

Circular

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Contact:
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Subject: Recording of Aboriginality, Country of Birth, and
Patient's Usual Residence on the Victorian Inpatient
Minimum Database

Circulars 15/1993 dated 19 April 93 and 18/1993 dated 10 May 93 covered definitional and reporting changes which take effect from 1 July 1993.

Two specific changes to the Victorian Inpatient Minimum Database (VIMD) were outlined further in Circular 19/1993: Minimum Criteria for Admission and Circular 21/1993: Intention to Readmit.

This Circular provides details about the specific changes on the VIMD relating to the recording of Aboriginality and Country of Birth. Clarification is also provided on the recording of the Patient's Usual Residence.

Recording of Aboriginality

The *Health Act* requires the Department of Health & Community Services to establish a comprehensive information system which includes information on the nature of illness among Victorians and groups of Victorians, and the utilisation of health services in Victoria. In the context of Koori health, the Victorian Government recognises the need to improve the quality of information which is available for planning, implementation and evaluation of Aboriginal health programs.

From 1 July 1993, there will be a change in the way that people of Aboriginal and Torres Strait Islander descent are identified in the statewide morbidity collection known as the Victorian Inpatient Minimum Database.

At present, the identification of Aboriginality is effectively optional; from 1 July 1993 it will be a mandatory data item.

For the purpose of reporting the new field "Aboriginality", the definition of Aboriginal/Torres Strait Islander is:

An Aboriginal or Torres Strait Islander is a person of Aboriginal or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander and is accepted as such by the community with which he/she is associated.

From 1 July 1993, all patients admitted to hospital must be asked whether they are of Aboriginal or Torres Strait Islander descent. While acknowledging that some Aboriginal or Torres Strait Islander people may chose not to identify themselves as being of Aboriginal or Torres Strait Islander descent, hospital admission staff will not be able to determine whether a person identifies as being of Aboriginal or Torres Strait Islander descent unless this question is asked of every patient being admitted to hospital.

The new field for "Aboriginality" status reinforces the need to gather accurate data from all patients admitted to Victorian hospitals.

Specifications for this data field were provided to software suppliers in April. Full details are also included in the document *Final Revision to PRS/2 and the Victorian Inpatient Minimum Database for 1 July 1993*, copies of which were distributed to all hospitals early in June.

Recording of Country of Birth

For all separations on and after 1 July 1993, the patient's country of birth must be recorded using the *Australian Standard Classification of Countries for Social Statistics* (Australian Bureau of Statistics, catalogue number 1269.0). Complete lists in numerical and alphabetical order are included in the document *Final Revisions to PRS/2 and the Victorian Inpatient Minimum Database*; the lists will also be included in the *PRS/2 Hospital User Guide* which will be distributed to all hospitals in August.

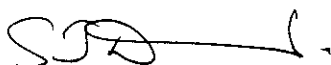
The ASCCSS classification scheme has a four-character numeric code for each country: the first character indicates the major group in which the country is contained and the first two characters together identify the minor group in which the country is contained. If a new country needs to be added, ABS would allocate the next available number within the appropriate minor group. ABS allocates new codes **only** when a country is formally recognised by the Australian government. The Department plans to add any such new codes to the VIMD with effect from the following 1 July.

This change in country of birth classification system brings several benefits. The list used previously had become increasingly out of date. ASCCSS only includes new countries when they are recognised by the Australian government and therefore has official status. Use of the ASCCSS classification brings Victoria into line with the *National Health Data Dictionary* as regards country of birth coding.

Recording of Patient's Usual Residence

There has been **no change** to the requirement for hospitals to record in the VIMD the geographic location (postcode and Suburb/Town/Locality) of usual residence as stated by the patient at the time of admission. Hospitals are reminded that the postal address should **not** be transmitted to the VIMD. The hospital may collect the patient's postal address for its own purposes but, for transmission to the VIMD, the Postcode and Suburb fields must contain details of the patient's residential address.

Under the 1993 Medicare Agreement, Victoria is to negotiate with other States for funding adjustments relating to the cost of providing public hospital services to patients normally resident interstate. **Public hospitals should therefore make every effort to record the place of residence of interstate patients.**



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