Proposals for revisions to the Victorian Emergency Minimum Dataset (VEMD) for 1 July 2014

October 2013
Proposal for revisions to the Victorian Emergency Minimum Dataset (VEMD) for 1 July 2014

October 2013
## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Summary</td>
<td>1</td>
</tr>
<tr>
<td>Introduction</td>
<td>2</td>
</tr>
<tr>
<td>The VEMD proposals process</td>
<td>2</td>
</tr>
<tr>
<td>Draft status of document</td>
<td>2</td>
</tr>
<tr>
<td>Assessment of the impact of Proposals</td>
<td>3</td>
</tr>
<tr>
<td>Orientation to this document</td>
<td>4</td>
</tr>
<tr>
<td>Abbreviations</td>
<td>5</td>
</tr>
<tr>
<td><strong>Proposal 1 – Addition of Given name and Surname of DVA patients</strong></td>
<td>6</td>
</tr>
<tr>
<td>Section 3 Data Definitions</td>
<td>6</td>
</tr>
<tr>
<td>Given Name (s)</td>
<td>6</td>
</tr>
<tr>
<td>Surname</td>
<td>7</td>
</tr>
<tr>
<td>Section 6 Edit Reports and Editing</td>
<td>7</td>
</tr>
<tr>
<td>### Compensable Status and DVA Given name Combination Invalid</td>
<td>7</td>
</tr>
<tr>
<td>### Invalid Given Name</td>
<td>8</td>
</tr>
<tr>
<td>### Invalid Surname</td>
<td>8</td>
</tr>
<tr>
<td>### Given Name unusual length</td>
<td>8</td>
</tr>
<tr>
<td>### Surname unusual length</td>
<td>8</td>
</tr>
<tr>
<td><strong>Proposal 2</strong></td>
<td>9</td>
</tr>
<tr>
<td>Not proceeding to consultation</td>
<td>9</td>
</tr>
<tr>
<td><strong>Proposal 3</strong></td>
<td>9</td>
</tr>
<tr>
<td>Not proceeding to consultation</td>
<td>9</td>
</tr>
<tr>
<td><strong>Proposal 4</strong></td>
<td>9</td>
</tr>
<tr>
<td>Not proceeding to consultation</td>
<td>9</td>
</tr>
<tr>
<td>**Proposal 5 – Change VEMD Library file to 8th Edition ICD-10-AM codes</td>
<td>9</td>
</tr>
<tr>
<td><strong>Proposal 6 – Addition of Ambulance at Destination (date and time) and Ambulance Handover Complete (date and time)</strong></td>
<td>10</td>
</tr>
<tr>
<td>Section 3 Data Definitions</td>
<td>11</td>
</tr>
<tr>
<td>Ambulance at Destination Date</td>
<td>11</td>
</tr>
<tr>
<td>Ambulance at Destination Time</td>
<td>12</td>
</tr>
<tr>
<td>Ambulance Handover Complete Date</td>
<td>12</td>
</tr>
<tr>
<td>Ambulance Handover Complete Time</td>
<td>13</td>
</tr>
<tr>
<td>Section 6 Edit Reports and Editing</td>
<td>13</td>
</tr>
<tr>
<td>### Ambulance at Destination Date/Time and Arrival Transport Mode invalid (New)</td>
<td>13</td>
</tr>
<tr>
<td><strong>Proposal 7</strong></td>
<td>15</td>
</tr>
<tr>
<td>Not proceeding to consultation</td>
<td>15</td>
</tr>
<tr>
<td><strong>Proposal 8 – Addition of Child residing in out of home care</strong></td>
<td>15</td>
</tr>
<tr>
<td>Section 3 Data Definitions</td>
<td>15</td>
</tr>
<tr>
<td>Type of Usual Accommodation</td>
<td>15</td>
</tr>
</tbody>
</table>
Proposal 9 – Removal of Inpatient Bed Request Date/Time and Addition of Clinical Decision to Admit Date/Time

Section 3 Data definitions

Inpatient Bed Request Date

Inpatient Bed Request Time

Clinical Decision to Admit Date

Clinical Decision to Admit Time

Section 6 Edit Reports and Editing

E331 Inpatient Bed Request Date/Time Invalid (removed)

E335 Departure Date/Time before Inpatient Bed Request Date/Time (removed)

E336 Inpatient Bed Request Date/Time before Arrival Date/Time (removed)

E339 Inpatient Bed Request Date/Time and Departure Status Combination Invalid (removed)

### Clinical Decision to Admit Date /Time Invalid (new)

### Departure Date/Time before Clinical Decision to Admit Date/Time (new)

### Clinical Decision to Admit Date/Time before Arrival Date/Time (new)

### Clinical Decision to Admit Date/Time and Departure Status Combination Invalid (new)
Executive Summary

Each year the Department of Health (DH) reviews the data elements and format of the Victorian Emergency Minimum Dataset (VEMD). This review seeks to ensure that the emergency department data collection supports the department’s state and national reporting obligations, assists DH planning and policy development, and incorporates appropriate feedback from data providers on improvements.

This document has been produced to invite comment and stimulate discussion on the proposals outlined below. If you would like to comment on any of the proposals, please see the introduction section on how to do so.

In order to be accepted into the VEMD proposals need to demonstrate clear business justification and be fully costed, meaning funding streams will need to be identified and confirmed. Final acceptance of all proposals is dependent on the Executive Director, Hospital and Health Service Performance (based upon recommendations by the Annual Changes Governance Committee).

For further information on the revisions process and timetable contact the HDSS Help Desk on 9096 8141.

The proposed revisions for the Victorian Emergency Minimum Dataset (VEMD) for 1 July 2014 are summarised below. They include (but are not limited to):

- Addition of six new data items and associated edits
- Addition of one new code to a data set
- Removal of two existing data items and associated edits
- Update the VEMD Library File to a subset of ICD-10-AM 8th Edition and amend the available code list
Introduction

The VEMD proposals process

The Proposal document is being distributed to all Victorian hospitals, to patient management system suppliers known to have Victorian clients, and to a range of industry bodies. It outlines proposals for changes to the VEMD as at the time of its release in October 2013. This should not be regarded as a complete list of changes to be made for 2014–15. Items in this publication are not guaranteed to change or to change in the form suggested here; nor does the absence of an item from this publication indicate it will not change from 1 July 2014. Confirmed changes will be published in the document Specifications for Revisions to the VEMD for 1 July 2014, expected to be published in December 2013.

It is expected that release of these proposals will stimulate discussion within the health industry. Prompt feedback is sought on these proposals. Hospitals and software suppliers should review this document and assess the feasibility of the proposals. All are invited to provide written feedback to DH by completing the Proforma provided with this document, and forwarding it to HDSS as indicated by 5.00pm Friday 1st November. Copies of the Proforma may also be obtained from the HDSS web site located at http://www.health.vic.gov.au/hdss

Draft status of document

This document is not a complete specification of proposed changes to the VEMD. Final Specifications will be published at a later date and may contain additions, amendments, and/or removal of information in this document. Although changes to edits, business rules and file structures have been included here, they cannot be considered complete or final.
Assessment of the impact of Proposals

Each proposal is assessed against a set of principles designed to assess the impact that implementation of the proposal is likely to have on services, the Department, software vendors and data users. The principles reflect best practice and standard information management principles.

Each proposal will be assessed using the Measures listed in the table below. The assessment and the feedback from stakeholders will be used to determine whether the proposal is accepted for inclusion in the final specifications for changes for 2014–15.

<table>
<thead>
<tr>
<th>Category</th>
<th>Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scope</td>
<td>• The change should be within the scope of the collection.</td>
</tr>
<tr>
<td>Collectability</td>
<td>• The data should already be collected by the service.</td>
</tr>
<tr>
<td></td>
<td>• There should be value for the service in collecting the data.</td>
</tr>
<tr>
<td></td>
<td>• Collection of the data should be aligned with normal business processes in the service.</td>
</tr>
<tr>
<td></td>
<td>• It should be legal for the service to collect the data.</td>
</tr>
<tr>
<td>Intended Use</td>
<td>• Sufficient business justification must be submitted in the proposal.</td>
</tr>
<tr>
<td></td>
<td>• The change must be consistent with Departmental policy.</td>
</tr>
<tr>
<td></td>
<td>• There should not be a limited time-period for the use of the data. If there is, other avenues of collection should be investigated to ensure this is the most appropriate.</td>
</tr>
<tr>
<td>Best Practice</td>
<td>• The collection of the data should be compliant with relevant standards and policies. If not, specify where non-compliant.</td>
</tr>
<tr>
<td>Implementation</td>
<td>• The proposal must be clearly specified to enable implementation.</td>
</tr>
<tr>
<td></td>
<td>• It should be technically possible for services and DH to implement without significant issues.</td>
</tr>
<tr>
<td>Data Quality</td>
<td>• There should be a person, unit or organisation identified to monitor quality.</td>
</tr>
<tr>
<td></td>
<td>• There should be minimal transformation of data required by services to meet reporting requirements.</td>
</tr>
<tr>
<td></td>
<td>• Reporting of the data should be mandatory for a specified cohort.</td>
</tr>
<tr>
<td>Consequential impact</td>
<td>• The impact on other data already collected, or proposed to collect must be articulated.</td>
</tr>
<tr>
<td></td>
<td>• There should not be a negative effect on the reputation or integrity of the collection.</td>
</tr>
<tr>
<td></td>
<td>• Identify any dependencies with other projects or plans.</td>
</tr>
<tr>
<td></td>
<td>• The impact on time-series data must be quantified.</td>
</tr>
<tr>
<td></td>
<td>• The impact on reports, extracts or automated processes must be quantified.</td>
</tr>
<tr>
<td>Cost and collection burden</td>
<td>• The effort required to implement and collect should be commensurate with the frequency of the event triggering collection of reportable data.</td>
</tr>
<tr>
<td></td>
<td>• All options for the collection of this data should be assessed and the most appropriate method and collection selected.</td>
</tr>
</tbody>
</table>
Orientation to this document

- As this document provides ‘proposals’ for revisions, there are a few features that require explanation:
  - New data items are marked as (New)
  - Changes to existing items are highlighted in green.
  - Redundant values and definitions relating to existing items are struck through.
  - Comments relating only to the proposal document [appear in square brackets and italics.]
  - Page numbers representing cross referencing to another section of the VEMD Manual are represented by hash #.
  - Edits that are proposed to change are marked when listed as part of a Data Item or after an Edit Table with a * after the edit number. New proposed edits will be shown with an edit number of ###.
  - The text is divided into the categories of ‘Specification’ and ‘Administration’ as presented in the Victorian Emergency Minimum Dataset (VEMD 18th edition, 1 July 2013).
    - Specification: details the reporting requirements for the item.
    - Administration: provides additional information including the purpose of the collection of the data item and the source of the code set and definitions.
  - Further information such as the background to each proposal is provided.
Abbreviations

ABS Australian Bureau of Statistics
AEED Admitted, Emergency and Elective Data
AHCA Australian Health Care Agreement
AIHW Australian Institute of Health and Welfare
DH Department of Health
ED Emergency Department
ERC Expenditure Review Committee
HDSS Health Data Standards and Systems
HITH Hospital In The Home
ICD-10-AM International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification
MIRI Monash Injury Research Institute, Monash University
NHDD National Health Data Dictionary
NIPM Nurse Initiation of Patient Management
NMDS National Minimum Data Set
VAED Victorian Admitted Episodes Dataset
VISU Victorian Injury Surveillance Unit, Monash University

Symbols

< Less than
> Greater than
= Equal to
≠ Not equal to
& And
Proposal 1 – Addition of *Given name and Surname of DVA patients*

**It is proposed to**
Collect two new data elements to capture the Given Name and Surname of the patient

**Proposed by**
Mignonne de Witt  
Accounting and Financial Policy Unit  
Department of Health

**Implementation date**
1 July 2014

**Reason for proposal**
To allow an exact match of veteran information for funding purposes

**Details of change**
Two new data fields ‘Given Name’ and ‘Surname’

**Section 3 Data Definitions**

**Given Name (s)**

**Specification**

**Definition**
The given name/s of the DVA patient.

**Reported for**
Presentations with Compensable Status of ‘2 - Department of Veterans’ Affairs’ (Conditional mandatory).

**Reporting guide**
The given name(s) of the patient.
Permitted characters: A to Z (uppercase), space, apostrophe, and hyphen.
The first character must be an alpha character.

**Edits**

### Compensable Status and DVA Given name combination invalid

### Given Name unusual length

**Related items**
This section Compensable Status.

**Administration**

**Purpose**
Required for analysis of service utilisation by eligible veterans and war widow(er)s.

**Principal data users**
Department of Veterans’ Affairs; Department of Health; Monash Injury Research Institute.

**Collection start**
1 July 2014  
**Version** 1  
(Effective 01.07.14)
Surname

Definition: The surname/s of the DVA patient.

Reported for: Presentations with Compensable Status of ‘2 - Department of Veterans' Affairs’ (Conditional mandatory).

Reporting guide: The surname(s) of the patient.
Permitted characters: A to Z (uppercase), space, apostrophe, and hyphen.
The first character must be an alpha character.

### Compensable Status and DVA Surname Combination Invalid

### Surname unusual length

Related items: This section Compensable Status.

Administration

Purpose: Required for analysis of service utilisation by eligible veterans and war widow(er)s.

Principal data users: Department of Veterans’ Affairs; Department of Health; Monash Injury Research Institute.

Collection start: 1 July 2014

Version: 1 (Effective 01.07.14)

Section 6 Edit Reports and Editing

### Compensable Status and DVA Given name Combination Invalid

**Effect**: REJECTION

**Problem**: Compensable Status is ‘2 - Department of Veterans’ Affairs’, but no Given Name or Surname is reported; OR

The Compensable Status code is not ‘2 - Department of Veterans' Affairs’, but a Given Name and/or Surname is reported.

A Given Name and Surname must only be reported for each DVA compensable patient.

**Remedy**: Check whether patient is DVA compensable.

If the patient is DVA, the Compensable Status must be ‘2’ and a valid Surname and Given Name must be submitted.

If the patient is not a DVA patient, correct the Compensable Status to 1, 3, 4, 5, 6, or 7 and ensure the DVA patient name fields are blank.

See Section 3: Compensable Status

DVA Number
### Invalid Given Name

**Effect** REJECTION

**Problem** This DVA patient’s Given Name is blank or in an incorrect format

**Remedy** Add or amend the Given Name as appropriate and re-send the record.

See Section 3: Given Name

### Invalid Surname

**Effect** REJECTION

**Problem** This DVA patient’s Surname is blank or in an incorrect format

**Remedy** Add or amend the Surname as appropriate and re-send the record.

See Section 3: Surname

### Given Name unusual length

**Effect** WARNING

**Problem** This DVA patient’s Given Name is only one character in length

**Remedy** Check whether the Given Name is correct. If it is incorrect, amend as appropriate and resend the record

See Section 3: Given Name

### Surname unusual length

**Effect** WARNING

**Problem** This DVA patient’s Surname is only one character in length

**Remedy** Check whether the Surname is correct. If it is incorrect, amend as appropriate and resend the record

See Section 3: Surname
Proposal 2

Not proceeding to consultation

Proposal 3

Not proceeding to consultation

Proposal 4

Not proceeding to consultation

Proposal 5 – Change VEMD Library file to 8th Edition ICD-10-AM codes

It is proposed to

1. Update the VEMD Library file to ICD-10-AM 8th edition
2. Remove the following codes from the library file:
   - U900 Healthcare Staph aureus bacteraemia
3. Add the following codes to the library file:
   - R296 Tendency to fall, not elsewhere classified
   - A4901 Staphylococcus aureus infection unsp
   - A410 Sepsis due to Staphylococcus aureus

Proposed by Chrissy Nicolaidis
Data Collections Unit
Hospital and Health Service Performance

Implementation date 1 July 2014

Reason for proposal To reflect current practice used in other data collections
Proposal 6 – Addition of Ambulance at Destination (date and time) and Ambulance Handover Complete (date and time)

It is proposed to Collect four new data elements: Ambulance at Destination Date, Ambulance at Destination Time, Ambulance Handover Complete Date, Ambulance Handover Complete Time

Proposed by Katy Fielding
Acute Health Programs
Department of Health

Implementation date 1 July 2014

Reason for proposal To calculate ambulance patient transfer times KPI in the SoP

Details of change Four new data elements
Section 3 Data Definitions

Ambulance at Destination Date

Specification

Definition
The date the ambulance arrived at the hospital, as reported by AV.

Reported for
All ED presentations arriving by ambulance, other than hospital contracted private ambulance car.

Reporting Guide
Provided by Ambulance Victoria staff (timestamp from VACIS) and entered into PAS by hospital staff.

Valid Format:
DDMMYYYY or blank

Administration

Purpose
Analysis of reception of patients via ambulance into the ED:

Principal data users
Ambulance Victoria; Department of Health.

Collection start
1 July 2014

Version
1 (Effective 01.07.14)

Definition source
Department of Health

Code set source
Department of Health
Ambulance at Destination Time

**Specification**

**Definition**
The time the ambulance arrived at the hospital, as reported by AV.

**Reported for**
All ED presentations arriving by ambulance, other than hospital contracted private ambulance car.

**Reporting Guide**
Provided by Ambulance Victoria staff (timestamp from VACIS) and entered into PAS by hospital staff.

**Valid Format**
HHMM (Must be in 24-hour format) between 0001 and 2359 or blank.
Following international convention midnight is reported as either 2359 of preceding date or 0001 of the following date.

---

Ambulance Handover Complete Date

**Specification**

**Definition**
The date when clinical handover has been completed and the patient has been physically transferred onto a hospital trolley, bed, chair or waiting area.

**Reported for**
All ED presentations arriving by ambulance, other than hospital contracted private ambulance car.

**Reporting Guide**
Date/time to be agreed by both ED and Ambulance Victoria staff.

**Valid Format:**
DDMMYYYY or blank

---

**Administration**

**Purpose**
Analysis of reception of patients via ambulance into the ED:

**Principal data users**
Ambulance Victoria; Department of Health.

**Collection start**
1 July 2014

**Version**
1 (Effective 01.07.14)

**Definition source**
Department of Health.

**Code set source**
Department of Health.
**Ambulance Handover Complete Time**

**Specification**

**Definition**
The time when clinical handover has been completed and the patient has been physically transferred onto a hospital trolley, bed, chair or waiting area.

**Reported for**
All ED presentations arriving by ambulance, other than hospital contracted private ambulance car.

**Reporting Guide**
Date/time agreed by both ED and Ambulance Victoria staff.

**Valid Format**
HHMM (Must be in 24-hour format) between 0001 and 2359 or blank.
Following international convention midnight is reported as either 2359 of preceding date or 0001 of the following date.

**Administration**

**Purpose**
Analysis of handover of patients via ambulance into the ED:

**Principal data users**
Ambulance Victoria; Department of Health.

**Collection start**
1 July 2014

**Version**
1 (Effective 01.07.14)

**Definition source**
Department of Health.

**Code set source**
Department of Health.

### Section 6 Edit Reports and Editing

#### ### Ambulance at Destination Date/Time and Arrival Transport Mode invalid (New)

**Effect**
REJECTION

**Problem**
Ambulance at Destination Date is blank AND the Arrival Transport Mode is 1 or 3; OR

Ambulance at Destination Time is blank AND the Arrival Transport Mode is 1 or 3; OR

Ambulance at Destination Date is NOT blank AND the Arrival Transport Mode is NOT 1 or 3; OR

Ambulance at Destination Time is NOT blank AND the Arrival Transport Mode is NOT ‘1’ or ‘3’

**Remedy**
Correct First Ambulance at Destination Date/Time and re-submit the record.

Check whether patient arrived by Ambulance.

If the patient did arrive by Ambulance, the Arrival Transport Mode must be ‘3’ and valid Ambulance at Destination Date and Ambulance at Destination Time must be submitted.

If the patient did not arrive by Ambulance, correct the Arrival Transport Mode to 2, 6, 8, 9, 10, 11 or 99, and ensure the Ambulance at Destination Date and Ambulance at Destination Time are blank.
See Section 3: Ambulance at Destination Date
Ambulance at Destination Time
Arrival Transport Mode

### Ambulance at Destination Date/Time Invalid

**Effect**: REJECTION

**Problem**: The Ambulance at Destination Date/Time specified is in an invalid format.

**Remedy**: Allocate an appropriate Arrival Date and re-submit the record.

See Section 2: Date/Time Fields

Section 3: Ambulance at Destination Date
Ambulance at Destination Time

### Ambulance Handover Complete Date/Time Invalid

**Effect**: REJECTION

**Problem**: The Ambulance Handover Complete Date/Time specified is in an invalid format.

**Remedy**: Allocate an appropriate Arrival Date and re-submit the record.

See Section 2: Date/Time Fields

Section 3: Ambulance Handover Complete Date
Ambulance Handover Complete Time

### Triage Date/Time before Ambulance at Destination Date/Time (New)

**Effect**: REJECTION

**Problem**: The Ambulance at Destination Date/Time specified in this record is later than the Triage Date/Time.
The Ambulance at Destination Date/Time cannot be greater than the Triage Date/Time.

**Remedy**: Check Triage and Departure Date/Time, correct as appropriate and re-submit the record.

See Section 3: Ambulance at Destination Date
Ambulance at Destination Time
Triage Date
Triage Time
Proposal 7

Not proceeding to consultation

Proposal 8 – Addition of *Child residing in out of home care*

**It is proposed to** Additional option for Usual Accommodation Type field: Child residing in out of home care

**Proposed by** Nicola Reinders
Integrated Care
Department of Health

**Implementation date** 1 July 2014

**Reason for proposal** As part of the whole of government approach in the Vulnerable Children Strategy 2013, a commitment has been made to collect data to precisely define access to health services by children in out of home care as they are a highly vulnerable group

**Details of change** Additional Type of Usual Accommodation Code

**Section 3 Data Definitions**

**Type of Usual Accommodation**

**Specification**

**Definition** Type of accommodation in which the patient usually lives.

**Reported for** Every Emergency Department presentation.

<table>
<thead>
<tr>
<th>Code</th>
<th>Descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Private Residence, living alone.</td>
</tr>
<tr>
<td>2</td>
<td>Private Residence, living with other(s).</td>
</tr>
<tr>
<td>3</td>
<td>Residential aged care facility - includes both high care (nursing home) and low care (hostel).</td>
</tr>
<tr>
<td>4</td>
<td>Boarding/rooming house/hostel or hostel type accommodation (not including aged care hostel).</td>
</tr>
<tr>
<td>5</td>
<td>Community-based residential supported living facility or other supported accommodation (includes group home for people with disabilities, supported residential services, specialised alcohol/other drug treatment residence).</td>
</tr>
<tr>
<td>6</td>
<td>Psychiatric Hospital.</td>
</tr>
<tr>
<td>7</td>
<td>Other Hospital Setting.</td>
</tr>
<tr>
<td>8</td>
<td>Homeless Person’s Shelter.</td>
</tr>
<tr>
<td></td>
<td>Description</td>
</tr>
<tr>
<td>---</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>9</td>
<td>Shelter/refuge (not including homeless person’s shelter).</td>
</tr>
<tr>
<td>10</td>
<td>Public place (homeless).</td>
</tr>
<tr>
<td>11</td>
<td>Prison/Remand Centre/ Youth Training centre.</td>
</tr>
<tr>
<td>12</td>
<td>Child residing in out of home care</td>
</tr>
<tr>
<td>18</td>
<td>Unknown/unable to determine.</td>
</tr>
<tr>
<td>19</td>
<td>Other accommodation, not elsewhere classified.</td>
</tr>
</tbody>
</table>

**Reporting guide**

'Usual' is defined as the type of accommodation the person has lived in for the most amount of time over the past three months prior to presentation.

If a person stays in a particular place of accommodation for four or more days a week over the period, that place of accommodation would be the person's type of usual accommodation.

In practice, receiving an answer strictly in accordance with the above definition may be difficult to achieve. The place the person perceives as their usual accommodation will often prove to be the best approximation.

2  **Private Residence, living with other(s)**

Includes: family or friends. Intended to capture those who would provide support on discharge.

3  **Residential aged care facility - includes both high care (nursing home) and low (hostel) care.**

Includes: nursing home beds in acute and sub/acute care hospitals.

5  **Community-based residential supported living facility or other supported accommodation**

Includes:

- Community-based residential supported accommodation specifically targeted at people with psychiatric disabilities which provide 24-hour support/rehabilitation on a residential basis
- Group homes for people with disabilities, cluster apartments where a support worker lives on-site, community residential apartments, congregate care arrangements. Support is provided by staff on either a live-in or rostered basis, and they may or may not have 24-hour supervision and care
- Other supported accommodation facilities such as hostels for people with disabilities and Residential Services/Facilities. These facilities provide board and lodging and rostered care workers provide client support services.

The intent of code 5 is to capture accommodation where there is some support available. Where there is no support available i.e. the hostel or other facility provides accommodation only, code 4 should be allocated.

6  **Psychiatric Hospital**

Includes alcohol/other drug treatment units in psychiatric hospitals

7  **Other Hospital Setting**

Includes respite and palliative care facilities.
12  Child residing in out of home care

Includes out of home care placement for a patient subject to a child protection statutory order.

Edits

E354  Type of Usual Accommodation Invalid.
E355  Type of Usual Accommodation and Age Combination Invalid.
E356  Type of Usual Accommodation and Departure Status Combination Invalid.
E357  Type of Usual Accommodation and Medicare Suffix Combination Invalid.

Related items

This section

Date of Birth
Locality
Postcode.

Administration

Purpose
To assist in the evaluation of acute / residential care interface issues and the implementation of strategies to address these issues.

Principal data users
Department of Health.

Collection start
1 July 2003

Version
1  (Effective 01.07.03)
2  (Effective 01.07.14)

Definition source
Department of Health.

Code set source
Department of Health.

Section 6 Edit Reports and Editing

E355 Type of Usual Accommodation and Age Combination Invalid

Effect
NOTIFIABLE

Problem
A Type of Usual Accommodation value of ‘1 – Private Residence, living alone’ or ‘3 - Residential aged care facility -includes both high care (nursing home) and low (hostel) care’ has been reported in this record: however, the age of the patient is calculated as less than 15 years. It is unlikely that a child aged 15 years or under would be living in either of these accommodation types.

OR

A Type of Usual Accommodation value of ‘12 – child residing in out of home care has been reported in this record: however, the age of the patient is calculated as more than 17 years.

Remedy
If the data reported is incorrect, correct the appropriate data field and re-submit the record.

If correct, notify AEED via Submit.VEMD@health.vic.gov.au to confirm the accuracy of the record, providing a detailed explanation. If the information is validated DH will accept the record into the VEMD.

See  Section 2:  Age
Section 3:  
Arrival Date  
Arrival Time  
Date of Birth  
Type of Usual Accommodation  
Section 5  
Data Quality
Proposal 9 – Removal of Inpatient Bed Request Date/Time and Addition of Clinical Decision to Admit Date/Time

It is proposed to Remove the requirement to report Inpatient Bed Request Date/Time and replace with the reporting of Clinical Decision to Admit Date/Time.

Proposed by
Terrie Spall
Data Collections Unit
Department of Health

Implementation date
1 July 2014

Reason for proposal
To assist health services to demonstrate compliance under the National Health Reform Agreement (NHRA) with respect to a patient’s election to be treated as a private admitted patient. As per clause G18 in the NHRA:

An eligible patient presenting at a public hospital emergency department will be treated as a public patient, before any clinical decision to admit. On admission, the patient will be given the choice to elect to be a private or public patient....

Details of change
Replace reporting of Inpatient Bed Request Date/Time with Clinical Decision to Admit Date/Time.

Section 3 Data definitions

Inpatient Bed Request Date (removed)

Inpatient Bed Request Time (removed)
Clinical Decision to Admit Date

**Specification**

**Definition**
Date of clinical decision to admit the patient to a bed in this campus.

**Reported for**
Presentations where a clinician has decided that a patient is to be admitted to this campus.

**Reporting guide**
For consistency with other date/time fields in the VEMD, midnight is reported as either 2359 of the preceding date or 0001 of the following date.

**Edits**

- ### Clinical Decision to Admit Date/Time Invalid
- ### Departure Date/Time Before Clinical Decision to Admit Date/Time
- ### Clinical Decision to Admit Date/Time Before Arrival Date/Time
- #### Clinical Decision to Admit Date/Time and Departure Status Combination Invalid

**Related items**
This section Clinical Decision to Admit Date/Time
Section 2 Date/Time Fields

**Administration**

**Purpose**
To record the date/time of the clinical decision to admit the patient and support compliance with the National Health Reform Agreement.

**Principal data users**
Department of Health.

**Collection start**
1 July 2014

**Version**
1 (Effective 01.07.14)

**Definition source**
Department of Health.

**Code set source**
Department of Health.
Clinical Decision to Admit Time

**Specification**

**Definition**
Time of clinical decision to admit the patient to a bed at this campus.

**Reported for**
Presentations where a clinician has decided that a patient is to be admitted to this campus.

**Reporting guide**
For consistency with other date/time fields in the VEMD, midnight is reported as either 2359 of the preceding date or 0001 of the following date.

**Edits**
- ### Clinical Decision to Admit Date/Time Invalid
- ### Departure Date/Time Before Clinical Decision to Admit Date/Time
- ### Clinical Decision to Admit Date/Time Before Arrival Date/Time
- ### Clinical Decision to Admit Date/Time and Departure Status Combination Invalid

**Related items**
This section Clinical Decision to Admit Date/Time
Section 2 Date/Time Fields

**Administration**

**Purpose**
To record the date/time of the clinical decision to admit the patient and support compliance with the National Health Reform Agreement.

**Principal data users**
Department of Health.

**Collection start**
1 July 2014

**Definition source**
Department of Health.

**Version**
1 (Effective 01.07.14)

**Code set source**
Department of Health.

**Section 6 Edit Reports and Editing**

**E331 Inpatient Bed Request Date/Time Invalid (removed)**

**E335 Departure Date/Time before Inpatient Bed Request Date/Time (removed)**

**E336 Inpatient Bed Request Date/Time before Arrival Date/Time (removed)**

**E339 Inpatient Bed Request Date/Time and Departure Status Combination Invalid (removed)**
### Clinical Decision to Admit Date /Time Invalid (new)

**Effect**  
REJECTION

**Problem**  
The Clinical Decision to Admit Date/Time is not valid.

**Remedy**  
Correct Clinical Decision to Admit Date/Time and re-submit the record.

See Section 3: Clinical Decision to Admit Date  
Clinical Decision to Admit Time

### Departure Date/Time before Clinical Decision to Admit Date/Time (new)

**Effect**  
REJECTION

**Problem**  
The Departure Date/Time reported in this record is earlier than the Clinical Decision to Admit Date/Time.

**Remedy**  
Check Date/Time of Clinical Decision to Admit and Departure, correct as appropriate and re-submit the record.

See Section 3:  
Departure Date  
Departure Time  
Clinical Decision to Admit Date  
Clinical Decision to Admit Time

### Clinical Decision to Admit Date/Time before Arrival Date/Time (new)

**Effect**  
REJECTION

**Problem**  
The Clinical Decision to Admit Date/Time reported is earlier than the Arrival Date/Time.

**Remedy**  
Check Date/Time of Clinical Decision to Admit and Arrival, correct as appropriate and re-submit the record.

See Section 3:  
Arrival Date  
Arrival Time  
Clinical Decision to Admit Date  
Clinical Decision to Admit Time

### Clinical Decision to Admit Date/Time and Departure Status Combination Invalid (new)

**Effect**  
WARNING

**Problem**  
Departure Status is 3, 14, 15, 18, 22, 25, 26, 27, 28 but no Clinical Decision to Admit Date/Time has been recorded.

**Remedy**  
Check Departure Status and Clinical Decision to Admit fields, correct as appropriate and re-submit the record.
<table>
<thead>
<tr>
<th>Section 2: Date/Time Fields</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section 3: Departure Status</td>
</tr>
<tr>
<td>Clinical Decision to Admit Date</td>
</tr>
<tr>
<td>Clinical Decision to Admit Time</td>
</tr>
</tbody>
</table>