

HDSS Bulletin

Issue 202: 9 March 2016

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Global update

202.1 Commonwealth Government circular updates

The following circulars have been released since the publication of HDSS Bulletin 201.

PHI circular	Subject
01/16	Revoke Public Hospital Declaration - Thursday Island Primary Health Care Clinic
02/16	Private Same Day Hospital Declaration - Hyperbaric Health Wound Centre
03/16	Private Same Day Hospital Declaration - Sydney Day Hospital
04/16	Private Hospital Declaration - Chatswood Private Hospital
05/16	Revoke Private Day Hospital Declaration - Canberra Eye Hospital
06/16	New Private Overnight Hospital Information
07/16	February 2016 Prostheses List critical dates
08/16	Private Day Hospital Information
09/16	Declaration of Neo-natal Facilities, St John of God Midland Public Hospital & St John of God Midland Private Hospital, WA
10/16	Private Day Hospital Information
11/16	Private Hospital Information: Name Change
12/16	Revoke Private Day Hospitals Information
13/16	New Public Hospital Information
14/16	Private Hospital Information: Clarification of PH 12/16
15/16	2016 Private Health Insurance Premium Round Announcement
16/16	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

202.2 Department of Health and Human Services circular updates

No circulars have been released since the publication of HDSS Bulletin 201.

<http://www.health.vic.gov.au/hospitalcirculars/circ15/index.htm>

202.3 Campus code table update

An updated version of the campus code table, including the following new site, will be available shortly on the HDSS website.

Campus code	Name
7340	Hyperbaric Health Bundoora

202.4 Postcode locality file update

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

Postcode	Locality
2715	KYALITE

Coding and Classification

202.5 Classification of Zika virus

The World Health Organisation (WHO) recently issued an instruction that U06.9 *Emergency use of U06.9* be implemented to facilitate global surveillance of the Zika virus.

WHO has declared that clusters of babies born in Brazil with microcephaly, linked but not proven to be caused by the Zika virus, constitute a public health emergency of international concern.

Accordingly the Australian Consortium for Classification Development (ACCD) published a Coding Rule on 3 February 2016 which provides advice for the assignment of U06.9 and the classification of Zika virus. The advice is back dated to be effective from 21 December 2015 on instruction from WHO and is reproduced below:

“Zika virus (synonymously known as Zika fever and Zika virus infection) is a mosquito-borne viral disease caused by Zika virus (ZIKV). Symptoms include mild fever, rash, headaches, arthralgia, myalgia, asthenia, and non-purulent conjunctivitis. Symptoms appear between three to twelve days after the mosquito vector bite. One in four people may not develop symptoms, but in those who are affected the disease is usually mild with symptoms that last between two and seven days and usually clears from the blood within a week.

A recent concern has arisen due to an increase in the incidence of Zika virus internationally, with possible links between the infection in pregnant women and subsequent birth defects (including microcephaly). As a result, the WHO has advised that effective from 21 December 2015 U06.9 *Emergency use of U06.9* is to be assigned to monitor Zika virus internationally.

Zika virus is currently classified to A92.8 *Other specified mosquito-borne viral fevers*. This is a residual code that classifies a number of disease concepts and so WHO have requested that U06.9 is assigned for all cases of Zika virus from 21 December 2015 to facilitate unique identification of Zika virus for global monitoring.

Therefore, in the event that cases of Zika virus are confirmed, assign both:

A92.8 *Other specified mosquito-borne viral fevers* and
U06.9 *Emergency use of U06.9*

For confirmed Zika virus in pregnant patients, assign:

O98.5 *Other viral diseases complicating pregnancy, childbirth and the puerperium* with A92.8 and U06.9 as additional diagnoses.

Assign P00.2 *Fetus and newborn affected by maternal infectious and parasitic diseases* if maternal infection with Zika virus is documented as affecting a fetus or newborn (meeting the criteria in ACS 0001 Principal diagnosis or ACS 0002 Additional diagnoses). However, do not assign A92.8 or U06.9 to the infant's episode of care unless the infant has documentation of confirmed (congenital) Zika virus.

Where patients are transferred to another facility for suspected Zika virus, follow the guidelines in ACS 0012 Suspected conditions and assign:

A92.8 *Other specified mosquito-borne viral fevers*
Z75.3 *Unavailability and inaccessibility of health-care facilities*

Do not assign U06.9 for patients transferred with unconfirmed cases of Zika virus.

A unique code for Zika virus in Chapter 1 Certain infectious and parasitic diseases will be considered for ICD 10 AM Tenth Edition.

References

Centers for Disease Control and Prevention 2016, 'Questions and answers for pediatric healthcare providers: infants and Zika virus infection, viewed 2 February 2016 <http://www.cdc.gov/zika/hc-providers/qa-pediatrician.html>

Medew, J, Miletic, D & Flitton, D 2016, 'Six cases of Zika virus in Australia last year as pregnant women warned not to travel', The Sydney Morning Herald, 26 January, viewed 1 February 2016, <http://www.smh.com.au/national/urgent-travel-warning-for-pregnant-australian-women-at-risk-of-zika-virus-20160125-gmdv5u.html>

Pan American Health Organisation n.d. 'Zika virus infection', viewed 17 December 2015 http://www.paho.org/hq/index.php?option=com_topics&view=article&id=427&Itemid=41484&lang=en

Victorian Admitted Episodes Dataset (VAED)

202.6 Correction to Admission Type and Age table in VAED manual

The following change has been made to correct a typographical error in the text below the Admission Type and Age table in Section 4 of the VAED manual. There is no change to the function of validation 057.

Admission Type and Age

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

If Age at admission is	then Admission Type must be
< 2 days	K, Y, C, O, P
< 10 days	K, C, O, P
≥ 10 days	K, S, C, O, P
10-60 yrs (inclusive)	K, S, M, C, O, P
If Admission Type is	then Age at admission must be
S Statistical Admission (change in Care Type within this hospital)	≥ 10 days
Y Birth Episode*	< 2 days
M Maternity	10 – 60 yrs (inclusive)

* Private hospitals may report Admission Type code Y for Age at admission ≥ 3 2 days

Validation 057 Incompat Adm Type/Age

202.7 Final consolidation date for 2015–16 VAED data – 24 August 2016

Public health services are reminded that VAED data submissions for 2015–16 must be completed by 10 August 2016.

Final corrections for both public and private services must be submitted before 5pm on 24 August 2016, as advised in the Department of Health & Human Services Policy and funding guidelines 2015, Volume 2, Chapter 3, page 281 available at: <https://www2.health.vic.gov.au/about/policy-and-funding-guidelines>

Victorian Emergency Minimum Dataset (VEMD)

202.8 Nature of Main Injury

Nature of Main Injury code 22 - Other specified nature of injury is a valid code, however has been omitted in the 2015–16 VEMD manual.

Code	Descriptor	Body Region
22	Other specified nature of injury	+
+	Non-foreign body injury requires 'Body Region – Non-foreign body' code, see Section 3 – Data Definitions (Body Region – Non-foreign body).	

This will be included in the next version of the VEMD manual.

202.9 Departure Status 12 - Correctional / Custodial Facility

Following queries to the HDSS help desk, the definition of a Correctional / Custodial Facility has been clarified:

Departure Status reporting guide

12 Correctional / Custodial Facility

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 do 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.

This definition will be published in the next version of the manual.

202.10 Change to Arrival Date/Time definition from 01 July 2016

Your attention is drawn to the new definition of Arrival Date/Time published in the Specifications for revisions to the VEMD for 1 July 2016. Health Service CEOs were informed of this change at the department's last CEO forum. This change will ensure Victoria aligns with national reporting requirements.

From 1 July, Arrival Date/Time must be reported as the time of first recorded contact with an emergency department staff member, rather than when triage or full registration occurs. Health services will need to review their current ED processes to determine if this will impact on reported performance including time to treatment and total ED length of stay <4 hours.

We anticipate that a number of health services may be impacted. Program contact will be made with those health services we have identified as being affected by this change to discuss and review processes.

In the meantime if you have any queries please contact:

Emergency and Trauma Program - Sue O'Sullivan at sue.osullivan@dhhs.vic.gov.au or 03 9096 8958

VEMD reporting - HDSS Helpdesk at HDSS.helpdesk@dhhs.vic.gov.au or 03 9096 8595

Elective Surgery Information System (ESIS)

202.11 Updated Principal Prescribed Procedure list from 1 July 2016

An updated Principal Prescribed Procedure (PPP) list from 1 July 2016 will be available shortly on the HDSS website. Some PPPs have been deleted and new codes added to align with the new national Intended Procedure list.

New PPP codes are valid for patients added to the waiting list from 1 July 2016.

Codes end dated on 30 June 2016 are not valid for patients added to the waiting list from 1 July 2016.

Victorian Integrated Non-Admitted Health Minimum Dataset (VINAH)

202.12 Addendum - Specifications for revisions to VINAH on 1 July 2016

The following changes were omitted from the Specifications for revisions to VINAH for 1 July 2016 published in December 2015.

Section 3 – Data elements

PROGRAMS REPORTING TO VINAH												
DATA ELEMENT	FCP	HARP	HBPCT	Medi-Hotel	Specialist Clinics	PAC	Palliative Care	RIR	SACS	TCP	VRSS	VHS
Contact Inpatient Flag	Y	Y			Y	Y	Y	Y	Y	Y	Y	Y

Contact Client Medicare Number

Supplementary values:

- ~~C-U: The patient's Medicare Card is unavailable~~
- ~~N-E: The patient is not eligible for Medicare~~
- ~~P-N: The patient is a prisoner~~

Section 8 - Editing

E368	Contact Account Class (AccountClass) is incompatible with Contact Client Medicare Number Suffix (<medicare_number suffix>)	If Contact Account Class is 'JP Prisoner' then Medicare Number Suffix –must be 'P-N', and vice versa. If Contact Account Class is 'XX-Other Non-Compensable' then Medicare Number Suffix must be 'N-E-Ineligible', and vice versa.	Check that the values of the corresponding data elements are correct and resubmit.
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BR-DAT-CNT-018 *Ineligible patients must be reported with Patient/Client Medicare Number Suffix = 'N-E' and Account Class = 'XX', Prisoners must be reported with Patient/Client Medicare Number Suffix = 'P-N' and Account Class = 'JP'.*

Validations no longer applicable to program Transition Care Program (TCP)

E361	Contact Date (<ccsdate>) is after Date of Death (<dod>), but Client Present Status (<val>) is not '20 - Carer(s)/Relative(s) of the patient/client only' or '31 - Patient/Client/Carer(s)/Relative(s) not present: Indirect Contact'
E369	Contact Delivery Mode is '9 - Not applicable' but Contact Client Present is not '32 - Patient/Client/Carer(s)Relative(s) not present: Scheduled appointment not attended'
E356	Contact is Compensable (<AccountClass>) but no client identifier relevant to the agency is provided
E017	Data Element '<FieldName>' is mandatory at this point in time (<TimingInfo>), but no value was supplied

Section 9 – Code List

Data Element Name	Code Set Identifier	Code Set Type	Code	Descriptor
VINAH Version	990037	Code Set	VINAH12	VINAH MDS v12(2016-17)

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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