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| Proposal for revision to data collections for 2023-24 |
| VAED, VEMD, VINAH, ESIS, and AIMS-hosted collections |
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Use this form to submit a proposal for revision to any of the data collections listed above. Provide as much detail as possible to allow the Annual Changes Governance Committee to evaluate the proposal.

Proposals will be evaluated to ensure they comply with departmental information management principles and are appropriate for the nominated collection. They will be subject to the governance process for data collection changes and final approval must be given by the Deputy Secretary, Commissioning and System Improvement.

**Submission date and contact details**

To discuss your proposal with the data collection manager, or for assistance writing up your proposal, contact HDSS help desk by [email HDSS help desk](mailto:HDSS.Helpdesk@health.vic.gov.au) <HDSS.helpdesk@health.vic.gov.au>

Submit completed forms to the HDSS help desk by **Friday 26 August 2022**.

Title of proposal

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Data collection(s) to which proposal relates

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| Victorian Admitted Episodes Dataset (VAED) |  |
| Victorian Emergency Minimum Dataset (VEMD) |  |
| Elective Surgery Information System (ESIS) |  |
| Victorian Integrated Non-Admitted Health Minimum Dataset (VINAH) |  |
| Agency Information Management System (AIMS) hosted collections (excluding Finance reports)  Specify form/collection: |  |

Nature of proposal

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| Addition/deletion of a data item |  |
| Change to a current data item including addition/deletion of a code to a code set |  |
| Addition/deletion/change of a validation rule |  |
| Extension of reporting scope (such as new form, program, patient group, care type) |  |
| Other: (please specify) |  |

**External proposer details**

| **Name** |  |
| --- | --- |
| **Job title** |  |
| **Organisation** |  |
| **Email address** |  |
| **Phone** |  |
| **Approver details** | Approval required by proposer’s Head of Department |
| **Name and job title** |  |
| **Date of approval** |  |

Department of Health proposer details

| **Name** |  |
| --- | --- |
| **Job title** |  |
| **Unit, Branch and Division** |  |
| **Email address** |  |
| **Phone** |  |
| **Approver details** | Approval required by proposer’s Executive Director |
| **Name and job title** |  |
| **Date of approval** |  |

Proposal specification

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| **What is the proposed change?** | Specify details of the proposed change/s below. |
| **Data item / concept / form / collection title** | *Title of new or existing item to be changed*  *(Required for new or changed items)* |
| **Definition** | *A concise statement that expresses the essential nature of the item and its differentiation from other items*  *(Required for new items, changed items as necessary)* |
| **Codeset / items for form or collection** | *(Required for new or changed items with coded responses and AIMS proposals for new or changed forms or collections)* |
| **Reporting guide** | *Additional comments or advice on reporting the item*  *(Required for new or changed items)* |
| **Validations/Business rules** | *Provide details of any validations or business rules that apply for the proposed change*  *(Required for new items, changed items as necessary)* |

| **What is the reason for the proposed change?**  Is the proposed change a program initiative, a national funding requirement, performance measure, or related to data quality improvement? Provide details. |
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| **How will you use the data?**  Provide details of how you will use the data. |
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| **Who have you discussed the proposed change with?**  Have you discussed the proposed change with hospital representatives or industry bodies? |
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| **How will the proposed change impact the health service?**  Please detail if the data is already collected by the organisation, if training of staff is required and if software system modification is required. |
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Thank you for your interest in the ongoing enhancement of the Victorian health data collections.

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