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| HDSS Bulletin |
| Issue 239: 24 September 2020 |

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# 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>

## New hospitals and re-activated sites

The following new hospitals, re-activated sites and hospital name changes have been added to our reference data. An updated campus code table will be available on the HDSS website shortly.

|  |  |  |
| --- | --- | --- |
| Campus code | Name | Effective from |
| 1011 | Alfred MECC | 1/3/2020 |
| 1451 | St Vincents On the Park | 1/3/2020 |
| 8400 | West Gippsland Endoscopy Centre | 1/3/2020 |
| 8252 | Genesis Care Radiation Oncology Centre Shepparton | 1/3/2020 |
| 2051 | Barwon Health North | 1/3/2020 |
| 2052 | Old Geelong Private | 1/3/2020 |
| 7200 | Hampton Day Hospital | 1/9/2019 |
| 7190 | South Yarra Medical Clinic | 1/8/2019 |
| 7320 | Nunyara Centre | 1/1/2019 |

## Hospital name changes

|  |  |  |
| --- | --- | --- |
| Campus code | Old Name | New Name |
| 2320 | New Mildura Base Hospital | Mildura Base Public Hospital |
| 8870 | Western Day Surgery | Sunshine Private Day Surgery |
| 7900 | Frankston Private Day Surgery | Frankston Private Hospital |
| 7140 | Manningham Day Procedure Centre | Manningham Private Hospital |
| 2390 | Mallee Track Health & Community Service | Mallee Track - Ouyen |
| 7270 | Sea Lake & District Health Service Inc. | Mallee Track – Sea Lake |

## Data collection annual changes for 2021–22

Each year the VAED, VEMD, ESIS, VINAH and AIMS data collections are reviewed to ensure that they support the department’s state and national reporting obligations and reflect changes in hospital funding and service provision arrangements for the coming financial year.

The annual changes planned to be implemented in 2020–21 were deferred due to the COVID-19 response and are now planned to be implemented in 2021–22. For this reason, minimal additional changes to the collections will be considered for 2021–22. Only mandatory or required changes for reporting to the Independent Hospital Pricing Authority (IHPA) and the Australian Institute of Health and Welfare (AIHW), changes to support hospital funding and essential changes required for system planning will be considered. As such proposals for further changes to the collections in 2021–22 will not be sought from outside the department.

The department will seek feedback on proposals. Final acceptance of all proposals will be based upon evaluation and recommendations by the Annual Change Governance Committee and sign off by the Deputy Secretary of Health and Wellbeing.

 Specifications will be published on the HDSS website by 31 December 2020.

# Agency Information Management System (AIMS)

## COVID-19 positive care pathways form

A selection of metropolitan health services, community health providers and regional health services have been engaged by the department to deliver the COVID-19 positive care pathways program. Lead health services are required to report aggregate data for COVID-19 positive cases in their respective catchments.

It is expected that the COVID-19 positive care pathways form will be available at the [HealthCollect portal](https://www.healthcollect.vic.gov.au/) <https://[www.healthcollect.vic.gov.au](http://www.healthcollect.vic.gov.au)> on Friday 25 September 2020.

Metropolitan health services must submit the COVID-19 positive care pathways form each weekday by 11am for the figures at midnight on the previous day. Data for Friday, Saturday and Sunday must be reported by 11am each Monday.

Regional health services must submit the COVID-19 positive care pathways form twice weekly: on Monday by 11.00am for data as at midnight on Sunday and on Thursday by 11.00am for data as at midnight on Wednesday.

Guidelines for reporting have been developed and provided to the relevant health services. These will also be placed on the [HDSS communications website](https://www2.health.vic.gov.au/hospitals-and-health-services/data-reporting/health-data-standards-systems/hdss-communications) at <<https://www2.health.vic.gov.au/hospitals-and-health-services/data-reporting/health-data-standards-systems/hdss-communications>>.

# Victorian Admitted Episodes Dataset (VAED)

## Private hospital reporting of SARS-CoV-2 infected patients

The Commonwealth and Victorian governments have committed to work together to respond to the outbreak of COVID-19. The National Partnership on COVID-19 Response details roles and division of responsibilities of both governments in managing the outbreak. The Agreement requires that private hospitals accept COVID-19 and non-COVID-19 patients, as directed by the State, as public patients. Any patient treated in a private hospital under this Agreement will be treated as a public patient. Private hospital operators can continue to admit people as private patients for any other business as usual activity.

### Reporting requirements

If an overnight private patient admitted to a private hospital tests positive to the SARS-CoV-2 virus during the admission or is clinically diagnosed with COVID-19 during the admission, the patient should be discharged and re-admitted as a public patient, effective the date of the positive test result or clinical diagnosis (in the absence of conclusive laboratory testing) .

The Separation Mode (discharge code) of the private episode is H - Separation to private residence/accommodation.

A sameday patient admitted to a private hospital who has received a positive SARS-CoV-2 test and in whom the virus has not yet resolved or who has a current clinical diagnosis of COVID-19 should be admitted as a public patient.

The private hospital must report the following data items to the VAED (in addition to the VAED data items usually reported for an episode of care) for the public admitted episode.

* Care Type: 4 – Other care (Acute)
* Account Class: MP – Public eligible
* Admission source: H - Admission from private residence/accommodation\*
* 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: 0030 Other Funding Source
* Program Identifier: 08 COVID-19 Surge Response

\*If a sameday episode, report the most appropriate admission source

### Business rules

The effective date of the account class change is the date of positive test result or clinical diagnosis.

The re-admission time must be one minute after discharge.

Once a patient is reclassified to public, the patient is to remain public for the entirety of the remainder of their acute admitted episode.

Only patients who test positive to the SARS-CoV-2 virus or are clinically diagnosed with COVID-19 can be discharged and re-admitted with a public eligible account class.

Sameday patients should be admitted as public eligible if infected with SARS-CoV-2 at time of admission or if they have a current clinical diagnosis of COVID-19 at the time of admission.

These guidelines apply retrospectively to separations after 1 July 2020.

### 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.

For overnight patients, the emergency use code U07.1 *Emergency use of U07.1 [COVID-19, virus identified]* or U07.2 *Emergency use of U07.2 [COVID-19, virus not identified]* will be assigned in the public admitted episode and will be prefixed with Prefix P - Primary condition.

## COVID positive care pathway program

The HDSS Helpdesk has recently received several enquiries about how to report activity provided to patients in the COVID positive care pathway program, in which several Victorian public health services are participating.

 The reporting guidelines for this program are the same as they are for any other hospital activity.

 For a patient to be reported as an admitted HITH episode:

1. The admission must meet admission criteria (telemonitoring at home as the sole activity does not meet admission criteria)
2. Acute admitted care in the home should be equivalent to services provided if the patient was physically in the hospital.
3. If practicable individual services required to deliver acute admitted care may be delivered via video consultation.
4. If a HITH patient doesn’t receive acute admitted care every day of their admission, they should be put on leave for that period or discharged.
5. Patients should be discharged from HITH when acute admitted care is no longer required.

Note: a telephone contact cannot be reported as a HITH day because it is not equivalent to a service provided if the patient was physically in the hospital. A HITH day should not be reported when a visit (face to face or video) or an intervention has not occurred.

 If the service provided does not meet admission criteria, it may be able to be reported as non-admitted activity:

1. A non-admitted contact requires an interaction that is clinical in nature between a patient and a clinician (face to face or via telehealth).
2. A patient monitoring themselves at home and transmitting readings from monitoring devices such as a pulse oximeter to a clinician should not be reported as a contact (as this is considered an input into the clinical consultation).
3. If a clinician consults with the patient this can be reported as a contact – either medical, nursing or allied health depending on the clinician and can be reported under the relevant Tier 2 class.

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

Advice in HDSS Bulletin 238 released on 26 August 2020, relates to residents of Commonwealth run aged care facilities transferred to private or public facilities as part of the COVID-19 response. Private and public health facilities should only report as per the advice in HDSS Bulletin 238 if they have an agreement with the Department of Health and Human Services to care for these patients. To date numerous private health facilities and two public health services have an agreement in place. Otherwise, public and private health services should report nursing home transfers as usual.

## VAED WIES reports

WIES reports for 2020-21 produced through VAED data file submissions are currently using the 2020-21 WIES27 cost weights and 2019-20 WIES26 value.

The WIES27 value is expected to be released in October 2020. Once this has been confirmed, it will be implemented in VAED and WIES for all 2020-21 YTD episodes will be recalculated using the 2020-21 WIES27 value.

Updated WIES reports will then be available and the Data Collections Unit will recommence production of the monthly WIES reports supplied after the 10th of each month via MFT.

WorkCover statements are currently producing a nil value as the WIES27 value has been set to zero. This will be updated once the WorkCover Price has been confirmed, which is expected in October 2020.

# Victorian Integrated Non-Admitted Health Minimum Dataset (VINAH)

## Home Based Dialysis

In March 2020, it was agreed to delay the 2020-21 annual changes for 12 months due to the impact of COVID-19. Among these changes was the introduction of two new VINAH Referral/Episode streams to report Home Based Dialysis. The new streams, now scheduled for introduction in 2021-22, will allow activity reporting for patients enrolled in home peritoneal dialysis and home haemodialysis.

Utilising the same principles as other home delivered services such as Total Parenteral Nutrition and Home Enteral Nutrition, health services will be required open a VINAH episode when a patient commences self-administration of dialysis and close the episode when the patient ceases treatment. One non-admitted service event will be counted for each calendar month an episode remains active.

The activity captured in these new dialysis streams should only include self-administration of dialysis. The reporting of other related activity such as education, clinical support or nephrology clinic visits should already be captured through specialist outpatient clinics reporting.

The Non-Admitted Data Expansion (NADE) project is working to ensure all non-admitted activity is reported at patient level. Any questions related to the reporting of Home Based Dialysis should be directed to the HDSS help desk <HDSS.helpdesk@dhhs.vic.gov.au>

# 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>

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