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| Proposals for revisions to the Victorian Emergency Minimum Dataset (VEMD) for 2024–25 |
| October 2023 |
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# Executive summary

Each year the Department of Health reviews the Victorian Emergency Minimum Dataset (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.

To avoid duplication, the department has prepared a separate document that details proposals relating to items reported in more than one data collection. The *Proposals for revisions across multiple data collections (AIMS, ESIS, VAED, VEMD and VINAH) for 2024-25* must be considered alongside the *Proposals for revisions to the Victorian Emergency Minimum Dataset for 2024-25*.

The proposed revisions for the VEMD for 2024-25 include:

Amendments to existing data elements:

* End date service type codes 3 and 4.

Amendments to existing validations:

* Adjust validation E365 by removing departure status codes 5,10,11, T1 and T2; and adding departure status code 1.

Amendments to reporting timelines:

* Revise VEMD submission timelines from daily to twice weekly.

The proposed revisions across multiple data collections (including VEMD) for 2024-25 include:

* Add Language spoken at home

# Introduction

This document is intended to invite comment and stimulate discussion on the proposals outlined. Health services and software vendors should review this document and assess the feasibility of the proposals. Written feedback must be submitted in the feedback proforma by 5.00pm Friday 20 October 2023.

This proposal document and the [online feedback form](https://forms.office.com/Pages/ResponsePage.aspx?id=H2DgwKwPnESciKEExOufKII_2IfNHexFkH_EAj2AB_tUQ0dWRTBFVEVQVjM2TjU3SkxVR0RTUTNENiQlQCN0PWcu) are available at [HDSS annual changes](https://www.health.vic.gov.au/data-reporting/annual-changes)

<https://www.health.vic.gov.au/data-reporting/annual-changes>

Specifications for revisions to the VEMD for 2024-25 will be published later and may include additions, amendments or removal of information in this document.

## 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 ###
* Validations to be changed are marked \* when listed as part of a data element or below a validation table.
* Anticipated changes are shown under the appropriate manual section headings.

There are two proposals in this document numbered 6, 7 and 10. It was decided at the first Annual Changes Governance Committee meeting that VEMD proposals 5, 8 and 9 will not proceed.

Proposals 1 through to 4 apply to multiple data collections including the VEMD and are available in the *Proposals for revisions across multiple Data Collections for 2024-25 document.*

# Proposal 6 − Amend validation E356

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| **It is proposed to** | Adjust validation E356 Usual Accommodation and Departure Status combination invalid (Warning) to add and remove some departure status codes. |
| **Proposed by** | St Vincent’s Hospital |
| **Reason for proposed change** | To improve the validity of the validation. This validation applies when the ‘Type of Usual Accommodation is 11 – Prison/Remand Centre/Youth Training Centre’  The following departure statuses are reported when a patient decides at any point in their emergency care to return to prison:   * 5 (left at own risk, after treatment started) * 10 (left after clinical advice regarding treatment options) * 11 (left at own risk without treatment) * T1 (left at own risk without consultation (telehealth/virtual care)) * T2 (left at own risk after consultation started (telehealth/virtual care))   A review during 2022/23 identified that this cohort regularly exercise this right, therefore it is proposed to remove these codes from the validation to reduce the number of warning errors generated (which require checking).  It is proposed to include Departure Status 1 – Home in the validation. While ‘home’ is valid, it is unusual for a prisoner to be returned to freedom and therefore home after their emergency visit. Reporting of this departure status for this cohort should generate a warning error. |
| **Details of change** | Amend one validation |

## Section 6: Validation Reports and Validations

E356 Type of Usual Accommodation and Departure Status combination invalid (amend)

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| **Effect** | WARNING |
| **Problem** | The record’s Type of Usual Accommodation is ‘11 – Prison/Remand Centre/Youth Training Centre’ but the Departure Status is ~~5, 10, 11~~, 23, 24, 30, ~~T1, or T2,~~ 1 |
| **Remedy** | Correct as appropriate and resubmit. |
| **See** | Section 3: Departure Status  Type of Usual Accommodation |

# Proposal 7 − Revise VEMD submission timelines

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| **It is proposed to** | Review the timelines for VEMD data submission to ensure the necessity for daily submissions remains current and that the benefits outweigh the resources required to comply for health services.  Proposal to adjust timelines to twice weekly and clean data by 10th of following month or the preceding working day if the 10th is a weekend or public holiday. |
| **Proposed by** | Ballarat Hospital, Grampians Health |
| **Reason for proposed change** | Resource impost on health services to perform daily submissions.  Currently we do not have a clear indication on why this data is still required to be submitted daily. Reporting the data daily reduces the likelihood of any data correction occurring with each submission, rendering the data unreliable until a “clean” run is submitted.  Additionally, a live feed of emergency department presentations is already supplied to the department. |
| **Details of change** | Amend data submission timelines |

## Section 5: Compilation and Submission

## Data submission timelines (amend)

All Victorian hospitals are required to submit data to the VEMD ~~every business day.~~at least twice a week.

Public and private hospital data submission timeline for 2024-25

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| **VEMD 2024-25** | Timeline |
| ~~All presentations for each day up to midnight~~ | ~~Submitted by 5pm the following business day~~ |
| Two data submissions every week:   * All presentations from midnight Thursday to 11:59 pm Sunday. | * Submitted by 5pm the following Monday |
| * All presentations from midnight Monday to 11:59 pm Wednesday. | * Submitted by 5pm the following Thursday or the following business day if Monday or Thursday is a public holiday. |
| All presentations for the full month without errors | Must be complete and correct, i.e. zero rejection validations by the 10th day of the following month, or the preceding working day if the 10th is a weekend or public holiday. |

# Proposal 10 − End date service types 3 and 4

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| **It is proposed to** | End date Service Types ‘3 - COVID-19 related: tested’ and ‘4 – COVID-19 related: not tested’. |
| **Proposed by** | Data Collections Unit, Health Services Data |
| **Reason for proposed change** | This proposal seeks to improve the data quality and currency of the VEMD.  The status of the COVID-19 pandemic and necessity to collect additional items has changed. In May 2023 the WHO downgraded COVID-19 and declared the global health emergency over[[1]](#footnote-2) . Both state and commonwealth governments have also scaled down COVID-19 data reporting requirements and acknowledged that we have moved to a new stage.  Analysis of FY 2022-23 VEMD data indicates that only around 50% of VEMD hospitals are still reporting service types 3 or 4. In comparison all VEMD hospitals are reporting COVID-19 specific diagnosis codes.  Continuing to collect the service type codes is unnecessary and accurate reporting by health services of this code is inconsistent leading to poor data quality.  Service Type codes 3 and 4 are not a national reporting item nor currently used as a performance measure in any meaningful way. End dating these codes will improve consistency for this data element and therefore improve data quality. |
| **Details of change** | Amend one data element |

## Section 3: Data Definitions

## Service Type (amend)

Specification

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| **Definition** | The type of service provided to the patient by the Emergency Department |
| **Reported by** | All Victorian Hospitals (Public and Private) |
| **Reported for** | Every Emergency Department presentation. |
| **Code set** | **Code Descriptor**  1 General Emergency Presentation  2 Telehealth  ~~3 COVID-19 related: tested~~  ~~4 COVID-19 related: NOT tested~~  5 Emergency use  6 Virtual |
| **Reporting guide** | Select the appropriate service type as detailed below.  **1 General Emergency Presentation**  The patient is physically present at the Emergency Department.  **2 Telehealth**  The ED clinician located in an emergency department provides, via an audio-visual link; the assessment, evaluation and treatment of a patient. The patient must be physically present with a nurse or doctor.  The Telehealth consultation must be equivalent to a face to face consultation. This means both the remote ED clinician and the patient must interact in a mutually responsive manner, utilising an audio-visual link. The patient’s presenting condition/injury must be visible to the remote ED clinician.  **~~3 COVID-19 related: tested~~**  ~~The patient has presented to an Emergency Department, or a COVID-19 assessment clinic and a COVID-19 test has been performed.~~  **~~4 COVID-19 related: not tested~~**  ~~The patient has presented to an Emergency Department or COVID19 assessment clinic and a COVID-19 test has not been performed.~~  **5 Emergency use**  Only to be used under the direction of the Department of Health. The department will provide reporting guidelines when an ‘emergency use’ code is enacted.  **6 Virtual**  Virtual Care provided to a patient located outside the Emergency Department  The Virtual consultation must be equivalent to a face-to-face consultation. This means both the remote ED clinician and the patient must interact in a mutually responsive manner, utilising a video link. The patient’s presenting condition/injury must be visible to the remote ED clinician. |

# Proposals not proceeding

At the first Annual Changes Governance Committee meeting it was decided that the four proposals below will not proceed to the next phase of the process.

**Proposal 5a** Accept SNOMED encoded diagnoses as valid diagnoses in the VEMD

SNOMED CT-AU does not meet the needs of the department at this point in time. Proposed change would require significant resources to both implement and maintain mappings necessary for national reporting and analysis purposes.

**Proposal 5b** Amend diagnosis definition

Proposal is inconsistent with national definition for an emergency department diagnosis.

**Proposal 8** Amend VEMD consolidation timelines

Proposal will negatively impact the department’s ability to meet AIHW reporting timelines.

**Proposal 9** Extend consolidation for TAC and WorkSafe presentations

Proposal will negatively impact the department’s ability to meet national reporting timelines.

1. https://news.un.org/en/story/2023/05/1136367 [↑](#footnote-ref-2)