Specifications for revisions to the Victorian Integrated Non-Admitted Health Minimum Data Set (VINAH MDS) for 01 July 2009

February 2009

Updated with errata 15 April 2009
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Executive Summary
This document details the revisions to the Victorian Integrated Non-admitted Health (VINAH) Minimum Data Set for 1 July 2009. These revisions are summarised below.

Changes to VINAH reporting schedule
• Include an initial deadline of the 10th, as well as the existing deadline of clean and complete data by the 17th day of the month following the reference month.

• Final consolidation of 2009-10 data will be on 10 September 2010.

Extensions to VINAH reporting scope
• Extend the scope of VINAH to include three new Ambulatory and Continuing Care Programs:
  o The Family Choice Program at the Royal Children’s Hospital;
  o the Victorian HIV Service at Alfred Health; and,
  o the Victorian Respiratory Support Service at Austin Health (at Episode-level only).

• Extend the scope of VINAH to include the Medi-Hotel program at Episode level.

• Extend the scope of VINAH to provide for a pilot of Perinatals data submission through VINAH. Further details on this change will be advised directly to pilot participants.

Changes for Ambulatory and Continuing Care Programs
• Ambulatory and Continuing Care Programs (FCP, HARP-CDP, SACS, PAC, VHS but not VRSS) to report Contacts/Client Service Events funded by MBS.

• Ambulatory and Continuing Care Programs (FCP, HARP-CDP, SACS, PAC, VHS but not VRSS) to report scheduled contacts where the client did not attend.

• Add one new stream to the HARP program and three new streams to the SACS program:
  o HARP – Renal
  o Specialist Polio
  o Specialist Movement Disorders
  o Specialist Other

Changes for Palliative Care Programs
• Palliative Care able to report multiple values at contact level under Contact/Client Service Event Main Purpose.

• Replace data element Episode Phase of Care at First Assessment with data element Contact/Client Service Event Phase of Care.

• New data element Contact/Client Service Event Model of Care.

• New data element Contact/Client Service Event Preferred Place of Death.

• New data element Contact/Client Service Event Preferred Setting of Care.

Modifications to several code sets
• One new code to Contact/Client Service Event Main Purpose for Supported Accommodation.

• Add eleven new codes to Episode Health Condition(s) to enable renal care and infectious disease reporting.
• Replace code set for Episode Completion of Proposed Plan of Treatment to align reporting with HIP guidelines.

• Amend code sets for Referral In Source and Referral Out Destination to allow specification of Emergency Department as a source or destination of referral.

Amendments to reporting guides
• Amend the reporting guides for Referral In Source and Referral Out Destination

• Amend the reporting guide for Contact/Client Service Event Delivery Setting.

• Amend the reporting guide for Contact/Client Service Event Preferred Language.

• Amend the reporting guide for Episode Health Condition(s).

New data validations
• Four new validations improve data security and integrity by ensuring that the submitting user is authorised to submit data for the submitting organisation, and that organisation identifiers match appropriately within the transmission.

• Two new validations ensure future dates are not transmitted.

• A new validation tests that the date of death, if present, it is not before the date of birth.

• A new validation compliments existing validations in testing for correct sequencing of Referrals In and Episode Starts.

• A new validation ensures that repeating and non-repeating values are correctly submitted.

Changes to support improved data collection operation
• New data element Referral Out Date.

• New data element File Sending Application.

• Update data element VINAH Version.
Introduction
From 1 July 2009, changes to the Victorian Integrated Non-admitted Health (VINAH) Minimum Data Set are necessary to assist Victorian health program monitoring, planning and policy development by the Department of Human Services (DHS).

This document has been distributed to all VINAH-reporting agencies, software suppliers known to have VINAH reporting clients, and to a range of industry bodies and DHS staff. It provides specifications for changes to the VINAH data collection for 2009-10.

The document is structured by each change, with modifications to individual data elements and other specifications contained within each of the changes. Where a data element is affected by more than one change, the specification is not repeated under each change but reference is made to an earlier change.

Note that this set of changes has an impact on every business data element and several transmission data elements in the collection. For reasons of brevity, where the change is only to the ‘Reported By’ (and consequently the ‘Version’) specification items, the data element is not reproduced in this specification document. The information on changes to the ‘Reported By’ specification item for business data elements is summarised under change 1 in the table Data Elements to be reported by Program.

The VINAH Manual, 2009-10 will be distributed at a later date. Until then, the VINAH manual 2008-09 (or the most recent section, as appropriate) together with this document will form the VINAH specification for 2009-10.

Victorian hospitals and agencies with VINAH reporting obligations are required to arrange for their software and systems to be modified in accordance with the revised specifications in time to report to this specification by 01 July 2009.

For agencies reporting Palliative Care through the transitional VicPCRS submission format, a revised version of that format specification will be issued shortly.


Any questions related to this document may be directed to the HDSS Help Desk on 9096 8141, or HDSS.Help-Desk@dhs.vic.gov.au.

Orientation to this document
As this document provides specifications for revisions, there are a few features that require explanation:

- New values and definitions relating to existing items are highlighted in orange
- Changes to existing items are highlighted in green
- Redundant values and definitions relating to existing items are struck through
- Comments relating only to the proposal document [appear in square brackets and italics].
- The text is divided into the categories of ‘Specification’ and ‘Administration’ as presented in the Victorian Integrated Non-Admitted Health Minimum Data Set Manual.
  - Specification: details the reporting requirements for the item.
  - Administration: provides additional information including the purpose for the collection of the data item and the source of the value domain and definitions.
Errata 15 April 2009
The following errata have been made to these specifications since first release:

(1) Outpatients to collect Referral In Receipt Acknowledgment Date (Table amended under Change 1, pg 11).

(2) MediHotel to report Episode Program/Stream (Table amended under Change 1, pg 10).

(3) Correct code set shown for Contact/Client Service Event Preferred Setting of Care (Change 14, pg 73).

(4) Code 1001 removed from Referral In Program Stream for Perinatals pilot – Perinatals will not report Referrals In. (Change 3, pg 18-19).

(5) Code XXX may not be reported for File Sending Application (Change 18, pg 98). Additionally, (not an erratum) following feedback from Health Services after release of this specification, code HRA has been added to File Sending Application and Local Identifier Assigning Authority.

(6) Following feedback (not an erratum), a new edit has been developed (Change 20, pg 108). This edit, E011, will not add any new business rules; it will only enforce what is already documented in Section 3 of the manual in respect of repeating values.
Change Specifications

Change 1: New Ambulatory and Continuing Care Programs for VINAH reporting

Summary of change

Expand the scope of VINAH reporting to include:
- FCP - Family Choice Program
- VHS - Victorian HIV Service
- VRSS - Victorian Respiratory Support Service

These programs are reportable by the following organisations:

**FCP - Family Choice Program**
- RCH Royal Children’s Hospital

**VHS - Victorian HIV Service**
- BH Alfred Health

**VRSS - Victorian Respiratory Support Service**
- AR Austin Health

Implementation Date 1 July 2009
Modifications to Data Elements (Section 3)
Episode Program/Stream (Defines the new programs)
Referral In Program/Stream (Defines the new programs)

All data elements required for reporting under the new programs will have these program names added to their Reported By specification item. See Table "Data Elements to be reported by Program."

Specific changes for each program are as follows:

FCP – Family Choice Program
- Family Choice program may report Episode Health Condition(s) using ICD-10-AM codes.

VHS - Victorian HIV Service
- Include in scope for Contact/Client Service Event Delivery Mode – code "4-Written"

VRSS - Victorian Respiratory Support Service
- For 2009-10, VRSS will only report data at Patient/Client, Referral In and Episode level. These specifications provide for reporting Referrals Out, however, compliance with that requirement will be negotiated with the reporting Health Service.
- It is expected that reporting will be extended to the Contact/Client Service Event level in 2010-11.

Edits (Section 8)
E258 (new)
E452 (new)
## Changes for Section 3

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<th>HARP-CDM</th>
<th>Medi-Hotel</th>
<th>Outpatients</th>
<th>PAC</th>
<th>Palliative Care</th>
<th>SACS</th>
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</table>
# Episode Program/Stream

## Specification

**Definition**
The program/stream to which the patient's/client's episode relates.

**Datatype**
Numeric

**Form**
Code

**Field size**
Min: 1
Max: 14

**Location**
PPPPCB (PV1.10)
PPPCC (PV1.10)
PPPPCD (PV1.10)

**Reported by**
- Family Choice Program
- HARP-CDM
- Medi-Hotel
- Outpatients
- PAC
- Palliative Care
- Perinatals
- SACS
- Victorian HIV Service
- Victorian Respiratory Support Service

**Reported for**
All episodes started during the current reporting period.

**Reported when**
The current reporting period for this item is the calendar month in which the following events or data elements fall:
- Episode Start Date (Mandatory)

**Value domain**
HL70069

### Code Descriptors

#### Sub-Acute Ambulatory Care Services (SACS)
- **1** Rehabilitation
- **2** Specialist Continence
- **3** Specialist Cognitive
- **4** Specialist Pain Management
- **5** Specialist Falls
- **6** Specialist Wound Management
- **7** Younger Adult/Transition
- **8** Specialist Paediatric Rehabilitation
- **9** Specialist Polio
- **11** Specialist Movement Disorders
- **19** Specialist Other

#### Hospital Admission Risk Program – Chronic Disease Management (HARP-CDM)
- **21** Chronic Disease Management HARP – Respiratory Disease
- **22** Chronic Disease Management HARP – Heart Disease
- **23** Chronic Disease Management HARP – Diabetes
- **24** Chronic Disease Management HARP – People with Complex Needs
- **25** Chronic Disease Management HARP – People with Psychosocial Needs
- **26** HARP – Renal
- **29** Chronic Disease Management HARP – Other
<table>
<thead>
<tr>
<th>Post Acute Care (PAC)</th>
<th>31 Post Acute Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Palliative Care</td>
<td>41 Community Palliative Care</td>
</tr>
<tr>
<td><strong>Family Choice Program</strong></td>
<td>51 Family Choice Program</td>
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<tr>
<td><strong>Victorian HIV Service</strong></td>
<td>61 Victorian HIV Consultancy</td>
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<tr>
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<td>62 Victorian HIV Mental Health Service</td>
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<tr>
<td></td>
<td>63 HIV Outreach Ambulatory Care</td>
</tr>
<tr>
<td></td>
<td>64 HIV CALD service</td>
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<tr>
<td></td>
<td>65 Horizon Place</td>
</tr>
<tr>
<td></td>
<td>66 Chronic Viral Illness Program</td>
</tr>
<tr>
<td></td>
<td>67 Victorian NPEP service</td>
</tr>
<tr>
<td></td>
<td>68 HIV Outreach Allied Health</td>
</tr>
<tr>
<td></td>
<td>69 Sexual Health and Wellbeing Service</td>
</tr>
<tr>
<td><strong>Victorian Respiratory Support Service</strong></td>
<td>81 Victorian Respiratory Support Service</td>
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<td><strong>Medi-Hotel</strong></td>
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<td></td>
<td>107 Haematology</td>
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<td>108 Nephrology</td>
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<td>109 Neurology</td>
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<tr>
<td></td>
<td>110 Oncology</td>
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<tr>
<td></td>
<td>111 Respiratory</td>
</tr>
<tr>
<td></td>
<td>112 Rheumatology</td>
</tr>
<tr>
<td></td>
<td>113 Dermatology</td>
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<tr>
<td></td>
<td>114 Infectious Diseases</td>
</tr>
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<td></td>
<td>115 Developmental Neurological Disability</td>
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<td></td>
<td>201 General Surgery</td>
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<td></td>
<td>202 Cardiothoracic</td>
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<td></td>
<td>208 Vascular</td>
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<td>209 Pre-admission</td>
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<td></td>
<td>301 Dental</td>
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<td>310 Orthopaedics</td>
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<tr>
<td></td>
<td>311 Orthopaedic applications</td>
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<td></td>
<td>350 Psychiatry and Behavioural Disorders</td>
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<td>401 Family Planning</td>
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<td></td>
<td>402 Obstetrics</td>
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<td></td>
<td>403 Gynaecology</td>
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</table>
The value of this data element cannot be changed after the episode has been opened. See Section 5 for more information.

The value domain is similar to Referral Program/Stream. The difference is that in this value domain there are not generic codes for:

- A generic access/referral point.
- SACS, HARP-CDM, Outpatient and Victorian HIV Service programs.

Report the program/stream that the patient/client has been accepted to, not the intervention they are to receive. For example, do not report 605 Physiotherapy unless the referral is to the Physiotherapy Allied Health Clinic. Patients/clients can access physiotherapy in other programs/streams, such as some of the SACS and HARP-CDM streams.

The program/stream to which the patient/client is referred may not be the same as the program/stream for which the patient/client is accepted. For example, a patient/client may be referred to Rehabilitation (1), but after assessment it is decided that the patient/client be seen by the Specialist Falls Clinics (5); in this instance report 5.

**Code 1-819**
Includes the SACS Program/Streams.
**Code 21-29**  
Includes the HARP-CDM Program/Streams.

**Code 61-69**  
Includes the Victorian HIV Program/Streams.

**Code 100-611**  
Includes the Outpatient Program/Streams.

**Code 1001**  
Report this code if participating in the pilot of Perinatals data reporting through VINAH.

**Edits**

- E062
- E258

**Administration**

**Purpose**
To allow national reporting requirements to be met and assist with service planning and monitoring.

**Principal data users**
Metropolitan Health and Aged Care Services Division, DHS.

**Version History**

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<td></td>
<td>01 July 2009</td>
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**Definition source**

- DHS

**Value domain source**
- DHS
Referral In Program/Stream

Specification

**Definition**
The program/stream that the patient/client is referred to which the patient/client is referred.

**Datatype**
Numeric

**Field size**
Min: 1  Max: 34

**Location**
RRII12 (PV1.10)
RRII13 (PV1.10)
RRII14 (PV1.10)

**Reported by**
Family Choice Program
HARP-CDM
Outpatients
PAC
Palliative Care
SACS
Victorian HIV Service
Victorian Respiratory Support Service

**Reported for**
All referrals received during the current reporting period.

**Reported when**
The current reporting period for this item is the calendar month in which the following events or data elements fall:
Referral In Received Date (Mandatory)

**Value domain**
HL70069

**Code**
0  Generic Access/Referral Point

**Descriptor**

*Sub-Acute Ambulatory Care Services (SACS)*

10  Sub-Acute Ambulatory Care Services (SACS)
1  Rehabilitation
2  Specialist Continence
3  Specialist Cognitive
4  Specialist Pain Management
5  Specialist Falls
6  Specialist Wound Management
7  Younger Adult/Transition
8  Specialist Paediatric Rehabilitation
9  Specialist Polio
11  Specialist Movement Disorders
19  Specialist Other

*Hospital Admission Risk Program – Chronic Disease Management (HARP-CDM)*

20  Hospital Admission Risk Program – Chronic Disease Management (HARP-CDM)
21  Chronic Disease ManagementHARP – Respiratory Disease
22  Chronic Disease ManagementHARP – Heart Disease
23  Chronic Disease ManagementHARP – Diabetes
24  Chronic Disease ManagementHARP – People with Complex Needs
| 25 | Chronic Disease Management HARP - People with Psychosocial Needs |
| 26 | HARP - Renal |
| 29 | Chronic Disease Management HARP - Other |

**Post Acute Care (PAC)**

| 31 | Post Acute Care |

**Palliative Care**

| 41 | Community Palliative Care |

**Family Choice Program**

| 51 | Family Choice Program |

**Victorian HIV Service**

| 60 | Victorian HIV Service |
| 61 | Victorian HIV Consultancy |
| 62 | Victorian HIV Mental Health Service |
| 63 | HIV Outreach Ambulatory Care |
| 64 | HIV CALD service |
| 65 | Horizon Place |
| 66 | Chronic Viral Illness Program |
| 67 | Victorian NPEP service |
| 68 | HIV Outreach Allied Health |
| 69 | Sexual Health and Wellbeing Service |

**Victorian Respiratory Support Service**

| 81 | Victorian Respiratory Support Service |

**Outpatients**

| 100 | Outpatients |
| 101 | General Medicine |
| 102 | Allergy |
| 103 | Cardiology |
| 104 | Diabetes |
| 105 | Endocrinology |
| 106 | Gastroenterology |
| 107 | Haematology |
| 108 | Nephrology |
| 109 | Neurology |
| 110 | Oncology |
| 111 | Respiratory |
| 112 | Rheumatology |
| 113 | Dermatology |
| 114 | Infectious Diseases |
| 115 | Developmental Neurological Disability |
| 201 | General Surgery |
| 202 | Cardiothoracic |
| 203 | Neurosurgery |
| 204 | Ophthalmology |
| 205 | Ear, Nose and Throat |
| 206 | Plastic Surgery |
| 207 | Urology |
| 208 | Vascular |
| 209 | Pre-admission |
| 301 | Dental |
| 310 | Orthopaedics |
| 311 | Orthopaedic applications |
Reporting Guide

The value domain is similar to Episode Program/Stream. The difference is that there are additional codes in this value domain for:

- A generic access/referral point; this allows reporting of referrals where (in some organisations only), there is one access/referral point for multiple programs; for example, one access point for SACS and HARP-CDM referrals.
- Generic codes for SACS, HARP-CDM and Victorian HIV Service programs; this allows reporting of generic program specific referrals, where the referrer is requesting that a service be provided by a program, but does not specify the stream under which the patient/client is to be treated.

Report the program/stream to which the patient/client has been referred, not the intervention they are to receive. For example, do not report 605 Physiotherapy unless the referral is to the Physiotherapy Allied Health Clinic. Patients/clients can access physiotherapy in other programs/streams, such as some of the SACS and HARP-CDM streams.

The program/stream to which the patient/client is referred to may not be the same as the program/stream to which the patient/client is accepted for. For example, a patient/client may be referred to Rehabilitation (1), but after assessment it is decided that the patient/client be seen by the Specialist Falls Clinics (5); in this instance report 1.

**Code 1-10**

Includes the SACS Program/Streams.
**Code 20-29**
Includes the HARP-CDM Program/Streams.

**Code 60-69**
Includes the Victorian HIV Service Program/Streams.

**Code 100-611**
Includes the Outpatient Program/Streams.

**Edits**
- General edits only, see format.
- E452

**Administration**

**Purpose**
To allow national reporting requirements to be met and assist with service planning and monitoring.

**Principal data users**
Metropolitan Health and Aged Care Services Division, DHS.

**Version History**

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**Definition source**
DHS

**Value domain source**
DHS
Contact/Client Service Event Delivery Mode

**Specification**

**Definition**
The relative physical location of the patient/client and provider during the contact/client service event.

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<th>Form</th>
<th>Code</th>
<th>Field size</th>
<th>Layout</th>
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<td>Numeric</td>
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<td></td>
<td>Min: 1</td>
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<td></td>
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<td>Max: 1</td>
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**Location**
- ADTA03 (ROL.10\CE.1)
- ADTA08 (ROL.10\CE.1)
- ADTA13 (ROL.10\CE.1)

**Reported by**
- Family Choice Program
- HARP-CDM
- Outpatients
- PAC
- Palliative Care
- SACS
- Victorian HIV Service

**Reported for**
All contacts/client service events completed in the current reporting period.

**Reported when**
The current reporting period for this item is the calendar month in which Contact/Client Service Event Date/Time falls.

**Value domain**
HL70406

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<th>Descriptor</th>
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</tr>
<tr>
<td>2</td>
<td>Telephone</td>
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<td>3</td>
<td>Telehealth</td>
</tr>
<tr>
<td>4</td>
<td>Written</td>
</tr>
<tr>
<td>9</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

**Reporting guide**
Patient/client includes carer and/or relative, except where the patient/client and carer and/or relative have a different delivery mode, in which case the delivery mode of the patient/client should be reported.

1 **Face to face**
Contacts/Client service events that are face to face from the patient’s/client’s point of view, but which also involve one or more health service professionals and/or a carer communicating via telephone or other method, should still be coded as 1.

2 **Telephone**
This code is not to be used to record administrative contact with a patient/client.

3 **Telehealth**
Includes Contacts/Client service events that are delivered by:
- Remote patient monitoring
- Telemedicine
- Video link
**4 Written**
Written communication that is clinical in nature, with a patient/client or other health professional. Only in scope for Palliative Care Services and Victorian HIV Service.

Includes the following formats:
- Email
- Fax
- Paper

Excludes written information provided as part of a Contact/Client Service Event with a different Delivery Mode.

**9 Not Applicable**
May only be used for Outpatient Services. Use when the patient/client does not attend a scheduled appointment. **Not in scope for Palliative Care.**

*Edits*
Refer to Section 8.

**Administration**

**Purpose**
To monitor and plan resource utilisation.

**Principal data users**
Metropolitan Health and Aged Care Services Division, DHS.

**Version History**

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**Definition source**
NHDD

**Value domain source**
NHDD 000439 (DHS modified)
Episode Health Condition(s)

**Specification**

**Definition**
An indication of a health condition or diagnosis contributing to the reason for providing a program/stream, and any additional health condition(s) that impact on the episode.

**Datatype**
Numeric

**Form**
Repeatable Code

**Field size**
Min: 2
Max: 3

**Location**
PPPCB (OBX.3\CE.1)†
PPPCC (OBX.3\CE.1)†
PPPCD (OBX.3\CE.1)†

**Reported by**
Family Choice Program
HARP-CDM
PAC
SACS
Victorian HIV Service
Victorian Respiratory Support Service

**Reported for**
Optional for episodes open during the current reporting period. Must be reported for episodes where Episode End Date falls within the current reporting period.

**Reported when**
The current reporting period for this item may be any calendar month in or after which Episode Start Date falls and must be no later than the calendar month in which Episode End Date falls.

**Value domain**
990010

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<td>Stroke</td>
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<tr>
<td>10</td>
<td>Stroke</td>
</tr>
<tr>
<td>Head Injury</td>
<td></td>
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<tr>
<td>20</td>
<td>Head Injury</td>
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<tr>
<td>Neurological</td>
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<tr>
<td>31</td>
<td>Multiple sclerosis</td>
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<td>32</td>
<td>Parkinsonism</td>
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<td>Polyneuropathy</td>
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<td>Guillain-Barre</td>
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<td>Dementia</td>
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<td>36</td>
<td>Cerebral palsy</td>
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<td>38</td>
<td>Other cognitive impairment</td>
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<tr>
<td>39</td>
<td>Other neurological</td>
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<tr>
<td>Spinal Cord</td>
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<tr>
<td>41</td>
<td>Paraplegia incomplete</td>
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<td>Paraplegia complete</td>
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<td>Quadriplegia incomplete C1-4</td>
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<td>46</td>
<td>Quadriplegia complete C5-8</td>
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<tr>
<td>49</td>
<td>Other spinal cord</td>
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</tbody>
</table>
### Amputation
- **51** Amputation - upper extremity above elbow
- **52** Amputation - upper extremity below elbow
- **53** Amputation - single lower extremity above knee
- **54** Amputation - single lower extremity below knee
- **55** Amputation - double lower extremity above knee
- **56** Amputation - double lower extremity above/ below knee
- **57** Amputation - double lower extremity below knee
- **59** Amputation - multiple limbs

### Arthritis
- **61** Rheumatoid arthritis
- **62** Osteoarthritis
- **69** Other arthritis

### Pain
- **71** Neck pain
- **72** Back pain
- **73** Extremity pain
- **79** Other pain

### Orthopaedic
- **81** Post hip fracture
- **82** Post femur (shaft) fracture
- **83** Post pelvic fracture
- **84** Post major multiple fracture
- **85** Post hip replacement
- **86** Post knee replacement
- **87** Post upper limb fracture
- **89** Other orthopaedic

### Cardiovascular
- **91** Chronic heart failure
- **92** Coronary heart disease
- **93** Pulmonary embolus
- **94** Hypertension
- **99** Other cardiovascular

### Pulmonary
- **101** Chronic obstructive pulmonary disease
- **102** Chronic Asthma
- **103** Bronchiectasis
- **104** Pulmonary fibrosis
- **109** Other pulmonary

### Burns
- **110** Burns

### Musculoskeletal
- **121** Spina bifida
- **129** Other musculoskeletal

### Other disabling impairment
- **131** Diabetic foot disease
- **132** Diabetes without complication
- **133** Obesity
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<td>Post-operative (non-orthopaedic)</td>
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<td>Cancer</td>
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<td>Diabetes with peripheral vascular disease</td>
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<td>Diabetes with renal impairment</td>
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<tr>
<td>138</td>
<td>Diabetes with other complication</td>
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<td>139</td>
<td>Other disabling impairment</td>
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<tr>
<td><strong>Multiple major trauma</strong></td>
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<tr>
<td>141</td>
<td>Brain and spinal cord trauma</td>
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<td>Brain and multiple fracture/amputation</td>
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<td>Spinal cord and multiple fracture/amputation</td>
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<td>Other major multiple trauma</td>
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<td><strong>Developmental Disabilities</strong></td>
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<td>150</td>
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<td><strong>Debility</strong></td>
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<td>160</td>
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<td>Urinary incontinence</td>
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<td>172</td>
<td>Faecal incontinence</td>
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<td>Urinary and faecal incontinence</td>
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<td>Voiding dysfunction</td>
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<td>Pressure ulcers</td>
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<td>Other Wounds</td>
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<td>200</td>
<td>Other geriatric management</td>
</tr>
<tr>
<td><strong>Renal</strong></td>
<td></td>
</tr>
<tr>
<td>211</td>
<td>Peritonitis</td>
</tr>
<tr>
<td>212</td>
<td>Chronic Renal Disease</td>
</tr>
<tr>
<td>213</td>
<td>Chronic Renal Impairment</td>
</tr>
<tr>
<td>214</td>
<td>Anaemia</td>
</tr>
<tr>
<td>215</td>
<td>Fistula Blocked</td>
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<tr>
<td>216</td>
<td>Peritoneal Dialysis</td>
</tr>
<tr>
<td>217</td>
<td>Haemodialysis</td>
</tr>
<tr>
<td>218</td>
<td>Nephrotic Syndrome</td>
</tr>
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</table>
Infectious Disease

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
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<tr>
<td>221</td>
<td>HIV</td>
</tr>
<tr>
<td>222</td>
<td>AIDS</td>
</tr>
<tr>
<td>229</td>
<td>Other infectious disease</td>
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</tbody>
</table>

Other

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>998</td>
<td>Diagnosis unclear</td>
</tr>
<tr>
<td>999</td>
<td>No impairment</td>
</tr>
</tbody>
</table>

**Reporting Guide**

This item is not designed to record all of a patient’s/client’s health issues, comorbidities, or functional impairments, but issues that impact on the care of the patient/client in this episode.

More than one health condition can be reported, but the first health condition must be the main health condition to which the services provided within a particular episode of care relate. Where there is more than one health condition reported, the main health condition should be the first reported; in technical terms this means it should have an Observation Sequence Number of 1 (see Transmission data elements).

A main health condition should be reported as soon as it is determined, preferably immediately after the first contact/client service event has been delivered. However, where the patient/client is receiving care primarily to receive a specialist assessment, a diagnosis may not be confirmed until a later point in the episode. If a main health condition has not been determined for an episode opened during the reporting period, do not report this item.

At least one health condition must be reported in order for an episode to be ended (note that this may be '998-Diagnosis unclear' or '999-No impairment').

**Reporting Options**

The FCP, HARP and PAC programs may optionally report this data element using the ICD-10-AM (Sixth Edition) library file. All codes for an episode must be reported using either the VINAH3 code set or the ICD-10-AM code set. Code sets cannot be mixed within an episode.
ICD-10-AM considerations
VINAH will accept any diagnosis code (type 'D' code) from the library file. Codes with a valid flag='N', which are not acceptable for VAED reporting, will be accepted by VINAH for FCP, HARP and PAC episodes. This means that the 'three digit' ICD-10-AM code level is acceptable for reporting to VINAH.
Do not report morphology (type 'M') codes.
Do not report a diagnosis prefix code or condition onset flag, that is the P, A, C or M prefix.
Do not put trailing spaces after the code.
Do not include punctuation as shown in ICD-10-AM books (that is, no dot or oblique in codes): for example, ICD-10-AM diagnosis code 'A00.0 Cholera due to Vibrio cholerae 01, biovar cholerae' must be transmitted as 'A000'.
When a code is shown in ICD-10-AM with a symbol (dagger or asterisk), omit the symbol when transmitting to VINAH.
If detailed ICD-10-AM diagnosis codes are available following an episode of admitted care they may be used provided they meet the requirement above that they that impact on the care of the patient/client in this episode.
The use of certain Z-series codes should not be used instead of reporting an appropriate code under Episode Other Factors Affecting Health.
If reporting an ICD-10-AM code, the value 'ICD10AM' must be reported for Observation Code Table (see Transmission Data Elements).
Access to the ICD-10-AM library file is subject to certain licensing restrictions; contact the HDSS help desk for details.
It is not expected that codes for FCP, HARP and PAC reporting will be assigned by a clinical coder, or in strict accordance with Australian Coding Standards. However, if external cause codes and qualifying codes are used, they should be reported as per the standard.
It is not necessarily expected that staff assigning codes for reporting will need access to the full list of ICD-10-AM codes for reporting. It is expected that vendors, submitting organisations, program representative groups and the Department will work together to develop a suitable interface solution or subset of codes for reporting these data. For example, in situations where a client has received an aged care assessment, Health Services may find that the mapping from the ACAP codes to ICD-10-AM codes contained in Appendix H of the "Aged care assessment program data dictionary" (available at http://www.aihw.gov.au/publications/age/acapdd/acapdd-x01.pdf) is useful in this regard.
The Department will monitor data quality of Episode Health Condition(s) reporting for FCP, HARP and PAC programs to further develop reporting guidelines for this data element.

VINAH3 Code set
The following notes apply to programs reporting the VINAH3 Health Condition(s)/AROC-modified code set.
If reporting a VINAH3 code, the value '990010' must be reported for Observation Code Table (see Transmission Data Elements).

51 Amputation - upper extremity above elbow
Includes: shoulder disarticulation.

52 Amputation - upper extremity below elbow
Includes: hand and/or finger(s) alone, double upper extremity of finger(s) alone.

54 Amputation - single lower extremity below knee
Includes: foot and/or toe(s) alone.

55 Amputation - double lower extremity above knee
Includes: hip(s) disarticulation.

56 Amputation - double lower extremity above/ below knee
Includes: hip disarticulation, feet and/or toes alone.

57 Amputation - double lower extremity below knee
Includes: feet and/or toes alone.
160 Debility
Excludes debility that can be attributed to other diagnoses in this list. For example, excludes debility due to COPD, but includes debility due to congenital condition.

Edits
E257 Health Condition(s) reported under multiple code sets.

Administration
Purpose
To support analysis for service planning.

Principal data
users
Metropolitan Health and Aged Care Services Division, DHS.

Version History

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<th>Effective Date</th>
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</tr>
<tr>
<td>2</td>
<td>01 July 2007</td>
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<tr>
<td>3</td>
<td>01 July 2008</td>
</tr>
<tr>
<td>4</td>
<td>01 July 2009</td>
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</table>

Definition

source

DHS

Value domain

source

Australian Rehabilitation Outcomes Centre (modified)
Changes for Section 8
Changes to data validations are as follows:

<table>
<thead>
<tr>
<th>Validation ID</th>
<th>Message</th>
<th>Cause</th>
<th>Resolution</th>
</tr>
</thead>
<tbody>
<tr>
<td>E258</td>
<td>This organisation (&lt;Organisation Identifier&gt;) is not approved to report Episodes under this program/stream (&lt;Episode Program/Stream&gt;)</td>
<td>The organisation identified for this message is not approved to report Episodes to VINAH under this program stream</td>
<td>If your organisation should legitimately be approved to report episodes under this program stream, contact the HDSS Help Desk for support. Otherwise, contact your software vendor.</td>
</tr>
<tr>
<td>E452</td>
<td>This organisation (&lt;Organisation Identifier&gt;) is not approved to report Referrals In under this program/stream (&lt;Referral In Program/Stream&gt;)</td>
<td>The organisation identified in the batch header for this message is not approved to report Referrals In to VINAH under this program stream</td>
<td>If your organisation should legitimately be approved to report Referrals In under this program stream, contact the HDSS Help Desk for support. Otherwise, contact your software vendor.</td>
</tr>
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</table>
Change 2: New Medi-Hotel Program for VINAH reporting

Summary of change
Expand the scope of VINAH reporting to include the Medi-Hotel Program.

This program is reportable by the following organisations:
AR  Austin Health
BLH  Ballarat Health
BH  Alfred Health
BHCG  Bendigo Health Care Group
EH  Eastern Health
RMH  Melbourne Health
RCH  Royal Children’s Hospital
RVEEH  Royal Victorian Eye and Ear Hospital
SN  Southern Health
SC  St Vincent’s Health
WH  Western Health

Implementation Date 1 July 2009

Modifications to Data Elements
Episode Program/Stream

Plus, all data elements required for reporting under the new program will have these program names added to their Reported By specification item. See Table "Data Elements to be reported by Program."

The Medi-Hotel Program will not collect any data at Referral In, Contact/Client Service Event, or Referral Out level.

All changes are covered under change 1.
Change 3: Provide for a pilot of Perinatals data submission through VINAH.

Summary of change

Modify Episode/Program Stream and Referral Program/Stream to allow for a pilot of Perinatals data through VINAH.

No other data elements will be modified at this time. A modified VINAH specification will be provided to pilot participants as the project is developed.

Implementation Date 1 July 2009

Modifications to

Data Elements (section 3)
Episode Program/Stream
Referral Program/Stream

All changes are covered under change 1.
Change 4: FCP, HARP-CDP, SACS, PAC, VHS to report Contacts/Client Service Events funded by MBS

Summary of change: Extend the requirement to report code 'QM - Private Clinic: MBS funded' for Contact/Client Service Event Account Class for the FCP, HARP, SACS, PAC, VHS programs.

Implementation Date: 1 July 2009

Modifications to: Data Elements (section 3)
Contact/Client Service Event Account Class
**Contact/Client Service Event Account Class**

**Specification**

**Definition**
The agency/individual chargeable for this contact or client service event, and associated sub categories.

<table>
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<th>Datatype</th>
<th>Alphanumeric Form Code</th>
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</thead>
<tbody>
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<tr>
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</tr>
<tr>
<td></td>
<td>ADTA08 (PV1.20\FC.1)</td>
</tr>
<tr>
<td></td>
<td>ADTA13 (PV1.20\FC.1)</td>
</tr>
</tbody>
</table>

**Reported by**
Family Choice Program
HARP-CDM
Outpatients
PAC
Palliative Care
SACS
Victorian HIV Service

**Reported for**
Contacts/client service events in the current reporting period.

**Reported when**
The current reporting period for this item is the calendar month in which Contact/Client Service Event Date/Time falls.

**Value domain**
HL70064

<table>
<thead>
<tr>
<th>Code</th>
<th>Descriptor</th>
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<tbody>
<tr>
<td>MP</td>
<td>Public Eligible</td>
</tr>
<tr>
<td>ME</td>
<td>Ineligible: hospital exempt</td>
</tr>
<tr>
<td>MF</td>
<td>Ineligible: Asylum Seeker</td>
</tr>
<tr>
<td>MA</td>
<td>Reciprocal Health Care Agreement</td>
</tr>
<tr>
<td>MV</td>
<td>Public Eligible: VACS-funded Outpatient</td>
</tr>
<tr>
<td>MG</td>
<td>Public Eligible: Specified-grant-funded Outpatient</td>
</tr>
<tr>
<td>QM</td>
<td>Private Clinic: MBS funded</td>
</tr>
<tr>
<td>VX</td>
<td>Department of Veterans' Affairs (DVA)</td>
</tr>
<tr>
<td>WC</td>
<td>WorkSafe Victoria</td>
</tr>
<tr>
<td>TA</td>
<td>Transport Accident Commission (TAC)</td>
</tr>
<tr>
<td>AS</td>
<td>Armed Services</td>
</tr>
<tr>
<td>SS</td>
<td>Seamen</td>
</tr>
<tr>
<td>CL</td>
<td>Common Law Recoveries</td>
</tr>
<tr>
<td>OO</td>
<td>Other Compensable</td>
</tr>
<tr>
<td>JP</td>
<td>Prisoner</td>
</tr>
<tr>
<td>XX</td>
<td>Other Non-compensable</td>
</tr>
</tbody>
</table>
Reporting guide

If the answer is VX, WC or TA additional reporting obligations apply.

Please note that this item is being collected in order to establish viability of compensable funding models in some programs, it is not intended to imply specific funding at this point in time. Funding continues for different programs as specified in the program funding agreements.

MP - Public Eligible
An eligible person who elects to be treated as a public patient. The hospital provides comprehensive care including all necessary medical, nursing and diagnostic services and, if available, dental and paramedical services, by means of its own staff or by other agreed arrangements, without charge to the patient.
Includes:
• Persons holding a current Interim Medicare Card.
• Persons holding a current Interim Medicare Card.
• Persons treated in a specialist public outpatient clinic not funded through VACS or a Specified Grant.

Excludes:
• Persons holding an expired Interim Medicare Card (report 'XX-Ineligible')
• A person where the clinician bulk bills Medicare for the patient’s treatment (report 'OP-Private Clinic: MBS funded').
• Persons treated in a specialist public outpatient clinic funded through VACS (report 'MV-Public Eligible: VACS-funded Outpatient') or a Specified Grant (report 'MG-Public Eligible: Specified-grant-funded Outpatient').

ME - Ineligible: hospital exempt
An ineligible non Australian resident:
• Specifically referred to Australia for hospital services not available in the patient’s own country and for whom the Secretary of the Department has determined that no fee be charged; or
• Who has been declared a safe haven resident and whose treatment is provided or arranged by a designated hospital.

MF - Ineligible: Asylum Seeker
A Medicare ineligible asylum seeker.

MA - Reciprocal Health Care Agreement
A visitor to Australia who is ordinarily resident in a country with which Australia has a Reciprocal Health Care Agreement (RHCA), who receives a non-admitted service for necessary medical treatment (but only as a public patient), as is clinically necessary for the diagnosis, alleviation or care of the condition requiring attention, on terms no less favourable than would apply to a resident.

MV - Public Eligible: VACS-funded Outpatient
A public eligible patient whose outpatient department treatment is being funded under the Victorian Ambulatory Classification System (VACS). Only reportable for outpatient contacts.

MG - Public Eligible: Specified-grant-funded Outpatient
A public eligible patient whose outpatient department treatment is being funded under a specified grant. Only reportable for outpatient contacts.

VX - Department of Veterans’ Affairs (DVA)
An eligible person whose charges for this contact or client service event are met by the Department of Veterans’ Affairs (DVA). A gold card holder is automatically eligible as a veteran, but a white card holder’s eligibility must be established by the Department of Veterans’ Affairs (State office telephone (03) 9284 6111 or fax (03) 9284 6440). If DVA does not accept responsibility, then normal patient election applies.
WC - WorkSafe Victoria
An eligible person who is entitled under a law that is or was in force in Victoria to the payment of, or who has been paid compensation for, damages or other benefits in respect of an injury by the WorkSafe Victoria (Victorian WorkCover Authority).

TA - Transport Accident Commission (TAC)
An eligible person who is entitled under a law that is or was in force in Victoria to the payment of, or who has been paid compensation for, damages or other benefits in respect of an injury by the Transport Accident Commission.
VINAH Manual 2008-09 (VINAH v4), Section 3 3-14

OO - Other Compensable
An eligible person who is entitled under a law that is or was in force in Victoria, other than Veterans' Affairs legislation, Transport Accident Commission or Victorian WorkCover Authority, to the payment of, or who has been paid compensation for, damages or other benefits (including a payment in settlement of a claim for compensation, damages, or other benefits) in respect of the injury, illness or disease for which he/she is receiving hospital services.
This category includes criminal injury and common law cases and members of the Defence Forces and seamen with personnel entitlements.
Clause 49 of the Australian Health Care Agreement states 'Private patients, compensable patients and ineligible patients may be charged an amount for public hospital services as determined by Victoria.‘

JP - Prisoner
A person who is currently in the custody of Correctional Services in Victoria.
• Prisoners may be transferred to a public hospital for treatment on an admitted or non-admitted basis. Funding for these services is not provided by the Commonwealth through the Australian Health Care Agreement. Hence, DHS does not recognise these patients for casemix or VACS payments. Funding for prisoners' health care is provided to prison authorities by the Department of Justice and prison authorities are responsible for meeting all costs incurred by hospitals in the treatment of such patients.
• Hospitals are required to bill 'Australian Correctional Management' directly.

XX - Other Non-compensable
A person who is not eligible for Medicare and therefore not exempted from fees.
Includes:
• Persons holding expired Interim Medicare Cards (these patients should be billed for services).
• Clause 49 of the Australian Health Care Agreement states 'Private patients, compensable patients and ineligible patients may be charged an amount for public hospital services as determined by Victoria'.

Edits
Refer to Section 8.

Related items
Section 2: Asylum Seeker
Section 2: Medicare Eligibility Status – Eligible Person
Section 2: Medicare Eligibility Status – Ineligible Person
Section 3: Contact/Client Service Event Date/Time
Section 3: DVA File Number
Section 3: Family Name
Section 3: Given Name(s)
Section 3: Person Name Type
Section 3: TAC Claim Number
Section 3: VWA File Number
Administration

**Purpose**
To assist in analyses of utilisation.
To facilitate reimbursement by third party paying organisations for patients/clients with entitlements.

**Principal data users**
Metropolitan Health and Aged Care Services Division, DHS.

<table>
<thead>
<tr>
<th>Version History</th>
<th>Version Number</th>
<th>Effective Date</th>
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<tr>
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<td>1</td>
<td>01 July 2005</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>01 July 2007</td>
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<tr>
<td></td>
<td>3</td>
<td>01 July 2008</td>
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<tr>
<td></td>
<td>4</td>
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**Definition source**
DHS

**Value domain source**
DHS
Change 5: FCP, HARP-CDP, SACS, PAC, VHS to report scheduled contacts where the client did not attend

Summary of change
Extend the requirement to report code '32 - Patient/Client/Carer(s)/Relative(s) not present: Scheduled appointment not attended' for Contact/Client Service Event Client Present Status for the FCP, HARP-CDP, SACS, PAC and, VHS programs.

Implementation Date
1 July 2009

Modifications to

Data Elements (section 3)
Contact/Client Service Event Client Present Status
Contact/Client Service Event Delivery Mode
**Contact/Client Service Event Client Present Status**

### Specification

**Definition**
An indicator of the presence or absence of a patient/client at a contact/client service event.

**Datatype**
Numeric

**Field size**
Min: 2  
Max: 2

**Location**
ADTA03 (PV2.7)  
ADTA08 (PV2.7)†  
ADTA13 (PV2.7)

**Reported by**
Family Choice Program  
HARP-CDM  
Outpatients  
PAC  
Palliative Care  
SACS  
Victorian HIV Service

**Reported for**
All contact/client service events completed in the current reporting period.

**Reported when**
The current reporting period for this item is the calendar month in which Contact/Client Service Event Date/Time falls.

**Value domain**
HL70130

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<th>Code</th>
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<th>Description</th>
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</thead>
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<td>*Not PC</td>
<td>Patient/client present with or without carers(s)/relative(s)</td>
</tr>
<tr>
<td>11</td>
<td>*Not PC</td>
<td>Patient/client present only</td>
</tr>
<tr>
<td>12</td>
<td>*Not PC</td>
<td>Patient/client present with carers(s)/relative(s)</td>
</tr>
<tr>
<td>20</td>
<td>*Not PC</td>
<td>Carer(s)/Relative(s) of the patient/client only</td>
</tr>
<tr>
<td>31</td>
<td>*PC</td>
<td>Patient/Client/Carer(s)/Relative(s) not present: Indirect Contact</td>
</tr>
<tr>
<td>32</td>
<td>*PC</td>
<td>Patient/Client/Carer(s)/Relative(s) not present: Scheduled appointment not attended</td>
</tr>
</tbody>
</table>

**Reporting guide**
Providing care to a patient/client can encompass the provision of services (for example counselling, education) to the patient's/client's carer(s) and/or family, whether or not the patient/client is present when these services are delivered. The carers and family members are not, in these situations, considered to be patients/clients in their own right.

**10 Patient/client present with or without carers(s)/relative(s)**
Code not to be used by Palliative Care, who must provide the more specific information in codes 11 and 12.

**31 Patient/Client/Carer(s)/Relative(s) not present: Indirect Contact**
Includes contacts between a service provider and another person who is not the patient/client/carer/relative; for example, another service provider.

Only in scope for Palliative care.
32 Patient/Client/Carer(s)/Relative(s) not present: Scheduled appointment not attended
Includes contacts where the health service was expecting the patient/client to attend the contact/client service event on the scheduled date.

Only in scope for Outpatients. Not in scope for Palliative Care.

Edits
E361 Contact/Client Service Event Date is after the date of death, but Client Present Status (<val>) is not '20-Carer(s)/Relative(s) of the patient/client only' or '31-Patient/Client/Carer(s)/Relative(s) not present: Indirect Contact'.

Related items
Section 2: Client Service Event (Concept Definition)
Section 2: Contact
Section 2: Patient/Client
Section 3: Contact/Client Service Event Date/Time

Administration

Purpose
To monitor and plan resource utilisation.

Principal data users
Metropolitan Health and Aged Care Services Division, DHS.

Version History

<table>
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<tr>
<td>3</td>
<td>01 July 2009</td>
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</table>

Definition source
NHDD Value domain source
NHDD 000436

Contact/Client Service Event Delivery Mode covered under Change 1.

Specifications for Revisions to the VINAH Minimum Data Set for 1 July 2009 Page 38 of 112
Change 6: Add additional Program/Stream codes to enable reporting of additional Ambulatory Care streams for SACS and HARP

Summary of change
Add new codes to Episode Program/Stream and Referral/Program Stream:

SACS Program
- 9 - Specialist Polio
- 11 - Specialist Movement Disorders
- 19 - Specialist Other

HARP Program
- 26 - HARP - Renal

Implementation Date
1 July 2009

Modifications to
Data Elements (section 3)
Episode Program/Stream
Referral/Program Stream

Changes are covered under change 1.
Change 7: Replace the code set for Episode Completion of Proposed Plan of Treatment to align reporting with the Health Independence programs guidelines for discharge.

Summary of change
Replace the existing code set described in table HL70216 with a new code set.

Implementation Date
1 July 2009

Modifications to
Data Elements (section 3)
Episode Completion of Proposed Plan of Treatment
Changes for Section 3

Completion of Proposed Plan of Treatment

**Specification**

**Definition**
Indicator of whether the patient/client completed the proposed treatment/assessment program, and, if not, whether this was for medical or non-medical reasons, as determined by clinician.

**Datatype**
Numeric

**Field size**
<table>
<thead>
<tr>
<th>Min:</th>
<th>Max:</th>
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</thead>
<tbody>
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**Location**
PPPPCB (PV2.24)
PPPCC (PV2.24)
PPPPCD (PV2.24)

**Reported by**
Family Choice Program
HARP-CDM
PAC
SACS
Victorian HIV Service
Victorian Respiratory Support Service

**Reported for**
Episodes where *Episode End Date* falls within the current reporting period.

**Reported when**
The current reporting period for this item is the calendar month in which *Episode End Date* falls.

**Value domain**
HL70216

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</tr>
<tr>
<td>3</td>
<td>Did Not Complete — Non-medical</td>
</tr>
<tr>
<td>4</td>
<td>Did Not Complete — Medical — client admitted to hospital</td>
</tr>
<tr>
<td>5</td>
<td>Did Not Complete — Medical — client not admitted to hospital</td>
</tr>
<tr>
<td>10</td>
<td>Care plan/proposed treatment completed</td>
</tr>
<tr>
<td>21</td>
<td>Unplanned patient/client admission to hospital</td>
</tr>
<tr>
<td>22</td>
<td>Planned patient/client admission to hospital</td>
</tr>
<tr>
<td>25</td>
<td>Alteration in patient/client medical condition without hospital admission</td>
</tr>
<tr>
<td>27</td>
<td>Patient/client died</td>
</tr>
<tr>
<td>31</td>
<td>Patient/client has declined further services</td>
</tr>
<tr>
<td>33</td>
<td>Patient/client has moved from area</td>
</tr>
<tr>
<td>35</td>
<td>Patient/client is unable to be contacted</td>
</tr>
<tr>
<td>41</td>
<td>Patient/client has been referred to another service</td>
</tr>
<tr>
<td>43</td>
<td>No measurable benefit from continuing the service</td>
</tr>
<tr>
<td>51</td>
<td>Patient/client not complying with program</td>
</tr>
<tr>
<td>53</td>
<td>Risk to client or staff prevents service provision</td>
</tr>
</tbody>
</table>

Specifications for Revisions to the VINAH Minimum Data Set for 1 July 2009
These values align with the Health Independence Program guidelines.

3. Did Not Complete — Non Medical
   • Transport problems
   • Patient/client did not wish to continue treatment
   • Patient/client did not like the centre
   • Patient/client moved to another area

4. Did Not Complete — Medical — client readmitted to hospital
   Includes patient/client admitted to a hospital which may or may not be the hospital that the program is associated with

5. Did Not Complete — Medical — client not readmitted to hospital
   Includes:
   • Acute disease process
   • Alteration in medical condition
   • Death

Edits
E253

Related items
Section 3: Episode End Date

Administration

Purpose
Required for outcome analyses.

Principal data users
Metropolitan Health and Aged Care Services Division, DHS.

Version History

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</tr>
<tr>
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<td>3</td>
<td>01 July 2008</td>
</tr>
<tr>
<td>4</td>
<td>01 July 2009</td>
</tr>
</tbody>
</table>

Definition source
DHS

Value domain source
DHS, based on HIP Guidelines 2008
Change 8: Change to derivation rule for Client Service Events

Summary of change
Add Contact/Client Service Event Account Class to the list of items used to derive a Client Service Event from multiple Contacts.

Implementation Date
1 July 2009

Modifications to
Concept and Derived Item Definitions (Section 2)
Client Service Event (amend)
Changes for Section 2

Client Service Event

Definition
A contact or series of contacts, between a patient/client or other person in scope, and a professional associated with a program reporting via the VINAH MDS, that is intended to be unbroken in time, that results in a dated entry being made in the patient/client record.

Guide for use
For reporting purposes for some program areas, multiple contacts that take place on the same day will be aggregated into a client service event. A single client service event will be derived within a single episode, where the following data elements for a patient/client, on the same day, are the same:

- Contact/Client Service Event Account Class;
- Contact/Client Service Event Delivery Mode;
- Contact/Client Service Event Delivery Setting;
- Contact/Client Service Event Provider;
- Contact/Client Service Event Session Type.

Refer to:
NHDD 000438 Non-admitted patient service event
Section 2: Client Service Event (Concept Definition)
Section 2: Contact
Section 3: Contact/Client Service Event Date/Time
Section 3: Contact/Client Service Event Delivery Mode
Section 3: Contact/Client Service Event Delivery Setting
Section 3: Contact/Client Service Event Provider
Section 3: Contact/Client Service Event Session Type
Change 9: Add an additional code to Contact/Client Service Event Main Purpose; Palliative Care able to report multiple values

Summary of change
Add a new code '28 - Supported accommodation' to Contact/Client Service Event Main Purpose.

Palliative Care will be optionally able to report multiple values of main purpose.

Implementation Date 1 July 2009

Modifications to
Data Elements (section 3)
Contact/Client Service Event Main Purpose
Contact/Client Service Event Main Purpose Sequence Number
Changes for Section 3

Contact/Client Service Event Main Purpose

Specification

**Definition**  The Main Purpose of the service provided within the contact/client service event.

**Datatype**  Numeric  
**Form**  Repeatable Code

**Field size**  
**Min:** 2  
**Max:** 3

**Location**  
ADTA03 (PR1.3\CE.1)  
ADTA08 (PR1.3\CE.1)  
ADTA13 (PR1.3\CE.1)

**Reported by**  
Family Choice Program  
HARP-CDM  
Outpatients  
PAC  
Palliative Care  
SACS  
Victorian HIV Service

**Reported for**  All contacts/client service events completed in the current reporting period.

**Reported when**  The current reporting period for this item is the calendar month in which **Contact/Client Service Event Date/Time** falls.

**Value domain**  HL70230

<table>
<thead>
<tr>
<th>Code</th>
<th>Descriptor</th>
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<tr>
<td>11</td>
<td>Initial Needs Identification (INI)</td>
</tr>
<tr>
<td>12</td>
<td>Comprehensive Assessment</td>
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<tr>
<td>13</td>
<td>Specialist Assessment</td>
</tr>
<tr>
<td>21</td>
<td>Education</td>
</tr>
<tr>
<td>22</td>
<td>Therapy/Clinical Intervention not further specified</td>
</tr>
<tr>
<td>23</td>
<td>Symptom control/pain management</td>
</tr>
<tr>
<td>24</td>
<td>Spiritual Care</td>
</tr>
<tr>
<td>25</td>
<td>Personal Care</td>
</tr>
<tr>
<td>26</td>
<td>Bereavement Support</td>
</tr>
<tr>
<td>27</td>
<td>Social Support</td>
</tr>
<tr>
<td>28</td>
<td>Supported accommodation</td>
</tr>
<tr>
<td>41</td>
<td>Case Conference</td>
</tr>
<tr>
<td>42</td>
<td>Other case management and/or care co-ordination</td>
</tr>
<tr>
<td>61</td>
<td>Research/Medical Trial</td>
</tr>
<tr>
<td>71</td>
<td>Follow up/Monitoring/Evaluation/Review</td>
</tr>
<tr>
<td>99</td>
<td>Other</td>
</tr>
</tbody>
</table>

*OP*
**Reporting guide**

Where there is more than one service provided in a single contact, choose as the Main Purpose the value that was most significant.

When reporting Client Service Events (rather than Contact level data):
- Use as many codes as necessary to report each the Main Purpose in the client service event.
- Do not repeat codes. For example, if two education contacts are part of a single client service event, only report the code 4 – *Education* once.

For Palliative Care, more than one purpose may be optionally reported, even at contact level. The main purpose must be reported with a Contact/Client Service Event Main Purpose Sequence Number of '1', additional purposes reported with values of '2', '3', '4'... and so on.
11 Initial Needs Identification (INI)
Initial needs identification is an initial screening for risk and service requirements. The practitioner undertaking initial needs identification looks beyond the presenting issue to what underlying issues may exist. Initial needs identification is not a diagnostic process but is a determination of the patient's/client's risk, eligibility and priority for service.

Includes:
- Service Coordination Template Tool (SCTT)
- Other tools incorporating initial needs identification principles

12 Comprehensive Assessment
Comprehensive Assessment involves the most intense level of inquiry, and incorporates an advanced dimension of history taking, examination, observation and measurement/testing about medical, physical, social, cultural and psychological dimensions of need.

Includes:
- InterRAI
- Others tools (or combination of tools) used to support the comprehensive assessment process

13 Specialist Assessment
Is the means by which services determine the patient's/client's particular service requirement and adapt their service provision to the patient's/clients' assessed need. Must be undertaken by a provider who has specialist skills knowledge and expertise.

For Palliative Care this could include the initial bereavement risk assessment and assessment of a single and specific symptom, such as nausea.

21 Education
Education and feedback provided to the patient/client. This can include self management education where education and empowerment are the main intent.
Excludes staff training.
For Palliative Care, this could include:
- Education regarding the role of Palliative Care and services provided
- Education regarding the disease process and/or treatment/symptom variants
- Education regarding the interventions/prescribed medications
- Education regarding the use of domiciliary oxygen
- Education regarding other supports/services in the community
- Education regarding medication side-effects and how they work
- Education regarding transferring, using and caring for equipment such as shower aids
- Education regarding bowel management
- Education regarding depression/anxiety
22 Therapy/Clinical Intervention not further specified

Excludes:
• Bereavement (26)
• Personal Care (25)
• Social Support (27)
• Spiritual care (24)
• Symptom control/pain management (23)

For Palliative Care, this could include the following:
• Wound care/dressing
• Bowel management/ enemas/ suppositories
• Catheter care/ insertion
• Care of naso-gastric tube
• Oedema/ lymphodema management/ bandaging
• Pathology specimen collection
• Parenteral medications other than for symptom management, for example, Clexane
• Initiation of webster packs/ dosette
• Pressure care
• PICC flush
• Subcutaneous fluids
• Stomal care
• Counselling
• Care at time of death
• Accessing port
• Cleaning of and caring for the body of a deceased person
• Music Therapy

23 - Symptom control/pain management

For Palliative Care, where medications relate to pain management or symptom control, this could include the following:
• Monitor medication regimens/ monitor effectiveness of interventions/ alteration of doses
• Administer parenteral medications
• Domiciliary oxygen/nebulised medications
• Insertion of delivery system for a syringe driver, for example, saf-t-intima
• Filling of syringe driver
• Instigation of new medications or altering medications

24 - Spiritual Care

For Palliative Care this could include:
• Discussions relating to death and dying
• Discussions relating to religion / beliefs / spirituality
• Contact with religious ministers on behalf of the client
• Discussions relating to funerals/special rites
• Discussions relating to the meaning of life and death

25 - Personal Care

Refers to assistance with daily self-care tasks such as eating, bathing, toileting and grooming.
Includes:
• Hygiene - bathing / showering / sponge
• Teeth / hair / shaving
• Personal Care Assistance
• Mouth care
• Ambulation
• Assist with food / fluids
• Toileting

• Assistance with or training in meal preparation
26 Bereavement Support
Includes:
• Grief and bereavement support for patients/clients not yet deceased
• Ongoing bereavement risk assessment
• If appropriate, attendance at funeral
• Bereavement follow-up visits
• Phone call with carer post-death
• Support to family pre- and post-death
• Pre- and post-death contacts by counsellor for the purpose of bereavement support

27 Social Support
Intervention to offer support for a patient's/client's participation and functioning in their community.
Includes:
• Emotional / psychosocial support for patients and care-givers
• Biography service
• Social work visits / contacts
• CentreLink contacts if not administrative, for example, assisting clients with disability payments or carer allowance application paperwork
• Talking / reading / sharing a game / watching TV / shopping / home maintenance / respite
• Provision of childcare
• Purchase or provision of meals

28 Supported Accommodation
Provision of housing, with staff on-site for:
• Clients with high care needs and complex health and psychosocial issues who would otherwise require admission to an acute hospital due to lack of other more appropriate options.
• Continuity of care from acute hospital services to the community for clients with complex issues who would otherwise remain in acute care.
• Social and carer respite, to provide a break for clients because of health or psychosocial stressors, or when their carer requires respite from their caring responsibility.
• People from rural and regional Victoria accessing HIV specialist medical care in Melbourne,
• Clients who are homeless, while emergency accommodation is secured.
• Clients who are homeless with complex health and psychosocial issues, while longer term sustainable accommodation is secured.

41 Case Conference
An inclusive process for making decisions about the care of a patient/client. Assessment findings and options for ongoing care and support are presented or other practitioners/clinicians, who can be from the same or different organisations. The presentation includes conclusions of the assessment that are supported by a range of information sources. Case Conferences are often multi-disciplinary and incorporate the views and preferences of the patient/client and their carers.
For Palliative Care this could include:
• Family meetings / conferences
• Liaison with other health professionals / multi-disciplinary team meetings / palliative care physician / GPs / LMOs / inpatient service liaison
• Client review
• Handover
42 Other case management and/or care co-ordination

Care Coordination: The range of services required by the patient/client are coordinated so that they are delivered in the most efficient and effective way to meet individual patient's/client's needs. Care Coordination enables continuity of care, avoids duplication of services and ensures that meeting patient/client needs is paramount over the needs of individual service providers and is not hampered unnecessarily by program boundaries.

Case Management: The activities undertaken by one central person who assumes overall responsibility for the care plan, in order to streamline the interface between the service system and the patient/client and carer.

Excludes Case Conference (41)

This could include:

- Liaison with other health professionals
- Referrals to other agencies e.g. home help / respite / HACC
- Organising provision and delivery of equipment
- Medication organisation/request for scripts to be written and sent to pharmacy
- Liaison with nursing services
- Contact with GPs, specialists, community services or PC nurse liaison
- Funding application for equipment / services
- Referrals within service to other professional groups, such as volunteers
- Team discussion and care plan determination

61 Research/Medical Trial

Report this codes when the contact occurs due to the patient's/client's participation in a research/trial.

Only in scope for Outpatients

Includes:

- Testing of a drug or other intervention
- Assessment or testing associated with research/medical trial

71 Follow up/Monitoring/Evaluation/Review

Includes:

- Post-operative review
- Routine review of chronic condition

Edits

General edits only, see Format.

Related items

Section 2: Client Service Event (Concept Definition)
Section 2: Contact
Section 3: Contact/Client Service Event Date/Time

Administration

Purpose

To allow national reporting requirements to be met and to monitor and plan resource utilisation.

Principal data users

Metropolitan Health and Aged Care Services Division, DHS.

Version History

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<th>Version Number</th>
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<td>3</td>
<td>01 July 2008</td>
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<tr>
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Definition source

DHS

Value domain source

DHS
## Contact/Client Service Event Main Purpose Sequence Number

### Specification

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<tr>
<th>Definition</th>
<th>A number that identifies the Contact/Client Service Event transaction segment.</th>
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<td>Max: 2</td>
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</tr>
<tr>
<td>Location</td>
<td>ADTA03 (PR1.1)</td>
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<tr>
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<td>ADTA08 (PR1.1)</td>
</tr>
<tr>
<td></td>
<td>ADTA13 (PR1.1)</td>
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</table>

### Reported by

- Family Choice Program
- HARP-CDM
- Outpatients
- PAC
- Palliative Care
- SACS
- Victorian HIV Service

### Reported for

All Contact/Client Service Event messages.

### Reported when

All Contact/Client Service Event messages.

### Value domain

A positive integer.

### Reporting guide

For the first occurrence of the segment the sequence number shall be 1, for the second occurrence it shall be 2, etc.

For Palliative Care, more than one purpose may be optionally reported, even at contact level. The main purpose must be reported with a Contact/Client Service Event Main Purpose Sequence Number of ‘1’, additional purposes reported with values of ‘2’, ‘3’, ‘4’... and so on.

### Edits

General edits only, see Format.

### Related items

- Section 3: Contact/Client Service Event Main Purpose
- Section 3: Identifier Type
- Section 5: Contact/Client Service Event Message Set

### Administration

**Purpose**

To enable management of VINAH transmissions.

**Principal data users**

VINAH processing.

**Version History**

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<td>01 July 2007</td>
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<td>3</td>
<td>01 July 2009</td>
</tr>
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**Definition source**

HL7 (DHS modified)

**Value domain source**

HL7
Change 10: Add eleven new codes to Episode Health Condition(s) to enable renal care reporting.

Summary of change  Add eleven new codes to Episode Health Condition(s) to enable reporting renal care and infectious diseases. It is expected these will be used primarily with the HARP-Renal and the Victorian HIV Service program streams, respectively; however they are available for all.

Implementation Date  1 July 2009

Modifications to  Data Elements (section 3)
Episode Health Condition(s)

Changes to Episode Health Condition(s) are covered under change 1.
Change 11: Replace data element Episode Phase of Care at First Assessment with data element Contact/Client Service Event Phase of Care

Summary of change: Replace data element Episode Phase of Care at First Assessment with data element Contact/Client Service Event Phase of Care. The phase of care for palliative care episodes will now be reported for all contacts. For contacts where the patient/client is not present (due to death, indirect contact other reason) the code set for the new data element will include an appropriate code.

Implementation Date: 1 July 2009

Modifications to:

Data Elements (Section 3)
Episode Phase of Care at First Assessment (delete)
Contact/Client Service Event Phase of Care (new)

Generation and Transmission (Section 5)
Data Element Binding Table for:
- Open Client Episode Message Set
- Update Client Episode Message Set
- Close Client Episode Message Set
- Delete Client Episode Message Set
- Complete Contact/Client Service Event Message Set
- Update Contact/Client Service Event Message Set
- Delete Contact/Client Service Event Message Set

Edits (Section 8)
E362 (amend)
E363 (new)
E364 (new)
Changes for Section 3

**Episode Phase of Care at First Assessment**

This data element will be deleted.
Contact/Client Service Event Phase of Care

**Specification**

**Definition**
The phase of care when the palliative care contact takes place.

**Datatype**
Numeric  
**Form**
**Code**

**Field size**
Min: 1  
Max: 1

**Location**
Contact/Client Service Event (insert) ADT_A03 (PV2.40\CE.1)  
Contact/Client Service Event (update) ADT_A08 (PV2.40\CE.1)  
Contact/Client Service Event (delete) ADT_A13 (PV2.40\CE.1)

**Reported by**
Palliative Care

**Reported for**
All contacts/client service events completed in the current reporting period.

**Reported when**
The current reporting period for this item is the calendar month in which Contact/Client Service Event Date/Time falls.

**Value domain**
HL70432

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<thead>
<tr>
<th>Code</th>
<th>Descriptor</th>
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<tbody>
<tr>
<td>1</td>
<td>Stable phase</td>
</tr>
<tr>
<td>2</td>
<td>Unstable phase</td>
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<tr>
<td>3</td>
<td>Deteriorating phase</td>
</tr>
<tr>
<td>4</td>
<td>Terminal phase</td>
</tr>
<tr>
<td>5</td>
<td>Bereavement phase</td>
</tr>
<tr>
<td>9</td>
<td>Not applicable – patient/client not present</td>
</tr>
</tbody>
</table>

**Reporting guide**
Where the patient/client (person with a life-limiting illness) does not receive care from the agency, assess the phase of care according to the carer(s)/family/friend(s) who are receiving care.

1 **Stable phase**
The patient’s/client’s symptoms are adequately controlled by established management. The situation of the carer(s)/family/friends is relatively stable and no new issues are apparent. Any needs are met by the established plan of care.

2 **Unstable phase**
The patient/client experiences the development of a new problem or a rapid increase in the severity of existing problems, either of which requires an urgent change in management or emergency treatment. The carer(s)/family/friends experience a sudden change in their situation requiring urgent intervention by members of the multidisciplinary team.

3 **Deteriorating phase**
The patient/client experiences a gradual worsening of existing symptoms or the development of new but expected problems. The carer(s)/family/friends experience gradually worsening distress and other difficulties, including social and practical difficulties, as a result of the illness of the patient.

4 **Terminal phase**
Death of patient/client with life-limiting illness is likely in a matter of days and no acute intervention is planned or required. The carer(s)/family/friends recognise that death is imminent and care is focussed on emotional and spiritual issues as a prelude to bereavement.
During the bereavement phase the patient/client may receive grief and bereavement counselling and support, but the carer(s)/family/friends can only receive grief and bereavement support.

Report this code when the value of Contact/Client Service Event Client Present Status is not ‘11’ and not ‘12’.

To assist with outcome analyses and service planning, and meeting national reporting requirements.

Metropolitan Health and Aged Care Services Division, DHS.

Proposed Pall Care NMDS

Proposed Pall Care NMDS
Changes for Section 5
Changes to the Generation and Transmission section (Section 5) are to the Data Element Binding Tables for:

- Open Client Episode Message Set
- Update Client Episode Message Set
- Close Client Episode Message Set
- Delete Client Episode Message Set
- Complete Contact/Client Service Event Message Set
- Update Contact/Client Service Event Message Set
- Delete Contact/Client Service Event Message Set

Note that the value domain remains HL70432 however a new code, '9-Not applicable – patient/client not present' will be added.

HL7 Specification changes
This data element will continue to be reported in the PV2.40 segment field, however, instead of being reported on the episode messages (PPP_PCB, PPP_PCC, and PPP_PCD) the data will be reported on the contact/client service event messages (ADT_A03, ADT_A08, and ADT_A13).

Binding table changes are detailed below.

All episode message sets (PPP_PCB, PPP_PCC, and PPP_PCD).

<table>
<thead>
<tr>
<th>Message</th>
<th>Data Element Name</th>
<th>HL7 Attribute Name</th>
<th>Location</th>
<th>Value Domain</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPP_PCB</td>
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<td>AdmissionLevelofCareCode (Identifier)</td>
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<td>HL70432</td>
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<tr>
<td>PPP_PCC</td>
<td>Phase of Care at First Assessment</td>
<td>AdmissionLevelofCareCode (Identifier)</td>
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<tr>
<td>PPP_PCD</td>
<td>Phase of Care at First Assessment</td>
<td>AdmissionLevelofCareCode (Identifier)</td>
<td>PV2.40\CE.1</td>
<td>HL70432</td>
</tr>
</tbody>
</table>

All contact/client service event message sets (ADT_A03, ADT_A08, and ADT_A13).

<table>
<thead>
<tr>
<th>Message</th>
<th>Data Element Name</th>
<th>HL7 Attribute Name</th>
<th>Location</th>
<th>Value Domain</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADT_A03</td>
<td>Contact/Client Service Event Phase of Care</td>
<td>AdmissionLevelofCareCode (Identifier)</td>
<td>PV2.40\CE.1</td>
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<tr>
<td>ADT_A08</td>
<td>Contact/Client Service Event Phase of Care</td>
<td>AdmissionLevelofCareCode (Identifier)</td>
<td>PV2.40\CE.1</td>
<td>HL70432</td>
</tr>
<tr>
<td>ADT_A13</td>
<td>Contact/Client Service Event Phase of Care</td>
<td>AdmissionLevelofCareCode (Identifier)</td>
<td>PV2.40\CE.1</td>
<td>HL70432</td>
</tr>
</tbody>
</table>

VicPCRS Reporting Specification
Changes to the transitional VicPCRS Reporting Specification will be advised shortly.
### Changes for Section 8

Changes to data validations are as follows:

<table>
<thead>
<tr>
<th>Validation ID</th>
<th>Message</th>
<th>Cause</th>
<th>Resolution</th>
</tr>
</thead>
<tbody>
<tr>
<td>E362</td>
<td>The first Contact/Client Service Event is being reported, but Episode Phase of Care at First Assessment and/or Episode Malignancy Flag are not provided.</td>
<td>At the time of the first Contact/Client Service Event for an Episode, a values for Episode Phase of Care at First Assessment and Episode Malignancy Flag must be provided for the Palliative Care Program/Stream.</td>
<td>Check that the values of the corresponding data elements are correct, and resubmit the record.</td>
</tr>
<tr>
<td>E363</td>
<td>&lt;Contact/Client Service Event Phase of Care</td>
<td>Contact/Client Service Event Model of Care</td>
<td>Contact/Client Service Event Preferred Place of Death</td>
</tr>
<tr>
<td>Validation ID</td>
<td>Message</td>
<td>Cause</td>
<td>Resolution</td>
</tr>
<tr>
<td>---------------</td>
<td>-------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>E364</td>
<td>&lt;Contact/Client Service Event Phase of Care</td>
<td>Contact/Client Service Event Model of Care</td>
<td>Contact/Client Service Event Preferred Place of Death</td>
</tr>
</tbody>
</table>
Change 12: New data element Contact/Client Service Event Model of Care

Summary of change
Add a new data element, Contact/Client Service Event Model of Care, that will collect the model of care being undertaken at each palliative care contact.

Implementation Date
1 July 2009

Modifications to

Data Elements (Section 3)
Contact/Client Service Event Model of Care (new)

Generation and Transmission (Section 5)
Data Element Binding Table for:
- Complete Contact/Client Service Event Message Set
- Update Contact/Client Service Event Message Set
- Delete Contact/Client Service Event Message Set

Segment PV2 (amend)

Edits (Section 8)
E363 (new)
E364 (new)
Contact/Client Service Event Model of Care

**Specification**

**Definition**
The model of care in use when the palliative care contact takes place.

**Datatype**
Numeric

**Field size**
Min: 1
Max: 1

**Location**
Contact/Client Service Event (insert) ADT_A03 (PV2.18)
Contact/Client Service Event (update) ADT_A08 (PV2.18)
Contact/Client Service Event (delete) ADT_A13 (PV2.18)

**Reported by**
Palliative Care

**Reported for**
All contacts/client service events completed in the current reporting period.

**Reported when**
The current reporting period for this item is the calendar month in which Contact/Client Service Event Date/Time falls.

**Value domain**
HL70214

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<tr>
<th>Code</th>
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<td>1</td>
<td>Direct care / complete care</td>
</tr>
<tr>
<td>2</td>
<td>Shared care</td>
</tr>
<tr>
<td>3</td>
<td>Consultancy care with ongoing patient/client follow-up</td>
</tr>
<tr>
<td>4</td>
<td>Consultancy care with no further planned follow-up</td>
</tr>
<tr>
<td>9</td>
<td>Not applicable – patient/client not present</td>
</tr>
</tbody>
</table>

**Reporting guide**
This data item refers to the model of care being used to meet the patient/client’s palliative care needs.

1. **Direct care/complete care**
The patient/client or carer/family/friend identifies this service as the service that is responsible for meeting their palliative care needs at this time. While other services or health professionals may be involved, the patient/client does not identify them as being responsible for meeting their palliative care needs at this time.

2. **Shared care**
The patient/carer identifies this service as one of at least two services or health professionals that are sharing responsibility for meeting their palliative care needs at this time. Partners in the patient’s/client’s care may include their general practitioner, primary care nurses or other specialist services.

3. **Consultancy care with ongoing patient/client follow-up**
The patient/client identifies another service or health professional (eg general practitioner, hospital, primary care nurse) as the service that is responsible for meeting their palliative care needs at this time. The community palliative care service is providing advice, back-up and/or support. The community palliative care service has ongoing planned involvement with a patient/client and/or their treating clinicians.
4 Consultancy care with no further planned follow-up
The patient/client identifies another service or health professional (eg general practitioner, hospital, primary care nurse) as the service that is responsible for meeting their palliative care needs at this time. The community palliative care service is providing advice, back-up and/or support. The community palliative care service undertakes a comprehensive palliative care assessment and there is no planned review or involvement with the patient/client and/or their treating clinicians.

9 Not applicable – patient/client not present
Report this code when the value of Contact/Client Service Event Client Present Status is not '11' and not '12'.

Edits
E363
E364

Related items
Section 3: Contact/Client Service Event Client Present Status

Administration
Purpose
To assist with outcome analyses and service planning, and meeting national reporting requirements.

Principal data users
Metropolitan Health and Aged Care Services Division, DHS.

Version History

<table>
<thead>
<tr>
<th>Version Number</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>01 July 2009</td>
</tr>
</tbody>
</table>

Definition source
Proposed Pall Care NMDS

Value domain source
Proposed Pall Care NMDS
Changes for Section 5
Changes to the Generation and Transmission section are to the Data Element Binding Tables for:

- Complete Contact/Client Service Event Message Set
- Update Contact/Client Service Event Message Set
- Delete Contact/Client Service Event Message Set

As well as changes to the PV2 Message Segment Definition.

The value domain is HL70214, changes to Section 9 will be as per the value domain specified in the data element specification.

NB: Changes to the structure and layout of Section 5 of the VINAH manual are being considered to improve clarity and readability, however, the change below is presented in the existing format.

HL7 Specification changes
This data element will be reported in the PV2.18 segment field (Special program code) on the contact/client service event messages (ADT_A03, ADT_A08, and ADT_A13).

Binding table changes are detailed below.

All contact/client service event message sets (ADT_A03, ADT_A08, and ADT_A13 messages)

<table>
<thead>
<tr>
<th>Message</th>
<th>Data Element Name</th>
<th>HL7 Attribute Name</th>
<th>Location</th>
<th>Value Domain</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADTA03</td>
<td>Contact/Client Service Event Message Set</td>
<td>SpecialProgramCode</td>
<td>PV2.18</td>
<td>HL70214</td>
</tr>
<tr>
<td>ADTA08</td>
<td>Contact/Client Service Event Message Set</td>
<td>SpecialProgramCode</td>
<td>PV2.18</td>
<td>HL70214</td>
</tr>
<tr>
<td>ADTA13</td>
<td>Contact/Client Service Event Message Set</td>
<td>SpecialProgramCode</td>
<td>PV2.18</td>
<td>HL70214</td>
</tr>
</tbody>
</table>

Changes to the PV2 segment definition and static structure for the above messages are specified below.

---

**Segment PV2**

<table>
<thead>
<tr>
<th>Name</th>
<th>Data Type</th>
<th>Required</th>
<th>Length</th>
<th>Cardinality</th>
<th>Fixed Value</th>
<th>Validation Table</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 VisitUserCode</td>
<td>IS</td>
<td>Required</td>
<td>1..2</td>
<td>1..1</td>
<td></td>
<td>HL70130</td>
</tr>
<tr>
<td>18 SpecialProgramCode</td>
<td>IS</td>
<td>Optional</td>
<td>1..2</td>
<td>0..1</td>
<td></td>
<td>990012</td>
</tr>
<tr>
<td>23 ClinicOrganizationName</td>
<td>XON</td>
<td>Required</td>
<td>0..250</td>
<td>0..1</td>
<td></td>
<td>990012</td>
</tr>
<tr>
<td>24 PatientStatusCode</td>
<td>IS</td>
<td>Optional</td>
<td>0..2</td>
<td>0..1</td>
<td></td>
<td>HL70216</td>
</tr>
<tr>
<td>40 AdmissionLevelOfCareCode</td>
<td>CE</td>
<td>Optional</td>
<td>0..250</td>
<td>0..1</td>
<td></td>
<td>HL70432</td>
</tr>
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</table>

**PV2.23 (ClinicOrganizationName)**
Composite XON

<table>
<thead>
<tr>
<th>Name</th>
<th>Data Type</th>
<th>Required</th>
<th>Length</th>
<th>Fixed Value</th>
<th>Validation Table</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 OrganizationIden</td>
<td>ST</td>
<td>Required</td>
<td>0..20</td>
<td></td>
<td>990012</td>
</tr>
</tbody>
</table>

**VicPCRS Reporting Specification**
Changes to the transitional VicPCRS Reporting Specification will be advised shortly.
Changes for Section 8
This data element has applied to it the specific data validations E363 and E364, which are covered under Change 9.
Change 13: New data element Contact/Client Service Event Preferred Place of Death

Summary of change  Add a new data element, Contact/Client Service Event Preferred Place of Death, that will collect the preferred place of death for palliative care patients.

Implementation Date  1 July 2009

Modifications to

Data Elements (Section 3)
Contact/Client Service Event Preferred Place of Death (new)

Generation and Transmission (Section 5)
Data Element Binding Table for:
- Complete Contact/Client Service Event Message Set
- Update Contact/Client Service Event Message Set
- Delete Contact/Client Service Event Message Set

Segment PD1 (amend)

Edits (Section 8)
E363 (new)
E364 (new)
Contact/Client Service Event Preferred Place of Death

**Specification**

**Definition**
The place identified by the patient/client at the time of the contact as their preferred place to die.

<table>
<thead>
<tr>
<th>Datatype</th>
<th>Form</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Numeric</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Field size</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Min: 2</td>
<td></td>
</tr>
<tr>
<td>Max: 2</td>
<td></td>
</tr>
</tbody>
</table>

**Location**

- Contact/Client Service Event (insert) ADT_A03 (PD1.15\CE.1)
- Contact/Client Service Event (update) ADT_A08 (PD1.15\CE.1)
- Contact/Client Service Event (delete) ADT_A13 (PD1.15\CE.1)

**Reported by**
Palliative Care

**Reported for**
All contacts/client service events completed in the current reporting period.

**Reported when**
The current reporting period for this item is the calendar month in which Contact/Client Service Event Date/Time falls.

**Value domain**
HL70435

This value domain is similar to that used for Patient/Client Place of Death (990034) but has the additional codes 97 and 98.

<table>
<thead>
<tr>
<th>Code</th>
<th>Descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Private residence</td>
</tr>
<tr>
<td>21</td>
<td>Residential – aged care setting</td>
</tr>
<tr>
<td>22</td>
<td>Residential – other setting</td>
</tr>
<tr>
<td>30</td>
<td>Non-residential setting</td>
</tr>
<tr>
<td>41</td>
<td>Inpatient setting – designated palliative care unit</td>
</tr>
<tr>
<td>42</td>
<td>Inpatient setting – other than designated palliative care unit</td>
</tr>
<tr>
<td>97</td>
<td>Unknown, not stated or question not asked</td>
</tr>
<tr>
<td>98</td>
<td>Not applicable – patient/client not present</td>
</tr>
<tr>
<td>99</td>
<td>Other location</td>
</tr>
</tbody>
</table>

**Reporting guide**
This topic needs to be addressed sensitively as part of a developing relationship of trust between patient/client, family and care provider. While it is expected that this question would be addressed during a service contact, it may be insensitive to broach this topic during early contacts and sometimes at all. In these instances, reporting code 98 is appropriate.

**97 Unknown, not stated or question not asked**
Includes:
- Where it was inappropriate to ask the question
- Where the patient/client did not, or was not able to answer the question
- Where the answer is otherwise unknown
**Edits**

E363
E364

**Related items**

Section 3: Contact/Client Service Event Client Present Status

**Administration**

**Purpose**

To assist with outcome analyses and service planning, and meeting state government reporting requirements.

**Principal data users**

Metropolitan Health and Aged Care Services Division, DHS.

<table>
<thead>
<tr>
<th>Version History</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Version Number</strong></td>
</tr>
<tr>
<td>1</td>
</tr>
</tbody>
</table>

**Definition source**

Proposed Pall Care NMDS

**Value domain source**

Proposed Pall Care NMDS

---

**98 Not applicable – patient/client not present**

Report this code when the value of Contact/Client Service Event Client Present Status is not '11' and not '12'.
Changes for Section 5
Changes to the Generation and Transmission section are to the Data Element Binding Tables for:
- Complete Contact/Client Service Event Message Set
- Update Contact/Client Service Event Message Set
- Delete Contact/Client Service Event Message Set

As well as changes to the PD1 Message Segment Definition.

The value domain is HL70435, changes to Section 9 will be as per the value domain in the data element specification.

NB: Changes to the structure and layout of Section 5 of the VINAH manual are being considered to improve clarity and readability, however, the change below is presented in the existing format.

HL7 Specification changes
This data element will be reported in the PD1.15 segment field (Advance directive code) on the contact/client service event messages (ADT_A03, ADT_A08, and ADT_A13).

Binding table changes are detailed below.

<table>
<thead>
<tr>
<th>Message</th>
<th>Data Element Name</th>
<th>HL7 Attribute Name</th>
<th>Location</th>
<th>Value Domain</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADTA03</td>
<td>Contact/Client Service Event Preferred Place of Death</td>
<td>AdvanceDirectiveCode</td>
<td>PD1.15/CE.1</td>
<td>HL70435</td>
</tr>
<tr>
<td>ADTA08</td>
<td>Contact/Client Service Event Preferred Place of Death</td>
<td>AdvanceDirectiveCode</td>
<td>PD1.15/CE.1</td>
<td>HL70435</td>
</tr>
<tr>
<td>ADTA13</td>
<td>Contact/Client Service Event Preferred Place of Death</td>
<td>AdvanceDirectiveCode</td>
<td>PD1.15/CE.1</td>
<td>HL70435</td>
</tr>
</tbody>
</table>

Changes to the PD1 segment definition and static structure for the above messages are specified below.

---

**Segment PD1**

<table>
<thead>
<tr>
<th>Name</th>
<th>Data Type</th>
<th>Required</th>
<th>Length</th>
<th>Cardinality</th>
<th>Fixed Value</th>
<th>Validation Table</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>IS</td>
<td>Required</td>
<td>0.2</td>
<td>1.1</td>
<td></td>
<td>HL70220</td>
</tr>
<tr>
<td>15</td>
<td>CE</td>
<td>Optional</td>
<td>0.2</td>
<td>0.1</td>
<td></td>
<td>HL70435</td>
</tr>
</tbody>
</table>

**PD1.15 (AdvanceDirectiveCode)**
Composite CE

<table>
<thead>
<tr>
<th>Name</th>
<th>Data Type</th>
<th>Required</th>
<th>Length</th>
<th>Fixed Value</th>
<th>Validation Table</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identifier</td>
<td>ST</td>
<td>Required</td>
<td>0.20</td>
<td></td>
<td>HL70435</td>
</tr>
</tbody>
</table>

**VicPCRS Reporting Specification**
Changes to the transitional VicPCRS Reporting Specification will be advised shortly.
Changes for Section 8
This data element has applied to it the specific data validations E363 and E364, which are covered under Change 9.
Change 14: New data element Contact/Client Service Event Preferred Setting of Care

Summary of change
Add a new data element, Contact/Client Service Event Preferred setting of Care, that will collect the preferred setting of care for palliative care patients.

Implementation Date 1 July 2009

Modifications to

**Data Elements (Section 3)**
Contact/Client Service Event Preferred Setting of Care (new)

**Generation and Transmission (Section 5)**
Data Element Binding Table for:
- Complete Contact/Client Service Event Message Set
- Update Contact/Client Service Event Message Set
- Delete Contact/Client Service Event Message Set

Segment PV1 (amend)

**Edits (Section 8)**
E363 (new)
E364 (new)
# Contact/Client Service Event Preferred Setting of Care

## Specification

**Definition**
The setting identified by the patient/client at the time of the contact as their preferred place of care.

<table>
<thead>
<tr>
<th>Datatype</th>
<th>Numeric</th>
<th>Form</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Min:</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Max:</td>
<td>2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Location**
- Contact/Client Service Event (insert) ADT_A03 (PV1.42\PL.6)
- Contact/Client Service Event (update) ADT_A08 (PV1.42\PL.6)
- Contact/Client Service Event (delete) ADT_A13 (PV1.42\PL.6)

**Reported by**
Palliative Care

**Reported for**
All contacts/client service events completed in the current reporting period.

**Reported when**
The current reporting period for this item is the calendar month in which Contact/Client Service Event Date/Time falls.

**Value domain**
990039

This value domain is similar to that used for Contact/Client Service Event Delivery Setting (HL70305) but has the additional code 97.

<table>
<thead>
<tr>
<th>Code</th>
<th>Descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>Hospital Setting - Inpatient Setting</td>
</tr>
<tr>
<td>12</td>
<td>Hospital Setting - Clinic/Centre</td>
</tr>
<tr>
<td>13</td>
<td>Hospital Setting - Emergency Department</td>
</tr>
<tr>
<td>14</td>
<td>Hospital Setting – Other Non-Inpatient Setting</td>
</tr>
<tr>
<td>21</td>
<td>Community Based Health Facility</td>
</tr>
<tr>
<td>22</td>
<td>General Practice Setting</td>
</tr>
<tr>
<td>23</td>
<td>Residential Care</td>
</tr>
<tr>
<td>24</td>
<td>Supported Accommodation Setting</td>
</tr>
<tr>
<td>31</td>
<td>Home</td>
</tr>
<tr>
<td>41</td>
<td>Educational Institution Setting</td>
</tr>
<tr>
<td>97</td>
<td>Unknown, not stated or question not asked</td>
</tr>
<tr>
<td>98</td>
<td>Not applicable – patient/client not present</td>
</tr>
<tr>
<td>99</td>
<td>Other location</td>
</tr>
</tbody>
</table>

**Reporting guide**
Asking a patient/client about their preferred place of care is a means to gather information about the location of service delivery that best meets the patient’s/client’s current needs.

97  **Unknown, not stated or question not asked**
Includes:
- Where it was inappropriate to ask the question
- Where the patient/client did not, or was not able to answer the question
- Where the answer is otherwise unknown
98 Not applicable – patient/client not present
Report this code when the value of Contact/Client Service Event Client Present Status is not ‘11’ and not ‘12’.

Edits
E363
E364

Related items
Section 3: Contact/Client Service Event Client Present Status

Administration
Purpose
To assist with outcome analyses and service planning, and meeting state government reporting requirements.

Principal data users
Metropolitan Health and Aged Care Services Division, DHS.

Version History
Version Number
1
Effective Date
01 July 2009

Definition source
Proposed Pall Care NMDS

Value domain source
Proposed Pall Care NMDS
Changes for Section 5
Changes to the Generation and Transmission section are to the Data Element Binding Tables for:

- Complete Contact/Client Service Event Message Set
- Update Contact/Client Service Event Message Set
- Delete Contact/Client Service Event Message Set

As well as changes to the PV1 Message Segment Definition.

The value domain is 990039, changes to Section 9 will be as per the value domain in the data element specification.

NB: Changes to the structure and layout of Section 5 of the VINAH manual are being considered to improve clarity and readability, however, the change below is presented in the existing format.

HL7 Specification changes
This data element will be reported in PL.6 composite data type component of the PV1.42 segment field (Pending Location) on the contact/client service event messages (ADT_A03, ADT_A08, and ADT_A13).

Binding table changes are detailed below.

All contact/client service event message sets (ADT_A03, ADT_A08, and ADT_A13 messages)

<table>
<thead>
<tr>
<th>Message</th>
<th>Data Element Name</th>
<th>HL7 Attribute Name</th>
<th>Location</th>
<th>Value Domain</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADTA03</td>
<td>Contact/Client Service Event Preferred Setting of Care</td>
<td>PendingLocation</td>
<td>PV1.42/PL.6</td>
<td>990039</td>
</tr>
<tr>
<td>ADTA08</td>
<td>Contact/Client Service Event Preferred Setting of Care</td>
<td>PendingLocation</td>
<td>PV1.42/PL.6</td>
<td>990039</td>
</tr>
<tr>
<td>ADTA13</td>
<td>Contact/Client Service Event Preferred Setting of Care</td>
<td>PendingLocation</td>
<td>PV1.42/PL.6</td>
<td>990039</td>
</tr>
</tbody>
</table>

Changes to the PV1 segment definition and static structure for the above messages are specified below.

---

Segment PV1

Segment PV1 is used in many VINAH message sets. See the Message Set specifications for specific configurations of the PV1 in each set. As noted under Message Set Representation - Usage fields not required will be ignored if sent providing they conform to HL7 rules and valid codes.
<table>
<thead>
<tr>
<th>Name</th>
<th>Data Type</th>
<th>Required</th>
<th>Length</th>
<th>Cardinality</th>
<th>Fixed Value</th>
<th>Validation Table</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 SetID</td>
<td>SI</td>
<td>Optional</td>
<td>0.4</td>
<td>1.1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2 PatientClass</td>
<td>IS</td>
<td>Required</td>
<td>0.1</td>
<td>1.1</td>
<td></td>
<td>HL70004</td>
</tr>
<tr>
<td>3 AssignedPatientLocation</td>
<td>PL</td>
<td>Optional</td>
<td>0.80</td>
<td>0.1</td>
<td></td>
<td>HL70305</td>
</tr>
<tr>
<td>5 PreadmitNumber</td>
<td>CX</td>
<td>Optional</td>
<td>0.250</td>
<td>0.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 PriorPatientLocation</td>
<td>PL</td>
<td>Optional</td>
<td>1.80</td>
<td>0.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 AttendingDoctor</td>
<td>XCN</td>
<td>Optional</td>
<td>0.250</td>
<td>0.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 HospitalService</td>
<td>IS</td>
<td>Optional</td>
<td>0.3</td>
<td>0.1</td>
<td></td>
<td>HL70009</td>
</tr>
<tr>
<td>15 AmbulatoryStatus</td>
<td>IS</td>
<td>Optional</td>
<td>0.2</td>
<td>0.1</td>
<td></td>
<td>HL70009</td>
</tr>
<tr>
<td>19 VisitNumber</td>
<td>CX</td>
<td>Optional</td>
<td>0.250</td>
<td>0.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 FinancialClass</td>
<td>FC</td>
<td>Optional</td>
<td>0.50</td>
<td>0.1</td>
<td></td>
<td>HL70064</td>
</tr>
<tr>
<td>36 DischargeDisposition</td>
<td>IS</td>
<td>Optional</td>
<td>0.3</td>
<td>0.1</td>
<td></td>
<td>HL70112</td>
</tr>
<tr>
<td>42 PendingLocation</td>
<td>PL</td>
<td>Optional</td>
<td>0.80</td>
<td>0.1</td>
<td></td>
<td>990039</td>
</tr>
<tr>
<td>44 AdmitDateTime</td>
<td>TS</td>
<td>Optional</td>
<td>0.26</td>
<td>0.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>45 DischargeDateTime</td>
<td>TS</td>
<td>Optional</td>
<td>0.26</td>
<td>0.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>51 VisitIndicator</td>
<td>IS</td>
<td>Optional</td>
<td>0.1</td>
<td>0.1</td>
<td></td>
<td>HL70326</td>
</tr>
<tr>
<td><strong>PV1.3 (AssignedPatientLocation)</strong> Composite PL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Data Type</td>
<td>Required</td>
<td>Length</td>
<td>Fixed Value</td>
<td>Validation Table</td>
<td></td>
</tr>
<tr>
<td>----------------------------</td>
<td>-----------</td>
<td>------------</td>
<td>---------</td>
<td>--------------</td>
<td>------------------</td>
<td></td>
</tr>
<tr>
<td>6 PatientLocationType</td>
<td>IS</td>
<td>Required</td>
<td>0.1</td>
<td>990027</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PV1.6 (PriorPatientLocation) Composite PL</th>
<th>Name</th>
<th>Data Type</th>
<th>Required</th>
<th>Length</th>
<th>Fixed Value</th>
<th>Validation Table</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 PatientLocationType</td>
<td>IS</td>
<td>Required</td>
<td>0.1</td>
<td>990039</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PV1.42 (PendingLocation) Composite PL</th>
<th>Name</th>
<th>Data Type</th>
<th>Required</th>
<th>Length</th>
<th>Fixed Value</th>
<th>Validation Table</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 PatientLocationType</td>
<td>IS</td>
<td>Required</td>
<td>0.1</td>
<td>990039</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**VicPCRS Reporting Specification**
Changes to the transitional VicPCRS Reporting Specification will be advised shortly.
Changes for Section 8
This data element has applied to it the specific data validations E363 and E364, which are covered under Change 9.
Change 15: Amend the code sets for Referral In Source and Referral Out Destination

Summary of change
Amend the code sets for Referral In Source and Referral Out Destination to specify Emergency Departments.

Implementation Date
1 July 2009

Modifications to

**Data Elements**
- Referral In Source
- Referral Out Destination
### Referral In Source

**Specification**

<table>
<thead>
<tr>
<th>Definition</th>
<th>The source from which the patient/client was referred to the program/stream.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Datatype</strong></td>
<td>Numeric</td>
</tr>
<tr>
<td><strong>Field size</strong></td>
<td>Min: 1</td>
</tr>
<tr>
<td><strong>Location</strong></td>
<td>RRI12 (PRD.1\CE.4)</td>
</tr>
<tr>
<td></td>
<td>RRI14 (PRD.1\CE.4)</td>
</tr>
</tbody>
</table>

**Reported by**

- Family Choice Program
- HARP-CDM
- Outpatients
- PAC
- Palliative Care
- SACS
- Victorian HIV Service
- Victorian Respiratory Support Service

**Reported for**

- Referrals acknowledged during the current reporting period.

**Reported when**

- The current reporting period for this item is the calendar month in which *Date Referral Received* falls.
### Value domain 990023

<table>
<thead>
<tr>
<th>Code</th>
<th>Descriptor</th>
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<tbody>
<tr>
<td>1</td>
<td>Self</td>
</tr>
<tr>
<td>2</td>
<td>Family, Significant other, Friend/Carer</td>
</tr>
<tr>
<td>4</td>
<td>Specialist aged or disability assessment team/service (eg. ACAS)</td>
</tr>
<tr>
<td>5</td>
<td>Comprehensive HACC assessment authority</td>
</tr>
<tr>
<td>6</td>
<td>Community nursing service</td>
</tr>
<tr>
<td>7</td>
<td>Hospital (public)</td>
</tr>
<tr>
<td>8</td>
<td>Psychiatric/mental health service or facility</td>
</tr>
<tr>
<td>9</td>
<td>Extended care/rehabilitation facility</td>
</tr>
<tr>
<td>10</td>
<td>Palliative care facility/hospice</td>
</tr>
<tr>
<td>11</td>
<td>Government residential aged care facility</td>
</tr>
<tr>
<td>12</td>
<td>Aboriginal health service</td>
</tr>
<tr>
<td>13</td>
<td>Carelink centre</td>
</tr>
<tr>
<td>14</td>
<td>Other community-based government medical/health service</td>
</tr>
<tr>
<td>15</td>
<td>Other government medical/health service</td>
</tr>
<tr>
<td>16</td>
<td>Other government community-based services agency</td>
</tr>
<tr>
<td>17</td>
<td>Hospital (private)</td>
</tr>
<tr>
<td>18</td>
<td>Non government residential aged care facility</td>
</tr>
<tr>
<td>19</td>
<td>Other non government medical/health service</td>
</tr>
<tr>
<td>20</td>
<td>Other non government community-based service</td>
</tr>
<tr>
<td>21</td>
<td>Law enforcement agency</td>
</tr>
<tr>
<td>23</td>
<td>GP</td>
</tr>
<tr>
<td>24</td>
<td>Other Medical Specialist</td>
</tr>
<tr>
<td>25</td>
<td>Emergency Department</td>
</tr>
<tr>
<td>99</td>
<td>Other</td>
</tr>
</tbody>
</table>

### Reporting Guide

The code set for this item has been adopted in order to be consistent with the Consumer Information Service Coordination Tool Template.

**4 - Specialist aged or disability assessment team/service (eg. ACAS)**

Includes referrals from Aged Care Assessment Services and other specialist disability or aged assessment teams. If an ACAS or other specialist assessment team/service is also a Comprehensive HACC Assessment Authority and has referred the patient/client to the agency in that capacity, then the referral should be coded to 5.

**7 - Hospital (public)**

Includes inpatient Palliative care. Excludes referrals from all sub-acute inpatient wards and facilities, psychiatric hospitals, and specialist psychiatric wards. Excludes referrals from all sub-acute admitted care facilities, psychiatric hospitals, specialist psychiatric wards and emergency departments, as these are covered by other codes.

Includes:
- Inpatient palliative care services
- Referrals to acute hospital outpatient services.

**8 - Psychiatric/mental health service or facility**

Includes both community-based mental health services and specialist psychiatric/mental health inpatient care.

Includes:
- Community-based mental health services
- Specialist psychiatric/mental health admitted care.
9 - Extended care/rehabilitation facility
Includes all public sub-acute inpatient care (Rehabilitation, Geriatric Assessment and Management, Interim Care).
Includes all public sub-acute admitted care:
• Geriatric Assessment and Management  
• Interim Care  
• Rehabilitation

10 - Palliative care facility/hospice
Includes community based palliative care

14 - Other community-based government medical/health service
Includes Community Health Services and other Sub-acute ambulatory care service providers.
Includes:
• Community Health Services  
• Other ambulatory care service providers  
• Post Acute Care services (used both for reporting by programs other than PAC and Inter-PAC Referral)

17 - Hospital (private)
Includes both acute and sub-acute facilities.
Excludes private hospital emergency department.

19 Other non government medical/health service
Includes private allied health practitioners.

Edits
General edits only, see Format.

Related items
Section 2: Referral Process
Section 3: Date Referral Received
Section 3: Referral Destination
Section 3: Referral Identifier (Derived Data Element)

Administration

Purpose
To assist in the analysis of patient/client flow and service planning.

Principal data users
Metropolitan Health and Aged Care Services Division, DHS.

Version History

<table>
<thead>
<tr>
<th>Version Number</th>
<th>Effective Date</th>
</tr>
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<tr>
<td>1</td>
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</tr>
<tr>
<td>2</td>
<td>01 July 2006</td>
</tr>
<tr>
<td>3</td>
<td>01 July 2007</td>
</tr>
<tr>
<td>4</td>
<td>01 July 2009</td>
</tr>
</tbody>
</table>

Definition source
DHS

Value domain source
HACC MDS (DHS modified)
## Referral Out Destination

### Specification

**Definition**
The type of clinical care and support services the program/stream has initiated, to meet the patient’s/client’s ongoing health care needs during or at the end of an episode.

<table>
<thead>
<tr>
<th>Datatype</th>
<th>Numeric</th>
<th>Form</th>
<th>Code</th>
<th>Field size</th>
<th>Min: 1</th>
<th>Max: 2</th>
<th>Location</th>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>RFI12 (PRD.1\CE.4)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>RFI13 (PRD.1\CE.4)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>RFI14 (PRD.1\CE.4)</td>
</tr>
</tbody>
</table>

### Reported by
- Family Choice Program
- HARP-CDM
- Outpatients
- PAC
- Palliative Care
- SACS
- Victorian HIV Service
- Victorian Respiratory Support Service

### Reported for
All referrals made for episodes that are open during the current reporting period.

### Reported when
The current reporting period for this item is the calendar month in which the following events or data elements fall:
- Not linked to a date data element (Mandatory) - **Referral Out Date**
**Value domain**  |  990023
---|---
**Code** | **Descriptor**
4 | Specialist aged or disability assessment team/service (eg. ACAS)
5 | Comprehensive HACC assessment authority
6 | Community nursing service
7 | Hospital (public)
8 | Psychiatric/mental health service or facility
9 | Extended care/rehabilitation facility
10 | Palliative care facility/
11 | Government residential aged care facility
12 | Aboriginal health service
13 | Carelink centre
14 | Other community-based government medical/health service
15 | Other government medical/health service
16 | Other government community-based services agency
17 | Hospital (private)
18 | Non government residential aged care facility
19 | Other non government medical/health service
20 | Other non government community-based service
21 | Law enforcement agency
22 | Other medical specialist
23 | GP
24 | Other community-based government medical/health service
25 | Emergency Department
99 | Other

**Reporting Guide**

Multiple codes may be selected to reflect all referrals to other services made during the episode.

If no referrals have been made then this item should not be reported.

The code set for this item is also used for Referral Source, and has been adopted in order to be consistent with the Consumer Information Service Coordination Tool Template.

Codes 1 and 2 are not available for use with this item.

4 **Specialist aged or disability assessment service (eg: ACAS)**

Includes referrals to Aged Care Assessment Services (ACAS) and other specialist disability or aged assessment teams. If an ACAS or other specialist assessment team/service is also a Comprehensive HACC Assessment Authority and has referred the patient/client to the agency in that capacity, then the referral should be coded to 5.

7 **Hospital (public)**

Includes inpatient Palliative care. Excludes referrals from all sub-acute inpatient wards and facilities, psychiatric hospitals, and specialist psychiatric wards.

Excludes referrals to all sub-acute admitted care facilities, psychiatric hospitals, specialist psychiatric wards and emergency departments, as these are covered by other codes.

Includes:
- **Inpatient palliative care services**
- **Referrals to acute hospital outpatient services.**
8 - Psychiatric/mental health service or facility
Includes both community based mental health services and specialist psychiatric/mental health inpatient care.
Includes:
• Community-based mental health services
• Specialist psychiatric/mental health admitted care.

9 - Extended care/rehabilitation facility
Includes all public sub-acute inpatient care (Rehabilitation, Geriatric Assessment and Management, Interim Care).
Includes all public sub-acute admitted care:
• Geriatric Assessment and Management
• Interim Care
• Rehabilitation

10 - Palliative care facility/hospice
Includes community based palliative care

14 - Other community-based government medical/health service
Includes Community Health Services and other Sub-acute ambulatory care service providers.
Includes:
• Community Health Services
• Other ambulatory care service providers
• Post Acute Care services (used both for reporting by programs other than PAC and Inter-PAC Referral)

17 - Hospital (private)
Includes both acute and sub-acute facilities. Excludes private hospital emergency department.

19 - Other non government medical/health service
Includes private allied health practitioners.

Edits
Refer to Section 8.

Related items
Section 3: Referral Identifier (Transmission Data Element)
Section 3: Referral Source

Administration
Purpose
To assist in service planning.

Principal data users
Metropolitan Health and Aged Care Services Division, DHS.

Version History

<table>
<thead>
<tr>
<th>Version Number</th>
<th>Effective Date</th>
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<tbody>
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<td>1</td>
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<td>01 July 2007</td>
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<tr>
<td>3</td>
<td>01 July 2008</td>
</tr>
<tr>
<td>4</td>
<td>01 July 2009</td>
</tr>
</tbody>
</table>

Definition source
NHDD

Value domain source
HACC MDS (DHS modified)
Change 16: New data element Referral Out Date

Summary of change Add a new data element, Referral Out Date that will collect the date on which each Referral Out was made.

Implementation Date 1 July 2009

Modifications to

**Data Elements (Section 3)**
Referral Out Date (new)
Referral Out Destination (amend)

**Generation and Transmission (Section 5)**
Data Element Binding Table for:
- Send Client Referral Message Set
- Update Client Referral Message Set
- Delete Client Referral Message Set

**Edits (Section 8)**
E551 (new)
E552 (new)

Changes to Referral Out Destination are covered under change 15.
Changes for Section 3

Referral Out Date

**Specification**

**Definition**
The date that a Referral Out was made.

**Datatype**
Numeric

**Field size**
Min: 8
Max: 8

**Form**
Date

**Layout**
YYYYMMDD

**Location**
Referral Out (insert) REF_I12 (RF1.7\TS.1)
Referral Out (update) REF_I13 (RF1.7\TS.1)
Referral Out (delete) REF_I14 (RF1.7\TS.1)

**Reported by**
Family Choice Program
HARP-CDM
Outpatients
PAC
SACS
Victorian HIV Service
Victorian Respiratory Support Service

**Reported for**
All Referrals Out made during the current reporting period.

**Reported when**
The current reporting period for this item is the calendar month in which Referral Date falls.

**Value domain**
Valid date

**Reporting guide**
The Referral Out Date must fall within the start and end dates of the Episode from which the Referral Out originated.

**Edits**
E551
E552

**Related items**
Administration

**Purpose**
To assist with outcome analyses and service planning, and meeting state government reporting requirements.

**Principal data users**
Metropolitan Health and Aged Care Services Division, DHS.

**Version History**

<table>
<thead>
<tr>
<th>Version Number</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>01 July 2009</td>
</tr>
</tbody>
</table>

**Definition source**
DHS

**Value domain source**
ISO 8601:2000

Changes to Referral Out Destination are covered under change 14.
**Changes for Section 5**

Changes to the Generation and Transmission section are to the Data Element Binding Tables for:

- Send Client Referral Message Set
- Update Client Referral Message Set
- Delete Client Referral Message Set

NB: Changes to the structure and layout of Section 5 of the VINAH manual are being considered to improve clarity and readability, however, the change below is presented in the existing format.

**HL7 Specification changes**

This data element will be reported in TS.1 composite data type component of the RF1.7 segment field (Effective Date) on the Referral Out messages (REF_I12, REF_I13, and REF_I14).

Binding table changes are detailed below.

All Referral Out message sets (REF_I12, REF_I13, and REF_I14 messages)

<table>
<thead>
<tr>
<th>Message</th>
<th>Data Element Name</th>
<th>HL7 Attribute Name</th>
<th>Location</th>
<th>Value Domain</th>
</tr>
</thead>
<tbody>
<tr>
<td>RFI12</td>
<td>Referral Out Date</td>
<td>EffectiveDate</td>
<td>RF1.7\TS.1</td>
<td>Date</td>
</tr>
<tr>
<td>RFI13</td>
<td>Referral Out Date</td>
<td>EffectiveDate</td>
<td>RF1.7\TS.1</td>
<td>Date</td>
</tr>
<tr>
<td>RFI14</td>
<td>Referral Out Date</td>
<td>EffectiveDate</td>
<td>RF1.7\TS.1</td>
<td>Date</td>
</tr>
</tbody>
</table>

This field is already specified in the RF1 segment definition as it is required for reporting Referral In Received Date on the RRI messages.
### Changes for Section 8
Changes to data validations are as follows:

<table>
<thead>
<tr>
<th>Validation ID</th>
<th>Message</th>
<th>Cause</th>
<th>Resolution</th>
</tr>
</thead>
<tbody>
<tr>
<td>E551</td>
<td>Referral Out Date (&lt;date&gt;) is before Episode Start Date (&lt;date&gt;).</td>
<td>Referral Out Date must be on or after the Episode Start Date of the Episode from which it originates.</td>
<td>Check that the values of the corresponding data elements are correct, and resubmit the record.</td>
</tr>
<tr>
<td>E552</td>
<td>Referral Out Date (&lt;date&gt;) is after Episode End Date (&lt;date&gt;).</td>
<td>If the Episode End Date is present, Referral Out Date must be on or before that date.</td>
<td>Check that the values of the corresponding data elements are correct, and resubmit the record.</td>
</tr>
</tbody>
</table>
Change 17: Minor changes to reporting guides in six data elements

Summary of change
Amend the reporting guides for:
- Contact/Client Service Event Delivery Setting
- Contact/Client Service Event Preferred Language
- Episode Health Condition(s)
- Referral In Receipt Acknowledgement
- Referral In Source
- Referral Out Destination

Implementation Date 1 July 2009

Modifications to Data Elements (Section 3)
Contact/Client Service Event Delivery Setting
Contact/Client Service Event Preferred Language
Episode Health Condition(s)
Referral In Receipt Acknowledgement Date
Referral In Source
Referral Out Destination

The change to Episode Health Condition(s) (to reference the mapping from the ACAP codes to ICD-10-AM codes contained in Appendix H of the "Aged care assessment program data dictionary") is covered under Change 1.

The changes to Referral In Source and Referral Out Destination are covered under Change 15.
Changes for Section 3

Contact/Client Service Event Delivery Setting

Specification

**Definition**
The type of setting in which the contact/client service event is experienced by the patient/client.

**Datatype**
Numeric

**Form**
Code

**Field size**
Min: 2
Max: 2

**Location**
ADTA03 (PV1.3\PL.6)
ADTA08 (PV1.3\PL.6)
ADTA13 (PV1.3\PL.6)

**Reported by**
Family Choice Program
HARP-CDM
Outpatients
PAC
Palliative Care
SACS
Victorian HIV Service

**Reported for**
All contact/client service events completed in the current reporting period.

**Reported when**
The current reporting period for this item is the calendar month in which Contact/Client Service Event Date/Time falls.

**Value domain**
HL70305

<table>
<thead>
<tr>
<th>Code</th>
<th>Descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>Hospital Setting - Inpatient Setting</td>
</tr>
<tr>
<td>12</td>
<td>Hospital Setting - Clinic/Centre</td>
</tr>
<tr>
<td>13</td>
<td>Hospital Setting - Emergency Department</td>
</tr>
<tr>
<td>14</td>
<td>Hospital Setting - Other Non-Inpatient Setting</td>
</tr>
<tr>
<td>21</td>
<td>Community Based Health Facility</td>
</tr>
<tr>
<td>22</td>
<td>General Practice Setting</td>
</tr>
<tr>
<td>23</td>
<td>Residential Care</td>
</tr>
<tr>
<td>24</td>
<td>Supported Accommodation Setting</td>
</tr>
<tr>
<td>31</td>
<td>Home</td>
</tr>
<tr>
<td>41</td>
<td>Educational Institution Setting</td>
</tr>
<tr>
<td>98</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>99</td>
<td>Other</td>
</tr>
</tbody>
</table>
This item should be coded to reflect the delivery location from the patient's/client's perspective, not the location of the health service professional(s).

11 Hospital Setting - Inpatient Setting
This code should be used where a patient/client is an admitted patient and physically present in the hospital at the time of the contact/client service event.

Excludes:
- HITH (use code 31)
- Emergency Department (use code 13)
- General Practice Clinics (use code 22)

This code should not be used for Outpatient Services, as they are not in scope for this collection.

12 Hospital Setting - Clinic/Centre
Includes
- Outpatient Clinics
- CRC within a hospital
- Specialist Clinic

21 Community Based Health Facility
Includes:
- Community Based Palliative Care Facility
- Community Health Centres
- CRCs not within a hospital

23 Residential Care
Includes when that is where the patient/client usually resides.

24 Supported Accommodation Setting
Includes when that is where the patient/client usually resides.

31 Home
Includes:
- Patients/clients receiving an intervention by telephone or telemedicine in their home
- Patients/clients concurrently HITH patients

Excludes patients living in a:
- Nursing Home (use code 23)
- Supported Residential Service (SRS)(use code 24)

41 Educational Institution Setting
Includes:
- Preschool/kindergarten
- School
- College
- TAFE
- Training centre/institute setting
- University

98 Not Applicable
Includes:
- Indirect Contacts
- Direct Contacts: Scheduled appointment not attended

99 Other
This code should be used for situations not covered by the other options, for example where a contact/client service event is delivered to a patient/client in another community setting such as a leisure centre, shopping centre or temporary accommodation shelter.
Edits
Refer to Section 8.

Related items
Section 2: Client Service Event (Concept Definition)
Section 2: Client Service Event (Derived Item)
Section 2: Contact
Section 3: Contact/Client Service Event Date/Time

Administration

Purpose
To assist with service planning and monitoring.

Principal data users
Metropolitan Health and Aged Care Services Division, DHS.

Version History

<table>
<thead>
<tr>
<th>Version Number</th>
<th>Effective Date</th>
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<td>1</td>
<td>01 July 2005</td>
</tr>
<tr>
<td>2</td>
<td>01 July 2007</td>
</tr>
</tbody>
</table>

Definition source
DHS

Value domain source
CATCH (DHS Modified)
Contact/Client Service Event Preferred Language

**Specification**

**Definition**
The language (including sign language) most preferred by the patient/client for communication during the provision of care. This may be a language other than English even where the person can speak fluent English.

**Datatype**
Numeric

**Field size**
Min: 4
Max: 4

**Location**
ADTA03 (PID.15\CE.1)
ADTA04 (PID.15\CE.1)*
ADTA08 (PID.15\CE.1)*
ADTA13 (PID.15\CE.1)
PPPCB (PID.15\CE.1)*
PPPPCC (PID.15\CE.1)*
PPPPCD (PID.15\CE.1)*

**Reported by**
Family Choice Program
HARP-CDM
Outpatients
PAC
Palliative Care
SACS
Victorian HIV Service

**Reported for**
Patients/clients whose episodes opened during the current reporting period.

**Reported when**
The current reporting period for this item is the calendar month in which Contact/Client Service Event Date/Time falls.

**Value domain**
HL70296

See Section 9: Code Sets

**Reporting guide**
4 digit codes as specified in ABS Australian Standard Classification of Languages, (2005-2006) (ABS ASCL (2005-06)) should be used.

One of the additional codes, should be used where a patient’s/client’s preferred language is Not stated/inadequately described:
- 0000 Inadequately described
- 0002 Not stated

This information must be ascertained for each contact/client service event.

This information must not be set up to a default code on computer systems.

The standard question is:
What is [your] [the person’s] preferred language?

**Patient/Client is unable to consent (for example child or cognitively impaired):**
Where a patient/client is not able to consent for themselves then the language of the person who is consenting will be recorded. For example a guardian or someone with enduring power of attorney.
0002 Not Stated
Includes:
- Child unaccompanied by an adult, who is too young to identify preferred language in relation to the ability to consent.
- This question on a form was not filled in, or filled in correctly and cannot be verified throughout the contact/client service event.
- Indirect contacts (where Contact/Client Service Event Client Present Status is '31-Patient/Client/Carer(s)/Relative(s) not present: Indirect Contact') in the Palliative Care Program.

Edits
Refer to Section 8.

Related items
Section 3: Contact/Client Service Event Date/Time
Section 3: Country of Birth
Section 3: Interpreter Required

Administration
Purpose
Required for service planning.

Principal data users
DHS

Version History
<table>
<thead>
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<th>Version Number</th>
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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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</tr>
<tr>
<td>2</td>
<td>01 July 2007</td>
</tr>
</tbody>
</table>

Definition source
NHDD

Value domain source
METeOR: Based on 304128 Person – preferred language, (ASCL2205) code NN{NN} (Consistent with CCDSv2)
# Referral In Receipt Acknowledgment Date

## Specification

**Definition**

The date of initial contact with the patient/client or carer to acknowledge receipt of referral.

**Datatype**

Numeric

**Form**

Date

**Field size**

Min: 8  
Max: 8

**Layout**

CCYYMMDD

**Location**

RIII12 (RF1.9\TS.1)  
RIII13 (RF1.9\TS.1)  
RIII14 (RF1.9\TS.1)

**Reported by**

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
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<tbody>
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<tr>
<td>HARP-CDM</td>
<td></td>
</tr>
<tr>
<td>Outpatients</td>
<td></td>
</tr>
<tr>
<td>PAC</td>
<td></td>
</tr>
<tr>
<td>Palliative Care</td>
<td></td>
</tr>
<tr>
<td>SACS</td>
<td></td>
</tr>
<tr>
<td>Victorian HIV Service</td>
<td></td>
</tr>
<tr>
<td>Victorian Respiratory Support Service</td>
<td></td>
</tr>
</tbody>
</table>

**Reported for**

Referrals acknowledged during the current reporting period.

**Reported when**

The current reporting period for this item is the calendar month in which *Referral In Receipt Acknowledgement Date* falls.

**Value domain**

Valid date.

**Reporting guide**

Each Health Service should maintain a single point of entry for all HARP-CDM, PAC, SACS services where an intake process is conducted. Contacting the patient/client to acknowledge receipt of the referral would constitute part of this intake process. Health Services can also use this contact to further progress the intake process.

This contact may be in the form of a letter or email, a telephone contact or in person.

This contact does not constitute a contact/client service event.

This item should be reported for all referrals received, even though the intake process may determine that some people referred are not appropriate patients/clients for the service, and therefore not all referrals **nor referrals acknowledged** need result in an episode being started. **As noted elsewhere, an Episode starts when a referral is accepted.**

**Edits**

Refer to Section 8.

**Related items**

Section 2: Referral Process
Administration

**Purpose**
Required for SACS accountability reporting to the Victorian Government. This item is used together with *Date Referral Received* to determine the percentage of sub-acute ambulatory care service patients/clients contacted within three working days of referral. Used for service planning and quality analysis for HARP-CDM, PAC, and SACS services.

**Principal data users**
Performance Reporting and Analysis Unit (Metropolitan Health and Aged Care Services, DHS). Victorian Government. Australian Government.

**Version History**

<table>
<thead>
<tr>
<th>Version Number</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>01 July 2005</td>
</tr>
<tr>
<td>2</td>
<td>01 July 2007</td>
</tr>
</tbody>
</table>

**Definition source**
DHS

**Value Domain source**
DHS
Change 18: New data element File Sending Application

Summary of change
Add a new data element, File Sending Application, that will identify the application that generated the file sent to VINAH.

Implementation Date
1 July 2009

Modifications to

Data Elements (Section 3)
File Sending Application (new)
Local Identifier Assigning Authority (amend)

Generation and Transmission (Section 5)
Data Element Binding Table for the File (amend).
FHS segment definition (amend).

Edits (Section 8)
E551 (new)
E552 (new)
### Changes for Section 3

The code set for this data item is contained in validation table HL70361. The codes are identical to the software vendor codes used in Local Identifier Assigning Authority. Local Identifier Assigning Authority has been amended slightly to refer to this validation table, however the Local Identifier Assigning Authority rules for use of these codes and those in validation table HL70300 remain unchanged.

### File Sending Application

#### Specification

<table>
<thead>
<tr>
<th><strong>Definition</strong></th>
<th>A code that identifies the application used to generate the VINAH submission.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Datatype</strong></td>
<td>Numeric</td>
</tr>
</tbody>
</table>
| **Field size** | **Min:** 3  
|                | **Max:** 3  |
| **Location**   | Send File FILE (FSH.3)  |
| **Reported by**| Family Choice Program  
|                | HARP-CDM  
|                | Medi-Hotel  
|                | Outpatients  
|                | PAC  
|                | Palliative Care  
|                | SACS  
|                | Victorian HIV Service  
|                | Victorian Respiratory Support Service  |
| **Reported for**| All File messages.  |
| **Reported when**| The current reporting period for this item is the calendar month in which the following events or data elements fall:  
|                | Message Date and Time (All file messages)  |
| **Value domain**| HL70361  |

<table>
<thead>
<tr>
<th><strong>Code</strong></th>
<th><strong>Descriptor</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>DEQ</td>
<td>Dynamic Equilibrium</td>
</tr>
<tr>
<td>ECP</td>
<td>eClinic PalCare</td>
</tr>
<tr>
<td>HMS</td>
<td>Health Management Systems</td>
</tr>
<tr>
<td>HRA</td>
<td>Health service internal repository A</td>
</tr>
<tr>
<td>IBA</td>
<td>IBA Health</td>
</tr>
<tr>
<td>IPM</td>
<td>iSoft iPatient Manager</td>
</tr>
<tr>
<td>PJB</td>
<td>PJB Data Manager</td>
</tr>
<tr>
<td>TCM</td>
<td>Database Consultants Australia The Care Manager</td>
</tr>
<tr>
<td>TKC</td>
<td>TrakHealth TrakCare</td>
</tr>
</tbody>
</table>
If there is no appropriate code for your extraction or submission application, please contact the HDSS Help Desk to discuss an appropriate code allocation.

**HRA – Health service internal repository A**

Code HRA should be reported in situations where a Health Service has an internally developed data repository that accepts data feeds from multiple source systems and then generates a VINAH data transmission. In the event that a Health Service has multiple repositories that fit this definition, please contact the HDSS Help Desk for additional code assignments.

**Edits**

- E001
- E004
- S001

This data element will be validated against edits E001 and E004, which, if triggered will cause edit S001 to trigger in turn.

**Related items**

**Administration**

**Purpose**

To assist with management of VINAH transmissions and data compliance.

**Principal data users**

Metropolitan Health and Aged Care Services Division, DHS.

**Version History**

<table>
<thead>
<tr>
<th>Version Number</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>01 July 2009</td>
</tr>
</tbody>
</table>

**Definition source**

<table>
<thead>
<tr>
<th>Value domain source</th>
</tr>
</thead>
<tbody>
<tr>
<td>DHS</td>
</tr>
</tbody>
</table>
Local Identifier Assigning Authority

**Specification**

**Definition**
The assigning authority is a unique code identifying the system (or organisation or agency or department) that created the local identifier.

**Datatype**
Alphanumeric

**Form**
Structured Code

**Field size**
Min: 3
Max: 6

**Location**
- ADTA03 (PID.15\CX.4\HD.1)
- ADTA04 (PID.15\CX.4\HD.1)
- ADTA08 (PID.15\CX.4\HD.1)
- ADTA13 (PID.15\CX.4\HD.1)
- PPPPCB (PID.15\CX.4\HD.1)
- PPPPCC (PID.15\CX.4\HD.1)
- PPPPCD (PID.15\CX.4\HD.1)
- RIFI12 (PID.15\CX.4\HD.1)
- RIFI13 (PID.15\CX.4\HD.1)
- RIFI14 (PID.15\CX.4\HD.1)
- RIIII2 (PID.15\CX.4\HD.1)
- RIIII3 (PID.15\CX.4\HD.1)
- RIIII4 (PID.15\CX.4\HD.1)

**Reported by**
- Family Choice Program
- HARP-CDM
- Medi-Hotel
- Outpatients
- PAC
- Palliative Care
- SACS
- Victorian HIV Service
- Victorian Respiratory Support Service

**Reported for**
All messages.

**Reported when**
All messages.

**Value domain**
See reporting guide, below. Refer to Table HL70300 in Section 9: Code Lists for Local Assigning Authority codes based on Geographic or Organisational bases.

Refer to Table HL70361, below for prefix codes based on software system.

**Table Identifier**
- HL70300
- HL70361

**Prefix Code**
- DEQ
- ECP
- HMS
- HRA
- IBA
- IPM
- PJB
- TCM
- TKC

**Descriptor**
- Dynamic Equilibrium
- eClinic PalCare
- Health Management Systems
- Health service internal repository A
- IBA Health
- iSoft iPatient Manager
- PJB Data Manager
- Database Consultants Australia The Care Manager
- TrakHealth TrakCare
Reporting guide

When included as part of the identifier for a person this code should identify the establishment assigning the Person Identifier to the client. For example, if a care provider uses identifiers generated by the Patient Master Index of a particular establishment, the code reported in this data element should be the identifier allocated to that establishment.

The value domain for this data element was generated on the assumption that values would be assigned at a local establishment level, that is, on a geographic or organisational basis. However, in the event that this is not an accurate reflection of the situation at a given organisation, for example where there are multiple systems that use common identifiers across multiple establishments but do not share the identifiers between systems.

To this end additional codes have been created for this data element allowing vendors to specify their system as the assigning authority by prefixing or replacing the geographic/organisationally-based code with a 3-character code. If you are a software vendor and wish to take up this option, but there is no appropriate code, please contact the HDSS Help Desk to discuss an appropriate code allocation.

Layout

Part 1
Layout: AAA
Three character software system code.

Part 2
Layout: XXX
Geographic or organisationally-based code

For example, valid codes for Test Hospital (500) reporting a local identifier from Test System (XXX) could be XXX, XXX500 or 500.

This supports a situation where separate systems are in place in different locations (for example system AAA for HARP programs at locations 111 and 222 and system BBB for SACS programs also at locations 111 and 222) and the systems can neither communicate common identifiers between different sites or each other.

HRA – Health service internal repository A
Code HRA should be reported in situations where a Health Service has an internally developed data repository that accepts data feeds from multiple source systems and then generates a VINAH data transmission. In the event that a Health Service has multiple repositories that fit this definition, please contact the HDSS Help Desk for additional code assignments. Note that code HRA should only be used if the repository is the assigner of the code.

Edits

Refer to Section 8.

Related items

Section 3: Contact/Client Service Event Provider (Business Data Element)
Section 3: Identifier Type
Section 3: Person Identifier (Business Data Element)
Section 9: Code Lists
Administration

Purpose
To enable management of VINAH transmissions.

Principal data users
Metropolitan Health and Aged Care Services Division, DHS.

Version History

<table>
<thead>
<tr>
<th>Version Number</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>01 July 2005</td>
</tr>
<tr>
<td>2</td>
<td>01 July 2007</td>
</tr>
<tr>
<td>3</td>
<td>01 July 2009</td>
</tr>
</tbody>
</table>

Definition source
HL7 (DHS Modified)

Value domain source
DHS
Changes for Section 5
Changes to the Generation and Transmission section are to the Data Element Binding Table for the File message.

NB: Changes to the structure and layout of Section 5 of the VINAH manual are being considered to improve clarity and readability, however, the change below is presented in the existing format.

HL7 Specification changes
This data element will be reported in the FHS.1 segment field (File Sending Facility) on the File Header Segment.

Binding table changes are detailed below.

<table>
<thead>
<tr>
<th>Message</th>
<th>Data Element Name</th>
<th>HL7 Attribute Name</th>
<th>Location</th>
<th>Value Domain</th>
</tr>
</thead>
<tbody>
<tr>
<td>FILE</td>
<td>File Sending Application</td>
<td>FileSendingApplication</td>
<td>FHS.3</td>
<td>HL70361</td>
</tr>
</tbody>
</table>

Segment FHS

<table>
<thead>
<tr>
<th>Name</th>
<th>Data Type</th>
<th>Required</th>
<th>Length</th>
<th>Cardinality</th>
<th>Fixed Value</th>
<th>Validation Table</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 FieldSeparator</td>
<td>ST</td>
<td>Required</td>
<td>1..1</td>
<td>1..1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 EncodingCharacters</td>
<td>ST</td>
<td>Required</td>
<td>4..4</td>
<td>1..1</td>
<td>^~&amp;</td>
<td></td>
</tr>
<tr>
<td>3 FileSendingApplication</td>
<td>ST</td>
<td>Required</td>
<td>0..80</td>
<td>1..1</td>
<td></td>
<td>HL70361</td>
</tr>
<tr>
<td>4 FileSendingFacility</td>
<td>HD</td>
<td>Required</td>
<td>0..227</td>
<td>1..1</td>
<td></td>
<td>HL70362</td>
</tr>
<tr>
<td>5 FileReceivingApplication</td>
<td>ST</td>
<td>Required</td>
<td>0..15</td>
<td>1..1</td>
<td></td>
<td>990037</td>
</tr>
<tr>
<td>6 FileReceivingFacility</td>
<td>HD</td>
<td>Required</td>
<td>0..227</td>
<td>1..1</td>
<td>AUSDHSV</td>
<td>HL70362</td>
</tr>
<tr>
<td>7 FileCreationDateTime</td>
<td>TS</td>
<td>Required</td>
<td>0..26</td>
<td>1..1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 FileNameID</td>
<td>ST</td>
<td>Required</td>
<td>0..20</td>
<td>1..1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 FileHeaderComment</td>
<td>ST</td>
<td>Optional</td>
<td>0..80</td>
<td>1..1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

FHS.5 (FileReceivingApplication)
This field is used from 2007-08 to assist transition processing and monitor compliance with annual changes to the VINAH version.

FHS.6 (FileReceivingFacility)
This field uses validation table HL770362, however the value for submitting to VINAH will be AUSDHSV.
Change 19: Update data element VINAH Version

Summary of change Add a new code to the data element VINAH Version to reflect the 2009-10 changes.

Implementation Date 1 July 2009

Modifications to Data Elements (Section 3) VINAH Version (amend)
Changes for Section 3

VINAH Version

**Specification**

**Definition**
A code that identifies the version of VINAH being reported in the current file.

<table>
<thead>
<tr>
<th>Datatype</th>
<th>Alphanumeric</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field size</td>
<td>Min: 10</td>
</tr>
<tr>
<td></td>
<td>Max: 10</td>
</tr>
<tr>
<td>Location</td>
<td>FILE (FHS.5)</td>
</tr>
</tbody>
</table>

**Reported by**
- Family Choice Program
- HARP-CDM
- Medi-Hotel
- Outpatients
- PAC
- Palliative Care
- SACS
- Victorian HIV Service
- Victorian Respiratory Support Service

**Reported for**
All File messages.

**Reported when**
All File messages.

**Value domain**
990037

<table>
<thead>
<tr>
<th>Code</th>
<th>Descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;null&gt;</td>
<td>SACS MDS v1 (2005-06) or VINAH MDS v2 (2006-07)</td>
</tr>
<tr>
<td>VINAH3</td>
<td>VINAH MDS v3 (2007-08)</td>
</tr>
<tr>
<td>VINAH4</td>
<td>VINAH MDS v4 (2008-09)</td>
</tr>
<tr>
<td>VINAH5</td>
<td>VINAH MDS v4 (2009-10)</td>
</tr>
</tbody>
</table>

**Reporting Guide**

**Edits**
General edits only, see Format.

**Related items**
Section 5: Segment FHS

**Administration**

**Purpose**
To enable management of VINAH transmissions.

**Principal data users**
VINAH processing.

**Version History**

<table>
<thead>
<tr>
<th>Version Number</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>01 July 2007</td>
</tr>
<tr>
<td>2</td>
<td>01 July 2008</td>
</tr>
<tr>
<td>3</td>
<td>01 July 2009</td>
</tr>
</tbody>
</table>

**Definition source**
DHS

**Value domain source**
DHS
Change 20: Add nine new edits

Summary of change
Add nine new edits to improve data quality and security.

The edits are intended to fulfil two functions, as detailed below.

Firstly, four new validations (F010, F011, B010 and E010) improve data security and integrity by ensuring that the submitting user is authorised to submit data for the submitting organisation, and that organisation identifiers match appropriately within the transmission.

Secondly, that date integrity is maintained. Two new validations (E007, E008) ensure future dates are not transmitted by comparing the message date with the portal submission date and, a generic validation checks all dates against the message date in which they are transmitted.

A new validation (E155) tests that the date of death, if present, it is not before the date of birth.

A new validation (E411) compliments existing validation E256 in testing for correct sequencing of Referrals In and Episode Starts.

A new validation (E011) ensures data element values repeat appropriately.

Implementation Date 1 July 2009

Modifications to Edits (Section 8)
F010 (new)
F011 (new)
B010 (new)
E007 (new)
E008 (new)
E010 (new)
E011 (new)
E155 (new)
E411 (new)
Changes for Section 8

New file level validations:

<table>
<thead>
<tr>
<th>Validation ID</th>
<th>Message</th>
<th>Cause</th>
<th>Resolution</th>
</tr>
</thead>
<tbody>
<tr>
<td>F010</td>
<td>User '&lt;UserName&gt;' is not authorised to transmit data for Organization Identifier '&lt;OrganisationIdentifier&gt;'</td>
<td>DHS has not authorised your username to submit data with this Organization Identifier in the file name.</td>
<td>Ensure the correct organisation identifier appears in the file name.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Contact the HDSS Helpdesk or your software vendor for support.</td>
</tr>
<tr>
<td>F011</td>
<td>File Header Segment Organisation Identifier '&lt;OrganisationIdentifier&gt;' does not match Organisation Identifier '&lt;OrganisationIdentifier InFileName&gt;' in filename</td>
<td>The Organisation Identifier in the File Header Segment must match the Organisation Identifier in the file name.</td>
<td>Ensure the correct organisation identifier appears in the file name.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Contact the HDSS Helpdesk or your software vendor for support.</td>
</tr>
</tbody>
</table>

New batch level validation:

<table>
<thead>
<tr>
<th>Validation ID</th>
<th>Message</th>
<th>Cause</th>
<th>Resolution</th>
</tr>
</thead>
<tbody>
<tr>
<td>B010</td>
<td>User '&lt;UserName&gt;' is not authorised to transmit data for Organization Identifier '&lt;OrganisationIdentifier&gt;'</td>
<td>DHS has not authorised your username to submit data with this Organization Identifier in the Batch Header Segment.</td>
<td>Contact the HDSS Helpdesk or your software vendor for support.</td>
</tr>
</tbody>
</table>
New generic validation rules:

<table>
<thead>
<tr>
<th>Validation ID</th>
<th>Message</th>
<th>Cause</th>
<th>Resolution</th>
</tr>
</thead>
<tbody>
<tr>
<td>E007</td>
<td>Message Date/Time (&lt;MessageDateTime&gt;) is after the Date of Submission (&lt;SubmissionDate&gt;)</td>
<td>Message Date/Time can not be after the date of submission, that is, the date and time uploaded to the HealthCollect portal.</td>
<td>Contact the HDSS Helpdesk or your software vendor for support.</td>
</tr>
<tr>
<td>E008</td>
<td>Date provided (&lt;Value&gt;) in field '&lt;FieldName&gt;' is after the Message Date/Time (&lt;MessageDateTime&gt;)</td>
<td>All dates within VINAH must be before the message date and time of the message in which they are transmitted.</td>
<td>Ensure that the date (and time) is correct and resubmit. Contact the HDSS Helpdesk or your software vendor for support.</td>
</tr>
<tr>
<td>E010</td>
<td>Message Header Segment Organisation Identifier '&lt;OrganisationIdentifier &gt;' does not match Organisation Identifier '&lt;OrganisationIdentifier InFileName&gt;' in Batch Header</td>
<td>The Organisation Identifier in the Message Header Segment must match the Organisation Identifier in the Batch Header</td>
<td>Contact the HDSS Helpdesk or your software vendor for support.</td>
</tr>
<tr>
<td>E011</td>
<td>Data Element '&lt;DataElement&gt;' has been repeated a number of times (&lt;Reps&gt;) that is outside the allowable range for this data element (Min=&lt;Min&gt;, Max=&lt;Max&gt;)</td>
<td>Values in fields some fields can be repeated, but a field was repeated more than the allowable limit, or less than the required amount.</td>
<td>Ensure the data is correct and resubmit. Contact the HDSS Helpdesk or your software vendor for support.</td>
</tr>
</tbody>
</table>
### New Patient/Client Registration Validation Rule:

<table>
<thead>
<tr>
<th>Validation ID</th>
<th>Message</th>
<th>Cause</th>
<th>Resolution</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>E155</strong></td>
<td>Date of Birth (&lt;DateOfBirth&gt;) is after Date of Death (&lt;DateOfDeath&gt;)</td>
<td>Date of Birth must be on or before Date of Death</td>
<td>Check that the date of birth and/or date of death for the patient/client is correct, and resubmit.</td>
</tr>
</tbody>
</table>

### New Referral In Validation Rule:

<table>
<thead>
<tr>
<th>Validation ID</th>
<th>Message</th>
<th>Cause</th>
<th>Resolution</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>E411</strong></td>
<td>Date Referral Received (&lt;Date&gt;) is after Episode Start Date (&lt;Date&gt;)</td>
<td>Referral In Received Date must be on or before the Episode Start Date.</td>
<td>Check that the value of the corresponding data elements are correct, and resubmit the record.</td>
</tr>
</tbody>
</table>
Change 21: Changes to VINAH transmission schedule

Summary of change  From 01 July 2009, the regular VINAH transmission schedule will include an initial deadline of the 10th, as well as the existing deadline of clean and complete data by the 17th day of the month following the reference month.

Final consolidation of 2009-10 data will be on 10 September 2010.

Implementation Date  1 July 2009

Modifications to  

Generation and Transmission (Section 5)
Scheduling (amend)
Changes for Section 5

The text below replaces the Scheduling sub-section its entirety.

Scheduling

Submitting Organisations are encouraged to transmit VINAH MDS data frequently, and may transmit as often as desired. Submitting Organisations must meet the minimum requirements set out below.

VINAH data compliance is reckoned on a monthly basis. Data for each calendar month (reference month), as specified in the Reported When component of each data element, must be transmitted as specified below.

Submitting organisations must make at least one submission to the Health Collect portal for the reference month by no later than 5PM on the tenth day of the month following the reference month.

All errors are to be corrected in time for the VINAH MDS file consolidation at 5PM on the 17th day of the month following the reference month. It is expected that complete data for the month is transmitted by the 17th.

Data for the financial year must be completed in time for the VINAH MDS file consolidation on 17 August. Any final corrections must be received at the Health Collect portal before finalisation of the VINAH MDS database on 10 September.

It is the Health Service's responsibility to ensure that data is received by DHS to meet the processing schedule above, regardless of the actual day of the week.

If difficulties are anticipated in meeting the monthly timelines, the hospital must write to the Manager, Health Data Development indicating the nature of the difficulties, remedial action being taken, and the expected transmission schedule.

Exemptions for late data will only be considered for circumstances beyond the control of the hospital. Software problems are, of themselves, insufficient justification for late submission of data. Hospitals are expected to have arrangements in place with their software vendor that to ensure that statutory reporting requirements are met.

Note that during the initial VINAH MDS implementation period for new agencies and program types, flexible arrangements may be negotiated with Submitting Organisations on a case-by-case basis.
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