

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

|  |
| --- |
| To receive this document in another format, [email HDSS help desk](mailto:HDSS.Helpdesk@health.vic.gov.au) <HDSS.helpdesk@health.vic.gov.au>.  Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.  © State of Victoria, Australia, Department of Health, September 2025.  Available at [HDSS annual changes](https://www.health.vic.gov.au/data-reporting/annual-changes) < https://www.health.vic.gov.au/data-reporting/annual-changes> |
|  |

Contents

[Executive summary 4](#_Toc209703128)

[Introduction 4](#_Toc209703129)

[Orientation to this document 4](#_Toc209703130)

[Proposal 2 – New data item for reporting the number of hours in NICU 5](#_Toc209703131)

[Section 3 Data definitions 6](#_Toc209703132)

[Duration of Stay in Neonatal Intensive Care Unit (new) 6](#_Toc209703133)

[Proposal 5 – Impairment codes 7](#_Toc209703134)

[Section 3 Data definitions 7](#_Toc209703135)

[Impairment – paediatric (new) 7](#_Toc209703136)

[Impairment – adult (amend) 9](#_Toc209703137)

[Proposals not proceeding 12](#_Toc209703138)

# 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

|  |  |
| --- | --- |
| **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

|  |  |
| --- | --- |
| **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 set  Stroke | Code Descriptor  Stroke – Haemorrhagic  1.1 Stroke Haemorrhagic  1.2 Stroke – Other (including ischaemic) |
| Brain dysfunction | Non-traumatic brain dysfunction  2.11 Brain tumour  2.12 Epilepsy Surgery  2.13 Chronic Fatigue Syndrome  2.14 Other (to include Hypoxic Brain Injury)  Traumatic brain dysfunction  2.21 Open Injury  2.22 Closed Injury  2.23 Major multiple trauma with brain injury |
| Neurological Disorders | 3.1 Multiple Sclerosis/Acute Disseminated Encephalomyelitis (ADEM)  3.2 Guillain-Barre Syndrome  3.3 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 Traumatic  4.3 Congenital (includes Spina Bifida/neural tube deficits/sacral agenesis)  4.4 Post Selective Dorsal Rhizotomy |
| Amputation | Amputation - non traumatic  5.11 Upper limb  5.12 Lower limb  5.13 Multiple limbs  Amputation – traumatic  5.21 Upper limb  5.22 Lower limb  5.23 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 stay  11.2 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/@web/@chsd/@aroc/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 set  Stroke | Code Descriptor  Stroke – Haemorrhagic  0111 Left Body Involvement (Right Brain)  0112 Right Body Involvement (Left Brain)  0113 Bilateral Involvement  0114 No Paresis  0119 Other stroke  Stroke – Ischaemic  0121 Left Body Involvement (Right Brain)  0122 Right Body Involvement (Left Brain)  0123 Bilateral Involvement  0124 No Paresis  0129 Other stroke |
| Brain dysfunction | Non-traumatic brain dysfunction  0211 Sub-arachnoid haemorrhage  0212 Anoxic brain damage  0213 Other non-traumatic brain dysfunction  Traumatic brain dysfunction  0221 Open injury  0222 Closed injury |
| Neurological | 031 Multiple sclerosis  032 Parkinsonism  033 Polyneuropathy  034 Guillain-Barre Syndrome  035 Cerebral Palsy  038 Neuromuscular disorders (include motor neuron disease)  039 Other neurological disorders |
| Spinal cord | Non-traumatic spinal cord disfunction  04111 Paraplegia, incomplete  04112 Paraplegia complete  041211 Quadriplegia incomplete C1 4  041212 Quadriplegia incomplete C5 8  041221 Quadriplegia complete C1 4  041222 Quadriplegia complete C5 8  0413 Other non-traumatic SCI  Traumatic spinal cord dysfunction  04211 Paraplegia, incomplete  04212 Paraplegia complete  042211 Quadriplegia incomplete C1 4  042212 Quadriplegia incomplete C5 8  042221 Quadriplegia complete C1 4  042222 Quadriplegia complete C5 8  0423 Other traumatic spinal cord dysfunction |
| Amputation | Amputation of limb - not resulting from trauma  0511 Single Upper Amputation Above the Elbow  0512 Single Upper Amputation Below the Elbow  0513 Single Lower Amputation Above the Knee (includes through knee)  0514 Single Lower Amputation Below the Knee  0515 Double Lower Amputation Above the Knee (includes through knee)  0516 Double Lower Amputation Above/below the Knee  0517 Double Lower Amputation Below the Knee  0518 Partial Foot Amputation (includes single/double)  0519 Other Amputation  Amputation of limb – resulting from trauma  0521 Single upper above elbow  0522 Single upper below elbow  0523 Single lower above knee (includes through knee)  0524 Single lower below knee  0525 Double lower above knee (includes through knee)  0526 Double lower above/below knee  0527 Double lower below knee  0528 Partial foot (single or double)  0529 Other amputation from trauma |
| Arthritis | 061 Rheumatoid  062 Osteoarthritis  069 Other Arthritis |
| Pain syndromes | 071 Neck pain  072 Back pain  073 Extremity pain  074 Headache (includes migraine)  075 Multi-site pain  079 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 pelvis  08141 Fracture of knee (includes patella, femur involving knee joint, tibia or fibula involving knee joint)  08142 Fracture of lower leg, ankle, foot  0815 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 sternum  Excludes 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 replacement  08212 Bilateral hip replacement  08221 Unilateral knee replacement  08222 Bilateral knee replacement  08231 Knee and hip replacement same side  08232 Knee and hip replacement different sides  0824 Shoulder replacement or repair  0825 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 insufficiency  093 Heart and heart/lung transplant |
| Pulmonary | 101 Chronic Obstructive Pulmonary Disease  102 Lung Transplant  109 Other pulmonary |
| Burns | 110 Burns |
| Congenital | 121 Spina Bifida  129 Other congenital deformity |
| Other disabling impairments | 131 Lymphoedema  133 Conversion disorder  139 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 injury  142 Brain and multiple fracture/amputation  143 Spinal cord and multiple fracture/amputation  149 Other multiple trauma |
| Developmental | 151 Developmental disabilities (excludes cerebral palsy) |
| Restorative | 161 Re-conditioning following surgery  162 Re-conditioning following medical illness  163 Cancer rehabilitation |
| COVID conditions | 181 COVID with pulmonary issues  182 COVID with deconditioning  189 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/@web/@chsd/@aroc/documents/doc/uow125260.pdf) <http://ahsri.uow.edu.au/content/groups/public/@web/@chsd/@aroc/documents/doc/uow125260.pdf > |
|  |  |

# 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.