

# Bulletin

Health Data Standards and Systems

Issue 129 – 6 May 2008

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/129-060508.pdf> and can be viewed as a downloadable file.

This bulletin provides information regarding:

- DHS & Australian Government Circular updates
- Coding
  - Victorian ICD Coding Committee Membership Vacancies
  - Subsidy application for NCCH 6th edition education workshop
  - Victorian Additions to Australian Coding Standards and Victorian prefixes
  - Performance Indicators for Coding Quality
- VAED
  - Supplementary Code Lists Updates
  - Amendment to Edit 468
  - Amendment to Edit 058
  - National Bowel Cancer Screening Program: Changed reporting arrangements for 2007-08 and 2008-09
  - Outstanding data reminder
- VEMD
  - Reminder regarding use of free text fields
  - 2008-09 VEMD Diagnosis file
- VINAH
  - Clarification of VINAH specifications for 1 July 2008

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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Department of Human Services

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## Global Update

### 129.1 DHS circular update

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

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

#### **Hospital Circular 02/2008**

Subject: Non emergency patient transport to and from appointments at non admitted clinics at health services receiving the VACS Specified Grant – Ambulance Outpatient Clinic Charges

#### **Hospital Circular 06/2008**

Subject: Rural Public Health Care Agencies Alliances Policy

#### **Hospital Circular 09/2008**

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

#### **Hospital Circular 10/2008**

Subject: Highly Specialised Drugs Program

#### **Hospital Circular 12/2008**

Subject: Highly Specialised Drugs Program

### 129.2 Australian Government circular update

The following circulars have been released:

<b>PHI 10/08</b>	Second Tier Default Benefit Status, Nursing Home Type Patients
<b>PHI 11/08</b>	New ASCII Text File of the Medicare Benefits Schedule and New Private Hospital in Queensland
<b>PHI 12/08</b>	Declaration of hospitals under subsection 121-5(6) of the Private Health Insurance Act 2007

Private Health Insurance circulars can be found at:

<http://www.health.gov.au/internet/main/publishing.nsf/Content/health-phicirculars2008-index1>

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

## Victorian Admitted Episodes Dataset (VAED)

### 129.3 Supplementary Code Lists Updates

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

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

#### Program Approval

The following hospital(s) have been granted approval for Medihotel (Accommodation Type 7) services.

Name	Campus code	Effective date
Ballarat Health Services – Ballarat Base Hospital	2010	11 May 2008
Bendigo Health – Bendigo Hospital	1021	23 April 2008

### 129.4 Hospital Insurance Fund Name Change

*AMA Health Fund Limited* has changed name to *The Doctors' Health Fund Ltd*. *The Doctors' Health Fund Ltd* should be reported using code *AMA*.

### 129.5 Amendment to Edit 361 (Effective 1 July 2008)

As of 1 July 2008, Edit 361 *External Cause Code Missing* is being amended to look for External Cause codes V00-Y89 only, rather than any U to Y code. Codes U50-U73 are Activity Codes and Y92 are Place of Occurrence codes.

## 361 External Cause Code Missing

**Effect** REJECTION

**Problem** The X4/Y4 Diagnosis Record has a Diagnosis Code indicating an injury or poisoning (codes starting S and T), a post procedural complication or a code in other chapters where an External Cause code (~~codes starting U to Y~~ V00-Y89) is mandatory. The X4 does not contain an External Cause code following the (last) injury or poisoning code.

[On Library File: column N, ADD, code 1, without 2,6,8]

**Remedy** Check the Diagnosis Codes, amend as appropriate and re-transmit the X4/Y4

## 129.6 Amendment to Edit 468

Care Type 5E Mental Health Secure Extended Care Unit (SECU) has been added to the list of Care Types that are acceptable with lengths of stay greater than 365 days. Notifiable Edit 468 *Not Nursing Home Type, Length of Stay greater than 365 days* will no longer trigger for episodes with Care Type 5E.

## 468 Not NHT, LOS > 365 Days

**Effect** NOTIFIABLE

**Problem** The E4 Episode Record's Care Type is not 1 NHT/Non-Acute or F Interim Care Program – Nursing Home Type or 5T Approved Mental Health Service or Psychogeriatric Program, Mental Health Nursing Home Type, or 5E Mental Health Secure Extended Care Unit (SECU) and the calculated Length of Stay is > 365 days.

**Remedy** HDSS acknowledges that for a small number of episodes this combination of data items is correct. Check Admission Date, Care Type and Separation Date. Where 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.

## 129.7 Amendment to Edit 058

A bug fix has been applied to Edit 058 *Invalid Postcode/Locality*. The program was accepting records where the Postcode was 8888 *Overseas* but the Locality did not contain a valid Country code. All valid combinations of Country code and Postcode 8888 are listed in the Postcode/Locality Reference file available on our website:  
<http://www.health.vic.gov.au/hdss/reffiles/index.htm>

## 129.8 National Bowel Cancer Screening Program: Reporting arrangements for 2007-08 and 2008-09

For 2007-08 hospitals were required to report episodes for colonoscopies performed under the National Bowel Cancer Screening Program (NBCSP) using Contract/Spoke ID 0110 and Contract Type B. Originally these episodes appeared on the WIES Reports under 'External Payer' but this was considered inappropriate, particularly for non-designated hospitals, so was removed. NBCSP episodes are included in the WIES Fundable activity.

For designated sites, these episodes do not contribute to targets and are paid separately to the normal WIES payments. Payments may be subject to adjustment in the prior year adjustment process if the health service's WIES is not achieved.

In conjunction with the Cancer and Palliative Care Unit, we are currently cross-checking actual activity with that reported using Contract/Spoke ID 0110 and will contact hospitals if there are discrepancies to ensure that all activity is funded appropriately. Designated sites may contact the HDSS Helpdesk to confirm that all episodes have been reported to the VAED appropriately.

For 2008-09 the method of reporting will change. As the VAED needs to allow for the reporting of NBCSP activity from both designated and non-designated sites, the reporting arrangements need to be made flexible.

### ***New Funding Arrangement code***

A new Funding Arrangement code will come into effect on 1 July 2008. Funding Arrangement 8 *National Bowel Cancer Screening Program* should be reported by both designated and non-designated sites.

### ***WIES report***

The number of separations and their associated WIES total will be printed separately on the WIES Report. They will also be included in the WIES Fundable totals. Designated sites will need to subtract the totals for Funding Arrangement 8 from the WIES Fundable totals when considering targeted activity. For non-designated sites, the new WIES Report line items will be for information only.

The following edit and edit table changes will apply:

## 635 NBCSP but Age < 54 50 years

**Effect** REJECTION

**Problem** The episode record has ~~Contract/Spoke ID 0110~~ Funding Arrangement 8 indicating that the patient is participating in the National Bowel Cancer Screening Program, but the Age at Admission is less than ~~54~~ 50 years.

**Remedy** Only patients ~~turning 55 or 65 years between 1 May 2006 and 30 June 2008~~ over 50 years of age 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 0110~~ Funding Arrangement 8.

Edit 416 *Invalid Funding Arrangement:*

Code 8 to be added as a valid code.

Edit 424 *Not Separated: Fund Arr S/Be Spaces:*

Code 8 should not be reported if the patient has not been separated.

## Contracting: Funding Arrangement and Contract Fields

Valid combinations for public and private hospitals and day procedure centres.

Edits not applied until Separation Date present. If Funding Arrangement code is as shown in the first column, the various Contract fields must contain codes as shown in the Code column.

Funding Arrangement	Contract fields	Code
<i>Rest of table unchanged</i>		
8 National Bowel Cancer Screening Program	Contract Type	Space
	Contract Role	Space
	Contract/Spoke Identifier	Space
	Contract Leave Days MTD	Space
	Contract Leave Days YTD	Space
	Contract Leave Days Total	Space

## 129.9 Outstanding data and diagnosis records

As we are nearing the end of the 2007-08 financial year, please ensure that your PRS/2 transmissions are up-to-date and reconcile with actual activity, and that you have rectified or provided comments for all Notifiable Edits. The next round of Notifiable Edit spreadsheets will be emailed shortly. Public hospitals please note that if episodes with Notifiable Edits that have not been rectified or satisfactory comments not provided, the episode may be removed from the VAED for funding purposes. It is important to the Department that data is provided in a timely manner so that data quality can be monitored and errors rectified before final consolidation in September, after which time no further modifications are possible.

A recent check of the VAED revealed that a high number of hospitals have outstanding diagnosis records. Diagnosis records are outstanding if an Episode Record (E4) has been submitted but a Diagnosis Record (X4) has not been submitted, or has been submitted and was rejected. All facilities, including public, private and day procedure centres, are required to ensure that a Diagnosis Record is submitted and accepted for every separation.

For 2007-08, the Outstanding Diagnosis Report was made standard and is included in every report you receive back from a processed PRS/2 file. It will list every episode for the financial year where we have received an Episode Record but no Diagnosis Record. Please review this report and re-submit a Diagnosis Record for every episode listed. Once the records have been submitted you must check that they have been accepted. If they appear as rejected on your Transmitted Transaction Report (that is there is an 'R' with a number following in the far right side of the X4 record) then the problem must be rectified and the record submitted again until it is accepted.

If you have any transmission issues, or queries related to outstanding data, please contact our Help Desk on 9096 8141 or [HDSS.Helpdesk@dhs.vic.gov.au](mailto:HDSS.Helpdesk@dhs.vic.gov.au). HDSS encourages all facilities to review their data transmission status in the interests of approaching the 17 September final consolidation in a stress-free manner!

## Coding

### 129.10 Victorian ICD Coding Committee Membership Vacancies

There are currently two vacancies on the Victorian ICD Coding Committee (VICC). Interested Health Information Managers and Clinical Coders are invited to apply for membership.

Application can be made by completing an application form which can be obtained from Jennie Shephard, Convenor, Victorian ICD Coding Committee. Contact Jennie on:

[jennie.shephard@dhs.vic.gov.au](mailto:jennie.shephard@dhs.vic.gov.au)

Information about the Victorian ICD Coding Committee including terms of reference and criteria for membership can be found at

<http://www.health.vic.gov.au/hdss/icdcoding/codecommit/codcom.htm>.

### 129.11 NCCH 6<sup>th</sup> edition education workshop – subsidy application

DHS plans to reimburse each participating Victorian hospital 25% of the cost of sending one coder to the ICD-10-AM/ACHI/ACS Sixth edition education workshops that are being conducted by NCCH during May and June 2008.

A form has been made available to facilitate hospitals claiming this subsidy and can be found at: <http://www.health.vic.gov.au/hdss/icdcoding/index.htm>.

In order to claim this subsidy please complete this form and submit to the Health Data Standards and Systems Unit by the end of June 2008. Please list the names of all coders who attend the workshops.

Details of payment arrangements will be provided in a subsequent bulletin.

### 129.12 Victorian Additions to Australian Coding Standards 2008-09 and Victorian prefixes

The Victorian Additions to Australian Coding Standards for 2008-09 are now available on our website:

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

It has come to our attention that some coders are confused about the application of the Victorian prefixes post 1 July 2008 when the Australian Coding Standard 0048 *Condition Onset Flag* becomes operational.

From 1 July 2008 diagnosis codes will be 'flagged' with a Victorian Prefix in order to achieve compliance with National requirements, and the Victorian Prefixes document will be entitled *Victorian Condition Onset Flags* to maintain alignment with the national standard. The prefixes themselves and the use of them will remain the unchanged. The relevant flags will be P (primary), C (complication), A (associated), and M (morphology). Details will be presented at the 6<sup>th</sup> edition education workshops in May and June by DHS presenters. The Victorian Condition Onset Flag document will be released with other *Victorian Additions* to the Workshops at the workshops and will also be available on the HDSS web site.

## 129.13 Performance Indicators for Coding Quality Analysis

HDSS regularly analyses the VAED data using the Performance Indicators for Coding Quality (PICQ) software. The output from this analysis is reported on the HDSS website: <http://www.health.vic.gov.au/hdss/picq/results.htm>

In addition to the web based reporting, the HDSS Bulletins will be used periodically to provide feedback about indicators that return a high rate or that are of interest for other reasons. In this Bulletin we have chosen to report on PICQ indicator 101986 - Oesophageal Varices code with underlying cause code.

<b>PICQ indicator 101986 - Oesophageal Varices code with underlying cause code</b>		
Rationale	Oesophageal Varices in or due to alcoholic liver disease, toxic liver disease, cirrhosis of the liver or schistosomiasis should be assigned as aetiology (dagger)/manifestation (asterisk) code combination as instructed in the Alphabetical Index of Diseases, rather than unrelated codes for the two conditions	
Numerator	Denominator	Rate
34	377	9%
Comment	The raw numbers for this indicator are low which may give a misleading idea of the error rate. However the 34 numerator cases represent situations in which the coder should have used a dagger/asterisk combination rather than two separate codes. For example - Oesophageal Varices and Alcoholic Liver Disease, unspecified should assign codes K70.9+ & I98.20*, not K70.9 with I85.9 or I85.0.	

For further information on PICQ please contact: Glenn Carroll at [glenn.carroll@dhs.vic.gov.au](mailto:glenn.carroll@dhs.vic.gov.au)

# Victorian Emergency Minimum Dataset (VEMD)

## 129.14 Reminder regarding use of free text fields

Hospitals are reminded of the importance of the contents of free text fields sent to DHS as part of statutory reporting. The Description of Injury Event field in VEMD is defined as the *'patient's personal account or description of injury event provided at triage'*. A review of VEMD data submitted in February 2008 has shown the majority of hospitals are using this field correctly; however some are using it inappropriately for clinical notes. Entries such as 'L 4<sup>th</sup> mid phalanx prox fracture' and 'splenic contusion' are unlikely to be the patient's personal account.

Data entry prompts are meant to ensure that patients are asked appropriate questions in order to obtain the required information. The practice of leaving default entries in this field is not acceptable. Some hospitals have hundreds of identical entries such as 'LOCATION U DOING U CAUSED BY U WITH U'. Others have entries such as 'LOCATION HOME DOING CAUSED BY WITH EQUIPMENT LEATHERS' where information has been obtained, but not incorporated into a single meaningful description of the injury event.

The narrative is very important to provide details not captured by the coded data. The information should include:

- Location at the time of the injury. For example, "own back yard"
- Specific activity. For example, "cutting down dead tree"
- Products involved (where applicable). For example, "chain saw"
- Whether or not safety equipment was in use (if applicable). For example, "not wearing steel capped boots"
- Additional relevant information including who or what caused the injury. For example, "branch fell on hand causing chain saw to cut off toes on right foot"

The data is used by Monash University Accident Research Centre (MUARC), Australia's largest injury prevention specialist. MUARC can only determine the true incidence of different causes of injuries if this field is completed correctly.

## 129.15 2008-09 VEMD Diagnosis file

The 2008-09 VEMD Diagnosis file has been placed on the HDSS website at <http://www.health.vic.gov.au/hdss/reffiles/index.htm>.

This provides the list of valid diagnosis codes for reporting to the VEMD. This file is a subset of valid ICD-10-AM Sixth edition codes specifically selected as relevant to the emergency department setting. The code descriptions have been modified for ease of selection by staff not trained in clinical coding, and where there is no direct map ICD-10-AM Sixth edition code for that particular diagnosis. Hospitals are advised to use the VEMD code descriptions rather than the ICD-10-AM code descriptions within their emergency department system. Data users are advised to refer to the VEMD code descriptions when using VEMD diagnosis data.

This file does not contain multiple descriptions for a single diagnosis code. A further reference file containing multiple VEMD text descriptions (where required) for each diagnosis code will be released prior to 1 July 2008.

Please note that this is not the VEMD Library file as there are no editing specifications within this file. The VEMD Library file will be made available shortly.

## **Victorian Integrated Non-Admitted Health Minimum Dataset (VINAH - MDS)**

### 129.16 Clarification of VINAH specifications for 1 July 2008

On Page 8 of the Specifications for revisions to the Victorian Integrated Non-Admitted Health (VINAH) Minimum Dataset for 1 July 2008 the summary of the changes to Contact/Client Service Event Professional Group includes the text *"Addition of thirty new codes to Contact/Client Service Event Professional Group to support the clinical nature of PAC and Outpatient services."*

This should be amended to read: *"Addition of thirty new codes to Contact/Client Service Event Professional Group to support the clinical nature of Outpatient services."*

There is no requirement for PAC services to report Contact/Client Service Event Professional Group.

## 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](mailto:HDSS.Helpdesk@dhs.vic.gov.au)  
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