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| HDSS Bulletin |
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# Global update

## Circulars

Access private hospital circulars at: [Private hospital circulars](http://www.health.gov.au/internet/main/publishing.nsf/Content/health-phicirculars2019-index1) <http://www.health.gov.au/internet/main/publishing.nsf/Content/health-phicirculars2019-index1>

Access hospital circulars at: [Hospital circulars](https://www2.health.vic.gov.au/about/news-and-events/hospitalcirculars) <https://www2.health.vic.gov.au/about/news-and-events/hospitalcirculars>

## Annual changes update – revisions to data collections for 2020–21

Thank you to everyone who provided feedback to proposals for revisions to AIMS, ESIS, VAED, VEMD and VINAH data collections for 2020–21.

Specifications for revisions to the data collections for 2020–21 will be published at the end of December.

[HDSS annual changes](https://www2.health.vic.gov.au/hospitals-and-health-services/data-reporting/health-data-standards-systems/annual-changes) <https://www2.health.vic.gov.au/hospitals-and-health-services/data-reporting/health-data-standards-systems/annual-changes>

# Elective Surgery Information System (ESIS)

## Monitoring reporting of non-specific Intended Procedure (IP) 888

As one of the department’s monthly data quality checks we are monitoring reporting of non-specific IP888 Other, to identify excluded procedures (not elective surgery) and procedures where a specific IP code exists.

Non-surgical procedures are excluded from the definition of elective surgery. For example, the following procedures are excluded from ESIS reporting as they are not classified as a surgical operation in the Medicare Benefits Schedule:

* Colposcopy
* Mirena insertion
* Panendoscopy
	+ Retrograde pyelogram.

Refer to [Intended Procedure](https://meteor.aihw.gov.au/content/index.phtml/itemId/717635) < <https://meteor.aihw.gov.au/content/index.phtml/itemId/717635>> for the list of Intended Procedures codes and ACHI (11th edition) codes.

Common procedures not considered elective surgery are listed in Section 4 of the [ESIS manual](https://www2.health.vic.gov.au/about/publications/policiesandguidelines/esis-manual-2019-20). <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/esis-manual-2019-20>.

Services must ensure that only patients waiting for elective surgery are reported to ESIS. If an episode for an excluded procedure is reported in error, a deletion record must be created to delete the episode from the ESIS database.

Report a specific IP when available. Listed below are examples of procedures reported as IP888, where specific IP codes are available.

IP001 Cataract extraction (with or without intra-ocular lens insertion)

IP012 Tonsillectomy (with or without adenoidectomy)

IP023 Anterior cruciate ligament reconstruction

IP046 Cleft lip and palate – repair of

IP067 Examination of eye under anaesthesia

IP034 Breast lump – excision and/or biopsy

# Victorian Admitted Episodes Dataset (VAED)

## CFA B reports

As one of the department’s monthly data quality checks we run an extract to identify episodes reported to the VAED with Criteria for Admission B: Day-only automatically admitted procedures (CFA B) but without a procedure from the Automatically Admitted Procedure List (AAPL). Episodes with a treatment cancellation diagnosis code Z53x are excluded.

Services are asked to review these episodes to ensure:

* The episode meets a criterion for admission, and should be reported to the VAED
* The correct criterion for admission (B) has been assigned
	+ The correct procedure code/s have been assigned

Previously reports were sent out via email. Shortly reports covering the period July to September will be provided via MFT.

## Correction to Reporting guide by Contract Type / Role table in VAED manual

The following correction has been made to the Reporting guide by Contract Type and Contract Role table in Section 4 of the VAED manual. The correction will be included in the next edition of the manual.

Reporting guide by Contract Type and Contract Role

|  |  |  |
| --- | --- | --- |
| Contract Type | Examples | Reported by |
| 1 | ~~A~~ B | A health authority, or other external purchaser, contracts hospital B for admitted service which is funded outside the standard funding arrangements | B |
| 2 | ABA | A patient has a hip replacement at hospital A, then receives aftercare at hospital B, under contract to hospital A. Complications arise and the patient returns to hospital A for remainder of care | A, B |
| 3 | AB | A patient has a hip replacement at hospital A, then receives aftercare at hospital B, under contract to hospital A. Patient is separated from B. | A, B |
| 4 | (A)B | A patient is admitted for a colonoscopy at hospital B under contract to hospital A. The patient does not attend hospital A. | A, B |
| 5 | BA | A patient is admitted to hospital B for a gastric resection procedure under contract to hospital A, and hospital A provides aftercare. | A, B |
| 6 | A(B) | Hospital A contracts hospital B for whole admitted patient service. B provides service at hospital A. | A |

# Victorian Integrated Non-Admitted Health Minimum Dataset (VINAH)

## Amendment to Referral End Reason in VINAH manual

A correction has been made to data element Referral End Reason in Section 3 of the VINAH manual.

**Location** **Transmission protocol HL7 Submission**

 Referral (insert) RRI\_I12 (RF1.10.1)

 Referral (update) RRI\_I13 (RF1.10.1)

 Referral (delete) RRI\_I14 (RF1.10.1)

The correction will be included in the next edition of the manual.

# Non–Admitted Activity Reporting

## Patient–Level Reporting

Currently most health services report aggregate and/or patient level non-admitted data to the department. The department in turn provides data that is in-scope for national reporting to the Independent Hospital Pricing Authority (IHPA).

Effective 2021–22 IHPA has advised they will only accept patient level data.

Health Service Data (HSD) have identified some services such as genetics, home-based dialysis and others where non-admitted data is not currently reported at patient level and have already started contacting services and agencies to identify why patient level data is not being reported. HSD will work with services and agencies to determine the best method to capture the patient level data.

Further information will be provided in future HDSS Bulletins. Any enquiries should be directed through the HDSS helpdesk.

# Contact details

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)
	+ F1 data collections (technical support)

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://www2.health.vic.gov.au/hospitals-and-health-services/data-reporting/health-data-standards-systems) <https://www2.health.vic.gov.au/hospitals-and-health-services/data-reporting/health-data-standards-systems>

**HDSS help desk**

Enquiries regarding data collections and requests for standard reconciliation reports

Telephone (03) 9096 8595

Email HDSS help desk <HDSS.helpdesk@dhhs.vic.gov.au>

**Other Victorian health data requests**

[VAHI Data Request Hub](https://vahi.freshdesk.com/support/home) < https://vahi.freshdesk.com/support/home>

Email HOSdata Hosdata.frontdesk@vahi.vic.gov.au

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