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| HDSS Bulletin |
| Issue 260: 24 August 2022Reporting guidelines for public patients treated in private hospitals 2022-23 |
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# Introduction

The Department of Health has developed several initiatives to reduce public health service elective surgery waiting lists and to boost capacity during periods of high demand in the public health system. These initiatives include contracting elective surgery from public health services to private hospitals and day procedure centres (DPC), as well as enabling additional elective surgery activity in public health services. These initiatives have different timeframes, some of which are concurrent.

This reporting guide summarises how this activity is to be reported to the Victorian Admitted Episodes Dataset (VAED) and the Elective Surgery Information System (ESIS) under each different contract type, namely: Private Hospital Funding Agreement (PHFA), COVID Support Agreement (CSA), Surgery Recovery Reform (SRR) and all other regular contracts.

**All contracted activity admitted on or after 22 August 2022 must be reported in accordance with these guidelines.**

# Which Agreement?

Multiple agreements may be in place at any given time. Each public and private hospital and DPC will be aware of which agreement(s) they are participating in, with which agencies, for which services, and over which periods of time.

Each public and private hospital and DPC must determine under which contract the care is to be provided, and the partner agency for that episode (public hospital or private hospital or day procedure centre) and report accordingly.

# Which Account Class?

All contracted admitted activity in private hospitals and day procedure centres under a PHFA must be reported with a Public patient Account Class.

The Account Class for CSA and SRR activity must be reported by the public hospital in accordance with the relevant agreement between the health service and the department. The public hospital must advise the private hospital/DPC at which the contracted activity occurs of the relevant Account Class for the episode, which must then be reported by the private hospital/DPC. Refer also to the VAED summary table below.

Regular contracted service reporting is described in Section 4 of the VAED manual, which states in part that no DVA patients may be included in regular contracted arrangements between public and private health services.

# Private Hospital Funding Agreement

Private Hospital Funding Agreements (PHFAs) have been re-established between the department and selected private hospitals and day procedure centres. These PHFAs commenced on either 1 July or 18 July 2022 and will cease on or before 30 September 2022. No PHFAs will continue beyond 30 September 2022.

While a private hospital or day procedure centre has a PHFA in place, all contracted admitted activity with that private facility is deemed PHFA activity under the terms of those Agreements. This means that while the PHFA is in place, it supersedes all other funding agreements.

VAED reporting differs under the current PHFAs: **both private and public hospitals must report this activity**.

### Private hospital

Must report all contracted activity during the period of its PHFA as a **regular contract** between a public and a private hospital/DPC.

This differs from VAED reporting under previous PHFAs when only the private hospital/DPC reported the episode and identified it with a specific set of values in selected contract data items, including code 0030 in Contract/Spoke Identifier, which is no longer required. Refer to the VAED summary table below for details.

### Public hospital

**Must report** all contracted activity with a private hospital or DPC in the PHFA in the same way as regular contracts are reported. This is a change from previous PHFAs when public hospitals did not report this activity.

These reporting requirements take effect for patients admitted from Monday 22 August 2022 for all activity under PHFAs for both public and private sector facilities. All PHFAs conclude on or before 30 September 2022.

A list of which private hospitals are in the PHFA is available from the [Private Hospitals Unit](https://www.health.vic.gov.au/private-health-service-establishments/private-hospital-funding-agreement) <https://www.health.vic.gov.au/private-health-service-establishments/private-hospital-funding-agreement>.

# COVID Support Agreement

The COVID Support Agreement (CSA) has been developed to maximise the health system’s overall ability to manage and respond to COVID-19 related surges in demand. The CSA between public health services and private hospitals is supported by Health Service Partnership Public-Private Pandemic Support Plans. These plans outline the agreed initiatives between public health services and private providers.

The department is responsible for approving activation of the plans in line with health system demand and will have oversight of activity and resources being utilised.

When admitted patient activity is delivered under the CSA at a private hospital or DPC by arrangement with a public health service, **both sites must report** the admitted episode to the VAED, including specific details set out in the VAED summary table in this guide.

### Private hospitals in the PHFA

While the private hospital is in the PHFA, report any activity initiated under the CSA in accordance with reporting requirements for the PHFA (because the PHFA supersedes all other agreements in place at the same time).

### Private hospitals not in the PHFA

Report Program Identifier code 08 COVID-19 Surge Response. CSA activity can be reported at any time as arranged.

### Public hospitals

1. Report any activity initiated under the CSA with a private hospital/DPC that is in the PHFA (while the private hospital is in the PHFA), in accordance with reporting requirements for the PHFA (because the PHFA supersedes all other agreements in place at the same time).
2. Report Program Identifier code 08 COVID-19 Surge Response when the CSA activity occurs at a private hospital/DPC that is not in the PHFA.

# Surgery Recovery Reform

The Surgery Recovery Reform (SRR) program funds public hospitals to perform additional elective surgery, which can be performed at the public hospital, or under a SRR contract with a private hospital or day procedure centre. Only elective surgery activity will be performed under the SRR.

When SRR activity is arranged by a public health service and provided at a private hospital or DPC, **both sites** must report the admitted episode to the VAED, including specific details set out in the VAED summary table in this guide.

### Public hospital

1. Report any activity initiated under the SRR with a private hospital/DPC that is in the PHFA (while the PHFA is in place), in accordance with reporting requirements for the PHFA (because the PHFA supersedes all other agreements in place at the same time).
2. Report Program Identifier code 13 Elective Surgery Blitz when the SRR activity occurs at a private hospital/DPC that is not in the PHFA.
3. Report Funding Arrangement code B Elective Surgery Blitz when the SRR activity occurs at the public hospital. Public hospitals can report SRR activity at any time where that activity is performed at the public hospital and does not involve an admission to a private hospital under either a PHFA or CSA.
4. Where SRR activity is between two public health services, both must report as a regular contract with the addition of Program Identifier code 13 Elective Surgery Blitz.

### Private hospital in the PHFA

While the private hospital is in the PHFA, report any activity initiated under the SRR in accordance with reporting requirements for the PHFA (because the PHFA supersedes all other agreements in place at the same time).

### Private hospital not in the PHFA

Report Program Identifier code 13 Elective Surgery Blitz.  SRR activity can occur at any time as arranged.

# Regular contracts between public and private health services

From 1 October 2022, admitted activity performed under a regular contract between a public health service and a private hospital or a DPC must continue to be reported to the VAED according to the usual reporting arrangements outlined in Section 4 of the VAED manual, including specific details set out in the VAED summary table below.

# Contracted admitted activity already reported to the VAED

Where an admission commenced between 1 July and 21 August 2022 under one of the above contracts, and where that activity has been reported to the VAED as a regular contract rather than as CSA or SRR activity, there is no expectation that either public or private hospitals or day procedure centres will retrospectively amend data.

However, where that contract activity has **not** been reported as a contracted episode, it **must be** **corrected** to report as a regular contract.

# ESIS reporting

Public health services reporting waiting list data to ESIS must report the appropriate Reason for Removal code:

P - COVID 19 - admitted to another campus arranged by this campus/health service and has received the awaited procedure under contract or similar arrangement due to the COVID-19 response

OR

X - Admitted to another campus arranged by this campus/health service and has received the awaited procedure under contract or similar arrangement

The appropriate reason for removal code depends on the removal date, the contract type and whether the private hospital is in the PHFA during that period, as follows:

**Reason for Removal codes, by Contract type:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|   | PHFA | CSA | SRR | Regular contract |
| Private hospital/DPC is in PHFA Jul-Sep 2022  | X | X | X | X |
| Private hospital/DPC is not in PHFA Jul-Sep 2022  | X | P | X | X |
| Private hospital/DPC from 1 Oct 2022  | N/A | P | X | X |

More detail is provided in the ESIS summary table in this guide, with further notes beneath the table.

Waiting list removals prior to 22 August 2022 do not need to be retrospectively updated. However the correct Reason for Removal must be reported from that date.

# Daily Capacity and Occupancy Register (DCOR), Daily Elective Surgery Activity (DESA) and COVID19 Vaccination Status – Health Service Workforce reporting

Reporting of these data collections through the HealthCollect portal can cease for all private hospitals and day procedure centres, effective 22 August 2022.

# Note

The department will identify PHFA activity for episodes admitted between period 1/7/2022 – 30/9/2022 based on contract details reported in the VAED, therefore **all public and private hospitals must ensure all admitted activity undertaken by private hospitals in the PHFA include contract details when reporting to the VAED**.

Public hospitals should note that because the PHFA supersedes all other funding agreements, public hospital activity contracted to a private hospital in the PHFA will not attract NWAU.

#  More information:

* Private Hospital Funding Agreement (PHFA) – contact the Private Hospitals Unit by email COVID.PrivateHospital.NEPT@health.vic.gov.au
* Surgery Recovery and Reform – email surgicalreform@health.vic.gov.au
* COVID Support Agreement - contact performance@health.vic.gov.au
* Reporting advice – email the HDSS.Helpdesk@health.vic.gov.au

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| **Summary table VAED reporting 2022-23** |
|   | **\*PHFA (1 July - 30 September 2022)**  | **CSA (COVID Support Agreement)**  | **SRR (Surgery Recovery Reform)**  **(see Note below)**  | **SRR #**  | **REGULAR CONTRACTS**  |
| **Reported by**  | **Public**  | **Private/DPC**  | **Public**  | **Private/DPC**  | **Public**  | **Private/DPC**  | **Public**  | **Public**  | **Private/DPC**  |
| **Applicable when?**  | Public patient is treated in a private hospital during the dates the private hospital is in the PHFA  | Not applicable July - Sept 2022 if private hospital is in the PHFA - report as per current PHFA reporting\*.  Otherwise takes effect 22 August 2022  | Not applicable July - Sept 2022 if private hospital is in the PHFA - report as per current PHFA reporting\*.  Otherwise takes effect 22 August 2022  | 22/08/2022  | Already in place  |
| **Funding Arrangement**  | 1 Contract  | 1 Contract  | 1 Contract  | 1 Contract  | 1 Contract  | 1 Contract  | B Elective Surgery Blitz  | 1 Contract  | 1 Contract  |
| **Contract Role**  | A Hospital A (purchaser)  | B Hospital B (provider)  | A Hospital A (purchaser)  | B Hospital B (provider)  | A Hospital A (purchaser)  | B Hospital B (provider)  | N/A  | A Hospital A (purchaser)  | B Hospital B (provider)  |
| **Contract Type**  | As approp from 2, 3, 4, 5 or 8  | As approp from 2, 3, 4, 5 or 8  | As approp from 2, 3, 4, 5 or 8  | As approp from 2, 3, 4, 5 or 8  | As approp from 2, 3, 4, 5 or 8  | As approp from 2, 3, 4, 5 or 8  | N/A  | As approp | As approp |
| **Contract/ Spoke Identifier**  | Campus code of private hospital  | Campus code of public hospital  | Campus code of private hospital  | Campus code of public hospital  | Campus code of private hospital  | Campus code of public hospital  | N/A  | Campus code of private hospital  | Campus code of public hospital  |
| **Program Identifier**  | N/A  | N/A  | 08 COVID-19 Surge Response  | 08 COVID-19 Surge Response  | 13 Elective Surgery Blitz  | 13 Elective Surgery Blitz  | N/A  | N/A  | N/A  |
| **Newborns (qualified and unqualified)^**  | All newborns reported  | All newborns reported  | All newborns reported  | All newborns reported  | All newborns reported  | All newborns reported  |   | All newborns reported  | All newborns reported  |
| **Account Class**  | MP, ME, MF, MA, JP   | MP, ME, MF, MA, JP   | As per the agreement in place between the department and the HSP/ health service   | As advised by the public hospital  | As per the agreement in place between the department and the HSP/health service  | As advised by the public hospital  | As per the agreement in place between the department and the health service  | As per normal contract arrangement in place between the public and private hospital (excludes DVA)  | As advised by the public hospital (excludes DVA)  |
| # A public hospital managing their own waiting list, funded to do additional elective surgery activity \* PHFA reporting arrangements as described in this table: these differ from VAED reporting under previous PHFAs ^ Includes both qualified and unqualified newborns Note:  Where SRR activity is between two public health services, both must report as a regular contract with the addition of Program Identifier code 13 Elective Surgery Blitz.   |

Refer also to Contracting reporting description in Section 4 Business rules, and to Section 3 Data definitions, of the VAED manual, accessible at the [HDSS website](https://www.health.vic.gov.au/publications/victorian-admitted-episodes-dataset-manual-2022-2023) <https://www.health.vic.gov.au/publications/victorian-admitted-episodes-dataset-manual-2022-2023>.

**Summary table ESIS reporting 20220-23**

|  |  |  |
| --- | --- | --- |
|   | **COVID Support Agreement (CSA)**  | **Surgery Recovery Reform (SRR)**  |
| **Reported by**  | Public hospital  | Public hospital  |
| **Reason for Removal**  | P - COVID 19 - admitted to another campus arranged by this campus/health service and has received the awaited procedure under contract or similar arrangement due to the COVID-19 response  | X - Admitted to another campus arranged by this campus/health service and has received the awaited procedure under contract or similar arrangement   |
| **Destination code**  | Campus code of the facility where the patient is receiving treatment  | Campus code of the facility where the patient is receiving treatment  |

**Notes:**

From 22.8.2022 to 30.9.2022: use P only for CSA activity referred to a private hospital that is not in a PHFA

From 22.8.2022 to 30.9.2022: use X for CSA activity referred to a private hospital that is in a PHFA

From 1.10.2022: report Reason for Removal Code X for PHFA or SRR or regular contracts only

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