

Bulletin

Health Data Standards and Systems

Issue 116 – 26 June 2007

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/116-260607.pdf> and can be viewed as a downloadable file.

This bulletin provides information regarding:

- Hospital Code Table Updates
- DHS and Australian Government Circulars
- VAED: Admission Type for Maternity Admissions
- VAED: Audit – Patient Election
- VAED: Errata to Specifications for 1 July 2007
- VAED: 1 July data processing
- VEMD: Late Implementation of July 2007 Changes
- VEMD: 2007-08 Editor
- VEMD: Changes to edits for 2007-08
- VEMD: New edits for 2007-08
- ESIS: Late Implementation of July 2007 Changes

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

116.1 Hospital Code Table Updates

An updated version of the Supplementary Code Lists, including the details below, has been posted onto the HDSS Website:

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

Rehabilitation Program Level 1 (Care Type 2) Approval

The following hospitals have been granted approval for Care Type 2 services.

Name	Campus code	Effective date
Angliss, The	1590	1 July 2007
Casey Hospital	3660	1 July 2007
Monash Medical Centre (Clayton)	1170	1 June 2006
Peter James Centre, The	2120	1 July 2007

Paediatric Rehabilitation Program (Care Type P) Approval

The following hospitals have been granted approval Paediatric Rehabilitation, which will be reported as Care Type P from 1 July 2007.

Name	Campus code	Effective date
Monash Medical Centre (Clayton)	1170	1 July 2007
Royal Children's Hospital	1191	1 July 2007

A Supplementary Code List for 2007-08, including the details below, has been posted onto the HDSS Website:

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

Hospital Name Change

Old Name	New Name	Campus Code
Knox Health Care Facility	Wantirna Health	2330

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.

116.2 DHS circular update

The following circulars have been released, and can be found at:
<http://www.health.vic.gov.au/hospitalcirculars/>

Hospital Circular 11/2007

Subject:

1. Public Hospital Fee Changes

116.3 Australian Government circular update

The following circulars have been released:

PHI 33/07	General hospital information
PHI 34/07	Amendment to Clause 50 of the 2003-08 Australian Health Care Agreements
PHI 35/07	General hospital information
PHI 36/07	Amendments to the June 2007 Protheses List
PHI 37/07	Re-registration of private health insurers

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)

116.4 Admission Type for Maternity Admissions

Hospitals are reminded that there is a hierarchy of codes when allocating Admission Type. The first applicable code in the list should be allocated. Code M *Maternity* is the third code after S *Statistical Admission* and Y *Birth Episode* so it should be used in preference to any subsequent code for the admission of a pregnant female of 20 or more weeks' gestation, or a female within 42 days of her having given birth, for a condition primarily related to her current or recent pregnancy.

Patients admitted under the above circumstances are specifically excluded in the definitions of Codes C and O (Emergency admissions) where the primary treatment relates to the pregnancy or recent pregnancy.

Deliveries are not considered elective admissions and therefore code L Admission from the Waiting List does not apply, regardless of whether the patient is 'booked' for admission.

Code X Other Admission should not normally be used because, as there is a hierarchy of codes, M will apply before X.

Additional edits are being considered for episodes with delivery-related DRGs where the Admission Type is not M.

From 1 July 2007 a new Notifiable edit will come into affect:

633 Delivery Episode, Adm Type not M (New)

Effect NOTIFIABLE

Problem The episode Record has a DRG that indicates a delivery episode (O01A, O01B, O01C, O02A, O02B, O60A, O60B, or O60C), but the Admission Type is not M *Maternity*.

Remedy HDSS acknowledges that for a small number of episodes this data item is correct. Check Admission Type, noting that the list of codes is a hierarchy and the first applicable code in the list should be allocated. If incorrect, amend as appropriate and re-transmit the E4. Alternatively, contact the HDSS Helpdesk to confirm that information is correct. Where the data has not been corrected or confirmed HDSS will periodically notify each hospital and ask them to do so.

116.5 VAED Audit – Patient Election

Preliminary information on the VAED audit project was distributed to public hospitals in September 2006. Site visits to review admitted patient data for 2005-06 commenced in December 2006 and were completed in early April. Reports for the sixty Victorian public hospital sites participating in this round will be available shortly via the web. The final report for this year of the VAED audit project is expected in July.

One aspect of the VAED audit was the review of patient election forms for samples drawn for the Department of Veterans' Affairs (DVA). The objective of this task was to evaluate the degree of compliance with the requirement, under the Hospital Services Arrangement between the State of Victoria and the Commonwealth Repatriation Commission, that eligible Veterans who are admitted, complete the election process.

Hospitals are reminded that eligible Veterans have the right to be treated as public patients and are only covered by this Arrangement if they elect to be treated as an eligible Veteran, and if that eligibility is then confirmed by DVA. Under the Arrangement, a Veteran is not eligible for DVA funding if he/she is a compensable patient in that admitted episode. It is therefore necessary that a formal signed election process occur at each admission of an eligible Veteran in order to satisfy DVA funding requirements under this Arrangement.

Hospitals are also reminded that election processes are required for all admitted patients under the terms of the Australian Health Care Agreement between the Commonwealth and the State, and under section 1 of the *Policy and Funding Guidelines – General Conditions of Funding 2006-07*. Each admitted patient must make this election before, at the time of, or as soon as practicable after, admission. This requirement applies equally to episodes that are planned or elective admissions, emergency admissions, including short-stay episodes, transfers in, and episodes that occur entirely as Hospital In The Home stays.

The DHS Fees Manual provides the following guidance:

Hospitals should note that all eligible persons have the choice to be treated as either public or private patients. Election to be treated as a public or private patient must be made by the patient or their legally authorised representative before, at the time of, or as soon as practicable after admission. The patient or their legally authorised representative should sign a statement acknowledging that they have been fully informed of the consequences of their election, that they understand these consequences and that they have not been directed by a hospital employee to a particular decision.

Where admitted patients or their legally authorised representatives do not make a valid or actual election, these patients will be treated as public patients and the hospital will choose the doctor until such time as a valid election can be made. When a valid election is made, that election can be considered to be for the whole episode of care commencing from admission.

All elections forms in use in Victorian public hospitals must comply with the National Standards [for Public Hospital Admitted Patient Election Processes (Schedule E of the Australian Health Care Agreement)]. Hospitals are requested to review their election forms in light of the National Standards and make any required amendments. To assist you, the patient election form and the accompanying information sheet [Victorian Public Hospitals-Information for Patients](#) are provided as samples [in the Fees Manual].

The Department is aware that some hospitals have developed election forms suitable to patients who require multiple or frequent admissions. This is appropriate provided that patients have the same information and choices as the single admission election form and the form is consistent with the National Standards and the Australian Health Care Agreement. Additionally, forms should be for a specified period, not exceeding six months, and nominate the hospital unit where the treatments will be provided.

DHS Circulars 22/2006 and 30/2004, and Fees Manual, provide further details, accessible at:
<http://www.health.vic.gov.au/hospitalcirculars/circ06/circ2206.htm>
<http://www.health.vic.gov.au/hospitalcirculars/circ04/circ2504.htm>
<http://www.health.vic.gov.au/feesman.fees2.htm>.

116.6 Errata to VAED Specifications for 1 July 2007

E4 Record Length

Please note that the record length for the E4 record should read 274, not 275.

Hospital Insurance Status

The new paragraph beginning 'Persons covered by insurance....' added to the Reporting Guide in the Data Definition for Hospital Insurance Status has an error and should read:

Persons covered by insurance for benefits for ancillary services only are included in ~~2~~ **4**
No Hospital Insurance.

Edit 069 – Newborn from Overseas

Edits 069 and 234 did not include 1100 *Australia (includes External Territories)*, *nfd*. Edit 234 has been amended to include 1100, but on review, it has been decided that edit 069 will trigger for any Country of Birth code other than 1101 *Australia*. The modified edits appear below:

069 Newborn From Overseas (Amended)

Effect NOTIFIABLE

Problem The E3 E4 Episode Record's age at admission is zero days but the Country of Birth code is not one of those indicating 1101 Australia (~~1100 to 1299~~ ~~1101-1199~~).

Remedy HDSS acknowledges that for a small number of episodes this combination of data items is correct. Check Date of Birth, Country of Birth and Admission Date. Where incorrect, amend as appropriate and re-transmit the E3 E4. Alternatively, contact the HDSS Helpdesk to confirm that information is correct. Where the data has not been corrected or confirmed HDSS will periodically notify each hospital and ask them to do so.

- *This is possible if the baby has been flown in from overseas for emergency treatment on date of birth, or was born in transit by air or sea from overseas.*

234 Aboriginal/Ts Island But Not Aust Born (Amended)

Effect NOTIFIABLE

Problem The E3 E4 Episode Record's Indigenous Status indicates the patient is of Aboriginal or Torres Strait Islander origin (5, 6 or 7) but the Country of Birth is not one of the codes indicating Australia (~~1100 to 1299~~ ~~1100 – 1199~~).

Remedy HDSS acknowledges that for a small number of episodes this combination of data items is correct. Check Indigenous Status and Country of Birth. Where incorrect, amend as appropriate and re-transmit the E3 E4. Alternatively, contact the HDSS Helpdesk to confirm that information is correct. Where the data has not been corrected or confirmed HDSS will periodically notify each hospital and ask them to do so.

Interpreter Required/Indigenous Status editing

The table published in the Specifications for Revisions contained an error in that code 0001 *Non-Verbal, so described* was included. This code was removed in version 2.03 of the ASCL codeset. A review of the table has resulted in some other minor changes, namely formatting changes, and code 0000 *Inadequately described* now requires an Interpreter Required code of 1 or 2, not 3.

Interpreter Required and Preferred Language

Valid combinations. Only fields that cannot contain the full code set are listed.

If Interpreter Required is	then Preferred Language must be
1 Yes	00-18, 20-95, 97 <> (0002 or 1201)
2 No	00-95, 97 <> 0002
3 Not Stated	96, 98 0002
If Preferred Language is	then Interpreter Required must be
00-18 <> (0002 or 1201) Refer VAED Manual Section 9 Preferred Language	1, 2
19 1201 English	2
20-95 Refer VAED Manual Section 9 Preferred Language	1, 2
96 0000 Inadequately described	3
97 Non verbal, so described (including sign languages eg: Auslan, Makaton)	1, 2
98 0002 Not stated	3

Edits

592 Invalid Comb Int Req/Pref Lang

To clarify, the new table (without changes indicated) appears below:

Interpreter Required and Preferred Language

Valid combinations. Only fields that cannot contain the full code set are listed.

If Interpreter Required is	then Preferred Language must be
1 Yes	<> (0002 or 1201)
2 No	<> 0002
3 Not Stated	0002
If Preferred Language is	then Interpreter Required must be
<> (0002 or 1201) Refer VAED Manual Section 9 Preferred Language	1, 2
1201 English	2
0002 Not stated	3

Edits 592 Invalid Comb Int Req/Pref Lang

116.7 Library file update 1 July 2007

The prefix edit on diagnosis code Z39.1 has been modified to allow the reporting of a C prefix with this code.

Diagnosis code	Description	Change	Specification
		PREF (Column M)	
Z391	Care and examination of lactating mother	9- 0	WARN if Prefix = A

116.8 PRS/2 Processing for 2007-08

Hospitals are requested not to send data for the 2007-08 year until advised by HDSS. If files are sent to The Pay Office they will be returned (if sent on disk) or removed (if sent electronically); they will not be held. Once June data has been transmitted, further corrections to 2006-07 data should be made using the same header dates. For example, if the last file transmitted has header dates of 15 June to 30 June, those dates may be re-used for subsequent files containing updates and corrections. Hospitals should take into account the functionality of their software in determining header dates to be used, in order to ensure corrections may still be submitted before appropriate consolidation dates in the event that July data cannot be transmitted.

Any information on estimated dates of implementation or advice on when files may be transmitted will be provided via HDSS Bulletin. Please do not call the Help Desk as no information other than what is published will be available. In the first instance, check our website for updates. At this stage, no extended delays are anticipated. Information regarding possible exemptions for July data will be given at a later stage once an expected implementation date is published.

Victorian Emergency Minimum Dataset (VEMD)

116.9 Late Implementation of July 2007 Changes

On 25 June 2007 submission officers and software vendors were advised of the following by group e-mail:

HDSS has recently become aware that the specified changes for VEMD for 2007-08 are unlikely to be implemented in some systems until late July. Submission Officers will need to find out from their vendors and advise HDSS, what effect this will have on their July data.

Sites are still required to extract and submit the first 14 days of July data by 21 July. DHS will temporarily suspend editing related to Country of Birth, Country of Residence (Locality) and Preferred Language in order that the more important KPI data can still be made available to the end-users. Please note that these edits will be reactivated once systems are updated, and applied retrospectively to July data. This means that July data will eventually have to comply with the prescribed changes.

Once your vendors have implemented the required changes, sites will need to advise HDSS of the datetime the change took effect, and how the changes affect data collected prior to the datetime of the change. If your systems are unable to remap the old (invalid) values to the new values, you should advise HDSS. Provided we can establish what effect the changes have had, we may consider remapping your data in here on your behalf, based on the patient's arrival datetime and the datetime of the change, and the mapping tables previously published.

Specific edits to be temporarily relaxed for July data are: E100, E102, E103, E107, E110, E115, E359, E360, and E361.

116.10 2007-08 MS Access VEMD Editor

The beta release (version 0.9.1) of the VEMD Editor for 2007-2008 is available for download at <http://www.health.vic.gov.au/hdss/vemd/2007-08/vemdv12editor091.zip>

Sites and vendors wishing to test their 2007-2008 extracts can do so by downloading the beta 2007-2008 editor and testing on-site, or by submitting test extracts to DHS. To submit test extracts to DHS you must prefix the zip file with the word "TEST" for example:

TEST1010702a.zip

Known issues with the version 0.9.1:

- Edits E107 and E359 can produce incorrect results. Their logic has been corrected for the next release.
- Edits relating to Preferred Language Country of Residence (in Locality) and Country of Birth have not been disabled (see 116.9 above).

116.11 Changes to VEMD Edits for 2007-08

E103 Invalid Combination of Date of Birth, Arrival Date and Country of Birth (Notifiable)

This edit has been relaxed because the new Country of Birth codeset does not differentiate between the states in Australia in which a patient was born. It will now only trigger for presentations where country of birth is not '1101' and whose date of birth is equal to the date of attendance.

E372 Age Invalid (Notifiable)

Analysis has shown that for ED attendances where the patient's age at arrival is reportedly over 105, more than 95% are likely to be inaccurate estimates or data entry errors. Edit E372 has therefore been changed from a Rejection to a Notifiable and will trigger for attendances where the patient is 105 or older at attendance. It is expected that this change will affect fewer than 30 genuine dates of birth a year.

116.12 New VEMD Edits for 2007-08

Three new warning edits have been introduced for VEMD for 2007-08. In contrast to conventional edits that assess data quality at the individual record-level, these new edits will assess data at the site level, based on the historical profile of ED attendances at the site. The intention is to detect unusual patterns in the data that can be caused by mapping or extraction problems. Initially editing will focus on Country of Birth, Preferred Language and the expected number of attendances per day.

E379 Significant Change In Preferred Language Profile

<i>Effect</i>	Warning
<i>Problem</i>	The proportion of non-English speaking attendances this month differs significantly (+/- 3 standard deviations) from the proportion historically reported for your site.
<i>Remedy</i>	This will often be due to a mapping error or a problem with your system's VEMD extraction process. Compare affected records in the extract, with the data presented via the system's user interface. In unusual circumstances, the data will be correct. If so, no further action is required. If mapping is incorrect, contact vendor and HDSS for further advice.

If editing an incomplete month of data ignore this warning.

E380 Significant Change In Country Of Birth Profile

Effect	Warning
Problem	The proportion of non-Australian born attendances this month differs significantly (+/- 3 standard deviations) from the proportion historically reported for your site.
Remedy	<p>This will often be due to a mapping error or a problem with your system's VEMD extraction process. Compare affected records in the extract, with the data presented via the system's user interface. In unusual circumstances, the data will be correct. If so, no further action is required. If mapping is incorrect, contact vendor and HDSS for further advice.</p> <p>If editing an incomplete month of data ignore this warning.</p>

E381 Unexpected Number of Departures per Day

Effect	Warning
Problem	The number of departures reportedly occurring today is either unusually low (more than 3 standard deviations below the historic mean) or unusually high (more than 4 standard deviations above the historic mean). A low number could mean a failure to extract all activity. A high number could mean undetected duplication (e.g. systematic changes to URs AND Unique Keys).
Remedy	If activity has not been reported, submit it. If duplication in reporting, contact HDSS. If this is a genuine account of activity no action is required.

Elective Surgery Information System (ESIS)

116.13 Late Implementation of July 2007 Changes

HDSS has recently become aware that the specified changes for ESIS for 2007-08 are unlikely to be implemented in some systems until late July. Submission Officers will need to find out from their vendors and advise HDSS, what effect this will have on their July data.

To enable sites to continue reporting until the changes are implemented, sites are advised that:

- For **Country of Residence** (in Locality), the incidence of patient records being reported with an overseas locality is exceedingly rare, and unlikely to impact on reporting. Correction of errors relating to Country of Residence is not subject to Data Quality and Timeliness penalties.
- For **Reason For Scheduled Admission Date Change**, the end date for the current codeset has been extended to 31 July 2007, allowing sites to report from either codeset during July.
- For **MAPT Score** reporting is not mandatory and like other intra-episode events, can be added retrospectively, so no reporting is required until your July 2007 upgrade is implemented.
- For **Planned Length of Stay**, the end date for the "Planned Overnight" code has been extended to 31 July 2007, allowing sites to continue to use it during July.

These measures should ensure continuity of reporting while allowing vendors extra time to implement changes. Please continue to extract and submit to your normal schedule.

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

Email: helpdesk@healthcollect.vic.gov.au