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| HDSS Bulletin |
| Issue 234: 26 June 2020 |

Contents

[Global update 1](#_Toc44074622)

[234.1 Circulars 1](#_Toc44074623)

[Final consolidation for ESIS, VAED, VEMD and VINAH for 2019–20 1](#_Toc44074624)

[Final dates for submission of AIMS data for 2019-20 3](#_Toc44074625)

[Agency Information Management System (AIMS) 4](#_Toc44074626)

[234.2 Release of AIMS A2 Specialised Services Indicators form – June 2020 4](#_Toc44074627)

[234.3 AIMS Daily Elective Surgery Activity report 4](#_Toc44074628)

[234.4 AIMS reporting for non-admitted multidisciplinary case conferences (MDCC) when patient not present 4](#_Toc44074629)

[VAED Criteria for Reporting 1 July 2020 4](#_Toc44074630)

[Non-Admitted Data Expansion (NADE) project 5](#_Toc44074631)

[IHPA COVID-19 website updates 5](#_Toc44074632)

[Contact details 6](#_Toc44074633)

# 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>

# Final consolidation for ESIS, VAED, VEMD and VINAH for 2019–20

This is a reminder that final consolidation dates for 2019–20 data remain unchanged.

**ESIS**

Data for the 2019–20 financial year must be submitted by 5.00pm on 14 July 2020.

Final corrections to 2019–20 data must be submitted before final consolidation on 24 August 2020.

Health services may start submitting July files from Wednesday 1 July 2020. Fields in text files must be in the order published in the ESIS manual. Corrections to 2019–20 data can be included in 2020–21 submissions.

Remember the file sequence number for your first July submission is 001 for example 5000\_20\_07\_15\_001.zip

**VAED**

Data for the 2019–20 financial year must be submitted by 5.00 pm on 10 August 2020.

Final corrections for 2019–20 data must be submitted by 5.00 pm on 24 August 2020.

Health services must wait for advice from the department before submitting a July file. The department will allow 2020-21 submissions as soon as possible after the new financial year commences. Corrections for 2019–20 data can be included in 2020–21 submissions.

Health services submitting data via APET must complete 2019–20 reporting and data correction in APET 2019–20 prior to submitting a July file in APET 2020–21.

**VEMD**

Data for the 2019–20 financial year must be submitted by 10 July 2020.

Final corrections to 2019–20 data must be submitted before final consolidation of the VEMD on 27 July 2020 and cannot be submitted in a 2020-21 file.

Data from 2019-20 and 2020-21 financial years will be processed concurrently and health services are expected to continue to submit daily data, from 1 July 2020.

July 2020 data cannot be included in a 2019-20 data submission. Separate files are required for June 2020 and July 2020 data.

File naming convention for 2020–21 (version of VEMD is 25, code 5 will be used), the first July submission for example 9999507a.txt

**Data quality reports VEMD & VAED**

Health services are reminded to review monthly data quality reports and resubmit corrections to relevant data collections by consolidation dates.

The two reports compare VEMD and VAED episodes to ensure data is reported in accordance with the Admission Policy. First report lists episodes where emergency department departure time is at least 5 minutes after the admission time. The second report lists episodes where the entire admission is reported in ED. Both reports are distributed to health services via MFT and located in the VEMD pickup folder.

The latest reports were generated and distributed on 16 June 2020 and will be displayed as below.

XXXX\_Admission\_time\_vs\_ED\_time\_check\_20200616132924

XXXX\_ED\_Admits\_20200616133456

**VINAH**

Data for the 2019–20 financial year must be submitted by 14 July 2020.

Final corrections for 2019–20 must be received at the HealthCollect portal before the VINAH MDS database is finalised on 24 August 2020.

# Final dates for submission of AIMS data for 2019-20

Final dates for correction of data on AIMS forms are shown below. Please review and finalise your 2019-20 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** |  |  |
| Admitted Patients Aggregate Collection | S1A | 24 August 2020 |
| Public Hospital Beds | A3 | 24 August 2020 |
| Acute Non-Admitted Clinic Activity | S10 | 24 August 2020 |
| Sub-Acute Non-Admitted Activity | S11 | 24 August 2020 |
| Self-delivered Non-admitted Services | S12 | 24 August 2020 |
| Urgent Care Centre | UCC | 24 August 2020 |
| Radiotherapy Non-Admitted Services | S8 | 24 August 2020 |
| Sub-Acute Access Indicators | SAAI | 24 August 2020 |
| Aged Persons Mental Health Residential Aged Care Services | S5\_115 | 14 September 2020 |
| Generic Residential Aged Care Services | S5\_129 | 14 September 2020 |
| **Quarterly collections** |  |  |
| Early Years Services Non-Admitted Patient Services | S2\_118 | 24 August 2020 |
| Residential Aged Care Services Quality Indicators and Performance Measures | PSRACS | 24 August 2020 |
| Transition Care Program Key Performance Indicators | TCPKPIs | 24 August 2020 |
| Palliative Care Consultancy Program | PCCP | 24 August 2020 |
| Victorian Nurse Endoscopy Collaborative | VNEC | 24 August 2020 |
| **Annual collections** |  |  |
| Specialised Services Indicators | A2 | 24 August 2020 |
| Aged Persons Mental Health Residential Aged Care Services Resident’s Demographic Details | S5\_115D | 14 September 2020 |
| Generic Residential Aged Care Services Resident’s Demographic Details | S5\_129D | 14 September 2020 |

# Agency Information Management System (AIMS)

## Release of AIMS A2 Specialised Services Indicators form – June 2020

The AIMS A2 Specialised Services Indicators form has been released on the HealthCollect portal under the AIMS tab.

The A2 form is an annual survey of specialised services operating in hospitals in June of each year. Data submitted last year has been pre-loaded on to the form. Hospitals are to review the specialist services submitted last year, amend as necessary for specialist services currently operating in June 2020 and submit forms to the department by 14 July 2020. Thank you to the health services that have already submitted the form.

Further information on completing the A2 form is available in the 2019-20 [AIMS Manual](https://www2.health.vic.gov.au/about/publications/policiesandguidelines/aims-manual-2019-20) <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/aims-manual-2019-20 >

## AIMS Daily Elective Surgery Activity report

Private hospitals can cease reporting elective surgery activity data for activity after 30 June, 2020.

Public hospitals are required to continue reporting daily until the end of July. Public hospital data submissions are required by 1.00pm each subsequent business day. Data for Friday, Saturday and Sunday are due by 1.00pm on Mondays.

For days when no reportable procedures are performed, click the ‘Nil elective surgery/procedures performed’ button to zero-fill each cell. For all submissions, it is still essential to check the ‘Completed’ box: this activates validations, locks the data, and ensures the submission is forwarded to DHHS.

## AIMS reporting for non-admitted multidisciplinary case conferences (MDCC) when patient not present

Two new Tier 2 classes have been created on the Non-admitted Clinic Management System (NACMS) to allow health services to register outpatient clinics for multidisciplinary case conferences (MDCC) when the patient is not present and report activity on the AIMS S10 form effective from 1 July 2020:

* Tier 2 class 20.56 Multidisciplinary case conference – patient not present (medical consultation clinic)
  + Tier 2 class 40.62 Multidisciplinary case conference – patient not present (allied health/clinical nurse specialist clinic)

Multidisciplinary case conferences without the patient present whilst not meeting the definition of a non-admitted patient service event, are to be reported for activity-based funding purposes, provided there is documentation of the conference and associated outcomes in the patient's medical record.

One non-admitted MDCC service event may be counted for each patient discussed at a non-admitted MDCC where the patient is not present. A MDCC where the patient is not present must involve three or more healthcare providers who have direct care responsibilities for the patient discussed. The healthcare providers may be of the same profession however they must each have a different speciality so that the care provided by each provider is unique. Alternatively, the healthcare providers may be of different professions but of the same specialty.

MDCC’s are a key component of the HIP service and other subacute programs. A new AIMS form, similar to the existing AIMS S11 form, will be created for health services to report multidisciplinary case conferences when the patient is not present for SACS, HARP, RIR, PAC, Palliative Care and VALP programs. It is anticipated, the new form will be available for reporting from August 2020. Further information will be provided in future HDSS Bulletins.

# VAED Criteria for Reporting 1 July 2020

The Criteria for Reporting document remains unchanged for 2020-21. A copy of the document with updated dates will be published on the HDSS website next week.

# Non-Admitted Data Expansion (NADE) project

The Non-Admitted Data Expansion (NADE) project was put on hold in March in response to the increased demand that COVID-19 put on health services. Effective 1 July 2020, the NADE project will recommence.

Through the NADE project, the department will work with health services and agencies to ensure that patient level data is reported to the department as soon as possible. Effective 2021-22, the Independent Hospital Pricing Authority (IHPA) has advised they will only accept patient level data. Therefore it is essential that health services are able to report patient level data to the department as soon as possible.

Effective 2020-21 the following programs are in-scope for VINAH reporting:

* Integrated Hepatitis C program
* Genetics
* Post-natal Domiciliary Care

Further information will be provided in future HDSS Bulletins. Any enquiries should be directed through the HDSS helpdesk.

# IHPA COVID-19 website updates

The IHPA ‘How to classify COVID-19’ web page at <https://www.ihpa.gov.au/what-we-do/how-classify-covid-19>

has been updated as follows:

* Rules for coding and reporting COVID-19 episodes of care document (version 1.1) – updated 1 May 2020
* Frequently Asked Questions – Admitted Care

Admitted care FAQs – Part 1 published 1 May 2020

Admitted care FAQs – Part 2 published 25 May 2020

* Frequently Asked Questions – Emergency Department Care

Emergency department care FAQs – published 25 May 2020

IHPA has confirmed that all coding and reporting advice on their website is effective from 1 January 2020. Therefore, health services are required to make every effort where practically possible to retrospectively audit episodes to align with the latest IHPA advice. With regard to the emergency diagnosis please note the following:

* For emergency department presentations, where a health service has been reporting the U codes, there is no expectation that the primary diagnosis is amended based on a COVID-19 test result that becomes available after the patient has left the emergency department
* For emergency department presentations, where a health service has not been reporting the U codes, there is an expectation that once the U codes are available in the ED system, that a U code is retrospectively assigned based on the clinical presentation
* For COVID-19 assessment clinic activity which is reported in the VEMD, there is no expectation that the primary diagnosis is amended based on a COVID-19 test result that becomes available after the patient has left the clinic

It is acknowledged that this may place a burden on health service resources. If your health service is unable to meet this requirement, please advise Denise Ferrier [denise.ferrier@dhhs.vic.gov.au](mailto:denise.ferrier@dhhs.vic.gov.au) detailing the circumstances.

Please pass this information on to relevant staff in your organisation.

# 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

[Email HDSS help desk](mailto:HDSS.helpdesk@dhhs.vic.gov.au) <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](mailto:Hosdata.frontdesk@vahi.vic.gov.au) [Hosdata.frontdesk@vahi.vic.gov.au](mailto:Hosdata.frontdesk@vahi.vic.gov.au)

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