

Bulletin

Health Data Standards and Systems

Issue 131 – 26 June 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
AIMS Submission Officers – 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/131-260608.pdf> and can be viewed as a downloadable file.

This bulletin provides information regarding:

- DHS & Australian Government Circular updates
- Advice regarding ABS changes to the SACC Country of Birth classification
- Funding contribution for public hospitals to support changes to statutory reporting for 2007-08
- Coding
 - NCCH T code survey
 - Funding Contribution for ICD-10-AM/ACHI 6th Edition Coding Workshops
- VAED
 - PRS/2 processing
 - New PRS/2 edits for 1 July
 - Dialysis satellite site codes
- VEMD
 - VEMD Library file for 2008-09 and related information
 - Nature of Main Injury-Body Region edit matrices for 2008-09
 - VEMD Editor Version 13
 - VEMD Technical Reference Group meeting notice
- VINAH
 - Update to code sets
- AIMS
 - Revisions 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,

Andrew Brown
Manager, Health Data Standards and Systems
Metropolitan Health and Aged Care Services Division
Department of Human Services

Table of Contents

Global Update	3
131.1 DHS circular update	3
131.2 Australian Government circular update	3
131.3 Country of Birth SACC codeset changes	4
131.4 Funding contribution for public hospitals to support changes to statutory reporting for 2007-08	4
131.5 Funding Contribution for ICD-10-AM/ACHI 6th Edition Coding Workshops	4
Victorian Admitted Episodes Dataset (VAED)	5
131.6 New edits for 1 July 2008 and edit numbering.....	5
131.7 New dialysis satellite site codes	7
131.8 PRS/2 processing for 2008-09	7
Coding	8
131.9 Reminder - NCCH T code survey	8
Victorian Emergency Minimum Dataset (VEMD)	9
131.10 VEMD Library file for 2008-09.....	9
131.11 Potential edit changes noted in the <i>Specification for Revisions</i> document	9
131.12 Nature of Main Injury - Body Region matrices for 2008-09.....	9
131.13 VEMD Editor Version 13 for 2008-09.....	9
131.14 Notice of VEMD Technical Reference Group meeting.....	10
Victorian Integrated Non-Admitted Health Minimum Dataset (VINAH - MDS)	11
131.15 Update to VINAH Code Sets	11
Agency Information Management System (AIMS)	12
131.16 Revisions to AIMS collections for 1 July 2008	12
Contact Details	16

Global Update

131.1 DHS circular update

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

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

Hospital Circular 15/2008

Subject: Changes to highly specialised drugs program effective 1 July 2008.

Hospital Circular 16/2008

Subject: Autologous Private Cord Blood Collection in Public Hospitals

Hospital Circular 17/2008

Subject: Rural public health care agencies alliances policy – minor updates

Hospital Circular 18/2008

Subject: Public Hospital fees - Changes.

131.2 Australian Government circular update

The following circulars have been released:

- | | |
|------------------|---|
| PHI 19/08 | Declaration of Hospitals under Subsection 121-5(6) of the Private Health Insurance Act 2007 |
| PHI 20/08 | New Hospital, Name Changes, Closure, Podiatric Surgeons, Neo-Natal Facilities |
| PHI 21/08 | Postponement of the July 2008 Prostheses List |
| PHI 22/08 | Registration of the Private Health Insurance (Accreditation) Rules 2008 |
| PHI 23/08 | Private Health Insurance (Data Provision) Rules 2008 and Private Health Insurance (Health Insurance Business) Rules 2008 |
| PHI 24/08 | New Private Hospital in Western Australia and a Private Hospital Name Change |
| PHI 25/08 | July 2008 Prostheses List |
| PHI 26/08 | Declaration of Hospitals in the ACT and NT and Correction |

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

131.3 Country of Birth SACC codeset changes

The ABS released the Second Edition Standard Australian Classification of Countries (SACC) on 19 May 2008. The SACC forms the Country of Birth codeset in the VAED, VEMD and VINAH data collections, and is used in the Locality field for VAED, VEMD, ESIS and VINAH collections. Due to the proximity to 1 July 2008, HDSS does not plan to introduce these changes for the 2008-09 financial year, therefore no changes should be made to current Country of Birth/Locality codesets for 2008-09.

131.4 Funding contribution for public hospitals to support changes to statutory reporting for 2007-08

Eligible hospitals that applied for a funding contribution for software changes are advised that this payment was processed through the Budget and Payments System (BPS) on 17 June 2008. This payment is identified on cash flow reports as "Software Costs to Statutory Reporting for VAED, VEMD & ESIS". Small Rural Health Services that are funded through the SAMS system may have experienced a delay as the transfer from BPS to SAMS was processed on the above date and payment may not be actioned immediately.

As the available funds were over-subscribed, the funding contribution amounts paid were approximately 82% of the amounts claimed.

Where hospitals are members of an IT alliance, a lead hospital has been funded a single payment that includes all eligible alliance members and it is expected that that hospital will make appropriate arrangements to reimburse the alliance on behalf of other members.

131.5 Funding Contribution for ICD-10-AM/ACHI 6th Edition Coding Workshops

Public Hospitals that applied for this funding were paid on 17 June 2008. Small Rural Health Services that are funded through the SAMS system may have experienced a delay as the transfer from BPS to SAMS was processed on the above date and payment may not be actioned immediately. Arrangements for Private Hospitals will be advised shortly.

Victorian Admitted Episodes Dataset (VAED)

131.6 New edits for 1 July 2008 and edit numbering

The *Specifications for revisions to PRS/2 and the VAED for 1 July 2008* contained two new edits which did not have numbers at the time of publication. The numbers for those edits are:

R639 Invalid Date of Birth Accuracy code

R640 DOB Accuracy and DOB mismatch

The following additional edits will be introduced for 2008-09. N642 and N643 have been introduced because they are edits that the Commonwealth impose on VAED data that DHS is required to validate. It is more efficient to edit the data at the processing stage rather than ask hospitals to verify later.

641 MV Hours with Incorrect Procedure Code

Effect REJECTION

Problem

The number of Mechanical Ventilation Hours reported does not correspond with the procedure code.

Where Duration of MV Hours is greater than 24 and less than 96, the procedure code is 13882-00, OR

Where the Duration of MV Hours is greater than or equal to 96, the procedure code is 13882-00 or 13882-01.

Duration of Mechanical Ventilation in ICU should include only MV Hours that occur in an ICU, so the reported hours may be less than indicated by the procedure code, but cannot be more.

Remedy

Check the *Duration of Mechanical Ventilation in ICU* and the Ventilatory Support procedure code. Refer to the definition for *Duration of Mechanical Ventilation in ICU*.

642 Unqual Newborn but Sep Mode D

Effect	NOTIFIABLE
Problem	The Qualification Status in the last status segment is U <i>Unqualified</i> but the baby has a Separation Mode D <i>Death</i> .
Remedy	HDSS acknowledges that for a small number of episodes this data item is correct. Check Qualification Status and Separation Mode. 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.

643 Maternity Episode but Sep Mode D

Effect	NOTIFIABLE
Problem	The episode and diagnosis records have the following conditions: Sex = 2 Female, AND Age >= 10 yrs, AND Age < 54 yrs, AND Separation Mode = D, AND One of the following diagnosis codes has been reported: F53*, A34, Z37*, Z34*, Z35*, Z39*, M830*, E230*, O00-O999.
Remedy	HDSS acknowledges that for a small number of episodes this data item is correct. Check Sex, Date of Birth, Separation Mode and diagnosis codes. 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.

131.7 New dialysis satellite site codes

New Contract/Spoke Identifier codes have been added for use by Box Hill Hospital satellite dialysis units. They are as follows:

0361 Maroondah Hospital Dialysis Unit
0362 Spring Street Dialysis Unit

131.8 PRS/2 processing for 2008-09

HDSS expects to have the 2008-09 software changes installed by mid-July. Until notified via HDSS Bulletin, do not send transmission files with July 2008 header dates. If files are sent to The Pay Office they will not be processed and will not be held.

As usual, a test facility is available to all software suppliers and we encourage hospitals to ensure their supplier has made use of this facility. Contact The Pay Office to arrange for test files to be processed (9541 7575 or Help_Desk@thepayoffice.net)

If you need to send corrections or updates to 2007-08 data before the new software has been installed, you should re-send your last June header dates as many times as required.

Coding

131.9 Reminder - NCCH T code survey

The NCCH is now working on the development of ICD-10-AM Seventh edition and would like your help in making improvements to the complication code section T80 – T88. *Complications of surgical and medical care not elsewhere classified*.

Analysis of the national morbidity data indicates that the following codes are heavily used in Australian hospitals, but because these codes indicate 'other' complications, NCCH is unclear what conditions or circumstances are being assigned to these codes.

Code	Description	Count
T781	Other adverse food reactions, not elsewhere classified	837
T808	Other complications following infusion, transfusion and therapeutic injection	1560
T818	Other complications of procedures, not elsewhere classified	8593
T828	Other complications of cardiac and vascular prosthetic devices, implants and grafts	8150
T838	Other complications of genitourinary prosthetic devices, implants and grafts	2177
T848	Other complications of internal orthopaedic prosthetic devices, implants and grafts	4202
T8581	Other complications due to nervous system device, implant or graft	676
T8588	Other complications of internal prosthetic device, implant or graft, NEC	2870
T876	Other and unspecified complications of amputation stump	734
T885	Other complications of anaesthesia	1151
T888	Other specified complications of surgical and medical care, not elsewhere classified	701

Coders are being asked to indicate the condition/s that required assignment of one of the above codes. The NCCH is interested in receiving the words or phrases you found in the medical record which directly influenced your decision to use these codes.

Contributions can be either via hardcopy or by entering responses onto the NCCH website. You will need to register your intent to participate in this survey and nominate whether you will contribute on the website or by hardcopy.

Information about this survey can be found on the NCCH website at http://nis-web.fhs.usyd.edu.au/ncch_new/icd_10_am_t_code_survey_guidlines.aspx

This survey provides an opportunity for coders to have input into the revisions of ICD-10-AM. As users of this classification, coders are best placed to provide information to enable accurate and relevant revisions to ICD-10-AM for Seventh edition. To date the response to this survey has been poor. Please take the time to provide this information to the NCCH and assist them with this important task.

Victorian Emergency Minimum Dataset (VEMD)

131.10 VEMD Library file for 2008-09

The VEMD Library file for 2008-09 is now available on the HDSS website at <http://www.health.vic.gov.au/hdss/reffiles/index.htm>. This file contains the subset of ICD-10-AM Sixth edition diagnosis codes that are valid for VEMD reporting. Specific VEMD descriptions are provided in the file to assist staff who perform VEMD data entry to select the appropriate diagnosis for the patient.

131.11 Potential edit changes noted in the *Specification for Revisions* document

The *Specification for Revisions for 1 July 2008* highlighted that changes to specific edits (E142 and E341) might be required due to the release of ICD-10-AM Sixth edition and the subsequent change to the VEMD Library file.

These edits (E142 and E341) have not been affected by changes to the Library file and therefore no changes to these edits are required for 1 July 2008.

131.12 Nature of Main Injury - Body Region matrices for 2008-09

The Nature of Main Injury, Body Region and Diagnosis code matrices have been updated for 2008-09 and are now available on the HDSS website at <http://www.health.vic.gov.au/hdss/reffiles/index.htm>. These matrices will be incorporated into the VEMD Manual 13th Edition (Section 4 Business Rule) and are provided here for reference until the Manual is completed.

131.13 VEMD Editor Version 13 for 2008-09

The VEMD Editor Version 13 for 2008-09 is now available at <http://www.health.vic.gov.au/hdss/vemd/index.htm>. This has been updated to reflect the *Specification for Revisions to the Victorian Emergency Minimum Dataset for 1 July 2008*. DHS has conducted testing of this Editor, however would appreciate any feedback once hospitals commence using the new Editor.

131.14 Notice of VEMD Technical Reference Group meeting

The Technical Reference Group (TRG) is composed of nominated representatives of Emergency Department (ED) Clinicians, hospital management, ED clerical (data submission) staff, Health Information Managers and other relevant industry bodies together with representatives of the DHS Metropolitan Health and Aged Care Services Division (MHACS) and the Rural and Regional Health and Aged Care Services Division (RRHACS) Divisions.

Terms of Reference

1. To advise DHS concerning proposals for changes to the Victorian Emergency Minimum Dataset (VEMD), with particular emphasis on the implications for hospitals.
2. To consider and advise on data collection aspects of ED practices in hospitals as they impact the VEMD.
3. To evaluate data quality and timeliness issues associated with VEMD and provide advice and recommendations to both DHS and hospitals regarding improvement, better supporting service planning, development and reporting.
4. To advise DHS on hospital systems issues, particularly ED systems, and the impact on VEMD and emergency data as a whole.

The next meeting of the VEMD Technical Reference Group has been scheduled for Tuesday 8 July 2008.

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

131.15 Update to VINAH Code Sets

Section 9: Codes Sets

- Table 990012 Contact/Client Service Event Provider: A new code has been created for HomeGround Services (12062A)
- Table HL70362 Organisation Identifier: Correction of an incorrect code allocated for Kyabram and District Health Services. The correct organisation identifier code for Kyabram and District Health Services is KBDHS.

Agency Information Management System (AIMS)

131.16 Revisions to AIMS collections for 1 July 2008

Each year the Department of Human Services (DHS) reviews the data elements and format of the Agency Information Management System (AIMS). This review seeks to ensure the data collection supports the department's state and national reporting obligations, assists DHS planning and policy development and incorporates appropriate feedback from data providers on improvements.

The information below summarises previously released advice and consultation about these changes by relevant DHS program areas.

In summary, AIMS revisions for 2008-09 include one new form and modifications to nine forms. These changes are:

- Introduction of a new waste management form to the existing Energy and Environmental return.
- New item for collecting number of neonatal cots on the public hospital beds Form A3.
- VACS funded hospitals to commence reporting MBS-billed specialist clinics on Form S9_111.
- New items for collecting centre-based and home-based activity for Victorian Paediatric Rehabilitation Services on the Palliative Community Care, Sub-Acute Ambulatory Care, HARP and Post Acute Care form (Form S2_305).
- New section for the Post Acute Care (PAC) program on Form S2_305.
- An additional item on annual return Form 2 HSA Expenditure for reporting transitional care.
- An additional six lines have been added to annual return Form 4B Residential and Community Based Aged Care Services Revenue and Statistical Return to capture the Aged Care Funding Instrument (ACFI), Accommodation Supplement, Accommodation Charge Top Supplement, Transitional Accommodation Supplement and Residential Respite Incentive.
- Remove Rural Small High Care Supplement section on Generic Residential Aged Care Services Form S5_129.
- Enhancements to validations on Public Sector Aged Care Residential Services forms (Forms S5_115, S5_129 and quality indicators).
- Further revisions to energy validation ranges on the Energy Consumption form to improve data quality.

The reasons for these changes are:

- Meeting Victorian government and departmental sustainability policies.
- Revisions in reporting requirements for the Commonwealth Government or Expenditure Review Committee of the State Cabinet.
- Aligning collections to be consistent with current business practice.
- Removing items no longer required.
- Relaxing or enhancing validations to assist data entry and reduce input errors.

Details of changes are below. A copy of the changes with links to revised form layouts will be posted on the AIMS website <http://www.health.vic.gov.au/aims/>. Please ensure relevant staff in your organisation are advised of these changes.

New form

Waste Management form

Introduction of a waste management return for quantifying the environmental impacts and assisting with waste minimisation. It is anticipated the collection will assist the development of waste minimisation initiatives in meeting with government sustainability policies and will assist improved waste management practices and cost savings related to improved segregation practices.

Capital Management Branch has developed the waste form following agency feedback and advice from the Waste Minimisation Advisory Committee and in conjunction with development of the Waste Minimisation Kit (available on <http://www.dhs.vic.gov.au/environment/>).

Revisions to existing forms

Form A3 Public Hospital Beds

Cots for unqualified newborns are being added to the collection in order to better align available beds and admitted patients (unqualified newborns are admitted patients). This addition is required to meet the Department's commitments to the Public Accounts and Estimates Committee and is made in anticipation of a similar change to national bed definitions.

Include neonatal cots predominantly used to accommodate unqualified newborns. They may also accommodate qualified newborns who do not need to be accommodated in an NICU or SCN, for example, healthy second twin. Exclude cots in neonatal intensive care units and special care nurseries as they are counted as overnight-stay beds.

Figures should be collected monthly on the last Wednesday of each month, e.g. at 11.59 p.m. on the last Wednesday.

Form S9_111 Acute non-admitted patient services for VACS funded hospitals

In 2007, the department developed a resource kit to guide the provision of MBS-billed specialist clinics in public hospitals. The resource kit was developed following extensive consultation with health services to:

- Address recommendations by the Auditor General regarding the provision of MBS-billed clinics by health services.
- Respond to a request by health service CEOs for a clearer policy direction.
- Support the ongoing growth in levels of MBS funded outpatient activity.

The kit outlines the scope of MBS-billed specialist clinics, obligations of health services under the Australian Health Care Agreement, potential models of remuneration, responsibilities of medical practitioners and health services relating to MBS billing arrangements, relevant medical indemnity issues, and the use of MBS items in community health.

The AIMS dataset is currently being updated to collect aggregate VACS-related MBS activity. Collection of non-VACS related MBS activity will be negotiated with individual health services. In future the Victorian Integrated Non-Admitted Health (VINAH) Minimum Dataset will be used to collect all VACS and other MBS-related activity.

MBS-related activity will be defined in terms of 'MBS Encounters', in which 'the specialist/physician bills the MBS for the visit, regardless of any other ancillary services provided to the patient. As with VACS encounters, MBS encounters should be assigned to the relevant clinic type and must have a one-on-one encounter with a doctor (specialist/physician) at each visit. A single MBS encounter is recorded for any clinic regardless of the number of doctors (specialists/physicians) seen by an individual patient, or the number of MBS items billed for an individual patient.' Include MBS bulk billed clinics only. Do not report MBS-billed services which involve a co-payment. Include MBS-billed allied health occasions of service in allied health section. As with VACS, separate reporting of occasions of service are required for ancillary services associated with MBS-billed specialist clinics, e.g. pathology, radiology and pharmacy.

Further information on MBS-billed specialist clinics will soon be available on <http://www.health.vic.gov.au/outpatients/resources>.

Form S2_305: Palliative Community Care, Sub-acute Ambulatory Care, HARP and Post Acute Care

Sub-acute Ambulatory Care

Victorian Paediatric Rehabilitation Service

The Victorian Paediatric Rehabilitation Service (VPRS) is a separately funded service and needs to be differentiated from general rehabilitation for accountability purposes.

New items to be collected are:

Sub-acute Ambulatory Care Centre-based Rehabilitation

Victorian Paediatric Rehabilitation Service, client service events (public)

Victorian Paediatric Rehabilitation Service, individuals (public)

Sub-acute Ambulatory Care Home-based Rehabilitation

Victorian Paediatric Rehabilitation Service, client service events (public)

Victorian Paediatric Rehabilitation Service, individuals (public)

Post Acute Care

Three Post Acute Care (PAC) items are required for assessing programs are meeting targets across the state of Victoria and to align reporting of data in a consistent reporting framework to the HARP and SACS program areas.

PAC programs are currently submitting items to the senior project officer responsible for PAC at DHS and the aggregate level of reporting is required on AIMS during transition to patient-level reporting on the Victorian Integrated Non-Admitted Health Minimum Dataset (VINAH MDS).

PAC items to be reported on AIMS:

Completed post acute care episodes, excluding DVA episodes

Total DVA days within the reporting period

Unplanned re-admissions during the PAC episode

Definitions:

(a) Completed Post Acute Care Episodes

Refers to the number of clients that have completed a post acute care service during the period under review. The completed episode is not dependant on the period of time that a client has remained on the program nor the days. The aggregate level data is reported on a monthly basis.

(b) DVA Number of Days

Refers to the total DVA client days for each month of the PAC episode. To work out the days to be reported each month, when a DVA client is accepted to PAC from a public hospital, the DVA days are calculated from two days prior to the date of discharge from hospital. This is to account for PAC assessment and care coordination completed while the client is still an admitted patient. Alternatively, if PAC accepts a DVA client post discharge, the DVA days are calculated from the day the client is accepted into the PAC program. Count days within the reporting period until the client ceases to be a PAC client.

(c) Unplanned readmissions during the planned PAC period

Refers to the aggregate number of clients that are readmitted to hospital while they are actively receiving a service from a Post Acute Care Program. This is an aggregate of the number of clients readmitted, reported on a monthly basis. Clients that are readmitted to hospital as a planned readmission are not included in the aggregate nor are clients readmitted to hospital post discharge from PAC within a 28 day time frame.

Annual Returns (finance)

Form 2 HSA Expenditure

Includes an additional item for reporting transitional care and has label changes in parts 2i and 2ii.

Form 4B Residential and Community Based Aged Care Services Revenue and Statistical form

An additional six lines have been added to capture the ACFI, Accommodation Supplement, Accommodation Charge Top Supplement, Transitional Accommodation Supplement and Residential Respite Incentive.

Labels for RCS1–RCS8 have been changed to S1–S8 to reflect the information on Medicare Australia's monthly payment statement.

Public Sector Aged Care Residential Services returns

Generic Residential Aged Care Services (Form S5_129)

Remove Rural Small High Care Supplements section, add new validations for resident demographic data to improve data quality and relax date and percentage validation rules to assist data entry.

Aged Persons Mental Health Residential Aged Care Services (Form S5_115)

Relax date and percentage validation rules to assist data entry.

Residential Services Quality Indicators (PSRACS QI)

Add new validations to indicators 4 and 5 to assist data entry and reduce input errors.

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