Bulletin

Health Data Standards and Systems

Attention: Health Information Managers – For Action
VAED/ESIS/VEMD/VINAH/AIMS Submission Officers – For Action
VAED/ESIS/VEMD/VINAH/AIMS Software suppliers – For Action
Emergency Department Directors – For Action

This edition of the Health Data Standards and Systems (HDSS) Bulletin has been published in electronic format only. It has been posted on our website at:
http://www.health.vic.gov.au/hdss/bulletin/147-220709.pdf and can be viewed as a downloadable file.

This bulletin provides information regarding:
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Please download the document from our website. If you do not have internet access, please contact the HDSS Help Desk to obtain a hard copy of this bulletin. It is essential that this document be distributed to relevant staff in your organisation.

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Global Update

147.1 Hospital Code Table Updates

An updated version of the Hospital Code Table file, including the details below, has been posted onto the HDSS Website:
http://www.health.vic.gov.au/hdss/reffiles/index.htm

New Hospital

Name	Campus code	Effective date
Glen Iris Private Hospital	8900	20 April 2009

Hospital Name Change

Old Name	New Name	Campus code
Gambro Diamond Valley Clinic	Diaverum Diamond Valley Dialysis Clinic	7380
Wodonga Regional Health Service	Albury Wodonga Health – Wodonga Campus	1660
Albury Base Hospital	Albury Wodonga Health – Albury Campus	1650
Mountain District Private Hospital	Melbourne Eastern Private Hospital, The	6970

The excel file contains multiple worksheets that categorise public, private and non-Victorian hospitals, both in alphabetical and numerical order.

147.2   DHS circular update

The following circulars have been released, and can be found at:
http://www.health.vic.gov.au/hospitalcirculars/

Hospital Circular 08/2009
Subject: *Public Hospital Charges - Changes*

Hospital Circular 17/2009
Subject: *2009-10 Victorian organ donation coordination services*

Hospital Circular 16 / 2009 - 1 July 2009
Subject: *Highly Specialised Drugs Program - Changes*

Hospital Circular 15/2009
Subject: *Public Hospital fees – Changes*

Hospital Circular 13/2009
Subject: *Highly Specialised Drugs Program*

147.3   Australian Government circular update

The following circulars have been released:

PHI 43/09 *Prostheses List Application and Benefit Negotiation Workshops*

PHI 42/09 *Publication of the State of Our Public Hospitals June 2009 Report*

PHI 41/09 *National Joint Replacement Registry (NJRR) Levy Bill Industry Consultation Meetings*

PHI 40/09 *Consumers' Health Forum - Position Vacant - Senior Policy Manager*

PHI 39/09 This circular has been replaced by PHI Circular 41/09

PHI 38/09 *Private Health Insurance (Benefit Requirements) Rules 2009 (No.1) and the Private Health Insurance (Complying Product) Rules 2009 (No.1)*

PHI 37/09 *Private Health Insurance (Data Provision) Rules 2009 and the Private Health Insurance (Health Insurance Business) Rules 2009*

PHI 36/09 *Australian Day Hospital Association Conference*

PHI 35/09 Priva*te Heath Insurance (Benefit Requirement) Amendment Rules 2009 (No 3)*

PHI 34/09 *Introduction of general treatment (dental) data collection and pre-release of final data specifications 2009-10 for existing HCP and PHDB data collections*

PHI 33/09 *Name Changes to Private Hospitals - Queensland and Victoria*

PHI 32/09 *Information Session Venues - Private Health Insurance Budget Measures*

PHI 31/09 This circular has been replaced by PHI Circular 34/09.

PHI 30/09 *Information Sessions - Private Health Insurance Budget Measures*

PHI 29/09 *Private Health Insurance Surcharge Thresholds for 2009-10*

PHI 28/09 *Fairer Private Health Insurance Incentives Bills*

PHI 26/09 *Productivity Commission Study into Public and Private Hospitals*

Private Health Insurance circulars can be found at:
http://www.health.gov.au/internet/main/publishing.nsf/Content/health-phicirculars2009-index1

To subscribe to the circulars, email your subscription details to Private Health Insurance Branch at privatehealth@health.gov.au

147.4   New Victorian health service - *Albury Wodonga Health*

Albury Wodonga Health is an integrated health service responsible for providing acute hospital services (excluding mental health) to residents in the Albury Wodonga region. This has been created through the integration of Wodonga Regional Health Service and acute services at Albury Base Hospital.

Albury Wodonga Health has been operational as a Victorian public health service since 1 July 2009.

A new hospital code has been allocated for the Albury Campus of Albury Wodonga Health. This is provided in the Hospital code table updates in this Bulletin. Transfers to and from the Albury campus of this health service should be reported using this hospital code and not as transfers to an interstate (New South Wales) hospital.

147.5 Observation Medicine Unit Guidelines and reporting

The new *Observation Medicine Guidelines 2009* were released in May. These guidelines have been developed to assist health services to implement and operate observation medicine units that reflect good practice models of care.

To support this, the new guidelines include amendments to both VEMD and VAED reporting of observation medicine units to improve consistency in data collection, and ensure the data reflects the model of observation medicine delivered.

Health services are advised to use the descriptions provided in the *Observation Medicine Guidelines 2009* and definitions provided in the VEMD and VAED data manuals to select the code that best represent the model of observation medicine delivered by the health service. Data managers, submission officers and health information managers should ensure that this decision is made with appropriate clinical input.

For VEMD reporting of *Departure Destination*, health services are required to use either the *Short-stay observation unit (3) or Medical assessment and planning unit (14)* instead of *Emergency medical unit (13)*.

For VAED reporting of *Accommodation Type*, health services are required to use either the *Short-stay observation unit (S)* or *Medical assessment and planning unit (M)* instead of *Emergency medical unit (8)*.

Both the VAED and VEMD *Emergency medical unit* codes should no longer be reported. If your service is unable to cease reporting these codes, please contact the HDSS Helpdesk.

These changes will ensure consistency in data collection to improve monitoring and evaluation of the effectiveness of observation medicine models of care.

The *Observation Medicine Guidelines 2009* are available online at
www.health.vic.gov.au/emergency/models.htm.

Victorian Admitted Episodes Dataset (VAED)

147.6 Supplementary Code Lists Updates

An updated version of the Supplementary Code Lists file, including the details below, has been posted onto the HDSS Website:
http://www.health.vic.gov.au/hdss/reffiles/index.htm

Program Approval

The following hospital has been granted approval for VAED Care Type 9 *Geriatric evaluation and management*.

Name	Campus code	Effective date
Austin Health (Austin Hospital campus)	1031	1 July 2008

The following hospital has been granted approval for VAED Care Type 2 *Designated Rehabilitation Program/Unit: Level 1*.

Name	Campus code	Effective date
St Georges Health – Aged Care	1700	1 July 2008

The following hospital has been granted approval for VAED Program Identifier 04 *GEM level 1*.

Name	Campus code	Effective date
Austin Health (Austin Hospital campus)	1031	1 July 2009
Austin Health (Heidelberg Repatriation campus)	1032	1 July 2009

The following hospitals have been granted approval to report Restorative Care to the VAED using Program Identifier 03 *Restorative care*.

Name	Campus code	Effective date
Goulburn Valley Health (Waranga Campus)	1123	1 July 2009
Melbourne Health (Royal Park)	1335	1 July 2009
Southern Health (Kingston Centre)	2030	1 July 2009
St Vincent's Health Service (St Georges Health Service)	1700	1 July 2009

147.7 PRS/2 processing for 2009-10

DHS is in the process of upgrading PRS/2 for 2009-10. Until notified via HDSS Bulletin, please do not send transmission files with July 2009 header dates. If files are sent to The Pay Office they will not be processed and will not be held.

As usual, a test facility is available to all software suppliers and we encourage hospitals to ensure their supplier has made use of this facility. Contact The Pay Office to arrange for test files to be processed (9541 7575 or help_desk@enterprisesupport.com).

If you need to send corrections or updates to 2008-09 data before the new software has been installed, you should re-send your last June header dates as many times as required.

147.8 VAED Data submissions deadlines for 2009-10

2009-10	VAED Data	
	Reporting Details	**Submission Date**
July	Admission & Separation Details	10 Aug
	Diagnosis, Procedure & Sub Acute Details	10 Sep
August	Admission & Separation Details	10 Sep
	Diagnosis, Procedure & Sub Acute Details	10 Oct
September	Admission & Separation Details	10 Oct
	Diagnosis, Procedure & Sub Acute Details	10 Nov
October	Admission & Separation Details	10 Nov
	Diagnosis, Procedure & Sub Acute Details	10 Dec
November	Admission & Separation Details	10 Dec
	Diagnosis, Procedure & Sub Acute Details	10 Jan
December	Admission & Separation Details	10 Jan
	Diagnosis, Procedure & Sub Acute Details	10 Feb
January	Admission & Separation Details	10 Feb
	Diagnosis, Procedure & Sub Acute Details	10 Mar
February	Admission & Separation Details	10 Mar
	Diagnosis, Procedure & Sub Acute Details	10 Apr
March	Admission & Separation Details	10 Apr
	Diagnosis, Procedure & Sub Acute Details	10 May
April	Admission & Separation Details	10 May
	Diagnosis, Procedure & Sub Acute Details	10 Jun
May	Admission & Separation Details	10 Jun
	Diagnosis, Procedure & Sub Acute Details	10 Jul
June	Admission & Separation Details	10 Jul
	Diagnosis, Procedure & Sub Acute Details	10 Aug

Notes:

Reporting	Monthly submissions of: o Admission and separation details due the 10th of the following month (for example July 2009 Data: admission and separation details by 10 August) o Diagnosis, procedure and sub-acute details due the 10th of the second following month (for example July 2009 data: diagnosis, procedure and sub-Acute details by 10 September) o End of financial year data completed by 10 August 2010. Any corrections must be transmitted before consolidation of the VAED database on 10 September 2010.

Note: The monthly VAED file consolidation will occur on the 17th of the month in July, August and September 2009. From October 2009, the monthly consolidation will occur on the 10th of each month.

147.9 VAED reporting for patients undergoing extracorporeal shock wave lithotripsy

St Vincent's hospital provides all extracorporeal shock wave lithotripsy (ESWL) services in Victoria for public hospital patients. ESWL may be provided at St Vincent's Hospital or at another Health Service by the St Vincent's mobile service.

VAED reporting of ESWL services provided by the mobile unit is inconsistent between health services and this can have a resultant impact on the funding received by the health service for multi-day stay patients.

To ensure consistent reporting and receipt of appropriate funding, from 1 July 2009 public health services should not report ESWL episodes as a Hub and Spoke arrangement nor a contracted episode. ESWL episodes should be reported as though the entire episode of care was provided at the location of the care, by that health service. For example if the lithotripsy was performed at Ballarat Health Services, Ballarat Health Services reports the complete episode of care including the lithotripsy procedure code with no contract or hub and spoke details.

The cost weight for same day ESWL has been set at zero, as a contract exists between DHS and St Vincent's to fund these services. The multi-day weight for ESWL cases excludes the cost of the actual lithotripsy procedure and is calculated to cover the other associated costs for the episode.

147.10 Updated ICD-10-AM/ACHI Sixth Edition library file 2009-10

The ICD-10-AM/ACHI Sixth Edition library file for 2009-10 is available on the HDSS web site. The file contains all ICD-10-AM/ACHI Sixth edition diagnosis, morphology and procedure codes, together with appropriate edits, mappings and code descriptions.

This file has been updated with the relevant designation of OR procedure (O) or Non-OR procedure (S) for the ACHI codes in keeping with AR-DRGs Version 6.0 effective for use in Victoria from 1 July 2009. Otherwise there are no changes from the 1 July 2008 release of the library file.

The Excel files and documentation are available for downloading at:
http://www.health.vic.gov.au/hdss/icdcoding/libfiles/index.htm

Software suppliers and hospitals are advised to download the new version of the ICD-10-AM/ACHI library file. Any updates to the file during 2009-10 will be published in the HDSS Bulletin.

The Excel file has been zipped and password protected using the same password as last year. If you do not have, or have forgotten the password, please contact the HDSS help desk via email (HDSS.HelpDesk@dhs.vic.gov.au).

Our licence agreement only permits DHS to release our ICD-10-AM/ACHI library file within Victoria to hospitals, software vendors and approved third-party organisations working with DHS. The Victorian library file is a modification of the National ICD-10-AM/ACHI ASCII files, which are produced by the National Centre for Classification in Health (NCCH). If you are not authorised to receive the Victorian library file you may contact the NCCH on (02) 9351 9461 or email at ncchadmin@fhs.usyd.ed.au.

146.11 Admission Policy information

Hospitals must adhere to the DHS Hospital Admission Policy effective 1 September 2008 which can be found at: http://www.health.vic.gov.au/hdss/vaed/adm_policy_1_sep2008.pdf

A draft updated policy will be released in the early part of 2009-10 and will be used by DHS to monitor the potential data and funding impacts ahead of proposed implementation in 2010-11. Hospitals will be encouraged to engage in this process and provide feedback to the Department about all aspects of the policy.

Clinical Coding

147.12 Victorian ICD Coding Committee vacancies

There are currently two vacancies on the Victorian ICD Coding Committee. Health Information Managers and Clinical coders are invited to express interest in serving on this important Department of Human Services committee. The selection criteria and the obligations for membership are set out below.

Criteria for Coding Committee membership - Coder members:

1. Hold an undergraduate qualification in Health Information Management or Medical Record Administration or a qualification in Clinical Coding.
2. Have graduated at least three years ago.
3. Have at least two years' work experience in a position or positions where coding comprises or comprised a significant part of the work.
4. Be currently employed in a position where coding comprises a significant part of the work.
5. Have completed the most recent ICD-10-AM upgrade education package.

Obligations of Victorian ICD Coding Committee - Coder members:

- Accept appointment for a two-year period (dependant on continuing work with ICD-10-AM or related areas). The Convener of the committee will review membership annually.
- Attend most of the monthly meetings (duration approximately five hours) at the Department and, when unable to attend a meeting, notify an apology to the Secretary.
- Before the meeting, work through agenda papers, particularly consulting specialist clinicians where appropriate. Consult any specialist reference material available to the coder, as appropriate. Bring to the meeting proposed answers to queries. If unable to attend, provide comments (by email) on agenda items, particularly any falling in the specialist area of that representative.

If you are interested in serving on the Coding Committee, or would like further information please contact Jennie Shepheard on jennie.shepheard@dhs.vic.gov.au.

Elective Surgery Information System (ESIS)

147.13 Zip file and text extract sequence numbers for 2009-10

Sites are reminded that the incrementing extract number used in the text extract names and zip file names must cycle back to '001' for the first submission named with a July Extract End Date. The submission sequence number is a count of the submissions whose extract end dates fall in a given financial year.

Example 1: Final submission containing a 2008-09 Extract End Date, for submitting organisation '5000' (Test hospital) might be named 5000_09_06_25_056.zip. If the next submission had an extract end date of 2 July 2009, it would be named 5000_09_07_02_001.zip

Example 2: Final submission containing a 2008-09 Extract End Date, for submitting organisation '8000' might be named 8000_09_06_30_046.zip. If the next submission had an extract end date of 15 July 2009, it would be named 5000_09_07_15_001.zip

147.14 ESIS Data submissions deadlines for 2009-10

2009-10	ESIS Data		
	Reporting Period	Submission Date	Clean Date
July	1-15	20 Jul	All edits must be resolved within 21 days of the extract end date of the submission in which they were first triggered, or the due date of the next reporting period, whichever occurs first.
	16-31	5 Aug	
August	1-15	19 Aug	
	16-31	3 Sep	
September	1-15	18 Sep	
	16-30	5 Oct	
October	1-15	20 Oct	
	16-31	5 Nov	
November	1-15	18 Nov	
	16-30	3 Dec	
December	1-15	18 Dec	
	16-31	6 Jan	
January	1-15	20 Jan	
	16-31	3 Feb	
February	1-15	18 Feb	
	16-28	3 Mar	
March	1-15	18 Mar	
	16-31	7 Apr	
April	1-15	20 Apr	
	16-30	5 May	
May	1-15	19 May	
	16-31	3 Jun	
June	1-15	18 Jun	
	16-30	5 Jul	

Notes:

Reporting	*1st Transmission* 1-15 to be received at the Department of Human Services no later than 5pm on the 3rd working day after the 15th of the month. (For example 1-15 July data by 20 July) *2nd Transmission* Remainder of month to be received at the Department of Human Services no later than 5pm on the 3rd working day of the following month. (For example 16 – 31 July data by 5 August) All edits must be resolved within 21 days of the extract end date of the submission in which they were first triggered, or the due date of the next reporting period, whichever occurs first. Any corrections must be transmitted before consolidation of the ESIS database on 21 August 2010.

Victorian Emergency Minimum Dataset (VEMD)

147.15 VEMD Editor Version 14 for 2009-10

The VEMD Editor Version 14 for 2009-10 is now available at http://www.health.vic.gov.au/hdss/vemd/index.htm. This has been updated to reflect the Specification for Revisions to the Victorian Emergency Minimum Dataset for 1 July 2009. DHS has conducted testing of this Editor, however would appreciate any feedback once hospitals commence using the new Editor.

147.16 Initiation of patient management documents

The revised *Initiation of patient management* and *Nurse initiation of patient management* specifications were provided to VEMD submission officers on 1 July 2009. These documents are available for downloading at www.health.vic.gov.au/hdss.

147.17 VEMD Data submissions deadlines for 2009-10

2009-10	VEMD Data		
	Reporting Period	Submission Date	Clean Date
July	1-14	17 Jul	14 Aug
	15-31	5 Aug	
August	1-14	19 Aug	14 Sep
	15-31	3 Sep	
September	1-14	17 Sep	14 Oct
	15-30	5 Oct	
October	1-14	19 Oct	16 Nov
	15-31	5 Nov	
November	1-14	18 Nov	14 Dec
	15-30	3 Dec	
December	1-14	17 Dec	15 Jan
	15-31	6 Jan	
January	1-14	19 Jan	12 Feb
	15-31	3 Feb	
February	1-14	17 Feb	15 Mar
	15-28	3 Mar	
March	1-14	17 Mar	16 Apr
	15-31	7 Apr	
April	1-14	19 Apr	14 May
	15-30	5 May	
May	1-14	19 May	15 Jun
	15-31	3 Jun	
June	1-14	17 Jun	14 Jul
	15-30	5 Jul	

Notes:

Reporting	*1st Transmission* 1-14 by the 3rd working day after the 14th of the month (for example 1-14 July data by 17 July) *2nd Transmission* Remainder of the month by the 3rd working day of the following month (for example 15 – 31 July data by 5 August) Completed (zero rejections) by the 10th working day of the following month (for example July data clean by 14 August) Any corrections must be transmitted before consolidation of the VEMD database on 21 August 2010.

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

147.18 SACS Movement Disorders Stream data

In consultation with the affected Health Service, a new program stream has been added to VINAH under the SACS program to allow data from the movement disorders stream to be submitted. This change was effective from 02 June 2009 and data may now be submitted as agreed.

147.19 Erratum: Data Element Binding/Location for Local Identifier Assigning Authority

The current version of the VINAH manual and Specifications for 2009-10 incorrectly specify in some places that the value of Local Identifier Assigning Authority is to be sent in PID.15\CX.4\HD.1. This should read **PID.3\ CX.4\ HD.1.**

147.20 Reminder – edit E206 active from 1 July 2009

As advised in bulletin article 143.7, validation rule E206, which is currently relaxed, was reactivated on 1 July 2009.

This rule is designed to ensure that a VINAH Episode has an associated inbound Referral. VINAH submitters are reminded that any previously submitted episodes that do not link to an inbound referral are expected to have been rectified by 30 June 2009. Any such episodes which have not been corrected should be addressed as a matter of urgency.

147.21 Submissions to VINAH in v2 format

Health services are reminded that VINAH version 2 format has been superseded and submissions in this format are only accepted by arrangement with DHS.

147.22 Medi-Hotel Reporting to VINAH optional for 2009-10

Following further advice from, and consultation with, Health Services and Access and Metropolitan Performance branch in DHS which has carriage of Medi-Hotel policy and will be the prime consumer of the data, reporting of Medi-Hotel data to VINAH as specified will be optional for 2009-10. This decision has been made following feedback that the majority of Health Services will experience significant difficulties reporting data and modifying systems in a timely fashion. Health Services are encouraged to use the 2009-10 year to prepare for compulsory Medi-Hotel reporting in 2010-11.

The upgrade to the DHS VINAH processing system will proceed as specified and those services that wish to report activity in 2009-10 will be able to do so.

Agency Information Management System (AIMS)

147.23 Summary of revisions to AIMS Collections for 1 July 2009 – Public Hospitals

As a result of the review AIMS-hosted data collections for 2009-10, three forms are being ceased, one new form is being introduced and four forms have been modified. In summary, the changes are:

1. Cessation of three forms:

   o Annual Return Form 4B *Residential and Community Based Aged Care Services Revenue and Statistical Return*.

   o Annual Return Form 5A *Revenue and Expenditure Statement (Accrual) HACC and Other Community Based Aged Care Programs*.

   o Form S2_127 *Dental Health Services Non-Admitted Patients*.

2. New form for acute admitted patients waiting for a rehabilitation, geriatric evaluation and management, or restorative care bed.

3. Expansion of Annual Return Form 1B *Salary and Other Expenditure Statement* to collect other non-salary costs for residential aged care including aged persons mental health residential care. The form is renamed as Salary and Other Expenditure Statement for Year Ended 30 June 2009 (HSA).

4. Modification of Annual Return Form 4A *(Part A) Acute Inpatients—Bed Days and Calculation of Net Fee Income* to report TAC and Other Compensable fee income as separate items and to add a new section on Non-Admitted Patients revenue.

5. A significant reduction in reporting for Form S2_116 Public Health Non-Admitted Patient Services.

6. Status change for reporting number of neonatal cots on Form A3 *Public Hospital Beds* return.

7. Revision of final consolidation date at end of the financial year.

Details on revisions to AIMS forms are available on the AIMS website http://www.health.vic.gov.au/aims/.

147.24 Discontinuation of AIMS A3 Hospital Beds Return - Private from 1 July 2009

The AIMS A3 *Hospital Beds Return - Private* form has been used to collect data on acute care beds available monthly in private hospitals and day procedure centres primarily to meet DHS' reporting obligations to the Australian Government.

From 1 July 2009 data for reporting to the Australian Institute of Health and Welfare will be sourced from the Private Hospitals and Non Emergency Patient Transport unit, which records registered beds as part of licensing arrangements. Reporting of registered rather than available private hospital beds will bring Victoria in line with other jurisdictions, which already report registered rather than available private hospital beds. Therefore, as of 1 July 2009, completion of the AIMS A3 *Hospital Beds Return - Private* will no longer be required.

Contact Details

The Health Information Section of the Metropolitan and Aged Care Services Division has responsibility for maintaining data standards for five Victorian health data collections:

- 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, produced on an ad hoc basis, provides:

- Answers to common questions recently directed to the HDSS Helpdesk;
- 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; and
- Information on upcoming events.

HDSS Website: http://www.health.vic.gov.au/hdss

HDSS Help Desk:

Telephone: (03) 9096 8141   Fax: (03) 9096 7743

Email: VAED/VINAH   HDSS.Helpdesk@dhs.vic.gov.au
                   VEMD   submit.vemd@dhs.vic.gov.au
                   ESIS   ESIS.ESIS@dhs.vic.gov.au

HealthCollect Help Desk:

Telephone: (03) 9096 8595   Fax: (03) 9096 7743

Email: healthcollect.helpdesk@dhs.vic.gov.au