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| HDSS Bulletin |
| Issue 253: 3 November 2021 |
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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>

## Managed File Transfer (MFT) – downloading report files

MFT users have 60 days to download their electronic report files from the site’s specific data collection PICKUP sub-folder. Report files that are not opened or downloaded in this time will be automatically removed by MFT once 60 days have passed.

Electronic report files can only be opened/downloaded ONCE from the MFT PICKUP sub-folder and once this has occurred, the report file is moved by MFT to the BACKUP sub-folder.

Electronic report files are held in the MFT BACKUP sub-folder for 7 days, after this time the files are automatically deleted. Electronic report files can be opened/downloaded by MFT users as often as required during the 7-day period. Report files will remain in the BACKUP folder for the 7-day period regardless of the number of times the file is opened/downloaded.

It is the responsibility of the MFT user to save the electronic report file to a local drive and distribute this report internally to other MFT users at that site.

# Victorian Emergency Minimum Dataset (VEMD)

## Reporting of ‘Referred by’ - code 21 Apprehended under Mental Health Act – Police/Protective Service Officer

Effective 1 July 2018 a new code was added to the ‘Referred by’ data element in the VEMD to capture data where a patient has been apprehended by police/PSO under s351 of the Mental Health Act. This occurs if a police officer or Protective Services Officer is satisfied that a person appears to have a mental health issue, and because of the apparent issue, the person needs to be apprehended to prevent serious and imminent harm to themselves or another person. The purpose of the apprehension is to facilitate examination of the person by a doctor or assessment by a mental health practitioner. When a patient attends ED under such circumstances, the ‘Referred by’ code should be *21 Apprehended under Mental Health Act – Police/Protective Service Officer.*

In response to the Royal Commission into Victoria’s Mental Health System, the Department of Health recently undertook a review of reporting of Code 21 which identified variations in reporting. Consequently, some health services have or will be contacted in relation to the data they have (or have not) reported.

Health services are reminded that the valuable data reported in the VEMD (and other data collections) assists planning and policy development and service provision. All health services are encouraged to have processes in place to ensure the quality of the data submitted to the department.

Health services are reminded that the valuable data reported in the VEMD (and other data collections) assists planning and policy development and service provision. All health services are encouraged to have processes in place to ensure the quality of the data submitted to the department.

# Victorian Admitted Episodes Dataset (VAED)

## Reminder to follow business rules for Leave

Leave with permission occurs when an overnight or multi-day patient leaves the hospital temporarily with the approval of the hospital and/or treating medical practitioner, with the intention that the patient will return within seven days to continue the current treatment.

**Failure to return from leave within seven days**

* A patient failing to return from leave within seven days should be formally separated, effective from the date of leaving the hospital
* If the patient later returns to the hospital, a new episode is started

## Elective Surgery Blitz reporting – new validations

Two new validations have been implemented restricting elective surgery blitz episodes to public account classes, effective from 1 July 2021:

### 734 Funding Arrangement B Elective Surgery Blitz, Account Class not public

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| **Effect** | **REJECTION** |
| **Problem** | The public hospital’s E5 Episode Record’s Funding Arrangement is B Elective Surgery Blitz, but Account Class is not public (ie M\*,J\*). |
| **Remedy** | Check Funding Arrangement and Account Class, amend as appropriate and re-submit the E5.  |

### 735 Program Identifier 13 Elective Surgery Blitz, Account Class not public

|  |  |
| --- | --- |
| **Effect** | **REJECTION** |
| **Problem** | The E5 Episode Record’s Program Identifier is 13 Elective Surgery Blitz, but Account Class is not public (ie M\*,J\*). |
| **Remedy** | Check Program Identifier and Account Class, amend as appropriate and re-submit the E5 |

Both validations will now be applied to E5 episode records (NEW and UPDATES) submitted from 1 July 2021. Incorrectly reported VAED data submitted prior to the implementation of these validations, will be identified and the affected sites will be required to correct and resubmit these episode records.

## Updated late data exemption form public hospitals

An update has been made to the form requesting an exemption from the VAED data quality (when more than 1% of records are affected in a month) and timeliness penalties as set out in the *Department of Health policy and funding guidelines*.

The update includes a note stating reason for outstanding/incomplete data will be used for internal compliance reports.



The updated form will be published on the HDSS website by the end of November.
In the meantime, health services should request a copy of the updated form via HDSS helpdesk email.

# Agency Information Management System (AIMS)

## Daily Capacity and Occupancy Register changes effective 26 October 2021

Changes were made to the Daily Capacity and Occupancy Register (DCOR), taking effect with data for 26 October 2021, reported on 27 October.

These changes:

* Introduced two new bed/space categories – HITH and Sub-acute at home – for reporting capacity and occupancy
* Added reporting of staffing capacity for COVID specific beds, and HITH and Sub-acute at home staff, to the staffing capacity reported in the ‘Other’ row, ie along with all staff apart from those for Critical care, and ED/CCU and ED/Short Stay Unit, beds, each of which has a staff capacity reporting row, and Mortuary staffing, which is still not required to be reported
* Made a slight change to the definition of ‘confirmed COVID patient’ for the ‘Current occupancy’ columns

Updated reporting guidelines were emailed to DCOR contacts and will be accessible at the [HDSS website](https://www.health.vic.gov.au/data-reporting/communications) < https://www.health.vic.gov.au/data-reporting/communications >

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

The following corrections have been made and will be included in the next edition of the VINAH manual.

## Corrections to Referral In Outcome – VINAH manual 2021-22



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| --- | --- | --- |
|  | Table identifier | HL70283 |
|  | **Code** | **Descriptor** |
| \*not PC,HBPCCT  | *Other reasons*37 Referral does not meet statewide referral criteria |

## Corrections to business rules – VINAH manual 2021-22

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| --- | --- |
| **BR-DAT-RIN-0~~10~~ ~~0~~17** | When a Referral In Outcome is ‘010 – Referral accepted – New appointment’ or ‘020 – Referral accepted – Review appointment’ or ‘1 – Referral accepted’ or ‘3 – Referral accepted – ~~Review appointment’~~ Renewed referral a Referral In Reason must be reported |

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| **BR-DAT-RIN-008** | When a Referral In Outcome has the value ‘010 – Referral accepted – New appointment’ or ‘020 – Referral accepted – Review appointment’ or ‘1 – Referral accepted’ or ‘3 – Referral accepted – ~~Review appointment’~~ Renewed referral, Patient/Client Birth Date, Sex, Usual Residence Locality Name and Usual Residence Postcode must be reported |

# 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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