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| Specifications for revisions to Victorian Emergency Minimum Dataset (VEMD) for 2022-23 |
| December 2021 |
| OFFICIAL |



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# Executive Summary

The revisions for the Victorian Emergency Minimum Dataset (VEMD) for 2022-23 are summarised below:

* Amend compensable status and associated validations
* Amend reporting guide for Sex
* Add a new validation for ambulance handover date/times

# Introduction

Each year the Department of Health reviews the VEMD to ensure that the data collection supports the department’s business objectives, including national reporting obligations, and reflects changes in hospital funding and service provision arrangements for the coming financial year.

Comments provided by the health sector in response to Proposals for revisions to the VEMD for 2022-23 have been considered, and where possible, suggestions have been accommodated, resulting in changes to or withdrawal of some proposals.

The revisions set out in this document are complete as at the date of publication. Where further changes are required during the year, for example to reference files such as the postcode locality file, data validation rules or supporting documentation, these will be advised via the HDSS Bulletin.

An updated VEMD manual will be published in due course. Until then, the current VEMD manual and subsequent HDSS Bulletins, together with this document, form the data submission specifications for 2022-23.

Victorian health services must ensure their software can create a submission file in accordance with the revised specifications and ensure reporting capability is achieved to maintain compliance with reporting timeframes set out in the relevant Department of Health and Human Services policy and funding guidelines or the *Health Services (Health Service Establishments) Regulations 2013.*

## Orientation to this document

* New data elements are marked as (new).
* Changes to existing data elements are highlighted in green
* Redundant values and definitions relating to existing elements are ~~struck through~~.
* Comments relating only to the proposal document appear in *[square brackets and italics].*
* New validations are marked ### if number has not yet been allocated
* Validations to be changed are marked \* when listed as part of a data element or below a validation table.
* Changes are shown under the appropriate manual section headings

# Outcome of proposals

The outcome of the eight proposals for change to the VEMD 2022-23 is below:

**Proposal 1- New data element Gender and amend reporting guide for Sex**

Not recommended for implementation in 2022-23. Provide guidance/standards for collecting info.

Undertake further work in 2022, with the intent to implement collection of gender in 2023-24.

The proposal to modify the reporting guide for Sex proceeds.

**Proposal 2 - Potentially postpone the adoption of the IHPA ICD-10-AM Principal diagnosis short list to 1 July 2023**

Withdrawn by proposer.

**Proposal 3 - Mandate reporting of compensable status for private hospitals**

The proposal proceeds, implementation in 2022-23.

**Proposal 4 - Add a new validation for ambulance handover**

The proposal proceeds, implementation in 2022-23.

**Proposal 5 - Change VEMD data submission timelines**

At the first Annual Changes Governance Committee meeting, it was decided that the proposal will not proceed to the next phase of the process**.**

**Proposal 6 - VEMD description of injury event field length extension**

Withdrawn by proposer.

**Proposal 7 - Add mental health related diagnosis codes to library field**

Withdrawn by proposer.

**Proposal 8 - Restrictive Interventions under the future Mental Health and Wellbeing Act**

Withdrawn by proposer.

**Implement the National Emergency Department Principal Diagnosis Short List**

Proposal originally scheduled to be implemented in 2020-21, has been deferred for a further year. Implementation is now scheduled for 2023-24.

# Specifications for changes for 2022-23

# Section 3 - Data Definitions

## Compensable Status (amend)

Specification

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| --- | --- |
| **Definition** | Whether or not a patient is a compensable patient. |
| **Reported by** | ~~Public hospitals~~~~Private hospitals, optional~~All Victorian hospitals (public and private)  |

[*No change to remainder of item*]

## Sex (amend)

Specification

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| --- | --- |
| **Definition** | The sex of the person |
| **Reported by** | Public hospitalsPrivate hospitals, optional |
| **Reported for** | Every Emergency Department presentation. |
| **Code set** | **Code Descriptor**1 Male2 Female3 Indeterminate 4 Other |
| **Reporting guide** | A person’s sex is usually described as either being male or female. Some people may have both male and female characteristics. Sex is assigned at birth and is relatively fixed.A person’s sex may change during their lifetime as a result of procedures known alternatively as sex change, gender reassignment or transgender reassignment. However, throughout the process, which may be over a considerable period of time, ~~a person will identify with a specific gender allowing~~ sex could ~~to clearly~~ be recorded as either Male or Female.~~In some cases, an individual may choose to report their gender when sex is being requested.~~**3 Indeterminate**Code ‘3 – Indeterminate’ should be used for infants with ambiguous genitalia, where the biological sex, even following genetic testing, cannot be determined. This code should not generally be used on data collection forms completed by the respondent. Code 3 can only be used for infants aged less than 90 days.**4 Other**Includes:* An intersex person, who because of a genetic condition was born with reproductive organs or sex chromosomes that are not exclusively male or female ~~and who identifies as being neither male nor female~~
* ~~A non-intersex person who identifies as neither male nor female~~

Excludes: Transgender, transsexual and chromosomally indeterminate individuals who identify with a particular sex (male or female). |

*[No change to reminder of item]*

# Section 5 - Compilation and submission

## File Naming Convention (amend)

Every file submitted to the VEMD must be named as follows:

|  |  |  |  |
| --- | --- | --- | --- |
| File naming convention | AAAABnna.txt |  |  |
| Where | AAAAExample 9999 | = | Campus Code |
|  | BExample 7 | = | Version of the dataset(~~2021-22~~2022-23 is version ~~26~~ 27: code ‘~~6~~7’ will be used) |
|  | nnExample 08 | = | Month of submission (example 08= August) |
|  | aExample a | = | Data submission indicator1st August submission 08a2nd August submission 08b3rd August submission 08cMust be sequential with no gaps commencing with ‘a’ for the first submission of the month. |
| Extract: 9999708a.txt |  |  |  |

## File Structure (amend)

The file structure details the sequence, length, type and layout of data items to be submitted to the VEMD.

File Structure Notes:

* All fields are data type text
* All alpha characters must be in UPPERCASE (optional for Description of Injury Event)
* Do not zero fill items unless specified.
* Time must be in 24-hour format (0000 to 2359)
* Padding fields with space characters (either to the left or right) is unnecessary.

Mandatory items

See Table 2 (Key for Public and Private) for the conditions under which they become mandatory.

Table 1- Data Item Format

| Data Item | Public | Private | Max Character | Layout/code set |
| --- | --- | --- | --- | --- |
| Campus Code | 1 | 1 | 4 | XXXX |
| Unique Key | 1 | 1 | 9 | XXXXXXXXX |
| Patient Identifier | 1 | 1 | 10 | XXXXXXXXXX |
| Medicare Number | 3 | 2 | 11 or blank | NNNNNNNNNNN or blank |
| Medicare Suffix | 1 | 2 | 3 | XXX |
| DVA Number | 14 | 2 | 9 | See Section 3 |
| Sex | 1 | 2 | 1 | 1, 2, 3, 4 |
| Date of Birth | 1 | 1 | 8 | DDMMYYYY |
| Date of Birth Accuracy Code | 1 | 2 | 3 | XXX |
| Country of Birth | 1 | 2 | 4 | XXXX |
| Indigenous Status | 1 | 2 | 1 | 1, 2, 3, 4, 8, 9 |
| Interpreter Required | 1 | 2 | 1 | 1, 2, 9 |
| Preferred Language | 1 | 2 | 4 | XXXX |
| Locality | 1 | 2 | 22 | XXXXXXXXXXXXXXXXXXXXXX |
| Postcode | 1 | 2 | 4 | NNNN |
| Type of Usual Accommodation | 1 | 2 | 2 | 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 18, 19 |
| Arrival Transport Mode | 18 | 1 | 2 | 1, 2, 3, 6, 8, 9, 10, 11, 99 or blank |
| Referred By | 1 | 2 | 2 | 0, 1, 2, 4, 6,14,15,16,17,18, 19, 20, 21, 22 |
| Transfer Source | 4 | 2 | 4 | XXXX or blank |
| Type of Visit | 1 | 1 | 2 | 1, 2, 8, 10 |
| Compensable Status | 1 | ~~2~~1 | 1 | 1, 2, 3, 4, 5, 6, 7 |

*[No change to reminder of item]*

# Section 6 - Validation Reports and Validations

E079 Compensable Status and DVA Number combination invalid (amend)

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| --- | --- |
| **Effect** | REJECTION |
| **Problem** | The campus is a public hospital and: * Compensable Status is ‘2 - Department of Veterans’ Affairs’, but there is no DVA number; OR
* The Compensable Status code is not ‘2 - Department of Veterans’ Affairs’, but a DVA number is reported.
* A DVA number must only be reported for each DVA compensable patient.
 |
| **Remedy** | Check whether patient is DVA compensable.If the patient is DVA, the compensable status must be ‘2’ and a valid DVA number must be submitted.If the patient is not a DVA patient, correct the Compensable Status and ensure the DVA number item is blank. |
| **See** | Section 3: Compensable Status DVA Number |

E145 Compensable Status invalid (change to functionality only)

E404 Compensable Status and Given Name combination invalid (amend)

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| --- | --- |
| **Effect** | REJECTION |
| **Problem** | The campus is a public hospital and either:* Compensable Status is ‘2 - Department of Veterans’ Affairs’, but there is no valid Given Name; OR
* The Compensable Status code is not ‘2 - Department of Veterans’ Affairs’, but a Given Name is reported.

A Given Name must only be reported for each DVA compensable patient. |
| **Remedy** | Check whether patient is DVA compensable.If the patient is DVA, the compensable status must be ‘2’ and a valid Given Name must be submitted.If the patient is not a DVA patient, correct the Compensable Status and ensure the Given Name is blank. |
| **See** | Section 3: Compensable Status Given Name |

E405 Compensable Status and Family Name combination invalid (amend)

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| --- | --- |
| **Effect** | REJECTION |
| **Problem** | The campus is a public hospital and either:* Compensable Status is ‘2 - Department of Veterans’ Affairs’, but there is no Family Name; OR
* The Compensable Status code is not ‘2 - Department of Veterans’ Affairs’, but a Family Name is reported.

A Family Name must only be reported for each DVA compensable patient. |
| **Remedy** | Check whether patient is DVA compensable.If the patient is DVA, the compensable status must be ‘2’ and a valid Given Name must be submitted.If the patient is not a DVA patient, correct the Compensable Status and ensure the Given Name is blank. |
| **See** | Section 3: Compensable Status Family Name |

E413 Ambulance Handover date/time and Departure date/time invalid (new)

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| --- | --- |
| **Effect** | REJECTION |
| **Problem** | The Ambulance Handover Complete Date/Time is more than 24 hours after the Departure date/time OR Ambulance Handover Complete Date/Time is more than 10 days before Departure Date/Time |
| **Remedy** | Check the Ambulance Handover Completed date/time and the Departure date/time. Correct and re-submit the record.  |
| **See** | Section 2: Date/time fields Ambulance Handover CompleteSection 3: Ambulance Handover Complete date/time Departure date/time  |