

# Section 10 - Testing

Victorian Admitted Episodes Dataset (VAED) manual

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# Contents

- Introduction.....1**
- Objectives of the testing process.....1
- When is testing necessary?.....1
- When is testing recommended? .....1
- What data should be submitted? .....1
- Testing process .....2**
- Changing software: important points to consider .....3
- Mapping VAED code sets and derived data items .....3
- Evaluation of test submissions .....4
- Submission of aggregate data during testing .....4
- Exemptions from submission deadlines following testing .....4



# Introduction

This section provides information on the submission of test data.

## Objectives of the testing process

- To confirm health service software can create a submission file in the correct format for reporting data to the VAED
- To confirm mappings of local value domains are correct
- To ensure that values of data elements are not defaulted by the software or data entry staff
- To demonstrate capability of error correction and re-submission (including corrected errors from a prior month)
- To provide training and advice about the submission of data, correction of errors and data quality

## When is testing necessary?

- A hospital or day procedure centre:
  - is a newly registered site
  - failed to complete submissions for the previous financial year

## When is testing recommended?

- A hospital or day procedure centre:
  - changes patient management system software
  - proposes a major upgrade of their current software used to create submission files
- A health service or vendor wishes to test software changes made for a new financial year

## What data should be submitted?

When testing is necessary:

- Two consecutive periods of data extracts in the same financial year, to be approved by Data Collections Unit
- Each period of test data must include all admission and separation details, including E5 episode records and V5 DVA/TAC records (where applicable), and
- Minimum 85% of X5 Diagnosis records for separations in the test period, and S5 Sub-Acute and P5 Palliative Records (if applicable).

**Aggregate data** Public hospitals unable to submit patient level data to the VAED are required to submit selected aggregate data (total separations by Care Type) to the department until the submission of patient level data commences/resumes. The interim aggregate return (form S1A Admitted patient) is submitted via the AIMS Online Entry System. Information available at: [AIMS](#)

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**Timelines for submission of the AIMS returns are the same as VAED timelines. Penalties as per the *Department of Health & Human Services Policy and funding guidelines* will apply where public health services are noncompliant.**

# Testing process

**Select a software supplier** to meet the specifications outlined in the VAED manual.

- It is recommended that VAED validations applicable to the site are incorporated into the in-house system to facilitate data entry and reduce errors generated during validation process.
- Check system mapping and derivation to ensure all code sets are the same as, or can be mapped to, the VAED specifications.

**Notify the department** of the site's intention to test using the VAED testing notification form available at: [HDSS VAED](#)

- A department liaison will be appointed to support the site through the testing process
- It is recommended that sites plan a timetable that will enable them to meet reporting timeframes, as detailed in *Department of Health & Human Services Policy and funding guidelines* for public hospitals, or the *Health Services (Private Hospitals and Day Procedure Centres) Regulations 2013* for private hospitals.

**Factors that may impact on testing:**

- Delays in test run processing can be expected in the week before the monthly consolidation of data on the 10th of each month when many sites are aiming to meet these deadlines.

**Submission of test data**

- Compile and submit test file for first month/test period (file must be named PRS2TEST)
  - Further information in Section 5: Compilation and submission.
- The data is processed on the test environment and after processing control reports are available in the hospital's MFT \pickup folder.
- The department and the site review the Control Reports. The department liaison will advise the site whether or not the test file is approved and when to send a further test submission.
- If the first period of data is not approved, the data must be corrected, re-compiled and re-submitted for testing again. This process is repeated until that period of data is approved by the department.
- Repeat this process for the second period of data. When the second period of data is of an acceptable standard, the department liaison advises the site testing is completed.

**Start/resume submission of data to the VAED**

- The department runs the two approved test files on the production system.
- Then the site starts/resumes submission of data to the production system (file named PRS2)

**Test submissions for 1 July changes**

The department encourages hospitals to test their 1 July system changes before sending live data to the VAED. Details of arrangements are notified in the HDSS Bulletin.

## Changing software: important points to consider

### Unique keys

Hospitals changing software must ensure that the Unique Keys used by the new software do not duplicate Unique Keys used by your existing software. For example, if the last Unique Key allocated on your existing software is 000231144, your new software must allocate a Unique Key of 000231145 or higher. If Unique Keys are re-used they may overwrite existing data on the VAED database, effectively deleting the data originally sent.

### Patients remaining in

- Send deletions for all episodes for patients remaining-in on the date the new software comes into effect, using the existing Unique Key and Patient Identifier (UR Number).
  - In most cases, deletions will need to be sent from the existing software before this is decommissioned, as new software may be unable to generate Unique Keys in the same format as the existing system.
  - If this is not done, episodes will remain unseparated on the VAED database.
- Re-submit records for the patients remaining-in using your new software with the original Admission Dates and details and Unique Keys allocated by the new system.

### Duplicate records

If records submitted on the previous software or software version have now been allocated new Unique Keys and/or UR Numbers and are submitted again, the records will appear 'NEW', i.e. the VAED processor will not recognise them as the same records and will treat them as entirely new records, effectively duplicating all records re-submitted with new numbers. The hospital and/or software vendor must determine an effective method of handling these records to ensure they are not duplicated in the VAED.

### Merging campuses

For services merging campuses and PMIs, potential issues that may arise will depend on the existing and proposed environments:

- If both campuses already have a common PMI, then reporting via one VAED submission file should not present any problems as there is no possibility of overlapping Patient Identifiers or Unique Keys.
- If campuses with separate PMIs plan to merge Campus B into Campus A and report via one VAED submission file under Campus A's hospital code, the Patient Identifiers and Unique Keys reported by Campus B must not have already been reported by Campus A. If Campus B reports an episode for a readmitted Campus B patient, the Patient Identifier may have already been used by Campus A for a different patient. Therefore the patient should be allocated a new Patient Identifier that is either higher than the last number allocated by Campus A (and the old Patient Identifier merged to the new one) or in a format unique to Campus B, for example, the addition of an alpha character.

## Mapping VAED code sets and derived data items

Some patient management systems do not implement the VAED code sets. Codes in the in-house system must be mapped to the appropriate VAED codes.

### Example: Sex (one to one mapping)

	In-house system code	VAED code
Female	F	2
Male	M	1

## Evaluation of test submissions

A Transmission Control Report is generated when a VAED submission is processed.

The site should examine the report to ensure the data accurately reflects actual activity, including reconciling admissions, separations and bed days against in-house reports, confirming that code values and diagnosis and procedure codes are complete and accurate. The report displays all records submitted, together with any validation messages that have been triggered. Errors are displayed on the Errors tab. The VAED manual, Section 8: Validation provides full details of validations, problems, and remedies.

Note: the test environment has no historical data for your site, so some records may be rejected for reasons that may not prevent them from being accepted on the production system. For example:

499 *Stat Admission: No Prev Episode* may be generated if the previous episode was separated in a period prior to the testing period.

For mandated testing, the department also examines the test report and provides feedback.

## Submission of aggregate data during testing

Public hospitals must submit aggregate data via the AIMS S1A form during the testing period. Timelines for submission of the AIMS returns are the same as VAED timelines. Penalties as per the *Department of Health & Human Services Policy and funding guidelines* will apply where public health services are noncompliant.

## Exemptions from submission deadlines following testing

When a hospital is required to complete the VAED testing process, the time involved may exceed the submission deadlines. In these circumstances a period of exemption may be negotiated with the Data Collection Unit. Public hospitals are subject to normal penalties if deadlines are not met for months outside of those exempted by the department.