction counts

Problem: For some sites, the number of 'Rejected', 'Warnings', 'Notifiable' and 'Fatal' records may not be calculated correctly.

Status: The problem is currently being investigated.

Overlapping Episode errors

Problem: R027 or R063 may be triggered on a record where a deletion record for the same UR Number has been submitted in the same transmission file.

Status: This problem was resolved on 22 November 2006.

Edit 192 Invalid Combination Intention to Readmit / Separation Mode

Problem: This edit is still triggering as a "Fatal" edit, F192, but should be triggering as a "Rejection", R192. Any episode triggering this edit **must** be fixed and re-submitted.

Status: This problem was resolved on 22 November 2006. The episodes that were accepted but triggered "Fatal" edit 192 will be sent to hospitals in the Notifiables spreadsheets, and **must** be rectified and re-submitted to PRS/2.

111.4 Data submission deadlines

As advised in Bulletin 110, data submission deadlines have been revised as follows (note the addition of October data to the table):

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
October 2006	Episode Records (E3)	17 December 2006	17 December 2006
	Diagnosis Records (X3/Y3)	17 December 2006	17 December 2006
	Sub-Acute Records (S3)	17 December 2006	17 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.

111.5 Edit change for changing episode from TAC/DVA to another Account Class

If an episode has been submitted as TAC/DVA with a V3 record but is then submitted as another Account Class, then a deletion record must be sent for that episode, followed by an update record. Note that it is not necessary to delete the episode and send on a new Unique Key. It is only necessary to submit a deletion record and then an update record for the same Unique Key.

It was discovered that a bug was allowing a change of Account Class without a deletion record, but the V3 data then remains on the PRS/2 database. This bug was rectified for 2006-07 data submissions.

111.6 Release of Proposals for Revisions to PRS/2 and the VAED for 1 July 2007

Proposals for revisions to PRS/2 and the Victorian Admitted Episodes Dataset (VAED) for 1 July 2007 have been distributed to hospitals and software suppliers with this bulletin. Copies are also available on the HDSS website:

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

A feedback proforma is provided on the last page of the document. Feedback can be forwarded to the HDSS Help Desk (HDSS.Helpdesk@dhs.vic.gov.au) and must be received before 18 December 2006.

Final acceptance of proposals is dependent on the Executive Director, Metropolitan Health and Aged Care Services, based upon recommendations by the Data Management Advisory Committee (DMAC).

Anyone with queries or comments is welcome to contact HDSS to discuss the proposals.

Elective Surgery Information System (ESIS)

111.7 Reconciling ESIS Data with In-House Data

It is in ESIS Submitting Organisations' interests that they develop and utilise an internal reconciliation process to ensure that information held by DHS is reflective of the actual waiting list at the hospital end. From time to time sites may fail to transmit all changes to their waiting episodes (such as the removal of that episode). This may be due, for example, to hospital systems failing to detect changes, or sites failing to transmit a batch of data after it has been extracted but flagging in their system that it has been transmitted. In any event, if sites are not reconciling internal data with data from DHS, the likelihood decreases that synchronisation problems will be quickly identified.

To enable reconciliation, DHS returns to sites tab delimited text files containing Patient, Episode and Intra Episode data in the same format originally received from sites. These files are what DHS believes to be the state of the site's waiting list, as at the most recent extract end date. These files are known as Operational Data Store (or ODS) text files.

Perhaps the most important reconciliation that can be undertaken quickly, is to ensure that unremoved episodes as at the latest extract end date, are the same at your site as they are in the ODS text files that come back after that extract is processed. To do this, your database administrator should develop an extract that can be run as soon as possible after an ESIS submission is generated (and every time it is generated). This in-house extract should list all episode identifiers (preferably in the same format as that sent to DHS) for episodes where the removal date is null or greater than the extract end date. A workflow might be something like this:

Step 1	12 November 2006 08:20	Generate ESIS submission, setting the extract end date as say 10 November 2006.
Step 2	12 November 2006 08:45	Generation of submission complete. Send to DHS.
Step 3	12 November 2006 09:00	Interrogate in-house system along following lines: SELECT [ESIS-format Episode Identifier] (and any other fields of interest) FROM [in-house waiting list data] WHERE ([Removal Date] is NULL) OR ([Removal Date] > 10 November 2006) Save this data as a text file in a safe place with a meaningful name (eg WL_Unremvd_at_20061112.txt).
Step 4	14 November 2006 15:00	ODS files are returned from DHS. Hospital's data analyst imports file HHHH_06_11_10_ODS_e.txt into analysis/reporting tool of choice. Also imports extract generated at 12 November 2006 09:00. Perform the necessary queries to identify those UNREMOVED episodes: <ul style="list-style-type: none"> • At DHS but not at the site, OR • At the site but not at DHS. Investigate discrepancies.

The bigger the gap between step 2 and Step 3, the greater the likelihood of operational data entry causing the ESIS extract and the internal reconciliation extract to get out of sync. A few minutes gap is probably fine. A few days gap is not. Ideally, an IT solution to ensure data is

unchanged between the steps should be sought. Obviously this process won't reconcile the readiness, urgency and scheduling events, but it will be a significant step forward if you are still yet to progress this far.

To assist in reconciliation, data processed after 3 January 2007 will also generate a fourth ODS file (*ODS_C.txt). This will contain, for each episode for a given census month, all census calculations performed by DHS. It will enable sites to see, as at a given census date, the status of any individual episode in relation to such factors as:

- Readiness
- Urgency
- DOSA
- HIP count for that month
- Total Waiting Time
- Total Days Not Ready For Care

These census records are the underlying data used in the creation of the ESIS Control Reports. For data processed on or after 1 July 2007, Control Reports will be discontinued, because:

- Figures currently reported in the Control Reports will be able to be derived from data contained in the proposed *ODS_C.txt files. The *ODS_C.txt files will have the added advantage of identifying the underlying episodes.
- The intended purpose of a control report is to enable hospitals to reconcile their internal data with those data at DHS. The current Control reports fall short of this goal whereas the ODS text files can meet this need.
- An unfortunate side-effect of the production of the current Control Reports appears to have been a reduced incentive for some sites to develop internal waiting list management reports. However, the accuracy of the Control Reports is wholly dependant on the accuracy and completeness of the data coming from sites. If deficiencies in a site's reporting process means that sites cannot establish the accuracy of the extracts transmitted, reliance on the Control Reports will not resolve the issue.
- Although some Control Reports will coincide with statistics generated by the Access and Metropolitan Performance (AMP) Branch for monitoring a site's performance against KPIs, they are not intended to replicate them. For the methodology used in deriving AMP's KPIs please refer to <http://www.health.vic.gov.au/electivesurgery/busrule07.pdf> (relevant AMP contact details are listed therein).

111.8 S287 - Scheduled Admission Date Exceeded

There are three changes to S287 that have taken place recently. Submission Officers have been advised of all changes via group e-mails.

A summary of the changes is as follows.

1. Effective 21 November 2006: S287 will now trigger for Bookings where:
 - a. the booking is uncancelled, AND
 - b. the episode is unremoved, AND
 - c. the Scheduled Admission Date is earlier than the Extract End Date
2. Effective 28 November 2007: S287 will also now trigger for Bookings where:
 - a. the event date of cancellation for this booking is later than the Scheduled Admission Date
3. It is possible for a patient to be admitted as planned but after the date of admission for their awaited surgery to be cancelled. S287 as it currently stands does not allow this scenario to be validly reported. This stems from the ESIS collection's historic emphasis on the scheduling of admissions, as opposed to the scheduling of procedures. To allow this to be reported, effective 28 November 2006, HDSS will relax this edit to a notifiable. The only circumstances for which a Notifiable will be accepted are those described.

Points 1 and 2 have no effect on the business logic of the edit as published, rather they involve changes to the software implementation of the edit. Point 3 though, has changed the business logic of the edit and therefore it has been republished to

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

Victorian Emergency Minimum Dataset (VEMD)

111.9 Edit E375 and MS Access® VEMD Version 11 editor

Submission officers were advised by group e-mail on 20 November 2006 that an issue has been identified in the software implementation of VEMD edit E375 "First Seen By Mental Health Practitioner Date/Time Invalid". In rare circumstances it was triggering for valid data. This has been corrected and the narrative of this edit has also been clarified. Please note that the logic of the edit as specified and published has not changed.

E182 "First Seen By Treating Clinician Date/Time and Departure Status Comb Invalid" has also had a minor bug corrected.

A revised version of the MS Access VEMD Editor (1.0.1) has been posted to:
<http://www.health.vic.gov.au/hdss/vemd/index.htm>.

Please contact submit.vemd@dhs.vic.gov.au if you have any questions.

Victorian Integrated Non-Admitted Health (VINAH) MDS

111.10 Amendment to Section 3 of the VINAH Manual v2

An amended version of Section 3 of the VINAH Manual v2 has been released and published to the HDSS website.

It contains a number of errata and enhancements for the first release, and alters the reporting schedule for several 'demographic' data elements. The summary of changes is reproduced below.

The changes to the VINAH validation engine are expected to be implemented by the first week in December 2006.

Summary of Changes

- The Reported for and Reported when specification items of the following data elements have been modified. The intent is to allow reporting of these data elements to be delayed until the first *Client Service Event Date*. Where no client service events occur within a case, these data elements are therefore optional.
 - Carer Availability
 - Carer Residency Status
 - Country of Birth
 - Indigenous Status
 - Living Arrangement
 - Type of Usual Accommodation
- The following data elements have been re-sequenced correctly in the manual:
 - HARP-CDM flag
 - Date Care Plan Documented
- The data element *Batch Control Identifier* was omitted from Part II and has been included.
- The data element *Episode Identifier* was omitted from Part II and has been included.
- The data element *Health Service Identifier* was included in both Part I and Part II; the Part I version being the SACS MDS (VINAH version 1) version of the data element. The incorrect data element has been removed from Part I.
- The data element *Source of Referral* has been renamed *Referral Source* and conceptually differentiated from its use as *Referral Destination*; although both elements share the same data element specification and code set. The reporting guide has also been clarified and the data element appropriately sequenced.
- The reporting guide for the data element *Message Visit Indicator Code* now includes an appropriate reference to the ADTA08 message.
- The Location specification item for all data elements has been expanded as follows:
 - Now includes the HL7 Segment and Field location of the data element as well as the message set short name
 - The presence of a dagger (†) now indicates that the item is optional in the HL7 message (although it may still be required for validation edits)

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>

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