Section 1 - Introduction

Victorian Admitted Episodes Dataset (VAED) manual, 28th edition 2018-19

Version: 1.0

Victoria
State Government

Health
and Human
Services

Contents

Introduction

The Victorian Admitted Episodes Dataset (VAED) comprises demographic, clinical and administrative details for admitted episode of care occurring in Victorian hospitals, rehabilitation centres, extended care facilities and day procedure centres.

VAED data is used to provide equitable funding to public hospitals under the casemix system, support health service planning, policy formulation and epidemiological research, and meet national data reporting requirements.

VAED scope

The VAED data collection includes admitted episodes of care in Victorian public and private hospitals, rehabilitation centres, extended care facilities and day procedure centres.

Patient episodes of care must meet one of the Criteria for Admission as detailed in the *Victorian Admitted Episodes Dataset: Criteria for Reporting* document.

All organisations that receive funding for admitted patient services must submit data to the VAED.

It is a condition of registration that private hospitals and day procedure centres submit data to the VAED monthly, as set out in the *Health Services (Private Hospitals and Day Procedure Centres) Regulations 2013*.

Purpose

The VAED manual provides VAED contributors and users with a complete dataset resource including:

- definitions of data items
- how to compile and submit data
- information for contributors and data users
- valid code lists and links to reference files
- contact details for support services

This manual together with subsequent HDSS Bulletins forms the data submission specifications for each financial year.

The manual is available on the department's website at: https://www2.health.vic.gov.au/hospitals-and-health-services/data-reporting/health-data-standards-systems/data-collections/vaed

Contact details

For advice and assistance with data submission, reported data items, the ICD-10-AM library file or the content of this manual, contact

HDSS help desk   Phone   03 9096 8595

                        Email   HDSS.Helpdesk@dhhs.vic.gov.au

HDSS website   https://www2.health.vic.gov.au/hospitals-and-health-services/data-reporting/health-data-standards-systems

Data quality statement

This is a summary of what the department does to ensure consistent capturing and reporting of data quality across data sets and over time.

Accuracy

The department publishes the VAED manual on the HDSS website to provide clarity on reporting requirements for health services and information for data users. There are lists of valid codes in the manual and reference files on the HDSS website.

Data submitted by health services is subject to a validation process, checking for valid values and compliance with VAED business rules.

The department performs monthly data quality checks:

- birthing mothers (more than one delivery episode reported)
- duplicate births
- Admission Type / diagnosis code mismatch for birth episodes
- overlapping ED presentation times and admission times
- unseparated patients

Where anomalies are detected health services are required correct the data.

The VAED is subject to audits. The audit program is managed by Health Data Integrity Unit in the Victorian Agency for Health Information (VAHI).

Validity

The VAED validation process provides reports for the health service to verify the accuracy of data submitted, reconcile the data accepted with internal systems, and make appropriate corrections and re-submissions.

Completeness

The department distributes a monthly compliance report to monitor completeness of submissions to the VAED.

The department monitors completeness through regular analyses of the VAED, sending out compliance emails to health services when a reporting deadline is missed or clinical records are outstanding.

Monthly reconciliation reports are sent to public health services for review.

Coherence

Each year the department reviews the VAED to ensure the data collection:

- supports the department's state and national reporting obligations
- assists planning and policy development
- reflects changes in hospital funding and service provision arrangements for the coming financial year
- incorporates appropriate feedback from data providers on improvements.

Definitions for common data items are consistent across data collections.

Interpretability

The VAED manual provides definitions of concepts, data items, reporting guides and business rules relating to more than one data item.

Changes to the data collection during the year are published in the HDSS Bulletin.

The department provides data reporting advice and support to health services via the HDSS help desk.

Timeliness

The VAED is updated after the 10th day of each month from data held in the VAED processing database.

Health services must submit data to the VAED at least monthly.

Data reporting for the financial year must be completed by the annual consolidation date published in the *Department of Health and Human Services policy and funding guidelines.*

Accessibility

The department provides a suite of reports that allows health services to verify that all relevant data has been submitted.

The HOSdata website, managed by VAHI, provides information regarding data available, data release and confidentiality, and the application process.

The Victorian Health Services Performance website provides statistical information on Victoria's public hospitals and health services. Activity and performance data are updated quarterly, with an aim to provide greater transparency and a better understanding of Victoria's public health and ambulance services.

Reference Files

Reference files of code sets including postcodes and localities and campus codes are available at HDSS Reference Files Updates to these reference files are notified in the HDSS Bulletin.

Victorian Admitted Episode Dataset: Criteria for Reporting

The *Victorian Admitted Episodes Dataset: Criteria for Reporting* document provides guidelines to enable hospitals to distinguish between admitted and non-admitted patient episodes for the purpose of data reporting. In order to be reported to the Victorian Admitted Episodes Dataset (VAED) patient episodes of care must meet one of the Criteria for Admission outlined in this document.

https://www2.health.vic.gov.au/hospitals-and-health-services/data-reporting/health-data-standards-systems/data-collections/vaed

ICD-10-AM/ACHI Library File

This file contains diagnosis, morphology and procedure codes, including Victorian validations applied to those codes. It is available as a zip file to Victorian hospitals and their software suppliers, for the purpose of submitting data to the VAED, on application to the HDSS Help Desk.

Calendar of ICD coding and DRG grouping systems

Information regarding the release dates and implementation dates for the admitted heath classifications (ICD-10-AM/ACHI/ACS and DRG) used in Victoria from 1986 is available at HDSS Admitted Care Classifications

Victorian Additions to Australian Coding Standards

Victoria's additions to the Australian Coding Standards (ACS) supplement the advice in the ACS. The additions are reviewed each year by VAHI.

https://www2.health.vic.gov.au/hospitals-and-health-services/data-reporting/health-data-standards-systems/health-classifications/vic-additions-acs

Communications

HDSS Bulletin

The HDSS Bulletin, published by the department, provides advice on several data collections including the VAED.

It is available at https://www2.health.vic.gov.au/hospitals-and-health-services/data-reporting/health-data-standards-systems/hdss-communications

To subscribe to mailing lists use the online form on the HDSS website or contact the HDSS help desk by email at HDSS.Helpdesk@dhhs.vic.gov.au

Useful links

Victorian ICD Coding Committee (VICC)

The VICC, comprising expert Victorian coders and department and industry representatives, is responsible for responding to coding queries and providing advice on coding related matters. It liaises with health services, health information managers and clinical coders to provide advice on specific coding issues. The committee works with The National Centre for Classification in Health (NCCH) and contributes to the NCCH's ongoing development of the Australian Coding Standards and classification systems. A database of queries submitted to the VICC from 2004, and the VICC's responses, is available for search or download at: Victorian ICD Coding Committee

Hospital circulars

Hospital circulars are issued on a range of topics. Search circulars by date or key words.

https://www2.health.vic.gov.au/about/news-and-events/hospitalcirculars

Health Classifications

Health classifications group aspects of patient information and characteristics into categories based on established criteria, logic and conventions. These categories can be used to undertake a range of activities that underpin the analysis of health service delivery. Further information is available on the HDSS website at: https://www2.health.vic.gov.au/hospitals-and-health-services/data-reporting/health-data-standards-systems/health-classifications

Privacy and confidentiality of health records

Privacy and confidentiality, access and regulations on disposal and retention of health records https://www2.health.vic.gov.au/about/legislation/health-records-act

Private Hospitals and Day Procedure Centres

For general enquiries relating to registration of private hospitals and day procedure centres in Victoria, please contact: Private Health Services Regulations Unit (03) 9096 2164

https://www2.health.vic.gov.au/hospitals-and-health-services/private-hospitals

Victorian health policy and funding guidelines

The Department of Health & Human Services Policy and funding guidelines is published annually

Volume 1: Overview provides information about the department, its ministers and the budget overview.

Volume 2: Health operations details the performance and financial framework within which state government-funded health sector entities operate.

https://www2.health.vic.gov.au/about/policy-and-funding-guidelines

Fees and Charges for Acute Health Services in Victoria – A Handbook for Public Hospitals

compiles departmental policy on fees and charges for services provided by public hospitals.

http://www.health.vic.gov.au/feesman/index.htm

Victorian health services performance data

The Victorian Health Services Performance website provides statistical information on Victoria's public hospitals and health services.

https://www2.health.vic.gov.au/hospitals-and-health-services/data-reporting/business-intelligence/performance-data

Requests for VAED data

VAED annual file consolidation

The department creates an annual consolidated file of the VAED for each financial year.

- Prior to final consolidation data is subject to change
- After the consolidated file has been locked, no further changes are made.

The department maintains separate notes on any significant data anomalies identified in the locked file.

Data release

The department's policy on releasing data aims to protect the privacy of individuals, small community groups and private hospitals.

Requests for VAED data should be lodged via email at Hosdata.Frontdesk@vahi.vic.gov.au

For more information on making a request, see
https://bettersafercare.vic.gov.au/our-work/performance-and-safety-reporting/HOSdata

History and development of the VAED

Patient level statistical information from public hospitals has been collected since 1979. This collection, previously known as the Victorian Inpatient Minimum Database (VIMD), has developed into the Victorian Admitted Episodes Dataset (VAED).

Significant changes have been made to the dataset since 1979 to:

- meet national reporting requirements
- reflect the gradual introduction of the concept of episodes of care
- meet the requirements of changes to the funding formula (in particular, casemix funding)
- meet the increased need for information by providers and users of health services and other bodies.

2018-19

Addition of data items

- Add Proceduralist ID for episodes where Procedure Start Date Time is reported
- Add Admitting Unit/Specialty for all admitted episodes
- Add Discharging Unit/Specialty for all admitted episodes

Amendment to existing data items

- Add Program ID code 10 Specialist spinal rehabilitation service
- Add Accommodation Type code P for Psychiatric Assessment and Planning Unit (PAPU)
- Amend reporting guide for mental health Care Types
- Amend Advance Care Plan Alert data item name (change to Advance Care Directive Alert), definition and reporting guide
- Amend reporting guide for Criterion for Admission O to include emergency mental health admissions

New validations

- 714 Proceduralist ID / Procedure Start Date Time mismatch
- 715 Invalid Admitting Unit/Specialty
- 716 Invalid Discharging Unit/Specialty
- 717 Accom Type P, no registered PAPU
- 718 Delivery episode, Sep Referral is not E or F

Remove redundant Duration of Non-invasive Ventilation (NIV) in ICU validations 442 and 583

2017-18

New data item

- Addition of Preferred Death Place for palliative care episodes

Amendments to existing data items

- Addition of Program Identifier for National Disability Insurance Scheme (NDIS) participants
- Amendment to Advance Care Plan Alert reporting guide making reporting mandatory for all episodes
- Amendment to Duration of Non-invasive Ventilation (NIV) in ICU definition and reporting guide, making reporting mandatory for NIV provided in public ICUs
- Amendment to Criterion for Admission definition and new code for patient admitted from Emergency Department (ED) to Short Stay Unit (SSU)
- Amendment to Sex code descriptor and reporting guide to include option for Other
- Amendment to reporting guide for Date/Time fields to allow reporting of time 0000

Reference file updates

- Updated country of birth and country of residence code set
- Updated preferred language code set
- VAED ICD-10-AM/ACHI 2017-18 library file updated to 10th edition

2016-17

Amendments to existing data items and associated validations
- Amendment to Advance Care Plan Alert to make reporting conditional mandatory
- Amendment to Procedure Start Date Time to make reporting of time mandatory for emergency admissions to VEMD reporting campuses
- Removal of Funding Arrangement code 5 Rural Patients Initiative
- Removal of Program Identifier code 06 Competitive Elective Surgery Funding Initiative (CESFI)
- Removal of A prefix from Diagnosis Codes

Amendments to validations
- 390 Incompatible Care Type, Carer Availability and Separation Mode – effect changed from warning to rejection
- 709 NHT Account Class / Care Type mismatch amended

2015-16

New record introduced (public hospitals only)
- Extra Episode Record (J5)

New data items (public hospitals only)
- *Advance Care Plan Alert*
- *Clinical Group* – free text data item for health services to record either a clinical/discharging unit, doctor code or any other clinical group

Amendments to existing data items
- Reporting of *Carer Availability* restricted to episodes with Separation Mode H and effect of associated validations changed from rejection to warning
- New *Program Identifier* code for ABI rehabilitation services
- Amendment to *Separation Referral* code set including new code for Health Independence Program
- Amendment to reporting guide for *Duration of Stay in ICU* to include HDU activity that occurs in ICU
- Amendment to reporting guide for *Leave* so that leave is not reported for a patient transferred between campuses
- Reporting of *Funding Arrangement* code 8 National Bowel Cancer Screening Program restricted to designated providers and validation 424 Not Separated: Fund Arr S/Be Spaces removed
- Removal of lithotripsy service codes from *Contract/Spoke Identifier* code set
- Removal of *Account Class* MR Geriatric respite care and associated validation 329 Geri Respite – Invalid Comb
- Addition of *Funding Arrangement* code for Healthlinks program

Amendments to validation tables
- Amendments to validation tables with ambiguous definitions for age (no change to the function of the validations)

Amendments to validations
- Notifiable validations – removed (12), effect changed to warning (31), effect changed to rejection (3)
- Amendment to validation 590 Diagnosis Code Prefix M, not Morph to also check for morphology codes not prefixed M

New validations

707 Invalid Advance Care Plan Alert

708 Funding Arrangement 8, not NBCSP designated provider

709 NHT Account Class / Care Type mismatch

710 Care Type MC, not approved for Maintenance Care

2014-15

Data elements removed from collection

- Hospital Insurance Fund
- Barthel Index Score on Admission/Separation
- Admission/Re-admission to Rehabilitation

Amendments to data element code sets and business rules

- Admission Type - combining codes L and X into a single elective admission code P.
- Accommodation Type code R Restorative Off-site changed to R Off-site and removal of edit.
- Care Type code set including removal of codes for Restorative Care: Off-site and Designated Rehabilitation Program/Unit: Level 1 and providing codes for Maintenance Care and Designated Rehabilitation Program.
- Addition of requirement to collect RUG ADL on Admission/Separation for maintenance care.
- Update to Impairment code set to align with AROC impairment codes.

Amendments to edits

- Change in effect of edits relating to reporting of ACAS Status from rejection to warning.
- Modification of edit 094 Invalid Combination A/C Accom Care Med Suff to check valid reporting combinations of Account Class and Medicare Suffix only, and addition of new simplified editing table.
- Removal of two edits relating to Palliative Care and inclusion of the edit functions in other edits.

New edit

- New warning edit where Accommodation Type 7 Ward based/Medi Hotel combination is either the first or last reported Accommodation Type.

Full details of these changes are set out in the following department publications:

- Final specification for revisions to the Victorian Admitted Episodes Dataset (VAED) for 1 July 2014, December 2013
- Errata - Final specification for revisions to the Victorian Admitted Episodes Dataset (VAED) for 1 July 2014, February 2014

2013-14

- Amendment to reporting guide for Admission Time for admission from non-admitted service to exclude time spent in non-admitted service from the admitted episode. Associated change to business rule for reporting Criterion for Admission E Extended Medical Treatment.
- Amendment to allow the principal diagnosis for a birth episode to be prefixed C Complication
- Amendment to Accommodation Type on Separation to allow reporting of the accommodation type last occupied by the patient on the day of separation
- Amendment to edit 308 Admission Criterion O but Intended Same Day to remove out of date reference to specific lens procedure codes
- Clarification of Phase of Care reporting for Palliative Care episodes including two additional data elements for Final Phase of Care reported when more than 10 changes of Phase of Care occur.
- Amendment to edit 094 Combination A/C Accom Care Med Suff to allow reporting of Restorative Care for DVA patients and clarify that Medicare Suffix 'name' includes 'BAB' for unnamed neonates
- Removal of Clinical Sub-Program

- Addition of Program Identifier 06 Competitive Elective Surgery Funding Initiative (CESFI) plus two unspecified codes 07 and 08 for future use

Full details of these changes are set out in following department publication:

- Final specification for revisions to PRS/2 and the Victorian Admitted Episodes Dataset (VAED) for 1 July 2013, December 2012

2012-13

- Reporting of Barthel Scores restricted to Care Type 6 only
- Addition of Phase of Care on admission, separation and up to 10 changes in Palliative record
- Addition of Care Plan Documented Date for relevant sub-acute episodes
- Removal of Care Types 7, K, E and F
- Addition of Care Types R1 Restorative Care: On-site and R2 Restorative Care: Off-site
- Addition of Care Type 10 for Posthumous organ procurement episodes. Additional codes for Account Class, Admission Source, Admission Type, Criterion for Admission and Separation Mode have also been provided
- Addition of Separation Referral code for Decline of referral to post-natal domiciliary care
- File structure changes from E4, X/Y4, S4, V4 to E5, X/Y5, S5, P5 Palliative record and V5

Full details of these changes are set out in the following department publications:

- Final specification for revisions to PRS/2 and the Victorian Admitted Episodes Dataset (VAED) for 1 July 2012 – Part 1, December 2011
- Final specification for revisions to PRS/2 and the Victorian Admitted Episodes Dataset (VAED) for 1 July 2012 – Part 2, December 2011
- Errata to final specification for revisions to PRS/2 and the Victorian Admitted Episodes Dataset (VAED) for 1 July 2012, January 2012
- Second errata to final specification for revisions to PRS/2 and the Victorian Admitted Episodes Dataset (VAED) for 1 July 2012, March 2012

2011-12

- Addition of code to identify home birthing patients to Program Identifier code set
- Change from optional to mandatory reporting of FIM^{TM} Scores on Admission and Separation, for relevant sub-acute episodes.
- Updated WIES calculations and weights (WIES 18).

Full details of these changes are set out in the following department publication:

- Final specification for revisions to PRS/2 and the Victorian Admitted Episodes Dataset (VAED) for 1 July 2011, December 2010.

2010-11

- Removal of Emergency Medical Unit code from Accommodation Type and Accommodation Type on Separation fields.
- Removal of Home Based Interim Care code from Separation Referral field.
- Removal of Account Class codes for Private patients' Intensive Care, Coronary Care and High Dependency Units; removal of these codes also from Account Class on Separation field.
- Removal of Winter Demand Strategy from Program Identifier field.
- Addition of Separation and transfer to Restorative Care bed-based program to Separation Mode.
- Identification in the ICD-10-AM/ACHI Library File of procedures requiring a Procedure Start Date Time.
- New ICD-10-AM/ACHI/ACS library file for Seventh Edition.
- Updated WIES calculations and weights (WIES 17).

Full details of these changes are set out in the following department publication:

- Final specification for revisions to PRS/2 and the Victorian Admitted Episodes Dataset (VAED) for 1 July 2010, December 2009.

2009-10

- Introduction of fields for reporting Impairment, and FIM^{TM} Scores on Admission and Separation, for relevant sub-acute episodes.
- Introduction of Program Identifier for specific programs, and Procedure Start Datetime for operating room procedures.
- Introduction of reporting of Mother's UR Number within the Episode Record reporting the baby's episode.
- The second edition of the SACC Country of Birth code set was introduced.
- Changes were made to Admission Type code definitions.
- Reporting of Mental Health Statewide Patient Identifier was extended to include Care Type 4 episodes where ECT was performed.
- Statistical admission/separation to/from Palliative Care (Care Type 8) was allowed, and the need to report Palliative Care Days was therefore removed.
- The deadline for submission of Diagnosis Records was brought forward to one month and ten days after the month of separation. The final consolidation date was also advanced to 10 September.
- Updated WIES calculations and weights (WIES 16).

Full details of these changes are set out in the following department publication:

- Specification for revisions to PRS/2 and the Victorian Admitted Episodes Dataset (VAED) for 1 July 2009, December 2008.

2008-09

- Introduction of Date of Birth Accuracy Code.
- Removal of Country of Birth Version Flag.
- Change to codesets for Interpreter Required, Marital Status and Indigenous Status.
- New ICD-10-AM/ACHI/ACS library file for Sixth Edition. Updated WIES calculations and weights (WIES 15).

Full details of these changes are set out in the following department publication:

- Specification for revisions to PRS/2 and the Victorian Admitted Episodes Dataset (VAED) for 1 July 2008, January 2008.

2007-08

- Introduction of SACC Country of Birth codeset (replacing ACCSS Country of Birth codeset).
- Introduction of ASCL Preferred Language codeset (replacing DH Preferred Language codeset).
- Addition of new Contract/Spoke ID codes to identify dialysis activity performed at 'satellite' sites.
- Addition of new Care Type code 'P' for Paediatric Rehabilitation.
- Amendment of DVA number format to disallow spaces between characters.
- Amendment to Level of Insurance codeset (removal of codes 1, 3, 6, 8 and introduction of codes 2 and 4).
- Change of name from 'Health Insurance Fund' to 'Hospital Insurance Fund'.
- Version 5.2 AR-DRG introduced. Updated WIES calculations and weights.
- Diagnosis Outstanding report made a standard inclusion in each submission's Control Report, where it had previously been produced only as a Request Report.
- WIES values printed alongside every record.
- Admission weights between 100-399g no longer rounded to 400g for grouping.

Full details of these changes are set out in the following Department publication:

- Specifications for revisions to PRS/2 and the Victorian Admitted Episodes Dataset (VAED) for 1 July 2007, May 2007.

2006-07

- Site Identifier was changed to include the three-digit Campus Code and the existing one-digit Site Identifier, removing the requirement for hospitals to change codes when merging or splitting from a service.
- The designation of all PRS/2 transaction records changed from '2' to '3', for example E2 changed to E3.
- Two new data items were added: Functional Assessment Date on Admission and Functional Assessment Date on Separation, related to Barthel Index Score on Admission/Separation.
- Reason for Critical Care Transfer was removed. This item was not collected in 2005-06 and related definitions, data items, edit tables and edits were removed in 2006-07.
- Intention to Readmit was moved from the diagnosis to the episode record to avoid the existing editing problems.
- Version 5.1 AR-DRG introduced. Updated WIES calculations and weights.
- New ICD-10-AM/ACHI/ACS library file for Fifth Edition.

Full details of these changes are set out in the following Department publication:

- Specification for revisions to PRS/2 and the Victorian Admitted Episodes Dataset (VAED) for 1 July 2006, May 2006.

2005-06

This year saw the removal of the Rehabilitation in the Home (RITH) Care Type, as this was no longer considered to be within the scope of the VAED.

A new data item Palliative Care Patient Days was added.

Amendments were made to:

- Admission Source, Separation Mode and Separation Referral for Transition Care, to capture data related to Transition Care
- Indigenous Status, with the addition of two new codes to better describe non-response
- Account Class, with the addition of three new private Account Classes
- Accommodation Type, to remove the reference to age less than three months for newborns
- Duration of Non-Invasive Ventilation (NIV), for which reporting requirements were relaxed.

A new type of Notifiable edit (the Fatal edit) was added.

Changes to the ICD-10-AM Library File included updated edit parameters, addition of a new concept to indicate codes that may sometimes be followed by a morphology code, and the removal of two redundant concepts.

Full details of these changes are set out in the following Department publications:

- Specification for revisions to PRS/2 and the Victorian Admitted Episodes Dataset (VAED) for 1 July 2005, April 2005
- Specification for revisions to PRS/2 and the Victorian Admitted Episodes Dataset (VAED) for 1 July 2005, Appendix A, April 2005.

2004-05

This year saw a revision of 24 data items, largely relating to 3 different areas: Admission Policy issues such as recording of Leave and Patient Days, reporting of zero versus null (affecting duration fields), and changes affecting Mental Health episodes.

Diagnosis and Procedure Codes changed from ICD-10-AM Third Edition to Fourth Edition and were grouped by AR-DRG version 5.0 rather than version 4.2, seven additional Care Types were introduced, and one Care Type deleted.

New data items introduced were Mental Health Statewide Patient Identifier and Leave Without Permission Days reported for Month-to-Date, Financial Year-To-Date, and in Total.

An extensive review of the edits was undertaken.

Full details of these changes are set out in the following Departmental publications:

- Specification for revisions to PRS/2 and the Victorian Admitted Episodes Dataset (VAED) for 1 July 2004, March 2004
- Specification for revisions to PRS/2 and the Victorian Admitted Episodes Dataset (VAED) for 1 July 2004, Appendix A, May 2004.

2003-04

This year saw a revision of 23 code sets, including an extensive revision of Admission Source, Admission Type, Separation Type (now Separation Mode), Funding Arrangement, and Carer Availability.

The maximum number of Diagnosis and Procedure Codes increased to 40 for each category, and a new Rehabilitation Care Type was introduced.

Three new data items were also introduced: ACAS Status, Preferred Language and Interpreter Required, and one data item was deleted: Program Funding Source.

An extensive review of the edits was undertaken, including the implementation of edits between episodes. Full details of these changes are set out in the following Department publication:

- Specification for revisions to PRS/2 and the Victorian Admitted Episodes Dataset (VAED) for 1 July 2003, February 2003
- Specification for revisions to PRS/2 and the Victorian Admitted Episodes Dataset (VAED) for 1 July 2003, Appendix A, May 2003
- Specification for revisions to PRS/2 and the Victorian Admitted Episodes Dataset (VAED) for 1 July 2003, Appendix B, June 2003.

2002-03

This year saw new fields for Duration of Non-Invasive Ventilation, Date of Accident and TAC Claim Number. Code sets that were revised included Care Type (for Interim Care patients), Account Class, Account Class on Separation, Contract/Spoke Identifier, Duration of Mechanical Ventilation, Patient Identifier and Program Funding Source. Additionally, changes were made to the V2 record, to enable collection of information for the Transport Accident Commission (TAC). Full details of these changes are set out in the following Department publications:

- Specification for revisions to PRS/2 and the Victorian Admitted Episodes Dataset (VAED) for 1 July 2002, March 2002
- Specification for revisions to PRS/2 and the Victorian Admitted Episodes Dataset (VAED) for 1 July 2002, Appendix A – New and Amended Edits, March 2002
- Specification for revisions to PRS/2 and the Victorian Admitted Episodes Dataset (VAED) for 1 July 2002, Errata 1 & 2, April 2002.

2001-02

This year saw the revision of the Accommodation Type/Accommodation Type on Separation (to incorporate the concepts of NICU/SCN, Other accommodation for newborns, Short Stay Observation Units and Medical Assessment and Planning Units), Program Funding Source and Hospital Generated DRG (to incorporate AR-DRG Version 4.2) code sets. Full details of these changes are set out in the following Department publication:

- Specification for revisions to PRS/2 and the Victorian Admitted Episodes Dataset (VAED) for 1 July 2001, May 2001
- Specification for revisions to PRS/2 and the Victorian Admitted Episodes Dataset (VAED) for 1 July 2001, Appendix A – New and Amended Edits, May 2001
- Specification for revisions to PRS/2 and the Victorian Admitted Episodes Dataset (VAED) for 1 July 2001, Appendix B – Hospital Code Table, May 2001

2000-01

This year saw the maximum number of diagnosis and procedure codes increased to 25 for each category. The field Carer Availability was limited only to sub acute Care Types and the field Reason for Critical Care was now reported by both sending and receiving hospitals. Full details of these changes are set out in the following Department publication:

- Specification for revisions to PRS/2 and the Victorian Admitted Episodes Dataset (VAED) for 1 July 2000, April 2000.

1999-00

This year saw a revised file structure, new fields for Carer Availability and Separation Referral, revised fields for contracted hospital care and changes to the format for hospital codes, representing site and also used to report transfers and contracted care. Full details of these changes are set out in the following Department publications:

- Final revisions to PRS/2 and the Victorian Admitted Episodes Dataset (VAED) for 1 July 1999, December 1998
- Final revisions to PRS/2 and the Victorian Admitted Episodes Dataset (VAED) for 1 July 1999, Addendum and Errata, April 1999.

1998-99

This year saw the introduction of data items on site identifier (for multi-campus hospitals), Duration of Stay in CCU and Reason for Critical Care Transfers. Full details of these changes are set out in the following Department publication:

- Final revisions to PRS/2 and the Victorian Inpatient Minimum Database (VIMD) for 1 July 1998, March 1998.

1997-98

There were no changes this year.

1996-97

This year saw the introduction of data items related to contracted hospital care. Full details of these changes are set out in the following Department publications:

- Final revisions to PRS/2 and the Victorian Inpatient Minimum Database (VIMD) for 1 July 1996, April 1996
- Final revisions to PRS/2 and the Victorian Inpatient Minimum Database (VIMD) for 1 July 1996, Addendum and Errata, May 1996.

1995-96

This year saw the introduction of the reporting by public hospitals of all newborn babies to the VAED as either 'qualified' or 'unqualified' newborns; previously hospitals reported only newborns defined as qualified in the Health Insurance Act 1973. Reporting all newborns enabled casemix payments to be provided for all newborn episodes. The two neonatal Version 1 AN DRGs were mapped to four Victoria-only DRGs, to give a more accurate representation of clinical resource utilisation for funding purposes.

New data items were introduced for all episodes with a Rehabilitation Care Type.

Full details of these changes are set out in the following Department publications:

- Final revisions to PRS/2 and the Victorian Inpatient Minimum Database (VIMD) for 1 July 1995, April 1995
- Final revisions to PRS/2 and the Victorian Inpatient Minimum Database (VIMD) for 1 July 1995, Addendum and Errata, June 1995
- Circular 17/1995, Definition and Reporting Changes from 1 July 1995: Newborns, 30 June 1995.

1994-95

For 1 July 1994, minor changes were implemented to reflect the development of new streams of care in geriatric centres. These were incorporated into the Care Type field. Full details of these changes were set out the following Department publications:

- Final revisions to PRS/2 and the Victorian Inpatient Minimum Database (VIMD) for 1 July 1994, March 1994
- Circular 15/1994, Definition and Reporting Changes from 1 July 1994, 6 May 1994.

1993-94

On 1 July 1993, significant revisions were made to the data collected in the VAED, to enable the introduction of casemix-based funding and to ensure consistency with the National Health Data Dictionary. Full details of these changes were set out in the following Department publications:

- Circular 18/1993, Implementation of Definitions & Reporting Changes from 1 July 1993, 10 May 1993
- Final revisions to PRS/2 and the Victorian Inpatient Minimum Database (VIMD) for 1 July 1993, May 1993
- Definitions for Hospitals in Victoria, May 1993.

The criteria for the commencement of a new episode of care were extended to encompass all changes in Care Type (including changes to Nursing Home Type).

1992-93

This period saw the introduction of episodes of care as the basic unit of measurement, ahead of the 1994 National Health Data Dictionary. New episodes of care occurred when the patient was admitted to the hospital or when a change in Care Type occurred. Each episode of care was reported in a separate Episode Record, however changes to 'Nursing Home Type' did not constitute a new episode of care, with the NHT days being recorded as the final days of an acute episode.

1989-90 to 1991-92

This period saw the introduction of Care Type as a sub-category of the patient's stay; this was achieved by a major change to the structure of the VAED with the introduction of Status Segments.

In each Episode Record submitted to the VAED, there can be up to seven Status Segments, each of which contains a combination of Account Classification, Accommodation Type and, during this period, Care Type, for the episode, together with a count of the Patient Days for each such combination, all reported in the Status Segment. However, data extracts of the VAED will usually be provided showing only the Account Class, Accommodation Type and Care Type at separation, together with the total length of stay, omitting all Status Segments.

During this period, the Care Type field distinguished between four broad types of care the patient may have received during an admission:

- Nursing Home Type (NHT)
- Rehabilitation care (in a designated unit)
- Psychiatric care (in a designated unit)
- Other care – Acute

1987-88 and 1988-89

Annual consolidated files are available for these years in a consistent format. This period predates the episode of care concept and it is not possible to identify reliably all periods of non acute care: in particular periods of Nursing Home Type care that occurred following periods of acute care. This may limit the usefulness of the data obtained from the VAED in this time period for certain types of analysis that require accurate counts of length of stay for acute care.

1979-80 to 1986-87

The collection started from 1 January 1979 with data from approximately 50 public hospitals, with more public hospitals gradually brought in to achieve full public hospital coverage. The availability of data from this period is limited. Data from this period may be available but only in hard copy in the form of standard reports and publications.