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| HDSS Bulletin |
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| OFFICIAL |

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# Global updates

## Circulars

[Private hospital circulars](https://www.health.gov.au/news/phi-circulars) <https://www.health.gov.au/news/phi-circulars>

[Victorian hospital circulars](https://dhhsvicgovau.sharepoint.com/sites/DCU-DHHS-GRP/Shared%20Documents/General/HDSS%20bulletins/Victorian%20hospital%20circulars) <https://www2.health.vic.gov.au/about/news-and-events/hospitalcirculars>

## HDSS helpdesk support

The HDSS helpdesk provides support to many stakeholders. Due to the high volume of enquiries being received, we ask that health services and vendors review the relevant data collection manual and other documentation available on the [HDSS website](https://www2.health.vic.gov.au/hospitals-and-health-services/data-reporting/health-data-standards-systems/data-collections) before sending any questions to the helpdesk. Often, the answers to many questions can be found in the data collection manuals, in a HDSS Bulletin or in another document on our website.

## Managed File Transfer (MFT) Multi Factor Authentication

To improve security, changes will be implemented to MFT which will affect all data collections using the portal and all MFT account holders.

Once implemented, to access the MFT portal all users will be required to enter a one-time security code as well as their MFT account name and password. A one-time security code is a password that is valid for only one login session, therefore every time users access MFT, they will be required to enter a new one-time security code.

By default, all MFT users will be setup to receive the one-time security code via email (using the email address linked to their MFT account). However, MFT users can also provide their mobile phone number, which will be securely stored in their MFT account profile. MFT users that provide their mobile phone number can select to receive the one-time security code via email or SMS text to their mobile.

MFT users wishing to receive their one-time security code via the SMS option, will need to email HDSS Helpdesk, providing their MFT account name and mobile phone number so their MFT account profile can be updated. Please send the email with subject: Mobile MFT-username.

To maintain access users must ensure that they have their own MFT account with their own email address details linked to this account. To request an MFT account please email HDSS Helpdesk and include the following details:

* First and last names
* Date of birth (day and month ONLY)
* email address for the MFT account
* Mobile phone number to receive SMS one-time password notifications (optional)
* Confirm the data collection MFT folders you require access to

It is expected these security changes will be implemented in September 2021. Further information including the confirmed timeframes will be published in subsequent HDSS Bulletins.

# Agency Information Management System (AIMS)

## Release of AIMS A2 Specialised Services Indicators form

The AIMS A2 Specialised Services Indicators form has been released on the HealthCollect portal under the AIMS tab.

The A2 form is an annual survey of specialised services operating in hospitals in June of each year. This year a new specialist service E4.29 Clinical pharmacology or toxicology service has been included on the form. If your health service has a specialist facility dedicated to the provision of clinical pharmacology or toxicology services, then please check this indicator. The list of specialist services available on the A2 form are as provided by the Australian Institute of Health and Welfare.

To access the A2 form on the AIMS Selector, select an acute campus (CA). A separate A2 form is required for each acute campus.

Data submitted last year has been pre-loaded on to the form. Hospitals are to review the specialist services submitted last year and if specialist services have changed, amend as necessary.

Due date for submission of the A2 form to the department is 14 July 2021.

Further information on completing the A2 form is available in the [AIMS Manual 2020-21](https://www2.health.vic.gov.au/about/publications/policiesandguidelines/aims-manual-2020-21).

## Changes to Daily Capacity and Occupancy Register - COVID Specific Bed

The department continues to evolve the health care arrangements in place for COVID-19 patients. COVID-19 patients requiring acute hospital services will be cared for in a select number of health services. This will reduce the exposure and movement of COVID-19 patients across the health system.

Eight Victorian hospitals have agreed to make beds available for COVID specific purposes. Each hospital has agreed a maximum number of beds that could be made available if required.

The selected hospitals are:

* General High Acuity Services: The Alfred Hospital, Box Hill Hospital, Royal Melbourne Hospital
* Specialist High Acuity Services: The Royal Children’s Hospital (Paediatric service), The Royal Women’s Hospital (Maternity and Women’s Health service), Monash Medical Centre Clayton (Maternity service)
* Lower Acuity Services (including for aged care residents): Epping Private Hospital, Latrobe Private Hospital

To monitor availability and occupancy of COVID specific beds at selected hospitals, changes have been made to the Daily Capacity and Occupancy report (DCOR) on HealthCollect. A new row with four new items has been added. **Only the eight selected hospitals are required to complete this new row** – all other hospitals should leave this row blank. The selected hospitals were required to commence reporting to the DCOR on 8 June 2021 for the previous day.

Reporting guidelines have been distributed to the eight selected health services and will be published at the [HDSS Communications](https://www2.health.vic.gov.au/hospitals-and-health-services/data-reporting/health-data-standards-systems/hdss-communications) < https://www2.health.vic.gov.au/hospitals-and-health-services/data-reporting/health-data-standards-systems/hdss-communications>. Questions about the changes can be sent to the HDSS Helpdesk <hdss.helpdesk@health.vic.gov.au>

## COVID positive pathways reporting

On 31 May, Health Services participating in the COVID positive pathways program were advised by email that AIMS reporting is no longer required for this program. The AIMS form in HealthCollect will now be removed from all participating health services.

The Service Guidelines for the program will be updated by the Metropolitan Performance and Improvement Unit to reflect the current reporting obligations.

# Victorian Admitted Episodes Dataset (VAED)

## Data submission timelines

Health services are reminded that VAED data must be submitted in accordance with the timelines specified in the Policy and Funding Guidelines.



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| VAED | Timeline |
| Admission and separation details for the month (E5, J5 and VS records) | Must be submitted by 5:00pm on the 10th day of the following month |
| Diagnosis and procedure, subacute and palliative details (X5, Y5, S5 and P5 records) | Must be submitted by 5:00pm on the 10th day of the second month following separation. |
| Data for the 2020-21 financial year | Must be submitted by 5:00pm on 10 August 2021 |
| Final corrections to data for 2021-21 | Must be submitted by 5:00pm on 24 August 2021 |

Any reporting issues must be communicated in writing to the HDSS helpdesk prior to the reporting deadline. Late data submissions result in data not being available for inclusion in reports such as Monitor and PRISM which are provided to health sector executives and [Victorian Health Service Performance](https://vahi.vic.gov.au/reports/victorian-health-services-performance) data which is publicly available.

## CFA Type B and Type C reports

Type B - health services are reminded to review the quarterly reports listing episodes reported to the VAED with Criteria for Admission B: Day-only Automatically Admitted Procedures (CFA B) but without a procedure from the Automatically Admitted Procedure List (AAPL). Episodes with a treatment cancellation diagnosis code Z53x are excluded.

The last report Q3 was uploaded via MFT on 21 April 2021 and is in the VAED pickup folder. If you can’t locate the report, please contact the HDSS helpdesk.

Type C - a report listing episodes reported to the VAED with Criteria for Admission C: Day-only Not Automatically Qualified Procedures (CFA C) but without a procedure from the Not Automatically Qualified for Admission List. The report includes episodes reported to the VAED up to 21 May 2021.

Health services are asked to review episodes in both reports to ensure:

* The episode meets a criterion for admission, and should be reported to the VAED
* The correct criterion for admission (B or C) has been assigned
* The correct procedure code/s have been assigned

Reference files: [VAED Criteria for Reporting 2020-21](https://www2.health.vic.gov.au/about/publications/policiesandguidelines/vaed-criteria-for-reporting-2020-21), [VAED reporting procedure code lists: AAPL and NAQAL](https://www2.health.vic.gov.au/about/publications/policiesandguidelines/vaed-reporting-procedure-code-lists-2020-21).

## Data quality reports VEMD & VAED

Health services are reminded to review monthly data quality reports and resubmit corrections to relevant data collections by consolidation dates.

Two reports are available. The first report lists episodes where emergency department departure time is at least 5 minutes after the admission time. The second report lists episodes where the entire admission is reported in the emergency department. Both reports are distributed to health services via MFT and located in the VEMD pickup folder.

The refreshed reports will be generated and distributed by 18 June 2021.

## ****Elective Surgery Blitz reporting****

Health services are reminded about the new reporting guidelines released in [HDSS bulletin Issue: 243](https://www2.health.vic.gov.au/about/publications/researchandreports/hdss-bulletin-243), and updated in 244, which apply to admissions on and after 1 March 2021.

Health services should review the Edit reports received after uploading a VAED file to ensure elective surgery episodes are reported as per the Elective Surgery Blitz guidelines. These episodes can be identified by funding arrangement B or program ID 13. Elective surgery blitz data is used by the department to reconcile with the funding allocation to each public health service.

# Elective Surgery Information System (ESIS)

## Reminder PPP codes not valid after 30 June 2021

This is a reminder that PPP codes are only valid until 30 June 2021. An Intended Procedure (IP) code must be reported for all episodes waiting at 1 July 2021 or later.

## Reminder to assign a specific IP code if available

Please ensure a specific Intended Procedure code is assigned when available. The department reports nationally against these codes. A recent review of the use of the non-specific Intended Procedure code 888 Other identified it is being reported when specific codes exist. Some services are assigning IP888 for more than 25% of episodes. Examples of specific IP codes incorrectly reported as IP888 include:

IP004 Cystoscopy

IP005 Haemorrhoidectomy

IP012 Tonsillectomy (with or without adenoidectomy)

IP045 Circumcision

IP080 Hysteroscopy, dilatation and curettage

IP084 Large loop excision of the transformation zone cervix (LLETZ)

IP094 Microlaryngoscopy

IP107 Osteotomy

## Procedures must be reportable to ESIS

Procedures reportable to ESIS must be in the surgical operations section of the Medicare Benefits Schedule.

Below are examples of procedures which are not in the surgical operations section of the Medicare Benefits Schedule. Waiting list episodes for these procedures must not be reported to ESIS.

* Mirena insertion
* Dental procedures ACHI blocks [450] to [490]

If an episode for an excluded procedure (not elective surgery) is reported in error, the hospital must create a deletion record to delete the episode from the ESIS database.

# Victorian Emergency Minimum Dataset (VEMD)

## Reminder daily submission

This is a reminder that health services are required to submit data by 5pm daily (Monday to Friday). Saturday and Sunday data are to be submitted on Monday.

## VEMD deletion records

Deletion of a record previously submitted to VEMD requires the record to be resubmitted with eleven ‘9’s in the Medicare Number field. For deletions to trigger the following six fields are mandatory: Campus Code, Unique Key, Patient Identifier, Medicare Number (eleven 9s), Arrival Date, Arrival Time.

Please remember that submitting a file without the deleted record is not enough because all previously submitted records are active unless overwritten by later records with the same Unique Key.

## Reconciliation reports

VEMD patient level reconciliation reports are provided to health services every month. The reports are year to date and can be collected from the Managed File Transfer (MFT) portal after the VEMD monthly consolidation date. Health services are reminded that VEMD patient level reconciliation reports are provided to assist health services to verify all relevant data has been submitted to the VEMD.

## VEMD final consolidation 2020-2021

Reminder that final consolidation of the VEMD for 2020-21 is 27 July 2021. Corrections to 2020-21 data must be submitted prior to consolidation of the VEMD for 2020-21 and cannot be submitted in a 2021-22 file.

## VEMD editor 2021-22

The VEMD editor 2021-22 will be available from the HDSS website shortly. Please contact the HDSS helpdesk if you require assistance or have any questions about the VEMD editor 2021-22.

# Victorian Integrated Non-Admitted Health Minimum Dataset (VINAH)

## Correction to Specifications for revisions to VINAH 2021-22 Part A

Please note the following correction to the reporting guide for data element Episode Health Condition

~~Episode Health Conditions Code Set 9999 Emergency Use Reportable as of 01/07/2021~~

Episode Health Conditions Code Set 9000 Emergency Use Reportable as of 01/07/2021

# Contacts

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/annual-changes) <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

Email HDSS help desk <HDSS.helpdesk@health.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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