

Section 5: Compilation and submission

Victorian Perinatal Data Collection (VPDC) manual

Version 7.0

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Introduction

This section specifies the format in which VPDC data must be reported to the the department, the compilation of a transmission file and the file naming conventions.

Each birth episode must be reported to the the department. All birth episodes require the data elements to be reported as a single file and in the structure defined in this document.

Submissions can occur more than once a day.

A submission file to the VPDC has two components: a header record and an episode record (one or more).

For detailed specification of data items referred to in this document please see Section 3: Data definitions.

Header record

Identifies the source of the file, the period of time and the data items that the file relates to.

Episode records

Provides data on individual birth episodes.

Complete transmission files

Each submission file to the the department starts with a single header record followed by the appropriate episode records. There are also standards for naming these files. These standards are discussed in 'File naming convention'.

Every file submitted must be:

- in the correct file structure
- named according to the file naming convention
- submitted via the the department secure data exchange (SDE) webpage.

All dates in the submission file must be less than or equal to the data submission identifier (submission end date).

File naming convention

The file naming convention is used to uniquely identify a submission file received by the VPDC.

The file naming convention is:

CCCC_NNNN_YYYYMMDDhhmm_TT.txt

where:

CCCC	=	Collection identifier
NNNN	=	Hospital code (agency identifier)
YYYYMMDDhhmm	=	Data submission identifier
TT	=	Submission number
txt	=	Submission file extension (always .txt)

For example, a hospital with ID or agency identifier '1234' submits a file at 10:30 pm on 1 July 2009. Its data submission ID is: 200907012230 and its submission number is: 01. The submission file name is then: VPDC_1234_200907012230_01.txt

The data submission identifier should represent the end date used in selecting records for inclusion in the submission file.

The data submission identifier (submission end date) cannot be greater than today's date and cannot be less than the previous data submission identifier (submission end date).

If a particular period of data is submitted multiple times, for example, to remedy issues identified in a previous submission, the same data submission identifier (submission end date) must be used but the submission sequence number must be incremented by one each time or the file is not accepted as it's a duplicate file.

Corrections and updates to data issues identified in one submission can be included in the subsequent submission rather than re-submitting the same period of data multiple times, The incrementing submission number must cycle back to '01' each time the data submission identifier (submission end date) changes.

Data delimiters

All records are structured using the following delimiters:

- Record separator –
 - value: carriage return
 - usage: records are separated by a carriage return (line feed permitted). ASCII character 13 (x0D) [10 (x0A)]
- Field separator –
 - value: |
 - usage: data fields are separated by the pipe character. ASCII character 124 (x7C)
- Repetition separator –
 - value: ^
 - usage: the 'caret' character separates multiple occurrences of a field where allowed.
 - ASCII character 94 (x5E)

File structure specifications

The file structure details the sequence, length, type and layout of data items to be transmitted.

File structure notes:

- Do not zero fill items unless specified
- Padding fields with space characters (either to the left or right) is not necessary and should be avoided.
- Deleted fields will retain their position number. Any data submitted in these fields will not be processed.

Header record

The header record must be included as the first record of all transmission files reported to the VPDC.

Episode records within a data submission file must be reported as per the version of the data collection as specified in the header record. For example, to submit new records for births between 1 December 2018 and 31 January 2019, two data submission files are to be compiled:

- The first containing records for births from 1 December 2018 to 31 December 2018 (inclusive) as per the appropriate specifications with the version identifier reported as '2018' in the header and episode records
- The second containing records for births from 1 January 2019 to 31 January 2019 (inclusive) as per the appropriate specifications with the version identifier reported as '2019' in the header and episode records

The convention for naming is:

CCCC | VVVV | NNNN | YYYYMMDDhhmm | TT | NNNNN | AAA...AAA

where:		
CCCC:	=	Collection identifier
VVVV:	=	Version identifier
NNNN:	=	Hospital code (agency identifier)
YYYYMMDDhhmm:	=	Data submission identifier
TT:	=	Submission number
NNNNN:	=	Number of records following
AAA...AAA:	=	Name of software

Episode records

Position number	Data item name	Data type	Format	Field size
1	Collection identifier	String	AAAA	4
2	Version identifier	Number	NNNN	4
3	Transaction type flag	String	A	1
4	Hospital code (agency identifier)	String	AAAA	4
5	Patient identifier – mother	String	A(10)	10
6	Patient identifier – baby	String	A(10)	10
7	Date of admission – mother	Date/time	DDMMCCYY	8
8	Surname / family name – mother	String	A(40)	40
9	First given name – mother	String	A(40)	40
10	Middle name – mother	String	A(40)	40
11	Residential locality	String	A(46)	46
12	Residential postcode	Number	NNNN	4
13	Residential road number – mother	String	A(300)	12
14	Residential road name – mother	String	A(45)	45
15	Residential road suffix code – mother	String	AA	2
16	Residential road type – mother	String	AAAA	4
17	Admitted patient election status – mother	Number	N	1
18	Country of birth	Number	NNNN	4
19	Indigenous status – mother	Number	N	1
20	Indigenous status – baby	Number	N	1
21	Marital status	Number	N	1
22	Date of birth – mother	Date/time	DDMMCCYY	8
23	Height – self-reported – mother	Number	NNN	3
24	Weight – self-reported – mother	Number	NN[N]	3
25	Setting of birth – intended	Number	NNNN	4
26	Setting of birth – intended – other specified description	String	A(20)	20
27	Setting of birth, actual	Number	NNNN	4
28	Setting of birth, actual – other specified description	String	A(20)	20
29	Setting of birth – change of intent	Number	N	1
30	Setting of birth – change of intent – reason	Number	N	1
31	Maternal smoking < 20 weeks	Number	N	1
32	Maternal smoking ≥ 20 weeks	Number	NN	2
33	Gravidity	Number	N[N]	2

34	Total number of previous live births	Number	NN	2
35	Parity	Number	NN	2
36	Total number of previous stillbirths (fetal deaths)	Number	N	2
37	Total number of previous neonatal deaths	Number	NN	2
38	Total number of previous abortions – spontaneous	Number	NN	2
39	Total number of previous abortions – induced	Number	NN	2
40	Total number of previous ectopic pregnancies	Number	NN	2
41	Total number of previous unknown outcomes of pregnancy	Number	NN	2
42	Date of completion of last pregnancy	Date/time	{DD}MMCCYY	6 (8)
43	Outcome of last pregnancy	Number	N	1
44	Last birth – caesarean section indicator	Number	N	1
45	Total number of previous caesareans	Number	NN	1
46	Plan for VBAC	Number	N	1
47	Estimated date of confinement	Date/time	DDMMCCYY	8
48	Estimated gestational age	Number	NN	2
49	Maternal medical conditions – free text	String	A(300)	300
50	Maternal medical conditions – ICD-10-AM code	String	ANN[NN]	5 (X12)
51	Obstetric complications – free text	String	A(300)	300
52	Obstetric complications – ICD-10-AM code	String	ANN[NN]	5 (x15)
53	Gestational age at first antenatal visit	Number	N[N]	2
54	Discipline of antenatal care provider	Number	N	1
55	Procedure – free text	String	A(300)	300
56	Procedure – ACHI code	Number	NNNNNNN	7 (x8)
57	Deleted field			
58	Deleted field			
59	Deleted field			
60	Artificial reproductive technology – indicator	Number	N	1
61	Date of onset of labour	Date/time	DDMMCCYY	8
62	Time of onset of labour	Date/time	HHMM	4
63	Date of onset of second stage of labour	Date/time	DDMMCCYY	8
64	Time of onset of second stage of labour	Date/time	HHMM	4
65	Date of rupture of membranes	Date/time	DDMMCCYY	8
66	Time of rupture of membranes	Date/time	HHMM	4
67	Labour type	Number	N	1 (x3)
68	Labour induction/augmentation agent	Number	N	1 (x4)
69	Labour induction/augmentation agent – other specified description	String	A(20)	20

70	Indication for induction – free text	String	A(50)	50
71	Indication for induction – ICD-10-AM code	String	ANN[NN]	5 (X1)
72	Fetal monitoring in labour	String	NN	2 (x7)
73	Birth presentation	Number	N	1
74	Method of birth	Number	NN	2
75	Indications for operative delivery – free text	String	A(300)	300
76	Indications for operative delivery – ICD-10-AM code	String	ANN[NN]	5 (x4)
77	Analgesia for labour – indicator	Number	N	1
78	Analgesia for labour – type	Number	N	1 (x4)
79	Anaesthesia for operative delivery – indicator	Number	N	1
80	Anaesthesia for operative delivery – type	Number	N	1 (x4)
81	Events of labour and birth – free text	String	A(300)	300
82	Events of labour and birth – ICD-10-AM code	String	ANN[NN]	5 (x9)
83	Prophylactic oxytocin in third stage	Number	N	1
84	Manual removal of placenta	Number	N	1
85	Perineal laceration – indicator	Number	N	1
86	Perineal / genital laceration – degree/type	Number	N	1 (x2)
87	Perineal laceration – repair	Number	N	1
88	Episiotomy – indicator	Number	N	1
89	Estimated blood loss (ml)	Number	N[NNNN]	5
90	Blood product transfusion – mother	Number	N	1
91	Postpartum complications – free text	String	A(300)	300
92	Postpartum complications – ICD-10-AM – code	String	ANN[NN]	5 (x6)
93	Discipline of lead intra-partum care provider	Number	N	1
94	Admission to high dependency unit (HDU) / intensive care unit (ICU) – mother	Number	N	1
95	Date of birth – baby	Date/time	DDMMCCYY	8
96	Time of birth	Date/time	HHMM	4
97	Sex – baby	Number	N	1
98	Birth plurality	Number	N	1
99	Birth order	Number	N	1
100	Birth status	Number	N	1
101	Birth weight	Number	NN[NN]	4
102	Apgar score at one minute	Number	N[N]	2
103	Apgar score at five minutes	Number	N[N]	2
104	Time to established respiration (TER)	Number	NN	2
105	Resuscitation method – mechanical	String	NN	2 (x10)
106	Resuscitation method – drugs	Number	N	1 (x5)

107	Congenital anomalies – indicator	Number	N	1
108	Deleted field			
109	Deleted field			
110	Deleted field			
111	Neonatal morbidity – free text	String	A(300)	300
112	Neonatal morbidity – ICD-10-AM code	String	ANN[NN]	5 (x10)
113	Admission to special care nursery (SCN) / neonatal intensive care unit (NICU) – baby	Number	N	1
114	Hepatitis B vaccine received	Number	N	1
115	Breastfeeding attempted	Number	N	1
116	Formula given in hospital	Number	N	1
117	Last feed before discharge taken exclusively from the breast	Number	N	1
118	Separation date – mother	Date/time	DDMMCCYY	8
119	Separation date – baby	Date/time	DDMMCCYY	8
120	Separation status – mother	Number	N	1
121	Separation status – baby	Number	N	1
122	Transfer destination – mother	Number	NNNN	4
123	Transfer destination – baby	Number	NNNN	4
124	Number of antenatal care visits	Number	NN	2
125	Influenza vaccination status	Number	N	1
126	Pertussis (whooping cough) vaccination status	Number	N	1
127	Spoken English Proficiency	Numeric	N	1
128	Year of arrival in Australia	Number	NNNN	4
129	Head circumference	Number	NNNN	4
130	Episode identifier	String		9
131	Fetal monitoring prior to birth – not in labour	String	2 (x7)	1
132	Reason for transfer out – baby	Number	N	1
133	Reason for transfer out – mother	Number	N	1
134	Congenital anomalies – ICD-10-AM code	String	ANN[NN] (x9)	5 (x9)
135	Maternal alcohol use at less than 20 weeks	Code	N	1
136	Maternal alcohol volume intake at less than 20 weeks	Code	N	1
137	Maternal alcohol use at 20 or more weeks	Code	N	1
138	Maternal alcohol volume intake at 20 or more weeks	Code	N	1
139	Antenatal corticosteroid exposure	Code	N	1
140	Chorionicity of multiples	Code	N	1

Data submission timelines

Birth period (from)	Birth period (to)	Submission due date
01/01/2019	31/01/2019	28/02/2019
01/02/2019	28/02/2019	31/03/2019
01/03/2019	31/03/2019	28/04/2019
01/04/2019	30/04/2019	31/05/2019
01/05/2019	31/05/2019	30/06/2019
01/06/2019	30/06/2019	28/07/2019
01/07/2019	31/07/2019	31/08/2019
01/08/2019	31/08/2019	29/09/2019
01/09/2019	30/09/2019	31/10/2019
01/10/2019	31/10/2019	30/11/2019
01/11/2019	30/11/2019	29/12/2019
01/12/2019	31/12/2019	31/01/2020

From a business perspective data is required to be submitted within 30 days from the Date of birth – baby, and a maximum of 30 days is permitted under the Public Health and Wellbeing Regulations 2009. This includes corrections to remediate business rule violations and any additional updates to the birth record. Exceptions to this rule are only permissible where negotiated on a case by case basis.

To meet this requirement, at least one submission is required for each calendar month prior to the close of business at 17:00 hours on the last business day of the month. Experience has shown that the review and correction of any submission issues is easiest close to the clinical event. Therefore agencies with high birth counts will benefit from a more regular submission cycle, such as fortnightly or weekly.

The episode record for a particular birth episode must include all the components known at the time. Where mother and/or baby are still admitted after the submission deadline, report all data items known at the time of submission.

Test transmissions

Test transmissions may be necessary under the following circumstances:

- if a site changes software vendor or system
- if a site makes changes within the current software that may impact on the capacity to report
- to test annual revisions to reporting specifications.

If a site believes they need to submit test transmissions, contact the HDSS Helpdesk hdss.helpdesk@dhhs.vic.gov.au to make arrangements to submit test data.

Staff at the department will, if requested, assist in identifying problems. Once the supplier and/or site are satisfied that the software meets the specifications as defined, live transmissions can begin.