

HDSS Bulletin

Issue 215: 8 February 2018

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Global update

215.1 Circulars

The following private hospital circulars have been released since the publication of HDSS Bulletin 214.

PHI circular	Subject
54/17	Prostheses List - Key Dates for August 2018
55/17	Recent Amendment to private health insurance legislation - Medicare Benefit Schedule (MBS) item changes
56/17	Hospital Declaration Information
57/17	Hospital Declaration Information
01/18	Recent Amendment to private health insurance legislation - Second Tier changes
02/18	Hospital Declaration Information
03/18	Hospital Declaration Information
04/18	Hospital Declaration
05/18	Hospital Declaration
06/18	Rules Application Processing System (RAPS)
07/18	2018 Private Health Insurance Premium Round Announcement
08/18	Private Health Insurance – Rebate Adjustment Factor Effective 1 April 2018
09/18	Hospital Declaration

Please use the following link to access 2018 circulars

<http://www.health.gov.au/internet/main/publishing.nsf/Content/health-phicirculars2018-index1>

The following hospital circulars have been released since the publication of HDSS Bulletin 214.

Hospital circular	Subject
08/17	Supplementary funding for the Victorian Public Mental Health Services Enterprise Agreement 2016-2020
09/17	Health services provided to eligible residents from other Australian states
10/17	Funding for the Proposed Public Health Sector (Medical Scientists, Pharmacists and Psychologists) Single Interest Enterprise Agreement 2017-2021

Hospital circulars are available at: <https://www2.health.vic.gov.au/about/news-and-events/hospitalcirculars>

215.2 Updated campus code table

The following new private hospitals have been added to the campus code table. The updated file is available on the HDSS website.

Campus code	Name	Effective date
6700	St Vincents Private Hospital Werribee	1/12/2017
6940	St John of God Hospital Berwick Kangan Drive	1/12/2017

Victorian Admitted Episodes Dataset (VAED)

215.3 Errata – Specifications for revisions to VAED for 1 July 2018

Please note the following corrections to page 5 and 6 of the Specifications for revisions to VAED for 1 July 2018

Section 3 Data definitions

Proceduralist ID (new)

Specification

Definition	The Australian Health Practitioner Regulation Agency (AHPRA) number of the health practitioner performing the procedure		
Field size	13	Layout	XXXXXXXXXXXXXX
Location	Diagnosis Record		
Reported by	All Victorian hospitals (public and private) Optional for 2018-19, Mandatory for 2019-20 42		

Admitting Unit/Specialty (a) (new)

Discharging Unit/Specialty (b) (new)

Specification

Definition	(a) Unit/Specialty patient is admitted under (b) Unit/Specialty at separation		
Field size	4	Layout	AAAA or AAAspace
Location	Diagnosis Episode Record		
Reported by	All Victorian hospitals (public and private)		
Reported for	All admitted episodes of care		
Reported when	(a) The Episode Record is reported (b) A Separation Date is reported in the Episode Record		

Note the following validation was omitted from page 26 of the Specifications for revisions to VAED for 1 July 2018. Validation 328 will no longer check Mental Health Legal Status.

Section 8 Validation

328 Early Parenting Centre – invalid comb (change to function only)

215.4 VAED report format change

VAED reports will soon be provided in Excel format to assist health services in navigating the reports and correcting errors. The full report will be on the first tab and additional tabs show errors, records submitted by record type and other reports.

Further information including release date of the new format will be provided by email from the help desk.

215.5 Suspension of monthly PICQ reports

The department is not running monthly PICQ reports while contract negotiations with Pavilion Health are underway.

215.6 Reporting Preferred Place of Death for palliative care patients

A reminder from the Palliative Care Unit that Preferred Death Place is to be recorded within four (4) days after every admission to a specialist palliative care inpatient unit (indicated by Care Type 8).

This approach emphasises a person-centred approach to care that aligns with patient' preferences and goals.

A preference has been captured for around 55 per cent of episodes with the remainder reporting "unknown, not stated or not asked". We are seeking to increase the capture rate for this data.

While discussion about place of death may not always be appropriate, most patients are open to it if the discussion is handled sensitively. With on-going discussion most people should be willing to express a preference for place of death.

Contact the Palliative Care Unit on pallcare@dhhs.vic.gov.au for the information sheet highlighting the importance of integrating patient preferences into admission practices.

Victorian Emergency Minimum Dataset (VEMD)

215.7 Reminder regarding VEMD data submission deadlines 2017–18

Health services are responsible for submitting VEMD data on time.

VEMD 2017–18	Timeline
All presentations for the first 14 days of the month	At least one submission must be received by 5.00 pm on the third working day after the 14th of the reporting month.
All presentations for the full month	Data for the remainder of the month must be supplied by 5.00 pm on the third working day of the following month.
All presentations for the full month without errors	Must be complete and correct – that is, zero rejections and notifiable edits by 5.00 pm on the 10th day of the following month, or the prior business day.

The VEMD data submission deadlines are available on the HDSS website.

<https://www2.health.vic.gov.au/about/publications/policiesandguidelines/vemd-data-submission-deadlines-2017-18>

Victorian Integrated Non-Admitted Health minimum dataset (VINAH)

215.8 Addendum - Specifications for revisions to VINAH for 1 July 2018

An addendum to the *Specifications for revisions to VINAH for 1 July 2018* was distributed to the Bulletin mailing list on 4 January 2018. The addendum is available on the HDSS website.

215.9 Errata – Specifications for revisions to VINAH for 1 July 2018

Episode Advance Care Plan **Directive** Alert (amend)

The above change to the name of the data element Episode Advance Care Plan Alert was omitted from page 15 of the *Specifications for revisions to VINAH for 1 July 2018* published December 2017.

Data Elements to be reported by Program (amend)

Contact data elements for Home Enteral Nutrition (HEN) and Total Parental Nutrition (TPN) were omitted from the Data Elements to be reported by Program table on page 9 of the *Specifications for revisions to VINAH for 1 July 2018*.

Reporting contacts for HEN and TPN programs is optional. However, if a contact is reported, the contact must contain the data elements highlighted in green in the summary table below.

DATA ELEMENT	FCP	HARP	HBPCCT	HEN	Medi-Hotel	OP	PAC	Palliative Care	RIR	SACS	TCP	TPN	VHS	VRSS
Contact Account Class	Y	Y		Y		Y	Y	Y	Y	Y		Y	Y	Y
Contact Client Present Status	Y	Y	Y	Y		Y	Y	Y	Y	Y		Y	Y	Y
Contact Date/Time	Y	Y	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y	Y
Contact Delivery Mode	Y	Y	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y	Y
Contact Delivery Setting	Y	Y	Y	Y		Y	Y	Y	Y	Y		Y	Y	Y
Contact Family Name	Y	Y		Y		Y	Y	Y	Y	Y		Y	Y	Y
Contact Given Name(s)	Y	Y		Y		Y	Y	Y	Y	Y		Y	Y	Y
Contact Indigenous Status	Y	Y	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y	Y
Contact Inpatient Flag	Y	Y		Y		Y	Y	Y	Y	Y		Y	Y	Y
Contact Interpreter Required	Y	Y	Y	Y		Y	Y		Y	Y		Y	Y	Y
Contact Medicare Number	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y

Home Enteral Nutrition (HEN)

The following changes have been made to provide further clarification to the Guide for use on page 7 of the *Specifications for revisions to VINAH for 1 July 2018*.

Guide for use ~~Health services should count and report consultations with healthcare providers separately to the HEN episode to the appropriate program/stream.~~

HEN funded contacts should be reported under the HEN episode. Non HEN funded contacts should be reported separately to the HEN episode to the appropriate program/stream.

Total Parenteral Nutrition (TPN)

The following changes have been made to provide further clarification to the Guide for use on page 8 of the *Specifications for revisions to VINAH for 1 July 2018*.

Guide for use ~~Health services should count and report consultations with healthcare providers separately to the TPN episode to the appropriate program/stream.~~

TPN funded contacts should be reported under the TPN episode. Non TPN funded contacts should be reported separately to the TPN episode to the appropriate program/stream.

Episode Campus Code (amend)

The following changes to the Episode Campus Code was omitted from section 3 of the *Specifications for revisions to VINAH for 1 July 2018*.

Reported when **All Programs, not elsewhere specified**

The current reporting period for this item is the calendar month in which the following events or data elements fall:

Episode Start Date (Mandatory for FCP, HEN, TPN)

First Contact Date/Time (Mandatory for HARP, HBPCCT, Medi-Hotel, OP, PAC, PC, RIR, SACS, VHS AND VRSS)

Referral in Program Stream

These changes have been made to page 22 and 26 of the *Specifications for revisions to VINAH for 1 July 2018*.

Family Choice Program (FCP)

52 FCP: ~~Home ventilation:~~ On ventilation, dependent

53 FCP: ~~Home ventilation:~~ On ventilation, not dependent

54 FCP: ~~Home ventilation: Non-ventilation~~ **Not on ventilation**

Episode Program Stream

Family Choice Program (FCP)

52 FCP: ~~Home ventilation:~~ On ventilation, dependent

53 FCP: ~~Home ventilation:~~ On ventilation, not dependent

54 FCP: ~~Home ventilation: Non-ventilation~~ **Not on ventilation**

Clinical Indicators for Pain (CLiP)

215.10 CLiP update

Thank you to the vast majority of admitted and non-admitted (community) palliative care services that have registered to HealthCollect and contributed CLiP data.

- This data is one element to understand if people and people's pain and symptoms are managed using quality interventions in line with Victoria's end of life and palliative care framework 2016.
- A reminder that data for Quarter 2, 2017–18 (1 September to 31 December 2017) was due on 21 January 2018.
- Draft reports for quarter 1 were distributed to services for comment. The statewide report will be distributed soon.
- **NEW:** A suite of compliance reports is now available to enable services to view their own audit data submitted. A user guide for the new online reports is loaded onto the CLiP home page. In time, service-level reports for indicator results will also be made available.

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 (including standard reconciliation report requests)	
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
Other data requests	
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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Available at [HDSS Bulletins](#)