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| Proposals for revisions across multiple data collections for 2026-27 |
| September 2025 |
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# Executive summary

Each year the Department of Health (the department) reviews the below data collections to ensure that the data collection supports the department’s business objectives, including national reporting obligations, and reflects changes in hospital funding and service provision arrangements for the coming financial year.

* Victorian Admitted Episodes Dataset (VAED)
* Victorian Emergency Minimum Dataset (VEMD)
* Elective Surgery Information System (ESIS)
* Victorian Integrated Non-Admitted Health Minimum Data Set (VINAH MDS)
* Agency Information Management System (AIMS)
* Victorian Cost Data Collection (VCDC)

To avoid duplication, the department has prepared a separate *Proposals* document that details proposals relating to items reported in more than one of the above data collections. The *Proposals for revisions across multiple data collections for 2026-27* must be considered alongside the relevant *Proposals for revisions to the VAED and VEMD for 2026-27*.

Note: there were no proposals received for VCDC, one proposal for AIMS was received and subsequently withdrawn. Two proposals were received for VINAH MDS which did not proceed as they did not meet national reporting obligations or key government priorities for 2026-27.

One proposal has been received for 2026-27 which is applicable to the VAED, VEMD and VINAH MDS. The proposal is to update the preferred language code set and format.

# Introduction

This document is intended to invite comment and stimulate discussion on the proposals outlined. All stakeholders, including health services, software vendors and data users (including those within the Department of Health and Safer Care Victoria) should review this document and assess the feasibility of the proposal. Written feedback must be submitted via the Feedback proforma MS form **by 5.00pm Friday 17 October 2025**.

This proposal document and the Feedback proforma MS form will be available at [HDSS annual changes](../Proposals/HDSS%20annual%20changes) <https://www.health.vic.gov.au/data-reporting/annual-changes>.

Specifications for revisions for each data collection for 2026-27 will be published later and may include additions, amendments or removal of information in this document.

## Orientation to this document

* New data elements are marked as (new).
* Changes to existing data elements are highlighted in green
* Redundant values and definitions relating to existing elements are ~~struck through~~.
* Comments relating only to the proposal document appear in *[square brackets and italics].*
* New validations are marked ###
* Validations to be changed are marked \* when listed as part of a data element or below a validation table.
* Anticipated changes are shown under the appropriate manual section headings.

# Proposal 1 - Preferred language [VAED, VEMD, VINAH MDS]

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| **It is proposed to** | Preferred Language is currently collected using ASCL 2016. It is proposed to adopt the 2025 ASCL release.The data item is ‘Preferred Language’ and is collected in VAED, VEMD and VINAH MDS data collections.  |
| **Proposed by** | Data Services Unit, Enterprise Technology Branch, eHealth |
| **Does the proposal meet the criteria?** | Meets national reporting obligations. |
| **Reason for proposed change** | A proposal to include language data standards in national health data set specifications on a ‘best endeavours’ basis has been discussed at the National Health Data Information Standards Committee (NHDISC). It is proposed to include two data elements, one of which is ‘Person – preferred language’. The code set for this data element will be based on the new 2025 Australian Standard Classification of Languages (ASCL) released by the Australian Bureau of Statistics in March 2025. To be able to report Preferred Language nationally, the new ASCL 2025 code set will need to be implemented which includes the following changes:  * A new four level classification hierarchy and coding structure has been introduced
* Sixty-two new stand-alone Languages have been created, of which 45 are Aboriginal and Torres Strait Island Languages.
* Forty-one languages have had label changes, of which twenty are Aboriginal and Torres Strait Islander Languages
* Forty-three Aboriginal and Torres Strait Islander Languages have been linked to another, existing Language group.
* Seventeen Languages have been retired to a related ‘not elsewhere classified’ category, of which twelve are Aboriginal and Torres Strait Islander Languages.

The change to the structure of the ASCL means that the codes have increased from four-digit codes to eight-digit codes. |
| **Details of change** | Change code layout from four digits to eight-digit codes. |

## VAED

## Section 3: Data definitions

## Preferred Language (amend)

### Specification

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| Definition | The language (including sign language) most preferred by the patient for communication. This may be a language other than English even where the person can speak fluent English |
| Field size | ~~4~~ 8 |
| Layout | NNNNNNNN or spaces |
| Location | Episode Record |
| Reported by | Public hospitals (optional for private hospitals) |
| Reported for | All admitted episodes of care |
| Reported when | The Episode Record is reported |
| Code set | Refer to Preferred Language reference file available at [HDSS reference files](https://www.health.vic.gov.au/data-reporting/vemd-vaed-vinah-esis-reference-files) <https://www.health.vic.gov.au/data-reporting/vemd-vaed-vinah-esis-reference-files> |
| Reporting guide | This information must:* Be checked for every admitted patient episode.
* Not be set up to a default code on computer systems.
* Be collected on, or as soon as possible after, admission.

The standard question is:What is [your] [the person’s] preferred language?Patient is unable to consent (for example baby, child, or elderly):Where a person is not able to consent for themselves (for example baby, child, or elderly) then the language of the person who is consenting will be recorded. For example, a guardian or someone with enduring power of attorney.**11999900~~8000~~ Other Aboriginal and Torres Strait Islander ~~Australian Indigenous~~ languages, NEC**Includes: All Australian Indigenous languages not shown separately on the code list**00000002 Not Stated**Includes:* Patients who are not able to respond to this question at any time during their hospital stay.
* Child unaccompanied by an adult, who is too young to identify preferred language in relation to the ability to consent.

This question on the form was not filled in or filled in correctly and cannot be verified throughout the admission. |

## VEMD

## Section 3: Data Definitions

## Preferred Language (amend)

Specification

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| **Definition** | The language (including sign language) most preferred by the patient for communication. This may be a language other than English even where the person can speak fluent English. |
| **Reported by** | Public hospitalsPrivate hospitals, optional |
| **Reported for** | Every Emergency Department presentation. |
| **Code set** | Refer to HDSS website ‘Preferred language code set’ at: [Reference files](https://www.health.vic.gov.au/data-reporting/vemd-vaed-vinah-esis-reference-files) <https://www.health.vic.gov.au/data-reporting/vemd-vaed-vinah-esis-reference-files> |
| **Reporting guide** | This information must:* be checked for every emergency presentation
* be collected on, or as soon as possible after, arrival.

Ask the standard question:**What is [your] [the person’s] preferred language?****Patient is unable to consent (for example baby, child or elderly):**For example baby, child or elderly then the language of the person who is consenting will be recorded. For example a parent/guardian or someone with enduring power of attorney.**11999900~~8000~~ – Other Aboriginal and Torres Strait Islander languages, ~~Australian Indigenous languages~~, NEC**Includes: All Australian Indigenous languages not shown separately on the code list.**00000002 - Not Stated**Includes:* Patients who are not able to respond to this question during their admission for example unconscious)
* Unaccompanied child, who is too young to identify preferred language
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## VINAH MDS

## Section 3: Data definitions

## Contact Preferred Language (amend)

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| **Definition** | The language (including sign language) most preferred by the patient/client for communication during the provision of care. This may be a language other than English even where the person can speak fluent English. ***Repeats:* Min. Max. Duplicate** |
| **Form** | Code 1 1 Not applicable |
| **Layout** | NNNNNNNN ***Size:*  Min. Max.** ~~4~~ 8 ~~4~~ 8 |
| **Location** | **Transmission protocol HL7 Submission**Contact (insert) ADT\_A03 (PID\PID.15\CE.1)Contact (update) ADT\_A08 (PID\PID.15\CE.1)Contact (delete) ADT\_A13 (PID\PID.15\CE.1) |
| **Reported by** | Complex Care (FCP)Early Parenting CentresHospital Admission Risk ProgramInfusion TherapyPalliative CarePalliative Care ConsultancyPost Acute CareResidential In-ReachSpecialist Clinics (Outpatients)Subacute Ambulatory Care ServicesVictorian Artificial Limb ProgramVictorian HIV and Sexual Health ServicesVictorian Respiratory Support Service |
| **Reported for** | Patients/clients whose episodes opened during the current reporting period. |
| **Reported when** | The current reporting period for this item is the calendar month in which the following events or data elements fall:First Contact Start Date/Time (Mandatory)Second and subsequent Contact Start Date/Time (Mandatory) |
| **Value domain** | Refer to [Australian Standard Classification of Languages (ASCL)](https://www.abs.gov.au/statistics/classifications/australian-standard-classification-languages-ascl/latest-release) <https://www.abs.gov.au/statistics/classifications/australian-standard-classification-languages-ascl/latest-release>. |
| **Reporting guide** | This information must:* Be ascertained for each contact
* Not be set up to a default code on computer systems

The standard question is: “What is [your] [the person’s] preferred language?”**Patient/Client is unable to consent (for example child or cognitively impaired)**Where a patient/client is not able to consent for themselves then the language of the person who is consenting will be recorded. For example, a guardian or someone with enduring power of attorney.One of the following supplementary codes should be used where a patient’s/client’s preferred language is not stated or inadequately described:00000000 – Inadequately described00000002– Not stated. |
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