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| Proposals for revisions to the Victorian Emergency Minimum Dataset (VEMD) for 2026-27 |
| September 2025 |
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Contents

[Executive summary 5](#_Toc209704867)

[Introduction 6](#_Toc209704868)

[Orientation to this document 6](#_Toc209704869)

[Proposal 6 - Frequency of submissions 7](#_Toc209704870)

[Section 5: Compilation and Submission 7](#_Toc209704871)

[Data submission timelines (amend) 7](#_Toc209704872)

[Proposal 7 - Referred by code changes 8](#_Toc209704873)

[Section 3: Data Definitions 8](#_Toc209704874)

[Referred By (amend) 8](#_Toc209704875)

[Proposal 8 – Virtual care departure status code updates 9](#_Toc209704876)

[Section 3: Data Definitions 10](#_Toc209704877)

[Departure Status (amend) 10](#_Toc209704878)

[Proposal 10 - Inpatient flag 12](#_Toc209704879)

[Section 3: Data Definitions 12](#_Toc209704880)

[Inpatient flag (new) 12](#_Toc209704881)

[Proposal 11 - New validations 13](#_Toc209704882)

[Section 6: Validation Reports and Validations 13](#_Toc209704883)

[Validations (new) 13](#_Toc209704884)

# Executive summary

Each year the Department of Health (the department) reviews the Victorian Emergency Minimum Dataset (VEMD) 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* VEMD *for 2026-27*.

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

Addition of data elements/validations

* Add a new code for Referred by
* Add a new data item ‘inpatient flag’
* Introduce two new validations for ambulance transfer time

Amendments to existing data elements/concepts

* Update definition for Referred by, ‘Ambulance Victoria Paramedic’
* Update the reporting guide for ‘virtual care’ Departure status

Amendments to reporting timelines

* Revise VEMD submission timelines from daily to weekly

The proposed revisions across multiple data collections (including VEMD) 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 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 to the VEMD 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 6 through to 11. Proposal 1 applies to multiple data collections including the VEMD and is available in the *Proposals for revisions across multiple data collections for 2026-27 document.*

# Proposal 6 - Frequency of submissions

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| **It is proposed to** | Change the frequency of VEMD submissions to reduce the possibility of submitting excluded cases. |
| **Proposed by** | Peninsula Health |
| **Does the proposal meet the criteria?** | Not applicable – no software changes required. |
| **Reason for proposed change** | Change the COVID era requirement of daily VEMD submissions to weekly or 3 times a month (as it was prior to COVID).  The change will reduce the possibility of sites submitting records that are subsequently excluded as with current daily submissions there is not enough time to review cases prior to submission. |
| **Details of change** | Change reporting frequency |

## Section 5: Compilation and Submission

## Data submission timelines (amend)

All Victorian hospitals are required to submit data to the VEMD weekly. ~~every business day~~.

Public and private hospital data submission timeline for ~~2025-26~~ 2026-27

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| **VEMD ~~2025-26~~ 2026-27** | **Timeline** |
| All presentations for each week ~~day~~ up to midnight | Submitted by midday ~~the following business day~~ every Tuesday for the preceding seven days (Mon – Sun) |
| All presentations for the full month without errors | Must be complete and correct, i.e. zero rejection and notifiable validations by the 10th day of the following month, or the preceding working day if the 10th is a weekend or public holiday |
| Financial year consolidation - All errors for 2026-27 must be corrected and resubmitted before consolidation of the VEMD database | As advised in the Policy and Funding Guidelines |

Where health services are noncompliant with the timelines specified above, penalties may apply. Refer to 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>

Hospitals may submit more frequently than the above minimum requirements.

# Proposal 7 - Referred by code changes

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| **It is proposed to** | Add one new code to the ‘Referred by’ data element to capture ‘Ambulance Victoria secondary triage’ and amend the Reporting Guide for code 24 - Ambulance Victoria paramedic. |
| **Proposed by** | Performance Improvement Team, Ambulance, Emergency Care and Access, Hospital and Health Services |
| **Does the proposal meet the criteria?** | Does meet key government priorities. |
| **Reason for proposed change** | VVED (Victorian Virtual Emergency Department) is becoming an increasingly important tool for diverting pressure away from emergency departments by absorbing low acuity cases. A key use case for VVED is in diverting pressure from ambulances, both at the point of call and in-field, reducing unnecessary transports.  The current code set does not specifically provide a difference between AV diversions at the point of call and in-field referrals. Raising in-field referral rates is an ongoing government priority, particularly as the rate of in-field referrals fell following AV industrial action. Amending the referred by code set is critical to providing up-to-date data around this metric. |
| **Details of change** | Add one new code to the ‘Referred by’ data element and update the reporting guide for an existing code. |

## Section 3: Data Definitions

## Referred By (amend)

Specification

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| **Definition** | Source from which patient was referred to this Emergency Department. |
| **Reported by** | Public hospitals  Private hospitals, optional |
| **Reported for** | Every Emergency Department presentation |
| **Code set** | **Code Descriptor**  0 Staff from this campus  1 Self, family, friends  2 Local medical officer, includes local GP/Doctor  4 Private specialist  6 Staff from another campus (includes both admitted and non- admitted transfers)  14 Nurse on Call  15 Other Nurse  16 Mental health telephone assessment/advisory line  17 Telephone advisory line, not otherwise specified  18 Other mental health staff  19 Other  20 Other community services staff  21 Apprehended under Mental Health and Wellbeing Act - Police/Protective Service Officer  22 Correctional Officer / Other police  23 Emergency use  24 Ambulance Victoria paramedic  25 Ambulance Victoria secondary triage |
| **Reporting guide** | **24 Ambulance Victoria**  Only for use when a paramedic ~~Ambulance Victoria~~ refers a patient for a VV~~virtual~~ED consultation after attending to them in-field.  Excludes:  Patents physically presenting in person to the emergency department.  To be reported by the Statewide Victorian Virtual Emergency Department only  **25 Ambulance Victoria secondary triage**  Only for use when Ambulance Victoria secondary triage refers a patient for a VVED consultation at the point of call.  Excludes:  Patents physically presenting in person to the emergency department.  To be reported by the Statewide Victorian Virtual Emergency Department only |
| **Validations** | E130 Referred by invalid  E136 Referred by and Transfer Source combination invalid  E414 Referred by and Service Type combination invalid |

# Proposal 8 – Virtual care departure status code updates

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| **It is proposed to** | Modify the T7 departure status descriptor and include a reporting guide for each of the virtual care departure status codes. |
| **Proposed by** | Performance Improvement Team, Ambulance, Emergency Care and Access, Hospital and Health Services |
| **Does the proposal meet the criteria?** | Not applicable – no software changes required. |
| **Reason for proposed change** | The Victorian Virtual Emergency Department (VVED) is becoming an increasingly important tool for diverting pressure away from emergency departments by absorbing low acuity cases. A key use case for VVED is in diverting pressure from ambulances, both at the point of call and in-field, reducing unnecessary transports. However, there is a clear risk that VVED is being used inappropriately or inefficiently in cases where a patient should have been physically transferred to an ED instead. Monitoring the outcomes of patients sent to VVED is the primary method to measure this. |
| **Details of change** | Include a new reporting guide for the Departure Status codes for departures from virtual care. |

## Section 3: Data Definitions

## Departure Status (amend)

Specification

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| **Definition** | Patient destination or status on departure from the Emergency Department |
| **Reported by** | All Victorian hospitals (Public and Private) |
| **Reported for** | Every Emergency Department presentation. |
| **Code set** | **Code Descriptor**  ***Virtual Care:***  T1 Left at own risk without consultation  T2 Left at own risk after consultation started  T3 Referred to GP  T4 Discharged to usual residence  T5 Transferred to ward setting  T6 Transferred to another health service (excludes Emergency Department)  T7 Recommended for transfer to ~~Virtual Care~~ an Emergency Department ~~campus~~ |
| **Reporting guide** | **Virtual Care**  T1, T2, T3, T4, T5, T6 or T7  Select the appropriate code for Virtual Care presentations (Service Type code - 6 – Virtual: provider)  T1 Left at own risk, without consultation  Patient departs a virtual consultation before being seen by a definitive service provider:   * without notifying staff, or * despite being advised by clinical staff not to leave, or * without receiving advice about alternatives to treatment.   Common descriptions include Did Not Wait (DNW) and Failed To Answer (FTA).  T2 Left at own risk, after consultation started  Patient departs the virtual consultation after being seen by a definitive service provider despite being advised by clinical staff not to leave. The appropriate hospital forms must be completed and signed by the patient.  T3 Referred to GP  Patient has been referred to their local doctor for further care, treatment and/or follow-up.  T4 Discharged to usual residence  Report the immediate destination or departure status of the patient upon departure from the virtual consultation. This may not necessarily be to the patient’s usual place of residence.  *Includes:*   * Home (house, unit, boarding room/house, hotel, caravan, youth hostel accommodation, homeless persons shelters, shelter/refuges, armed forces hospitals, no fixed abode) * Mental health residential facility, including psychogeriatric nursing home.   *Excludes* transfer to hospital Mental health bed:   * + At this campus (use T5)   + At another hospital campus (use T6) * Residential care facility (nursing home, hostel, residential care respite bed, nursing home beds located within an acute or subacute hospital campus) * Correctional/Custodial Facility home   A correctional or custodial facility refers to a structure used by police or government to lawfully secure, hold, detain or imprison a person, and *includes* Watch-house, Holding cell, Lock-up, Prisoner  The Commonwealth does not recognise these facilities as hospitals and therefore admission from, or separation to, such facilities is not an inter hospital transfer.  Does not require a Transfer Destination code   * Armed Forces Hospitals   The Commonwealth does not recognise these facilities as hospitals and therefore admission from, or separation to, such facilities is not an inter hospital transfer.  If a patient is transferred from virtual care to an Armed Forces hospital, Departure Status equals ‘T4 – Discharged to usual residence.  T5 Transferred to a Ward setting (this hospital)  *Includes* patients who:   * go to the ward after attending a virtual consultation at the same hospital (includes SSOU and MAPU) * go to HITH after attending a virtual consultation at the same hospital   T6 Transferred to another health service  Patient has been transferred to another hospital campus, excludes Emergency Department (code T7)  T7 Recommended for transfer to an Emergency Department  Patient requires immediate medical attention beyond the scope of virtual care, and must present physically at an emergency department |

# Proposal 10 - Inpatient flag

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| **It is proposed to** | Add a new data element ‘inpatient flag’ to flag inpatients who attend the Emergency Department |
| **Proposed by** | Data Services Unit, Enterprise Technology Branch, eHealth |
| **Does the proposal meet the criteria?** | Meets national reporting obligations. |
| **Reason for proposed change** | The purpose of this proposal is to be able to identify when an inpatient presents to the emergency department.  This change is necessary to ensure that Victoria complies with national reporting requirements. The National Health Reform Agreement (NHRA) states the Commonwealth will not fund patient services if the same service or any part of the same service is funded through any other Commonwealth program.  This flag will be used to identify inpatients who present to/are treated in the emergency department during the admitted episode. The data can be used to monitor the number of inpatients being treated in the emergency department during an admitted episode. This information is useful when evaluating services such as HITH or virtual inpatient services. |
| **Details of change** | Add one data element |

## Section 3: Data Definitions

## Inpatient flag (new)

Specification

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| **Definition** | An indication of whether the patient is an inpatient at the time of presenting to the Emergency Department |
| **Reported by** | Public hospitals  Private hospitals optional |
| **Reported for** | Every Emergency Department Presentation |
| **Code set** | **Code Descriptor**  1 Yes  2 No  9 Unknown/not stated |
| **Reporting guide** | Reported for all Emergency Department presentations.  This item should be used to indicate whether the patient is an inpatient/admitted patient at the time of the presentation to the Emergency Department. This includes inpatients at other hospitals and a patient in Hospital in the Home (HITH). |
| **Validations** | XXXX Inpatient flag invalid  XXXX Inpatient flag missing |

# Proposal 11 - New validations

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| **It is proposed to** | Introduce two new validations to improve the quality of ambulance transfer date/time data reported in the VEMD. |
| **Proposed by** | Data Services Unit, Enterprise Technology Branch, eHealth |
| **Does the proposal meet the criteria?** | Meets key government priorities. |
| **Reason for proposed change** | A key focus of the Victorian Government is reducing ambulance ramping at public hospitals. As such accurate VEMD data is crucial to enable analysis and system planning. It is proposed to introduce two validations to improve the quality of ambulance transfer date/time data reported in the VEMD. |
| **Details of change** | Two new validations |

## Section 6: Validation Reports and Validations

## Validations (new)

XXXX Ambulance at Destination Date / Time and emergency department Arrival Date / Time invalid combination

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| **Effect** | REJECTION |
| **Problem** | Ambulance at Destination Date / Time is after Arrival Date / Time, OR  Ambulance at Destination Date / Time is more than 24 hours before Arrival Date / Time. |
| **Remedy** | Correct and re-submit data to VEMD |
| **See** | Section 5: File structure |

XXXX Ambulance at Destination Date / Time and Ambulance Handover Complete Date / Time invalid combination

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| --- | --- |
| **Effect** | REJECTION |
| **Problem** | Ambulance at Destination Date / Time is after Ambulance Handover Complete Date / Time, OR  Ambulance at Destination Date / Time is more than 24 hours before Ambulance Handover Complete Date / Time |
| **Remedy** | Correct and re-submit data to VEMD |
| **See** | Section 5: File structure |