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| HDSS Bulletin |
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# 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>

## COVID-19 testing blitz

To support the government’s decision-making in relation to the State of Emergency, the coronavirus testing program is being expanded. The testing blitz will be carried out through a combination of the existing assessment clinics, as well as new mobile screening clinics that will visit key workplaces. As part of this increased testing, asymptomatic healthcare workers may be offered a test.

The department is developing a more systematic approach to report this activity. Further advice on this will be provided shortly from the COVID19-Project Management Office.

We are aware some health services have reported testing of asymptomatic staff via the VEMD. If you have started this, please continue but it is not mandatory to report healthcare workers to this dataset.

## New Daily Elective Surgery Report

This is a reminder that the new Daily Elective Surgery Activity report is live, and public and private hospitals and day procedure centres are required to report via HealthCollect by 1pm each weekday, reporting the main procedure for admitted patients on the previous day.

This weekend the form will be updated to include a new option when no surgery/procedures are performed on a given day. You will be able to select a new button to indicate Nil elective surgery/ procedures performed.

Based on early feedback, a FAQ document is being compiled and will be distributed in the near future.

# Victorian Admitted Episodes Dataset (VAED)

## Public patients in private hospitals – cluster arrangements

### Activity Reporting

To ensure consistency of reporting across the State, DHHS has developed a standard VAED reporting protocol to be used when reporting any patient who receives care in a private facility for services provided under the conditions of the contractual agreements between the DHHS and Victorian Private Hospitals (Comprehensive Agreement).

### Reporting obligations

The admitted episode is only reported to the VAED by the hospital at which the activity occurs. Therefore, where the activity occurs at the private hospital, only the private hospital reports the admitted episode.

It is acknowledged that under the partnership public health services may choose to redirect different types of patients (defined by Care Type). While the patient type would have normally been reflected in the Care Type if reported by the public health service, for the purpose of this arrangement, the private hospital can report all patient types as Care Type 4 Acute (with the exception of newborns where the newborn reporting rules apply). For example, a palliative care patient will be reported with Care Type 4 and the clinical coding will reflect that the patient was a palliative care patient. Similarly, with a rehabilitation episode, the clinical coding will reflect the patient received rehabilitation.

Where the admitted episode occurs at a private hospital, the private hospital must report the following data items to the VAED (in addition to the VAED data items usually reported for an episode of care).

For all separations on or after 1st May 2020:

### Unplanned admit to a private hospital (any public patient who presents to or is diverted to a private hospital)

* 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
	+ Account Class: MP Public

### Planned admit to a private hospital (public hospital has arranged for the admission to occur at the private hospital and patient does not present to the public hospital first)

* 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
* Account Class: Select the most appropriate
	+ Admission Source: T - transfer from acute hospital/extended care/rehabilitation/geriatric centre plus a Transfer source code of the hospital the patient was transferred from\*

\*Note: Admission Source T would not normally be reported unless a patient is transferred directly from one hospital to another, however in order to identify the public hospital that has arranged the admission, Admission Source T is required in these circumstances.

Transfers to private hospital from public hospital (patient presents to or is admitted at the public hospital before being transferred to the private hospital)

Note: If the patient is admitted to the public hospital and then transferred to a private hospital where they are admitted, both hospitals will report an episode to the VAED (with different admission and separation dates) but only the private hospital will report the contract details below.

* 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
* Account Class: Select the most appropriate
	+ Admission Source = T - transfer from acute hospital/extended care/rehabilitation/geriatric centre plus a Transfer source code of the hospital the patient was transferred from

### Obstetrics episodes

If the birth episode occurs at the private hospital, that hospital must report a newborn baby episode whether qualified or unqualified (it is currently optional for private hospitals to report unqualified newborns).

### Reporting timelines

At a minimum, private hospitals must submit admitted patient data to the VAED according to the timelines below:

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| VAED | Timeline |
| Admission and separation details for the month (E5 and J5 records) | Must be submitted by 5.00pm on the 10th day of the following month |
| Diagnosis and procedure codes (X5 and Y5 records) | Must be submitted by 5.00pm on the 10th day of the second month following separation |
| Final data for the 2019-20 financial year | Must be submitted by 5.00pm on 24 August 2020 |

Private hospitals may submit more frequently than the minimum standards specified in the table above.

### Documentation and Clinical Coding Obligations

### Clinical information sharing

To ensure continuity of patient care both the public and private hospital must have local policies and procedures in place for clinical information sharing.

At a minimum, the referring public hospital is required to ensure that the patient’s relevant clinical history is available to the private hospital treating the patient.

The private hospital is required to complete a discharge summary or letter for the referring public hospital and the patient’s GP.

Options for information sharing to ensure continuity of care:

* Hard copy notes accompany patient transferred
* Secure data exchange
	+ Access to public hospital’s EMR

### Clinical documentation requirements

Clinical documentation of the admitted episode is the responsibility of the hospital where the activity occurs and must be timely accurate and complete.

Clinicians are expected to respond to any documentation queries from clinical coders in relation to ambiguous or incomplete documentation to ensure the complete and accurate coding of the episode.

All relevant clinical documentation must be made available to the referring public hospital on request following discharge from the private hospital.

Depending on the patient’s speciality, the public hospital may have specific clinical documentation requirements and may ask the private hospital clinician to document on a form specified by the public hospital.

### Clinical Coding requirements

The admitted episode will only be coded by the HIM/Clinical Coder at the hospital where the activity occurred.

The admitted episode will be coded in ICD-10-AM/ACHI/ACS Eleventh Edition in accordance with the Australian Coding Standards, IHPA Coding Rules and Victorian coding advice.

The episode will be grouped in DRG V9.0 by the Department once it has been submitted to the VAED.

# 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>

**HDSS help desk**

Enquiries regarding data collections and requests for standard reconciliation reports

Telephone (03) 9096 8595

Email HDSS help desk <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 Hosdata.frontdesk@vahi.vic.gov.au

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