

Bulletin

Health Data Standards and Systems

**Issue 150 – 30 October
2009**

Attention: 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/150-301009.pdf> and can be viewed as a downloadable file. This bulletin provides information regarding:

Global update

- Department of Health & Australian Government Circular updates
- Medicare numbers and babies – VAED and VEMD data collections
- Data reform – release of draft documents for comment
- Reference file updates

VAED

- Supplementary code list update
- ACHI procedure block numbers for Procedure Date/Time
- Admission policy consultation process
- Update to Nursing Home Type/Non-Acute Care concept definition
- Update to ICD-10-AM/ACHI library file 2009-10 - procedure code age edits
- Reporting of Clinical Sub-Program/Impairment

Clinical Coding

- PICQ – mapping to DRGs

VEMD

- VEMD Manual 14th edition published
- Initiation and Time to Initiation of Patient Management
- VEMD Editor v14 published

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

150.1 Department of Health Circular Update

The following departmental hospital circulars have been released since the publication of HDSS Bulletin 149 on 23 September 2009.

They are available at <http://www.health.vic.gov.au/hospitalcirculars/>

Publication Number 25 / 2009 – 25 September 2009

Date issued: 25 September 2009

Subject: Changes to the Highly Specialised Drugs Program

Publication Number 27 / 2009 – 30 September 2009

Date issued: 25 September 2009

Subject: Public Hospital Charges

150.2 Australian Government Circular Update

The following circulars have been released since the publication of HDSS Bulletin 149 on 23 September 2009.

Private Health Insurance circulars can be found at

<http://www.health.gov.au/internet/main/publishing.nsf/Content/health-phicirculars2009-index1>

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

PHI 71/09 Lifetime Health Cover Loading and Ambulance Cover

PHI 70/09 Private Health Insurance (Prostheses) Amendment Rules (No. 3)

PHI 69/09 General Hospital Information – New South Wales and Queensland

PHI 68/09 Medicare Surcharge Review

**PHI 67/09 Suspension of the Private Health Insurance Rebate Tiers
Implementation Working Group**

PHI 66/09 The Private Health Insurance (Complying Product) Rules 2009 (No.2)

PHI 65/09 Notice of Cancellation of Registration of Insurers

**PHI 64/09 The Private Health Insurance (Benefit Requirements) Amendment Rules
2009 (No.5)**

PHI 63/09 The Australian Health Insurance Association 2009 Conference

150.3 Data reform – release of draft documents for comment

The Data Reform project has developed draft Concept and Derived Element Definitions and Data Definitions for the new Victorian Health Integrated Minimum Dataset (VHI MDS) which is planned for implementation from 1 July 2010. The VHI MDS integrates the Victorian Admitted Episodes Dataset (VAED), Victorian Emergency Minimum Dataset (VEMD), and Elective Surgery Information System (ESIS). While allowing for data to be submitted in separate streams, the collections will have a common structure with one patient "record" across the three collections, and will use common code sets wherever possible.

The Data Reform project is being run as part of the HealthCollect and VHRS Redevelopment Project. Presentations given to the HDSS Forum on 1 May 2009 (available from <http://www.health.vic.gov.au/hdss/archive/forum/2008-09/index.htm>) provide further detail and background on both projects.

To date, draft Section 2 Concepts & Derived Elements Definitions and Section 3 Data Definitions have been developed and are now available for review and comment.

Business Rules, Transmission and Validation Specifications will be released by 31 December 2009, and Control and Request Reports Specifications will be finalised by 30 June 2010.

Sections 2 and 3 are available on the HDSS website:

<http://www.health.vic.gov.au/hdss/data-reform/index.htm>

Also available are introductory information, accompanying reference material, and information about the consultation and feedback process.

150.4 Medicare numbers and babies – VAED and VEMD

During the HealthSmart ECLIPSE implementation process a conflict between Medicare and the VAED regarding reporting Medicare numbers for babies became apparent. Medicare only allows the eleventh character to be any number between one and nine, whereas the VAED requires unnamed neonates to have an eleventh character of zero and a suffix of BAB.

To avoid this conflict, in reporting to the VAED and VEMD, health services may report Medicare numbers for babies using one of the following options:

Option one - continue with current format

Report the mother's Medicare number, with the eleventh character as a zero (0), and Medicare Suffix BAB.

Mother's Medicare number	1234567890 0
Medicare Suffix	BAB

Option two

Report the exact Medicare number of the mother for the baby when the baby does not have its own Medicare number (as shown below).

Mother's Medicare number	1234567890 2
Baby's Medicare number	1234567890 2
Medicare Suffix	BAB

As a consequence, the following edits will be deleted:

- VAED** W415 - Suffix 'BAB'; Medicare Last not Zero
- VEMD** E364 - Medicare Suffix 'BAB'; Medicare Number Last Digit Not Zero

150.5 Country of Birth and Preferred Language update

An updated list was published on 5 October 2009, available at <http://www.health.vic.gov.au/hdss/reffiles/index.htm>

150.6 Postcode – Locality reference file update

New locality name	State	Postcode
MOUNT TAMBORINE	Queensland QLD	4272
NYIRRIPI	Northern Territory NT	0872

The updated list was published on 28 October 2009 at <http://www.health.vic.gov.au/hdss/reffiles/index.htm>

Victorian Admitted Episodes Dataset (VAED)

150.7 Supplementary code list update

Updates: Campuses registered for Care Type K

Update details: Registration for Goulburn Valley Health [Shepparton] site ID 1121 replaced with Goulburn Valley Health [Waranga] site ID 1123

Program Approval

The following hospital has been granted approval for Short Stay Observation Unit (SOU), Accommodation Type 'S' services:

Name	Campus Code	Effective Date
Casey Hospital	3660	1 August 2009

An updated list was published on 8 October 2009, available at <http://www.health.vic.gov.au/hdss/reffiles/index.htm>

150.8 ACHI block numbers for Procedure Start Date/Time procedures

An updated list of ACHI procedure block codes for the procedures that require a procedure date was published on 8 October 2009.

The ACHI block numbers for Procedure Start Datetime Excel file is available at <http://www.health.vic.gov.au/hdss/reffiles/index.htm>

150.9 Admission policy consultation process

A document outlining the consultation process for the Review of Admission Policy has been placed on the HDSS website at

<http://www.health.vic.gov.au/hdss/vaed/admissions%20policy/adm%20policy%20-%20consultation%20proc.pdf>

Health services are encouraged to provide feedback as required on any aspect of the review.

The department has sought the nomination of health service contacts to act as a single point of contact within their organisation for admission policy review issues. Contacts are asked to ensure that they consult with relevant staff across their health service when considering issues and potential impacts, and that all interested staff are provided with an opportunity for comment or input into the process.

All emailed feedback and comments from health services (including the department's position on the feedback received where relevant) will be placed on the HDSS website, unless identified as confidential by health services. This process will allow each health service to consider issues raised by other health services.

Please direct any comments or queries to:

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Manager
Funding Policy and Data
Department of Health
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150.10 Update to Nursing Home Type/Non-Acute Care concept definition

In 2003, based on initiatives by the Commonwealth and State and Territory governments, the certificate '2624' (application for Residential Aged Care admission) was replaced by the Aged Care Client Record (ACCR), to improve data collected by Aged Care Assessment Teams (ACATS) and facilitate management of the Aged Care Assessment Program (ACAP).

To streamline the process of gathering the required information, the Commonwealth has developed the new Aged Care Client Record (ACCR), for use by ACATs.

The ACCR replaced the previous Aged Care Application and Approval '2624' and Minimum Data Set version 1 (MDSv1) forms, which were both phased out in 2003 (see also [http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-rescare-payessdx-archive.htm/\\$FILE/march03.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-rescare-payessdx-archive.htm/$FILE/march03.pdf))

The concept definition Nursing Home Type/Non-Acute Care will be updated in Section 2 page 2-31 and uploaded to the web as soon as possible. Please follow the guide below until the updated Section 2 becomes available.

Nursing Home Type/Non-Acute Care

Definition	Nursing Home Type
	<p>....</p> <ul style="list-style-type: none">Continued management, for medical reasons as an admitted patient. <p>A patient cannot be designated NHT before 35 days of continuous hospitalisation (with a maximum break of seven consecutive days) even if an approved 2624 certificate (formerly NH5 form) Application for Nursing Home Admission Aged Care Client Record (ACCR) has been signed.</p> <p>Non-Acute Compensable and Non-Acute Ineligible</p> <p>Under current legislation</p>

150.11 Update to ICD-10-AM/ACHI library file 2009-10 – procedure code age edits

The 2009-10 library file that was originally published on the HDSS website inadvertently omitted this change that had been made in December 2008. The changes in the table below were incorporated into the library file on 19 August 2009. The library file is available at:

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

Code	Code description	Column F first_high age	Column H second_low_age
3550300	Insertion intrauterine device	11 10	12 11
3550600	Replacement of intrauterine device [IUD]	11 10	12 11
3550602	Removal of intrauterine device [ID]	11 —10	12 11

150.12 Reporting of Clinical Sub-Program/Impairment

It has become apparent that there is ongoing confusion regarding reporting of Clinical Sub – Program / Impairment codes.

The information provided in Bulletin 148 is correct. A diagrammatic representation has been added to illustrate how the data should be submitted. Impairment code, when reported, must be in the same format as shown in the highlighted (left) column of the Impairment Code Table provided at <http://www.health.vic.gov.au/hdss/reffiles/index.htm>

The **Impairment** data element is represented as a code, with numerical values. It is not a field on which calculations are performed, thus it can be reported 'left justified'. If the code has a zero as the first value, the zero must be included to avoid errors.

The allowable number of characters to report this field is 6.

To accurately report the Impairment code, enter the code **left justified, trailing spaces**, as illustrated below:

0 – 1 – 1 – space – space - space				
Impairment Code		Clinical Sub-Pgm		
AROC		DoH		AUS Version 1
	011	010	1	1 STROKE
1.1				Left Body Involvement (Right Brain)

0 – 8 – 1 – 1 – 1 - space				
Impairment Code		Clinical Sub-Pgm		
AROC		DoH		AUS Version 1
	08111	081	8.1	8 ORTHOPAEDIC CONDITIONS
8.111				Fracture of hip, unilateral (includes #NOF)

Clinical Coding

150.13 PICQ - mapping of DRGs

Version 6.0 AR-DRGs includes **three new DRGs replacing DRGs 901Z, 902Z and 903Z.**

The new DRGs are

- 801A OR Procedures Unrelated to Principal Diagnosis W Catastrophic CC,
- 801B OR Procedures Unrelated to Principal Diagnosis W Severe or Moderate CC and
- 801C OR Procedures Unrelated to Principal Diagnosis W/O CC.

PICQ will not run with these new DRGs included in the data extract. Mapping for the new DRGs has been provided in the 'Mapping VAED Codes to NHDD Codes' Word File for use with PICQ and is available on our website:

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

Victorian Emergency Minimum Dataset (VEMD)

150.14 VEMD Manual

The 14th Edition of the Victorian Emergency Minimum Dataset (VEMD) Manual was published on 21 October 2009 on the HDSS website:

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

The design of the VEMD manual aims to make it more user-friendly.

For convenience, the

- glossary is a stand alone document
- VEMD editor process is in Section 5
- supplementary codes are posted on the website.

For ease of navigation, a VEMD Manual sections page appears at the beginning of each section.

To navigate between sections, click the red rectangle with the desired section number. The section opens in a separate window.

150.15 Initiation of Patient Management

The Concept of Initiation of Patient Management, Section 2, pages 10-11, and the Data Elements Nurse Initiation of Patient Management Date / Time, Section 3, pages 81-84 have been updated in the 14th edition of the VEMD manual, following recommendations from the VEMD Technical Reference Group meeting of September 2009.

The 'Initiation of Patient Management' concept definition now includes seven case studies, and minor amendments have been made to the reporting guides.

The Concept of Initiation of Patient Management (Section 2, pages 10-11, VEMD Manual, 14th Edition) is repeated below.

Initiation of Patient Management

Definition

Commencement of investigation, care and/or treatment according to an established clinical pathway, protocol or set of guidelines.

Guide for Use

Where a patient's care is managed according to an established standard clinical pathway, protocol, set of guidelines, or accepted clinical practice, initiation of patient management occurs at the start of the occasion of contact between the patient and staff member/s when this protocol is implemented.

Established clinical pathways, protocols, guidelines or accepted clinical practice are not necessarily documented but are agreed procedures of the emergency department.

Patient management may be:

- initiated by a doctor, nurse, mental health practitioner or other recognised health professional able to commence patient management commenced at or after triage.
- Observations taken to monitor a patient leading to a clinical decision regarding commencement of a clinical pathway, protocol, set of guidelines or accepted clinical practice do not represent initiation of patient management, however once a clinical

pathway, protocol, set of guidelines or clinical practice has been determined, patient management may be initiated by the taking of observations.

Placement of a patient in a cubicle and/or routine initial assessment and/or observations by a nurse does not, on its own, constitute initiation of patient management.

The process of re-triage is considered a continuation of the triage process and does not constitute initiation of patient management.

Initiation of Patient Management Case Studies (1-7)

Case Study 1:

Patient presents at ED with mild asthma. At triage, the patient is categorised as category 3 and returns to waiting area.

Patient has more severe asthma attack in waiting area, is re-triaged to category 2 and shown to cubicle where standard observations are taken.

Nurse comes to cubicle and commences treatment based on an acknowledged clinical pathway of the health service. At this point: **Patient Management has been initiated.**

Case Study 2:

Patient presents at ED in an agitated, delusional state. At triage, the patient is categorised as category 2 and placed in a cubicle and the Mental Health practitioner notified.

Observations are taken and nursing staff continue to observe the patient.

Mental Health practitioner arrives, assesses patient and develops management plan. At this point: **Patient Management has been initiated.**

Case Study 3:

Patient presents at ED with an ankle injury from football. At triage, the patient is categorised as category 4 and moved to 'fast track area'.

Physiotherapist attends, examines the patient, making an assessment (including diagnostic imaging requirements) and determines a treatment plan. At this point: **Patient Management has been initiated.**

Case Study 4:

Patient presents at ED with a sore arm, following a fall, with limited arm movement possible.

Patient is categorised as category 3 at triage and placed in a cubicle.

Nurse provides analgesia and assesses patient including ordering diagnostic imaging. At this point: **Patient Management has been initiated.**

Case Study 5:

Patient presents at ED feeling vague and having been generally unwell for a day or two, patient has a slight cough. At triage, patient is categorised as category 3.

Patient is placed in cubicle, observations are taken, respiration is 26 BPM, BP is 90/60 and patient is hypoxic, patient is given oxygen and the treating clinician attends and provides instruction regarding patient care. At this point: **Patient Management has been initiated.**

Case Study 6:

Patient presents at ED with chest pain. Triage category 2 is allocated. Patient is placed in cubicle and nurse gives oxygen and Anginine, takes bloods and an ECG. ECG is reviewed. At this point: **Patient Management has been initiated.**

Doctor subsequently arrives and patient is transferred to catheter lab after examination.

Case Study 7:

ED is notified by ambulance that a patient is being transported having severe behavioural problems.

The patient is taken to an appropriate ED cubicle and restrained.

Clinician administers sedation and requests attendance of mental health practitioner. At this point: **Patient Management has been initiated.**

150.16 VEMD Editor

An updated VEMD Editor v14 for 2009-10 was published on 7 October 2009.

It is available at <http://www.health.vic.gov.au/hdss/vemd/index.htm>

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

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For data requests from the health collections, email

Health Information Provision Help Desk

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