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| Proposals for revisions to multiple collections for 2024–25 |
| October 2023 |
| OFFICIAL |



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# Executive summary

Each year the Department of Health reviews the below data collections to ensure that they support the department’s business objectives, including national reporting obligations, and reflects changes in hospital funding and service provision arrangements for the coming financial year:

* Agency Information Management System (AIMS);
* Elective Surgery Information System (ESIS);
* Victorian Admitted Episodes Dataset (VAED);
* Victorian Emergency Minimum Dataset (VEMD);
* Victorian Integrated Non-Admitted Health (VINAH) minimum dataset, and;
* Victorian Cost Data Collection (VCDC).

To avoid duplication, the department has prepared a separate *Proposals* document that details proposals relating to items reported in more than one of the above data collections. The *Proposals for revisions across multiple data collections for 2024-25* must be considered alongside the relevant *Proposals for revisions* to the AIMS, ESIS, VAED, VEMD, VINAH, and VCDC.

The proposed revisions across multiple data collections for 2024-25 include:

1. A proposal to create three new program streams and remove one program stream from the Victorian Respiratory Support Service (VRSS) program to the VINAH and AIMS collections.
2. A proposal to introduce a new data element ‘language(s) spoken at home’ to the VAED and VEMD collections.

# Introduction

This document is intended to invite comment and stimulate discussion on the proposals outlined. Health services and software vendors should review this document and assess the feasibility of the proposals. Written feedback must be submitted in the feedback proforma by 5.00pm Friday 20 October 2023.

This proposal document and the [online feedback form](https://forms.office.com/Pages/ResponsePage.aspx?id=H2DgwKwPnESciKEExOufKII_2IfNHexFkH_EAj2AB_tUQ0dWRTBFVEVQVjM2TjU3SkxVR0RTUTNENiQlQCN0PWcu) are available at [HDSS annual changes](https://www.health.vic.gov.au/data-reporting/annual-changes)

<https://www.health.vic.gov.au/data-reporting/annual-changes>

Specifications for revisions to each data collection for 2024-25 will be published later and may include additions, amendments or removal of information in this document.

## Orientation to this document

* New data elements are marked as (new).
* Changes to existing data elements are highlighted in green
* Redundant values and definitions relating to existing elements are ~~struck through~~.
* Comments relating only to the proposal document appear in *[square brackets and italics].*
* New validations are marked ###
* Validations to be changed are marked \* when listed as part of a data element or below a validation table.
* Anticipated changes are shown under the appropriate manual section headings.

The proposals in this document are numbered 1 through to 4 (proposal 2 is not proceeding for publication and proposal 3 was added to the *Proposals for revisions to the VINAH MDS for 2024-25* as after discussion with the proposer it was confirmed this proposal would only impact VINAH data collection).

# Summary table – common proposals by data collection

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Proposal** | **AIMS** | **ESIS** | **VAED** | **VEMD** | **VINAH** | **VCDC** |
| 1 New program stream – VRSS program | X |  |  |  | X |  |
| 4 New data element – Language(s) spoken at home |  |  | X | X |  |  |

# Proposal 1: New and amended streams – Victorian Respiratory Support Service (VRSS) Program *[AIMS, VINAH]*

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| --- | --- |
| **It is proposed to** | Create three new program streams for VRSS in AIMS and VINAH  Change the AIMS S12 form to support reporting of home ventilation services only  Change the AIMS S11 form to support reporting of aggregate consultation activity |
| **Proposed by** | Data Collections, Data and Digital, VAHI  Commissioning and System Improvement, Department of Health |
| **Reason for proposed change** | The proposed change will:   * enable the department to bring all non-admitted activity in line with the national reporting requirements; * allow patient level data being delivered under the VRSS program to be reported and classified according to the type of activity provided; * enable a complete picture of all activity undertaken by the VRSS program, and; * assist with future discussions and transition to the National Funding Model implementation. |
| **Details of change** | Create three new program streams:   * *VRSS: on ventilation, dependent;* * *VRSS: on ventilation, not dependent, and;* * *VRSS: general.*   Remove one program stream:   * *Victorian Respiratory Support Service.* |

## Section 1 Codeset / items for form or collection (new)

**VINAH MDS**

Update Referral In and Episode Program/Streams with the following:

**Victorian Respiratory Support Service (VRSS)**

~~81 - Victorian Respiratory Support Service~~

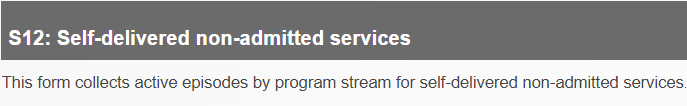
xx - VRSS: on ventilation, dependent

xx - VRSS: on ventilation, not dependent

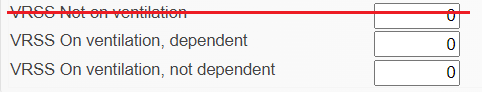
xx – VRSS: general

**AIMS S12**

Remove ‘VRSS Not on ventilation’ from AIMS S12 aggregated active episodes

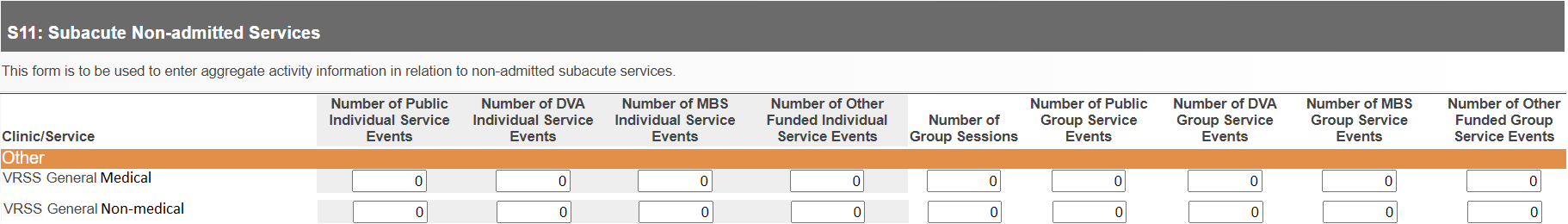






**AIMS S11**

Add to AIMS S11 for aggregated contacts.



## Section 2 Reporting Guide (new)

*Addition to VINAH MDS manual, section 3 – Data definitions*

*Referral In Program/Streams and Episode Program/Streams reporting guides:*

**xx – VRSS: on ventilation, dependent**

This code should be used for patient/clients receiving home-based ventilation who are ‘ventilator dependent’ and includes but is not limited to patient/clients who are on continuous ventilation.

**xx – VRSS: on ventilation, not dependent**

This code should be used for patient/clients receiving home-based ventilation who are on non-invasive ventilation overnight.

**xx – VRSS: general**

This code should be used for reporting contacts within the Victorian Respiratory Support Service (VRSS) program.

Includes general contacts with the VRSS Clinical Nurse Consultant and other VRSS healthcare providers.

*Update to section 2 of the VINAH MDS manual Concepts and derived items* to include a section on the Victorian Respiratory Support Service.

## Section 3 Validation / Business Rules (amend)

Update to existing validations and business rules consistent with this change.

# Proposal 4: New data element – Language(s) spoken at home *[VAED, VEMD]*

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| **It is proposed to** | Add a new data element to capture L*anguage(s) spoken at home* |
| **Proposed by** | Performance and Information Systems, Mental Health and Wellbeing Division, Department of Health |
| **Reason for proposed change** | This data item will   * + provide a way to identify, measure and monitor language service needs in accessing appropriate healthcare;   + assist the department in responding to the below recommendations from the Royal Commission into Victoria’s Mental Health System:     - **Recommendation 34.3a, and;**     - **Recommendation 62.1b.**   + identify the type of consumers with a CALD background presenting to public hospitals;   + allow the department to more accurately report the level of service accessed by CALD community members;   + enable better system management by measuring CALD community members’ demand for services;   + enable identification of program and service gaps and improvement opportunities within the system, and;   + enable the department to support the planning, funding and service delivery to diverse communities. Introduction of this new data element supports and aligns with:     - Department of Health Cultural Diversity Plan;     - Department of Health Language Services Policy, and;     - Diverse communities mental health and wellbeing 10 year framework. |
| **Details of change** | Introduce new data element ‘*Language(s) spoken at home’ that is aligned with the Australian Bureau of Statistics Language used at home (LANP)* |

## Section 3 Data definitions

### Language(s) spoken at home (new)

#### Specification

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| **Definition** | Language(s) the patient/client uses to communicate at home. This may be a language other than English even where the person can speak fluent English. |
| **Field size** | 3 |
| **Layout** | NNN |

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| **Codeset** | **Code Descriptor**   1. **Northern European Languages**   Celtic  English  German and Related Languages  Dutch and Related Languages  Scandinavian  Finnish and Related Languages   1. **Southern European Languages**   French  Greek  Iberian Romance  Italian  Maltese  Other Southern Eurpoean Languages   1. **Eastern European Languages**   Baltic  Hungarian  East Slavic  South Slavic  West Slavic  Other Eastern European Languages   1. **South-West and Central Asian Languages**   Iranic  Middle Eastern Semitic Languages  Turkic  Other Southwest and Central Asian Languages   1. **Southern Asian Languages**   Dravidian  Indo-Aryan  Other Southern Asian Languages   1. **South-East Asian Languages**   Burmese and Related Languages  Hmong-Mien  Mon-Khmer  Tai  Southeast Asian Austronesian Languages   1. **Eastern Asian Languages**   Chinese  Japanese  Korean  Other Eastern Asian Languages   1. **Australian Indigenous Languages**   Arnhem Land and Daly River Region Languages  Yolngu Matha  Cape York Peninsula Languages  Torres Strait Island Languages  Northern Desert Fringe Area Languages  Arandic  Western Desert Languages  Kimberley Area Languages  Other Australian Indigenous Languages   1. **Other Languages**   American Languages  African Languages  Pacific Austronesian Languages  Oceanian Pidgins and Creoles  Papua New Guinea Languages  Invented Languages  Sign Languages   1. **Unknown**   Person that does not know their language spoken at home   1. **Prefer not to answer**   Person who does not want to disclose their language spoken at home |

# Proposal not proceeding

At the first Annual Changes Governance Committee meeting, it was decided that the proposal below will not proceed to the next phase of the process.

**Proporal 2 Gender reporting to remain optional** – mandatory reporting of Gender is required to enable better healthcare and planning for more equitable health outcomes for LGBTIQA+ Victorians.