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| HDSS Bulletin |
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# Global update

## Circulars

Access private hospital circulars at: [Private hospital circulars](http://www.health.gov.au/internet/main/publishing.nsf/Content/health-phicirculars2019-index1) <http://www.health.gov.au/internet/main/publishing.nsf/Content/health-phicirculars2019-index1>

Access hospital circulars at: [Hospital circulars](https://www2.health.vic.gov.au/about/news-and-events/hospitalcirculars) <https://www2.health.vic.gov.au/about/news-and-events/hospitalcirculars>

## Annual changes 2020–21 update

The department has undertaken a review of the 2020-21 annual changes for AIMS, VAED, ESIS, VEMD and VINAH to assess the impact of implementing these changes in the current environment.

It has been decided to minimise the changes to all datasets as far as possible to enable health services to focus on their response to the COVID-19 emergency. A small number of changes that have been published in the Specifications for Revisions documents for each collection will proceed. They are described below.

### ****Agency Information Management System (AIMS)****

Proposal 1: Remove Form 5C HACC Program for Younger People – Annual Fee Report

### ****Elective Surgery Information System (ESIS)****

Proposal 1: Remove option allowing fields in the text files to be in any order

### ****Victorian Admitted Episodes Dataset (VAED)****

Proposal 9: Contract Type – new code added for ‘BAB’

Proposal 14: Admission/Discharge Unit/Specialty – new code added for ‘Stroke Unit’

Proposal 16: Change to the definition of Palliative Care

Proposal 17: Private hospitals to report Procedure Start Date/Time for Electroconvulsive Therapy

### ****Victorian Emergency Minimum Dataset (VEMD)****

Proposal 7: Change to Telehealth concept definition

### ****Victorian Non-Admitted Integrated Health (VINAH)****

Proposal 9: Change to Referral Process concept definition

Further information including details of the proposals not proceeding will be provided via email as soon as possible.

# COVID-19 response

In response to the Coronavirus 2019 outbreak, hospitals are required to report on additional activity that is related to the COVID-19 response. Accurate capture and reporting of hospital activity associated with the COVID‑19 outbreak is critical for funding, planning and epidemiological studies. Note that classification advice for COVID-19 admitted episodes of care was detailed in HDSS Bulletin 227.2.

# Reporting

In Victoria, activity related to COVID-19 is reported through several data collections including VEMD, AIMS and VINAH. Hospitals must report each type of activity through one data collection only.

## Victorian Emergency Minimum Dataset (VEMD) reporting health services

The following activity is reported in the VEMD:

* Attendance at a COVID-19 assessment clinic (also known as a fever clinic or screening clinic), primarily for testing. Includes drive-through clinics, or
	+ Presentations to an Emergency Department for COVID-19 related reasons

## Agency Information Management System (AIMS) Urgent Care Centre - for non-VEMD reporting health services

The following activity is reported in AIMS:

* Attendance at a COVID-19 assessment clinic (also known as a fever clinic or screening clinic), primarily for testing. Includes drive-through clinics, or
	+ Presentations to an Urgent Care Centre and small rural health services that provide urgent care/unplanned emergency medical treatment for COVID-19 related reasons

## Victorian Integrated Non-Admitted Health (VINAH)

Activity undertaken in a clinic solely established to assess, investigate, treat, manage and support patients with confirmed, probable or suspected COVID-19 (only) is reported in VINAH. This may include ongoing management and support.

Patients diagnosed as COVID-19 positive who are seen in other specialist clinics, for example a Respiratory clinic, should be reported in VINAH as attending those specific clinics.

Note: patients that attend these non-admitted specialist clinics must have an account class of public only (i.e. Contact Account Class = MP). MBS funded COVID-19 non-admitted specialist clinics are not permitted.

Does not include COVID-19 diagnostic clinics - these are reported in the VEMD/AIMS.

## Agency Information Management System (AIMS) S10

Activity undertaken in a clinic established to assess, investigate, treat, manage and support patients with confirmed, probable or suspected COVID-19 (only) is reported in AIMS at aggregate level. This may include ongoing management and support. Note: patients that attend these non-admitted specialist clinics must have an account class of public only. MBS funded COVID-19 non-admitted specialist clinics are not permitted.

For VINAH and AIMS S10 reporting, the clinics must first be registered on the Non-Admitted Clinical Management System (NACMS). MBS funded COVID-19 non-admitted specialist clinics are not permitted to be registered.

# Classification

## Victorian Emergency Minimum Dataset (VEMD)

On 2 April 2020, the Independent Hospital Pricing Authority (IHPA) released COVID-19 classification advice specific to the emergency department setting. This included two new codes; one for confirmed and probable COVID-19 presentations and another code for suspected but subsequently ruled out COVID-19 emergency department presentations.

New VEMD codes and descriptors (effective for presentations from 1 January 2020):

* U07.1 COVID-19 positive or probable
	+ U06.0 COVID-19 negative test

**Guidelines for use of COVID-19 codes**

Assign as Primary Diagnosis U07.1 *COVID-19 positive or probable* for the following presentations:

* The patient is a known COVID-19 positive patient presenting for treatment of a COVID-19 symptom or condition.
* The patient presents with a COVID-19 related symptom or condition and tests positive for COVID-19.
* The patient presents with a COVID-19 related symptom or condition, COVID-19 is suspected or probable but test result is inconclusive, unavailable or test not performed in ED.
* The patient presents because of exposure to COVID-19 and tests positive for COVID-19.
	+ The patient presents because of exposure to COVID-19, COVID-19 is suspected or probable but test result is inconclusive, unavailable or test not performed in ED.

Assign as Primary Diagnosis U06.0 *COVID-19 test negative* for the following presentations:

* The patient presents with a COVID-19 related symptom or condition and tests negative for COVID-19.
	+ The patient presents because of exposure to COVID-19 and tests negative for COVID-19.

**Additional guidelines**

Where a patient presents with an injury OR a condition not considered to be a COVID-19 related condition, but also has a COVID-19 related symptom or condition, or exposure, assign the Primary Diagnosis in accordance with the definition of Diagnosis – Primary Diagnosis

*The diagnosis established at the conclusion of the patient’s attendance in an emergency department to be mainly responsible for occasioning the attendance following consideration of clinical assessment.*

If it is determined that the injury or condition is the Primary Diagnosis, assign U07.1 *COVID-19 positive or probable* or U06.0 *COVID-19 test negative* as an additional diagnosis as appropriate.

Example 1 Patient presents with a fracture forearm but also has a fever and is tested for COVID-19. Patient tests negative for COVID-19. Primary Diagnosis determined by the clinician as the fracture forearm.  Report the following:

Primary diagnosis Fracture forearm

Additional diagnosis U06.0 *COVID-19 test negative*

Example 2 Patient presents with a stroke but also has a cough and shortness of breath. Patient is suspected to have COVID-19 but test not performed while in ED. Primary Diagnosis determined by the clinician as the stroke. Report the following:

Primary diagnosis Stroke

Additional diagnosis U07.1 *COVID-19 positive or probable*

Example 3 Patient is a known COVID-19 positive patient who presents with anxiety. In this case, as the patient has two conditions on presentation, the Primary Diagnosis is determined by the clinician applying the definition of Diagnosis – Primary Diagnosis. If the anxiety is determined as the Primary Diagnosis, report U07.1 *COVID-19 positive or probable* as the additional diagnosis.

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

On 2 April 2020, the Independent Hospital Pricing Authority (IHPA) released classification advice for three new Tier 2 classes created to capture activity associated with the diagnosis and treatment of patients with COVID-19 in the outpatient or non-admitted hospital setting.

**20.57 COVID-19 response medical consultation clinic**

This class should be assigned where a clinic has been specifically set-up or is solely seeing patients for the purposes of the COVID-19 response and a medical officer or nurse practitioner provides the majority of services in the clinic. Patients with confirmed, probable or suspected COVID-19 are assessed, investigated, treated and managed.

**40.63 COVID-19 response allied health/clinical nurse specialist clinic**

This class should be assigned where a clinic has been specifically set-up or is solely seeing patients for the purposes of the COVID-19 response and an allied health professional or clinical nurse specialist provides the majority of services in the clinic. Patients with confirmed, probable or suspected COVID-19 are assessed, investigated, treated and managed.

**30.09 Diagnostics clinic**

In Victoria, COVID-19 diagnostic clinics are reported in the VEMD/AIMS.

**Episode Health Conditions**

A new Episode Health Condition has been introduced in VINAH.

**Code Descriptor**

3000 COVID-19 status

The code should be reported for all patient/clients presenting in the non-admitted setting with a health condition related to COVID-19.

**Guidelines for use of Episode Health Condition — *COVID-19 status***

* Primary presenting health condition is not related to COVID-19 and patient is COVID-19 positive
	+ - Report the patients presenting health condition for example Breast cancer with an additional health condition *COVID-19 status*.
* Primary presenting health condition is COVID-19 positive
	+ - Report *COVID-19 status* as the patients presenting main health condition.
		- Report any additional health conditions as required.
* Primary presenting health condition is related to COVID-19 and patient is COVID-19 positive
	+ - * Report the patients presenting health condition for example Influenza and pneumonia with an additional health condition *COVID-19 status*.

Date rules have been relaxed in VINAH to allow reporting of code 3000 regardless of the Episode Start Date. This change has been made to negate the need to create new episodes.

## Non-Admitted Clinic Management System

Health services that have established specific non-admitted specialist clinics for the purposes of the COVID-19 response should register the clinics on the Non-Admitted Clinical Management System (NACMS) on HealthCollect (excludes diagnostic clinics as these are reported through the VEMD). Health services should nominate either Tier 2 class 20.57 COVID-19 response (medical consultation clinic) or 40.63 COVID-19 response (allied health/clinical nurse specialist clinic) when registering these clinics.

# Elective Surgery Information System (ESIS)

## Readiness for Surgery

There is no instruction to change a patient’s Readiness for Surgery status due to COVID-19. Please continue to follow the reporting guide for Readiness for Surgery in the current ESIS manual.

Services will be notified of any requirements to change reporting due to COVID-19 as soon as advice is available.

# Reporting and classification summary table

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Clinic/Service | Description  | Data collection | Classification | Type of visit | Service type | Episode health condition |
| COVID-19 presentation  | ED presentation  | VEMD | U07.1 *COVID-19 positive or probable*orU06.0 *COVID-19 negative test* | 1 – *Emergency presentation* | 3 – *COVID-19 related: tested*4 – *COVID-19 related: not tested* | NA |
| COVID-19 assessment  | Undertake diagnostic testing  | VEMD | U07.1 *COVID-19 positive or probable*orU06.0 *COVID-19 negative test* | 19 – *COVID-19 assessment clinic* | 3 – *COVID-19 related: tested*4 – *COVID-19 related: not tested* | NA |
| COVID-19 assessment  | Undertake diagnostic testing  | AIMS – UCC form(non VEMD reporting sites) | NA | NA | NA | NA |
| COVID-19 consult (required to be registered in NACMS) | Assessment, investigation, treatment and management of patients with confirmed, probable or suspected COVID-19 | VINAH | Tier 220.57 *Medical consultation clinic* or 40.63 *Allied health/clinical nurse specialist clinic* | NA | NA | 3000 COVID-19 status  |

# Contact details

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) <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

Telephone (03) 9096 8595

Email HDSS help desk <HDSS.helpdesk@dhhs.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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