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| Specifications for revisions to the Victorian Admitted Episodes Dataset (VAED) for 2025-26 |
| December 2024 |
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# Executive Summary

The revisions for the Victorian Admitted Episodes Dataset (VAED) for 2025-26 are summarised below:

New data element:

* Diagnosis Cluster Identifier (DCID)

Amendments to existing data elements:

* Admitting/Discharging Unit - add new codes for Early Parenting Centres
* Triage Score on Admission – addition of code 999
* NDIS Participant Flag – to be reported by mental health care types

The Thirteenth Edition of ICD-10-AM/ACHI/ACS will be implemented for separations on and from 1 July 2025.

# Introduction

Each year the Department of Health review the Victorian Admitted Episodes Dataset (VAED) 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.

Some proposed changes submitted for 2024-25 were deferred for consideration during the 2025-26 annual change process. Comments provided by the health sector in response to Proposals for revisions to VAED for 2024-25 and 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 VAED manual will be published in due course. Until then, the current VAED manual and subsequent HDSS Bulletins, together with this document, form the data submission specifications for 2025-26.

**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 policy and funding guidelines or the *Health Services (Health Service Establishments) Regulations 2024.***

## 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 department considered proposals for changes to the VAED submitted during the 2024-25 and 2025-26 annual changes process.

Proposals submitted to the VAED for 2024-25 and deferred for consideration during the 2025-26 annual change process:

**Proposal 10 - New Speciality code request for Early Parenting Centres**

Proposal proceeds.

**Proposal 11 - Triage Score on Admission – Addition of code 999**

Proposal proceeds.

**Proposal 15** - **Mental Health Statewide Patient Identifier not mandatory**

Proposal is deferred to 2026-27.

**Proposal 16 - NDIS Participant Flag to be reported by mental health care types**

Proposal proceeds.

Previously approved proposals:

**Proposal 7 - Triage Score on Admission**

Currently it is optional to report codes 000 to 100 - it will become mandatory from 1 July 2025

**Proposal 18 - Diagnosis Cluster identifier (DCID)**

Will become mandatory from 1 July 2025

# Specifications for changes from 1 July 2025

# Add new Admitting/Discharging Unit/Specialty codes for Early Parenting Centres

## Section 3 Data definitions

## Admitting Unit/Specialty (a)

## Discharging Unit/Specialty (b)

Specification

|  |  |
| --- | --- |
| **Definition** | (a) Unit/Specialty patient is admitted under  (b) Unit/Specialty at separation |
| **Layout** | AAAA or AAAspace |
| **Field Size** | 4 |
| **Location** | Episode Record |
| **Reported by** | All Victorian hospitals (public and private) |
| **Reported for** | All admitted episodes of care |
| **Reported when** | (a) The Episode Record is reported  (b) A Separation Date is reported in the Episode Record |
| **Code set** | Code Descriptor  EPCS Early Parenting Centre Services  *[no change to remainder of data element code list]* |
| **Reporting guide** | Report the most appropriate category that best reflects the hospital unit’s activity. There is no requirement for hospitals to further split their own units to match the standard unit codes. Hospitals without separate specialty units should report the most appropriate general medical or surgical code.  Stroke Unit care is organised care within a specific ward in a hospital provided by a multidisciplinary team who specialise in stroke management (*National Acute Stroke Services Framework 2019*).  Early Parenting Centres must use codes EPCS |
| **Validations** | 715 Invalid Admitting Unit/Specialty\*  716 Invalid Discharging Unit/Specialty\*  749 Invalid Admitting Unit/Specialty campus not approved EPC (new)  750 Invalid Discharge Unit/Specialty campus not approved EPC (new) |

## Section 8 Validation

## 715 Invalid Admitting Unit/Specialty (change to function only)

## 716 Invalid Discharging Unit/Specialty (change to function only)

## 749 Invalid Admitting Unit/Specialty campus not approved EPC (new)

|  |  |
| --- | --- |
| ****Effect**** | ****REJECTION**** |
| ****Problem**** | This hospital campus is not an approved EPC (Early Parenting Centre) site.  The E5 Episode Record is reporting EPC specific Admitting Unit/Specialty code yet the campus is not an approved Early Parenting Centre. |
| ****Remedy**** | Non-EPC campuses cannot report EPC specific Admitting Unit/Specialty codes (EPCS). Check the Admitting Unity/Specialty code reported, select the appropriate code and resubmit the episode record. |
|  |  |

## 750 Invalid Discharge Unit/Specialty campus not approved EPC (new)

|  |  |
| --- | --- |
| ****Effect**** | ****REJECTION**** |
| ****Problem**** | This hospital campus is not an approved EPC (Early Parenting Centre) site.  The E5 Episode Record is reporting EPC specific Discharge Unit/Specialty code yet the campus is not an approved Early Parenting Centre. |
| ****Remedy**** | Non-EPC campuses cannot report EPC specific Discharge Unit/Specialty codes (EPCS). Check the Discharge Unity/Specialty code reported, select the appropriate code and resubmit the episode record. |

# Add code 999 to Triage Score on Admission

## Section 3 Data definitions

## Triage Score on Admission

Specification

|  |  |
| --- | --- |
| **Definition** | The score derived from use of the evidence-based palliative care triage tool that considers the clinical status and the person and family/carer situation |
| **Field size** | 3 |
| **Layout** | NNN  Right justified, zero filled |
| **Location** | Palliative Record |
| **Reported by** | Public hospitals |
| **Reported for** | Episodes with Care Type 8 Palliative Care  ~~Optional from 1 July 2021~~  Mandatory from 1 July 2025 |
| **Reported when** | A Separation Date is reported in the Episode Record |
| **Code set** | ~~000 to 100~~  Code Descriptor  000 to 100 Valid score  999 Not stated or unknown |
| **Reporting guide** | This is the Triage Score determined prior to admission or transfer to the unit.  The triage score is calculated based on a validated tool with seven items across physical, psychosocial and caregiver domains, and provides a score from 0 to 100 points.  Triage is to be completed by a clinician or triage officer who has an appropriate level of training and clinical experience in palliative care to ascertain accurate assessments of the triage factors from the referrer.  Code 999 or ‘not stated or unknown’ should only be reported when the evidence-based triage tool was not used to determine clinical urgency.  Any values outside this range are invalid. |
| **Validations** | 725 Invalid Triage Score on Admission\* |

## Section 8 Validation

## 725 Invalid Triage Score on Admission (change to function only)

# NDIS Participant Flag– reported by mental health care types

## Section 3 Data definitions

## NDIS Participant Flag

Specification

|  |  |
| --- | --- |
| **Definition** | National Disability Insurance Scheme (NDIS) participant status of person |
| **Field size** | 1 |
| **Layout** | N |
| **Location** | Episode Record |
| **Reported by** | Public hospitals |
| **Reported for** | Episodes with:   * Care Types 1, 4, 5x, 6, 8, 9, P, MC   ~~Optional for episodes with:~~  ~~Care Types 5x~~  *[no change to remainder of data element]* |
| **Reporting guide** | For NDIS participants, also report their NDIS Participant Identifier |
| **Validations** | 722 Invalid NDIS Participant Flag\*  743 NDIS Participant Flag / Identifier mismatch\*  744 Invalid NDIS Participant Identifier\* |

## Section 8 Validation

## 722 Invalid NDIS Participant Flag (amend to include Care Type 5x)

|  |  |
| --- | --- |
| **Effect** | **REJECTION** |
| **Problem** | The public hospital E5 Episode Record’s Care Type is 1, 4, 5x, 6, 8, 9, P, or MC but the NDIS Participant Flag is blank or invalid. |
| **Remedy** | Check Care Type and NDIS Participant Flag, amend as appropriate and re-submit E5 |

## 743 NDIS Participant Flag / Identifier mismatch (change to function only)

## 744 Invalid NDIS Participant Identifier (change to function only)

# Add Diagnosis Cluster Identifier (DCID) for implementation in 2025-26

## Section 3 Data definitions

## Diagnosis Cluster identifier (DCID) (new)

Specification

|  |  |
| --- | --- |
| **Definition** | An identifier for each International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) code to indicate the relationship of that condition to other conditions within an episode of admitted patient care, as represented by a code.  Codes are considered ‘related’ when they connect the circumstances of an event together. For example, a fractured radius (injury/condition), of a pedestrian struck by motor vehicle (external cause), on the pedestrian crossing (place of occurrence), while walking their dog (activity). |
| **Field size** | 2 |
| **Layout** | AA, A, N Left justified, trailing space |
| **Location** | Diagnosis Record (12)  Extra Diagnosis Record (88) |
| **Reported by** | All Victorian hospitals (public and private) |
| **Reported for** | Separations on and from **1 July 2025**  If unable to report DCID, report spaces |
| **Reported when** | A separation date is reported in the Episode Record |
| **Code set** | Code Descriptor  A-ZZ (DCID A-ZZ) Diagnosis cluster identifier  0 Chronic condition cluster  8 Not clustered |
| **Reporting guide** | Clinical coders apply Australian Coding Standard ACS 0004 Diagnosis Cluster identifier to determine the appropriate values in the codeset to be reported.  Where a diagnosis cluster is identified, the first diagnosis cluster identifier code (DCID) value assigned is A. Record the same DCID value against each ICD-10-AM code in the diagnosis cluster (e.g. injuries, procedural complications, and adverse effects) together with their associated external cause, place of occurrence codes and activity type codes.  Subsequent clusters in the same episode of care proceed to be allocated the next sequential alphabetic letter (i.e. B, C, D, etc through to Z, and then AA, AB through to ZZ if required). |
|  | **0 Chronic condition cluster**  ICD-10-AM code that represents a chronic condition assigned in accordance with *ACS 0003 Supplementary codes for chronic conditions.* ICD-10-AM codes with DCID 0 belong to the same cluster but do not describe the same condition. |
|  | **8 Not clustered**  ICD-10-AM code that has not been assigned to a diagnosis cluster or chronic condition cluster |
| **Validations** | The 2025-26 VAED ICD-10-AM/ACHI library file will be updated to flag the codes in scope for DCID |
| **Related items** | Section 3 Diagnosis Codes |

Administration

|  |  |
| --- | --- |
| **Purpose** | To enable Victoria to meet national reporting requirements from 1 July 2025, and to prepare the clinical coding workforce for the implementation of ICD-11 (date yet to be determined by Australia) where the design of ICD-11 relies significantly on the linking of codes that are related to each other.  The implementation of the DCID assigned to each ICD-10-AM code will provide an opportunity to link related conditions and enhance the power of the information available for users of the data, such as researchers, policy and decision makers. When combined with data linkage of episodes of care, this will provide additional information regarding the burden of disease across the Australian population.  The DCID will be used to better inform data analysis of coded data such as injuries and complications both at state and national level. |
| **Principal data users** |  |
| **Collection start** | 1 July 2025 |
| **Definition source** | Department of Health |
| **Code set source** | Meteor identifier 767931 |

## Section 5 Compilation and submission

## Diagnosis Record (amend)

Diagnosis Record File Structure

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Note | Data Item | Field Size | Record Position | Layout |
| M | Transaction Type | 2 | 1 | X5 |
| M | Unique Key | 9 | 3 | AAAAAAAAA (Hospital generated)  Right justified, zero filled |
| C | Diagnosis Cluster Identifier | 2 (2 X 12) | 12, 14, 16, 18, 20, 22, 24, 26, 28, 30, 32, 34 | AA, A, N left justified, trailing space |
| 1 | Diagnosis Code x 12 each code | 8 (8 x 12) | ~~12~~ 36, 44, 52, 60, 68, 76, 84, 92, 100, 108, 116, 124 | AANNNN  Each left justified, trailing spaces |
| 2 | Procedure Code x 12 each code | 8  (8 x 12) | ~~108~~ 132, 140,148, 156, 164,172,180, 188,196,  204, 212, 220 | NNNNNNNA  Each left justified, trailing spaces |
| 3 | Admission Weight | 4 | ~~204~~ 228 | NNNN (Admission Weight in grams) |
| 8 | User Flag | 1 | ~~208~~ 232 | Optional field, free text |
| 4, 8 | Duration of Stay in Intensive Care Unit | 4 | ~~209~~ 233 | NNNN  Right justified, zero filled |
| 5, 8 | Duration of Mechanical Ventilation in ICU | 4 | ~~213~~ 237 | NNNN  Right justified, zero filled |
| 6, 8 | Hospital Generated DRG | 4 | ~~217~~ 241 | ANNA or NNNA |
| 7, 8 | Duration of Stay in Cardiac/Coronary Care Unit | 4 | ~~221~~ 245 | NNNN  Right justified, zero filled |
| 8, 11 | Duration of Non-Invasive Ventilation in ICU | 4 | ~~225~~ 249 | NNNN  Right justified, zero filled |
| 9 | Procedure Start Date Time | 12 | ~~229~~ 253 | DDMMYYYYHHMM |
| 10 | Care Plan Documented Date | 8 | ~~241~~ 265 | DDMMYYYY |
| 12 | Proceduralist ID | 13 | ~~249~~ 273 | XXXXXXXXXXXXX |
| 13 | Unplanned return to theatre | 1 | ~~262~~ 286 | N or space |
| **Total** |  | **~~262~~ 287** |  |  |

All alpha characters uppercase. All numeric fields right justified with leading zeros

M Mandatory

1 First diagnosis code is mandatory.

C Diagnosis Cluster Identifier reported for each diagnosis code. Report spaces if unable to report DCID.

## Extra Diagnosis Record (amend)

Extra Diagnosis Record File Structure

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Note | Data Item | Field Size | Record Position | Layout/Code Set |
| M | Transaction Type | 2 | 1 | Y5 |
| M | Unique Key | 9 | 3 | AAAAAAAAA (Hospital generated)  Right justified, zero filled |
| C | Diagnosis Cluster Identifier  (13 - 25) | 2  (2 x 13) | 12, 14, 16, 18, 20, 22, 24, 26, 28, 30, 32, 34, 36 | AA, A, N left justified, trailing space |
| 2 | Diagnosis Code (13 to 25) | 8  (8 x 13) | ~~12~~ 38, 46, 54, 62, 70, 78, 86, 94, 102, 110, 118, 126, 134 | AANNNN  Each left justified and with trailing spaces |
| 1, 2 | Procedure Code (13 to 25) | 8  (8 x 13) | ~~116~~ 142, 150, 158,  166, 174, 182, 190,  198, 206, 214, 222,  230, 238 | NNNNNNNA  Each left justified and with trailing spaces |
| C | Diagnosis Cluster Identifier (26 to 40) | 2 (2 X 15) | 246, 248, 250, 252, 254, 256, 258, 260, 262, 264, 266, 268, 270, 272, 274 | AA, A, N left justified, trailing space |
| 2 | Diagnosis Code (26 to 40) | 8  (8 x 15) | ~~220~~ 276, 284, 292, 300, 308, 316, 324, 332, 340, 348, 356, 364, 372, 380, 388 | AANNNN  Each left justified and with trailing spaces |
| 1, 2 | Procedure Code (26 to 40) | 8  (8 x 15) | ~~340~~ 396, 404, 412,  420, 428, 436, 444,  452, 460, 468, 476,  484, 492, 500, 508 | NNNNNNNA  Each left justified and with trailing spaces |
| C | Diagnosis Cluster Identifier  (41 to 100) | 2 (2 X 60) | 516, 518, 520, 522,  524, 526, 528, 530, 532, 534, 536, 538, 540, 542, 544, 546, 548, 550, 552, 554, 556, 558, 560, 562, 564, 566, 568, 570, 572, 574, 576, 578, 580, 582, 584, 586, 588, 590, 592, 594, 596, 598, 600, 602, 604, 606, 608, 610, 612, 614, 616, 618, 620, 622, 624, 626, 628, 630, 632, 634 | AA, A, N left justified, trailing space |
| 2 | Diagnosis Code (41 to 100) | 8  (8 X 60) | 636, 644, 652,660, 668, 676, 684,692, 700, 708, 716, 724, 732, 740, 748, 756, 764, 772, 780, 788, 796, 804, 812, 820, 828, 836, 844, 852, 860, 868, 876, 884, 892, 900, 908, 916, 924, 932, 940, 948, 956, 964, 972, 980, 988, 996, 1004, 1012, 1020, 1028, 1036, 1044, 1052, 1060, 1068, 1076, 1084, 1092, 1100, 1108 | AANNNN  Each left justified and with trailing spaces |
| **Total** |  | **~~459~~**  **1116** |  |  |

2 Where a field at the end of a record has a value of space(s), the record can be ended at the last field where a value is not space(s).

C Diagnosis Cluster Identifier reported for each diagnosis code. Report spaces if unable to report DCID.

**Reporting guide - general**

The Extra Diagnosis Record accepts up to ~~28~~ 88 extra diagnosis and up to 28 extra procedure codes, for each applicable episode of care, therefore a maximum of ~~40~~ 100 diagnosis and 40 procedure codes. (The Diagnosis Record accepts the first twelve of each.)

# End of financial year reporting

As shown in the table below:

* VAED submission files with header dates prior to 1 July 2025 must use 2024-25 format/values for all records
* For VAED submissions with header dates of 1 July 2025 onwards, the Separation Date of the episode determines the format/values applicable
  + Separation Date prior to 1 July 2025 must use 2024-25 format/values
  + Separation Date 1 July 2025 or later must use 2025-26 format/values
  + For patients ‘remaining in’ on 30 June 2025 this may involve updating episode data previously reported in a June submission from 2024-25 format/values to 2025-26 format/values

Format / values by submission month and Separation Date

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Submission month | Admission Date | Separation Date | Unique Key | Format/Values |
| June | 01/06/2025 | 30/06/2025 | 000055555 | 2024-25 |
| June | 20/06/2025 | 00/00/0000 | 000066666 | 2024-25 |
| July | 25/06/2025 | 30/06/2025 | 000077777 | 2024-25 |
| July | 20/06/2025 | 01/07/2025 | 000066666 | 2025-26 |
| July | 01/07/2025 | 10/07/2025 | 000088888 | 2025-26 |
| July | 02/07/2025 | 00/00/0000 | 000033333 | 2025-26 |

## Test submissions for 1 July changes

Information regarding testing for 1 July changes will be published later in the HDSS Bulletin.

To add your name to the Bulletin mailing list, please complete the [MS Form](https://forms.office.com/pages/responsepage.aspx?id=H2DgwKwPnESciKEExOufKII_2IfNHexFkH_EAj2AB_tUNFZQSkpIRVk0Q1dCQ1JJTVM3M1c4REszQiQlQCN0PWcu) <https://forms.office.com/pages/responsepage.aspx?id=H2DgwKwPnESciKEExOufKII\_2IfNHexFkH\_EAj2AB\_tUNFZQSkpIRVk0Q1dCQ1JJTVM3M1c4REszQiQlQCN0PWcu>