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| HDSS Bulletin |
| Issue 236: 17 July 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>

# Elective surgery Information System (ESIS)

Effective 17 July 2020 Category 3 elective surgery has been paused in Melbourne metropolitan public hospitals.

Elective surgery has been capped at 50% in Melbourne metropolitan public hospitals and at 75% in regional Victoria public hospitals.

Elective surgery has been capped at 75% in Melbourne metropolitan private hospitals and Day Procedure Centres. No cap on elective surgery in private hospitals in regional Victoria.

Urgent surgery has not been suspended due to the COVID-19 pandemic. Category 1 patients are still expected to be treated within 30 days.

The information below has been reproduced from previous HDSS Bulletins.

## Elective surgery performed under contract at a private hospital due to COVID-19

ESIS has an existing Reason for Removal code P Special purpose which was reserved for future use under circumstances to be determined by the department. This code has now been activated and designated COVID-19 to identify elective surgery performed under contract due to the COVID-19 response.

This code should be reported when this campus/health service has arranged for the patient to be treated at another campus under contract or similar arrangement due to the COVID-19 response. The responsibility for the patient’s waiting episode remains with the ESIS campus/health service reporting this episode. This patient should remain on the waiting list until admitted.

Destination (campus code where patient has received awaited procedure) is required.

## Scheduled admissions for elective surgery cancelled due to COVID-19

A new Reason for Scheduled Admission Date change code has been introduced to identify surgery cancelled due to the COVID-19 response. The new code is 119 COVID-19. This code is not considered a hospital-initiated postponement (HIP).

Code 119 should be reported when an admission was cancelled due the hospital planning and preparing for their response to the COVID-19 emergency.

## New Readiness for Surgery code V Ready for surgery – delayed due to COVID-19 response

A new Readiness for Surgery code has been added to identify delays due to COVID-19 response. This code should be reported when a patient is ready to undergo the awaited procedure, but the health service is unable to perform the procedure due to COVID-19 elective surgery restrictions.

The new Readiness for Surgery code has been added to identify delays due to COVID-19 response.

**Readiness for Surgery**

V Ready for surgery – delayed due to COVID-19 response.

This code should be reported when non-urgent surgery (Cat 2 or 3) has been delayed due to restrictions on elective surgery as part of the COVID-19 response.

**Business rules – Readiness for Surgery**

All non-urgent patients on the Waiting List with a Readiness for Surgery code of R – Ready for surgery as at 11.59pm on 16 July 2020 should be classified as V – Ready for surgery – delayed due to COVID-19 response. The event date for the changed readiness category should be 17 July 2020.

If a patient’s readiness for surgery changes on or after 17 July 2020, for example the patient’s clinical condition deteriorates or the patient elects to defer surgery, the status change should be recorded.

If a non-urgent patient becomes ready for surgery during the period that elective surgery restrictions are in place they should be classified as V – Ready for Surgery – delayed due to COVID-19 response.

If a patient’s clinical urgency changes such that they are reclassified to a Category 1 and they are ready for surgery, the patient’s Readiness for Surgery status should change from V – Ready for Surgery – delayed due to COVID-19 response to R – Ready for Surgery.

When elective surgery restrictions are eased and as patients with a Readiness for Surgery code of V – Ready for Surgery – delayed due to COVID-19 response are offered a surgery date, the patient’s Readiness for Surgery status should change to R – Ready for Surgery on the date they are offered the surgery. If the patient elects to defer surgery, this status change should be recorded the next day.

If you have not yet implemented the new V code at your health service, a reminder that a patient who is ready for surgery should continue to be reported as R: Ready for surgery until such time the new V code is available for use.

If your health service is experiencing difficulty in implementing the new V code, please email HDSS help desk <HDSS.helpdesk@dhhs.vic.gov.au>

Urgent surgery has not been suspended due to the COVID-19 pandemic. Category 1 patients are still expected to be treated within 30 days.

# Agency Information Management System (AIMS)

## Daily Elective Surgery Activity report

Public and private hospitals and Day Procedure Centres are required to continue reporting elective surgery activity daily until advised otherwise.

Data submissions are required by 1.00pm each subsequent business day. Data for Friday, Saturday and Sunday are due by 1.00pm on Mondays.

For days when no reportable procedures are performed, click the ‘Nil elective surgery/procedures performed’ button to zero-fill each cell.

For all submissions, it is still essential to check the ‘Completed’ box: this activates validations, locks the data, and ensures the submission is forwarded to DHHS.

This reporting remains an ongoing requirement until advised otherwise.

# Victorian Admitted Episodes Dataset (VAED)

## VAED processing of 2020–21 data

VAED processing has resumed. The application and database changes have been implemented so sites may begin reporting data for 2020–21.

YTD data for the 2019–20 financial year can be included in submission files with July 2020 header dates. VAED data reporting for the 2019–20 financial year closes on 24 August 2020. After this date data for 2019–20 will no longer be accepted by the VAED.

Please ensure that all outstanding diagnosis records are cleared for the 2019–20 financial year, the Outstanding List TAB in the latest VAED report file will provide the episode details for these records.

Sites can submit VAED test data for July 2020. Please rename the data file PRS2TEST once uploaded into MFT and email HDSS help desk to arrange for the file to be processed.

# 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

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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