

Bulletin

Health Data Standards and Systems

Issue 148– 2 September 2009

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/148-020909.pdf> and can be viewed as a downloadable file.

This bulletin provides information regarding:

- DHS & Australian Government Circular updates
- Hospital code table updates
- VAED
 - Supplementary code list updates
 - Clarification of VAED Specifications
 - Minor PRS/2 edit modifications
 - APET release 2009-10
- VEMD
 - Rounding seconds for VEMD reporting
 - *Registration* definition
- ESIS
 - Updated ESIS reference database

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.

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Global Update

148.1 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 Hospital

Name	Campus code	Effective date
Skin Cancer Day Surgery	6380	1 July 2009
North Melbourne Dialysis Centre	6390	1 July 2009

Hospital name changes

Old name	New name	Campus code	Effective date
Cobram District Hospital	Cobram District Health	5120	29 July 2009
The Centre of Cosmetic and Plastic Surgery, Melbourne	Tarietta Day Surgery	7180	1 August 2009

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

148.2 Department of Health circular update

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

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

Publication Number 20 / 2009

Subject: Victorian health service's Emergency Blood Management Plan (EBMP)

Publication Number 21 / 2009

Subject: To advise hospitals of changes to the Highly Specialised Drugs Program, effective 1 August 2009.

Publication Number 19 / 2009

Subject: Jurisdictional Direct Order - Intravenous Immunoglobulin (IVIg)

Publication Number 18 / 2009

Subject: National Healthcare Agreement

Publication Number 14 / 2009

Subject: To update the accounting treatment for Long Service Leave (LSL) and associated funding and to define salaries and wages

148.3 Australian Government circular update

The following circulars have been released:

PHI 55/09	Health Insurers' Annual Second Tier Default Benefit Rates are Due
PHI 54/09	Removal of Lifetime Health Cover loadings after ten years
PHI 53/09	Private Health Insurance (Prostheses) Amendment Rules 2009 (No. 2)
PHI 52/09	South Australian Day Hospital Function
PHI 51/09	Reinstatement of a Facility for Second Tier Approval
PHI 50/09	Private Health Insurance (Prostheses) Amendment Rules 2009 (No. 2)
PHI 49/09	Private Health Insurance Rebate Tiers Implementation Working Group
PHI 48/09	Private Health Insurance (Benefit Requirements) Rules 2009 (No. 2) and Hospital Information
PHI 47/09	August 2009 Prostheses List
PHI 46/09	Medical Technology Association of Australia Annual Conference
PHI 45/09	February 2010 Prostheses List - Application Forms
PHI 44/09	Allocation of Hospital Provider numbers, Accreditation of Podiatrists, Review of Neo-Natal Facilities and the APHA 29th National Congress

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

Victorian Admitted Episodes Dataset (VAED)

148.4 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 has been granted approval for Rehabilitation Level 1 (Care Type 2) services.

Name	Campus code	Effective date
Bendigo Health	1021	1 July 2009

148.5 Clarification of data element specification: *Impairment* and *Clinical subprogram*

Due to a possibility for misinterpretation of information in the *Specification for revisions to PRS/2 and the Victorian Admitted Episodes Dataset (VAED) for 1 July 2009*, the 'Layout' and 'Reported for' description of the *Impairment* data element have been modified. Modifications are underlined in the table below. The 'Reported for' description for the *Clinical subprogram* data element has also been updated.

The VAED Manual will be updated with this information.

Section 3: Data elements, VAED Manual, 19th Edition, July 2009.

Impairment

Specification			
Definition	The diagnosis, based on the body system manifesting the reason for rehabilitation.		
Datatype	Numeric	Form	Code
Field size	6	Layout	NNNNNN or spaces <u>Left justify, trailing spaces</u>
Location	Sub-Acute Record		
Reported by	Public hospitals.		
Reported for	<u>Optional if Care Type = 2, 6, 7, K, P and Clinical Sub-program present.</u> <u>Mandatory if Care type = 2, 6, 7, K, P and Clinical Sub-program NOT present.</u> For Care Types 8, 9, F and E, report spaces.		
Reported when	A Separation Date is reported in the Episode Record.		

Clinical subprogram

Specification			
Definition	The diagnosis, based on the body system manifesting the reason for rehabilitation.		
Datatype	Numeric	Form	Code
Field size	3	Layout	NNN Right justify, leading zero.
Location	Sub-Acute Record		
Reported by	Public hospitals.		
Reported for	<u>Optional if Care Type = 2, 6, 7, K, P and Impairment present.</u> <u>Mandatory if Care Type = 2, 6, K, P and Impairment NOT present</u> For Care Types 8, 9, F and E, report spaces.		
Reported when	A Separation Date is reported in the Episode Record.		

148.6 Modification of Sub-Acute Record file structure

The Sub-Acute Record file structure has been modified to accommodate the implementation of the Australian Impairment Codeset. This information was included within the implementation guide for the new data element however was omitted from the revised file structure. Refer to p 11, December 2009 *Specifications for revisions to PRS/2 and the Victorian Admitted Episodes Dataset (VAED) for 1 July 2009* at http://www.health.vic.gov.au/hdss/vaed/2009-10/revisions/vaed_specs_2009-10.pdf:

Either Clinical Sub-Program **or** Impairment codes can be reported:

- Hospitals using the Impairment codeset - report only Impairment codes and DHS will programmatically map to Clinical Sub-Program.
- Hospitals using Clinical Sub-Program - continue to report Clinical Sub-Program only....

Section 5: Compilation and Transmission, VAED Manual, 19th Edition, July 2009, Sub-Acute Record will be updated with this information.

Sub-Acute Record

Sub-Acute Record File Structure

Note	Data Item	Field Size	Record Position	Layout/Code Set
M	Transaction Type	2	1	S4
M	Unique Key	9	3	Hospital generated Right justified, zero filled
M	Patient Identifier	10	12	Hospital generated Right justified, zero filled
1, 2, 4	Barthel Index Score on Admission	3	22	Range 000 to 100 or spaces
1, 2, 4	Barthel Index Score on Separation	3	25	Range 000 to 100 or spaces
<u>9</u>	Clinical Sub-program	3	28	From code list or spaces
1, 6	Onset Date	8	31	DDMMCCYY or spaces
1, 6	Admission/Re-admission to Rehabilitation	1	39	0, 1 or space
5	User Flag	1	40	Optional field, free text
3 5	RUG ADL on Admission	2	41	Range 00 to 18 or spaces
3 5	RUG ADL on Separation	2	43	Range 00 to 18 or spaces
3 5	Source of Referral to Palliative Care	2	45	Range 01 to 09 or spaces
1, 2, 4	Functional Assessment Date on Admission	8	47	DDMMCCYY or spaces
1, 2, 4	Functional Assessment Date on Separation	8	55	DDMMCCYY or spaces
7	Impairment	6	63	From code list or spaces
8	FIM™ Score on Admission	18	69	NNNNNNNNNNNNNNNNNNNN or spaces
8	FIM™ Score on Separation	18	87	NNNNNNNNNNNNNNNNNNNN or spaces
		Total 104		

All alpha characters uppercase. All numeric fields right justified and zero filled.

M Mandatory

1 Mandatory if Care Type = 2, 6, 7 or K *Rehabilitation Program Unit*

2 Mandatory if Care Type = 9 *Geriatric Evaluation and Management Program*

3 Mandatory if Care Type = 8 *Palliative Care Program*

4 Mandatory if Care Type = F or E *Interim Care Program*

5 Where a field at the end of a record has a value of space(s), the record can be ended at the last field where a value is not space(s).

6 Mandatory if Care Type = P *Designated Paediatric Rehabilitation Program/Unit*

- 7 Optional if Care Type = 2, 6, 7, K, P and Clinical Sub-program present.
Mandatory if Care type = 2, 6, 7, K, P and Clinical Sub-program NOT present.
- 8 Optional if Care Type = 2, 6, 7, K, P, E, F, 9
- 9 Optional if Care Type = 2, 6, 7, K, P and Impairment present.
Mandatory if Care Type = 2, 6, K, P and Impairment NOT present

148.7 Modification business rule: Admission Type and Age – Maternity admission

The age range for Admission Type M *Maternity* has been changed to 10 – 60 yrs (inclusive). This change became effective on 5 August 2009.

Section 4: Business Rules, VAED Manual, 19th Edition, July 2009 has been updated with this information.

Admission Type and Age

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

If Age at admission is	then Admission Type must be
< 2 days	Y, C, O, X
< 10 days	C, L, O, X
> 9 days	S, C, L, O, X
11-54 yrs (inclusive)	S, M, C, L, O, X
If Admission Type is	then Age at admission must be
S Statistical Admission (change in Care Type within this hospital)	> 9 days
Y Birth Episode*	< 2 days
M Maternity	11-54 <u>10 – 60</u> yrs (inclusive)
L Admission – from the Waiting List	>= 2 days

* Private hospitals may report Admission Type code Y for Age at admission > 2 days.

Edit 057 Incompat Adm Type/Age

148.8 Modification of request reports

Section 6: Request Reports VAED Manual, 19th Edition, July 2009 has been updated with the following change (modifications underlined, deletions ~~struck-through~~).

Request Report 02 DRGs for Review

Report Code	02
Purpose	By listing selected nil value/problem DRGs, the hospital can review diagnosis and procedure coding (accuracy, completeness, sequencing) and accuracy of sex and date of birth.
Suggested Action	Where amendments can legitimately be made, re-transmit the E4, and/or X4/Y4 records as appropriate, so these episodes can be re-grouped.
Report Contents	Episodes with a separation date within the reporting range, grouping to nil value/problem DRGs: 901Z Extensive O.R. Procedure Unrelated to Principal Diagnosis 902Z Non-Extensive O.R. Procedure Unrelated to Principal Diagnosis 903Z Prostatic O.R. Procedure Unrelated to Principal Diagnosis <u>801A OR Procedures Unrelated to Principal Diagnosis W Catastrophic CC</u> <u>801B OR Procedures Unrelated to Principal Diagnosis W Severe or Moderate CC</u> <u>801C OR Procedures Unrelated to Principal Diagnosis W/O CC</u> 960Z Ungroupable 961Z Unacceptable Principal Diagnosis 963Z Neonatal Diagnosis Not Consistent W Age/Weight

148.9 Modification of edit: 127 Nil Value DRG

This edit now includes an additional DRG 963Z Neonatal Diagnosis Not Consistent W Age/Weight. Section 8: Editing, VAED Manual, 19th Edition, July 2009 has been updated with this information (additions/ modifications underlined).

127 Nil Value DRG

Effect	REJECTION
Problem	The X4/Y4 Diagnosis Record has a code or combination of data causing the episode to group to one of the following Vic DRG 5-2 <u>6.0</u> groups, which has a zero weight: 960Z Ungroupable 961Z Unacceptable Principal Diagnosis <u>963Z Neonatal Diagnosis Not Consistent W Age/Weight</u>
Remedy	Check Admission Date, Date of Birth, Mental Health Legal Status, Separation Date, Separation Mode, Sex (E4), Diagnosis and Procedure codes, and Admission Weight (X4/Y4), amend as appropriate and re-transmit the E4 and/or X4/Y4. If the Separation Date is wrong, it will cause the episode to be checked against the wrong Library File. If the Separation Date is missing, the episode will utilise the Library File associated with the Header Dates.

148.10 Modification of edit: 463 Accom Type 4, Care Type invalid

This edit now has been modified to allow Unqualified Newborns to be admitted to HITH if clinically indicated. Section 8: Editing, VAED Manual, 19th Edition, July 2009 has been updated with this information (additions underlined).

463 Accom Type 4, Care Type invalid

Effect	REJECTION
Problem	The E4 Episode Record's Accommodation Type is 4 <i>In the Home (Hospital – HITH)</i> and the Care Type is not 4 <i>Other care (Acute) including Qualified newborn or U Unqualified Newborn</i> . For approved Private Hospitals (refer to Section 9: <i>Approved Psychiatric Outreach Service</i>), Care Type 5x <i>Approved Mental Health Service or Psychogeriatric Program</i> may be reported with Accommodation Type 4.
Remedy	<p>Check Accommodation Type and Care Type, amend as appropriate and re-transmit the E4.</p> <p>If you believe the Hospital Campus is approved to report Care Type 5x and Accommodation Type 4, contact the HDSS Help Desk.</p> <p>Refer to Approved Psychiatric Outreach Service: http://www.health.vic.gov.au/hdss/reffiles/index.htm</p>

148.11 Modification of edit: 633 Delivery Episode, Adm Type not M

This edit now has been modified in line with AR-DRG Version 6.0 changes. O01C Caesarean delivery W/O catastrophic or severe CC has been removed and O60A, O60B and O60C have been replaced by O60Z Vaginal delivery. Section 8: Editing, VAED Manual, 19th Edition, July 2009 has been updated with this information (additions underlined).

Effect	NOTIFIABLE
Problem	The episode Record has a DRG that indicates a delivery episode (O01A, O01B, O01C , O02A, O02B, O60A, O60B, or O60C <u>O60Z</u>), but the Admission Type is not M <i>Maternity</i> .
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.

148.12 Deletion of edits: 528, 529, 658, 659

Edits 528 and 529 have been deleted from PRS/2 because the business rules regarding changing care type from Palliative Care have changed.

528 Stat Episode Pall: Not NHT in Prior Episode and

529 Stat Episode Pall: Not NHT in Next Episode

Edits 658 and 659 which were published in HDSS Bulletin are not required and have also been deleted.

658 Adm FIM Present and

659 Sep FIM Present

Section 8: Editing, VAED Manual, 19th Edition, July 2009 has been updated with these changes.

148.13 Release APET 2009-10

The APET system for 2009-10 has been released on the Health Collect Portal. Data may be entered into the 2009-10 system but do not create 2009-10 transmission files until notified via HDSS Bulletin. July 2009 transmission files cannot be processed by PRS/2.

To access APET 2008-09, select HealthCollect Portal 200809 option before logging in.

Please note: If you login without selecting healthcollect portal year option the system will automatically take you to 2009-10.

For technical support on HealthCollect website, contact Healthcollect helpdesk on healthcollect.helpdesk@dhs.vic.gov.au or (03) 9096 8595. For VAED queries, contact Health Data Standards and Systems Unit on HDSS.helpdesk@dhs.vic.gov.au or (03) 9096 8141.

Elective Surgery Information System (ESIS)

148.14 ESIS Reference Database Update

An updated version of the ESIS Reference Database has been posted onto the HDSS Website: <http://www.health.vic.gov.au/hdss/reffiles/index.htm>. This version now includes the correct Indigenous Status codeset for 2008-09 and 2009-10.

Victorian Emergency Minimum Dataset (VEMD)

148.15 Rounding seconds for VEMD reporting

Time data in the VEMD is currently reported with a precision of minutes. To avoid ambiguity and ensure a consistent approach between different sites; where the data entry system captures seconds, these are to be rounded down to the lowest minute for VEMD reporting.

For example: 4 hours 8 minutes 17 seconds is to be reported as 4 hours 8 minutes (0408);
4 hours 8 minutes 58 seconds is to be reported as 4 hours 8 minutes (0408).

148.16 New concept definition: *Registration*

Registration

Classification Concept

Definition The recording of complete patient particulars in the emergency department IT system including the reason for presentation, details of relatives and relevant healthcare providers, authorised in person by the patient or their representative, and undertaken when the health service is responding to a patient request to receive emergency medical attention.

Guide for use The recording of simple patient details such as name and address does not constitute registration.

Remote provision of patient particulars such as by telephone or electronic data entry either by a medical practitioner or a patient does not constitute registration.

Contact Details

The Health Information Section 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

HealthCollect Help Desk:

Telephone: (03) 9096 8595 Fax: (03) 9096 7743

Email: healthcollect.helpdesk@dhs.vic.gov.au