

Bulletin

Health Data Standards and Systems

Issue 123 – 27 September 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/123-270907.pdf> and can be viewed as a downloadable file.

This bulletin provides information regarding:

- DHS and Australian Government Circulars updates
- Hospital Code Table Update
- Changing software
- VAED: Manual Updates
- VAED: Admission Weight definition
- VAED: ICD-10-AM/ACHI Library File update
- VAED: Country of Birth codes for Australia
- VAED: Link to Schedule 3 of the Day Only Procedures Manual
- VAED: Hospital Insurance Status and Hospital Insurance Fund reporting clarification
- VAED: Census Report reconciliation
- VAED: New Edit 635
- ESIS: Final Consolidation for 2006-07 ESIS data

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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Global Update

123.1 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>

New Campus Codes

Mt Eliza Centre (Peninsula Health) has changed Campus Code, and separate Campus Codes have been allocated for the other sites associated with Mt Eliza, as follows:

Name	Campus code	Effective date
Mt Eliza Centre (currently 4080)	4081	24 September 2007
Rosebud Rehabilitation Unit	4082	24 September 2007
Golf Links Road Rehabilitation and PCU	4083	24 September 2007
The Mornington Centre	4084	24 September 2007

Hospital Name Change

Old Name	New Name	Campus code
Dermatology & Cosmetic Laser Centre Pty Ltd	Victoria Parade Day Surgery	8160

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

123.2 DHS circular update

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

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

Hospital Circular 19/2007

Subject:

1. Public Hospital Charges - Changes: Nursing Home Type Patients (NHTP).

123.3 Australian Government circular update

The following circulars have been released:

PHI 59/07 Private Health Insurance (Benefit Requirements) Rules 2007 (No.3)

Private Health Insurance circulars can be found at:

<http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-phicirculars2007-index1>

To subscribe to the circulars, email your subscription details to Private Health Insurance Branch at privatehealth@health.gov.au

123.4 Changing Software

Hospitals are reminded that a period of testing is required when changing software and if upgrading to a significantly different version of the same software. The testing process ensures that issues are resolved before data is transmitted to the 'live' database and is beneficial to both DHS and the hospital. Many hospitals experience unexpected difficulties with new software and testing will help identify and resolve issues more easily. Resolution of issues can be considerably more problematic if they arise on production, especially for datasets that house data for all hospitals centrally and therefore 'rollback' for a particular site is not possible.

Entering a formal testing phase provides automatic exemption from deadlines during the testing period. If you do not advise DHS of your change of software and then experience difficulties which cause deadlines to be missed, no exemption from penalties will be granted.

Advising DHS will also enable us to provide advice, particularly with respect to changes of Unique Keys or UR Numbers, so that data integrity is maintained.

For VAED, Section 10 of the VAED manual contains a PRS/2 Testing Notification Form which must be completed and returned.

Victorian Admitted Episodes Dataset (VAED)

123.5 VAED Manual Updates

Sections 1, 2, 3 and 8 have been updated and posted to our website:

<http://www.health.vic.gov.au/hdss/vaed/2007-08/manual/index.htm>

A new page has been added which details the changes made and the page numbers affected:

http://www.health.vic.gov.au/hdss/vaed/2007-08/manual/manual_updates.htm

123.6 Admission Weight – Errata to Section 3 of the VAED Manual

The 2007-08 VAED Manual contained an error in the definition of Admission Weight which has now been rectified and a new version loaded to our website.

The manual incorrectly advises that the weight should be estimated when unknown. When the Admission Weight is unknown the weight should be reported as 9999 grams if the baby is over 27 days. If the baby is 27 days or less, the Admission Weight should be estimated. Reporting 9999 grams for a baby 27 days or less will result in R188 *Admission Weight Too High*.

123.7 ICD-10-AM/ACHI Fifth Edition library file modification

The coding practice edit on the following code has been changed to allow it to be used as a principal diagnosis.

Code	Description	Change	New Specification
		Coding Practices (Column K)	
R45.81	Suicidal ideation	†	None

Please ensure that this modification is made to the 2007-08 library file. Alternatively the updated library file is available for downloading at:

<http://www.health.vic.gov.au/hdss/reffiles/2007-08/vaed/libfil07.htm>

123.8 Country of Birth Codes for Australia

Following an initial review of the use of the SACC Country of Birth codes for 2007-08 and as a result of several Help Desk enquiries, the appropriate code to use for Australia requires clarification.

The SACC Country of Birth codeset is structured with a top-level 'catch-all' code for each region, or 'minor group'. For example, United Kingdom is 2100 but each country within the United Kingdom has its own code. It is expected that the more specific code be used whenever possible. So a patient born in Wales will be reported as 2106 rather than 2100.

Australia has a top-level code 1100 and three more specific codes: 1101 *Australia*, 1102 *Norfolk Island*, and 1199 *Australian External Territories, nec*. It is expected that 1100 will not usually be reported and under no circumstances should be used as a default code for Australia. In most cases, the more specific code should be used.

123.9 Link to Schedule 3 of the Day Only Procedures Manual

The web link to Schedule 3 of the Day Only Procedures Manual on the Commonwealth of Australia Law website has changed. Schedule 3 provides lists of Type B and C MBS Item Numbers. The link has been updated in Section 1 of the VAED Manual and is as follows: [http://www.comlaw.gov.au/ComLaw/Legislation/LegislativeInstrument1.nsf/0/4A140481341C7FBFCA2573590007113A/\\$file/1932007LI.pdf](http://www.comlaw.gov.au/ComLaw/Legislation/LegislativeInstrument1.nsf/0/4A140481341C7FBFCA2573590007113A/$file/1932007LI.pdf)

123.10 Hospital Insurance Status and Hospital Insurance Fund Reporting Clarification

For 2007-08, *Level of Insurance* was changed to *Hospital Insurance Status* with a new codeset, and *Health Insurance Fund* was changed to *Hospital Insurance Fund*. The HDSS Helpdesk has received a number of queries relating the Edit 314 *Fund but Uninsured* so we believe this area requires clarification.

The changes to these data items were made because DHS wants to collect health fund information only for patients covered by 'hospital' insurance, not for patients who have ancillary cover only. Those with ancillary cover only are considered 'uninsured' for our purposes. We are no longer collecting information on the 'level' of insurance, only on the insurance status, therefore it is not appropriate to report that a patient has private health insurance but the Hospital Insurance Status is unknown. If the patient is covered by hospital insurance, then the Hospital Insurance Status is 2 *Insured*. If the patient is not covered by hospital insurance, then the Hospital Insurance Status is 4 *Uninsured*. If the Hospital Insurance Fund is 999, the Hospital Insurance Status may be 4 *Uninsured*, or 9 *Unknown*.

123.11 Census Report Reconciliation

HDSS would like to draw hospital's attention again to the importance of reconciling your Census Report. The Census Reports lists episodes for which PRS/2 has no separation date. If the patient was separated before the census date then immediate action should be taken. Confirm that the record has a separation date on your inhouse system and send an update record to PRS/2 in your next file. The same action must be taken even if the patient was separated in a prior financial year. If these problems are not rectified, PRS/2 will continue to accumulate patient days causing statistics and research figures to be skewed.

Common errors that occur when patients are unseparated on PRS/2 but separated on your inhouse system include:

- Rejections for subsequent episodes due to overlapping dates, usually R027 or R063.
- Reconciliation report does not balance because a record is unseparated but is not in the current transmission file.

123.12 New Edit: *635 NBCSP but Age < 55 years*

A new rejection edit has been introduced for 2007-08. The details below have been included in Section 8 of the VAED Manual, a new version of which has been posted to our website.

635 NBCSP but Age < 55 years

Effect REJECTION

Problem The episode record has Contract/Spoke ID 0110 indicating that the patient is participating in the National Bowel Cancer Screening Program, but the Age at Admission is less than 55 years.

Remedy Only patients turning 55 or 65 years are invited to participate in the National Bowel Cancer Screening Program. Either the Date of Birth is incorrect or the patient should not be reported using Contract/Spoke ID 0100.

Elective Surgery Information System (ESIS)

123.13 Final Consolidation for 2006-07 ESIS data

The final consolidation of the ESIS 2006-07 data occurred on 19 September 2007.

Data that are removed from the ESIS website during a consolidation include:

- Episodes with removal dates that fall in any previous financial year,
- The intra episode events of the above episodes,
- The table of deleted episodes from prior financial years.

It may transpire that some systems will attempt to update one of these deleted records. Systems may also attempt to send an old episode (one removed in a previous financial year) for the first time. In either case, because final consolidation for that financial year has passed, the episode and any related intra episode records will not be inserted into the editing database.

If the episode was meant to have either:

- No Removal Date, or
- A Removal Date in the current financial year,

correct the episode record and resend it **and all related intra-episode events**.

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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