Specifications for revisions to the Victorian Admitted Episodes Dataset (VAED) for 1 July 2020

Revised April 2020

VICTORIA State Government | Health and Human Services

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Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

Available at HDSS annual changes <https://www2.health.vic.gov.au/hospitals-and-health-services/data-reporting/health-data-standards-systems/annual-changes>

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Executive summary

The Specifications for Revisions to the VAED for 2020-21 was previously published in December 2019. Due to the need to focus on the response to the COVID-19 pandemic, a decision has been made to review the annual changes and proceed only with those that are likely to have minimal impact on health services. This document details the complete set of revisions to the VAED for 1 July 2020 and replaces the previously published document.

The revised specifications for the VAED for 1 July 2020 are summarised below:

Amendment to concept

- Change definition of Palliative Care

Amendments to existing data elements

- Amend reporting guide for Procedure Start Date to include ECT performed in private hospitals
- Add code for Contract Type BAB
- Add code for stroke unit to Admitting/Discharging Unit/Specialty code set
- Proceduralist ID to remain optional.

Introduction

Each year the Department of Health and Human Services 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.

Comments provided by the health sector in response to *Proposals for revisions to the VAED for 1 July 2020* 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 2020-21.

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 and Human Services policy and funding guidelines* or the *Health Services (Private Hospitals and Day Procedure Centres) Amendment Regulations 2018.*

Orientation to this document

- New data elements and validations are marked as (new).
- Changes to existing data elements are highlighted in green and underlined
- Redundant values and definitions relating to existing items are struck through.
- Comments relating only to the proposal document appear in *[square brackets and italics].*
- Validations to be changed are marked * when listed as part of a data item or below a validation table.

Outcome of proposals (including April 2020 updates)

Proposal 1 – New data elements Type of Family Violence, Type of Relationship, Role of Patient

Withdrawn

Proposal 2 – Amend Sex code set and new data element Gender in 2021-22

Proposal does not proceed.

Proposal 3 – New data elements Procedure Room Entry / Departure Times

Withdrawn

Proposal 4 – New data element NDIS Participant Flag

Proposal proceeds. Proposal does not proceed.

Proposal 5 – New data element Stroke Severity Score

Proposal does not proceed.

Proposal 6 – New data element Clinical Coder Identifier

Proposal does not proceed.

Proposal 7 – New data element Triage Score on Admission

Proposal proceeds. Proposal does not proceed.

Proposal 8 – New data element E-cigarette status

Proposal does not proceed.

Proposal 9 – Add new code Contract Type BAB

Proposal proceeds.

Proposal 10 – Make reporting of Procedure Start Date Time optional

Proposal does not proceed.

Proposal 11 – Remove data element - Advance Care Directive Alert

Proposal does not proceed.

Proposal 12 – Continue optional reporting of Proceduralist ID

Proposal does not proceed.

Proposal 13 – Include National Weighted Activity Units (NWAU) in VAED WIES reports

Proposal does not proceed.

Proposal 14 – Add code for stroke unit to Admitting/Discharging Unit/Specialty code list

Proposal proceeds.

Proposal 15 – Add Accommodation Type codes for designated intensive care units

Proposal does not proceed.

Proposal 16 – Update definition of Palliative Care

Proposal proceeds.

Proposal 17 – Add ECT procedure codes to list of procedures requiring Procedure Start Date

Proposal proceeds for private hospitals only.

Proposal 18 – HITH WIES

Withdrawn

Proposal 19 – SSOU Separations

Withdrawn

Proposal 20 – New warning validation for CFA B, without procedure from AAPL

Withdrawn

Proposal 21 – Optional reporting of Proceduralist ID

Withdrawn

Proposal 22 – Add Gender identity

Withdrawn

Proposal 23 – Amend Sex

Withdrawn

Proposal 24 – Inclusion of sub-acute WIES in reports

Withdrawn

Proposal 25 – Referral pathways

Withdrawn

End of financial year reporting

As shown in the table below:

- Submissions with header dates prior to 1 July 2020 must use 2019–20 format/values for all records
- For submissions with header dates of 1 July onwards, the Separation Date of the episode determines the format/values applicable
  - Separation Date prior to 1 July 2020 must use 2019–20 format/values
  - Separation Date 1 July 2020 or later must use 2020–21 format/values
  - For patients 'remaining in' on 30 June 2020 this may involve updating episode data previously reported in a June submission from 2019–20 format/values to 2020–21 format/values

June submission – 2019-20 format/values

Admission Date	Separation Date	Unique Key	Format / Values
27/06/2020	30/06/2020	000044444	2019–20
20/06/2020	00/00/0000	000066666	2019–20

July submission – Separation Date determines format/values

Admission Date	Separation Date	Unique Key	Format / Values
27/06/2020	30/06/2020	000044444	2019–20
20/06/2020	01/07/2020	000066666	2020–21
30/06/2020	00/00/0000	000033333	2020–21

Test submissions for 1 July changes

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

Contact help desk via Email HDSS help desk <hdss.helpdesk@dhhs.vic.gov.au> to add your name to the Bulletin mailing list.

Add new code for Contract Type BAB

Section 3 Data definitions

Contract Type (amend)

Specification

Definition

Describes the contract arrangement between the contractor and the contracted hospital/facility. Contract Types are distinguished by the physical movement of the patient between the contracting (where applicable) and contracted hospitals.

Reported by

Victorian public and private hospitals involved in contracted care arrangements (purchasers and providers of contracted care)

All other sites, report a space in this field.

Reported for

This item is mandatory if Funding Arrangement is 1 Contract.

For all other episodes, report a space in this field

Code	Descriptor
1	Contract Type B
2	Contract Type ABA
3	Contract Type AB
4	Contract Type (A)B
5	Contract Type BA
6	Contract Type A(B)
8	Contract Type BAB

Reporting guide

8 Contract Type BAB

Patient is admitted to Hospital B under contract to Hospital A, then receives admitted care at Hospital A before returning to Hospital B for remainder of care.

[no change to remainder of reporting guide]

Validations

410	Illegal Comb Fund Arrange & Contract*
417	Invalid Contract Type*
423	Invalid Comb Fund/Contract/Transfer
456	Contract Leave, No Contract

Section 4 Business rules

Reporting guide by Contract Type and Contract Role (amend)

Contract Type		Examples	Reported by
1	B	A health authority, or other external purchaser, contracts hospital B for admitted service which is funded outside the standard funding arrangements	B
2	ABA	Patient has a hip replacement at hospital A, then receives aftercare at hospital B, under contract to hospital A. Complications arise and the patient returns to hospital A for remainder of care	A, B
3	AB	Patient has a hip replacement at hospital A, then receives aftercare at hospital B, under contract to hospital A. Patient is separated from B.	A, B
4	(A)B	Patient is admitted for a colonoscopy at hospital B under contract to hospital A. The patient does not attend hospital A.	A, B
5	BA	Patient is admitted to hospital B for a gastric resection procedure under contract to hospital A, and hospital A provides aftercare.	A, B
6	A(B)	Hospital A contracts hospital B for whole admitted patient service. B provides service at hospital A.	A
8	BAB	Patient is admitted to hospital B under contract to hospital A, then receives admitted care at hospital A before returning to hospital B for remainder of care	A, B

Brackets indicate the patient was not physically present in that hospital. For example, in Contract Type (A)B the patient was only admitted to hospital B.

Funding Arrangement and Contract fields (amend)

Below are the valid reporting combinations for Funding Arrangement and Contract fields.

Funding Arrangement	Contract Type	Contract Role	Contract / Spoke Identifier	Contract Leave Days MTD	Contract Leave Days YTD	Contract Leave Days TOT
Contracted Care						
1 Contract	1	B	Contract / Spoke Identifier of external purchaser/program	Spaces	Spaces	Spaces
	2, 3, 5, 8	A	Campus code of B	Value or spaces*	Value or spaces*	Value or spaces*
		B	Campus code of A	Spaces	Spaces	Spaces
	4	A	Campus code of B	Spaces	Spaces	Spaces
		B	Campus code of A	Spaces	Spaces	Spaces
	6	A	Campus code of B	Spaces	Spaces	Spaces
[no change to remainder of table]						

* Can be spaces: if contract leave is same day, no Leave Day is counted.

Validation	410	Illegal Comb Fund Arrange & Contract*
	456	Contract Leave, No Contract*

Section 8 Validation

410 Illegal Comb Fund Arrange & Contract (change to function only)

417 Invalid Contract Type (change to function only)

456 Contract Leave, no contract (amend)

Effect: REJECTION

Problem: The E5 Episode Record has Contract Leave days and Separation Date; however, Contract Type is 1, 4 or 6 or not reported.

Remedy: Check if this episode does involve contracted care at another hospital.

If not, delete the Contract Leave Days and re-submit the E5.

If Contract Type should be 2, 3 or 5, or 8, amend Contract Type and re-submit the E5.

If Contract Type is correctly reported as 1, 4 or 6, delete the Contract Leave Days and re-submit the E5.

Refer to: Section 4: Funding Arrangement and Contract fields

Add code for stroke unit to Admitting / Discharging Unit/Specialty code list

Section 3 Data definitions

Admitting Unit/Specialty (a) (amend)

Discharging Unit/Specialty (b) (amend)

Specification

Definition	(a) Unit/Specialty patient is admitted under (b) Unit/Specialty at separation
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 *[new code only]*	**Code** **Descriptor** STRO Stroke Unit
Reporting guide	Report the most appropriate category that best reflects the hospital unit's activity. Note: 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*).
Validations	715 Invalid Admitting Unit/Specialty* 716 Invalid Discharging Unit/Specialty*

Section 8 Validation

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

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

Update definition of Palliative Care

Section 2 – Concepts and derived items

Palliative Care (amend)

Definition

Care in which the clinical intent or treatment goal is primarily quality of life for a patient with an active, progressive disease with little or no prospect of cure. It is usually evidenced by an interdisciplinary assessment and/or management of the physical, psychological, emotional and spiritual needs of the patient; and grief and bereavement support service for the patient and their carers/family.

Palliative care is care in which the primary clinical purpose or treatment goal is optimisation of the quality of life of a patient with an active and advanced life-limiting illness. The patient will have complex physical, psychosocial and/or spiritual needs; and may require grief and bereavement support services for the patient and their carers/family.

Palliative care is always:

- delivered under the management of or informed by a clinician with specialised expertise in palliative care, and
- evidenced by an individualised multidisciplinary assessment and management plan which is documented in the patient's medical record. The plan must cover the physical, psychological, emotional, social and spiritual needs of the patient, as well as include negotiated goals.

Private hospitals to report Procedure Start Date Time for ECT procedures

Section 3 Data definitions

Procedure Start Date Time (amend)

Specification

Definition	Date and Time at which a procedure commenced for an admitted patient
Field size	12
Layout	DDMMYYYYHHMM or spaces
Location	Diagnosis Record
Reported by	All Victorian hospitals (public and private)
Reported for	**ECT in private hospitals** For episodes in which an ECT has been performed (private hospitals only) **Procedure identified in Library file** All admitted episodes of care where the first coded procedure is one identified in the ICD-10-AM/ACHI Library file as requiring the procedure start date time: The Library file is available from HDSS help desk Time of procedure is required if: • Campus reports to VEMD and • Admission Type is C or O (emergency admissions) For all other episodes, time of procedure is optional and may be reported as spaces, eg '01082019 '
Reported when	The Diagnosis Record is reported.
Code set	Valid date time (24-hour time 0000 to 2359)
Reporting guide	**ECT in private hospitals** Report the date ECT is first administered. **Procedure identified in Library file** The procedure is deemed to have commenced when: • The first incision is made for a surgical procedure. • The instrument is inserted for procedures in a cardiac catheter laboratory or those involving the use of a scope. If this data element is inapplicable to the episode, report all spaces in this field.
Validations	655 Invalid Procedure Start DateTime 656 Proc Start DateTime < Adm Date or > Sep Date 657 Proc Start DateTime and Valid Proc Mismatch 714 Proceduralist ID / Procedure Start Date Time mismatch 723 Private ECT, Procedure Start Date Time blank or invalid

Related items	Section 3: Procedure Codes, Proceduralist ID

Administration

Purpose	To enable analysis of wait times for surgical and significant procedures.
Principal data users	Department of Health and Human Services
Collection start	2009-10
Definition source	DHHS

Section 5 Compilation and submission

Diagnosis Record (amend guide)

Refer to Section 3 for code sets for data items. When not required to report a data item, report spaces.

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
1	Diagnosis Code x 12 - each code	8 (8 x 12)	12	AANNNN Each left justified, trailing spaces
2	Procedure Code x 12 - each code	8 (8 x 12)	108	NNNNNNNA Each left justified, trailing spaces
3	Admission Weight	4	204	NNNN (Admission Weight in grams)
8	User Flag	1	208	Optional field, free text
4, 8	Duration of Stay in Intensive Care Unit	4	209	NNNN Right justified, zero filled
5, 8	Duration of Mechanical Ventilation in ICU	4	213	NNNN Right justified, zero filled
6, 8	Hospital Generated DRG	4	217	ANNA or NNNA
7, 8	Duration of Stay in Cardiac/Coronary Care Unit	4	221	NNNN Right justified, zero filled
8, 11	Duration of Non-Invasive Ventilation in ICU	4	225	NNNN Right justified, zero filled
9	Procedure Start Date Time	12	229	DDMMCCYYHHMM
10	Care Plan Documented Date	8	241	DDMMCCYY
12	Proceduralist ID	13	249	XXXXXXXXXXXXX
Total		**261**		

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

M Mandatory

1 First diagnosis code is mandatory.

2 Eighth character is F or N for procedures occurring in the contracted hospital when reported by the contracting hospital, else space.

3 Mandatory if patient aged <1 year at admission, else spaces.

4 Mandatory for patients cared for in an approved ICU, contracting hospitals (refer Section 3), else spaces.

5 Mandatory for patients who received mechanical ventilation in an approved ICU, contracting hospitals (refer Section 3), else spaces.

6 Optional but recommended for all hospitals with grouping software; else spaces.

7 Mandatory for patients cared for in an approved CCU, contracting hospitals (refer Section 3), else spaces.

8 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).

9 Mandatory (Time – conditional mandatory) for all episodes where the first coded procedure is one identified in the ICD-10-AM/ACHI Library file as requiring Procedure Start Date Time, Mandatory for private hospital episodes in which an ECT has been performed, else spaces

10 Mandatory for episodes with Care Types 6, P, 8, 9, or MC with Separation Date 7 days or more after Admission Date; else spaces.

11 Mandatory for public hospitals providing NIV in an approved ICU, public contracting hospitals (refer Section 3), else spaces. Private hospitals report spaces.

12 Optional in 2019-20 2020-21 for all episodes where the first coded procedure is one identified in the ICD-10-AM/ACHI Library file as requiring Procedure Start Date Time, and episodes where Procedure Start Date Time is reported, else spaces

Section 8 Validation

723 Private ECT, Procedure Start Date Time blank or invalid (new)

Effect: REJECTION

Problem: The hospital is private. The X5 Diagnosis Record contains an ACHI code in range 14224-xx but Procedure Start Date Time is blank or in an invalid format

Remedy: Check ACHI procedure codes and Procedure Start Date Time, amend as appropriate and re-submit the X5.

Reporting of Proceduralist ID remains optional for 2020-21

Section 3 Data definitions

Proceduralist ID (amend)

Specification

Definition	The Australian Health Practitioner Regulation Agency (AHPRA) number of the health practitioner performing the procedure		
Field size	13	**Layout**	XXXXXXXXXXXXX
Location	Diagnosis Record		
Reported by	All Victorian hospitals (public and private) Optional for 2019-20, Optional for 2020-21		
Reported for	All admitted episodes of care where the first coded procedure is one identified in the ICD-10-AM/ACHI Library file as requiring the procedure start date time, and episodes where Procedure Start Date Time is reported		
Reported when	The Diagnosis Record is reported		
Code set	AHPRA number		
Reporting guide			
Validations	714 Proceduralist ID / Procedure Start Date Time mismatch		
Related items	Procedure Start Date		

Administration

Purpose	To monitor quality and safety		
Principal data users	Victorian Agency for Health Information (VAHI)		
Collection start	1 July 2018		
Definition source	VAHI	**Code set source**	Australian Health Practitioner Regulation Agency