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| HDSS Bulletin |
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# Global Updates

## Annual Changes to data collections for 2026-27

Each year the data collections listed below are reviewed to ensure they continue to meet national and other reporting requirements for the next financial year. **For 2026-27, the only proposed data collection changes that will be considered for these collections are those deemed essential to meet national reporting obligations or key government priorities for 2026-27.**

The process starts on Monday 21 July 2025 when a call for proposals for revisions to data collections for 2026-27 is sent to the HDSS Bulletin mailing list, with proposal form attached.

* 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) suite of collections
* Victorian Cost Data Collection (VCDC).

Proposals are reviewed to ensure they comply with the criteria outlined above. Final acceptance of all proposals is based on evaluation and recommendations by the Annual Change Governance Committee and sign off by the Deputy Secretary, Hospitals and Health Services.

Further information about the Annual Changes process can be viewed at [HDSS Annual Changes](https://www.health.vic.gov.au/data-reporting/annual-changes) <https://www.health.vic.gov.au/data-reporting/annual-changes>

Any proposals for changes to the ***VAED, VEMD, VINAH, ESIS and AIMS***, thatmeet the criteria outlined above must be submitted via email to the HDSS Helpdesk [HDSS.helpdesk@health.vic.gov.au](mailto:HDSS.helpdesk@health.vic.gov.au) by the due date.

Any proposals for changes to the **VCDC**, that meet the criteria outlined above must be submitted via email to [VCDCassist@health.vic.gov.au](mailto:VCDCassist@health.vic.gov.au) by the due date.

### Timetable for data collection changes 2026-27

| **Key Dates** | **Description** |
| --- | --- |
| Monday 21 July 2025 | **Call for proposals**  Email sent to HDSS Bulletin list |
| Friday 1 Aug 2025  5.00pm | **Deadline for submission of proposals** |
| Wednesday 17 Sep 2025 | **First** **Annual Changes Governance Committee meeting**  Review proposals before release for consultation |
| Monday 6 Oct 2025 | **Proposals documents published on HDSS website for feedback**  Email sent to HDSS Bulletin list with the feedback proforma links |
| Friday 17 Oct 2025  5.00pm | **Deadline for comment on proposals documents** |
| Thursday 20 Nov 2025 | **Second** **Annual Changes Governance Committee meeting**  Decision on whether to recommend accepting or rejecting each proposal |
| Friday 12 Dec 2025 | **Recommendations to the Data Steward, Hospitals and Health Services**  Seeking approval by Friday 12 December 2025 |
| Wednesday 31 Dec 2025 | **Final specifications for revisions to data collections**  Email sent to HDSS Bulletin list |

## Final consolidation of ESIS, VAED, VEMD, VINAH MDS and NADC for 2024–25

This is a reminder of the final consolidation dates for 2024–25.

### ESIS

Data for the 2024–25 financial year must be submitted by 5.00 pm on 14 July 2024.   
Final corrections to 2024–25 data must be submitted before **final consolidation on 24 August 2025**.

Health services may start submitting July files from Monday 3 July 2025.   
Remember the file sequence number for your first July submission must be 001 for example ‘5000\_25\_07\_01\_001.zip’.   
Corrections to 2024–25 data can be included in 2025–26 submissions.

### VAED

Data for the 2024–25 financial year must be submitted by 5.00 pm on 10 July 2025.   
Final corrections for 2024–25 data must be submitted in time **by 5.00 pm on 24 August 2025**.

Health services must wait for advice from the department before submitting a July (2025-26) file.   
Corrections for 2024–25 data cannot be included in 2025–26 submissions.

### VEMD

Data for the 2024–25 financial year must be submitted by 10 July 2025.   
Final corrections to 2024–25 data must be submitted before VEMD **final consolidation on 27 July 2025** and cannot be submitted in a 2025–26 file.   
Data from 2024–25 and 2025–26 financial years will be processed concurrently.

Remember that for 2025–26 the version of the VEMD is updated to ‘30’ therefore code ‘0’ will be used in the file naming convention. For example, for a campus with a campus code of ‘9999’, the first file for July 2025 data will be named ‘9999007a.txt’.

### VINAH MDS

All sites are reminded that VINAH data updates and corrections for the 2024-25 financial year must be **completed by 24 August 2025**. After this date it will no longer be possible to add Referral In, Episode, Contacts and Referral Out data for 2024–25. Please allow sufficient time to allow corrections and resubmissions before 24 August.

Prior to consolidation, please review data that has been reported to both AIMS and the VINAH MDS to ensure all data has been reported and accepted.   
Where AIMS corrections are required refer to instructions in the [AIMS Manual](https://urldefense.com/v3/__https:/www.health.vic.gov.au/data-reporting/agency-information-management-system-aims__;!!Eazh1jsY7uADovUh0Ro!4uLAkMe0oBE-92TtoQ_Mdg0_DTfWGiqVpbDq2Z0PsnoD_IxmmlIldyDbkW5pEYcjhutv4_j0UwtEoj-4xnOnMgKDSIJ2vdyE$) for ‘Correction of Data Already Submitted’.

### NADC

All sites are reminded that NADC data updates and corrections for the 2024–25 financial year must be **completed by 24 August 2025**.

Remember that until your return reports are error free, including resubmissions, all data reported for that month is rejected.

Please allow sufficient time to allow corrections and resubmissions before 24 August. After this date it will not be possible to make submissions for 2024–25 data.

### AIMS

Final consolidation dates for AIMS data collections will be provided in July.

## 2025-26 Health data standards and systems data collection manuals

Data collection manuals for the 2025-26 reporting period are being finalised, and will be published on the [Data collections](https://www.health.vic.gov.au/data-reporting/data-collections) <https://www.health.vic.gov.au/data-reporting/data-collections> Health data standards and systems web page.

The 2025-26 data collection manuals for Elective Surgery Information System (ESIS), Victorian Admitted Episodes Dataset (VAED), and Victorian Emergency Minimum Dataset (VEMD) are scheduled to be published by mid-July.

# Agency Information Management System (AIMS)

## A2 Specialised Services Indicators for 2024-25 now open

The AIMS A2 Specialised Services Indicators data collection for 2024-25 has been released and is available for completion in HealthCollect. This data collection reports the specialised services provided at each hospital campus during June each year. Reporting is mandatory for each campus of public and denominational hospitals and small rural health services, and **must be completed by Monday 14 July 2024**.

The A2 form for 2024-25 is pre-populated with the data reported for the campus in the 2023-24 A2 form. Health services must review the data in the A2 form for 2024-25, amend as required to reflect the services provided at the campus in June 2025 (add new services added since June 2024, or remove services that have ceased since June 2024). Submit the updated form by checking the ‘Completed’ box. Ensure the message indicating ‘Data successfully submitted to the Department’ appears beside the ‘Completed’ box.

The A2 form for 2024-254 is now available in the AIMS Selector: select Year 2024-25, the campus name (CA suffix), and the A2 form in the Collection window. Remember that the Year selector will change to 2025-26 from 1 July.

Details are provided in the [AIMS manual](https://www.health.vic.gov.au/data-reporting/agency-information-management-system-aims) <https://www.health.vic.gov.au/data-reporting/agency-information-management-system-aims>.

## AIMS annual data collections for 2024-25 – HRA, 7A, 7B

In addition to the AIMS A2 Specialised Services Indicators data collection, three other AIMS annual data collections will be released from 1 July 2025 for reporting of 2024-25 data:

|  |  |
| --- | --- |
| **Data collection** | **Due by** |
| HRA Hospital Research Activities | Monday 21 July 2025 |
| AR7A Plant & Equipment purchased during the Year | Tuesday 30 September 2025 |
| AR7B Replacements under ME & EI grant | Tuesday 30 September 2025 |

The AR7B form for 2024-25 is pre-populated with the MERP & EIRP Specific Purpose Capital Grants sums, as notified to relevant health services by the VHBA in November 2024. Any residual sum from the health service’s 2023-24 AR7B form is also carried forward to the 2024-25 AR7B form.

These data collections are all reported at whole-of-health-service level: select the health service’s name with suffix (AU) in the Health Service window in the AIMS selector. As these are for the prior financial year, select 2024-25 in the Year window in the AIMS selector.

Details of these three data collections are provided in the [AIMS manual](https://www.health.vic.gov.au/data-reporting/agency-information-management-system-aims) <https://www.health.vic.gov.au/data-reporting/agency-information-management-system-aims>.

Questions about the AR7A and AR7B data collections should be directed to the ME&IR team at [MERP&EIRP@health.vic.gov.au](mailto:MERP&EIRP@health.vic.gov.au) <MERP&EIRP@health.vic.gov.au>

## HealthCollect release for 2025-26

From 1 July 2025, the suite of AIMS data collections for 2025-26 will be released at intervals.

Along with the first release, the HealthCollect platform will update the Year selector to default to 2025-26.

From 1 July 2025, select 2024-25 in the Year selector to find AIMS and other data collections for periods in financial year 2024-25.

Details of the due dates for AIMS data collections are provided in the [AIMS manual](https://www.health.vic.gov.au/data-reporting/agency-information-management-system-aims) <https://www.health.vic.gov.au/data-reporting/agency-information-management-system-aims>.

## Daily Capacity and Occupancy Register reporting changes from 1 July 2025

To reduce the reporting burden on health services, changes will be made to the COVID-19 Daily Capacity and Occupancy Register (DCOR), effective for reporting from 1 July 2025.

1. The form will be renamed Daily Capacity and Occupancy register
2. Data will not be required to be reported in the following three columns:

* Total physical beds/spaces (operational or not)
* Staffed beds/spaces generally available for use (occupied or not)
* Beds occupied by confirmed COVID-19 patients

1. Data will not be required to be reported in the following two rows

* Theatre/Procedure rooms
* Recovery bays

The layout of the DCOR webform will not be updated. Health services will only be required to enter data in the column titled ‘Total occupied beds/spaces’ for all categories except theatre/procedure rooms and recovery bays. Webform validations will require a value to be entered in each of these mandatory fields. Other fields can be completed, or left blank, at the hospital’s discretion.

From 1 July 2025, only the following 28 public hospital campuses will be required to complete DCOR data:

| **Campuses required to continue reporting DCOR data for 2025-26** | |
| --- | --- |
| Albury Wodonga Health – Albury Hospital | Mildura Base Public Hospital |
| Alfred Health – Alfred Hospital | Monash Health – Casey Hospital |
| Austin Health – Austin Hospital | Monash Health – Dandenong Hospital |
| Bairnsdale Regional Health Service – Bairnsdale Hospital | Monash Health – Monash Medical Centre Clayton |
| Barwon Health – University Hospital Geelong | Northeast Health Wangaratta |
| Bass Coast Health – Wonthaggi Hospital | Northern Health – Northern Hospital Epping |
| Bendigo Health – Bendigo Hospital | Peninsula Health – Frankston Hospital |
| Eastern Health – Angliss Hospital | Royal Children’s Hospital |
| Eastern Health – Box Hill Hospital | Melbourne Health - Royal Melbourne Hospital |
| Eastern Health – Maroondah Hospital | South West Healthcare – Warrnambool Hospital |
| Goulburn Valley Health – Shepparton Hospital | St Vincent’s Hospital – Fitzroy campus |
| Grampians Health – Ballarat Base Hospital | The Royal Victorian Eye and Ear Hospital |
| Latrobe Regional Hospital | Western Health – Footscray Hospital |
| Mercy Health – Werribee Mercy Hospital | Western Health – Sunshine Hospital |

Hospital campuses no longer required to submit DCOR data will not find that data collection in the AIMS Selector ‘Collection’ drop down list from 1 July 2025.

Data is still required to be reported for each day. Data can be submitted daily, or less often at the hospital’s discretion, but data is due by 1pm each Monday for the preceding week (Monday to Sunday).

## Reporting to AIMS S10, S11, S11A and S12 forms for 2025-26 non-admitted activity

Effective for 2025-26 reporting, health services submitting patient-level non-admitted data to the Victorian Integrated Non-Admitted Health Minimum Data Set (VINAH MDS) and/or the Non-Admitted Data Collection (NADC) will cease completing AIMS forms S10, S11, S11A, and S12. This change aligns with national requirements to use patient-level data for calculating activity against the National Weighted Activity Unit (NWAU).

This change only applies to the AIMS S10, S11, S11A and S12 forms, and does not impact other AIMS data collections. Health services **not** submitting data to the VINAH MDS and/or NADC must continue to complete the AIMS S10, S11, S11A and/or S12 as assigned in the AIMS Selector.

For campuses reporting to the VINAH MDS and/or the NADC:

* AIMS forms S10, S11, S11A, and S12 will not be available for these campuses for 2025–26 data, including SCIg reporting on the S12.
* The AIMS vs VINAH report will also not be available for 2025–26 (previous years remain accessible).

All health services must continue to register acute non-admitted specialist clinics in the Non-Admitted Clinic Management System (NACMS), as the registered clinic identifier is reported via the VINAH MDS and/or the NADC.

If sites are unable to report complete patient level data by the due date, refer to information and requirements provided below in [section 285.16](#_If_sites_) of this bulletin.

For further details, refer to:

* [Policy and Funding Guidelines](https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services) 2024-25 funding rules, Section 10 <https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services>
* [NACMS Manual](health.vic.gov.au/publications/non-admitted-clinic-management-system-nacms-manual): <health.vic.gov.au/publications/non-admitted-clinic-management-system-nacms-manual>
* Previous communications in [HDSS Bulletin](https://www.health.vic.gov.au/data-reporting/health-data-standards-and-systems-communications)s 10 December 2024, 25 February 2025, and 14 April 2025 <https://www.health.vic.gov.au/data-reporting/health-data-standards-and-systems-communications>

# Elective Surgery Information System (ESIS)

## ASA reporting

From July 2025, ASA reporting at the time of patient registration on the planned surgery preparation list will be mandatory as documented in the ‘Specifications for revision to ESIS for 2025-26’. The reporting of ASA score at the time of registration enables tailored patient optimisation, identification of patients who may benefit from alternative care pathways, ensure quality and safe surgical care as well as system efficiencies to deliver timely care.

This means that as of 1 July 2025, the referring surgeon will be required to assess and record patient ASA score at the time of registration to the surgical preparation list. Health services are encouraged to commence internal change management processes (e.g. inclusion of ASA score on Request for Surgery forms) to incorporate the new reporting requirements into their workflow.

We understand health services will need to undergo a change management process which will take time to implement and achieve complete reporting. As such, health services may consider piloting ASA reporting within one speciality before expanding to other specialties with key learnings from the pilot. The department will monitor health service use of ASA 9 (not reported) to see a continued reduction over time.

More information, including FAQs, will be communicated to health services in the June 2025 Planned Care Recovery and Reform Bulletin.

If you have any questions regarding this, please contact the Planned Care Recovery and Reform team at [plannedcare@health.vic.gov.au](mailto:plannedcare@health.vic.gov.au).

## NDIS Participant Identifier

An amendment has been made to the label in Section 3 of the 1 July 2025 specifications, updating the new data element name from *NDIS\_Identifier* to *NDIS*, to ensure consistency with Section 5: Compilation and Submission.

### Add NDIS Participant Identifier

### Section 3a Data definitions – data elements

#### NDIS Participant Identifier (new)

Specification

|  |  |
| --- | --- |
| **Definition** | National Disability Insurance Scheme (NDIS) participant number of person who is a registered NDIS participant |
| **Label** | ~~NDIS\_Identifier~~ NDIS |
| **Reported in** | Patient extract |

# Victorian Admitted Episode Dataset (VAED)

## VAED Data submissions for 2024-25 and 2025-26

The implementation of the database and application updates for 2025-26 VAED (PRS2) reporting requires a suspension to the processing of VAED (PRS2) data file submissions.

Commencing Monday 14th July, processing of PRS2 data file submissions will be suspended for a two week period. This provides the DCU team the opportunity to complete the implementation and conduct testing for the PRS2 application, database and operational updates necessary for VAED reporting 2025-26.

We expect to have this finalised by Friday 25th July 2025.

After implementation and testing has been completed, VAED (PRS2) submission file processing will resume. Any VAED (PRS2) submission files uploaded during the suspension period will be held securely by the production system, these files will be processed in receipt date order once processing resumes.

Any PRS2 test data submissions may be uploaded at any time, sites will be notified by HDSS Helpdesk once their test report files are available to collect.

Sites that have completed VAED reporting for 2024-25 may commence reporting VAED data for the 2025-26 financial year by submitting a PRS2 file with July 2025 header dates.

**It will not be possible for sites to include any data for the 2024-25 financial year in a VAED (PRS2) submission file with header dates in the 2025-26 financial year (July). The inclusion of any data (E5/J5/X5&Y5/V5/P5/S5) for episodes reporting a separation date in 2024/25, will result in this data being rejected by the PRS2 application.**

Before sites commence VAED reporting for 2025-26, VAED reporting for 2024-25 must be complete. This includes the submission of all diagnosis (X5), palliative (P5) and sub-acute (S5) records for episodes separated in 2024/25, and the submission of any required updates and corrections for this financial year.

Sites that have not completed VAED reporting for 2024-25, must continue re-submitting the last set of reported header dates to complete their VAED reporting for this financial year. VAED reporting for 2024-25 must be finalised by August 24th, after this date it will no longer be possible to submit data for the previous financial year.

All sites are asked to regularly review the Outstanding List tab in every PRS2 report file to ensure that all outstanding diagnosis, palliative and sub-acute records for 2024-25 have been reported.

The Census report must also be reviewed to confirm all patients remaining in are accurate for the report date. Any discharged episode listed on the Census must report valid separation details to the VAED must cleared from the list. Episode records listed that were discharged prior to 01 July 2024 or are no longer valid, these episodes must be removed by submitting the episode (E5) deletion record using the record Unique Key provided in the Census report.

## VAED Library file now available

The Thirteenth Edition library file is now available.

Health services can submit their requests by emailing [hdss.helpdesk@health.vic.gov.au](mailto:hdss.helpdesk@health.vic.gov.au) , using the subject line: **VAED Library File Request**.

# Victorian Emergency Minimum Dataset (VEMD)

## VEMD Editor for 2025-26 now available

The VEMD Editor has been updated with 2025-26 changes and is available to download from the [HDSS website](https://www.health.vic.gov.au/data-reporting/victorian-emergency-minimum-dataset-vemd) <https://www.health.vic.gov.au/data-reporting/victorian-emergency-minimum-dataset-vemd>

Reminder, the Editor will no longer be updated or supported after the end of the 2025-26 financial year.

# Victorian Integrated Non-Admitted Health Minimum Data Set (VINAH MDS)

## Impact of changes when VINAH MDS / NADC reporting sites cease reporting to AIMS S10, S11, S11A and S12 forms

Effective for 2025-26 reporting, health services submitting patient-level non-admitted data to the Victorian Integrated Non-Admitted Health Minimum Data Set (VINAH MDS) and/or the Non-Admitted Data Collection (NADC) will cease completing AIMS forms S10, S11, S11A, and S12.

This change aligns with national requirements to use patient-level data for calculating activity against the National Weighted Activity Unit (NWAU) - see section 10 of the 2024-25 funding rules in the [Policy and Funding Guidelines](https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services) <https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services>.

### Key impacts:

* **Reporting data**: If a health service submits data for a program via the VINAH MDS and/or the NADC for *any* campus, program data for *all* campuses must now be submitted via the VINAH MDS and/or the NADC, even if some campuses were previously reported only via AIMS.
* **AIMS vs VINAH reports**: These reports will not be available for 2025-26 as there will be no data to compare. Previous years will continue to be available.
* **Data Reconciliation**: Health services will need to reconcile data reported and accepted to the VINAH MDS and/or the NADC against data held within internal systems. Reconciliation reports are available to download, in different formats including Excel, via HealthCollect showing reported VINAH MDS activity that has been accepted into the VINAH MDS database. Hospitals can use this to verify their activity data.

### If sites are unable to report complete patient level data by the due date

1. Sites must complete a VINAH MDS late data exemption form, available via HealthCollect (in line with current procedure).
2. Effective for 2025-26 reporting, sites will be required to provide aggregate data for those programs where complete patient-level data is unable to be reported by the due date. A new VINAH MDS aggregate data form is currently under development and will be made available via a link in HealthCollect.

Further guidance will be provided in upcoming bulletins.

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](mailto:HDSS.Helpdesk@health.vic.gov.au) <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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