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| HDSS Bulletin |
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# Global updates

## Circulars

[Private hospital circulars](https://www.health.gov.au/news/phi-circulars) <https://www.health.gov.au/news/phi-circulars>

## Updated campus code table

The following private facilities have been added to the updated campus code table available on the HDSS website.

|  |  |  |
| --- | --- | --- |
| Hospital / Campus name | Campus code | Effective date |
| Cosmos Cosmetic Day Surgery | 7080 | 08/01/2021 |
| Knox Day Hospital | 8150 | 01/01/2021 |
| Templestowe Day Surgery | 7520 | 03/11/2020 |
| GIH Access Endoscopy | 8500 | 01/11/2020 |

# Christmas / New Year Reporting

## Daily Reporting Expectations: DESA, DCOR & VEMD

The department is aware that staff leave between Christmas and New Year will have an impact on maintaining daily reporting.

Data for each day will continue to be required for the daily reports such as Daily Elective Surgery Activity, Daily Capacity Occupancy Register and Victorian Emergency Minimum Dataset, and the department’s automated compliance emails will continue to be sent during this period. However, compliance follow-up will be relaxed in the period between 24 December and 4 January.

Health services that are reporting the above collections and are unable to report data between Christmas and New Year must ensure all data for this period for each collection is reported by the due time on 3 January 2022.

# COVID positive care pathway program

COVID Positive Pathways provides clinical care and support for Victorians with a confirmed case of COVID-19. The program is delivered by Victorian hospitals, community health services, GPs and other providers, and coordinated by the Victorian Department of Health. COVID Positive Pathways makes sure every Victorian with COVID-19 is cared for in the best possible place, whether at home or in a hospital bed, depending on their personal needs and circumstances.

Advice was published in [HDSS Bulletin 239 September 2020](https://content.health.vic.gov.au/sites/default/files/migrated/files/collections/research-and-reports/h/hdss-bulletin-issue-239---24-september-2020.docx) on how to report activity provided to patients in the COVID positive care pathway program.

This advice has been updated to provide additional information.

## Reporting admitted activity

For a patient to be reported as an admitted HITH episode:

* The admission must meet VAED admission criteria (telemonitoring at home as the sole activity does not meet admission criteria)
* Acute admitted care in the home should be equivalent to services provided if the patient was physically in the hospital.
* If practicable individual services required to deliver acute admitted care may be delivered via video consultation.
* If a HITH patient doesn’t receive acute admitted care every day of their admission, they should be put on leave for that period or discharged.
* Patients should be discharged from HITH when acute admitted care is no longer required.

Note: a telephone contact cannot be reported as a HITH day because it is not equivalent to a service provided if the patient was physically in the hospital. A HITH day should not be reported when a visit (face to face or video) or an intervention has not occurred.

## Reporting non-admitted activity

If the service provided does not meet VAED admission criteria, it may be able to be reported as non-admitted activity (VINAH and S10 AIMS):

* A non-admitted contact requires an interaction that is clinical in nature between a patient and a clinician.
* A patient monitoring themselves at home and transmitting readings from monitoring devices such as a pulse oximeter to a clinician should not be reported as a contact (as this is considered an input into the clinical consultation).

If a clinician consults with the patient this can be reported as a contact – either medical, nursing or allied health depending on the clinician and can be reported under the relevant Tier 2 class.

Health services should register a clinic on the Non-Admitted Clinic Management System (NACMS) and assign Tier 2 class 20.57 COVID response (medical / nurse practitioner) or 40.63 COVID response (nurse/allied health). The [2021-22 NACMS manual](https://www.health.vic.gov.au/publications/non-admitted-clinic-management-system-nacms-manual-2021-22) provides advice on how to register a clinic and is located at [NACMS manual](https://www.health.vic.gov.au/publications/non-admitted-clinic-management-system-nacms-manual-2021-22) <https://www.health.vic.gov.au/publications/non-admitted-clinic-management-system-nacms-manual-2021-22>  
Health services reporting VINAH, should report the activity in both VINAH and AIMS S10 collections.

# WorkSafe statements

Commencing in 2021-22 the department will produce WorkSafe statements for public hospital emergency department presentations where the patient is admitted.

The WorkSafe price for 2021-22 is yet to be confirmed, hence statements for public hospital acute admitted and admitted emergency presentations separated from 1 July2021 have not been produced. Once the WorkSafe price for this financial year is confirmed, a YTD extract of WorkSafe statements for public hospitals will be produced. Hospitals will be advised when the YTD WorkSafe statements files have been produced and are available to download from the MFT PICKUP folder. Subsequent WorkSafe statements for admitted episodes and admitted emergency presentations will be produced after the 10th of each month and will only pickup episodes/presentations that have changed.

An emergency department WorkSafe statement is not proposed to be provided for non-admitted emergency (ED-only) activity as this will continue to be billed as a flat rate per presentation.

# Agency Information Management System (AIMS)

## S11A Update to reporting requirements

The reporting requirements for the S11A have been updated to coincide with the release of the Non‑Admitted Multidisciplinary Case Conferences (MDCC) Reporting Guidelines.

When classifying a MDCC as a medical or non-medical service event, the following guidelines apply:

* Where the majority of health care providers participating in the MDCC are medical officers or nurse practitioners, classify this as a medical service event.
* Where the majority of health care providers participating in the MDCC are allied health staff, classify this as a non-medical service event.

An updated AIMS Manual 2021-22 will be made available on the [HDSS website](https://www.health.vic.gov.au/data-reporting/health-data-standards-and-systems).

## New Nursing and Midwifery Workforce collection

The Nursing and Midwifery Workforce Data Collection was developed to monitor workforce vacancy and other workforce pressures across the Victorian public health system. The pandemic and ongoing increases in workforce demand has created an impetus for the Department of Health to establish the dataset to inform the management of medium and long term workforce supply issues. The data will be used to monitor and determine where there are significant vacancy levels, compare other workforce indicators across like services and inform workforce priority actions inclusive of the COVID-19 workforce surge response.

Reporting is at health service level and data must be submitted 11.59pm on the 21st day of each month. More information about this collection is available [here](https://www.health.vic.gov.au/data-reporting/communications) on the HDSS website.

# Elective Surgery Information System (ESIS)

## Reminder regarding ESIS reporting timelines

Health services are reminded that they must comply with the ESIS reporting timelines in the ESIS manual and the Policy and funding guidelines.

**Submission dates**: 1-15 data is due on the 3rd working day after the 15th of the month and remainder of the month by the 3rd working day of the following month.

**Clean date**: All rejections, corrections and notifiables are to be cleared by the 14th day of the following month, or the preceding working day if the 14th falls on a weekend or public holiday.

Waiting list episodes reported with invalid codes, and those triggering notifiables, are accepted in the ESIS processing database therefore uncleared errors have an impact on KPIs and public reporting. This means data reported may not be a true reflection of the waiting list numbers for your health service.

Health services with outstanding errors must ensure these errors are cleared by the end of December in time for quarter 2 public reporting due in January 2022.

## Readiness for Surgery code V: Ready for Surgery – delayed due to COVID-19 response

As elective surgery including non-urgent surgery starts to recommence, health services are reminded that as patients with a Readiness for Surgery code of V – Ready for Surgery – delayed due to COVID-19 response are offered a surgery date, the patient’s Readiness for Surgery status should change to R – Ready for Surgery on the date they are offered the surgery. If the patient elects to defer surgery, this status change should be recorded the next day.

Once elective surgery caps no longer apply all remaining patients with a Readiness for Surgery status of V – Ready for Surgery – delayed due to COVID-19 response should be changed back to R – Ready for Surgery.

# Victorian Admitted Episodes Dataset (VAED)

## List of operators currently in the PHFA

A list of Private Hospital Operators (Operators) currently in the Private Hospital Funding Agreement (PHFA) is now available at [Private hospital operators in the PHFA](https://www.health.vic.gov.au/private-health-service-establishments/private-hospital-funding-agreement) <https://www.health.vic.gov.au/private-health-service-establishments/private-hospital-funding-agreement> This list will be updated monthly.

All public and private health services and Day Procedure Centres are encouraged to regularly review this list and to adjust their reporting accordingly.

Health services are reminded that the Private Hospital Funding Agreement supersedes all other agreements in place between public hospitals and private hospitals/DPC’s. This means that while private hospitals and DPC’s are participating in the PHFA agreement, all public patient episodes at a private hospital/DPC must be reported according to the PHFA reporting guidelines available on the HDSS website.

Private Hospitals and Day Procedure Centres participating in the PHFA should not report their public patient episodes as Elective Surgery Blitz or as standard public contracted episodes, while they are participating in the PHFA. Similarly public hospitals contracting activity to private hospitals/DPC’s should not report the episode in the VAED while the contracting hospital is participating in the PHFA.

## Diagnosis outstanding

Hospitals are reminded that diagnosis, palliative and sub-acute records (X5/Y5, P5 and S5) must be submitted by 5.00pm on the 10th day of the second month following separation. Some health services have outstanding diagnosis, palliative and sub-acute records for separated episodes from the beginning of the financial year. These outstanding records must be submitted or the episodes removed from the VAED as soon as possible.

The Outstanding List tab in the latest PRS/2 Edit report, will provide the episode details for all outstanding diagnosis, palliative and sub-acute records year to date (YTD).

Health services are asked to regularly review the Outstanding List tab in PRS/2 Edit report files to ensure that all outstanding records YTD have been submitted/cleared, and any newly listed episodes are also identified.

# Victorian Emergency Minimum Dataset (VEMD)

## Description of injury event

General reminder about recording a brief, clear and concise description about injury events in the VEMD Description of Injury Event field for all presentations where an injury (S or T code) is the primary diagnosis. The field size is 250 characters so please make sure the important items are positioned at the beginning of the description and key terms are included.

The Description of Injury Event field is frequently used by researchers and policy makers to identify injuries related to specific products. For example, the VEMD will be one of several sources used by the Victorian Government to assess the trail of commercially operated e-scooters. The e-scooter trial will take place in several local government areas, commencing from December 2021 and will run for up to 12 months. A range of quantitative data and qualitative information will be collected from a range of sources to assess the impact of the trial on transport, economic and environmental outcomes. A key measure for the assessment will be the number, severity and cause of injuries sustained whilst riding an e-scooter.

For more information about the trial, visit the [VicRoads website](https://www.vicroads.vic.gov.au/safety-and-road-rules/road-rules/a-to-z-of-road-rules/scooters-and-wheeled-recreational-devices): <https://www.vicroads.vic.gov.au/safety-and-road-rules/road-rules/a-to-z-of-road-rules/scooters-and-wheeled-recreational-devices>

## Telephone calls in Emergency Departments

This is a reminder that telephone calls to emergency departments are not reportable to the VEMD.

An Emergency Department Presentation is the reporting unit of the VEMD.All presentations assessed to the extent that they are allocated a Triage Category should be reported. This includes presentations to the Emergency Department via an audio-visual link (refer to Telehealth below) where the patient is physically present with a nurse or doctor at a public urgent care centre, other public emergency department, correctional facility or a Victorian government or non-government residential aged care service.

For Telehealth presentations, a patient will be triaged into the Emergency Department workload via electronic referral and telephone discussion between nurse or doctor at the patient location.

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

## Contact Delivery Setting – Reporting guidelines

The following reporting guides were omitted from the VINAH manual and will be included in the next edition.

**Contact Deliver Setting**

|  |  |
| --- | --- |
| **Value domain** | **Enumerated** |
|  | Table identifier HL70305 |
|  | **Code Descriptor** |
|  | 15 Hospital setting – inpatient palliative care unit |
|  | 22 General practice setting |

**15 - Hospital setting – inpatient palliative care unit**

This code should be used when a patient/client is physically located in a specialised inpatient palliative care unit or specialised palliative care room/bed.

Excludes:

HITH (use code 31)

Hospital setting – Inpatient setting (use code 11)

**22 - General practice setting**

This code should be used when the patient/client is physically present at the general practitioner’s (GP) practice.

## Screening Referrals and Contacts

It has been identified health services are reporting screening referrals and contacts for program streams other than Community-based Palliative Care.

This is a reminder that screening referrals and contacts are reportable for Program Stream code **41 -** **Community-based Palliative Care** only.

For data quality purposes the following validation and business rule has been deployed to identify reporting under the incorrect Program Stream.

**Section 4 - Business rules**

|  |  |  |
| --- | --- | --- |
| **BR-DAT-CNT-033** | When Contact Purpose code is ’10 – Screening contact’, Referral In Outcome ’50 – Screening’ must be reported | |
| **Data quality objective** | Data elements defined as requiring a value are provided | |
| **Validations** | E383 | Contact Client Present Status is ’10 – Screening Contact’ but Referral In Outcome ’50 – Screening’ has not been reported |

**Section 8 - Validations**

|  |  |  |  |
| --- | --- | --- | --- |
| Validation ID | Message template | Cause | Resolution |
| E383 | Contact Client Present Status is ’10 – Screening Contact’ but Referral In Outcome ’50 – Screening’ has not been reported | A Contact Client Present Status of ‘10 – Screening Contact was reported but a Referral In Outcome of ’50 – Screening’ has not been reported | Resubmit with consistent values for Contact Client Present Status and Referral In Outcome |

*BR-DAT-CNT-033*             *When Contact Purpose code is ’10 – Screening contact’, Referral In Outcome ’50 – Screening’ must be reported*

# Non-Admitted Data Expansion Project

## Non-Admitted Multidisciplinary Case Conferences Reporting Guidelines

Reporting of non-admitted multidisciplinary case conference (MDCC) commenced on 1 July 2021. MDCC Reporting Guidelines have been developed to assist hospitals to accurately report MDCC in accordance with the IHPA requirements. The reporting guidelines are available on the [HDSS website](https://www.health.vic.gov.au/data-reporting/victorian-integrated-non-admitted-health-vinah-dataset) <https://www.health.vic.gov.au/data-reporting/victorian-integrated-non-admitted-health-vinah-dataset> under the heading ‘Publications’.

Please address any queries to the HDSS helpdesk.

Contacts

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/annual-changes) <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@health.vic.gov.au) <HDSS.helpdesk@health.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>

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