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| HDSS Bulletin |
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# Global updates

## Circulars

[Private hospital circulars](https://www.health.gov.au/news/phi-circulars) <https://www.health.gov.au/news/phi-circulars>

[Victorian hospital circulars](https://dhhsvicgovau.sharepoint.com/sites/DCU-DHHS-GRP/Shared%20Documents/General/HDSS%20bulletins/Victorian%20hospital%20circulars) <https://www2.health.vic.gov.au/about/news-and-events/hospitalcirculars>

# Victorian Admitted Episodes Dataset (VAED)

## Private Hospitals Funding Agreement (PHFA)

The Victorian Department of Health entered into a Private Hospital Funding Agreement (PHFA) with selected Private Hospital Operators. The PHFA facilitates Victoria’s public and private hospitals working together to relieve pressure on public hospitals and ensure the health system is operating at full capacity. This agreement supports (amongst other things) the treatment of public patients in private hospitals during the COVID pandemic.

Effective 1 October 2021, the PHFA is the sole funding mechanism for public patients treated in private hospitals to which the PHFA applies. **For the private hospitals to which the PHFA applies, the PHFA supersedes all other contract arrangements in place between public hospitals and those private hospitals**.

Public activity completed by private providers under the PHFA must be reported in accordance with the reporting obligations outlined below.

### 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.

Under the PHFA public health services may choose to redirect different types of patients (defined by Care Type) for treatment in private hospitals. The private hospital reports the Care Type that reflects the care provided to the patient.

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 admitted episodes:

### 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: Public (can include MP - public eligible, ME - ineligible hospital exempt, MF - ineligible asylum seeker, MA - reciprocal healthcare agreement and JP - prisoner)

### 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 account class (excluding Private)
* 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 account class (excluding Private)
* 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).

### Reporting timelines

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

|  |  |
| --- | --- |
| **VAED** | **Timeline** |
| Admission and separation details for the month (E5 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 2021-22 financial year | Must be submitted by 5.00pm on 24 August 2022 |

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

## PHFA Documentation and Clinical Coding Obligations

### Clinical information sharing

To ensure continuity of patient care both the public and private hospital must have local policies and procedures in place for clinical information sharing.

At a minimum, the referring public hospital is required to ensure that the patient’s relevant clinical history is available to the private hospital treating the patient.

The private hospital is required to complete a discharge summary or letter for the referring public hospital and the patient’s GP.

Options for information sharing to ensure continuity of care:

* Hard copy notes accompany patient transferred
* Secure data exchange
* Access to public hospital’s EMR

### Clinical documentation requirements

Clinical documentation of the admitted episode is the responsibility of the hospital where the activity occurs and must be timely accurate and complete.

Clinicians are expected to respond to any documentation queries from clinical coders in relation to ambiguous or incomplete documentation to ensure the complete and accurate coding of the episode.

All relevant clinical documentation must be made available to the referring public hospital on request following discharge from the private hospital.

Depending on the patient’s speciality, the public hospital may have specific clinical documentation requirements and may ask the private hospital clinician to document on a form specified by the public hospital.

### Clinical Coding requirements

The admitted episode will only be coded by the HIM/Clinical Coder at the hospital where the activity occurred.

The admitted episode will be coded in ICD-10-AM/ACHI/ACS Eleventh Edition in accordance with the Australian Coding Standards, national coding advice and Victorian coding advice.

The episode will be grouped in DRG V10.0 by the Department once it has been submitted to the VAED.

## Elective Surgery Blitz reporting under a contract arrangement

### Private hospitals

Private hospitals only report episodes under Elective Surgery Blitz if they are **not** participating in the Private Hospital Funding Agreement (PHFA).

### Public hospitals

Public hospitals must continue to report Elective Surgery Blitz activity under contract if the private hospital is **not** participating in the PHFA.

Public hospitals are **not** required to report Elective Surgery Blitz activity under contract if the private hospital is participating in the PHFA.

## Corrections to VAED manual 2021-22

Specifications to revisions to VAED for 2021-22 included the amendment to validation 674 but omitted the update to Section 3 of the VAED manual. The following changes have been made to Phase of Care Change Date and Final Phase of Care Start Date.

### Phase of Care Change Date / Final Phase of Care Start Date

|  |  |
| --- | --- |
| **Reporting guide** | After admission, when a change of Phase of Care occurs, a set of three data items must be reported:* Phase of Care Change Date (a),
* Phase of Care on Phase Change, and
* RUG ADL on Phase Change.

Up to ten changes of Phase of Care can be reported: each time the Phase of Care changes, a new set of these three data items must be reported. Phase changes are reported in sequence.Note: Where more than ten changes of Phase of Care occur, all Phase changes after the tenth change are omitted and only details of the final Phase of Care are reported in the following fields:Final Phase of Care,* Final Phase of Care Start Date (b) and
* RUG ADL on Start Final Phase of Care.

A Phase of Care must have a minimum of one patient day.Phase of Care Change Date or Final Phase of Care Start Date must not be reported on Admission Date or Separation Date. |
| **Validations** | 674 Phase of Care Change Date ~~<~~ ≤ Adm Date or ~~>~~ ≥ Sep Date |

# Elective Surgery Information System (ESIS)

As advised in the CEO Bulletin on 23 September 2021 some elective surgery is to be scaled back. The department expects that health services will recommence (or continue to comply with), the ESIS COVID guidelines outlined below from 1 October 2021.

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

Report **Reason for Removal** codeP - COVID-19 - Admitted to another campus arranged by this campus/health service and has received the awaited procedure under contract or similar arrangement 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

Report **Reason for Scheduled Admission Date Change** code *119 – COVID 19* to identify surgery cancelled due to the COVID-19 response. Code 119 should be reported when an admission was cancelled due the hospital planning and preparing for their response to the COVID-19 emergency. This code is not considered a hospital initiated postponement (HIP).

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

* Report **Readiness for Surgery** code *V - Ready for Surgery – delayed due to COVID-19 response* to identify delays due to COVID-19 response.
* This code should be reported when non-urgent surgery (Cat 2 or 3) has been delayed 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.
* Urgent surgery has not been suspended due to the COVID-19 pandemic. Cat 1 patients are still expected to be treated within 30 days.
* Heath services should NOT make patients ‘Not Ready for Surgery’ if their surgery is delayed due to COVID.

### Business rules – Readiness for Surgery

Health services should report ‘Readiness for Surgery’ based on advice issued to health services in the CEO Bulletin distributed on 23 September 2021. This advice outlined which health services are to scale back elective surgery, effective 1 October 2021 (primarily metropolitan health services).

Please note this advice is subject to update, so each ESIS reporting health service is expected to adhere to reporting requirements as and when updates to elective surgery restrictions occur.

* Non-urgent patients on the Waiting List with a Readiness for Surgery code of R – Ready for surgery as at 11.59pm on 30 September 2021 should be classified as V – Ready for surgery – delayed due to COVID-19 response.
* If a patient’s readiness for surgery changes on or after 1 October 2021, 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.
* 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.
* When elective surgery restrictions to elective surgery finish, all remaining patients with a Readiness for Surgery status of V – Ready for Surgery – delayed due to COVID-19 response should be changed back to R – Ready for Surgery.

Health services that have notified the department of their inability to implement the V code are reminded that a patient who is ready for surgery should continue to be reported as R: Ready for surgery.

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

# Agency Information Management System (AIMS)

## New AIMS form—COVID vaccination status

A recent Public Health Direction directs Victorian (public) health services to report employee COVID-19 vaccination status to the Victoria government. Health service executives have received communications regarding the health service’s obligations to collect and report COVID-19 vaccination status.

A new AIMS form has been developed to enable health services to fulfill their obligations under the new Public Health Direction. A first ‘snapshot’ report was taken on Tuesday 28 September 2021 and then weekly reports providing up-to-date data every Monday commencing on 4 October 2021. Reporting and HealthCollect Guidelines have been developed and will be placed on the [HDSS communications website](https://www2.health.vic.gov.au/hospitals-and-health-services/data-reporting/health-data-standards-systems/hdss-communications) at <https://www2.health.vic.gov.au/hospitals-and-health-services/data-reporting/health-data-standards-systems/hdss-communications>.

## Daily Elective Surgery Activity report recommencing

Due to recent advice to Victorian hospitals regarding the scaling back of elective surgery, daily reporting to the Daily Elective Surgery Activity (DESA) report will resume for all Victorian public and private hospitals and day procedure centres on Friday 1 October. The DESA must be completed each weekday by 1pm for the previous day. Reports for Friday, Saturday and Sunday must be completed each Monday morning (one form per day) or the first business day following a public holiday.

Updated Guidelines for Reporting and HealthCollect Guidelines have been circulated and will be made available on the [HDSS website](https://www2.health.vic.gov.au/hospitals-and-health-services/data-reporting/health-data-standards-systems/hdss-communications) at <https://www2.health.vic.gov.au/hospitals-and-health-services/data-reporting/health-data-standards-systems/hdss-communications>.

Hospitals engaged in contracting elective surgery should note the changed requirement for DESA reporting of contracted activity. Procedures performed under contract with another hospital should now be reported by the contracted hospital (that is, the hospital or day procedure centre where the elective procedure is performed).

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

## Corrections to VINAH manual 2021-22

The following amendments (modified descriptors) have been made to the Contact Campus Code lists.

Contact Campus Code – Modified Descriptor

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Data Element Name**  | **Code Set Identifier**  | **Code Set Type**  | **Code**  | **Descriptor**  | **Program Stream Restrictions**  | **Reportable Requirements**  | **Change**  |
| Contact Campus Code  | HL70115  | Code Set  | 2111 | ~~Southern Health - Dandenong Hospital~~ Monash Health – Dandenong Hospital | All programs  | Reportable as of 01/07/2019  | Modify |
| Contact Campus Code  | HL70115  | Code Set  | 2030  | ~~Southern Health - Kingston Centre~~Monash Health – Kingston Centre | All programs  | Reportable as of 01/07/2019  | Modify |

The following amendments (modified descriptors) have been made to the Episode Campus Code lists.

Episode Campus Code – Modified Descriptor

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Data Element Name**  | **Code Set Identifier**  | **Code Set Type**  | **Code**  | **Descriptor**  | **Program Stream Restrictions**  | **Reportable Requirements**  | **Change**  |
| Episode Campus Code  | HL70115  | Code Set  | 2111  | ~~Southern Health - Dandenong Hospital~~ Monash Health – Dandenong Hospital | All programs  | Reportable as of 01/07/2019 | Modify  |
| Episode Campus Code  | HL70115  | Code Set  | 2030  | ~~Southern Health - Kingston Centre~~Monash Health – Kingston Centre | All programs  | Reportable as of 01/07/2019  | Modify |

# Contacts

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/annual-changes) <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@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 <Hosdata.frontdesk@vahi.vic.gov.au>

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