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| HDSS Bulletin |
| Issue 243: 15 February 2021 |
| OFFICIAL |

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# Global update

## Circulars

[Private hospital circulars](https://dhhsvicgovau.sharepoint.com/sites/DCU-DHHS-GRP/Shared%20Documents/General/HDSS%20bulletins/Private%20hospital%20circulars) < https://www.health.gov.au/news/phi-circulars>

[Victorian hospital circulars](https://dhhsvicgovau.sharepoint.com/sites/DCU-DHHS-GRP/Shared%20Documents/General/HDSS%20bulletins/Victorian%20hospital%20circulars) <https://www2.health.vic.gov.au/about/news-and-events/hospitalcirculars>

## New private day procedure centre

The following new private day procedure centre has been added to our reference data.

| Hospital / Campus name | Campus code | Effective date |
| --- | --- | --- |
| VCI Day Surgery | 7590 | 01/07/2020 |

# Agency Information Management System (AIMS)

## Daily Capacity and Occupancy form

Effective 8 February 2021 Day Procedure Centres are no longer required to report activity on the Daily Capacity and Occupancy Register (DCOR) form on HealthCollect.

All public and private hospitals are required to continue to submit this form each day.

Given the recent notifications of locally acquired cases of COVID-19, all public and private hospitals are reminded to ensure the data reported on the DCOR is correct and up to date. This data is important and is relied upon for accurate reporting of hospital capacity, occupancy, and workforce capacity.

## Daily Elective Surgery Activity form

At the present time, there is no change to the reporting of the Daily Elective Surgery Activity (DESA) form. This form must continue to be reported every Tuesday by 1pm and include activity for each day of the previous week (Monday to Sunday).

# Victorian Admitted Episodes Dataset (VAED)

## Public patients treated in private hospitals

In May 2020 Health Services Data issued advice on reporting of public patients treated in private hospitals (HDSS Bulletin 230) under the ‘cluster’ arrangements of the contractual Agreements put in place between the Department of Health and Victorian Private Hospitals. Reporting under those Agreements required that, where the admitted episode occurred at a private hospital, only the private hospital reported the admitted episode to the VAED.

Effective 28 February 2021 those Private Hospital Funding Agreements (also known as the Comprehensive Agreement) will be suspended.

For admissions on or after 1 March 2021, private hospitals should not report contract spoke identifier codes 0030 or 0710 or Program Identifier code 08 COVID-19 Surge response.

For admissions on or after 1 March 2021, where a contract arrangement exists between a public hospital and a private hospital, both hospitals must report the episode of care to the VAED, according to the business rules detailed in Section 4 of the VAED manual.

In future, if a private hospital is engaged directly by the Department of Health to treat public patients, the private hospital must contact the HDSS Helpdesk to confirm reporting requirements.

## New VAED codes

New VAED reporting requirements have been introduced to identify elective surgery blitz activity. To support the new guidelines, two new codes will be introduced into the VAED, effective 1 March 2021:

|  |  |  |  |
| --- | --- | --- | --- |
| **Data element** | **Code** | **Descriptor** | **Reported by** |
| Funding Arrangement | B | Elective Surgery Blitz | Public hospitals only |
| Program ID code | 13 | Elective Surgery Blitz | Public and Private hospitals |

## Elective Surgery Blitz – new reporting requirements

In 2020 deferral of elective surgery was one of several strategies undertaken in Victoria to maximise capacity in the health system to respond to COVID-19.

With the Elective surgery roadmap complete as of 23 November 2020, Government and the Department of Health are focussed on addressing elective surgery activity that was deferred because of the pandemic.

The 2020-2021 State Budget elective surgery commitment will address deferred elective surgery by providing funding over four years to deliver activity in **addition** to that which would otherwise occur. The intent of this funding is to enable Victorians who had their care deferred to get the surgeries they need.

All eight ‘health clusters’ were invited to apply for funding with funding allocated to individual public health services. This funding is intended to deliver ESIS eligible work (including ESIS-type activity undertaken in non-ESIS reporting sites) and urgent endoscopy.

These reporting guidelines take effect at the same time the Private Hospitals Funding Arrangement (also referred to as the Comprehensive Agreement) ceases.

Note:

Given that elective surgery was paused from 11:59pm 12 February 2021, this may impact the planned start date of the elective surgery blitz.

### Reporting requirements

It is essential that activity performed under this initiative can be identified, therefore new reporting guidelines apply to admissions on and after 1 March 2021.

There are two main scenarios in which **additional** elective surgery activity will be undertaken:

1. by a public hospital managing their own waiting list
2. a contract arrangement with another hospital (public or private)

#### Additional activity undertaken by a public hospital managing their own waiting list

Additional elective surgery activity undertaken by a public health service that has received additional funding as part of the elective surgery initiative to address deferred elective surgery activity should be reported with a Funding Arrangement of B Elective Surgery Blitz (new code).

#### Contract arrangement with another hospital

The admitted episode is reported to the VAED by both the public hospital purchasing the service and the hospital (public or private) undertaking the elective surgery.

Purchasing Hospital reports

* Care Type: 4 Acute
* Account class: MP - Public Eligible\*
* Funding arrangement: 1 Contract
* Contract Role: A
* Contract Type: Select the most applicable (see VAED manual for options)\* \*
* Contract /Spoke Identifier: report the relevant Campus Code from the Campus code table available at [HDSS reference files](https://www2.health.vic.gov.au/hospitals-and-health-services/data-reporting/health-data-standards-systems/reference-files) <<https://www2.health.vic.gov.au/hospitals-and-health-services/data-reporting/health-data-standards-systems/reference-files>> which identifies the other party to the contracted service arrangement
* Program Identifier: 13 Elective Surgery Blitz (new code).

\* Note: Private, DVA, Compensable and Ineligible patients are out of scope

\*\*Note: Contract Type B is not applicable

Service Provider (treating) Hospital reports

* Care Type: 4 Acute
* Account class: MP – Public Eligible\*
* Funding arrangement: 1 Contract
* Contract Role: B
* Contract Type: Select the most applicable (see VAED manual for options)\* \*
* Contract /Spoke Identifier: report the relevant Campus Code from the Campus code table available at [HDSS reference files](https://www2.health.vic.gov.au/hospitals-and-health-services/data-reporting/health-data-standards-systems/reference-files) <<https://www2.health.vic.gov.au/hospitals-and-health-services/data-reporting/health-data-standards-systems/reference-files>> which identifies the other party to the contracted service arrangement
* Program Identifier: 13 Elective Surgery Blitz (new code).

\* Note: Private, DVA, Compensable and Ineligible patients are out of scope

\*\*Note: Contract Type B is not applicable

### Reporting timelines

At a minimum, public and private hospitals must submit admitted patient data to the VAED according to the timelines below outlined in the Policy and Funding Guidelines:

#### Public hospitals

|  |  |
| --- | --- |
| VAED | Timeline |
| Admission and separation details for the month (E5, J5 and V5 records) | Must be submitted by 5.00pm on the 10th day of the following month |
| Diagnosis and procedure, subacute and palliative details (X5, Y5, S5 and P5 records) | Must be submitted by 5.00pm on the 10th day of the second month following separation |
| Final data for the 2020-21 financial year | Must be submitted by 5.00pm on 24 August 2021 |

#### Private hospitals

|  |  |
| --- | --- |
| VAED | Timeline |
| Admission and separation details for the month (E5 records) | Must be submitted by 5.00pm on the 17th day of the following month |
| Diagnosis and procedure details (X5 and Y5 records) | Must be submitted by 5.00pm on the 17th day of the following month |
| Final data for the 2020-21 financial year | Must be submitted by 5.00pm on 24 August 2021 |

Private hospitals may submit more frequently than the minimum standards specified in the table above.

### Documentation and Clinical Coding Requirements

#### Clinical information sharing

To ensure continuity of patient care both the purchasing hospital and the hospital providing the elective surgery must have local policies and procedures in place for clinical information sharing.

At a minimum, the purchasing public hospital is required to ensure that the patient’s relevant clinical history is available to the hospital treating the patient.

The hospital treating the patient is required to complete a discharge summary or letter for the referring public hospital and the patient’s GP.

Options for information sharing to ensure continuity of care:

* Hard copy notes accompany patient transferred
* Secure data exchange
* Access to public hospital’s EMR

#### Clinical documentation requirements

Clinical documentation of the admitted episode is the responsibility of the hospital where the elective surgery occurs and must be timely, accurate and complete.

Clinicians are expected to respond to any documentation queries from clinical coders in relation to ambiguous or incomplete documentation to ensure the complete and accurate coding of the episode.

All relevant clinical documentation must be made available to the purchasing public hospital on request following discharge from the treating hospital.

Depending on the patient’s speciality, the public hospital may have specific clinical documentation requirements and may ask the treating hospital clinician to document on a form specified by the public hospital.

#### Clinical Coding requirements

The admitted episode will be coded by the HIM/Clinical Coder at both the hospital that purchased the service and the hospital that performed the elective surgery.

The admitted episode will be coded in ICD-10-AM/ACHI/ACS Eleventh Edition in accordance with the Australian Coding Standards, IHPA Coding Rules and Victorian coding advice.

The episode will be grouped in DRG V10.0 by the Department once it has been submitted to the VAED.

Procedures performed at another hospital under contract arrangements are recorded by both hospitals (where the episode is admitted by both hospitals), but flagged by the treating hospital only, by use of a flag in the eighth character allocated for each procedure code.

* ‘F’ indicating the procedure was performed at another hospital on an admitted basis.

### Validations

Health Services data will implement validations to:

* restrict reporting of Funding Arrangement: B Elective Surgery Blitz to public hospitals
* require contract details to be reported when Program Identifier: 13 Elective Surgery Blitz is reported

# Victorian Emergency Minimum Dataset (VEMD)

## COVID-19 Assessment Clinic activity

From 1 March Type of Visit code 19 *COVID-19* *Assessment Clinic Activity* will not accepted to the VEMD. If a record is submitted to the VEMD on or after 1 March and the Type of Visit code is 19 then the record will reject. Corrections to existing COVID-19 Assessment Clinic activity will continue to be accepted until further notice.

This update supports the cessation of COVID-19 Assessment Clinic data reporting to the VEMD which was communicated in HDSS Bulletin 241. Health services are reminded that testing clinic data is to be reported to the department via the Retrieval and Critical Health (REACH) information system.

# Elective Surgery Information System (ESIS)

## Reporting Readiness for Surgery

All non-urgent elective surgery was paused effective 11.59 pm on Friday 12 February in all Victorian public and private hospitals in response to the recent notifications of locally acquired cases of COVID-19.

At this time health services are not required to report a Readiness for Surgery code of V – Ready for surgery – delayed due to COVID-19 response for non-urgent elective surgery patients on the waiting list. If this advice changes, health services will be notified.

## Corrections to Specifications for revisions to ESIS for 2021-22 and correction to current manual

Corrections have been made to part B of the Specifications for revisions to ESIS. Reason for Removal code *G* *Emergency use* was incorrectly entered in validation tables for S401 and S310, and in notes for Episode Extract. Correct validation tables are shown below. There are no changes to existing validations S296, S298, S390, S391 S401 due to emergency codes.

Reason for Removal and Date of Admission – valid reporting combinations

|  |  |
| --- | --- |
| Reason for Removal | Date of Admission |
| W, M, Y, B, I, U, S, X, P | Valid date (DDMMYYYY) |
| N, T, R, Z, Q, F, H, O, Null | Null |

Validation S401 Date of Admission/Reason for removal mismatch

Reason for Removal and Destination – valid reporting combinations

|  |  |
| --- | --- |
| Reason for Removal | Destination |
| N | Valid non-ESIS campus code |
| S | Valid ESAS treatment campus code |
| X | Valid campus code |
| T | Valid ESIS submission code |
| P | Valid campus code |
| W, M, Y, B, I, U, R, Z, Q, F, H, O | Null |

Validation S310 Invalid Destination/Reason for Removal combination

Reason for Removal P was omitted from Episode Extract notes in the current manual. Correct notes 2, 3, and 4 are shown below.

Episode Extract structure

| Order | Note | Data element | Label | Field size | Layout/code set |
| --- | --- | --- | --- | --- | --- |
| 3 | 2 | Date of Admission | Date\_Of\_Admission | 8 | DDMMYYYY |
| 4 | 3 | Destination | Destination | N/A | Code from code set |
| 5 | 4 | Insurance Declaration | Insurance\_Declaration | N/A | Code from code set |

Note:

2 Mandatory for Reason for Removal codes W, M, S, Y, B, I, U, P and X

3 Mandatory for Reason for Removal codes N, S, P and X

4 Mandatory for Reason for Removal codes W, M, S, Y, P and X

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

## Corrections to Specifications for revisions to VINAH for 1 July 2021: Part A

The following corrections are made to Section 9 of Part A of the Specifications for revisions to VINAH:

* Episode Health Conditions marked to cease reporting 30/06/2020’. The cease reporting date is incorrect, the correct date is ‘30/06/2021’
* The following Episode Health Conditions codes were omitted and will cease reporting 30/06/2021
  + 0512, ‘Drug and Alcohol dependence/miss-use
  + 1078, ‘Liver Disease’ – 5145 Liver disease, other
  + 950, ‘Lymphedema’ - 5148 lymphoedema
  + 1743, ‘Short term memory loss’
  + 2301, ‘Acquired brain injury’

# Contacts

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/annual-changes) <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

[Email HDSS help desk](mailto:HDSS.helpdesk@health.vic.gov.au) <HDSS.helpdesk@health.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](mailto:Hosdata.frontdesk@vahi.vic.gov.au) <Hosdata.frontdesk@vahi.vic.gov.au>

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