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| HDSS Bulletin |
| Issue 262: 29 November 2022 |
| OFFICIAL |

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# Global updates

## Private hospital circulars

[Private hospital circulars](https://www.health.gov.au/news/phi-circulars) <https://www.health.gov.au/news/phi-circulars>

## Privacy and confidentiality when emailing

The HDSS HelpDesk receives many emails with queries about specific data submission concerns, some of which include patient identifiable details.

Patient identifiable information should never be sent by unsecured email, as that breaches the patient’s confidentiality. Individual episodes can be identified by UR number and Episode identifiers that do not include patient name or other personal information.

Please reinforce this to team members with whom you work.

## Annual changes

Thank you to all health services that provided feedback on the proposals for revisions to the AIMS, ESIS, VAED, VEMD and VINAH data collections for 2023-24. All feedback received has been provided to the department’s Annual Changes Governance Committee – this group reviews all proposals and feedback and recommends which proposed changes should proceed to implementation. The final decision is made by the Deputy Secretary, Commissioning and System Improvement.

The approved changes will be published as specifications for revisions no later than 31 December 2022, for implementation by 1 July 2023.

# Agency Information Management System (AIMS)

## NACMS update

The Non-Admitted Clinic Management System (NACMS) will be undergoing some minor updates over the coming months. The purpose of the change is to remove some data fields where information is already being captured through other data collections and adding new fields to describe the type of service being provided in each non-admitted clinic.

The system will remain user friendly. An updated NACMS User Manual will be made available to support the changes.

# Elective Surgery Information System (ESIS)

## Procedures must be reportable to ESIS

Procedures reportable to ESIS must be in the surgical operations section of the Medicare Benefits Schedule.

Below are a few examples of procedures which are not in the surgical operations section of the Medicare Benefits Schedule. Waiting list episodes for these procedures must not be reported to ESIS.

* Colonoscopy
* Mirena insertion
* Dental procedures ACHI blocks [450] to [490]

If an episode for an excluded procedure (not elective surgery) is reported in error, the hospital must create a deletion record to delete the episode from the ESIS database.

## Reminder to assign a specific IP code if available

Please ensure a specific Intended Procedure code is assigned when available. The department reports nationally against these codes. A recent review of the use of the non-specific IP888 Other identified it is being reported when a more specific code exists. Some services are assigning IP888 for more than 25% of episodes. Examples of specific IP codes incorrectly reported as IP888 include:

IP004 Cystoscopy

IP005 Haemorrhoidectomy

IP012 Tonsillectomy (with or without adenoidectomy)

IP045 Circumcision

IP080 Hysteroscopy, dilatation and curettage

IP084 Large loop excision of the transformation zone cervix (LLETZ)

IP094 Microlaryngoscopy

IP107 Osteotomy

## Reminder to reconcile data

Recent requests for manual changes to ESIS data indicate that some health services do not routinely reconcile data in their in-house system with data accepted in ESIS, and do not ensure their data is complete and correct by the clean date.

On receipt of each ESIS submission a series of reports are returned to the health service via MFT Pickup folder. These reports provide health services with a range of valuable information including waiting list performance data and summaries regarding data validations. The reports are provided in two zip files containing the submission file name followed by ‘Edits’ or ‘ODS’. Operational Data Store (ODS) files are a snapshot summary of your health service’s ESIS data that has been successfully loaded into the ESIS database for the current financial year.

**Clean date:** Health services must ensure that data is complete and correct by the clean date - all rejections, corrections and notifiables are cleared by the 14th day of the following month, or the preceding working day if the 14th falls on a weekend or public holiday.

**Financial year consolidation:** All errors for 2021-22 had to be corrected and resubmitted before consolidation of the ESIS database on 24 August 2022. All episodes with a removal date prior to 1 July 2022 have now been purged from the processing database. No changes can be made to these episodes.

# Victorian Admitted Episodes Dataset (VAED)

## VAED reporting of Unplanned Return to Theatre 2022-23

PRS2 validation R739 has been modified and will now be applied as a WARNING (W739) for episodes submitted with a separation date in the 2022-23 financial year. Records submitted where only a WARNING edit/s has applied are saved to the VAED.

The modification to this validation will apply for all PRS2 data submissions from 29/11/2022. Episode (E5) and Diagnosis (X5) records that have previously been reported to the VAED and **rejected**, **must be corrected** **and re-submitted**. Data that has been previously accepted by VAED is not affected.

All sites will be responsible for **identifying the W739 validations** produced for each PRS2 submission file. Sites will be required to **re-submit the necessary corrections** to either the Unplanned Return to Theatre (URTT) flag reported on the Episode (E5) record, or updating the procedure code/s reported on the Diagnosis (X5) record.

### NEW Episode (E5) and NEW Diagnosis (X5) records:

In this scenario the Diagnosis (X5) record will produce the WARNING edit W739 if the procedure code/s included in this record require the URTT flag on the Episode (E5) record, but that flag has not been reported.

The Warning edit W739 will also be applied if the URTT flag has been reported on the Episode (E5) record but the procedure code/s included on the Diagnosis (X5) record do not require the URTT flag.

To resolve these WARNING edits, sites must determine whether the Episode (E5) record must be re-submitted to report the correct URTT flag, or the procedure code/s included in the Diagnosis (X5) record must be updated to correspond to the URTT flag reported on the Episode (E5) record and the Diagnosis (X5) record then re-submitted.

### UPDATED episode (E5) records NEW diagnosis (X5) records:

This scenario will also produce the WARNING edit W739 on the Diagnosis (X5) record if the procedure code/s included in this record require the URTT flag on the Episode (E5) record, but this has not been reported.

The validation W739 will also be applied if the URTT flag has been reported on the Episode (E5) record, but the procedure code/s included on the Diagnosis (X5) record do not require the URTT flag.

It is possible that the Episode (E5) record was reported to the VAED in a previous submission file and not included again when the Diagnosis (X5) NEW record is submitted. The current submission file may include both the Episode (E5) record UPDATE and the Diagnosis (X5) NEW record or the Diagnosis (X5) record only.

Submission files will usually place the Episode (E5) record before the Diagnosis (X5) record, therefore the validation will be applied to the Diagnosis (X5) record as the PRS2 application will process records in the order in which they are sequenced in the submission file.

Again, sites must determine if either the Episode (E5) record is re-submitted reporting the correct URTT flag, or the procedure code/s included in the Diagnosis (X5) record are updated to correspond to the URTT flag reported on the Episode (E5) record and then re-submit the corrected record.

### UPDATED episode (E5) AND UPDATED diagnosis (X5) records:

If the Episode (E5) record is re-submitted as an UPDATE and the URTT flag reported on this Episode (E5) record UPDATE does not correspond to the procedure codes previously reported to the VAED, the W739 validation will be reported on this Episode (E5) record.

If the Diagnosis (X5) record is re-submitted as an UPDATE and the procedure code/s reported on this Diagnosis (X5) record UPDATE do not correspond to the URRT flag previously reported to the VAED, the W739 validation will be reported on the Diagnosis (X5) record.

Sites must determine if either the Episode (E5) record is re-submitted reporting the correct URTT flag, or the Diagnosis (X5) record is re-submitted to update the procedure code/s reported to the VAED.

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

## Corrections to VINAH manual 2022-23

Correction to VINAH Business rule section 4

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| **BR-DAT-CNT-022** | Where Contact Delivery Mode is ‘9 - Not Applicable’, and Contact Purpose is not ’51 – MDCC-patient not present’, the Contact Client Present Status must be ’32 - Patient/Client/Carer(s)/Relative(s) not present: Scheduled appointment not attended’. |
| **Data quality objective** | Patient/Client Present Status is consistent with Contact Delivery Mode |
| **Validations** | E369    Contact Delivery Mode is ‘9 - Not applicable’ but Contact Client Present is not ’32 - Patient/Client/Carer(s)Relative(s) not present: Scheduled appointment not attended’  |

Correction to VINAH Validation section 8

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| Validation ID | Message template | Cause | Resolution |
| E369 | Contact Delivery Mode is ‘9 - Not applicable’ but Contact Client Present is not ’32 - Patient/Client/Carer(s)Relative(s) not present: Scheduled appointment not attended’  | The Contact Delivery Mode and the Contact Client Present Status must have a valid combination. | Check that the values of the corresponding data elements are correct and resubmit. |
|  | *BR-DAT-CNT-022* | *Where Contact Delivery Mode is ‘9 - Not applicable’, and the Contact Purpose is not ’51 – MDCC patient not present’, the Contact Client Present must be ’32 - Patient/Client/Carer(s)Relative(s) not present: Scheduled appointment not attended’.* |

Correction to VINAH Referral In Outcome section 9

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| **Data Element Name**  | **Code Set Identifier** | **Code Set Type** | **Code** | **Descriptor** | **Program Stream Restrictions** |
| Referral In Outcome  | HL70283  | Code Set  | 98 | Referral awaiting additional information from referrer  | Cease reporting as of 01/07/2021 ~~Reportable as of 01/07/2014~~ |

## Conservative management reporting

General reminder that two new Contact Purpose codes for reporting conservative management within Specialist Clinics (Outpatients) Program/Stream episodes of care, were introduced in the VINAH MDS for use from 1 July 2022:

74 - New patient consultation – Conservative Management

73 - Follow up/Monitoring/Evaluation/Review – Conservative Management

Following the recent release of alternative (non-surgical) treatment pathways funding, health services are advised to use the relevant ‘Conservative Management’ Contact Purpose code to report this activity.

Conservative Management

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| **Definition** | Conservative management refers to non-surgical treatment aimed at preserving or improving function, with the intent of delaying or avoiding the need for invasive procedures. It does not refer to the avoidance of invasive procedures as part of palliative care. |
| **Refer to** | Section 3: Contact PurposeSafer Care Victoria *Best Care: Guidance for non-urgent elective surgery* |

Contacts

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)

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://www.health.vic.gov.au/data-reporting/health-data-standards-and-systems) <https://www.health.vic.gov.au/data-reporting/health-data-standards-and-systems>

**HDSS help desk**

Enquiries regarding data collections and requests for standard reconciliation reports

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

**Other Victorian health data requests**

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

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