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| HDSS Bulletin |
| Issue 242: 01 February 2021 |

Contents

[Global update 1](#_Toc63157453)

[242.1 Circulars 1](#_Toc63157454)

[242.2 National Funding Model implementation 1](#_Toc63157455)

[242.3 HealthCollect will be unavailable on Thursday 4 February 2](#_Toc63157456)

[Agency Information Management System (AIMS) 2](#_Toc63157457)

[242.4 Daily Capacity and Occupancy Register 2](#_Toc63157458)

[242.5 UCC: COVID-19 Pandemic form 2](#_Toc63157459)

[Victorian Admitted Episodes Dataset (VAED) 2](#_Toc63157460)

[242.6 Reminder - Admitting/Discharging Unit/Specialty code for Stroke Unit now available 2](#_Toc63157461)

[Victorian Emergency Minimum Dataset (VEMD) 2](#_Toc63157462)

[242.7 VEMD reconciliation reports 2](#_Toc63157463)

[Victorian Integrated Non-Admitted Health Minimum Dataset (VINAH) 3](#_Toc63157464)

[242.8 Correction to Specifications for revisions to the Victorian Integrated Non-Admitted Health (VINAH) Minimum Dataset for 1 July 2021 3](#_Toc63157465)

[Non-Admitted Data Expansion (NADE) Project 3](#_Toc63157466)

[242.9 Project Update 3](#_Toc63157467)

[242.10 AIMs vs VINAH 3](#_Toc63157468)

[Contact details 4](#_Toc63157469)

# Global update

## Circulars

Access private hospital circulars at: [Private hospital circulars](https://www1.health.gov.au/internet/main/publishing.nsf/Content/health-phicirculars2020-index1) <https://www1.health.gov.au/internet/main/publishing.nsf/Content/health-phicirculars2020-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>

## National Funding Model implementation

Victoria will implement the national funding model, from 1 July 2021, for acute and sub-acute admitted and non-admitted activity, and emergency department funded services. Mental health and block funded small rural health services will transition in a later phase.

As health service targets will be based on the national classification the Victorian modified WIES, S-WIES and WASE funding models and subsequent reporting will cease from 1 July 2021.

Victorian modifications to the AR-DRG model are likely to change to facilitate reporting National Weighted Activity Unit (NWAU) activity (noting 2020-21 will use AR-DRG version 10).

Information sessions for health service staff on the changes and the implementation of the national model are planned to be held in February 2021. Details about these sessions will be circulated to health services shortly.

Queries regarding the national funding model approach should be directed to the [National Funding Model](mailto:NationalFundingModel@dhhs.vic.gov.au) <FundingModel@dhhs.vic.gov.au>

## HealthCollect will be unavailable on Thursday 4 February

Microsoft updates are being applied to the system during the afternoon of Thursday 4 February 2021. HealthCollect will be unavailable from 2:00pm to 7:00pm.

# Agency Information Management System (AIMS)

## Daily Capacity and Occupancy Register

Health Services should be aware of the importance of the Daily Capacity and Occupancy Register. Information reported in this register is very closely monitored by the department each day.

The recent Victorian outbreak over the holiday period highlighted that many health services were unable to report due to staff leave. Critical information regarding bed capacity and workforce implications of a COVID outbreak are derived from this report and health services should make every effort to have contingency arrangements ensuring that reporting is not interrupted by staff leave.

## UCC: COVID-19 Pandemic form

As previously advised, health services are no longer required to report COVID-19 testing clinic activity data to the department on the UCC: COVID-19 Pandemic form on HealthCollect.

From 1 February 2021, the UCC: COVID-19 Pandemic form will no longer be available on HealthCollect.

# Victorian Admitted Episodes Dataset (VAED)

## Reminder - Admitting/Discharging Unit/Specialty code for Stroke Unit now available

A new Admitting/Discharging Unit/Specialty code STRO Stroke Unit was introduced in July 2020. However only a few public health services are currently reporting this 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*).

If your health service has a stroke unit/specialty, please commence reporting this code in the VAED.

# Victorian Emergency Minimum Dataset (VEMD)

## VEMD reconciliation reports

VEMD patient level reconciliation reports are provided monthly to public health services. Reports can be collected from the Managed File Transfer (MFT) portal after the VEMD monthly consolidation date. Health services are reminded that VEMD patient level reconciliation reports are provided to assist health services to verify all relevant data has been submitted to the VEMD.

# Victorian Integrated Non-Admitted Health Minimum Dataset (VINAH)

## Correction to Specifications for revisions to the Victorian Integrated Non-Admitted Health (VINAH) Minimum Dataset for 1 July 2021

A correction has been made to Part A of the Specifications for revisions to VINAH. The Data Elements to be Reported by Program summary table incorrectly indicates Referral End Reason is reported for Home Based Palliative Care Consultancy Team (HBPCCT). Referral End Reason is not reported for HBPCCT. An updated summary table is below.

Updated summary table

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PROGRAMS REPORTING TO VINAH** | | | | | | | | | | | | | | | |
| **DATA ELEMENT** | **FCP** | **HARP** | **HBPCCT** | **HBD** | **HEN** | **Medi-Hotel** | **OP** | **PAC** | **Palliative Care** | **RIR** | **SACS** | **TCP** | **TPN** | **VHS** | **VRSS** |
| Referral End Reason | Y | Y |  | Y | Y |  | Y | Y |  | Y | Y | Y | Y | Y | Y |

# Non-Admitted Data Expansion (NADE) Project

## Project Update

In December the NADE project team sent emails to health services outlining non-admitted activity only being reported at aggregate via AIMS. The intent of these emails was to alert health services to gaps in non-admitted patient level reporting to enable health services to progress plans to report this activity at patient level by 1 July 2021. Any questions about these emails or assistance to transition to patient level reporting should be directed to the NADE Project via the [HDSS helpdesk](mailto:hdss.helpdesk@health.vic.gov.au) hdss.helpdesk@health.vic.gov.au

The numerous questions received about Post Natal Domiciliary Care reporting has led to the development of Post Natal Domiciliary Care Reporting Guidelines. It is anticipated the guidelines will be released and available to health services before the end of February.

## AIMs vs VINAH

Some health services will have received emails about variations in their AIMS and VINAH reporting. The NADE project is helping health services improve their reporting by identifying and addressing some of the common situations that can lead to AIMS and VINAH reporting variations. Health services are encouraged to review the reports available on the HealthCollect portal and contact the NADE Project team via the [HDSS helpdesk](mailto:hdss.helpdesk@health.vic.gov.au) hdss.helpdesk@health.vic.gov.au if they have any questions.

# 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](mailto:HDSS.helpdesk@health.vic.gov.au) <HDSS.helpdesk@health.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](mailto:Hosdata.frontdesk@vahi.vic.gov.au) <Hosdata.frontdesk@vahi.vic.gov.au>

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