

health

HDSS Bulletin

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Global update

170.1 Australian Government circular update

The following circulars have been released since the publication of HDSS Bulletin 169:

PHI circular 01/12	Call for Submissions- Australian Hospital Patient Costing Standards for the National Hospital Cost Data Collection - Revised Submission Date
PHI circular 02/12	New Private Hospital Information
PHI circular 03/12	Prostheses List Advisory Committee (PLAC) Draft Clinical Evidence Paper
PHI circular 04/12	New (day only) hospital information
PHI circular 05/12	Changes to the release date of the February 2012 Prostheses List
PHI circular 06/12	New (day-only) Hospital Information
PHI circular 07/12	New (day-only) Private Hospital Information

Private Health Insurance circulars can be found at:

<http://www.health.gov.au/internet/main/publishing.nsf/Content/health-phicirculars2012-index1>

To subscribe to the circulars, email your subscription details to Private Health Insurance Branch at:

privatehealth@health.gov.au

170.2 Department of Health circular update

The following departmental hospital circulars have been released since the publication of HDSS Bulletin 169:

Hospital circular 28/2011	Pharmaceutical outpatient charges, PBS co-payments and Safety Net thresholds for 2012
Hospital circular 29/2011	Emergency ambulance fee and membership subscription fee increase
Hospital circular 30/2011	Highly Specialised Drugs Program
Hospital circular 31/2011	Clinical Support Time for Specialists – Further Once-off Funding

Hospital circulars can be found at: <http://www.health.vic.gov.au/hospitalcirculars/>

170.3 1 July 2012 changes to VINAH, ESIS, VAED and VEMD: Forum for software vendors

A forum will be conducted on Monday 20 February 2012 to address the changes to the VINAH, ESIS, VAED and VEMD data collections from 1 July 2012.

The venue is Room 1.03, level 1, 50 Lonsdale Street, Melbourne.

RSVP is by email to the HDSS Helpdesk (hdss.helpdesk@health.vic.gov.au). Please indicate the number of seats being requested. Priority will be given to software vendor representatives, but hospital representatives will be able to attend subject to capacity.

The forum will commence at 10.00 am and conclude by 1.00 pm.

The objective of the session is to address any implementation queries. If possible please forward your queries to the above email address prior to the forum.

170.4 Postcode locality reference file update

Postcode 8007 Collins Street West (post office boxes) has been removed from the postcode locality reference file. The postcode for Banksia Peninsula has changed. An updated version of the postcode locality file is available on the HDSS website at: <http://www.health.vic.gov.au/hdss/reffiles/index.htm>

Locality	Old postcode	New postcode
Banksia Peninsula	3880	3875

170.5 Clinical coding refresher course

La Trobe University is offering an ICD-10-AM clinical coding refresher short course. This is an online distance education course designed for health information managers and clinical coders who have not coded for some time and wish to update their abstracting and coding skills, or who have been coding in a specialty area and wish to update more broadly.

More information can be sourced from <http://www.latrobe.edu.au/health/areas-of-study/health-management/health-information-management/short-courses>

Victorian Admitted Episodes Dataset (VAED)

170.6 Changes for 2012–13

The *Final specifications for revisions to PRS/2 and the Victorian Admitted Episodes Dataset (VAED) for 1 July 2012* were emailed to HDSS Bulletin mailing list members on 30 December 2011, and are available on the HDSS Website:

http://www.health.vic.gov.au/hdss/vaed/2012-13/revisions/final_vaed_specs_2012-13_p1.pdf

http://www.health.vic.gov.au/hdss/vaed/2012-13/revisions/final_vaed_specs_2012-13_p2.pdf

Errata to the final specifications were posted to the HDSS website on 12 January 2012:

http://www.health.vic.gov.au/hdss/vaed/2012-13/revisions/errata_final_vaed_specs_2012-13.pdf

170.7 Reminder regarding notifiables for correction or confirmation

Hospitals are reminded to respond to the department's monthly notifiable spreadsheets. Notifiables edits (errors prefixed by N in your PRS/2 report) identify episodes where, in most cases, the data is incorrect. For a small number of episodes per year across the state, the combination of data items may be correct.

- Save spreadsheet on your computer retaining file name and 'Save As' Excel 97-2003 Workbook.
- Complete columns 'Is data correct' and 'Please explain why'.
- Return completed spreadsheet to the HDSS help desk email at HDSS.helpdesk@health.vic.gov.au

The department will periodically remove episodes from the VAED consolidated file where the hospital has not corrected the data or provided a satisfactory explanation as to why the data is correct. Responses such as "it looks okay on our system" or "our software reports it that way" do not explain why the data is correct. Public hospitals will not receive funding for removed episodes.

Please contact the HDSS help desk if you have not received any notifiable spreadsheets, would like to update the notifiables contact for your hospital or have any questions about the process.

170.8 Reminder: transmission timeframes apply to all sites

All public hospitals and health services are reminded of the transmission timeframes for VAED data, as set out in the *Victorian health policy and funding guidelines 2011-12, Part 1, Appendix 3* (pages 198-200). Excerpts from page 199 are reproduced below.

"Health services will transmit admitted patient data to the VAED via PRS/2 according to the timelines detailed in clauses below.

- Admission and separation details for any month are to be transmitted in time for the VAED file consolidation on the 10th day of the following month.
- Diagnosis and procedure and subacute details in any month must be transmitted in time for the VAED consolidation on the 10th day of the second month following.
- Data for the 2011-12 financial year must be completed in time for the VAED file consolidation on 10 August 2012. Any final corrections must be transmitted before consolidation of the VAED database on 10 September 2012.

It is the health service's responsibility to ensure that data are transmitted to the VAED to meet the processing schedule for inclusion in the PRS/2 file consolidation on the 10th of each month. VAED data (sent electronically) must be received by 5pm on the 10th of each month, regardless of the actual day of the week. VAED (sent on physical media) must be received by 12pm (noon) on the 10th of the month.

Victorian Emergency Minimum Dataset (VEMD)

170.9 New version VEMD Editor (v16.1.4.2)

An updated version of the VEMD Editor v16.1.4.2 allowing deletion records with a blank Patient Identifier was posted to the HDSS website on 11 January 2012.

170.10 VEMD Editor - code F69 not valid for 2012–13

A typographical error was introduced into the VEMD Library File in 2008–09 relating to code F69 - Acute behavioural disturbance.

This error was subsequently corrected and code F69 does not exist in the current version of the VEMD Library File, although it is accepted in the VEMD Editor.

Health services should discontinue the use of this code which will reject in 2012-13.

In the interim, code F66 for Acute behavioural disturbance should be used until the new version of the VEMD Library File is implemented for 2012–13 (see below).

170.11 VEMD Library file review and 2012–13 VEMD Library updates

A review of the VEMD Library File has to date identified the following issues:

- Ten 4 digit codes in the VEMD Library file are not valid ICD-10-AM codes. Alternate expanded five digit codes for these diagnoses are valid and exist in the VEMD Library file.

A630	Genital warts
F130	Simple intoxication of sedatives or hypnotics (excludes poisoning: T424)
F139	Mental & behavioural disorder due to sedatives or hypnotics
F160	Simple intoxication of hallucinogens (excludes poisoning: T409)
F169	Mental & behavioural disorder of hallucinogens
K292	Gastritis, alcoholic
K297	Gastritis
O848	Other multiple delivery
Q741	Knock knee
T412	Poisoning/overdose, GHB

- Two 3 digit codes in the VEMD Library file are not valid ICD-10-AM codes. There are alternate expanded 4 digit codes for R65 in the VEMD Library File. There is no expanded 4 digit code in the current VEMD Library File for F66

F66	Acute behavioural disturbance
R65	SIRS (Systemic inflammatory response syndrome)

The VEMD Reference Group has approved the following amendments for 2012–13

- Remove the ten 4 digit codes listed above from the VEMD Library File as part of the annual revisions to the VEMD for 1 July 2012.
- Remove the two 3 digit codes listed above from the VEMD Library File as part of the annual revisions to the VEMD for 1 July 2012.
- Add the following three codes to the VEMD Library File to replace F66:

ICD-10-AM 7th	Full description	VEMD description
F669	Psychosexual development disorder, unspecified	Psychosexual development disorder, unspecified
F988	Other specified behavioural and emotional disorders with onset usually occurring in childhood and adolescence	Attention deficit disorder
R455	Hostility	Acute behavioural disturbance

Victorian Integrated Non-Admitted Health Minimum Dataset (VINAH)

170.12 Reference Data Updates

Contact Medicare Benefits Schedule Item Number:

The reference table for MBS Item Numbers was updated on 10 January 2012, using the Medicare Benefits Schedule effective January 2012.

Contact Provider:

Four new Contact Provider codes were added on 10 January 2012. They are 06280A Elmshurst Bush Nursing Centre, 06423A Lake Bolac Bush Nursing Centre, 0688A Woomelang Bush Nursing Centre, and 10204A Balmoral Bush Nursing Centre.

An updated Section 9 Code Set and Code List have been added to the HDSS Website:

<http://www.health.vic.gov.au/hdss/vinah/2011-12/Manual/index.htm>

170.13 Changes for VINAH for 2012–13

The Final Specifications for Revisions to VINAH for 1 July 2012 were emailed to HDSS Bulletin mailing list members on 30 December 2011, and are available on the HDSS Website:

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

Health services should work with their vendors to ensure they will be able to fulfil the reporting requirements for 2012–13 data.

A new web page for 2012–13 has been added to the VINAH website. It contains Section 5 *Appendix A – Data Element Binding Table*, and an updated Section 9 *Code Set and Code List* spreadsheet. Sections will be added as they become available.

<http://www.health.vic.gov.au/hdss/vinah/2012-13/manual/index.htm>

170.14 Clarification of Identifier Type and Local Assigning Authority

The VINAH manual contains misleading advice about the reporting of Identifier Type and Local Assigning Authority. Changes are not required to vendor systems currently submitting VINAH data as the submissions are correctly reporting the data elements; however, the manual requires amendment to reflect the correct practice.

The VINAH8 manual will be updated to provide the following clarifications:

Identifier Type is used to specify whether the Person Identifier is common across a health service or agency or is allocated locally by a campus or vendor system. Code "A" should be reported when Person Identifier is unique across all in-scope services within a submitting organisation and code "L" reported when Person Identifier is not unique across all in-scope services within an organisation.

Local Identifier Assigning Authority is used to describe the organisation or software system that created Person Identifier.

If Person Identifier is "A", meaning one Person Identifier across the whole health service or agency for all VINAH reporting, report the Organisation Identifier (table HL70362) as the Local Identifier Assigning Authority.

If Person Identifier is "L", meaning different campuses or systems assign different Person Identifier codes, the Local Identifier Assigning Authority code set from table HL70300 is used to

specify the scope of the code. These codes may be assigned on a specific geographic or organisational basis, e.g.: 367 for Craigieburn Health Service, 562 for Grampians PAC Program. Alternately, if the code assignment is software system specific a generic software provider code may be assigned (from table HL70361). Alternatively, a value from both HL70300 and HL70361 may be concatenated to form the Local Identifier Assigning Authority.

Modifications to the Reporting Guide in the VINAH Manual

- New values and definitions relating to existing items are highlighted in orange.
- Changes to existing items are highlighted in green.
- Redundant values and definitions relating to existing items are struck through.

Identifier Type:

Interaction between Identifier Type and Local Identifier Assigning Authority

Message Segment = PID.3 (Patient/Client) or MRG.1 (Prior Patient/Client)

If Identifier (CX.1) contains = DVA File Number, TAC Claim Number, VWA File Number

Then

Identifier Type (CX.5) value = E (Externally assigned identifier such as TAC Claim Number, Medicare Number, etc)

Then

Assigning Authority (CX.4) contains value from table = HL70363

If Identifier (CX.1) contains = Person Identifier unique within organisation

Then

Identifier Type (CX.5) value = A (Indicates identifier is unique within the organisation)

Then

Assigning Authority (CX.4) contains value from table = HL70363 32 Organisation Identifier.

If Identifier (CX.1) contains = Person Identifier not unique within organisation

Then

Identifier Type (CX.5) value = L (Indicates identifier is NOT unique within the organisation)

Then

Assigning Authority (CX.4) contains value from table = HL70300 or HL70361 (or both, concatenated)

Message Segment = MRG.1

If Identifier (CX.1) contains = Person Identifier unique within organisation

Then

Identifier Type (CX.5) value = A

Assigning Authority (CX.4) contains value from table = HL70363

If Identifier (CX.1) contains = Person Identifier not unique within organisation

Then

Identifier Type (CX.5) value = L

Assigning Authority (CX.4) contains value from table = HL70300

Message Segment = PV1.19

Identifier (CX.1) contains = Episode Identifier, Contact/Client Service Event Identifier

Identifier Type (CX.5) value = VN or A

Assigning Authority (CX.4) contains value from table = HL70362

Message Segment = PV1.5

Identifier (CX.1) contains = Referral Identifier, Episode Identifier

Identifier Type (CX.5) value = VN or A

Assigning Authority (CX.4) contains value from table = HL70362

Local Identifier Assigning Authority:

When included as part of the identifier for a person this code should identify the establishment assigning the Person Identifier to the client. For example, if a care provider uses identifiers generated by the

Patient Master Index of a particular establishment, the code reported in this data element should be the identifier allocated to that establishment.

The Identifier Type indicates the level at which the indicator has been assigned. If the Identifier Type is 'A' (the identifier is unique to the organisation), the Local Identifier Assigning Authority takes the value of the Organisation Identifier (table HL70362). If the Identifier Type is 'L' (the identifier is not unique to the organisation), the Local Assigning Authority identifies the party who allocated the Identifier. A value from the Local Identifier Assigning Authority codeset (table HL70300 or HL70361, or both concatenated). If the Identifier has been allocated by an external organisation (Identifier Type = 'E') the Local Assigning Authority is an appropriate value from table HL70363.

170.15 Correction to Reporting Guide for Contact Client Medicare Number in the Final Specifications document

The Reporting Guide for Contact Client Medicare Number in the *Final Specifications for Revisions to VINAH for 1 July 2012* contained an error, identifying the PID position as '.4' rather than '.3'. It should read as follows:

When reporting Contact Client Medicare Number, a value of 'AUSHIC' must be reported as the Assigning Authority (Table Identifier HL70363, (PID\PID.43\CX.4)).

170.16 VINAH Versions and reporting requirements

In order for the department to meet its reporting obligations and to apply Activity-based funding for acute non-admitted services, health services must supply data according to the reporting requirements for the current financial year. From 1 July 2012, VINAH8 must be reported for Specialist Clinics (Outpatients) Program, and should be reported for all other Programs.

For Programs other than Specialist Clinics (Outpatients), at least VINAH7 must be reported by 1 July 2012. From 1 January 2013 only VINAH8 will be accepted for all Programs. Services should work with their vendors to ensure they can fulfil the reporting requirements.

Contact details

The Funding & Information Policy branch of the Hospital & Health Service Performance Division is responsible for maintaining data standards for five Victorian health data collections:

- Victorian Admitted Episodes Dataset (VAED) including Admitted Patient Entry & Transmission System (APET)
- 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 is produced on an ad hoc basis to provide:

- answers to common questions recently directed to the HDSS Help Desk
- 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
- 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@health.vic.gov.au
Email VEMD submit.vemd@health.vic.gov.au
Email ESIS ESIS.ESIS@health.vic.gov.au

HealthCollect Help Desk

Telephone (03) 9096 8595
Fax (03) 9096 7743
Email healthcollect.helpdesk@health.vic.gov.au

For data requests from the health collections, contact:

Hospital Data Front Desk

Email Hosdata.frontdesk@health.vic.gov.au