Non

|  |
| --- |
| HDSS Bulletin |
| Issue 238: 26 August 2020 |

Contents

[Global update 1](#_Toc49342837)

[238.1 Circulars 1](#_Toc49342838)

[238.2 HealthCollect planned maintenance 1](#_Toc49342839)

[Agency Information Management System (AIMS) 1](#_Toc49342840)

[238.3 Daily Capacity and Occupancy register 1](#_Toc49342841)

[238.4 Daily Capacity and Occupancy register – changes effective 26 August 2](#_Toc49342842)

[Victorian Admitted Episodes Dataset (VAED) 2](#_Toc49342843)

[238.5 Reporting requirements for Residential Aged Care Facility residents transferred to public or private hospitals 2](#_Toc49342844)

[238.6 Monthly consolidation reports 4](#_Toc49342845)

[Contact details 5](#_Toc49342846)

# Global update

## Circulars

Access private hospital circulars at: [Private hospital circulars](http://www.health.gov.au/internet/main/publishing.nsf/Content/health-phicirculars2019-index1) <http://www.health.gov.au/internet/main/publishing.nsf/Content/health-phicirculars2019-index1>

Access hospital circulars at: [Hospital circulars](https://www2.health.vic.gov.au/about/news-and-events/hospitalcirculars) <https://www2.health.vic.gov.au/about/news-and-events/hospitalcirculars>

## HealthCollect planned maintenance

Maintenance of the HealthCollect portal is planned to occur on the last weekend of August 2020.

HealthCollect will not be available from 5.00pm Friday 28 August until 9.00am Monday 31 August.

No access to HealthCollect will be available during this period.

# Agency Information Management System (AIMS)

## Daily Capacity and Occupancy register

Some health services have advised additional time is required to collate data for beds occupied by COVID-19 patients and staff unavailable due to the listed reasons. As an interim measure only, where health services are unable to accurately report these figures, a default value of 9999 can be reported. Health services reporting this default value in any cell are asked to advise the email HDSS helpdesk <hdss.helpdesk@dhhs.vic.gov.au> when accurate data will be reported.

Please only report zero (0) where that is the correct value: do not report zero (0) to indicate data are not available.

## Daily Capacity and Occupancy register – changes effective 26 August

The Department is implementing further changes to the Daily Capacity and Occupancy Register, effective from Wednesday 26 August, to be reported in the HealthCollect form on Thursday 27 August. These latest changes are outlined below.

**Beds/spaces with piped air and oxygen and power surge protection**

These data are no longer required to be reported and the three columns for recording this information have been removed from the form.

**Hospital mortuary capacity and occupancy**

An additional row has been added to the form to collect details of hospital mortuary capacity and occupancy.

**Staff capacity impacted by COVID-19**

The heading of the final column on the form has been altered to clarify the intended content. This column heading now reads *SARS-CoV-2 infected (COVID-positive) staff unavailable for direct or indirect patient care*. The data in this column is intended to capture the number of staff members providing patient care that were unavailable for duty because the staff member has received a positive SARS-CoV-2 pathology test. It is not a sum of the preceding four columns.

The Guidelines for reporting and Frequently Asked Questions documents, have been updated and will be available at the [HDSS website](https://www2.health.vic.gov.au/hospitals-and-health-services/data-reporting/health-data-standards-systems/hdss-communications) <https://www2.health.vic.gov.au/hospitals-and-health-services/data-reporting/health-data-standards-systems/hdss-communications> .

# Victorian Admitted Episodes Dataset (VAED)

## Reporting requirements for Residential Aged Care Facility residents transferred to public or private hospitals

Currently in Victoria, residents from Commonwealth run aged care facilities are being transferred to private facilities as part of the COVID-19 response. Aged care residents are transferred for several reasons: medical care, testing COVID-19 positive, or where facilities have furloughed staff that have tested positive, resulting in insufficient staff to care for residents. Some aged care residents are also being transferred to public hospitals for clinical treatment or in cases where the residents tend to wander. Wandering residents create as increased risk for the spread of COVID-19. Currently, wandering residents are being transferred to public hospitals that are equipped to manage these residents.

### Reporting requirements

For all episodes discharged on or after 1 July 2020, where the admitted episode occurs at either a public or private hospital, the hospital must report the following data items to the VAED (in addition to the VAED data items usually reported for an episode of care).

### Nursing home type care required

* Care Type: 1 - NHT/Non-acute
* Account Class: M5 – Public NHT with NH5
* Admission Source: N - transfer from residential aged care facility
* Funding Arrangement: 1 Contract
* Contract Type: 1 Contract Type B (health authority contracts B for admitted service)
* Contract Role: B (service provider hospital)
* Contract/Spoke Identifier: 0710 Department of Health: Interim payment
* Program Identifier: 08 COVID-19 Surge Response

Acute care required

* Care Type: 4 – Other care (Acute)
* Account Class: MP – Public eligible
* Admission Source: N - transfer from residential aged care facility
* Funding Arrangement: 1 Contract
* Contract Type: 1 Contract Type B (health authority contracts B for admitted service)
* Contract Role: B (service provider hospital)
* Contract/Spoke Identifier: 0710 Department of Health: Interim payment
* Program Identifier: 08 COVID-19 Surge Response

### Business rules

These business rules apply to patients from Residential Aged Care Facilities (RACF) that require admission to hospital as part of the COVID-19 pandemic response.

**Private Hospitals**

Patients admitted to a private hospital from a RACF under the private hospitals funding agreement who require acute care for a matter related to COVID-19 or the current COVID-19 pandemic should be admitted as Care Type 4 (acute).

Patients admitted to a private hospital from a RACF under the private hospitals funding agreement who do not require acute care but may find themselves at a private hospital due to situations at their normal place of residence should be reported as Care Type 1 (NHT/Non-acute). These patients need accommodation services only.

**Public Hospitals**

Patients admitted to a public hospital from a RACF as part of the COVID-19 pandemic response that require acute care should be admitted as Care Type 4 (acute).

If a patient requires palliative care and is receiving treatment in a **designated** Palliative Care Program/Unit, they should be admitted as Care Type 8 (Palliative Care Program).

Patients admitted to a public hospital from a RACF as part of the COVID-19 pandemic response because they have a tendency to wander should be admitted as Care Type 1 (NHT/Non-acute) unless they also require treatment for a clinical condition, in which case they should be admitted as Care Type 4 (acute).

### Care type changes

If a patient initially admitted as a nursing home type patient (Care Type 1), requires overnight clinical care, the patient should be statistically discharged and re-admitted as Care Type 4 (acute).

If a patient initially admitted as acute (Care Type 4), no longer requires overnight clinical care, the patient should be statistically discharged and re-admitted as Care Type 1 (NHT/non-acute).

Public hospitals with a **designated** Palliative Care Program/Unit should report all care type changes between acute (Care Type 4), NHT/non-acute (Care Type 1) and palliative care (Care Type 8).

### Clinical coding requirements

All admitted episodes will be coded in ICD-10-AM/ACHI/ACS Eleventh Edition in accordance with the Australian Coding Standards, IHPA Coding Rules and Victorian coding advice.

Admitted episodes reported as Care Type 1 (NHT/Non-acute) will be coded in accordance with ACS 2105 Long term/Nursing home type inpatients.

Admitted episodes receiving palliative care will be coded in accordance with ACS 2116 Palliative care.

### Patients admitted as per normal arrangements

For patients admitted to a private or public hospital from a Residential Aged Care facility who require acute care for a matter unrelated to COVID-19 or the current COVID-19 pandemic (e.g. #NOF) – reporting remains unchanged.

## Monthly consolidation reports

Health services are reminded that VAED monthly consolidation reports are available

The Hospital Activity, WIES and Subacute WIES aggregate reports are routinely provided for all health services. Specifications for these reports is available from the [HDSS website](https://www2.health.vic.gov.au/hospitals-and-health-services/data-reporting/health-data-standards-systems).

The VAED, subacute and palliative care patient level reconciliation reports are also available to health services. Patient level reconciliation reports are optional. If your health service would like to receive these reports then please email HDSS helpdesk

Health services can access the patient level reconciliation and aggregate reports via the MFT once a month, after the monthly consolidation of the VAED. Health services are responsible for the monitoring, collection, and internal distribution of the reports.

# Contact details

The Data Collections unit manages several Victorian health data collections including:

* 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)
	+ F1 data collections (technical support)

The HDSS Bulletin is produced at intervals 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

Website

[HDSS website](https://www2.health.vic.gov.au/hospitals-and-health-services/data-reporting/health-data-standards-systems) <https://www2.health.vic.gov.au/hospitals-and-health-services/data-reporting/health-data-standards-systems>

HDSS help desk

Enquiries regarding data collections and requests for standard reconciliation reports

Email HDSS help desk <HDSS.helpdesk@dhhs.vic.gov.au>

Other Victorian health data requests

[VAHI Data Request Hub](https://vahi.freshdesk.com/support/home) < https://vahi.freshdesk.com/support/home>

Email HOSdata <Hosdata.frontdesk@vahi.vic.gov.au>

|  |
| --- |
| To receive this publication in an accessible format phone (03) 9096 8595, using the National Relay Service 13 36 77 if required, or email HDSS help desk <HDSS.helpdesk@dhhs.vic.gov.au>Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.© State of Victoria, Department of Health and Human Services, August 2020Available at [HDSS Bulletins](https://www2.health.vic.gov.au/hospitals-and-health-services/data-reporting/health-data-standards-systems/hdss-communications) < https://www2.health.vic.gov.au/hospitals-and-health-services/data-reporting/health-data-standards-systems/hdss-communications > |