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| HDSS Bulletin |
| Issue 244: 2 March 2021 |
| OFFICIAL |

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# Global update

## Circulars

Private hospital circulars < https://www.health.gov.au/news/phi-circulars>

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

# Victorian Admitted Episodes Dataset (VAED)

## Elective Surgery Blitz – update

### Update to Clinical Coding requirements

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~~ purchasing 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.

New codes required to identify elective surgery blitz activity

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

### 416 Invalid Funding Arrangement (change to function only)

### 416 Invalid Program Identifier (change to function only)

### 732 Funding Arrangement B Elective Surgery Blitz, not public (new)

|  |  |
| --- | --- |
| **Effect** | **REJECTION** |
| **Problem** | The E5 Episode Record’s Funding Arrangement is B Elective Surgery Blitz, but the hospital is not public.Only public hospitals are permitted to report this code. |
| **Remedy** | Check Funding Arrangement, amend as appropriate and re-submit the E5. |

### 733 Program Identifier 13 Elective Surgery Blitz, no contract (new)

|  |  |
| --- | --- |
| **Effect** | **REJECTION** |
| **Problem** | The E5 Episode Record’s Program Identifier is 13 Elective Surgery Blitz, but Funding Arrangement is not 1 Contract. |
| **Remedy** | Check Program Identifier, if incorrect amend as appropriate and re-submit the E5.If Program Identifier is correct report Contract fields* Funding Arrangement 1 Contract
* Contract Type
* Contract Role
* Contract/Spoke Identifier
 |

## Specifications for revisions to VAED for 2021-22 Part C

Specifications for revisions to VAED for 2021-22 Part C outlines additional revisions to VAED for 2021-22, required for national reporting. This document will be available shortly at [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>

### Separation Mode (amend)

Specification

|  |  |
| --- | --- |
| **Definition** | Status at separation of the person, and place to which the person is released (where applicable) |
| **Field size** | 1 |
| **Layout** | A |
| **Location** | Episode Record |
| **Reported by** | All Victorian hospitals (public and private) |
| **Reported for** | All admitted episodes of care |
| **Reported when** | A Separation Date is reported in the Episode Record |
| **Code set** | Select the first appropriate categoryCode Descriptor~~N Separation and transfer to residential aged care facility~~J Separation and transfer to a residential aged care facility, which is not the usual place of residenceL Separation and transfer to residential aged care facility, which is the usual place of residence*[only deleted and new codes shown]* |
| **Reporting guide** | ~~N Separation and transfer to residential aged care facility~~**J Separation and transfer to residential aged care facility, which is not the usual place of residence**Includes:Any of the following terms: nursing home, hostel, high care, and low careOnly those facilities that are in receipt of subsidies from the Commonwealth Government under the Aged Care Act 1997 and provide accommodation and supported care (ranging from help with daily tasks and personal care to 24-hour nursing care) to eligible people. Does not require a Transfer Destination code.Excludes:* Transition Care bed-based program (use code B).
* Mental health aged care residential facility (use code A)
* Patient returning to residential aged care facility in which they live (use L)
 |
|  | **L Separation and transfer to residential aged care facility, which is the usual place of residence**Includes:Any of the following terms: nursing home, hostel, high care, and low careOnly those facilities that are in receipt of subsidies from the Commonwealth Government under the Aged Care Act 1997 and provide accommodation and supported care (ranging from help with daily tasks and personal care to 24-hour nursing care) to eligible people. Does not require a Transfer Destination code.Excludes:* Transition Care bed-based program (use code B).
* Mental health aged care residential facility (use code A)
* Residential aged care facility, which is not usual place of residence (use J)

*[includes reporting guide for new codes only ]* |

### Section 4 Business rules

### Intention to Readmit and Separation Mode (amend)

Valid combinations. Only fields that cannot contain the full code set are listed.

|  |  |
| --- | --- |
| **If Intention to Readmit is** | **Separation Mode must be** |
| 0 Not applicable | G, S, D, Z |
| 1 Re-admission planned this hospital within 28 days, booking arranged | B, ~~N~~, J, L A, H, T |
| 2 Re-admission planned this hospital within 28 days, no booking arranged | B, ~~N~~, J, L A, H, T |
| 3 Re-admission planned other hospital within 28 days, booking arranged | B, ~~N~~, J, L A, H, T |
| 4 Re-admission planned other hospital within 28 days, no booking arranged | B, ~~N~~, J, L A, H, T |
| 9 No plan to re-admit within 28 days | B, ~~N~~, J, L A, H, T |
| **If Separation Mode is** | **Intention to Readmit must be** |
| G Posthumous Organ Procurement | 0 |
| S Statistical Separation (change in Care Type within this hospital) | 0 |
| D Death | 0 |
| Z Left against medical advice | 0 |
| T Separation and Transfer to other Acute Hospital/ Extended Care/ Rehabilitation/Geriatric Centre | 1, 2, 3, 4, 9 |
| B Separation and Transfer to Transition Care bed-based program | 1, 2, 3, 4, 9 |
| ~~N Separation and Transfer to Residential Aged Care Facility~~ | ~~1, 2, 3, 4, 9~~ |
| J Separation and Transfer to Residential Aged Care Facility, not usual residence | 1, 2, 3, 4, 9 |
| L Separation and Transfer to Residential Aged Care Facility, usual residence | 1, 2, 3, 4, 9 |
| A Separation and Transfer to Mental Health Residential Facility | 1, 2, 3, 4, 9 |
| H Separation to Private Residence/Accommodation | 1, 2, 3, 4, 9 |

Validation 192 Invalid Comb Int Readmit/Sep Mode\*

### Section 8 Validation

### 103 Invalid Sep Mode (change to function only)

### 192 Invalid Comb Int Readmit/Sep Mode (change to function only)

### 494 Incompat Sep Mode/Age <55 (amend)

|  |  |
| --- | --- |
| **Effect** | **Warning** |
| **Problem** | The E5 Episode Record’s age at admission is less than 55, but the Separation Mode is ~~N Separation and transfer to aged care residential facility.~~J Separation and transfer to aged care residential facility, which is not the usual place of residence, orL Separation and transfer to aged care residential facility, which is the usual place of residence |
| **Remedy** | Check Admission Date, Date of Birth and Separation Mode, amend as appropriate, and re-submit the E5. |

# Victorian Emergency Minimum Dataset (VEMD)

## VEMD Editor

A new version of the VEMD Editor will be available for health services to download from the HDSS website shortly. The new version features an updated interface and, users are required to configure input and output directories at initial installation. Installation notes are included in the VEMD Editor package. Additional instructions can be obtained by emailing the HDSS helpdesk.

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

## Correction to VINAH Manual 2020-21 Program Summary table

The following correction is issued to the Program Summary table Section 3 of the VINAH manual 2020-21:

Correction

| **DATA ELEMENT** | **FCP** | **HARP** | **HBPCCT** | **HEN** | **Medi-Hotel** | **OP** | **PAC** | **Palliative Care** | **RIR** | **SACS** | **TCP** | **TPN** | **VHS** | **VRSS** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Contact Care Model |  |  |  |  |  |  | ~~Y~~ | Y |  |  |  |  |  |  |
| Contact Care Phase |  |  |  |  |  |  | ~~Y~~ | Y |  |  |  |  |  |  |

# National Funding Model implementation

Two National Funding Model workshops are planned for March. These workshops will be the first of several workshops on this topic for the department to confirm its approach to the Victorian implementation of the National Funding Model with health services.

**Workshop 1 - Operations, Finance and Administration**

Date: Friday, 5th March 2021

Time: 10.00am to 12.00pm

**Workshop 2 - System Impact, Information Technology and Data Management**

Date: Friday, 12th March 2021

Time: 1.00pm to 3.00pm

The workshops will be held on-line. Common information on both topics will be shared so you may choose to only attend one session.

For further details please email NationalFundingModel@dhhs.vic.gov.au

# Non-Admitted Data Expansion Project

Health services should be preparing for the implementation of Home-Based Dialysis reporting using the VINAH collection from 1 July 2021. Two new program streams for dialysis, Home Haemodialysis and Home Peritoneal Dialysis, will be introduced in 2021-22.

Health services will be required to open a VINAH episode for all patients who self-administer dialysis and close the episode when patients cease treatment. The department will count one non admitted service event for each calendar month an episode remains active.

Health services are not required to report Home-Based Dialysis contacts, they are solely responsible for the management of referrals to ensure all patients self-administering dialysis have an open episode referral.

Health services should also be sure that they are capturing other related activity such as education, clinical support and nephrology clinic visits for the patients self-administering dialysis through specialist outpatient clinics.

Any questions related to the reporting of Home Based Dialysis or any other NADE programs should be directed to the HDSS help desk <HDSS.helpdesk@health.vic.gov.au>

# 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 <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 <Hosdata.frontdesk@vahi.vic.gov.au>

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