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| HDSS Bulletin |
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# Global Updates

## Updated campus code table

The following public facilities have been added to the updated campus code table available on the HDSS website:

|  |  |  |
| --- | --- | --- |
| Hospital / Campus name | Campus code | Effective date |
| Goulburn Valley Health Euroa | 1124 | 12/08/2024 |
| Albury Wodonga Health - Wangaratta Kerferd Unit | 1655 | 01/11/2024 |

The following private facilities have been added to the updated campus code table available on the HDSS website:

|  |  |  |
| --- | --- | --- |
| Hospital / Campus name | Campus code | Effective date |
| Geelong Day Surgery | 7600 | 01/07/2024 |
| Jolimont Day Hospital | 7990 | 14/11/2024 |

## Annual changes to data collections for 2025-26

The specifications for revisions to AIMS, ESIS, VAED, VEMD and VINAH MDS data collections for 2025–26 were distributed to HDSS Bulletin subscribers in December 2024. The Specifications were published on the HDSS website on 14 January 2025. Documents can be found at [HDSS annual changes](https://www.health.vic.gov.au/data-reporting/annual-changes):

<https://www.health.vic.gov.au/data-reporting/annual-changes>.

The specifications for revisions to the VCDC for 2024-25 have also been distributed and published on the HDSS website.

Health services are reminded to work with software vendors and internal stakeholders to ensure reporting obligations are met. This could include the need to review and update current processes and educating and training staff.

## Managed File Transfer (MFT) replacement project

In alignment with the Department's commitment to improved cyber and information security practices, the Managed File Transfer (MFT) web portal used for data submissions is scheduled to be replaced with a new, purpose-built portal. This portal is designed to be more user-friendly, with enhanced functionality and security.

As part of this upgrade, the access and permissions process will also be modernised to ensure the confidentiality and integrity of health service data. The new identity and access management tool will streamline current process, providing greater visibility and flexibility for end users and health service/agency administrators.

Deployment of the MFT portal replacement will be phased with updated resources, user guides, training materials, and direct support provided to users and health services in the coming months. More information about the project and timelines will be provided when available. Enquiries about this change can be directed to: [mft.replacement@health.vic.gov.au](mailto:mft.replacement@health.vic.gov.au).

## HDSS helpdesk support

The HDSS helpdesk provides data reporting advice and assistance to many stakeholders. Due to the high volume of enquiries received, we ask that health services and vendors review the relevant data collection manuals and other documentation available on the HDSS website **prior** to sending any questions to the helpdesk.

Often, the answers to many questions can be found in the data collection manuals, a HDSS Bulletin or another document on our website.

When sending an email to the HDSS helpdesk please include the **data collection/application in the subject line**, as this will help us to direct the email to the appropriate team for a response. Additional information clarifying the query will help to direct the email, for example: VAED MFT, VPDC Errors, ESIS Test submission, AIMS S12, VINAH HealthCollect portal etc.

# Agency Information Management System (AIMS)

## Completion of AIMS S10, S11, S11A and S12 forms

Health services in scope for activity-based funding in the non-admitted stream have been advised that from 2025-26, aggregate non-admitted data submitted via AIMS will not be used for calculating health service activity against NWAU target (Policy and Funding Guidelines 2024-25, Section 10).

From 1 July 2025, health services submitting patient level non-admitted data to the VINAH MDS and/or the Non-admitted Data Collection (NADC) will not be required to complete the AIMS S10, S11, S11A and/or S12 if they have submitted patient level data for the reporting month.

# Elective Surgery Information System (ESIS)

## ASA score reporting

A proposal to capture ASA score for patients upon registration to the planned surgery preparation list has been formally approved through the department’s annual changes process and is documented in the ‘*Specifications for revision to ESIS for 2025-26’* document available on the HDSS website. This decision follows a comprehensive review, sector-wide consultation, and refinement based on feedback from several health services.

Collection of ASA score when the patient is first registered on the planned surgery waitlist will help:

* identify patients who may benefit from pre-surgical optimisation; or an evidence-base alternative to surgery and prevent them from being added to the preparation list.
* ensure a patient’s surgery is being provided at a health service with the clinical capability to care for the patient (in accordance with the perioperative capability level).
* support service planning and drive efficiency by identifying patients suitable to receive their surgery sooner through high throughput approaches and same day model.

Health services are encouraged to begin preparing for this data collection and reporting change. Further information will be provided in upcoming sector communication to assist services in integrating these changes effectively. If you have any questions regarding this, please contact the Planned Care Recovery and Reform team at [plannedcare@health.vic.gov.au](mailto:plannedcare@health.vic.gov.au)

# Victorian Admitted Episode Dataset (VAED)

## VAED Reporting deadlines

All health services are reminded about their obligation and responsibility to report VAED according to the timelines as per the Policy and Funding Guidelines. Health services may submit data more frequently than the minimum standards specified in the table.

Table 3: VAED timelines

| VAED | Timeline |
| --- | --- |
| Admission and separation details for the month (E5, J5 and V5 records) | Must be submitted by 5.00 pm on the 10th day of the following month |
| Diagnosis and procedure, subacute and palliative care details (X5, Y5, S5 and P5 records) | Must be submitted by 5.00 pm on the 10th day of the 2nd month following separation |
| Data for the 2024–25 financial year | Must be submitted by 5.00 pm on 10 August 2025 |
| Final corrections to data for 2024–25 | Must be submitted by 5.00 pm on 24 August 2025 |

It is the health service’s responsibility to ensure that data files are submitted on or before the 10th of each month, regardless of the actual day of the week.

Public hospitals that are unable to complete their submission of patient-level level data (admissions and discharges) must complete the S1A form on the HealthCollect portal for each campus/site they submit data for. Both sections of the S1A form (separations by Care Type and Performance Reporting) must be completed and submitted by 10th of the following calendar month.

In addition, the [VAED late data exemption form](https://www.health.vic.gov.au/publications/vaed-public-hospital-late-data-exemption-request) <https://www.health.vic.gov.au/publications/vaed-public-hospital-late-data-exemption-request> must also be completed and returned to HDSS Helpdesk by this date.

# Victorian Emergency Minimum Dataset (VEMD)

## Errata to specifications for revisions to the VEMD for 2025-26

The following corrections to the Specifications for revisions to the VEMD for 2025-26 have been issued:

### Section 3 Data Definitions

#### Funding source (new)

|  |  |
| --- | --- |
| **Validations** | E419 Funding source invalid  ~~E420 Funding source and Medicare Suffix combination invalid~~  E421 Funding Source and DVA Number combination invalid  E422 Funding Source and Family Name combination invalid  E423 Funding Source and Given Name combination invalid |

### Section 5 Compilation and Submission

Table 1- Data item format

| Data Item | Public | Private | Max Character | Layout/code set |
| --- | --- | --- | --- | --- |
| Locality | 1 | 2 | ~~22~~44 | XXXXXXXXXXXXXXXXXXXXXX |
| Service Type | 1 | 1 | 1 | 1, ~~2, 3, 4,~~ 5, 6, 7 |

### Section 6 Validation Reports and Validations

~~E420 Funding Source and Medicare Suffix combination invalid (new)~~

|  |  |
| --- | --- |
| **~~Effect~~** | ~~REJECTION~~ |
| **~~Problem~~** | ~~Either:~~   * ~~The Funding Source is code ‘06 Correctional facility’ and Medicare Suffix is not P-N, OR~~ * ~~The Medicare Suffix is P-N and the Funding Source is not code ‘06 Correctional facility’~~ |
| **~~Remedy~~** | ~~Check Funding Source, Medicare Suffix~~ |
| **~~See~~** | ~~Section 3:~~ ~~Funding Source, Medicare Suffix~~ |

The above corrections:

* rescinds validation E420 Funding Source and Medicare Suffix combination invalid
* increases the maximum field length for Locality from 22 characters to 44 characters
* includes new Service Type code ‘7’ in the File Structure code set.

## VEMD Editor

The VEMD Editor will no longer be updated or supported by the department after the end of the 2025-26 financial year.

Health services are encouraged to prepare for this change by introducing improved error messaging at the time of data entry and/or implementing the ability to run initial internal checks on your VEMD data before you send it to the department.

Alternatively, health services can upload the VEMD file directly into MFT and address errors identified in the Edit report. VEMD files are currently processed from Monday to Friday, between 6am and 7pm. These operational hours will be reviewed in the future.

# Victorian Integrated Non-Admitted Health Minimum Data Set (VINAH MDS)

## Errata to specifications for revisions to the VINAH MDS for 2025-26

### Section 9 Code list (amend)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Data Element Name** | **Code Set Identifier** | **Code Set Type** | **Code** | **Descriptor** | **Program Stream Restrictions** | **Reportable Requirements** |
| Referral in Service Type | 990082 | Code Set | 806 | Victorian virtual emergency department | ~~OP~~ All Programs, except Medi-Hotel | Reportable as of 01/07/2025 |
| Referral Out Service Type | 990083 | Code Set | 806 | Victorian virtual emergency department | ~~OP~~ All Programs, except Medi-Hotel | Reportable as of 01/07/2025 |

# Non-Admitted Clinic Management System (NACMS)

## Automation Project

The NACMS clinic registration supports health services’ obligation to report non-admitted clinical activity by enabling the collation of required data.

All health services must register Tier 2 clinics via NACMS to enable reporting of non-admitted activity via the VINAH MDS and other data collection systems, including AIMS S10 Non-Admitted Clinic Activity reporting.

In 2024 the department reviewed NACMS and the clinic registration process in consultation with key stakeholders. As a result of the review, NACMS will be automated to enable faster clinic approvals for health services and provide an efficient, less resource intensive way to manage the specialist clinics registration process.

The automation of NACMS will be effective from earlyMarch 2025 and will:

* automate the approval of new Tier 2 specialist clinic registrations via NACMS to enable faster clinic approvals for health services
* apply the Tier 2 Classification, counting and service event definition rules in the Automation process
* identify clinics that do not pass automation for review by the NACMS Administrator.

The department expects most clinic registrations to be automatically approved with a small number of clinics that will be manually reviewed by the NACMS Administrator.

Health services remain responsible for the accuracy of the information entered into the clinic registration and are responsible for complying with the Tier 2 non-admitted classification and counting rules. The latest publications can be found on the Independent Health and Aged Care Pricing Authority website <https://www.ihacpa.gov.au/resources/tier-2-non-admitted-services-2024-25>

The NACMS Manual has been updated to incorporate automation changes effective from March 2025 and will be available via <https://www.health.vic.gov.au/publications/non-admitted-clinic-management-system-nacms-manual>

Questions about NACMS clinic automation should be directed to the NACMS Administrator via [nacms@health.vic.gov.au](mailto:nacms@health.vic.gov.au)

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)

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://www.health.vic.gov.au/data-reporting/health-data-standards-and-systems) <https://www.health.vic.gov.au/data-reporting/health-data-standards-and-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>

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