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| Proposals for revisions to the Victorian Admitted Episodes Dataset (VAED) for 2026-27 |
| September 2025 |
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# Executive summary

Each year the Department of Health (the department) reviews the Victorian Admitted Episodes Dataset (VAED) 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.

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

The proposed revisions for the VAED for 2026-27 include:

Addition of data elements

* Add a new data item to report the number of hours in Neonatal Intensive Care Unit (NICU)
* Add a new data item to capture paediatric impairment codes

Amendments to existing data elements/validations

* Update the Duration of stay in ICU data item
* Update the data item Impairment to Impairment – adult

The proposed revisions across multiple data collections (including VAED) for 2026-27 include

* Update to preferred language code set

# 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 the *Proposals for revisions across multiple data collections (VAED, VEMD and VINAH MDS) for 2026-2*7 and assess the feasibility of the proposals. 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 formwill be available at [HDSS annual changes](../Proposals/HDSS%20annual%20changes) <https://www.health.vic.gov.au/data-reporting/annual-changes>.

Specifications for revisions to the VAED 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.

The proposals in this document are numbered 2 through to 5 (proposals 3 and 4 do not proceed ). Proposal 1 applies to multiple data collections including the VAED and is available in the *Proposals for revisions across multiple data collections for 2026-27 document.*

# Proposal 2 – New data item for reporting the number of hours in NICU

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| **It is proposed to** | Add a new data item to report Neonatal Intensive Care Unit (NICU) hours and update the Intensive Care Unit (ICU) hour data item. |
| **Proposed by** | National Reporting, Insights, Analytics, eHealth |
| **Does the proposal meet the criteria?** | Meets national reporting obligations. |
| **Reason for proposed change** | To improve the accuracy of reporting intensive care unit (ICU) hours to the Commonwealth.  At present, Victoria’s Admitted Patient Care (APC) submission to the Independent Health and Aged Care Pricing Authority (IHACPA) includes ICU hours as reported in the VAED *Duration of Stay in Intensive Care Unit* data element. The submission differentiates between *Level 3* and *Other* ICU hours based on the campus at which the episode of care occurred. This differentiation is required as only Level 3 ICU hours are eligible for a funding adjustment under the national Activity Based Funding (ABF) model.On 13 May 2025, the Independent Health and Aged Care Pricing Authority (IHACPA) clarified how ICU hours should be reported in the Admitted Patient Care (APC) submission, indicating that:  * **Level 3 ICU hours** should include hours spent in adult level 3 ICUs and paediatric ICUs (PICUs); and
* **Other ICU hours** should include hours spent in adult level 1 ICUs, adult level 2 ICUs, neonatal ICUs (NICUs), high dependency units (HDUs), and coronary care units (CCUs).

The VAED manual states that time spent in ICUs, NICUs and PICUs should be reported in aggregate under *Duration of Stay in Intensive Care Unit*. The only way to estimate the number of hours spent in each of these units is by consideration of *Accommodation Type;* however, the VAED only captures the accommodation type at midnight even when more than one accommodation type change occurs within a single day. To be compliant with IHACPA’s specifications, it is not necessary to distinguish between ICU hours and PICU hours. Any hospital with a PICU is categorised as a Level 3 ICU hospital. Therefore, both ICU hours and PICU hours would be included in *Level 3 ICU* *hours* in the APC submission for these hospitals. It is currently possible to accurately distinguish between ICU and NICU hours based on patient age. The youngest patients in ICUs are 16 years of age while the oldest patients in NICUs are 9 months of age. Victoria cannot currently differentiate between the number of hours of care delivered in NICUs and PICUs. |
| **Details of change** | New data element and update a data element. |

## Section 3 Data definitions

## Duration of Stay in Neonatal Intensive Care Unit (new)

### Specification

|  |  |
| --- | --- |
| Definition | Total duration of stay (hours) in an approved Neonatal Intensive Care Unit (NICU), during this episode of care. |
| Field size | 4 |
| Layout | NNNN or spaces Right-justified, zero-filled |
| Location | Diagnosis Record |
| Reported by | Public and private hospitals with an approved NICU, and hospitals contracting with a hospital with an approved NICU. Otherwise, report spaces. |
| Reported for | Episodes where time is spent in a NICU. Otherwise, report spaces. |
| Reported when | A Separation Date is reported in the Episode Record. |
| Code set | A valid number in the range 0001 to 9999. |
| Reporting guide | If patient has more than one period in NICU during this episode, the total duration of all such periods is reported.Duration is reported in hours, rounded to the nearest hour. For example, if the total duration of stay in NICU was 98 hours 15 minutes, report 98 hours. If the total duration of stay in NICU was 125 hours 30 minutes, report 126 hours.Only the time in the NICU is counted, not time, for example, in an operating theatre.A patient admitted to a NICU in Hospital B during a contracted service episode has the duration of that NICU stay reported by Hospital B; Hospital A also reports the hours spent in NICU in Hospital B in addition to any hours spent in NICU at Hospital A. |
| Validations | ### Invalid NICU Duration### MV Duration >NICU Stay### MV but no NICU Stay### NICU Stay > Total Stay### Incompat NICU Hrs, A/C Class### Early Parenting Centre – Invalid Comb### NICU Stay but Care Type not Acute ### NICU Hrs, no approved NICU |

# Proposal 5 – Impairment codes

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| **It is proposed to** | Add a new data element to the VAED to capture paediatric impairment codes separate to adult impairment codes.  |
| **Proposed by** | Data Services Unit, Enterprise Technology Branch, eHealth |
| **Does the proposal meet the criteria?** | Meets national reporting obligations. |
| **Reason for proposed change** | Required to meet national reporting obligations and ensure correct NWAU assignment of paediatric rehabilitation episodes.  The IHACPA workplan for 2026-27 includes changes to Impairment type codes. IHACPA changes are described in the National Health Data and Information Standards Committee (NHDISC) June – August 2025 paper *2025\_2\_1\_3 IHACPA work program 2026-27 update.docx.* A new data element is required because using a single data element poses a risk to data quality, as some codes share identical values but represent different impairments across adult and paediatric populations. For example, code 3.2 represents *Parkinsonism* in the adult code set and *Guillain-Barre Syndrome* in the paediatric set.Impairment codes are one of the variables used to calculate Australian National Subacute and Non-acute Patient (AN-SNAP) class for rehabilitation episodes of care. The AN-SNAP class determines NWAU.  This change will enable more accurate clinical classification and reporting which will enable more accurate classification of paediatric rehabilitation AN-SNAP classes and NWAU |
| **Details of change** | New data element |

## Section 3 Data definitions

## Impairment – paediatric (new)

### Specification

|  |  |
| --- | --- |
| Definition | The impairment group according to the primary reason for the current episode of rehabilitation care |
| Field size | 6 |
| Layout | NNNNNN or spaces Left justified, trailing spaces |
| Location | Subacute Record  |
| Reported by | Public hospitals |
| Reported for | Mandatory if Care type is P.For Care Type 9, report spaces |
| Reported when | A Separation Date is reported in the Episode Record |
| Code setStroke | Code DescriptorStroke – Haemorrhagic1.1 Stroke Haemorrhagic1.2 Stroke – Other (including ischaemic) |
| Brain dysfunction | Non-traumatic brain dysfunction2.11 Brain tumour2.12 Epilepsy Surgery2.13 Chronic Fatigue Syndrome2.14 Other (to include Hypoxic Brain Injury)Traumatic brain dysfunction2.21 Open Injury2.22 Closed Injury2.23 Major multiple trauma with brain injury |
| Neurological Disorders | 3.1 Multiple Sclerosis/Acute Disseminated Encephalomyelitis (ADEM)3.2 Guillain-Barre Syndrome3.3 Movement Disorders (includes cerebral palsy, extrapyramidal movement disorders and other movement disorders)3.4 Neuromodulation (includes Intrathecal Baclofen and (ITB) and Deep Brain Stimulation (DBS))3.5 Other (includes neuropathies and neuromuscular disorders) |
| Spinal Cord Dysfunction | 4.1 Non-traumatic (includes transverse myelitis)4.2 Traumatic4.3 Congenital (includes Spina Bifida/neural tube deficits/sacral agenesis)4.4 Post Selective Dorsal Rhizotomy |
| Amputation | Amputation - non traumatic5.11 Upper limb5.12 Lower limb5.13 Multiple limbsAmputation – traumatic5.21 Upper limb5.22 Lower limb5.23 Multiple limb |
| Orthopaedic conditions | 6.1 Acute traumatic (including fractures)6.21 Scoliosis surgery (not Spina Bifida or spinal cord dysfunction)6.22 Single Event Multi Level Surgery (SEMLS)6.23 Other planned |
| Burns | 7 Burns |
| Arthritis | 8 Arthritis |
| Pain syndromes | 9 Pain Syndromes |
| Conversion Disorder | 10 Loss of function without known aetiology |
| Reconditioning/restorative  | 11.1 Reconditioning post acute stay11.2 Other |
| Reporting guide | Impairment codes should be assigned by the treating clinician. Code assignment must be supported by the appropriate ICD‑10‑AM codes reported in the X5/Y5 Diagnosis/Extra Diagnosis Records.The Australian Rehabilitation Outcomes Centre (AROC) provides guidelines for coding Impairments: [AROC](http://ahsri.uow.edu.au/content/groups/public/%40web/%40chsd/%40aroc/documents/doc/uow125260.pdf) <http://ahsri.uow.edu.au/content/groups/public/@web/@chsd/@aroc/documents/doc/uow125260.pdf > |
| Validations | ### Rehab Invalid Impairment### Sub-Acute: No Sub-Acute Record### Impairment Present |

## Impairment – adult (amend)

### Specification

|  |  |
| --- | --- |
| Definition | The impairment group according to the primary reason for the current episode of rehabilitation care |
| Field size | 6 |
| Layout | NNNNNN or spaces Left justified, trailing spaces |
| Location | Subacute Record  |
| Reported by | Public hospitals |
| Reported for | Mandatory if Care type is 6 ~~or P~~.For Care Type 9, report spaces |
| Reported when | A Separation Date is reported in the Episode Record |
| Code setStroke | Code DescriptorStroke – Haemorrhagic0111 Left Body Involvement (Right Brain)0112 Right Body Involvement (Left Brain)0113 Bilateral Involvement0114 No Paresis0119 Other strokeStroke – Ischaemic0121 Left Body Involvement (Right Brain)0122 Right Body Involvement (Left Brain)0123 Bilateral Involvement0124 No Paresis0129 Other stroke |
| Brain dysfunction | Non-traumatic brain dysfunction0211 Sub-arachnoid haemorrhage0212 Anoxic brain damage0213 Other non-traumatic brain dysfunctionTraumatic brain dysfunction0221 Open injury0222 Closed injury |
| Neurological | 031 Multiple sclerosis032 Parkinsonism033 Polyneuropathy034 Guillain-Barre Syndrome035 Cerebral Palsy038 Neuromuscular disorders (include motor neuron disease)039 Other neurological disorders |
| Spinal cord | Non-traumatic spinal cord disfunction04111 Paraplegia, incomplete04112 Paraplegia complete041211 Quadriplegia incomplete C1 4041212 Quadriplegia incomplete C5 8041221 Quadriplegia complete C1 4041222 Quadriplegia complete C5 80413 Other non-traumatic SCITraumatic spinal cord dysfunction04211 Paraplegia, incomplete04212 Paraplegia complete042211 Quadriplegia incomplete C1 4042212 Quadriplegia incomplete C5 8042221 Quadriplegia complete C1 4042222 Quadriplegia complete C5 80423 Other traumatic spinal cord dysfunction |
| Amputation | Amputation of limb - not resulting from trauma0511 Single Upper Amputation Above the Elbow0512 Single Upper Amputation Below the Elbow0513 Single Lower Amputation Above the Knee (includes through knee)0514 Single Lower Amputation Below the Knee0515 Double Lower Amputation Above the Knee (includes through knee)0516 Double Lower Amputation Above/below the Knee0517 Double Lower Amputation Below the Knee0518 Partial Foot Amputation (includes single/double)0519 Other AmputationAmputation of limb – resulting from trauma0521 Single upper above elbow0522 Single upper below elbow0523 Single lower above knee (includes through knee)0524 Single lower below knee0525 Double lower above knee (includes through knee)0526 Double lower above/below knee0527 Double lower below knee0528 Partial foot (single or double)0529 Other amputation from trauma |
| Arthritis | 061 Rheumatoid062 Osteoarthritis069 Other Arthritis |
| Pain syndromes | 071 Neck pain072 Back pain073 Extremity pain074 Headache (includes migraine)075 Multi-site pain079 Other pain (includes abdominal/chest wall) |
| Fracture | Fracture (includes dislocation)08111 Fracture of hip, unilateral (includes #NOF)08112 Fracture of hip, bilateral (includes #NOF)0812 Fracture of shaft of femur (excludes femur involving knee joint)0813 Fracture of pelvis08141 Fracture of knee (includes patella, femur involving knee joint, tibia or fibula involving knee joint)08142 Fracture of lower leg, ankle, foot0815 Fracture of upper limb (includes hand, fingers, wrist, forearm, arm, shoulder)0816 Fracture of spine (excludes where the major disorder is pain)0817 Fracture of multiple sites (multiple bones of same lower limb, both lower limbs, lower with upper limb, lower limb with rib or sternumExcludes with brain injury or with spinal cord injury)0819 Other orthopaedic fracture (includes jaw, face, rib, orbit or sites not elsewhere classified) |
| Post orthopaedic surgery | 08211 Unilateral hip replacement08212 Bilateral hip replacement08221 Unilateral knee replacement08222 Bilateral knee replacement08231 Knee and hip replacement same side08232 Knee and hip replacement different sides0824 Shoulder replacement or repair0825 Post spinal surgery (includes nerve root injury (laminectomy, spinal fusion, discectomy; excludes spinal cord injury or caudaequina)0826 Other orthopaedic surgery |
| Soft tissue | 083 Soft tissue injury |
| Cardiac | 091 Following recent onset of new cardiac impairment (AMI, cardiac myopathy, cardiac surgery)092 Chronic cardiac insufficiency093 Heart and heart/lung transplant |
| Pulmonary | 101 Chronic Obstructive Pulmonary Disease102 Lung Transplant109 Other pulmonary |
| Burns | 110 Burns |
| Congenital | 121 Spina Bifida129 Other congenital deformity |
| Other disabling impairments | 131 Lymphoedema133 Conversion disorder139 Other disabling impairments that cannot be classified into a specific group (this group should be rarely used) |
| Major multiple trauma | 141 Brain and spinal cord injury142 Brain and multiple fracture/amputation143 Spinal cord and multiple fracture/amputation149 Other multiple trauma |
| Developmental | 151 Developmental disabilities (excludes cerebral palsy) |
| Restorative | 161 Re-conditioning following surgery162 Re-conditioning following medical illness163 Cancer rehabilitation |
| COVID conditions | 181 COVID with pulmonary issues182 COVID with deconditioning189 COVID all other |
| Reporting guide | Impairment codes should be assigned by the treating clinician. Code assignment must be supported by the appropriate ICD‑10‑AM codes reported in the X5/Y5 Diagnosis/Extra Diagnosis Records.The Australian Rehabilitation Outcomes Centre (AROC) provides guidelines for coding Impairments: [AROC](http://ahsri.uow.edu.au/content/groups/public/%40web/%40chsd/%40aroc/documents/doc/uow125260.pdf) <http://ahsri.uow.edu.au/content/groups/public/@web/@chsd/@aroc/documents/doc/uow125260.pdf > |
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# Proposals not proceeding

At the first Annual Changes Governance Committee meeting it was decided that the two proposals below will not proceed:

**Proposal 3 – Aged Care Assessment Service Status**

Does not meet national reporting obligations or key government priorities for 2026-27.

**Proposal 4 – Reason for Discharge Delay**

Does not meet national reporting obligations or key government priorities for 2026-27.