

HDSS Bulletin

Issue 203: 30 May 2016

Contents

Global update	2
203.1 Circulars	2
203.2 Release of VAED, VEMD and ESIS manuals for 2016-17	3
203.3 Postcode locality file update.....	3
Victorian Admitted Episodes Dataset (VAED)	4
203.4 New grouper version for 2016–17	4
203.5 Hospital Admission Policy renamed.....	4
203.6 Correction to validation 456 Contract Leave, no contract in VAED manual	4
Victorian Emergency Minimum Dataset (VEMD)	5
203.7 Updated VEMD Lib File_2016–17_v2.....	5
Elective Surgery Information System (ESIS)	6
203.8 ESIS reporting advice 2016–17	6
Victorian Integrated Non-Admitted Health Minimum Dataset (VINAH)	7
203.9 Addendum – Specifications for revisions to VINAH on 1 July 2016	7
203.10 Test transmissions to VINAH for 2016–17	7
Contact details	8

Global update

203.1 Circulars

The following Commonwealth Government circulars have been released since the publication of HDSS Bulletin 202.

PHI circular	Subject
17/16	Private Hospital Information: Name Change
18/16	Changes to Second Tier Eligible Hospitals
19/16	Nursing-home Type patient contribution rates and minimum benefits at 20 March 2016
20/16	New Public Hospital Information
21/16	Amendments to February 2016 Prostheses List
22/16	Private Hospital Information
23/16	New Private (same day) Hospital Information
24/16	New Private (same day) Hospital Information
25/16	New Version (version 1.12.0.2) of Check-It 2 Released 7 April 2016
26/16	Private Health Insurance and Norfolk Island 12 April 2016
27/16	PHI 27/16 - New Private (same day) Hospital Information
28/16	PHI 28/16 - Declaration of Neo-natal Facilities, Joondalup Health Campus, WA
29/16	PHI 29/16 - Lifetime Health Cover – Permitted Days without Hospital Cover
30/16	Private Health Insurance (Benefit Requirements) Amendment Rules 2016 (No.2)
31/16	Private Hospital Information
32/16	Amendment to February 2016 Prostheses List
33/16	Amendment to February 2016 Prostheses List
34/16	Revoke Private Hospital Information
35/16	Lifetime Health Cover Mail Out 2016
36/16	Release of Final Data Specifications for HCP, HCP1 and PHDB Data Collections
37/16	Private Health Insurance (Data Provision) Rules 2016 and Private Health Insurance (Health Insurance Business) Rules 2016
38/16	Revoke Private Hospital Information
39/16	Amendments to February 2016 Prostheses List

Private Health Insurance circulars are available

at: <http://www.health.gov.au/internet/main/publishing.nsf/Content/health-phicirculars2016-index1>

To subscribe to the circulars, email your subscription details to Private Health Insurance Branch

at: privatehealth@health.gov.au

The Department of Health and Human Services have not released any circulars since the publication of HDSS Bulletin 202.

Circulars are available at: <http://www.health.vic.gov.au/hospitalcirculars/circ15/index.htm>

203.2 Release of VAED, VEMD and ESIS manuals for 2016-17

The VAED, VEMD and ESIS manuals for 2016-17 will be available shortly on the HDSS website.

203.3 Postcode locality file update

An updated version of the postcode locality file, including the following combinations, will be available shortly on the HDSS website.

Postcode	Locality
2648	ANABRANCH SOUTH
3358	WINTER VALLEY

Victorian Admitted Episodes Dataset (VAED)

203.4 New grouper version for 2016–17

Separations on or after 1 July 2016, will be grouped using AR-DRG Version 8.0 consistent with the national health reform requirements outlined in the Independent Hospital Pricing Authority's Three Year Data Plan 2015–16 to 2017–18.

203.5 Hospital Admission Policy renamed

Victorian Admitted Episode Dataset: Criteria for Reporting

The Victorian Hospital Admission Policy has been renamed to reflect the fact that it is a technical document providing instructions on which types of admitted episodes can be reported to the VAED, rather than being a policy document that provides advice about the care provided by hospitals to admitted patients. The new name is the Victorian Admitted Episode Dataset: Criteria for Reporting.

This document is available with the accompanying procedure code lists on the HDSS website at: <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/vaed-criteria-for-reporting>

Other changes for 2016-17 include:

- Transfer of the following 9th edition codes from the NAQAL to the AAPL
 - 36851-00 Endoscopic administration of agent into bladder wall
 - 36561-00 Closed biopsy of kidney
- Further clarification of Criterion for Admission E, Day only extended medical care
- Expansion of the notes at Criterion for Admission N *Qualified Newborn* to align with the VAED business rules (see VAED Manual, Section 3, Qualification Status)
- There has been some resequencing of information. Refer to the Table of Contents to find the section you need.
- The fact sheets have been fully incorporated into the document as Appendix One

203.6 Correction to validation 456 Contract Leave, no contract in VAED manual

The following corrections have been made to the wording of this validation in Section 8 of the VAED manual. There is no change to the function of this validation. The corrections will be included in the 2016–17 manual.

456 Contract Leave, no contract

Effect	REJECTION
Problem	The E5 Episode Record has Contract Leave days and Separation Date; however, Contract Type is 1, 4 or 6 or not reported.
Remedy	<p>Check if this episode does involve contracted care at another hospital.</p> <ul style="list-style-type: none">• If not, delete the Contract Leave Days and re-submit the E5.• If the correct Contract Type should be 2, 3, 4 or 5, amend <i>Contract Type</i> and re-submit the E5.• If the Contract Type is correctly reported as 1, 4 or 6 delete the Contract Leave Days and re-submit the E5. <p>Refer to: Section 4: Business Rules (tabular) Funding Arrangement and Contract fields</p>

Victorian Emergency Minimum Dataset (VEMD)

203.7 Updated VEMD Lib File_2016–17_v2

The following changes have been made to correct minor typographical errors in VEMD Library File_2016-17_v1. The updated VEMD Lib File_2016-17_v2 will be available on the HDSS website shortly.

code_id	1st_age_flag	1st_age_low	1st_age_high	2nd_age_flag	2nd_age_low	2nd_age_high
I669	4	0	14			
R13	Deleted -4					
R15	4	0	1			
R160	Deleted -2					
R17	2	0	1			
R959	5 8	0	5 11	Deleted -6	Deleted -0	Deleted -2

Elective Surgery Information System (ESIS)

203.8 ESIS reporting advice 2016–17

Helpdesk has received queries regarding the change to the ESIS scope from 1 July 2016.

We remind services that as per the *Elective surgery access policy*, page iv the following definitions apply:

Elective surgery	Planned surgery that can be booked in advance as a result of a specialist clinical assessment resulting in placement on an elective surgery waiting list.
Emergency surgery	Surgery to treat trauma or acute illness subsequent to an emergency presentation. The patient may require immediate surgery or present for surgery at a later time following this unplanned presentation. This includes instances where the patient leaves hospital and returns for a subsequent admission. Emergency surgery includes unplanned surgery for admitted patients and unplanned surgery for patients already awaiting an elective procedure (for example, in cases of acute deterioration of an existing condition).

For the purposes of ESIS reporting Emergency surgery is out of scope.

This reporting change is a change in counting rules and should not alter patient management.

The full Elective surgery access policy can be found

here: <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/elective-surgery-access-policy-2015>

Victorian Integrated Non-Admitted Health Minimum Dataset (VINAH)

203.9 Addendum – Specifications for revisions to VINAH on 1 July 2016

The following changes have been made to correct typographical errors and omissions to VINAH for 1 July published in December 2015.

Section 3 Business Data Element Timing Summary

All Programs, not elsewhere specified											
DATA ELEMENT	Referral In Received Date	Referral In Receipt Acknowledgement Date	Episode Start Date	Episode Patient/Client Notified of First Appt Date	Episode Care Plan Documented Date	Episode TCP Care Transition Date	First Contact Date/Time	Second and Subsequent Contact Date/Time	Episode End Date	Referral Out Date	Patient/Client Death Date
Episode Advance Care Plan Alert			E44 M						E44		
Contact Medicare Suffix							M	O			

Section 3 Contact Client Medicare Number

Layout: N(11) or A-A

Reporting guide: The following regular expression is used to validate Medicare Numbers:
 $\wedge\{2-6\}\{1\}\{0-9\}\{10\}\{C-U\}\{N-E\}\{P-N\}$

Transmission protocol: Contact/Client Service Event (insert)
 Contact/Client Service Event (update)
 Contact/Client Service Event (delete)

203.10 Test transmissions to VINAH for 2016–17

The Department of Health and Human Services encourages all suppliers to test new programs before using them to send live data to VINAH. After making the necessary programming changes to meet the revised requirements for 2016-17, each software supplier can send a reasonable number of tests. Each test must be submitted electronically via the Test HealthCollect Portal which can be found at <https://test.healthcollect.vic.gov.au/>

Staff at the department may, if requested, assist in identifying problems. However, there is no approval process for testing 1 July updates. Once the supplier and/or the hospital are satisfied that the new software meets the specifications as defined by the department, live transmissions can commence.

Contact details

The Data Collections unit manages several Victorian health data collections including:

- Victorian Admitted Episodes Dataset (VAED)
 - includes Admitted Patient Entry & Transmission System (APET)
- 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

HDSS website	HDSS website
HDSS help desk	
Telephone	(03) 9096 8595
Email VAED/VINAH/AIMS	HDSS.helpdesk@dhhs.vic.gov.au
Email VEMD	submit.vemd@dhhs.vic.gov.au
Email ESIS	ESIS.ESIS@dhhs.vic.gov.au
Hospital Data Front Desk	
Email	Hosdata.frontdesk@dhhs.vic.gov.au

To receive this publication in an accessible format phone (03) 9096 8595, using the National Relay Service 13 36 77 if required, or email HDSS.helpdesk@dhhs.vic.gov.au

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