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| Specifications for revisions to the Victorian Admitted Episodes Dataset (VAED) for 2024-25 |
| January 2024 |
| OFFICIAL |



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# Executive summary

The revisions for the Victorian Admitted Episodes Dataset (VAED) for 2024-25 are summarised below:

**New data element**

* Reason for discharge delay

**Amendments to existing data elements**

* Diagnosis Codes – increase number to 100
* Medically Ready for Discharge Date – change title to Clinically Ready for Discharge Date, update definitions and include mental health care type in reporting
* Amend Sex to Sex at birth, remove codes 3 Indeterminate, 4 Other, and add 5 Another term
* Impairment – add three COVID-19 codes
* Duration of NIV in ICU – amend reporting guide
* Review of Procedure Start Date Time (and by extension Proceduralist ID)
* Triage Score on Admission - reporting remains optional for 2024-25
* Gender – reporting becomes mandatory in 2024-25

**New data element for 2025-26**

* Diagnosis Cluster Identifier (DCID) for implementation in 2025-26

# Introduction

Each year the Department of Health review the Victorian Admitted Episodes Dataset (VAED) to ensure that the data collection supports the department’s business objectives, including national reporting obligations, and reflects changes in hospital funding and service provision arrangements for the coming financial year.

Comments provided by the health sector in response to *Proposals for revisions across multiple data collections for 2024-25* and *Proposals for Revisions to the Victorian Admitted Episodes Dataset for 2024-25*  have been considered, and where possible, suggestions have been accommodated, resulting in changes to or withdrawal of some proposals.

The revisions set out in this document are complete as at the date of publication. Where further changes are required during the year, for example to reference files such as the postcode locality file, data validation rules or supporting documentation, these will be advised via the HDSS Bulletin.

An updated VAED manual will be published in due course. Until then, the current VAED manual and subsequent HDSS Bulletins, together with this document, form the data submission specifications for 2024-25.

**Victorian health services must ensure their software can create a submission file in accordance with the revised specifications and ensure reporting capability is achieved to maintain compliance with reporting timeframes set out in the relevant Department of Health policy and funding guidelines or the *Health Services (Health Service Establishments) Regulations 2013.***

## 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].*
* Validations to be changed are marked \* when listed as part of a data element or below a validation table.
* Changes are shown under the appropriate manual section headings.

# Outcome of proposals

**Proposal 5 Increase number of diagnosis codes reported to VAED**

The proposal proceeds.

**Proposal 6 Review of Procedure Start Date Time (and by extension Proceduralist ID)**

The proposal proceeds.

**Proposal 8 Add Reason for Discharge Delay (linked to Proposal 14)**

The proposal proceeds.

**Proposal 11 Amend Triage Score on Admission**

Decision not to proceed. Reporting to remain optional in 2024-25.

**Proposal 12 Amend Impairment codeset**

The proposal proceeds.

**Proposal 13 Amend reporting guide for Duration of NIV in ICU**

The proposal proceeds.

**Proposal 14 Amend Medically Ready for Discharge Date title and reporting guide (linked to Proposal 8)**

Parts 1 (changes to title and definitions) and 3 (include mental health care type in reporting) of proposal proceed.

**Proposal 18 Add Diagnosis Cluster identifier (DCID) for implementation in 2025-26**

The proposal proceeds.

The decision to implement changes to key datasets in 2024-25 was based on a priority ranking, with only those proposals considered critical approved. Some reporting guide updates were also approved. All other proposals for changes for 2024-25 have been placed on hold.

# Increase number of Diagnosis Codes reported

## Section 3 Data definitions

**Diagnosis Codes (amend)**

Specification

|  |  |
| --- | --- |
| **Definition** | At least one (principal diagnosis) and up to ~~40~~ 100 ICD-10-AM codes reflecting injuries, disease conditions, patient characteristics and circumstances impacting this episode of care. |
| **Field size** | 8 (8 X ~~40~~ 100) |
| **Layout** | AANNNN Left justified, trailing spaces |
| **Location** | Diagnosis Record (12)  Extra Diagnosis Record (~~28~~ 88) |
| **Reported by** | All Victorian hospitals (public and private) |
| **Reported for** | All admitted episodes of care |
| **Reported when** | A Separation Date is reported in the Episode Record |
| **Code set** | VAED ICD-10-AM/ACHI Library File is available on application to the HDSS help desk |
| **Reporting guide** | Report diagnoses in accordance with *Australian Coding Standards* and the *Victorian Additions to Australian Coding Standards*. The Victorian Additions to Australian Coding Standards are available at: [Victorian Additions to ACS](https://www.safercare.vic.gov.au/data-reports/clinical-coding-and-classifications/victorian-additions-to-australian-coding-standards) < https://www.safercare.vic.gov.au/data-reports/clinical-coding-and-classifications/victorian-additions-to-australian-coding-standards>  Omit punctuation as shown in ICD‑10‑AM books (that is, no dot or oblique in codes): for example, ICD‑10‑AM diagnosis code A00.0 Cholera due to Vibrio cholerae 01, biovar cholerae must be entered as A000.  When a code is shown in ICD‑10‑AM with a symbol (dagger or asterisk), omit the symbol when transmitting to VAED.  The first character of the field is the prefix: P, C or M (see below for more information). |
|  | **In the first diagnosis code field:**   * Character 1 must be P (except for neonate in birth episode where it may be C). * Next five characters must contain an alpha/numeric code of three, four or five characters (with trailing spaces if required). * Characters 7 and 8 must be spaces. |
|  | **For the remaining ~~39~~ 99 diagnosis code fields, if a code is present:**  Character 1 must be P, C or M.   * Next six characters must contain an alpha/numeric code of three, four, five or six characters (with trailing spaces if required).   Character 8 must be a space. |
|  | **Morphology codes (where first character is M)**  Submit without punctuation (oblique) and with M prefix: for example, MM80703  **Prefixes: Definitions for P, C, M**  All diagnosis codes require a prefix. Prefixes indicate whether the condition was present on, or arose during admission, and denote morphology codes. The department will map prefixes to the ~~NHDD~~ Condition Onset Flag to report to the Commonwealth *[Meteor identifier 686100].*  Refer to the Victorian Additions to the Australian Coding Standards  *[no change to remainder of data element]* |

## Section 5 Compilation and submission

## Extra Diagnosis Record (amend)

Extra Diagnosis Record File Structure

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Note | Data Item | Field Size | Record Position | Layout/Code Set |
| M | Transaction Type | 2 | 1 | Y5 |
| M | Unique Key | 9 | 3 | AAAAAAAAA (Hospital generated)  Right justified, zero filled |
| 2 | Diagnosis Code (13 to 25) | 8  (8 x 13) | 12 | AANNNN  Each left justified and with trailing spaces |
| 1, 2 | Procedure Code (13 to 25) | 8  (8 x 13) | 116 | NNNNNNNA  Each left justified and with trailing spaces |
| 2 | Diagnosis Code (26 to 40) | 8  (8 x 15) | 220 | AANNNN  Each left justified and with trailing spaces |
| 1, 2 | Procedure Code (26 to 40) | 8  (8 x 15) | 340 | NNNNNNNA  Each left justified and with trailing spaces |
| 2 | Diagnosis Code (41 to 100) | 8  (8 X 60) | 460 | AANNNN  Each left justified and with trailing spaces |
| **Total** |  | **~~459~~ 939** |  |  |

2 Where a field at the end of a record has a value of space(s), the record can be ended at the last field where a value is not space(s).

# Add Reason for Discharge Delay

## Section 3 Data definitions

## Reason for Discharge Delay (new)

Specification

|  |  |
| --- | --- |
| **Definition** | The main reason that a health service is unable to discharge a patient that has a reported Clinically Ready for Discharge Date. |
| **Field size** | 1 |
| **Layout** | N or space |
| **Location** | Extra Episode Record |
| **Reported by** | Public hospitals |
| **Reported for** | Episodes where a patient has a reported Clinically Ready for Discharge Date |
| **Reported when** | The Clinically Ready for Discharge Date is prior to the Separation Date. |
| **Code set** | Code Descriptor  1 Awaiting Commonwealth Aged Care Service – Residential Aged Care  2 Awaiting Commonwealth Aged Care Service – Community Aged Care  3 Awaiting National Disability Insurance Scheme (NDIS processing and planning outcomes)  4 Inability to access accommodation or housing (other than Aged Care)  5 Administrative or legal decision-making  6 Complex medical, mental and cognitive care needs (limited options available to meet ongoing care in the community)  7 Awaiting Transitional Care Program  8 Other |
| **Reporting guide** | Select the main reason that a health service is unable to discharge a patient that has a reported Clinically Ready for Discharge Date.  For instance, if a patient requires a guardian appointed to consent for a patient to transition to residential aged care, then administrative or legal decision-making should be selected.  Examples of administrative or legal decision-making arrangements delaying discharge could include:   * Guardianship determination (VCAT/OPA) or substitute decision making * State Trustee or Centre Link * NDIS eligibility determination, plan approval, implementation of supports (including equipment/home modifications) and other disability services/accommodation * Equipment/home modifications (non-NDIS) * ACAS |
| **Validations** | 746 Reason for Discharge Delay and Clinically Ready for Discharge Date mismatch (new)  747 Reason for Discharge Delay invalid (new) |
| **Related items** | Clinically Ready for Discharge Date  NDIS Participant Flag  NDIS Participant Identifier |

### Administration

|  |  |
| --- | --- |
| **Purpose** | To complement Clinically Ready for Discharge Date and provide more granular details to why a patient may remain in hospital when clinically able to be discharged, with the aim of establishing consistent hospital discharge protocols and responses. |
| **Principal data users** | Department of Health |
| **Collection start** | 1 July 2024 |
| **Definition source** | Department of Health |

## Section 5 Compilation and submission

## Extra Episode Record (amend)

Refer to Section 3 for code sets for data elements.

Extra Episode Record File Structure

| Note | Data Item | Field Size | Record Position | Layout |
| --- | --- | --- | --- | --- |
| M | Transaction Type | 2 | 1 | J5 |
| M | Unique Key | 9 | 3 | AAAAAAAAA (Hospital-generated)  Right justified, zero filled |
| 2 | Advance Care Directive Alert | 1 | 12 | N or space |
| 1 | Clinical Group | 12 | 13 | Characters or spaces |
| 3 | NDIS Participant Flag (reported in E5 from 2023-24) | 1 | 25 | space |
| 4 | ~~Medically~~ Clinically Ready for Discharge Date | 8 | 26 | DDMMYYYY or spaces |
| 5 | Reason for Discharge Delay | 1 | 34 | N or space |
| **Total** |  |  | **~~33~~ 34** |  |

4 ~~Optional for multi-day~~ Reported for episode if Care Type is 1, 4, 5x, 6, 8, 9, P, or MC and an administrative or non-clinical reason delays discharge from hospital.

5 Mandatory if Clinically Ready for Discharge Date is reported

## Section 8 Validation

## 746 Reason for Discharge Delay and Clinically Ready for Discharge Date mismatch (new)

|  |  |
| --- | --- |
| **Effect** | **REJECTION** |
| **Problem** | Either:   * The J5 Extra Episode Record’s Clinically Ready for Discharge Date is present but Reason for Discharge Delay has not been reported, or * The J5 Extra Episode Record’s Reason for Discharge Delay is present but Clinically Ready for Discharge Date has not been reported |
| **Remedy** | Check Clinically Ready for Discharge Date and Reason for Discharge Delay, amend as appropriate and resubmit J5. |

## 747 Reason for Discharge Delay invalid (new)

|  |  |
| --- | --- |
| **Effect** | **REJECTION** |
| **Problem** | The J5 Extra Episode Record’s Reason for Discharge Delay is invalid. |
| **Remedy** | Check Reason for Discharge Delay, amend as appropriate and re-submit the J5. |

# Amend Medically Ready for Discharge Date title and reporting guide

## Section 3 Data definitions

## ~~Medically~~ Clinically Ready for Discharge Date (amend)

Specification

|  |  |
| --- | --- |
| **Definition** | Date on which the medical team responsible for the patient’s clinical care deems that the patient has no acute or subacute care needs requiring hospitalisation and is clinically ready to be discharged ~~is medically ready to be discharged from a hospital bed, assuming that all necessary administrative arrangements are in place to allow the transfer of the patient to home or community settings, or transfer to a step-down service~~ |
| **Field size** | 8 |
| **Layout** | DDMMYYYY |
| **Location** | Extra Episode Record |
| **Reported by** | Public hospitals |
| **Reported for** | Multiday episodes for Care Type 1, 4, 5x, 6, 8, 9, P, and MC ~~(optional)~~ |
| **Reported when** | A Separation Date is reported in the Episode Record |
| **Reporting guide** | A ~~Medically~~ Clinically Ready for Discharge Date should be reported where there is an administrative or non-clinical reason delaying discharge from hospital.  ~~Medical~~ Clinical assessment of the Ready for Discharge date should be made by the primary consultant responsible for the patient’s care. The Ready for Discharge date may change during an episode of care due to a change in the patient’s health status or condition. Only the final Ready for Discharge date should be reported.  ~~The Medically Ready for Discharge Date may be the same as the Separation Date if necessary administrative arrangements are in place.~~ |
|  | Examples of administrative arrangements delaying discharge:   * ~~Transfer to another care type, such as subacute, mental health~~ * NDIS eligibility determination, plan approval, implementation of supports (including equipment/home modifications) and other disability services/accommodation * Equipment/home modifications (non-NDIS) * ACAS * ~~Residential Aged Care~~ Commonwealth Aged Care Service * Guardianship determination (VCAT/OPA) * Ambulatory or community service (non-NDIS) * Homelessness service/accommodation |
| **Validations** | 736 ~~Medically~~ Clinically Ready for Discharge Date invalid\*  745 ~~Medically~~ Clinically Ready for Discharge Date ~~prior to~~ < Admission Date or ≥ Separation Date\*  746 Reason for Discharge Delay and Clinically Ready for Discharge Date mismatch (new)  748 Clinically Ready for Discharge Date not required (new) |
| **Related items** | Separation Date  NDIS Participant Flag  NDIS Participant Identifier  Reason for Discharge Delay |

### Administration

|  |  |
| --- | --- |
| **Purpose** | To collect information on exit block from health services to systematically monitor the situation, quantify the impact that this is having and where in the hospital system and the impact of any changes in the system or outside of it resulting from external policy and service changes. |
| **Principal data users** | Department of Health |
| **Collection start** | 1 July 2022 |
| **Definition source** | Department of Health |

## Section 8 Validation

## 745 ~~Medically~~ Clinically Ready for Discharge Date ~~prior to~~ < Admission Date or ≥ Separation Date (amend)

|  |  |
| --- | --- |
| **Effect** | **REJECTION** |
| **Problem** | The J5 Extra Episode Record’s ~~Medical~~ Clinically Ready for Discharge Date is either:   * prior to the E5 Episode Record’s Admission Date or * equal to or after the E5 Episode Record’s Separation Date. |
| **Remedy** | Check ~~Medical~~ Clinically Ready for Discharge Date, amend as appropriate and re-submit the J5. |

## 748 Clinically Ready for Discharge Date not required (new)

|  |  |
| --- | --- |
| **Effect** | **REJECTION** |
| **Problem** | The J5 Extra Episode Record’s Clinically Ready for Discharge Date is present but the E5 Episode Record’s Care Type is not 1, 4, 5x, 6, 8, 9, P, or MC . |
| **Remedy** | Check Care Type and Clinically Ready for Discharge Date, amend as appropriate and re-submit the E5 and J5. |

# Amend Sex to Sex at birth

## Section 3 Data definitions

## Sex at birth (amend)

### Specification

|  |  |
| --- | --- |
| **Definition** | The sex of the person as recorded at birth or infancy.  The distinction between male, female, and others who do not have biological characteristics typically associated with either the male or female sex, as represented by a code. |
| **Field size** | 1 |
| **Layout** | N |
| **Location** | Episode Record |
| **Reported by** | All Victorian hospitals (public and private) |
| **Reported for** | All admitted episodes of care |
| **Code set** | **Code Descriptor**  1 Male  2 Female  ~~3 Indeterminate~~  ~~4 Other~~  5 Another term |
| **Reporting guide** | The term 'sex' refers to a person's biological characteristics. A person's sex is usually described as being either male or female; some people may have both male and female characteristics, or neither male nor female characteristics, or other sexual characteristics.  Sex recorded at birth refers to what was determined by sex characteristics observed at birth or infancy.  Hospitals should refrain from making assumptions about a person's sex based on indicators such as their name, voice or appearance  **1 Male**  Persons whose sex at birth or infancy was recorded as male.  **2 Female**  Persons whose sex at birth or infancy was recorded as female.  **5 Another term**  Persons whose sex at birth or infancy was recorded as another term (not male or female).  ~~A person’s sex is usually described as either being male or female. Some people may have both male and female characteristics. Sex is assigned at birth and is relatively fixed.~~  ~~A person’s sex may change during their lifetime as a result of procedures known alternatively as sex change, gender reassignment or transgender reassignment. Throughout this process, which may be over a considerable period of time, sex could be recorded as either Male or Female.~~  **~~3 Indeterminate~~**  ~~Used for infants with ambiguous genitalia, where the biological sex, even following genetic testing, cannot be determined. This code should not generally be used on data collection forms completed by the respondent.~~  ~~Code 3 can only be assigned for infants aged less than 90 days.~~  **~~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~~   ~~Excludes: Transgender, transsexual and chromosomally indeterminate individuals who identify with a particular sex (male or female).~~ |
| **Validation** | 033 Invalid Sex\*  059 Maternity - Not Female  ~~080 Sex Indeterminate, age < 90 days~~  127 Nil Value DRG  160 AR-DRG Grouper GST Code>Zero  ~~215 Sex Indeterminate but Age>= 90 days~~  354 Code & Sex at birth Incompatible\*  397 Sep Referral Postnatal, Incompat Age/Sex at birth  580 MHSWPI Valid, no Matching Sex |
| **Related items** | Section 2: Age, DRG Classification |

### Administration

|  |  |
| --- | --- |
| **Purpose** | To enable:   * Analyses of service utilisation and epidemiological studies * Verification of other fields (such as diagnosis and procedure codes) for consistency. * To assist in the allocation of DRGs |
| **Principal data users** | Multiple internal and external data users |
| **Collection start** | 1979-80 |
| **Version** | 2 effective 1 July 2024 (updated from Sex to Sex at birth) |
| **Definition source** | ~~ABS~~ Person—sex, code X (METEOR 741686) |
| **Code set source** | ~~NHDD (DH modified)~~ Person—sex, code X (METEOR 741686) |

*[Implementation notes*

*Hospitals that require codes 3 and/or 4 for their own purposes should continue to use these codes for internal data collection, and map to code 5 – Another term for reporting purposes.]*

## Section 8 Validation

## 033 Invalid Sex at birth (amend)

|  |  |
| --- | --- |
| **Effect** | **REJECTION** |
| **Problem** | The E5 Episode Record’s Sex at birth is blank or in an incorrect format. |
| **Remedy** | Check Sex, amend as appropriate and re-submit the E5. |

## 059 Maternity – not female (amend)

|  |  |
| --- | --- |
| **Effect** | **REJECTION** |
| **Problem** | The E5 Episode Record’s Sex at birth code is invalid for Admission Type M Maternity. |
| **Remedy** | Check Sex at birth and Admission Type, amend as appropriate and re-submit the E5. |

## ~~080 Sex Indeterminate, age < 90 days~~

## ~~215 Sex Indeterminate but Age>= 90 days~~

## 354 Code & Sex at birth incompatible (amend)

|  |  |
| --- | --- |
| **Effect** | **Warning** |
| **Problem** | The X5/Y5 Diagnosis Record has a Diagnosis or Procedure Code(s) unusual (warning) for the sex at birth of patient (as reported in the E5). This Message appears against the E5 and X5/Y5 records.  [Library File: column SEX, Warning codes 2 and 4] |
| **Remedy** | Check Diagnosis and Procedure Code(s) (X5/Y5) and Sex at birth (E5), amend as appropriate, and re-submit the E5 and/or X5/Y5.  If you consider a sex at birth validation unjustified, notify the Victorian ICD Coding Committee, for possible future revision of the Library File. |

## 397 Sep Referral Postnatal, incompat Age/Sex at birth (amend)

|  |  |
| --- | --- |
| **Effect** | **REJECTION** |
| **Problem** | The E5 Episode Record’s Separation Referral is F Domiciliary postnatal care, arranged before discharge or E Domiciliary postnatal care, referral declined but the patient's age and/or sex at birth are incompatible. |
| **Remedy** | Check Admission Date, Date of Birth, Separation Referral and Sex at birth, amend as appropriate and re-submit the E5.  Only the mother is referred for postnatal care, therefore the patient must be female and of childbearing age (between 10 and 65 years). |

**580 MHSWPI valid, no matching Sex at birth (amend)**

|  |  |
| --- | --- |
| **Effect** | **Warning** |
| **Problem** | The E5 Episode Record’s Mental Health Statewide Patient Identifier is valid, but the Sex at birth reported for this episode does not correspond with the Sex on the Operational Data Store. |
| **Remedy** | Check Mental Health Statewide Patient Identifier and Sex at birth, amend as appropriate and re-submit the E5. |

# Review of Procedure Start Date Time (and by extension Proceduralist ID)

Changes to the VAED library file will be published once the review is complete.

# Amend Impairment codeset

## Section 3 Data definitions

## Impairment (amend)

Specification

|  |  |
| --- | --- |
| **Definition** | The impairment group according to the primary reason for the current episode of rehabilitation care |
| **Field size** | 6 |
| **Layout** | NNNNNN or spaces Left justified, trailing spaces |
| **Location** | Subacute Record |
| **Reported by** | Public hospitals |
| **Reported for** | Mandatory if Care type is 6 or P.  For Care Type 9, report spaces |
| **Reported when** | A Separation Date is reported in the Episode Record |
| **Code set** | Code Descriptor |
|  | *[only new codes shown]* |
| **COVID conditions** | 181 COVID with pulmonary issues  182 COVID with deconditioning  183 COVID all other |
|  | *[no change to remainder of data element]* |

## Section 8 Validation

## 253 Rehab invalid impairment (change to function only)

The three new codes have been added to the list of impairment codes being validated.

# Amend reporting guide for Duration of NIV in ICU

## Section 3 Data definitions

## Duration of Non-invasive Ventilation (NIV) in ICU (amend)

Specification

|  |  |
| --- | --- |
| **Definition** | Total number of hours of non-invasive ventilatory support (including High Flow Therapy) without the use of an ETT or tracheostomy provided to patients in an approved Intensive Care Unit (ICU). |
| **Field size** | 4 |
| **Layout** | NNNN or spaces Right justified, zero filled |
| **Location** | Diagnosis Record |
| **Reported by** | Mandatory for public hospitals providing NIV in an approved Intensive Care Unit (ICU) or combined Intensive Care Unit/Coronary Care Unit.  Includes:   * NIV provided in a Paediatric Intensive Care Unit (PICU)   Excludes:   * NIV provided in an approved Neonatal Intensive Care Unit (NICU) or Special Care Nursery (SCN)   Private hospitals report spaces |
| **Reported for** | Episodes of care for patients receiving NIV in an ICU  Otherwise, report spaces. |
| **Reported when** | A Separation Date is reported in the Episode Record. |
| **Code set** | A number in the range 0001 to 9999 |
| **Reporting guide** | **Count all hours of NIV received in ICU:**  ~~Refer to ACS 1006 Ventilatory support~~   * Count NIV hours rounded to the nearest ~~completed~~ hour. For example, if the total duration of NIV in ICU was 98 hours 15 minutes, report 98 hours. If the total duration of NIV in ICU was 125 hours 30 minutes, report 126 hours.   *[no change to remainder of data element]* |

# Reporting of Gender mandatory in 2024-25

## Section 3 Data definitions

## Gender (amend)

Specification

|  |  |
| --- | --- |
| **Definition** | How a person describes their gender, as represented by a code |
| **Field size** | 1 |
| **Layout** | N |
| **Location** | Episode Record |
| **Reported by** | All Victorian hospitals (public and private)  ~~Optional in 2023-24,~~ Mandatory in 2024-25 |
| **Reported for** | All admitted episodes of care |
| **Code set** | **Code Descriptor**  1 Man, or boy, or male  2 Woman, or girl, or female  3 Non-binary  4 Different term  5 Prefer not to answer  9 Not stated  *[no change to remainder of data element]* |

## Section 5 Compilation and submission

## Episode Record (amend)

Episode Record File Structure

| Note | Data Item | Field Size | Record Position | Layout |
| --- | --- | --- | --- | --- |
| M | Sex at birth | 1 | 40 | N |
|  | *[incomplete table – shows changes only]* |  |  |  |
| ~~20~~ M | Gender | 1 | 295 | N or space |

M Mandatory

~~20 Optional reporting 2023-24, mandatory in 2024-25~~

Section 8 Validation

## 742 Invalid Gender (amend)

|  |  |
| --- | --- |
| **Effect** | **REJECTION** |
| **Problem** | The E5 Episode Record’s Gender is blank or invalid. |
| **Remedy** | Check Gender, amend as appropriate and re-submit the E5. |

# Triage Score on Admission remains optional for 2024-25

# Add Diagnosis Cluster identifier (DCID) for implementation in **2025-26**

## Section 3 Data definitions

## Diagnosis Cluster identifier (DCID) (new)

### Specification

|  |  |
| --- | --- |
| **Definition** | An identifier for each International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) code to indicate the relationship of that condition to other conditions within an episode of admitted patient care, as represented by a code.  Codes are considered ‘related’ when they connect the circumstances of an event together. For example, a fractured radius (injury/condition), of a pedestrian struck by motor vehicle (external cause), on the pedestrian crossing (place of occurrence), while walking their dog (activity). |
| **Field size** | 2 |
| **Layout** | AA, A, N Left justified, trailing space |
| **Location** | Diagnosis Record (12)  Extra Diagnosis Record (88) |
| **Reported by** | All Victorian hospitals (public and private) |
| **Reported for** | Separations on and from **1 July 2025**  If unable to report DCID, report spaces |
| **Reported when** | A separation date is reported in the Episode Record |
| **Code set** | Code Descriptor  A-ZZ (DCID A-ZZ) Diagnosis cluster identifier  0 Chronic condition cluster  8 Not clustered |
| **Reporting guide** | Clinical coders apply Australian Coding Standard ACS 0004 Diagnosis Cluster identifier to determine the appropriate values in the codeset to be reported.  Where a diagnosis cluster is identified, the first diagnosis cluster identifier code (DCID) value assigned is A. Record the same DCID value against each ICD-10-AM code in the diagnosis cluster (eg. injuries, procedural complications, and adverse effects) together with their associated external cause, place of occurrence codes and activity type codes.  Subsequent clusters in the same episode of care proceed to be allocated the next sequential alphabetic letter (i.e. B, C, D, etc through to Z, and then AA, AB through to ZZ if required). |
|  | **0 Chronic condition cluster**  ICD-10-AM code that represents a chronic condition assigned in accordance with *ACS 0003 Supplementary codes for chronic conditions.* ICD-10-AM codes with DCID 0 belong to the same cluster but do not describe the same condition. |
|  | **8 Not clustered**  ICD-10-AM code that has not been assigned to a diagnosis cluster or chronic condition cluster |
| **Validations** | The 2025-26 VAED ICD-10-AM/ACHI library file will be updated to flag the codes in scope for DCID |
| **Related items** | Section 3 Diagnosis Codes |

Administration

|  |  |
| --- | --- |
| **Purpose** | To enable Victoria to meet national reporting requirements from 1 July 2025, and to prepare the clinical coding workforce for the implementation of ICD-11 (date yet to be determined by Australia) where the design of ICD-11 relies significantly on the linking of codes that are related to each other.  The implementation of the DCID assigned to each ICD-10-AM code will provide an opportunity to link related conditions and enhance the power of the information available for users of the data, such as researchers, policy and decision makers. When combined with data linkage of episodes of care, this will provide additional information regarding the burden of disease across the Australian population.  The DCID will be used to better inform data analysis of coded data such as injuries and complications both at state and national level. |
| **Principal data users** |  |
| **Collection start** | 1 July 2025 |
| **Definition source** | Department of Health |
| **Code set source** | Meteor identifier 767931 |

## Section 5 Compilation and submission

## Diagnosis Record (amend)

Diagnosis Record File Structure

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Note | Data Item | Field Size | Record Position | Layout |
| M | Transaction Type | 2 | 1 | X5 |
| M | Unique Key | 9 | 3 | AAAAAAAAA (Hospital generated)  Right justified, zero filled |
| C | Diagnosis Cluster Identifier | 2 (2 X 12) | 12, 14, 16, 18, 20, 22, 24, 26, 28, 30, 32, 34 | AA, A, N left justified, trailing space |
| 1 | Diagnosis Code x 12 each code | 8 (8 x 12) | ~~12~~ 36, 44, 52, 60, 68, 76, 84, 92, 100, 108, 116, 124 | AANNNN  Each left justified, trailing spaces |
| 2 | Procedure Code x 12 each code | 8  (8 x 12) | ~~108~~ 132, 140,148, 156, 164,172,180, 188,196,  204, 212, 220 | NNNNNNNA  Each left justified, trailing spaces |
| 3 | Admission Weight | 4 | ~~204~~ 228 | NNNN (Admission Weight in grams) |
| 8 | User Flag | 1 | ~~208~~ 232 | Optional field, free text |
| 4, 8 | Duration of Stay in Intensive Care Unit | 4 | ~~209~~ 233 | NNNN  Right justified, zero filled |
| 5, 8 | Duration of Mechanical Ventilation in ICU | 4 | ~~213~~ 237 | NNNN  Right justified, zero filled |
| 6, 8 | Hospital Generated DRG | 4 | ~~217~~ 241 | ANNA or NNNA |
| 7, 8 | Duration of Stay in Cardiac/Coronary Care Unit | 4 | ~~221~~ 245 | NNNN  Right justified, zero filled |
| 8, 11 | Duration of Non-Invasive Ventilation in ICU | 4 | ~~225~~ 249 | NNNN  Right justified, zero filled |
| 9 | Procedure Start Date Time | 12 | ~~229~~ 253 | DDMMYYYYHHMM |
| 10 | Care Plan Documented Date | 8 | ~~241~~ 265 | DDMMYYYY |
| 12 | Proceduralist ID | 13 | ~~249~~ 273 | XXXXXXXXXXXXX |
| 13 | Unplanned return to theatre | 1 | ~~262~~ 286 | N or space |
| **Total** |  | **~~262~~ 287** |  |  |

All alpha characters uppercase. All numeric fields right justified with leading zeros

M Mandatory

1 First diagnosis code is mandatory.

C Diagnosis Cluster Identifier reported for each diagnosis code. Report spaces if unable to report DCID.

## Extra Diagnosis Record (amend)

Extra Diagnosis Record File Structure

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Note | Data Item | Field Size | Record Position | Layout/Code Set |
| M | Transaction Type | 2 | 1 | Y5 |
| M | Unique Key | 9 | 3 | AAAAAAAAA (Hospital generated)  Right justified, zero filled |
| C | Diagnosis Cluster Identifier  (13 - 25) | 2  (2 x 13) | 12, 14, 16, 18, 20, 22, 24, 26, 28, 30, 32, 34, 36 | AA, A, N left justified, trailing space |
| 2 | Diagnosis Code (13 to 25) | 8  (8 x 13) | ~~12~~ 38, 46, 54, 62, 70, 78, 86, 94, 102, 110, 118, 126, 134 | AANNNN  Each left justified and with trailing spaces |
| 1, 2 | Procedure Code (13 to 25) | 8  (8 x 13) | ~~116~~ 142, 150, 158,  166, 174, 182, 190,  198, 206, 214, 222,  230, 238 | NNNNNNNA  Each left justified and with trailing spaces |
| C | Diagnosis Cluster Identifier (26 to 40) | 2 (2 X 15) | 246, 248, 250, 252, 254, 256, 258, 260, 262, 264, 266, 268, 270, 272, 274 | AA, A, N left justified, trailing space |
| 2 | Diagnosis Code (26 to 40) | 8  (8 x 15) | ~~220~~ 276, 284, 292, 300, 308, 316, 324, 332, 340, 348, 356, 364, 372, 380, 388 | AANNNN  Each left justified and with trailing spaces |
| 1, 2 | Procedure Code (26 to 40) | 8  (8 x 15) | ~~340~~ 396, 404, 412,  420, 428, 436, 444,  452, 460, 468, 476,  484, 492, 500, 508 | NNNNNNNA  Each left justified and with trailing spaces |
| C | Diagnosis Cluster Identifier  (41 to 100) | 2 (2 X 60) | 516, 518, 520, 522,  524, 526, 528, 530, 532, 534, 536, 538, 540, 542, 544, 546, 548, 550, 552, 554, 556, 558, 560, 562, 564, 566, 568, 570, 572, 574, 576, 578, 580, 582, 584, 586, 588, 590, 592, 594, 596, 598, 600, 602, 604, 606, 608, 610, 612, 614, 616, 618, 620, 622, 624, 626, 628, 630, 632, 634 | AA, A, N left justified, trailing space |
| 2 | Diagnosis Code (41 to 100) | 8  (8 X 60) | 636, 644, 652,660, 668, 676, 684,692, 700, 708, 716, 724, 732, 740, 748, 756, 764, 772, 780, 788, 796, 804, 812, 820, 828, 836, 844, 852, 860, 868, 876, 884, 892, 900, 908, 916, 924, 932, 940, 948, 956, 964, 972, 980, 988, 996, 1004, 1012, 1020, 1028, 1036, 1044, 1052, 1060, 1068, 1076, 1084, 1092, 1100, 1108 | AANNNN  Each left justified and with trailing spaces |
| **Total** |  | **~~459~~**  **1116** |  |  |

2 Where a field at the end of a record has a value of space(s), the record can be ended at the last field where a value is not space(s).

C Diagnosis Cluster Identifier reported for each diagnosis code. Report spaces if unable to report DCID.

**Reporting guide - general**

The Extra Diagnosis Record accepts up to ~~28~~ 88 extra diagnosis and up to 28 extra procedure codes, for each applicable episode of care, therefore a maximum of ~~40~~ 100 diagnosis and 40 procedure codes. (The Diagnosis Record accepts the first twelve of each.)

# End of financial year reporting

As shown in the table below:

* Submissions with header dates prior to 1 July 2024 must use 2023-24 format/values for all records
* For submissions with header dates of 1 July 2024 onwards, the Separation Date of the episode determines the format/values applicable
  + Separation Date prior to 1 July 2024 must use 2023-24 format/values
  + Separation Date 1 July 2024 or later must use 20234-25 format/values
  + For patients ‘remaining in’ on 30 June 2024 this may involve updating episode data previously reported in a June submission from 2023-24 format/values to 2024-25 format/values

Format / values by submission month and Separation Date

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Submission month | Admission Date | Separation Date | Unique Key | Format/Values |
| June | 01/06/2024 | 30/06/2024 | 000055555 | 2023-24 |
| June | 20/06/2024 | 00/00/0000 | 000066666 | 2023-24 |
| July | 25/06/2024 | 30/06/2024 | 000077777 | 2023-24 |
| July | 20/06/2024 | 01/07/0000 | 000066666 | 2024-25 |
| July | 01/07/2024 | 10/07/2024 | 000088888 | 2024-25 |
| July | 02/07/2024 | 00/00/0000 | 000033333 | 2024-25 |

## Test submissions for 1 July changes

Information regarding testing for 1 July changes will be published later in the HDSS Bulletin.

To add your name to the Bulletin mailing list, please complete the [MS Form](https://forms.office.com/pages/responsepage.aspx?id=H2DgwKwPnESciKEExOufKII_2IfNHexFkH_EAj2AB_tUNFZQSkpIRVk0Q1dCQ1JJTVM3M1c4REszQiQlQCN0PWcu) <https://forms.office.com/pages/responsepage.aspx?id=H2DgwKwPnESciKEExOufKII\_2IfNHexFkH\_EAj2AB\_tUNFZQSkpIRVk0Q1dCQ1JJTVM3M1c4REszQiQlQCN0PWcu>