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| HDSS Bulletin |
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| OFFICIAL |

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# Global updates

## Private hospital circulars

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

## Access to HealthCollect Portal

For new registrations, or to update an existing HealthCollect portal account, users are reminded to submit the [HealthCollect Portal User Request](https://forms.office.com/Pages/ResponsePage.aspx?id=H2DgwKwPnESciKEExOufKIQCYRhq7MNNvvjya8xeYoZUNzE3UEZWTlpPNlc0WUhaMERaMEw1SjRDSS4u) <https://forms.office.com/Pages/ResponsePage.aspx?id=H2DgwKwPnESciKEExOufKIQCYRhq7MNNvvjya8xeYoZUNzE3UEZWTlpPNlc0WUhaMERaMEw1SjRDSS4u>.

## Addendum—Sex data element reporting guide

The 2022-23 Specification for Revisions documents for the VAED, VEMD, VINAH and ESIS included amendments to the reporting guide for the data element Sex. These amendments removed references to gender within the Sex data element and were not intended to change the way in which this item is reported.

To clarify and make the reporting requirement clear, the reporting guide for 4 *Other* has been amended to provide guidance for reporting Sex when the patient reports being neither male nor female. The highlighted sentence below has been added into the reporting guide,

**4 Other**

Includes:

* An intersex person, who because of a genetic condition was born with reproductive organs or sex chromosomes that are not exclusively male or female.
* A person who identifies as neither male nor female

Excludes: Transgender, transsexual and chromosomally indeterminate individuals who identify with a particular sex (male or female).

As identified in the Specification for Revisions documents, the department intends to further investigate the inclusion of Gender in our data collections for 2023-24.

## Final consolidation dates for ESIS, VAED, VEMD, and VINAH for 2021–22

This is a reminder that final consolidation dates for 2021–22 data remain unchanged.

**ESIS**

Data for the 2021–22 financial year must be submitted by 5.00pm on 14 July 2022. Final corrections to 2021–22 data must be submitted before final consolidation on 24 August 2022.

Health services may start submitting July files from Friday 1 July 2022. Remember the file sequence number for your first July submission must be 001 for example ‘5000\_22\_07\_01\_001.zip’. Corrections to 2021–22 data can be included in 2022–23 submissions .

**VAED**

Data for the 2021–22 financial year must be submitted by 5.00 pm on 10 August 2022. Final corrections for 2021–22 data must be submitted by 5.00 pm on 24 August 2022.

Health services must wait for advice from the department before submitting a July file. Corrections for 2021–22 data can be included in 2022–23 submissions.

Health services submitting data via APET must complete 2021–22 reporting and data correction in APET 2021–22 prior to submitting a July file in APET 2022–23.

**VEMD**

Data for the 2021–22 financial year must be submitted by 8 July 2022. Final corrections to 2021–22 data must be submitted before final consolidation of the VEMD on 27 July 2022 and cannot be submitted in a 2022-23 file.

Data from 2021–22 and 2022–23 financial years will be processed concurrently, and health services are expected to continue to submit daily data, from 1 July 2022.

July 2022 data cannot be included in a 2021–22 data submission. Separate files are required for June 2022 and July 2022 data. Remember that for 2022–23 the version of the VEMD is updated to 27 therefore code ‘7’ will be used in the file naming convention. For example, the first file for July 2022 data will be named ‘5000707a.txt’.

**VINAH**

Data for the 2021–22 financial year must be submitted by 14 July 2022.

Final corrections for 2021-22 must be received at the HealthCollect portal before the VINAH MD database is finalised on 24 August 2022.

# Agency Information Management System (AIMS)

## Final dates for submission of AIMS data for 2021–22

Final dates for correction of data on AIMS forms are shown below. Please review and finalise your 2021–22 data before the final submission date. The AIMS year-to-date reports located under the Reports tab provide a view of data submitted for each collection.

**Final submission dates for AIMS forms**

| **Collection** | **Form code** | **Final submission date** |
| --- | --- | --- |
| **Monthly collections** |  |  |
| Public Hospital Beds | A3 | 24 August 2022 |
| Acute Non-Admitted Clinic Activity | S10 | 24 August 2022 |
| Subacute Non-Admitted Activity | S11 | 24 August 2022 |
| Subacute Non-Admitted MDCC patient not present | S11A | 24 August 2022 |
| Self-delivered Non-admitted Services | S12 | 24 August 2022 |
| Urgent Care Centre  | UCC | 24 August 2022 |
| Radiotherapy Non-Admitted Services | S8 | 24 August 2022 |
| Sub-Acute Access Indicators | SAAI | 24 August 2022 |
| Aged Persons Mental Health Residential Aged Care Services | S5\_115 | 14 September 2022 |
| Generic Residential Aged Care Services | S5\_129 | 14 September 2022 |
| **Quarterly collections** |  |  |
| Early Years Services Non-Admitted Patient Services | S2\_118 | 24 August 2022 |
| Commonwealth Quality Indicators and PSRACS Performance Measures | QIPSRACS | 24 August 2022 |
| Transition Care Program Key Performance Indicators | TCPKPIs | 24 August 2022 |
| Palliative Care Consultancy Program | PCCP | 24 August 2022 |
| Victorian Nurse Endoscopy Collaborative | VNEC | 24 August 2022 |
| **Annual collections** |  |  |
| Specialised Services Indicators | A2 | 24 August 2022 |
| Aged Persons Mental Health Residential Aged Care Services Resident’s Demographic Details | S5\_115D | 14 September 2022 |
| Generic Residential Aged Care Services Resident’s Demographic Details | S5\_129D | 14 September 2022 |
| Plant & Equipment Purchased During the Year | AR7A | 30 September 2022 |
| Replacements under ME & EI grant | AR7B | 30 September 2022 |

## Daily Capacity and Occupancy Report (DCOR)

There is a high level of interest in data reported in the Daily Capacity and Occupancy Report (DCOR). This data has multiple uses and is regularly reported to a variety of areas including the Minister for Health, the Secretary of the Department of Health and in a range of daily dashboards to support the COVID response and assist the department’s response to pressures on the Victorian health system. Numerous metrics are drawn from the data including COVID positive patients in hospital, HITH activity and unavailable staff.

There are no plans to change the DCOR in the short-term and all hospitals are encouraged to ensure the data reported is correct.

## AIMS S10 new patient payment status – S19(2) exemption

Since the Specifications for revisions to AIMS for 2022–23 document was released in December 2021 additional advice has been received regarding reporting on the AIMS S10 form of eligible activity under the new Section 19(2) Exemptions Initiative – Improving Access to Primary Care in Rural and Remote Areas.

Under this initiative, eligible health services can apply for an exemption from *19(2) Health Insurance Act 2007* to access the Medicare Benefits Schedule (MBS) for non-admitted, non-referred professional services in outpatient, emergency/urgent care centres and outreach community clinics. Eligible clinicians include medical, nursing, midwifery, allied health and dental services.

Urgent care centre activity under this initiative must be reported using the UCC form.

Other non-admitted activity under this initiative must be reported using the S10 form.

ABF funded health services and small rural health services (SRHS) eligible for the initiative can report non-admitted activity for their outpatient clinics against the new S19(2) exemption initiative on the AIMS S10 form provided they are within the approved Modified Monash Model (MMM) category/locations and comply with all the directions made under section 19(2) of the Health Insurance Act.

# Elective Surgery Information System (ESIS)

## Restrictions to elective surgery lifted

Restrictions on elective surgery were lifted on 28 February 2022.

All remaining patients with a Readiness for Surgery status of V – Ready for Surgery – delayed due to COVID-19 response should be changed back to R – Ready for Surgery.

# Victorian Admitted Episodes Dataset (VAED)

## Private Hospital Funding Agreement (PHFA) update

Many private hospitals exited the PHFA after 31 March 2022. Public hospitals may re-commence reporting their public contracted episodes with private hospitals (service provider) that are no longer part of the agreement to the VAED.

Private hospitals that have exited the PHFA are no longer required to report their public contracted episodes in accordance with the PHFA guidelines. These sites should return to reporting their public contracted episodes to the VAED listing the public hospital (purchaser) in the contract details.

For the private hospitals that remain in the PHFA there is no change to the VAED reporting requirements.

The latest PHFA membership details list is maintained by the Private Hospitals Unit at the Department of Health and may be accessed using the following link: [Private hospital operators in the PHFA](https://www.health.vic.gov.au/private-health-service-establishments/private-hospital-funding-agreement)

Both public and private hospitals are reminded that if a contract episode is undertaken as part of the Elective Surgery blitz, separate reporting guidelines apply.

# Victorian Emergency Minimum Dataset (VEMD)

## Compensable status mandatory for private hospitals in 2022-23

Reminder to VEMD private hospitals that Compensable Status will become a mandatory data element from 1 July 2022. Details about the changes to the VEMD for 2022-23 are detailed in the Specifications for revisions to the VEMD 2022-23 which is available from the [annual change’s webpage](https://www.health.vic.gov.au/data-reporting/annual-changes) < https://www.health.vic.gov.au/data-reporting/annual-changes>.

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

## Corrections to business rules – VINAH 2022-23

|  |  |
| --- | --- |
| **BR-DAT-RIN-~~017~~ 007****Waiting on new number** | For Palliative Care Program/Streams, when a Referral In Outcome has the value ‘1 – Referral accepted’, Referral In First Triage Score must be reported |
| **Data quality objective** | Data elements related to referrals are consistent |
| **Validations** | E458 | Referral In Outcome is ‘1 – Referral accepted’ but Referral In First Triage Score has not been provided |

|  |  |
| --- | --- |
| **BR-DAT-EPS-~~031~~ 032** | When the Referral in Program/Stream is FCP the Episode and Contact Program/Stream must also be FCP |
| **Data quality objective** | Related data elements are consistent |
| **Validations** | E267 | Referral In Program/Stream is (*<ref\_in program/stream>*) but <Episode/Contact> Program/Stream is (*<episode program/stream>/<contact program/stream>*) |

## Amendments to Section 8 Validation

|  |  |  |  |
| --- | --- | --- | --- |
| E383 | Referral In Program/Stream is (*<ref\_in program/stream>*) but <Episode/Contact> Program/Stream is (*<episode program/stream>/<contact program/stream>*) | Referral In Program/Stream is FCP but Episode and/or Contact Program/Stream is not FCP | Contact HDSS Helpdesk or your software vendor for support. |
|   | *BR-DAT-EPS-031* | When the Referral in Program/Stream is FCP the Episode and Contact Program/Stream must also be FCP |

## VINAH processing delays

Due to the substantial number of VINAH MD files being received in the HealthCollect portal, there may be a longer than usual wait for a receipt of acknowledgment notification, and processing times may be longer than expected.

To reduce delays associated with submitting high volumes of files, HDSS advice to health services is to submit files more frequently throughout the month, with smaller date ranges. The aim being to reduce file sizes, increase the VINAH MD repository processing times and potentially ease reliance on end of month timelines and processing.

HDSS requests health services who plan to submit large numbers of files to contact the HDSS helpdesk beforehand in order to plan the best submission times.

## Organisation Identifier codeset amendments

The following changes have been made to the Organisation Identifier code set (Table identifier HL70362)

|  |  |  |  |
| --- | --- | --- | --- |
| Code  | Descriptor  | Reportable Requirements  | Change  |
| ACGB | Australian Centre for Grief and Bereavement | Reportable as of 1/7/2021 | Addition |
| MNDA | Motor Neurone Disease Association | Reportable as of 1/7/2021 | Addition |
| VAHS | Victorian Aboriginal Health Service | Reportable as of 1/7/2021 | Addition |
| VSK | Very Special Kids | Reportable as of 1/7/2021 | Addition |
| YCH  | Your Community Health  | Reportable as of 1/7/2021 | Addition |
| MPH | Mercy Hospital Victoria Limited | 1/4/2021 | Descriptor change |

## Contact Campus code **set amendments**

The following changes have been made to the Contact Campus code set (Table identifier HL70115)

|  |  |  |  |
| --- | --- | --- | --- |
| Code  | Descriptor  | Reportable Requirements  | Change  |
| 10756 | Your Community Health | Reportable as of 1/7/2021 | Addition |

# Non-Admitted Data Expansion Project

## Multidisciplinary case conference reporting guidelines V1.1

In response to questions received by the HDSS helpdesk, the Multidisciplinary case conference (MDCC) reporting guidelines have recently been updated to include information about the reporting site for MDCC when data are reported through QOOL-Vic, and a note that the Contact Inpatient Flag must be reported as

I - ‑Yes (Inpatient/Admitted) if the patient/client is an inpatient at any hospital at the time of the MDCC.

The updated MDCC reporting guidelines are available on the [HDSS website](https://www.health.vic.gov.au/data-reporting/victorian-integrated-non-admitted-health-vinah-dataset) at <https://www.health.vic.gov.au/data-reporting/victorian-integrated-non-admitted-health-vinah-dataset>

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)

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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