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| Determinations by the Secretary and reporting requirementsHealth Services (Health Service Establishments) Regulations 2024 |
| 31 August 2024 |
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# Purpose

The Health Services (Health Service Establishments) Regulations 2024 (the Regulations) include a range of requirements for reporting data (for example, patient admissions, duty of candour compliance) and conducting reviews (for example, sentinel event reviews). In some instances, the form, manner and timeframes for meeting these requirements are determined by the Secretary. This document provides further detail about reporting and review requirements, including those matters determined by the Secretary. It also includes links to additional guidance materials to ensure health service establishments understand their obligations and can comply with the Regulations.

# Scope

Some requirements in the Regulations apply to all health service establishments; others apply only to registered private hospitals or day procedure centres or mobile services (which are registered as day procedure centres). Table 1 summarises which registered entities are within scope of each regulation.

Table 1: Scope summary

| **Regulation**  | **Description** | **Private hospitals** | **Day procedure centres** | **Mobile services** |
| --- | --- | --- | --- | --- |
| 60(1) | Reporting monthly patient admissions data | ü | ü[[1]](#footnote-2) | X |
| 60(3)(a) | Reporting data about infections acquired by patients and staff at the private hospital | ü | X | X |
| 60(3)(b) | Reporting data about electroconvulsive treatment (ECT) provided at the private hospital. | ü | X | X |
| 60(3)(c)  | Reporting emergency department presentations | ü | X | X |
| 60(5) & (6) | Mobile services annual reporting | X | X | ü |
| (61)(3) | Reporting compliance with the duty of candour | ü | ü | ü |
| 66  | Reporting Sentinel Events | ü | ü | ü |
| 67 | Reviewing Sentinel Events and reporting outcomes | ü | ü | ü |

# Regulation 60(1) Reporting monthly patient admissions

Regulation 60(1) requires the proprietor of a health service establishment to prepare a return for each month containing data in relation to each patient admitted to the health service establishment as determined by the Secretary.

Regulation 60(7) states that the proprietor of a health service establishment must ensure that a return prepared under this regulation does not include the name or address of a patient.

## Scope

This regulation applies to private hospitals and most day procedure centres. Day procedure centres that provide services that do not meet the Victorian Admitted Episodes Dataset (VAED) admitted patient criteria[[2]](#footnote-3) (for example, some radiotherapy services) are not required to report data about those services.[[3]](#footnote-4) Mobile services are out of scope as they provide services at unregistered premises (for example, dental surgeries).

## Determination

For the purposes of this regulation, the Secretary has determined the following:

* To comply with Regulation 60(1) the proprietor of a health service establishment must report complete and accurate data in the correct format to the VAED.

## Victorian Admitted Episodes Dataset (VAED)

The VAED comprises a range of administrative and demographic data about the admitted patient, as well as coded clinical details regarding the patient’s health condition/s and treatment provided during the admitted episode.

### VAED Manual

The VAED manual provides detailed information regarding the data required to be reported, the VAED submission file formats and the submission compliance dates and timelines.

The VAED Manual is available on the department’s [Health data standards and systems (HDSS) website](https://www.health.vic.gov.au/data-reporting/victorian-admitted-episodes-dataset) <https://www.health.vic.gov.au/data-reporting/victorian-admitted-episodes-dataset>.

### Software

Data for each patient is collected by the private hospital or DPC and extracted from the facility’s patient information system and submitted to the department as a monthly data file.

Private hospitals and day procedure centres must engage a software vendor to produce a VAED data extract according to the specifications in the [VAED manual](https://www.health.vic.gov.au/data-reporting/victorian-admitted-episodes-dataset) <https://www.health.vic.gov.au/data-reporting/victorian-admitted-episodes-dataset>.

The department does not provide a list of software vendors or make recommendations. It is the responsibility of the hospital/day procedure centre to engage a software vendor and manage the relationship with their software vendor. Private hospitals and day procedure centres should include current VAED reporting compliance as a requirement when undertaking procurement of new patient information systems.

Facilities must undertake VAED testing to ensure data quality. Facilities must notify the HDSS helpdesk <hdss.helpdesk@health.vic.gov.au> by email when information system changes are planned.

New private hospitals and day procedure centres must be ready to start VAED reporting immediately after commencing operation.

### Annual changes

Changes are made to the VAED each financial year to ensure it remains fit for purpose and meets the needs of the department. These changes are notified to the sector and specifications are made available on the [HDSS website](https://www.health.vic.gov.au/data-reporting/annual-changes) <https://www.health.vic.gov.au/data-reporting/annual-changes> at least six months prior to the required implementation date (1 July of each year). Private hospitals and day procedure centres must ensure their patient information systems are updated to accommodate these changes for implementation on 1 July, and that data are reported in the appropriate format for the relevant financial year.

A new VAED Manual incorporating the specified changes is made available for 1 July each year.

### Diagnosis and procedure coding

Details of the patient’s health condition/s and treatment provided during the episode are reported to the VAED. These are ‘coded’ using the current edition of the ICD-10-AM/ACHI classification. Information about ICD‑10‑AM/ACHI is available from the [Independent Health and Aged Care Pricing Authority](https://www.ihacpa.gov.au/health-care/classification/icd-10-amachiacs) (IHACPA) <https://www.ihacpa.gov.au/health-care/classification/icd-10-amachiacs>.

Clinical coding is generally performed by a qualified Health Information Manager or Clinical Coder who is employed by the hospital or day procedure centre.

### Data submission responsibilities

Private hospitals and day procedure centres must nominate a person responsible for VAED data reporting.

The nominated contact must email the HDSS Helpdesk <hdss.helpdesk@health.vic.gov.au> and provide their contact details (email address and phone number) as soon as the private hospital/day procedure centre opens.

It is the responsibility of the facility to document reporting procedures to ensure that a change of reporting personnel does not interrupt the data submission process.

To comply with regulation 60(7), the person responsible for VAED data reporting must ensure that the data does not include the names or addresses of any patients.

### Managed File Transfer

VAED data is submitted to the department via a secure platform called Managed File Transfer (MFT).

The nominated contact must submit a [form requesting access to MFT](https://forms.office.com/r/90M6ycMisX).[[4]](#footnote-5) The form is available on the [HDSS website](https://www.health.vic.gov.au/data-reporting/health-data-standards-and-systems-hdss-forms) <https://www.health.vic.gov.au/data-reporting/health-data-standards-and-systems-hdss-forms>.

The department will create an account for the nominated user/s to have access to MFT on behalf of the private hospital/day procedure centre once the request form is submitted. MFT user accounts cannot be shared between users.

### Timeframes

Private hospitals and day procedure centres must submit data to the VAED in compliance with the timeframes set out in Regulation 60(2):

1. in the case of admission and discharge data, within 17 days after the end of the month to which the return relates; and
2. in the case of clinical care data[[5]](#footnote-6), within 47 days after the end of the month to which the return relates[[6]](#footnote-7).

# Regulation 60(3)(a) Reporting data about infections

Regulation 60(3)(a) requires the proprietor of a private hospital to prepare a return for each month containing data about infections acquired by patients and staff at the private hospital and infection prevention and surveillance activities implemented at the private hospital.

Regulation 60(4) requires the proprietor to submit the return within 17 days after the end of the month to which the return relates.

Regulation 60(7) states that the proprietor of a health service establishment must ensure that a return prepared under this regulation does not include the name or address of a patient.

## Scope

This regulation applies to private hospitals only. Day procedure centres and mobile services are out of scope.

## Requirements

For the purposes of this regulation, private hospitals must submit data about infections acquired by patients and staff and infection prevention and surveillance activities implemented at the private hospital to the [Victorian Hospital Acquired Infection Surveillance System](https://www.vicniss.org.au/) (VICNISS) <https://www.vicniss.org.au>.

To comply with the timeframes set out in Regulation 60(4), private hospitals must submit data to VICNISS within 17 days after the end of the month to which the return relates.

To comply with regulation 60(7), the return must not include the names or addresses of any patients.

Refer to the [VICNISS website](https://www.vicniss.org.au/) <https://www.vicniss.org.au> for further information about reporting requirements.

# Regulation 60(3)(b) Reporting electroconvulsive treatment (ECT)

Regulation 60(3)(b) requires the proprietor of a private hospital to prepare a return for each month containing data in relation to any electroconvulsive treatment (within the meaning of the *Mental Health and Wellbeing Act 2022*) provided at the private hospital.

Regulation 60(4) requires the proprietor to submit the return within 17 days after the end of the month to which the return relates.

Regulation 60(7) states that the proprietor of a health service establishment must ensure that a return prepared under this regulation does not include the name or address of a patient.

## Scope

This regulation applies to private hospitals only. Day procedure centres and mobile services are out of scope.

## Requirements

ECT data is already included in VAED submissions, so a separate report is not required in order to comply with this regulation.

To comply with the timeframes set out in Regulation 60(4), private hospitals must submit the return within 17 days after the end of the month to which the return relates.

To comply with regulation 60(7), the return must not include the names or addresses of any patients.

# Regulation 60(3)(c) Emergency department presentations

Regulation 60(3)(c) requires the proprietor of a private hospital to prepare a return for each month containing data as determined by the Secretary about patients who presented at the private hospital’s emergency department.

Regulation 60(4) requires the proprietor to submit the return within 17 days after the end of the month to which the return relates.

Regulation 60(7) states that the proprietor of a health service establishment must ensure that a return prepared under this regulation does not include the name or address of a patient.

## Scope

This regulation applies to private hospitals only. Day procedure centres and mobile services are out of scope as they do not operate emergency departments.

## Determination

For the purposes of this regulation requiring all private hospitals that operate an emergency department to report data about patient presentations, the Secretary has determined the following:

* Complete and accurate data about patient presentations at emergency departments must be submitted in the correct format to the Victorian Emergency Minimum Dataset (VEMD).

## Victorian Emergency Minimum Dataset (VEMD)

The Victorian Emergency Minimum Dataset (VEMD) comprises de-identified demographic, administrative and clinical data detailing presentations at Victorian public and private hospitals with designated emergency departments.

Information about VEMD reporting, including the VEMD Manual, can be found on the [HDSS website](https://www.health.vic.gov.au/data-reporting/victorian-emergency-minimum-dataset-vemd) <https://www.health.vic.gov.au/data-reporting/victorian-emergency-minimum-dataset-vemd>.

To comply with the timeframes set out in Regulation 60(4), private hospitals must submit data to the VEMD within 17 days after the end of the month to which the return relates.

To comply with regulation 60(7), the return must not include the names or addresses of any patients.

Contact the HDSS helpdesk <HDSS.helpdesk@health.vic.gov.au> for further guidance on how to report to the VEMD.

# Regulations 60(5) and (6) Mobile services reporting

Regulation 60(5) states that the Secretary may determine to direct the proprietor of a health service establishment that provides health services solely at premises other than the premises for which it is registered to prepare a return in the manner and form determined by the Secretary.

Regulation 60(6) states that the proprietor of a health service establishment must ensure that a return prepared under subregulation (5) is given to the Secretary within the time determined by the Secretary.

Regulation 60(7) states that a return prepared under this regulation must not include the name or address of any patient.

## Scope

This regulation applies only to mobile services which are registered as day procedure centres. Private hospitals and other day procedure centres are out of scope of this regulation.

## Determination

For the purposes of this regulation, the Secretary has determined the following:

* To comply with Regulation 60(5), the proprietor of a health service establishment must complete the Mobile Services Annual Reporting Template issued by the Health Regulator.
* To comply with Regulation 60(6), the return must be completed and provided to the Health Regulator on an annual basis within a timeframe specified by the Health Regulator.

## Mobile Services Annual Reporting data

The Mobile Services Annual Reporting Template will be issued by the Health Regulator on an annual basis.

The template data fields relate to the following categories: population data, procedural data, patient acuity, patient screening, adverse events, staff competency and credentialling, maintenance of registers and agreements with unregistered facilities.

All relevant fields in the template must be populated with accurate data, and the template must be returned to the Health Regulator by the specified date.

To comply with regulation 60(7), the return must not include the names or addresses of any patients.

For further information about mobile services reporting, contact the Health Regulator <privatehospitals@health.vic.gov.au>.

# Regulation 61 Reporting compliance with the duty of candour

Regulation 61(1) requires the proprietor of a private hospital or day procedure centre to submit to the Secretary a report concerning compliance by that private hospital or day procedure centre with the requirements of its duty of candour under section 128ZC(1) of the *Health Services Act 1988* for each reporting period within 14 days after the end of a reporting period.

Regulation 61(2) specifies the information that must be included in this report[[7]](#footnote-8).

Regulation 61(3) requires that the proprietor of a private hospital or day procedure centre submits this report in the manner and form determined by the Secretary.

## Scope

This regulation applies to private hospitals, day procedure centres and mobile services (which are registered as day procedure centres).

## Determination

For the purposes of this regulation, the Secretary has determined the following:

* To comply with Regulation 61(3), the proprietor must report complete and accurate data in the correct format to the Chief Executive Officer of Safer Care Victoria, as the delegate of the Secretary.
* Reports must be submitted quarterly by completing an Agency Information Management System (AIMS) webform, accessed with an assigned login and password via the [HealthCollect portal](https://www.healthcollect.vic.gov.au) <https://www.healthcollect.vic.gov.au>. Data is reported at health service establishment campus level, not at corporate group level.

To assist health services achieve compliance, the Statutory Duty of Candour Data Collection Reporting Guidelines are available on the [Safer Care Victoria](https://www.safercare.vic.gov.au/report-manage-issues/sentinel-events/adverse-event-review-and-response/duty-of-candour) website <https://www.safercare.vic.gov.asu/report-manage-issues/sentinel-events/adverse-event-review-and-response/duty-of-candour>.

Questions about the data to be reported can be directed to the Safer Care Victoria team managing Duty of Candour reporting via email <dutyofcandour@safercare.vic.gov.au>.

For assistance accessing the HealthCollect portal to submit Duty of Candour compliance reports, email the HDSS HelpDesk <hdss.helpdesk@health.vic.gov.au>.

# Regulations 66 and 67 Sentinel events

Regulation 66requires the proprietor of a health service establishment to report in writing each sentinel event that occurs at the health service establishment to the Secretary–

1. within the time determined by the Secretary; and
2. in the form and manner determined by the Secretary.

Penalty: 40 penalty units.

Regulation 67(1) requires the proprietor of a health service establishment to ensure that a review is conducted of each sentinel event that occurs at the health service establishment.

Regulation 67(2) states that the review conducted under regulation 67(1) must be conducted in the manner and within the time determined by the Secretary.

Regulation 67(3) requires the proprietor of a health service establishment to record the outcome of a review conducted under subregulation (1) in writing and submit it to the Secretary within the time and in the form determined by the Secretary.

## Scope

This regulation applies to private hospitals, day procedure centres and mobile services (which are registered as day procedure centres).

## Determinations

For the purposes of this regulation, the Secretary has determined the following:

* To comply with Regulation 66, the proprietor of a health service establishment must:
* Submit a notification[[8]](#footnote-9) within **3 business days** of the health service establishment becoming aware of the sentinel event.
* Submit the notification via the [sentinel events portal](https://www.safercare.vic.gov.au/report-manage-issues/sentinel-events/about-the-sentinel-events-portal)\* <https://www.safercare.vic.gov.au/report-manage-issues/sentinel-events/about-the-sentinel-events-portal>.[[9]](#footnote-10)

\*Access to the sentinel events portal requires completion of an onboarding form available at <https://www.safercare.vic.gov.au/report-manage-issues/sentinel-events/about-the-sentinel-events-portal>.

* Use the embedded template on the sentinel events portal to complete the notification.
* Email the Sentinel Events Team at <sentinel.events@safercare.vic.gov.au> to notify the sentinel event if the portal cannot be accessed.
* To comply with Regulation 67(2) the proprietor of a health service establishment must:
* Conduct the review using an accepted methodology, which includes: Root Cause Analysis (RCA2), London Protocol, or AcciMap or another methodology approved in writing by Safer Care Victoria (SCV).
* Ensure the panel conducting the review consists of at least three persons (4 persons for a multiagency review).
* Ensure the panel conducting the review includes a person not employed or engaged by the relevant health service provider and a consumer representative.
* Complete the review within a time period that allows review reports Parts A, B, C and D to be submitted in accordance with the timeframes determined under Regulation 67(3) below.
* Submit a request via the [sentinel events portal](https://www.safercare.vic.gov.au/report-manage-issues/sentinel-events/about-the-sentinel-events-portal) <https://www.safercare.vic.gov.au/report-manage-issues/sentinel-events/about-the-sentinel-events-portal> if a time extension is required to complete the review[[10]](#footnote-11).
* To comply withRegulation 67(3) the proprietor of a health service establishment must:
* Submit a review report (Parts A and B of the report template) within **30 business days** of notification (or **55 business days** for a multiagency review).
* Submit recommendations from the review (Part C) within **50 business days** of notification (**75 business days** for a multiagency review).
* Submit a Recommendation Monitoring Plan (Part D) within **6 and 12 months** (if required) of notification.
* Submit a request via the sentinel events portal if a time extension is required to complete and submit the required reports.[[11]](#footnote-12)

NOTE: These requirements align with the Safer Care Victoria [Victorian sentinel events guide](https://www.safercare.vic.gov.au/best-practice-improvement/publications/sentinel-events-guide) https://www.safercare.vic.gov.au/best-practice-improvement/publications/sentinel-events-guide>.

Further information and detailed guidance about the sentinel events program is available on the [Safer Care Victoria website](https://www.safercare.vic.gov.au/report-manage-issues/sentinel-events/about-the-sentinel-events-portal) <https://www.safercare.vic.gov.au/report-manage-issues/sentinel-events>.

Safer Care Victoria may also be able to assist with sourcing external subject matter experts and consumers to participate in review panels. Email the Sentinel Events Team at <sentinel.events@safercare.vic.gov.au> if this assistance is needed.

# Further information or assistance

For further information or assistance with preparation for reporting admitted patient data to the VAED or VEMD contact the HDSS helpdesk <HDSS.helpdesk@health.vic.gov.au>.

For further information about ICD‑10‑AM/ACHI diagnosis and procedure coding, go to the website of the [Independent Health and Aged Care Pricing Authority](https://www.ihacpa.gov.au/health-care/classification/icd-10-amachiacs) (IHACPA) <https://www.ihacpa.gov.au/health-care/classification/icd-10-amachiacs>.

For further information about infections reporting, refer to the [VICNISS website](https://www.vicniss.org.au/) <https://www.vicniss.org.au>.

For further information about definitions or data to be reported for Duty of Candour compliance reporting, email the Safer Care Victoria <dutyofcandour@safercare.vic.gov.au>.

For assistance accessing the HealthCollect portal to submit Duty of Candour compliance reports, email the HDSS HelpDesk <hdss.helpdesk@health.vic.gov.au>.

For further information or assistance about Sentinel Events reporting, contact the Sentinel Events Team at <sentinel.events@safercare.vic.gov.au>.

For further information about mobile services reporting, registrations and all other regulatory requirements, contact the Health Regulator <privatehospitals@health.vic.gov.au>.

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| To receive this document in another format, email the Health Regulator <privatehospitals@health.vic.gov.au>.Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.© State of Victoria, Australia, Department of Health, August 2024.ISBN 978-1-76131-648-7 (MS word)Available at <https://www.health.vic.gov.au/data-reporting/victorian-admitted-episodes-dataset> |

1. ,2 Day procedure centres that deliver services that do not meet Victorian Admitted Episodes Dataset (VAED) admitted patient criteria, as defined in the [VAED criteria for reporting](https://www.health.vic.gov.au/data-reporting/victorian-admitted-episodes-dataset) <https://www.health.vic.gov.au/data-reporting/victorian-admitted-episodes-dataset>, are not required to report data about these services – for example, some radiotherapy services. [↑](#footnote-ref-2)
2. [↑](#footnote-ref-3)
3. These services may report data elsewhere – for example, the [Victorian Cancer Registry](https://www.cancervic.org.au/research/vcr) <https://www.cancervic.org.au/research/vcr>. [↑](#footnote-ref-4)
4. [MFT Portal access form](https://forms.office.com/pages/responsepage.aspx?id=H2DgwKwPnESciKEExOufKII_2IfNHexFkH_EAj2AB_tUM0I1NFIwWFo4VUFJRlVNRkxKMTVQQTJaTCQlQCN0PWcu) <https://forms.office.com/pages/responsepage.aspx?id=H2DgwKwPnESciKEExOufKII\_2IfNHexFkH\_EAj2AB\_tUM0I1NFIwWFo4VUFJRlVNRkxKMTVQQTJaTCQlQCN0PWcu>. [↑](#footnote-ref-5)
5. ‘Clinical care data’ is information about patients’ health conditions and treatment that is coded using the [ICD-10-AM/ACHI classification system](https://www.ihacpa.gov.au/health-care/classification/icd-10-amachiacs) <https://www.ihacpa.gov.au/health-care/classification/icd-10-amachiacs>. [↑](#footnote-ref-6)
6. This equates to the 17th day of the subsequent calendar month. For example, January admissions and separations must be reported by 17 February and the coded diagnoses and procedures for each episode must be reported by 17 March. [↑](#footnote-ref-7)
7. See Regulations 61(2)(a) and (b) for details of these requirements. [↑](#footnote-ref-8)
8. For the purposes of this determination, the term ‘notification’ refers to the initial report that a sentinel event has occurred. This terminology aligns with SVC’s Victorian Sentinel Events Guide and Adverse Patient Safety Event Policy. [↑](#footnote-ref-9)
9. The Secretary has delegated the function of receiving sentinel event reports to the Chief Executive Officer of Safer Care Victoria (SCV). [↑](#footnote-ref-10)
10. Acknowledging that health service establishments may face challenges constituting a review panel, SCV may grant a time extension to complete a review. [↑](#footnote-ref-11)
11. The proprietor may also email the Sentinel Events Team at <sentinel.events@safercare.vic.gov.au> or call 1300 543 916 to request additional time to complete the review. [↑](#footnote-ref-12)