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| Specifications for revisions to the Victorian Perinatal Data Collection (VPDC) for 1 July 2022 – Addendum |
| 24 May 2022 |
| OFFICIAL |

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# Executive summary

The document ‘Specifications for revisions to the Victorian Perinatal Data Collection (VPDC) for 1.7.2022’ was released in December 2021, setting out changes as known at that time. In April 2022, an Errata was released with additional Reporting guidelines for some new data items, and correction of a few errors in business rules set out in the initial Specifications. Correction of one business rule relating to reporting of COVID19 vaccinations was also circulated in April 2022. These documents are all accessible at the [VPDC website](https://www.health.vic.gov.au/quality-safety-service/victorian-perinatal-data-collection) <https://www.health.vic.gov.au/quality-safety-service/victorian-perinatal-data-collection>

This Addendum document adds to the preceding documents with further details on the following matters:

* **The 12th edition ICD-10-AM/ACHI codes set, including a limited number of codes created for use exclusively in VPDC reporting is now available:** please email the HDSS HelpDesk to request this
* Change to **update to 12th edition ICD-10-AM codes** listed in relevant data items, **including for reporting COVID19 during this pregnancy**:
* Events of labour and birth – ICD-10-AM code
* Indication for induction (main reason) – ICD-10-AM code
* Indication for operative delivery (main reason) – ICD-10-AM code
* Maternal medical conditions – ICD-10-AM code
* Obstetric complications – ICD-10-AM code
* Postpartum complications – ICD-10-AM code
* Update business rules:
* a new ‘Warning level’ business rule ‘Date of birth – baby and Version identifier valid combinations’ to check that births are reported in the correct submission file format
* existing business rule ‘Labour type ‘Failed induction’ conditionally mandatory data items’ updated to include a new 12th edition ICD-10-AM code
* clarify the intention of a new business rule for reporting Patient identifier – baby
* Expand description of processes for test transmissions
* **Notify Test file submission requirements, and that test files in 1.7.2022 format can be submitted from 9.00am on Wednesday 25 May 2022**
* Correct an error in the ‘Table of Episode record data elements’ published in the Specifications document

This **Addendum** supplement, the **Specifications** released in December 2021 and the **Errata** and **business rule correction** released in April 2022,with all other aspects of those Specifications remaining as previously published. **Together, the Specifications, Errata, correction and this Addendum document list all changes to be made to the VPDC effective on and from 1 July 2022.**

Any further changes required during the year, for example to reference files such as the postcode locality file, data validation rules or supporting documentation, will be advised at the time.

An updated VPDC manual will be published before 1 July 2022. Until then, the current VPDC manual, accessible at the VPDC website, along with the suite of documents listed above which together set out all changes effective from 1.7.2022, form the data submission specifications for births on and from 1.7.2022.

## Orientation to this document

Changes to entries in the Specifications for revisions to the VPDC from 1.7.2022 are highlighted in aqua.

Annotations used in the Specifications for revisions to the VPDC from 1.7.2022, and retained in this Addendum:

New data items are marked as (new).

Changes to existing data items are highlighted in green.

Redundant values and definitions relating to existing items are ~~struck through~~.

New validations/business rules are marked ###

Validations/business rules to be changed are marked \* when listed as part of a data item or below a validation table.

Changes are shown under the relevant VPDC manual section headings.

# Summary table of changes – Addendum

| **Nature of entry/ Change** | **Data element** | **VPDC manual sections changed** |
| --- | --- | --- |
| **Section 3** | **Section 4** | **Section 5** |
| Code changes | Events of labour and birth – ICD-10-AM code | Checkmark |  |  |
| Code changes | Indication for induction (main reason) – ICD-10-AM code | Checkmark |  |  |
| Code changes | Indication for operative delivery (main reason) – ICD-10-AM code | Checkmark |  |  |
| Code changes | Maternal medical conditions – ICD-10-AM code | Checkmark |  |  |
| Code changes | Obstetric complications – ICD-10-AM code | Checkmark |  |  |
| Code changes | Postpartum complications – ICD-10-AM code | Checkmark |  |  |
| New business rule | Date of birth – baby and Version identifier valid combinations [‘Warning’ error] |  | Checkmark |  |
| New code | Labour type ‘Failed induction’ conditionally mandatory data items |  | Checkmark |  |
| Clarification of business rule | Patient identifier – baby not reported |  | Checkmark |  |
| Additional details | Test transmissions |  |  | Checkmark |
| Clarification of field size | Table of Episode record data elements |  |  | Checkmark |

# Section 3 Data definitions

## Events of labour and birth – ICD-10-AM code

**Specification**

|  |  |
| --- | --- |
| Definition | Medical and obstetric complications arising after the onset of labour and before the completed delivery of the baby and placenta |
|  |
| Representation class | Code | Data type | String |
|  |
| Format | ANN[NN] | Field size | 5 (x9) |
|  |
| Location | Episode record | Position | 82 |
|  |
| Permissible values | Codes relevant to this data element are listed in the 1~~1~~2th edition ICD‑10-AM/ ACHI code set, which includes VPDC-created codes. To obtain a copy of this code set, email the HDSS HelpDesk at hdss.helpdesk@health.vic.gov.au.A small number of additional codes have been created solely for VPDC reporting in this data element:**Code Descriptor**O839 Water birthZ2929 Antibiotic therapy in labour |
|  |
| Reporting guide | Complications arising after the onset of labour and before the completed birth of the baby and placenta. Report conditions related to the neonate, and classifiable to code range P00–P96 Certain conditions originating in the perinatal period, in data element Neonatal morbidity – ICD-10-AM code. |
|  |
| Reported by | All Victorian hospitals where a birth has occurred and homebirth practitioners |
|  |
| Reported for | Births where events occurred during the labour and/or birth |
|  |
| Related concepts (Section 2): | None specified |
|  |
| Related data items (this section): | Admission to high dependency unit (HDU) / intensive care unit (ICU) – mother; Birth presentation; Events of labour and birth – free text |
|  |
| Related business rules (Section 4): | Admission to high dependency unit (HDU) / intensive care unit (ICU) – mother conditionally mandatory data items, Birth presentation conditionally mandatory data items |

**Administration**

|  |  |
| --- | --- |
| Principal data users | Consultative Council on Obstetric and Paediatric Mortality and Morbidity |
|  |
| Definition source | NHDD | Version | 1. January 2009
2. January 2015
3. January 2020
4. July 2022
 |
|  |
| Codeset source | ICD-10-AM 1~~1~~2th edition plus CCOPMM additions | Collection start date | 2009 |

##

## Events of labour and birth – ICD-10-AM code

## Indication for induction (main reason) – ICD-10-AM code

## Indication for operative delivery (main reason) – ICD-10-AM code

## Maternal medical conditions – ICD-10-AM code

## Obstetric complications – ICD-10-AM code

## Postpartum complications – ICD-10-AM code

The following codes are used to **report COVID19-related conditions.** Some of these have changed in 12th edition ICD-10-AM.

These codes can be reported in the data items above where **relevant during the pregnancy/ delivery/ postpartum period**, and are **not limited to whether the woman was COVID19 positive during the birth episode**:

**U0711 COVID19 confirmed diagnosis – asymptomatic**

**U0712 COVID19 confirmed diagnosis – symptomatic**

 - report when the woman had laboratory confirmed COVID19 **during the current pregnancy**

**U073 Personal history of COVID19 diagnosis**
- report when the woman was diagnosed with COVID19 **prior to the current pregnancy**

**UO74 Post COVID-19 condition**- report when the woman was diagnosed with a post COVID19 condition **during the current pregnancy**

**U0770 COVID19 vaccine causing adverse effects in therapeutic use**
- report when an **adverse effect attributable to a COVID19 vaccine** occurs **during the current pregnancy**

These ICD-10-AM codes can be reported in the above data items specified to report ICD-10-AM codes. They can also be used in the above data items specified to report free text.

**A copy of the 12th edition VPDC ICD Library File including these new codes is available on request by email to the** **HDSS HelpDesk** **<HDSS.Helpdesk@health.vic.gov.au>**

# Section 4 Business rules

## ### Date of birth – baby and Version identifier valid combinations [‘Warning’ error]

|  |  |  |
| --- | --- | --- |
| **Where Version identifier in the Header record is:** | **the Version identifier in the Episode record must be:** | **And Date of birth – baby must be in the range specified for the Version identifier (both dates inclusive):** |
| 2020 | 2020 | 1.1.2020 to 30.6.2021 |
| 2021 | 2021 | 1.7.2021 to 30.6.2022 |
| 2022 | 2022 | 1.7.2022 to 30.6.2023 |

**That is,** all Birth records in a single Submission file must have the same Version identifier as appears in the Header record, **and** each Birth record must report the Version identifier valid for the Date of birth – baby reported in that Birth record.

## Labour type ‘Failed induction’ conditionally mandatory data items

|  |  |
| --- | --- |
| **If Labour type is:** | **Failed induction must be reported by submitting the following ICD-10-AM code/s in at least one of the following data items:** |
| 2 Induced medical **and** 5 No labour | Code O610 Failed medical induction of labour – in Indications for operative delivery – free text **or**Indications for operative delivery – ICD-10-AM code |
| 3 Induced surgical **and** 5 No labour | Code O611 Failed surgical induction of labour – inIndications for operative delivery – free text **or**Indications for operative delivery – ICD-10-AM code |
| 2 Induced medical **and** 3 Induced surgical **and** 5 No labour | Code O610 Failed medical induction of labour **and** Code O611 Failed surgical induction of labour **or**Code O612 Failed medical and surgical induction of labour – in Indications for operative delivery – free text **or**Indications for operative delivery – ICD-10-AM code |

## ### Patient identifier – baby not reported

|  |  |  |
| --- | --- | --- |
| **Where Birth status is:** | **And Patient identifier – baby**  | **Then** |
| 1 Live born | Not reported (is blank) | A Warning error message will be returned: Please report Patient identifier – baby for live births |
| 2 Stillborn (occurring before labour) **or**3 Stillborn (occurring during labour) **or**4 Stillborn (timing of occurrence unknown) | ~~Should be blank (not required)~~ Reported **or** Not reported (is blank) | Reporting of Patient identifier – baby is not required for stillborns, so whether Patient identifier – baby is reported or not, the entry will be deemed correct |
| 9 Not stated/ inadequately described | Reported **or** Not reported (is blank) | A Rejection error message will be returned: Please report a Birth status code that indicates the baby’s birth outcome [due to Birth status ~~not~~ being reported as code 9 Not stated/inadequately described] |

# Section 5 Compilation and submission

# Test transmissions

Test transmissions are strongly recommended when the health service:

* changes the software vendor or system used to capture and report VPDC data **or**
* makes changes within the existing VPDC reporting software that may alter the reporting process **or**
* updates the software to accommodate annual revisions to VPDC reporting specifications.

# Steps for submitting test transmissions

* **Contact the** **HDSS Helpdesk** <hdss.helpdesk@health.vic.gov.au> before submitting any test file: this applies to health services and/or software vendors wishing to submit a test file
* **Identify all test files** by including ‘**\_TEST**’ at the **end of the submission file name**, as follows: CCCC\_NNNN\_YYYYMMDDhhmm\_TTTT\_TEST.txt where

CCCC = Collection identifier (always VPDC)

NNNN = Hospital code (agency identifier)

YYYYMMDDhhmm = Data submission identifier

TTTT = Submission number

txt = Submission file extension (always .txt)

* Submit all test files via the **non-production MFT** of the health service submitting the test file: accessible at <https://prs2np-mft.prod.services/> .
Do not submit any test file via the production MFT portal. If a test file is inadvertently submitted via the prod MFT portal, notify the HDSS HelpDesk immediately.
* **Reports** generated by processing test files will be returned to the submitting health service’s **non-prod MFT Pickup** folder. Access reports to review results. Reports are downloaded in the same way reports are downloaded from the Pickup folder in the Production MFT.
* If the software vendor is supporting the testing process, a MFT login for the hospital campus can be arranged for the software vendor, with the written authorisation of the hospital, for the duration of the testing process or longer at the hospital’s discretion. Please contact the HDSS HelpDesk to arrange MFT logins.

# Test file and data formats

* Test files do not need to include data for an entire month: the period of data tested is at the discretion of the health service and software vendor, but DH encourages submission of data for multiple births in any single test file.
* Test files must adhere to all submission file and Episode record specifications applicable for the births being reported in that submission file, as set out in the VPDC manual applicable for the year of the birth record(s) in the test file.
* Where a test file is submitted in the format applicable for the **next financial year**, the file format and all Episode records in the test file must conform to the specifications for the next financial year, as set out in the Specifications for revisions to the VPDC for the next financial year. That is, test files submitted via the non-prod MFT can include births dated later than the date the file is submitted. Such records will only be processed in the non-prod environment.
Where this option is chosen, a ‘Warning’ validation that identifies births dated ahead of the processing date will generate an error message: this can be ignored when testing submissions for a future format.

# Health service responsibilities

* It is the **responsibility of the health service** to ensure data are reported in accordance with the VPDC specifications valid for the births reported, and that corrections can be made, and records resubmitted to the VPDC, in accordance with the reporting timeframe required under the Public Health and Wellbeing Regulations, that is, within 30 days of the birth.
* Health services are strongly encouraged to **engage with their software vendor** during the testing process, and to address data/software shortcoming, including submission file extract issues, **before** submitting data to the production environment.
* Health services should ensure test files assess the capacity of the software to create submission files.
* The department may request further test files be submitted to demonstrate compliance with reporting requirements before the health service commences/resumes reporting to the production environment.
* Staff at the department will endeavour to review test files and assist in identifying problems, where possible, to assist health services and software vendors.

# Timing of testing

When planning software changes, health services are reminded to allow time to resolve reporting problems to ensure ongoing compliance with the reporting timeframes set out in the Public Health and Wellbeing Act 2008 and the Public Health and Wellbeing Regulations 2019, which require data for each birth to be reported within 30 days of the birth.

Where delays are anticipated, or encountered, health services must notify the HDSS HelpDesk indicating at timeframe for returning reporting to compliance with required reporting intervals.

# Table of Episode record data elements

| **Position number** | **Data item name**  | **Data type** | **Format** | **Field size** |
| --- | --- | --- | --- | --- |
| … | … | … | … | … |
| 163 | Hypertensive disorder during pregnancy | Number | N | 1 (x3) |
| … | … | … | … | … |

|  |
| --- |
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