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| HDSS Bulletin |
| Issue 231: 08 May 2020 |

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# Global update

## Circulars

Access private hospital circulars at: [Private hospital circulars](http://www.health.gov.au/internet/main/publishing.nsf/Content/health-phicirculars2019-index1) <http://www.health.gov.au/internet/main/publishing.nsf/Content/health-phicirculars2019-index1>

Access hospital circulars at: [Hospital circulars](https://www2.health.vic.gov.au/about/news-and-events/hospitalcirculars) <https://www2.health.vic.gov.au/about/news-and-events/hospitalcirculars>

## Daily Elective Surgery Activity report

Daily Elective Surgery Activity (DESA) reporting commenced on 27 April 2020, following the National Cabinet’s lifting of the ban on elective surgery. Victorian public and private hospitals and day procedure centres have successfully reported their elective procedure activity through the HealthCollect portal, enabling the department to monitor and report on the levels of elective procedures being undertaken across Victoria.

### Revised scope

Effective for procedures performed from Monday 11 May, the following will no longer be required for inclusion in DESA reporting:

* Chemotherapy
* Dental procedures performed in a chair
* Dialysis
* Electroconvulsive therapy
* Hyperbaric treatment
* Infusions such as IVIG
* Obstetric/maternity procedures (excluding elective caesarean sections)
* Radiotherapy treatment.

Hospitals and day procedure centres should continue to report these procedures when performed, up to (and including) 10 May—reporting due on Monday 11 May. For procedures performed on and after Monday 11 May, these procedures should be excluded from DESA reporting.

The *Daily Elective Surgery Activity Guidelines for reporting* have been updated to reflect these changes. The updated document is available on the [HDSS website](https://www2.health.vic.gov.au/hospitals-and-health-services/data-reporting/health-data-standards-systems/hdss-communications) <https://www2.health.vic.gov.au/hospitals-and-health-services/data-reporting/health-data-standards-systems/hdss-communications>

### Contracted procedures reminder – public patients in private hospitals

The HDSS help desk has received some questions regarding recording of contracted procedures.

DESA: Reported by the contracting (**public**) hospital.
The private (contracted) hospital must provide relevant details to the contracting hospital in a timely manner to enable the contracting hospital to accurately report to the DESA.

VAED: Reported by the contracted (**private**) hospital at which the procedure is performed.
See 231.3 Public patients in private hospitals – reminder, below for further details.

### Frequently asked questions (FAQ)

A DESA FAQ document has been prepared and is available on the [HDSS website](https://www2.health.vic.gov.au/hospitals-and-health-services/data-reporting/health-data-standards-systems/hdss-communications) with the COVID-19 Reporting information.

# Victorian Admitted Episodes Dataset (VAED)

## Public patients in private hospitals – reminder

The following information was published in HDSS Bulletin 230, distributed on 1 May. Due to the number of enquiries received by the HDSS helpdesk regarding reporting for public patients in private hospitals, the information is being re-published as a reminder and to build awareness of the changed reporting requirements.

### Activity Reporting

To ensure consistency of reporting across the State, DHHS has developed a standard VAED reporting protocol to be used when reporting any patient who receives care in a private facility for services provided under the conditions of the contractual agreements between the DHHS and Victorian Private Hospitals (Comprehensive Agreement).

### Reporting obligations

The admitted episode is only reported to the VAED by the hospital at which the activity occurs. Therefore, where the activity occurs at the private hospital, only the private hospital reports the admitted episode.

It is acknowledged that under the partnership public health services may choose to redirect different types of patients (defined by Care Type). While the patient type would have normally been reflected in the Care Type if reported by the public health service, for the purpose of this arrangement, the private hospital can report all patient types as Care Type 4 Acute (with the exception of newborns where the newborn reporting rules apply). For example, a palliative care patient will be reported with Care Type 4 and the clinical coding will reflect that the patient was a palliative care patient. Similarly, with a rehabilitation episode, the clinical coding will reflect the patient received rehabilitation.

Where the admitted episode occurs at a private hospital, the private hospital must report the following data items to the VAED (in addition to the VAED data items usually reported for an episode of care).

For all separations on or after 1st May 2020:

### Unplanned admit to a private hospital (any public patient who presents to or is diverted to a private hospital)

* Funding Arrangement: 1 Contract
* Contract Type: 1 Contract Type B (health authority contracts B for admitted service)
* Contract Role: B (service provider hospital)
* Contract/Spoke Identifier: 0030 (other funding source)
* Program Identifier: 08 COVID-19 Surge Response
	+ Account Class: MP Public

### Planned admit to a private hospital (public hospital has arranged for the admission to occur at the private hospital and patient does not present to the public hospital first)

* Funding Arrangement: 1 Contract
* Contract Type: 1 Contract Type B (health authority contracts B for admitted service)
* Contract Role: B (service provider hospital)
* Contract/Spoke Identifier: 0030 (other funding source)
* Program Identifier: 08 COVID-19 Surge Response
* Account Class: Select the most appropriate
	+ Admission Source: T - transfer from acute hospital/extended care/rehabilitation/geriatric centre plus a Transfer source code of the hospital the patient was transferred from\*

\*Note: Admission Source T would not normally be reported unless a patient is transferred directly from one hospital to another, however in order to identify the public hospital that has arranged the admission, Admission Source T is required in these circumstances.

### **Transfers to private hospital from public hospital** (patient presents to or is admitted at the public hospital before being transferred to the private hospital)

Note: If the patient is admitted to the public hospital and then transferred to a private hospital where they are admitted, both hospitals will report an episode to the VAED (with different admission and separation dates) but only the private hospital will report the contract details below.

* Funding Arrangement: 1 Contract
* Contract Type: 1 Contract Type B (health authority contracts B for admitted service)
* Contract Role: B (service provider hospital)
* Contract/Spoke Identifier: 0030 (other funding source)
* Program Identifier: 08 COVID-19 Surge Response
* Account Class: Select the most appropriate
	+ Admission Source = T - transfer from acute hospital/extended care/rehabilitation/geriatric centre plus a Transfer source code of the hospital the patient was transferred from

### Obstetrics episodes

If the birth episode occurs at the private hospital, that hospital must report a newborn baby episode whether qualified or unqualified (it is currently optional for private hospitals to report unqualified newborns).

## Private hospital reporting timelines - reminder

The following private hospital reporting timeline was published in HDSS Bulletin 230. This information is being re‑published both as a reminder and to build awareness of the revised reporting timelines for private hospitals.

At a minimum, private hospitals must submit admitted patient data to the VAED according to the timelines below:

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| --- | --- |
| VAED | Timeline |
| Admission and separation details for the month (E5 and J5 records) | Must be submitted by 5.00pm on the 10th day of the following month |
| Diagnosis and procedure codes (X5 and Y5 records) | Must be submitted by 5.00pm on the 10th day of the second month following separation |
| Final data for the 2019-20 financial year | Must be submitted by 5.00pm on 24 August 2020 |

Private hospitals may submit more frequently than the minimum standards specified in the table above.

# Contact details

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)
	+ F1 data collections (technical support)

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) <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

Telephone (03) 9096 8595

Email HDSS help desk <HDSS.helpdesk@dhhs.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 Hosdata.frontdesk@vahi.vic.gov.au

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