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| HDSS Bulletin |
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| OFFICIAL |

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# Global updates

## Private hospital circulars

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

# Agency Information Management System (AIMS)

## Release of AIMS A2 Specialised Services Indicators form

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

The AIMS 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 and changes are only required if specialised services operating at the hospital have changed since June 2021.

The due date for submission of the A2 form to the department is 14 July 2022. A separate AIMS A2 form is required for each acute campus.

Further information on completing the AIMS A2 form is available in the [AIMS Manual 2021-22](https://www.health.vic.gov.au/publications/agency-information-management-system-aims-manual-2021-22) <https://www.health.vic.gov.au/publications/agency-information-management-system-aims-manual-2021-22>

# Victorian Admitted Episodes Dataset (VAED)

## Victorian Twelfth Edition ICD-10-AM/ACHI Library File 2022–23

The ICD-10-AM/ACHI library file 2022–23 is available to Victorian hospitals and software suppliers working with Victorian hospitals for the purpose of submitting data to the VAED.

Requests to obtain the library file and accompanying notes can be made via the [HDSS help desk](mailto:HDSS.helpdesk@health.vic.gov.au) <HDSS.helpdesk@health.vic.gov.au>

## Amendments to validations based on library file updates

The following updates will be made to the VAED manual 2022-23.

#### 354  Code & Sex incompatible (amended)

|  |  |
| --- | --- |
| ****Effect**** | ****Warning or REJECTION**** |
| ****Problem**** | The X5/Y5 Diagnosis Record has a Diagnosis or Procedure Code(s) unusual (warning) ~~or impossible (rejection)~~ for the sex of patient (as reported in the E5). This Message appears against the E5 and X5/Y5 records.  [Library File: column SEX, ~~Rejection being codes 1 and 3,~~ Warning ~~being~~ codes 2 and 4] |
| ****Remedy**** | Check Diagnosis and Procedure Code(s) (X5/Y5) and Sex (E5), amend as appropriate, and re-submit the E5 and/or X5/Y5.  If you consider a sex validation unjustified, notify the Victorian ICD Coding Committee ~~via the HDSS Help Desk,~~ for possible future revision of the Library File. |

#### 657  Proc Start Date Time and valid Proc mismatch (amended)

|  |  |
| --- | --- |
| ****Effect**** | ****REJECTION**** |
| ****Problem**** | The first coded procedure in the X5 Diagnosis Record is one identified in the ICD‑10-AM/ACHI Library file as requiring a Procedure Start Date Time.  [On ICD Library file: column code, code 4 or 6]  However, there is no Procedure Start Date Time reported for this record. |
| ****Remedy**** | Check the X5 Procedure Start Date Time and the first reported procedure code. |

## Update to new data element Unplanned return to theatre

An update has been made to the data specification for the new data element introduced for 1 July 2022 reporting.

**Section 3 Data definitions**

**Unplanned return to theatre (new)**

### Specification

|  |  |
| --- | --- |
| **Definition** | An indicator of whether a patient had a surgical procedure/operation and required an unplanned return to the operating theatre during the same episode of admitted care |
| **Field size** | 1 |
| **Layout** | N or space |
| **Location** | Episode Record |
| **Reported by** | Public and private hospitals |
| **Reported for** | All episodes where the patient had a surgical procedure/operation identified in the ICD-10-AM/ACHI Library file as requiring the unplanned return to theatre data element to be reported |
| **Reported when** | At any time during the episode |
| **Code set** | 1 Yes  2 No  9 Not stated/inadequately described |
| **Reporting guide** | The return to the operating theatre should be for a surgical procedure related to the initial procedure but may be performed by the same surgeon or a different surgeon.  The reported value is a clinically determined value and will be documented in the patient’s medical record either at the time of the return to theatre or upon the clinician’s review of the medical notes.  Hospitals are encouraged to set up processes to support clinicians to review returns to theatre to enable the reporting of the appropriate value.  For contracted care episodes, when the patient has a return to theatre in Hospital A, the value will be reported by Hospital A (the contracting hospital) as hospital A reports the initial surgical procedure undertaken at Hospital B (with suffix F) as part of the reported episode.    **1 Yes**  The patient had one or more unplanned returns to the operating theatre during an episode of admitted patient care.  Excludes:   * Return to the operating theatre where the subsequent procedure was planned and documented prospectively at the time of the original procedure (for example, staged procedures). * Patient who was separated and readmitted for an unplanned return to theatre in a subsequent episode   **2 No**  The patient did not have one or more unplanned returns to the operating theatre during an episode of admitted patient care.  **9 Not stated/inadequately described**  It is uncertain or inadequately documented in the primary data collection to know whether the patient did or did not have one or more unplanned returns to the operating theatre during an episode of admitted patient care. |
| **Validations** | 737 Unplanned return to theatre invalid  739 Unplanned return to Theatre and valid Proc mismatch |

### Administration

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| --- | --- |
| **Purpose** | To identify true unplanned returns to theatre HAC4 (surgical complications requiring unplanned return to theatre) |
| **Principal data users** | Victorian Agency for Health Information |
| **Collection start** | 1 July 2022 |
| **Definition source** | METeOR Identifier 578317 |
| **Code set source** | METeOR Identifier 578317 |

**Section 8 Validation**

#### 739 Unplanned return to Theatre and valid Proc mismatch (new)

|  |  |
| --- | --- |
| **Effect** | REJECTION |
| **Problem** | A coded procedure in the X5 Diagnosis Record is one identified in the ICD-10-AM/ACHI Library file as requiring an Unplanned Return to Theatre Indicator  [On ICD Library file: column code, code 6]  There is no unplanned return to theatre flag reported for this record or the flag has been reported for a record that does not require the flag to be reported. |
| **Remedy** | Check whether the procedure/s coded require an Unplanned Return to Theatre indicator be reported. |

## Mental Health and AOD HUB reporting

The following information applies to the reporting requirements for MHAOD hubs:

* Patients/consumers to be reported as Care Type 4 - Other care (Acute) including Qualified newborn
* With Accommodation Type H – MHAOD Hub Short Stay Unit
* Health services should report the most appropriate Criteria for Admission for each episode.
* Health services are to register patients/consumers in the CMI consistent with registration requirements outlined in the PMC Registration of mental health consumers in CMI/ODS dated 26th March 2021 <https://www.health.vic.gov.au/research-and-reporting/bulletins-and-program-management-circulars-pmc> and PMC Clinical mental health services: changes to registration and updates to outcome measurement, dated 30th August 2021.

## Amendment to validation 720 Accom Type H, Care Type not ~~0~~ 4

#### 720 Accom Type H, Care Type not ~~0~~ 4 (amended)

|  |  |
| --- | --- |
| ****Effect**** | ****REJECTION**** |
| ****Problem**** | The E5 Episode Record’s Accommodation Type is H Mental Health and AOD hub Short Stay Unit, but Care Type is not ~~0 Alcohol and Drug Program~~ 4 Other care (Acute) including Qualified newborn. |
| ****Remedy**** | Check Accommodation Type and Care Type, amend as appropriate and re-submit the E5. |

## CFA Type B and Type C reports

Type B reports - health services are reminded to review the quarterly reports listing episodes reported to the VAED with Criteria for Admission B: Day-only Automatically Admitted Procedures (CFA B) but without a procedure from the Automatically Admitted Procedure List (AAPL). Episodes with a treatment cancellation diagnosis code Z53x are excluded.

Type C reports - a report listing episodes reported to the VAED with Criteria for Admission C: Day-only Not Automatically Qualified Procedures (CFA C) but without a procedure from the Not Automatically Qualified for Admission List.

The reports are year to date and were provided to health services via the MFT, the last set was provided on 12th April 2022. Health services are asked to review episodes in both reports to ensure:

* The episode meets a criterion for admission, and should be reported to the VAED
* The correct criterion for admission (B or C) has been assigned
* The correct procedure code/s have been assigned

Reference files: [VAED Criteria for Reporting 2021-22](https://www2.health.vic.gov.au/about/publications/policiesandguidelines/vaed-criteria-for-reporting-2021-22) <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/vaed-criteria-for-reporting-2021-22>, [VAED reporting procedure code lists: AAPL and NAQAL](https://www2.health.vic.gov.au/about/publications/policiesandguidelines/vaed-reporting-procedure-code-lists-2020-21) <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/vaed-reporting-procedure-code-lists-2020-21>

# Victorian Emergency Minimum Dataset (VEMD)

## Data quality reports VEMD & VAED

Health services are reminded to review monthly data quality reports and resubmit corrections to relevant data collections by final consolidation dates outlined in the Policy & Funding Guidelines.

Two regular reports are available. The first report lists episodes where emergency department departure time and admission time overlap by more than 5 minutes. The second report lists episodes where the entire admission is reported in the emergency department. Both reports are distributed to health services via MFT and located in the VEMD pickup folder. The next scheduled refresh and distribution is 13th June 2022.

All corrections to the VEMD must be submitted to the department for processing prior to final consolidation of the VEMD on 27th July 2022. If the VEMD data is correct, then a correction to the VAED must be resubmitted to the department prior to consolidation of the VAED for 2021-22. Health services are responsible for coordinating resubmisissions to the relevant data collection.

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

## Clinic Identifiers

Health services are reminded that Clinic IDs registered on the Non-Admitted Clinic Management System and used for AIMS S10 reporting must be the same Clinic ID that is used to report VINAH activity.

Recently it has been noted that several health services are reporting activity in AIMS S10 using one Clinic ID and the same activity is being reported in VINAH using a different Clinic ID, with both Clinic ID’s registered on the Non-Admitted Clinic Management System. The Clinic ID reported in AIMS should match the clinic ID reported in VINAH.

The AIMS v VINAH reports available on the [Health Collect Portal](https://www.health.vic.gov.au/data-reporting/healthcollect) < https://www.health.vic.gov.au/data-reporting/healthcollect> should be used to identify anomalies in the reporting of activity in these two collections. It is the responsibility of each health service to regularly review the AIMS vs VINAH reports and rectify discrepancies between AIMS and VINAH data.

## VINAH 17 available in the test environment

Health services are reminded that the 2022-23 annual changes have now been implemented into the **VINAH Test** context tab on the Live HealthCollect Portal at [Healthcollect Portal](https://www.healthcollect.vic.gov.au/) <https://www.healthcollect.vic.gov.au>

VINAH 17 submissions will now be accepted in the test environment and HSD recommends health services start testing the 1 July 2022 changes as soon as practicable.

For testing purposes, the dates are as follows:

|  |  |
| --- | --- |
| Start date for VINAH version 17 | 1 January 2022 |
| Start date for new data elements and additions to codesets | 1 January 2022 |
| End date for ceased codes | 31 December 2021 |

# Non-Admitted Data Expansion Project

## Project finalisation

The NADE project is coming to an end at the end of the current financial year. The project has achieved its goals of ensuring that the department meets its national reporting obligations leading to the retention of Commonwealth revenue that was at risk.

The project would like to acknowledge the effort that has been undertaken in health services and other reporting organisations to achieve patient level reporting for the following programs:

* Home Based Dialysis (HBD)
* Post-Natal Domiciliary Care (PNDC)
* Genetics
* Victorian Artificial Limb Program (VALP)
* Integrated Hepatitis C
* Rural Health (specialist clinic activity for ABF health service, excludes small rural health services)
* Radiotherapy Treatment
* Community Health
* Palliative Care Day Hospice
* NGOs reporting aggregate Palliative care activity
* Monash Heart Hospital Clinics
* Victorian Aboriginal Health Service - Paediatric Clinics
* Your Community Health - Lymphoedema Clinics
* QOOL-Vic - department endorsed software used for cancer multidisciplinary case conferences

From 1 July 2022, the Non Admitted Data Collection will be managed by the VINAH team. Any questions about this collection or any questions related to the NADE project should be directed to the [HDSS helpdesk](mailto:hdss.helpdesk@health.vic.gov.au) <hdss.helpdesk@health.vic.gov.au>

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)

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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