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| HDSS Bulletin |
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Contents

[Global update 1](#_Toc36647220)

[227.1 Circulars 1](#_Toc36647221)

[Rules for coding and reporting COVID-19 episodes of care 1](#_Toc36647222)

[227.2 Updated classification advice for coding of COVID-19 admitted episodes 1](#_Toc36647223)

[227.3 New Tier 2 codes for non-admitted care 2](#_Toc36647224)

[227.4 New codes for emergency department presentation 2](#_Toc36647225)

[Victorian Admitted Episodes Dataset (VAED) 2](#_Toc36647226)

[227.5 Program Identifier descriptor change 2](#_Toc36647227)

[227.6 Emergency department capacity response arrangements 2](#_Toc36647228)

[227.7 Changes to VAED validations 319 and 712 3](#_Toc36647229)

[Elective Surgery Information System (ESIS) 4](#_Toc36647230)

[227.8 Elective surgery performed under contract at a private hospital due to COVID-19 4](#_Toc36647231)

[227.9 Scheduled admissions for elective surgery cancelled due to COVID-19 4](#_Toc36647232)

[Victorian Emergency Minimum Dataset (VEMD) 4](#_Toc36647233)

[227.10 New Type of Visit code 4](#_Toc36647234)

[227.11 New Service Type codes 4](#_Toc36647235)

[Agency Information Management System (AIMS) 5](#_Toc36647236)

[227.12 UCC COVID-19 Pandemic form 5](#_Toc36647237)

[227.13 Daily Capacity and Occupancy Register 5](#_Toc36647238)

[Contact details 5](#_Toc36647239)

# Global update

## Circulars

Access private hospital circulars at: [Private hospital circulars](http://www.health.gov.au/internet/main/publishing.nsf/Content/health-phicirculars2019-index1) <http://www.health.gov.au/internet/main/publishing.nsf/Content/health-phicirculars2019-index1>

Access hospital circulars at: [Hospital circulars](https://www2.health.vic.gov.au/about/news-and-events/hospitalcirculars) <https://www2.health.vic.gov.au/about/news-and-events/hospitalcirculars>

# Rules for coding and reporting COVID-19 episodes of care

## Updated classification advice for coding of COVID-19 admitted episodes

On 27 March 2020, the Independent Hospital Pricing Authority (IHPA) released the following classification advice for coding of COVID-19 admitted episodes:

* An update to the Coding Rule titled Novel coronavirus; use of WHO code for emergency use originally released on 7 February 2020 and updated on 20 February 2020 (effective 1 January 2020)
  + Supplementary guidelines regarding the classification of specific COVID-19 related scenarios

Refer to [IHPA website](https://www.ihpa.gov.au/what-we-do/icd-10-am-achi-acs-current-edition) <https://www.ihpa.gov.au/what-we-do/icd-10-am-achi-acs-current-edition>

## New Tier 2 codes for non-admitted care

On April 2, the Independent Hospital Pricing Authority (IHPA) will release classification advice for new Tier 2 classes to capture activity associated with the diagnosis and treatment of patients with COVID-19 in the outpatient or non-admitted setting.

Health services will be notified when the new Tier 2 classes have been added to the Non-admitted Clinic Management System.

## New codes for emergency department presentation

On April 2, the Independent Hospital Pricing Authority (IHPA) will release classification advice for new diagnosis codes to capture activity associated with the diagnosis and treatment of patients with COVID-19 in the emergency department setting.

Health services will be notified when an updated version of the VEMD Library file is available.

# Victorian Admitted Episodes Dataset (VAED)

## Program Identifier descriptor change

A new descriptor for Program Identifier code 08 has been introducedto identify elective surgery undertaken as a contract arrangement between two hospitals due to COVID-19. The new descriptor for code 08 is **COVID-19 Surge Response.**

The revised Program Identifier codeset is:

08        COVID-19 Surge response (descriptor updated from Program Identifier B (reserved for future use))

05        Home Birthing Program

09        Specialist ABI Rehabilitation Service

10        Specialist Spinal Rehabilitation Service

07        NDIS participant

If more than one code applies to a surge response episode, report 08 COVID-19 Surge response.

Health services should continue to report to the VAED using the current contract arrangement business rules. Consistent with usual VAED reporting requirements, both health services must report admission and separation details and contract information. In addition, each separation will report **Program Identifier = 8 COVID-19 surge response.** This will provide the additional information required to enable the department to identify activity that was performed in response to the COVID-19 outbreak.

Whilst non-urgent elective surgery has recently been cancelled, several elective surgeries have already been performed as part of the elective surgery blitz earlier in the month – we request health services that participated in the blitz to include the new Program Identifier code in their VAED submission.

## Emergency department capacity response arrangements

This information is provided for private hospitals who have an arrangement with the Department of Health and Human Services to provide care under the Emergency Department Capacity Response Arrangements.

In order to report public patients to the Victorian Admitted Episodes Dataset (VAED), private hospitals must report contract arrangements with the department.

Private hospitals should report admitted episodes provided under the Emergency Department Capacity Response Arrangements with this combination of codes:

Account Class: MP Public

Funding Arrangement: 1 Contract

Contract Type: 1 Contract Type B (health authority contracts B for admitted service)

Contract Role: B (service provider hospital)

Contract/Spoke Identifier: 0030 (other funding source)

Program Identifier: 08 COVID-19 Surge Response

## Changes to VAED validations 319 and 712

Two VAED validations have been relaxed to allow episodes with mechanical or non-invasive ventilation duration to accept in VAED without ICU/CCU hours. This change has been made to facilitate reporting of episodes where health services have converted general wards to provide ICU care as part of the COVID-19 response.

The following VAED validations have been temporarily updated from Rejection to Warning, effective for separations on or after 01/01/20:

### 319    MV duration but no ICU stay

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| Effect | ~~REJECTION~~ WARNING |
| Problem | The X5 Diagnosis Record has a Duration of Mechanical Ventilation but no Duration of Stay in ICU. To be counted in this field, mechanical ventilation must be provided in ICU. |
| Remedy | Check Duration of Mechanical Ventilation and Duration of Stay in ICU amend as appropriate and re-submit the X5/Y5.  If the patient received mechanical ventilation in a combined ICU/CCU, report the ICU/CCU hours in the ICU field, not the CCU field.  If the patient received mechanical ventilation during a contracted service in ICU at another hospital, include that period of ICU. |

### 712    NIV duration but no ICU stay

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| --- | --- |
| Effect | ~~REJECTION~~ WARNING |
| Problem | The X5 Diagnosis Record has a Duration of Non-invasive Ventilation (NIV) but no Duration of Stay in ICU. To be counted in this field, NIV must be provided in ICU. |
| Remedy | Check Duration of NIV and Duration of Stay in ICU, amend as appropriate and re-submit the X5/Y5. |

Please note that all ICU/CCU hours must be captured in house and submitted to the VAED later, once internal systems have been updated.

# Elective Surgery Information System (ESIS)

## Elective surgery performed under contract at a private hospital due to COVID-19

ESIS has an existing Reason for Removal code P Special purpose which was reserved for future use under circumstances to be determined by the department. This code has now been activated and designated COVID-19 to identify elective surgery performed under contract due to the COVID-19 response.

This code should be reported when this campus/health service has arranged for the patient to be treated at another campus under contract or similar arrangement due to the COVID-19 response. The responsibility for the patient’s waiting episode remains with the ESIS campus/health service reporting this episode. This patient should remain on the waiting list until admitted.

Destination (campus code where patient has received awaited procedure) is required.

## Scheduled admissions for elective surgery cancelled due to COVID-19

A new Reason for Scheduled Admission Date change code has been introduced to identify surgery cancelled due to the COVID-19 response. The new code is 119 COVID-19. This code is not considered a hospital initiated postponement (HIP).

Code 119 should be reported when an admission was cancelled due the hospital planning and preparing for their response to the COVID-19 emergency.

# Victorian Emergency Minimum Dataset (VEMD)

Health services with Emergency Departments are required to report COVID-19 assessment clinic activity to the department through the VEMD.

Effective March 23, all VEMD submitting sites are required to submit to the VEMD by 5pm every weekday.  Activity for Friday, Saturday and Sunday should be reported by 5pm the following Monday.

## New Type of Visit code

The following code has been added to the VEMD for reporting of COVID-19 assessment clinic activity:

**Type of Visit**

One new code has been created:

19: COVID-19 assessment clinic

Use code 19 to report presentations to a COVID-19 assessment clinic.

## New Service Type codes

Two new codes have been created:

3: COVID-19 related: tested

4: COVID-19 related: NOT tested

*Reporting guide*

Use code 3 for patients presenting to COVID 19 assessment clinic and a test has been performed.

Use code 4 for patients presenting to COVID 19 assessment clinic and a test has **not been performed.**

Telehealth consultations should continue to be reported as *2: Telehealth.*

# Agency Information Management System (AIMS)

## UCC COVID-19 Pandemic form

Health services with urgent care centres (UCC) and small ABF funded health services and small rural health services that provide urgent care/unplanned emergency medical treatment to non-admitted patients must complete the UCC COVID-19 Pandemic form commencing from 23 March 2020.

The form is available under the AIMS selector via the [HealthCollect Portal](https://www.healthcollect.vic.gov.au) ([<https://www.healthcollect.vic.gov.au>](https://www.healthcollect.vic.gov.au/desktopdefault.aspx)). The UCC COVID-19 Pandemic form is used to collect aggregate data on the number of presentations for patients attending for assessment, testing or management of COVID-19.

## Daily Capacity and Occupancy Register

All public hospitals and private hospitals, specialty hospitals and day procedure centres must complete the Daily Capacity and Occupancy Register commencing from 31 March 2020.

This form is available under the AIMS selector via the [HealthCollect Portal](https://www.healthcollect.vic.gov.au) [<https://www.healthcollect.vic.gov.au>](https://www.healthcollect.vic.gov.au/desktopdefault.aspx). The Daily Capacity and Occupancy Register is used to monitor the availability of bed stock across the Victorian health system in the event of unprecedented demand due to COVID-19.

For private and specialty hospitals, and day procedure centres HealthCollect log-on details and instructions were sent to the CEO. For public hospitals, users that have access to the AIMS Monthly A3 Beds form on HeatlhCollect will have access to this new form.

# Contact details

The Data Collections unit manages several Victorian health data collections including:

* Victorian Admitted Episodes Dataset (VAED)
* Victorian Emergency Minimum Dataset (VEMD)
* Elective Surgery Information System (ESIS)
* Agency Information Management System (AIMS)
* Victorian Integrated Non-Admitted Health Minimum Dataset (VINAH)
  + F1 data collections (technical support)

The HDSS Bulletin is produced at intervals to provide:

* answers to common questions recently directed to the HDSS help desk
* communication regarding the implementation of revisions to data collection specifications, including notification of amendments to specified data collection reference tables
* feedback on selected data quality studies undertaken
  + information on upcoming events

**Website**

[HDSS website](https://www2.health.vic.gov.au/hospitals-and-health-services/data-reporting/health-data-standards-systems) <https://www2.health.vic.gov.au/hospitals-and-health-services/data-reporting/health-data-standards-systems>

[DHHS Coronavirus website](https://www.dhhs.vic.gov.au/coronavirus) <https://www.dhhs.vic.gov.au/coronavirus>

**HDSS help desk**

Enquiries regarding data collections and requests for standard reconciliation reports

[Email HDSS help desk](mailto:HDSS.helpdesk@dhhs.vic.gov.au) [HDSS.helpdesk@dhhs.vic.gov.au](mailto:HDSS.helpdesk@dhhs.vic.gov.au)

**Other Victorian health data requests**

[VAHI Data Request Hub](https://vahi.freshdesk.com/support/home) < https://vahi.freshdesk.com/support/home>

[Email HOSdata](mailto:Hosdata.frontdesk@vahi.vic.gov.au) [Hosdata.frontdesk@vahi.vic.gov.au](mailto:Hosdata.frontdesk@vahi.vic.gov.au%20)

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