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| Specifications for revisions to the Victorian Admitted Episodes Dataset (VAED) for 2023-24 |
| December 2022 |
| OFFICIAL |



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# Executive summary

The revisions for the Victorian Admitted Episodes Dataset (VAED) for 2023-24 are summarised below:

New data elements

* Gender – reporting optional in 2023-24, mandatory in 2024-25
* NDIS Participant Identifier

Amendments to existing data elements

* Amend NDIS Participant Flag reporting guide to report on admission, and move data element from Extra Episode Record to Episode Record,
* Amend code set for Admitting and Discharging Unit/Specialty, removing codes HIV, DAY, HIGH, NEOI, OUTS, PEIC, WOCH, and adding HITH
* Amend reporting guide for Duration of Mechanical Ventilation in ICU to round to nearest hour
* Amend reporting guide for Duration of Stay in ICU to round to nearest hour
* Amend Sex to Sex at birth, remove codes 3 Indeterminate, 4 Other, and add 5 Another term
* Move the Unplanned return to theatre data element from E5 Episode Record to sit on the X5 Diagnosis Record
* Proceduralist ID reporting becomes mandatory in 2023-24

New validations

740 Pall leave days not equal to Leave Day Total

741 Proceduralist ID invalid

742 Gender invalid

743 NDIS Participant Flag / Identifier mismatch

744 NDIS participant identifier invalid

# Introduction

Each year the Department of Health review the Victorian Admitted Episodes Dataset (VAED) to ensure that the data collection supports the department’s business objectives, including national reporting obligations, and reflects changes in hospital funding and service provision arrangements for the coming financial year.

Comments provided by the health sector in response to *Proposals for revisions across multiple data collections (ESIS, VAED, VEMD and VINAH) for 2023-24* and *Proposals for Revisions to the Victorian Admitted Episodes Dataset for 2023-24*  have been considered, and where possible, suggestions have been accommodated, resulting in changes to or withdrawal of some proposals.

The revisions set out in this document are complete as at the date of publication. Where further changes are required during the year, for example to reference files such as the postcode locality file, data validation rules or supporting documentation, these will be advised via the HDSS Bulletin.

An updated VAED manual will be published in due course. Until then, the current VAED manual and subsequent HDSS Bulletins, together with this document, form the data submission specifications for 2023-24.

Victorian health services must ensure their software can create a submission file in accordance with the revised specifications and ensure reporting capability is achieved to maintain compliance with reporting timeframes set out in the relevant Department of Health policy and funding guidelines or the *Health Services (Health Service Establishments) Regulations 2013.*

## Orientation to this document

* New data elements are marked as (new).
* Changes to existing data elements are highlighted in green
* Redundant values and definitions relating to existing elements are ~~struck through~~.
* Comments relating only to the specifications document appear in *[square brackets and italics].*
* Validations to be changed are marked \* when listed as part of a data element or below a validation table.
* Anticipated changes are shown under the appropriate manual section headings.

# Outcome of proposals

**Proposal 1 - Extend January reporting deadline**

Proposal withdrawn.

**Proposal 2A – New data element Gender**

The proposal proceeds.

**Proposal 6 and 7 – Amend Sex to Sex at birth**

The proposal proceeds.

**Proposal 8 – Collect National Disability Insurance Scheme (NDIS) participant identifier**

The proposal proceeds, including moving NDIS Participant Flag to Episode Record.

**Proposal 9 – Collect Aged Care ID Number**

Proposal withdrawn.

**Proposal 10 – Collect MET Calls Date Time**

Decision not to proceed.

**Proposal 11 – Add Care Type for Hospital in the Home**

Decision not to proceed.

**Proposal 12 – Amend Admitting and Discharging Unit/Specialty**

The proposal proceeds, with amendments.

**Proposal 13 – Amend reporting guide for Duration of Stay in ICU**

The proposal proceeds.

**Proposal 14 – Amend reporting guide for Duration of Mechanical Ventilation in ICU**

The proposal proceeds.

**Proposal 15 – New validation – Palliative care leave days not equal to Leave Days Total**

The proposal proceeds .

**Proposal 16 – Move the Unplanned return to theatre data item to sit on the X5**

The proposal proceeds.

**Proposal 17 – Report end date/time for every ward transfer**

Withdrawn after discussions between proposer and Health Services Data.

**Proposal 18 – Report end date/time for every Specialty Unit transfer**

Withdrawn after discussions between proposer and Health Services Data.

# New data element Gender

## Section 3 Data definitions

## Gender (new)

Specification

|  |  |
| --- | --- |
| **Definition** | How a person describes their gender, as represented by a code |
| **Field size** | 1 |
| **Layout** | N |
| **Location** | Episode Record |
| **Reported by** | All Victorian hospitals (public and private)Optional in 2023-24, mandatory in 2024-25 |
| **Reported for** | All admitted episodes of care |
| **Code set** | **Code Descriptor**1 Man, or boy, or male2 Woman, or girl, or female3 Non-binary 4 Different term5 Prefer not to answer9 Not stated |
| **Reporting guide** | [Gender](https://meteor.aihw.gov.au/content/750032) is a social and cultural concept. It is about social and cultural differences in identity, expression and experience as a man, boy, woman, girl, or non-binary person. The terms [sex](https://meteor.aihw.gov.au/content/750030) and gender are interrelated, and are often used interchangeably, however they are distinct concepts:* Sex is understood in relation to sex characteristics. Sex recorded at birth refers to what was determined by sex characteristics observed at birth or in infancy
* Gender is about social and cultural differences in identity, expression, and experience.

A person's gender may differ from their sex and may also differ from what is indicated on their legal documents.  A person's gender may stay the same or can change over the course of their lifetime. **1 Man, or boy, or male**A person who describes their [gender](https://meteor.aihw.gov.au/content/750032) as man, or boy, or male.**2 Woman, or girl, or female**A person who describes their gender as woman, or girl, or female.**3 Non-binary**A person who describes their gender as non-binary.Non-binary is an umbrella term describing gender identities that are not exclusively male or female**4 Different term**A person who describes their gender as a term other than man/boy/male, woman/girl/female or non-binary.**5 Prefer not to answer**A person who prefers not to respond on how they describe their gender.**9 Not stated or inadequately described**Includes:Question unable to be asked such as when the patient is unconscious or too unwell. |
| **Validations** | 742 Gender invalid |

Administration

|  |  |
| --- | --- |
| **Purpose** | To measure usage of services and identify needs and gaps in provision. To inform development of targeted programs and funding of services. |
| **Principal data users** |  |
| **Collection start** | 2023-24 |
| **Definition source** | Person—gender, code X (METEOR 741842) |
| **Code set source** | Australian Bureau of Statistics Alternative Code system for Gender, Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables, 2020. |

*[Implementation notes*

*The* [*Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables, 2020*](https://www.abs.gov.au/statistics/standards/standard-sex-gender-variations-sex-characteristics-and-sexual-orientation-variables/latest-release) *available at <https://www.abs.gov.au/statistics/standards/standard-sex-gender-variations-sex-characteristics-and-sexual-orientation-variables/latest-release> has been developed by the Australian Bureau of Statistics (ABS) to standardise the collection and dissemination of data relating to sex, gender, variations of sex characteristics and sexual orientation. This document provides some useful advice regarding collecting Sex and Gender data.]*

## Section 5 Compilation and submission

Refer to [Episode Record](#_Episode_Record_(amend))

## Section 8 Validation

## 742 Invalid Gender (new)

|  |  |
| --- | --- |
| **Effect** | **REJECTION** |
| **Problem** | The E5 Episode Record’s Gender is invalid. |
| **Remedy** | Check Gender, amend as appropriate and re-submit the E5. |

# New data element NDIS participant identifier

## Section 3 Data definitions

## NDIS Participant Identifier (new)

Specification

|  |  |
| --- | --- |
| **Definition** | National Disability Insurance Scheme (NDIS) participant number of person who is a registered NDIS participant |
| **Field size** | 9 |
| **Layout** | NNNNNNNNN or spaces |
| **Location** | Episode Record |
| **Reported by** | Public hospitals |
| **Reported for** | Registered NDIS participants |
| **Reported when** | On admission and updated at any time during the episode |
| **Code set** | Allocated by the National Disability Insurance Agency |
| **Reporting guide** | The NDIS participant number is the unique reference number allocated to the individual by the NDIS as a form of identification once the agency has approved the provision of NDIS services for that person.For new NDIS participants, report the NDIS participant number as soon as this becomes available.Valid:* First two characters can only be ‘43’ (in that order) or ‘99’
* All numeric or all spaces
* For NDIS participants who are unable to provide their number report 999999999
* For non-NDIS participants, report spaces in this field
 |
| **Validations** | 743 NDIS Participant Flag / Identifier mismatch744 Invalid NDIS Participant identifier |
| **Related items** | Section 3 NDIS Participant Flag |

Administration

|  |  |
| --- | --- |
| **Purpose** | To identify NDIS participants within health data collections, and the primary identifier for data linkage between health data collections and the NDIA |
| **Principal data users** | Health Services and Aged Care Policy, Department of Health |
| **Collection start** | July 2023 |
| **Definition source** | Department of Health |
| **Code set source** | National Disability Insurance Agency |

## Section 5 Compliation and submission

Refer [Episode Record](#_Episode_Record_(amend))

## Section 8 Validation

## 743 NDIS Participant Flag / Identifier mismatch (new)

|  |  |
| --- | --- |
| **Effect** | **Warning** |
| **Problem** | The public hospital E5 Episode Record has an invalid combination of NDIS Participant Flag and NDIS Participant Identifier.* Either NDIS Participant Flag is 2 Yes – new NDIS participant during this admission or 3 Yes – existing NDIS participant prior to admission but NDIS Participant Identifier has not been reported.
* Or NDIS Participant Identifier has been reported but NDIS Participant Flag is not 2 Yes – new NDIS participant during this admission or 3 Yes – existing NDIS participant prior to admission
 |
| **Remedy** | Check NDIS Participant Flag, and NDIS Participant Identifer, amend as appropriate and re-submit E5.* If NDIS Participant Flag 2 or 3 is correct, NDIS Participant Identifer must be reported. If the NDIS participant is not able to provide their number report NDIS Participant Identifier 999999999
* If NDIS Participant Identifier is correct, NDIS Participant Flag must be 2 or 3
* If NDIS Participant Flag 1 No or 4 Not stated is correct, the NDIS Participant Identifier field must be spaces
 |

## 744 Invalid NDIS Participant Identifier (new)

|  |  |
| --- | --- |
| **Effect** | **REJECTION** |
| **Problem** | The public hospital E5 Episode Record’s NDIS Participant identifier is invalid |
| **Remedy** | Correct NDIS Participant identifier and re-submit E5Valid:* First two characters can only be ‘43’ (in that order) or ‘99’
* All numeric or all spaces
* For NDIS participants who are unable to provide their number report 999999999
* For non-NDIS participants, report spaces in this field
 |

# Move NDIS Participant Flag to Episode Record

## NDIS Participant Flag (amend)

Specification

|  |  |
| --- | --- |
| **Definition** | National Disability Insurance Scheme (NDIS) participant status of person |
| **Field size** | 1 |
| **Layout** | N |
| **Location** | ~~Extra~~ Episode Record |
| **Reported by** | Public hospitals |
| **Reported for** | Episodes with:* Care Types 1, 4, 6, 8, 9, P, MC~~, and~~
* ~~Separation Mode is not equal to Z~~

Optional for episodes with:Care Types 5x |
| **Reported when** | On admission and updated at any time during the episode~~A Separation Date is reported in the Episode Record~~ |
| **Code set** | Code Descriptor1 No2 Yes – new NDIS participant during this admission3 Yes – existing NDIS participant prior to admission4 Not stated |
| **Reporting guide** | For NDIS participants, also report their NDIS Participant Identifier |
| **Validations** | 722 Invalid NDIS Participant Flag\*743 NDIS Participant Flag / Identifier mismatch744 Invalid NDIS Participant identifier |
| **Related items** | Section 3 NDIS Participant Identifier |

Administration

|  |  |
| --- | --- |
| **Purpose** | * To compare cohorts with NDIS dependence to those without to determine impacts on LOS
* Analyse long term outcomes of timeliness and availability of NDIS supports on patient cohorts
 |
| **Principal data users** | Multiple internal and external data users |
| **Collection start** | July 2021 |
| **Definition source** | Department of Health |
| **Code set source** | Department of Health |

## Section 5 Compilation and submission

Refer to [Episode Record](#_Episode_Record_(amend))

## Section 8 Validation

## 722 Invalid NDIS Participant Flag (amend)

|  |  |
| --- | --- |
| **Effect** | **REJECTION** |
| **Problem** | The public hospital E5 Episode Record’s ~~has a Separation Date,~~ Care Type is 1, 4, 6, 8, 9, P, MC~~, and Separation Mode is not equal to Z,~~ but the ~~J5 Extra Episode Record’s~~ NDIS Participant Flag is blank or invalid. |
| **Remedy** | Check Care Type and ~~, Separation Date, Separation Mode,~~ NDIS Participant Flag, amend as appropriate and re-submit the E5~~/J5~~ |

# Amend code set for Admitting and Discharging Unit/Specialty

## Admitting Unit/Specialty (a)

## Discharging Unit/Specialty (b)

Specification

|  |  |
| --- | --- |
| **Definition** | (a) Unit/Specialty patient is admitted under(b) Unit/Specialty at separation |
| **Layout** | AAAA or AAAspace |
| **Location** | 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 |
| **Code set** | Code Descriptor~~HIV AIDS/HIV Unit~~~~DAY Day surgery~~~~HIGH High Dependency Unit~~~~NEOI Neonatal Intensive Care~~~~OUTS Outpatients - Specialists~~~~PEIC Paediatric - Intensive Care~~~~WOCH Women and Child Health Medical/Surgical~~HITH Hospital in the Home*[incomplete code set, no change to remainder of data element]* |

## Section 8 Validation

## 715 Invalid Admitting Unit/Specialty (change to function only)

## 716 Invalid Discharging Unit/Specialty (change to function only)

# Amend reporting guide for Duration of Mechanical Ventilation in ICU

## Section 3 Data definitions

## Duration of Mechanical Ventilation in ICU (amend)

Specification

|  |  |
| --- | --- |
| **Definition** | Total duration of Mechanical Ventilation (MV) in hours provided in an approved Intensive Care Unit (ICU) or Neonatal Intensive Care (NICU) during this episode of care |
| **Field size** | 4 |
| **Layout** | NNNN or spaces Right justified, zero filled |
| **Location** | Diagnosis Record |
| **Reported by** | Public and private hospitals with an approved ICU or NICU, and hospitals contracting with a hospital with an approved ICU.Otherwise, report spaces |
| **Reported for** | Episodes where MV is provided in such an ICU or NICU. Otherwise, report spaces. |
| **Reported when** | A Separation Date is reported in the Episode Record |
| **Code set** | A number in the range 0001 to 9999 |
| **Reporting guide** | If the patient has more than one period of MV in ICU during this episode, the total duration of all such periods is reported.Duration is reported in hours, rounded ~~up~~ to the nearest hour. For example, if the total duration of MV in ICU was 98 hours 15 minutes, report 98 hours. If the total duration of MV in ICU was 125 hours 30 minutes, report 126 hours.Only MV hours provided in an ICU are counted:* Where a patient is intubated and MV starts in an operating theatre, for the purposes of the Duration of MV field, *the counting of the duration of MV commences when the patient enters the ICU*.
* It is not necessary to stop the MV clock when a ventilated patient is transferred from the ICU to theatre and back; instead the intervening hours will count towards the total MV hours.
* Where a patient receives MV in a combined ICU/CCU, report the ICU/CCU hours in the ICU field, not the CCU field.

~~Refer to ACS 1006 Ventilatory support.~~Duration of MV is validated against Duration of Stay in ICU.*[no change to remainder of data element]* |

# Amend reporting guide for Duration of Stay in ICU

## Section 3 Data definitions

## Duration of Stay in Intensive Care Unit (amend)

Specification

|  |  |
| --- | --- |
| **Definition** | Total duration of stay (hours) in an approved Intensive Care Unit (ICU) or Neonatal Intensive Care Unit (NICU), during this episode of care. |
| **Field size** | 4 |
| **Layout** | NNNN or spaces Right-justified, zero-filled |
| **Location** | Diagnosis Record |
| **Reported by** | Public and private hospitals with an approved ICU/NICU, and hospitals contracting with a hospital with an approved ICU. Otherwise, report spaces. |
| **Reported for** | Episodes where time is spent in such an ICU/NICU. Otherwise, report spaces. |
| **Reported when** | A Separation Date is reported in the Episode Record. |
| **Code set** | A valid number in the range 0001 to 9999. |
| **Reporting guide** | If patient has more than one period in ICU/NICU during this episode, the total duration of all such periods is reported.Duration is reported in hours, rounded ~~up~~ to the nearest hour’.For example, if the total duration of stay in ICU was 98 hours 15 minutes, report 98 hours. If the total duration of stay in ICU was 125 hours 30 minutes, report 126 hours. Only the time in the ICU/NICU is counted, not time, for example, in an operating theatre.Where a hospital has a combined ICU/CCU, the duration of stay is reported in either the ICU field or the CCU field, not both. However, where a patient receives mechanical ventilation or non-invasive ventilation in a combined ICU/CCU, report the ICU/CCU hours in the ICU field, not the CCU field.A patient admitted to an ICU/NICU in Hospital B during a contracted service episode has the duration of that ICU/NICU stay reported by Hospital B; Hospital A also reports the hours spent in ICU/NICU in Hospital B in addition to any hours spent in ICU/NICU at Hospital A.*[no change to remainder of data element]* |

# Amend Sex to Sex at birth

## Section 3 Data definitions

## Sex at birth (amend)

Specification

|  |  |
| --- | --- |
| **Definition** | The sex of the person as recorded at birth or infancy |
| **Field size** | 1 |
| **Layout** | N |
| **Location** | Episode Record |
| **Reported by** | All Victorian hospitals (public and private) |
| **Reported for** | All admitted episodes of care |
| **Code set** | **Code Descriptor**1 Male2 Female~~3 Indeterminate~~ ~~4 Other~~5 Another term |
| **Reporting guide** | The term 'sex' refers to a person's biological characteristics. A person's sex is usually described as being either male or female; some people may have both male and female characteristics, or neither male nor female characteristics, or other sexual characteristics.Sex recorded at birth refers to what was determined by sex characteristics observed at birth or infancy. Hospitals should refrain from making assumptions about a person's sex based on indicators such as their name, voice or appearance**1 Male**Persons whose sex at birth or infancy was recorded as male.**2 Female**Persons whose sex at birth or infancy was recorded as female. **5 Another term**Persons whose sex at birth or infancy was recorded as another term (not male or female).~~A person’s sex is usually described as either being male or female. Some people may have both male and female characteristics. Sex is assigned at birth and is relatively fixed.~~~~A person’s sex may change during their lifetime as a result of procedures known alternatively as sex change, gender reassignment or transgender reassignment. Throughout this process, which may be over a considerable period of time, sex could be recorded as either Male or Female.~~**~~3 Indeterminate~~**~~Used for infants with ambiguous genitalia, where the biological sex, even following genetic testing, cannot be determined. This code should not generally be used on data collection forms completed by the respondent.~~ ~~Code 3 can only be assigned for infants aged less than 90 days.~~**~~4 Other~~**~~Includes:~~* ~~An intersex person, who because of a genetic condition was born with reproductive organs or sex chromosomes that are not exclusively male or female~~

~~Excludes: Transgender, transsexual and chromosomally indeterminate individuals who identify with a particular sex (male or female).~~ |
| **Validation** | 033 Invalid Sex\*059 Maternity - Not Female~~080 Sex Indeterminate, age < 90 days~~127 Nil Value DRG160 AR-DRG Grouper GST Code>Zero~~215 Sex Indeterminate but Age>= 90 days~~354 Code & Sex Incompatible397 Sep Referral Postnatal, Incompat Age/Sex580 MHSWPI Valid, no Matching Sex~~585 Sex Code Other~~ |
| **Related items** | Section 2: Age, DRG Classification |

Administration

|  |  |
| --- | --- |
| **Purpose** | To enable:* Analyses of service utilisation and epidemiological studies
* Verification of other fields (such as diagnosis and procedure codes) for consistency.
* To assist in the allocation of DRGs
 |
| **Principal data users** | Multiple internal and external data users |
| **Collection start** | 1979-80 |
| **Version** | 2 effective 1 July 2023 (updated from Sex to Sex at birth) |
| **Definition source** | ~~ABS~~ Person—sex, code X (METEOR 741686) |
| **Code set source** | ~~NHDD (DH modified)~~ Person—sex, code X (METEOR 741686) |

*[Implementation notes*

*Hospitals that require codes 3 and/or 4 for their own purposes should continue to use these codes for internal data collection, and map to code 5 – Another term for reporting purposes.]*

## Section 8 Validation

## 033 Invalid Sex (change to function only)

## ~~080 Sex Indeterminate, age < 90 days~~

## ~~215 Sex Indeterminate but Age>= 90 days~~

## ~~585 Sex Code Other~~

# Move the Unplanned return to theatre data element to sit on the X5

## Section 3 Data definitions

## Unplanned return to theatre (amend)

Specification

|  |  |
| --- | --- |
| **Definition** | An indicator of whether a patient had a surgical procedure/operation and required an unplanned return to the operating theatre during the same episode of admitted care |
| **Field size** | 1 |
| **Layout** | N or space  |
| **Location** | ~~Episode~~ Diagnosis Record |
| **Reported by** | Public and private hospitals |
| **Reported for** | All episodes where the patient had a surgical procedure/operation identified in the ICD-10-AM/ACHI Library file as requiring the unplanned return to theatre data element to be reported. [ICD Library file: column L code practices, code 6] |
| **Reported when** | At any time during the episode |
| **Code set** | 1 Yes2 No9 Not stated/inadequately described |
| **Validation** | 737 Unplanned return to theatre invalid\*739 Unplanned return to theatre and valid Proc mismatch\* |

## Section 5 Compilation and submission

Refer to [Episode Record](#_Episode_Record_(amend))

## Section 8 Validation

## 737 Unplanned return to theatre invalid (amend)

|  |  |
| --- | --- |
| **Effect** | **REJECTION** |
| **Problem** | The ~~E5 Episode~~ X5 Diagnosis Record’s Unplanned return to theatre is invalid. |
| **Remedy** | Check ~~E5~~ X5 Unplanned Return to Theatre, amend as appropriate and re-submit the ~~E5~~ X5. |

## 739 Unplanned return to Theatre and valid Proc mismatch (amend)

|  |  |
| --- | --- |
| **Effect** | **~~Warning~~ REJECTION** |
| **Problem** | A coded procedure in the X5 Diagnosis Record is one identified in the ICD-10-AM/ACHI Library file as requiring an Unplanned Return to Theatre Indicator [ICD Library file: column L code practices, code 6] There is no unplanned return to theatre flag reported for this record or the flag has been reported for a record that does not require the flag to be reported. |
| **Remedy** | Check whether the procedure/s coded require an Unplanned Return to Theatre indicator be reported. |

# Section 5 Compilation and submission

## Episode Record (amend)

Episode Record File Structure

| Note | Data Item | Field Size | Record Position | Layout |
| --- | --- | --- | --- | --- |
| M | Sex at birth | 1 | 40 | N |
|  | *[incomplete table – shows changes only]* |  |  |  |
| 19 | Unplanned return to theatre(reported in X5 from 2023-24) | 1 | 294 | ~~N or~~ space |
| 20 | Gender | 1 | 295 | N or space |
| 21 | NDIS Participant flag | 1 | 296 | N or space |
| 22 | NDIS Participant identifier | 9 | 297 | NNNNNNNNN |
| **Total** |  | **~~294~~ 305** |  |  |

All alpha characters uppercase. All numeric fields are right justified and zero filled.

19 ~~Mandatory for all episodes where the patient has a surgical procedure/operation identified in~~  ~~the ICD-10-AM/ACHI library file as requiring this data element to be reported~~. Unplanned return to theatre reported in Diagnosis Record from 2023-24

20 Optional reporting 2023-24, mandatory in 2024-25

21 Moved from J5 record in 2023-24. Reported by public hospitals. Mandatory if Care Type is 1, 4, 6, 8, 9, P, or MC

22 Reported by public hospitals for registered NDIS participant

## Extra Episode Record (amend)

Extra Episode Record File Structure

| Note | Data Item | Field Size | Record Position | Layout |
| --- | --- | --- | --- | --- |
|  | *[Incomplete table – shows changes only]* |  |  |  |
| 3 | NDIS Participant Flag(reported in E5 from 2023-24) | 1 | 25 | ~~N o~~r space |

3 ~~Mandatory if Care Type is 1, 4, 6, 8, 9, P, MC, and Separation Mode is not Z~~ Reported in E5 Record from 2023-24

## Diagnosis Record (amend)

Diagnosis Record File Structure

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Note | Data Item | Field Size | Record Position | Layout |
|  | *[incomplete table – shows changes only]* |  |  |  |
| 12 | Proceduralist ID | 13 | 249 | XXXXXXXXXXXXX |
| 13 | Unplanned return to theatre | 1 | 262 | N or space |
| **Total** |  | **26~~1~~2** |  |  |

12 ~~Optional in 2022-23~~ Mandatory for all episodes where the first coded procedure is one identified in the ICD-10-AM/ACHI Library file as requiring Procedure Start Date Time, and episodes where Procedure Start Date Time is reported. ~~Mandatory in 2023-24.~~

13 Mandatory for all episodes where the patient has a surgical procedure/operation identified in the ICD-10-AM/ACHI library file as requiring this data element to be reported.

# Section 7 Control reports

## E5 tab (amend)

|  |  |
| --- | --- |
| **Column header** | **Description** |
|  | *[incomplete table – shows changes only]* |
| sex | Sex at birth of the patient |
| ~~unplanned\_rtn\_theatre~~ | ~~Unplanned return to theatre~~ |
| gender | Gender of the patient |
| ndis\_ID | NDIS Participant identifier |
| ndis\_flag  | NDIS Participant Flag |

**J5 tab (amend)**

|  |  |
| --- | --- |
| **Column header** | **Description** |
|  | *[incomplete table – shows changes only]* |
| ~~ndis\_flag~~ | ~~NDIS Participant Flag~~ |

## X5\_Y5 tab (amend)

|  |  |
| --- | --- |
| Column header | Description |
|  | *[incomplete table – shows changes only]* |
| unplanned\_rtn\_theatre | Unplanned return to theatre |

# New validation

## Section 8 Validation

## 740 Pall leave days not equal to Leave Day Total (new)

|  |  |
| --- | --- |
| **Effect** | **REJECTION** |
| **Problem** | The E5 Episode Record’s Care Type is 8 Palliative Care, but the total P5 Palliative Record’s Leave days – Phase of Care on Admission, Leave days – Phase of Care Change, and Leave days – Final Phase of Care is not equal to the E5 Episode Record’s Leave with Permission Days Total. |
| **Remedy** | Check the P5’s Leave days – Phase of Care on Admission, Leave days – Phase of Care Change, and Leave days – Final Phase of Care and E5’s Leave with Permission Days Total, amend as appropriate and re-submit the E5 and P5 as required. |

# Reminder – reporting of Proceduralist ID becomes mandatory in 2023-24

## Proceduralist ID (amend)

Specification

|  |  |
| --- | --- |
| **Definition** | The Australian Health Practitioner Regulation Agency (AHPRA) number of the health practitioner performing the procedure |
| **Field size** | 13 |
| **Layout** | XXXXXXXXXXXXX |
| **Location** | Diagnosis Record |
| **Reported by** | All Victorian hospitals (public and private)~~Optional in 2022-23~~, Mandatory in 2023-24 |
| **Reported for** | All admitted episodes of care where the first coded procedure is one identified in the ICD-10-AM/ACHI Library file as requiring the procedure start date time [ICD Library file: column L code practices, code 4 and 6], and episodes where Procedure Start Date Time is reported |
| **Reported when** | The Diagnosis Record is reported |
| **Code set** | AHPRA number |
| **Reporting guide** |  |
| **Validations** | 714 Proceduralist ID / Procedure Start Date Time mismatch\*741 Proceduralist ID invalid |
| **Related items** | Procedure Start Date |

Administration

|  |  |
| --- | --- |
| **Purpose** | To monitor quality and safety |
| **Principal data users** | Victorian Agency for Health Information (VAHI) |
| **Collection start** | 2018-19 |
| **Definition source** | VAHI |
| **Code set source** | Australian Health Practitioner Regulation Agency |

## Section 8 Validation

**714 Proceduralist ID / Procedure Start Date Time mismatch (amend)**

|  |  |
| --- | --- |
| **Effect** | **~~Warning~~ REJECTION** |
| **Problem** | The X5 Diagnosis Record has an invalid combination of Proceduralist ID and Procedure Start Date Time.If Procedure Start Date Time is reported, Proceduralist ID must be present ~~(reporting of Proceduralist ID optional in 2021-22)~~ |
| **Remedy** | Check Proceduralist ID and Procedure Start Date Time, amend as appropriate and re-submit the X5. |

## 741 Proceduralist ID invalid (new)

|  |  |
| --- | --- |
| Effect | REJECTION |
| Problem | The X5 Diagnosis Record’s Proceduralist ID is not 13 characters in length. |
| Remedy | Correct the Proceduralist ID and re-submit the X5. |

# End of financial year reporting

As shown in the table below:

* Submissions with header dates prior to 1 July 2023 must use 2022-23 format/values for all records
* For submissions with header dates of 1 July 2023 onwards, the Separation Date of the episode determines the format/values applicable
	+ Separation Date prior to 1 July 2023 must use 2022-23 format/values
	+ Separation Date 1 July 2023 or later must use 2023-24 format/values
	+ For patients ‘remaining in’ on 30 June 2023 this may involve updating episode data previously reported in a June submission from 2022-23 format/values to 2023-24 format/values

Format / values by submission month and Separation Date

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Submission month | Admission Date | Separation Date | Unique Key | Format/Values |
| June | 01/06/2023 | 30/06/2023 | 000055555 | 2022-23 |
| June | 20/06/2023 | 00/00/0000 | 000066666 | 2022-23 |
| July | 25/06/2023 | 30/06/2023 | 000077777 | 2022-23 |
| July | 20/06/2023 | 01/07/0000 | 000066666 | 2023-24 |
| July | 01/07/2023 | 10/07/2023 | 000088888 | 2023-24 |
| July | 02/07/2023 | 00/00/0000 | 000033333 | 2023-24 |

## Test submissions for 1 July changes

Information regarding testing for 1 July changes will be published later in the HDSS Bulletin.

Email HDSS help desk <hdss.helpdesk@health.vic.gov.au> to add your name to the Bulletin mailing list.