

# Community and Women's Health Programs

2007-08 Data Reporting Guidelines

**Primary Health Branch  
Victorian Department of Human Services**

2007-08 Version 2.0

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[http://www.health.vic.gov.au/communityhealth/data\\_reporting/reporting.htm](http://www.health.vic.gov.au/communityhealth/data_reporting/reporting.htm)

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## About this Document

This document describes the data collection and reporting requirements for agencies funded by the Community and Women's Health Program (C&WH) and those program-funded agencies that provide services to Department of Veterans' Affairs clients.

The main purposes of this document are:

- To provide a comprehensive description of the data reporting requirements to assist funded agencies with data collection and reporting.
- To outline the roles and responsibilities of parties involved in the data reporting processes as well as data quality standards, validation rules and the feedback processes.

The intended audience for this document is:

- Funded agencies who are required to meet the C&WH reporting requirements
- Software vendors

### Related Documents

This document should be cross-referenced with the following documents:

- Primary Health Funding Approach (PHFA)  
[http://www.dhs.vic.gov.au/rrhacs/ph\\_funding/what\\_has\\_changed.htm](http://www.dhs.vic.gov.au/rrhacs/ph_funding/what_has_changed.htm)
- The Primary Health Funding and Policy Guidelines 2006 – 07 to 2008 – 09  
[http://www.dhs.vic.gov.au/rrhacs/phb\\_guidelines.htm](http://www.dhs.vic.gov.au/rrhacs/phb_guidelines.htm)
- Reporting unit level data for Community & Women's Health funded agencies: Information resource January 2006.  
[http://www.health.vic.gov.au/communityhealth/publications/info\\_resource.htm](http://www.health.vic.gov.au/communityhealth/publications/info_resource.htm)
- Rural and Regional Health and Aged Care Services Division Policy and Funding Plan 2006 – 07 to 2008 – 09. Annual Update 2007-08 edition (including Drug Services)  
<http://www.dhs.vic.gov.au/rrhacs/pfplan.htm>

# Purpose of Data Reporting

## Introduction

Funded agencies are required to submit data reports and other evidence that funding has been used appropriately to help the Department in its monitoring role.

The purpose of data reporting is to support one or more of the following functions:

- Reporting to the Department of Finance (State Treasury) in respect of agreed output targets,
- Internal reporting to departmental directors, program managers and regional offices for
  - Departmental policy development, monitoring and strategic planning,
  - Departmental service monitoring and targeting,
  - Departmental budget and resource allocation processes,
  - Departmental research
- Providing feedback to funded service provider agencies.
- Providing research and policy development information required by various research and policy development projects (internal and external).

## Reported Activities

The Community Health program aims to improve the health and wellbeing of Victorians, and reduce demand for more specialised medical and acute hospital services. Community Health Services (CHS) play an important role in preventive, rehabilitative, maintenance and support programs for people with complex conditions and chronic illnesses, such as diabetes, cardiovascular disease and asthma. See Table 1 for details of funded Activities and Service types.

Table 1 – Reportable Activities for Funded Components in Community Health Care

SAMS ID	Funding Source	Reported Activities
28071	Aboriginal Health Promotion and Chronic Care (AHPACC) Partnership	Audiology
		Dietetics
		Occupational Therapy
		Physiotherapy
		Podiatry
		Speech Therapy
		Counselling
		Nursing
		Initial Needs Identification
		Health Promotion
28065	Community Health – Direct Care	Audiology
		Dietetics
		Occupational Therapy
		Physiotherapy
		Podiatry
		Speech Therapy
		Counselling

<b>SAMS ID</b>	<b>Funding Source</b>	<b>Reported Activities</b>
		Nursing
		Initial Needs Identification
28001	Community Health - Health Promotion	Health Promotion
28074	Community Health - Diabetes Self Management	Audiology
		Dietetics
		Occupational Therapy
		Physiotherapy
		Podiatry
		Speech Therapy
		Counselling
		Nursing
		Initial Needs Identification
		Health Promotion
28072	Community Health – Integrated Chronic Disease Management	Audiology
		Dietetics
		Occupational Therapy
		Physiotherapy
		Podiatry
		Speech Therapy
		Counselling
		Nursing
		Initial Needs Identification
		Health Promotion
28015	Family And Reproductive Rights Education Program – Direct Care	Counselling
		Initial Needs Identification
28016	Family And Reproductive Rights Education Program - Health Promotion	Health Promotion
28063	Family Planning	Education and Training
28064	Family Planning - Clinical Services and Training	Clinical Services and Training
28068	Family Planning – Direct Care	Counselling
		Nursing
		Initial Needs Identification
28018	Family Planning - Health Promotion	Health Promotion
28066	Innovative Health Services for Homeless Youth – Direct Care	Counselling
		Nursing
		Initial Needs Identification

SAMS ID	Funding Source	Reported Activities
28021	Innovative Health Services for Homeless Youth - Health Promotion	Health Promotion
35047	Small Rural – Primary Health Care Services	Audiology
		Dietetics
		Occupational Therapy
		Physiotherapy
		Podiatry
		Speech Therapy
		Counselling
		Nursing
		Initial Needs Identification
		Health Promotion
28023	Suicide Prevention – Direct Care	Counselling
		Initial Needs Identification
28024	Suicide Prevention - Health Promotion	Health Promotion
28067	Women's Health – Direct Care	Counselling
		Nursing
		Initial Needs Identification
28050	Women's Health - Health Promotion	Health Promotion

## Who Should Report

All service agencies that have a Community Health or Women's Health Programs Service Plan attached to their respective Service Agreements need to report. These include:

- Community Health Service providers claiming funding for *Allied Health* and *Community Health -counselling and nursing services* delivered to Department of Veterans' Affairs members.
- Agencies funded under the Small Rural Health Services (SRHS) funding model and provide services under Small Rural – Primary Health Care Services. (see [Table 1](#) above ).
- Agencies funded under the Small Rural Health Services (SRHS) approach that change their service mix to deliver additional primary health services, using funds originally sourced from acute health.

## When to Report

Agencies are required to submit all reports to the Department of Human Services according to the following time frames listed in Table 3.

Table 3 - Data Reporting Timeframe for Primary and Community Health Programs

Report type	Reporting frequency	When to submit data report	Notes
Multipurpose (Details pg.13)	Quarterly	15 Oct 2007 15 Jan 2008 15 Apr 2008 15 July 2008	15th day after the end of each quarter

- Data should be sent electronically to the Primary Health Branch with a copy to the regional program and service advisors (PASA) See [table 4](#) below. Agencies that send data to any other email address will not be seen to have complied with their data reporting requirements.
- Agencies sending amended reports will need to send their amended reports to central office by the time line illustrated in [Diagram 1](#), if they want to see the amendments reflected in latest feedback reports.
- If the 15<sup>th</sup> day falls on a weekend then data should be sent by the Friday before.
- Subject format of the email should contain the agency name or Agency ID and the quarter and the financial year that the data is being sent.

Example of the required format is:

Table 4

To:	<a href="mailto:Central.PrimaryHealthData@dhs.vic.gov.au">Central.PrimaryHealthData@dhs.vic.gov.au</a>
Cc:	Responsible PASA
Subject:	Agency ID, Agency Name, reporting quarter

The format above will allow for faster processing of data and for quicker identification of data submission emails.

## What to Report – Mandatory Data Reports

The following table indicates the report type and reporting frequency for relevant DHS funded components and activities.

Table 2 - Mandatory Data Reports for Community Health Care and Small Rural Primary Health Care Services

Report Type	Funding Source										Reporting Frequency
	Community Health	Women's Health	Innovative Health Services for Homeless Youth (IHSY)	Family Planning	Family & Reproductive Rights Education	Suicide Prevention	Early Intervention in Chronic Disease	Diabetes Self Management	AHPACC	Small Rural – Primary Health Care Services	
Multipurpose Report*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Quarterly

\* Those agencies that do not have the capacity to provide a Multipurpose Report should refer to Appendix A for information about DHS Templates.

Further information regarding the SRHS funding and accountability approach can be found in the Small Rural Health Services Guide 2003-04 and Small Rural Health Services Guide - Update for 2005-06 available at DHS, <http://www.health.vic.gov.au/ruralhealth/hservices/small.htm> website

## Current & Expected Changes to 07-08 Data Reporting

### Primary Health Funding Approach (PHFA)

A revised PHFA has been recently released. This is a continuation of the reform that commenced when the PHFA was originally introduced. You can find more information about the PHFA on the following link: [http://www.dhs.vic.gov.au/rrhacs/ph\\_funding/index.htm](http://www.dhs.vic.gov.au/rrhacs/ph_funding/index.htm)

Implications of PHFA for Data Reporting are as follows:

- **Counting rule for group sessions** - The PHFA counting rules for group sessions will remain unchanged, and will therefore not align with the counting rules for group sessions under HACC. It should be noted that the HACC unit price for 'planned activity groups' - which applies unit prices to the number of participants instead of to the clinicians' hours of service - is significantly lower than revised PHFA unit prices. Group sessions for health promotion should be included in health promotion plans and reports. A policy on counting health promotion group sessions will be developed as part of the work to establish health promotion performance measures.
- **Counting rule for direct, indirect and travel time** – Direct, indirect and travel time will be reported as previously, however under the revised PHFA an hour of Direct Care is the sum of direct time and indirect time. Whilst travel time is still reported, it no longer contributes to Direct Care hours because the increase in the unit prices compared with the previous PHFA adequately allows for typical travel time. For more detail see: [http://www.dhs.vic.gov.au/rrhacs/ph\\_funding/counting\\_rules.htm](http://www.dhs.vic.gov.au/rrhacs/ph_funding/counting_rules.htm)
- **Data Errors** – Upon the full implementation of the PHFA in 2009-10, excluding exceptional circumstances, claims of incorrect data reporting will not be accepted as reasons for under or over-performance in target achievements. Correct data reporting will be critical to ensure correct assessment of an agency's performance in respect to the recall policy. It is the responsibility of community health agencies to detect and fix incorrect reporting. The Primary Health Branch is not able to directly detect errors in reporting from agency data submissions.

### Health Promotion

The performance measures for health promotion will change from 'hours of service' targets to indicators related to the quality and impact of the health promotion plan and its implementation.

The Primary Health Branch will develop these as a major body of work in consultation with relevant stakeholders over the two-year transition period. Current requirements for submitting a three-year strategic health promotion plan and annual operational plans and reports will remain in place. Until the new measures are formally implemented in 2009-10, service agreements will require CHSs to report hours of service on a quarterly basis.

### Funded Agency Channel (FAC)

The FAC was developed to provide information and applications online to support the business relationship between DHS and the funded sector. In order to further support its main aim of easy access to relevant information and resources to support agency management, 07-08 Agency Feedback reports provided by the Primary Health Branch will also be available on the Funded Agency Channel. For more information visit <https://fac.dhs.vic.gov.au/>

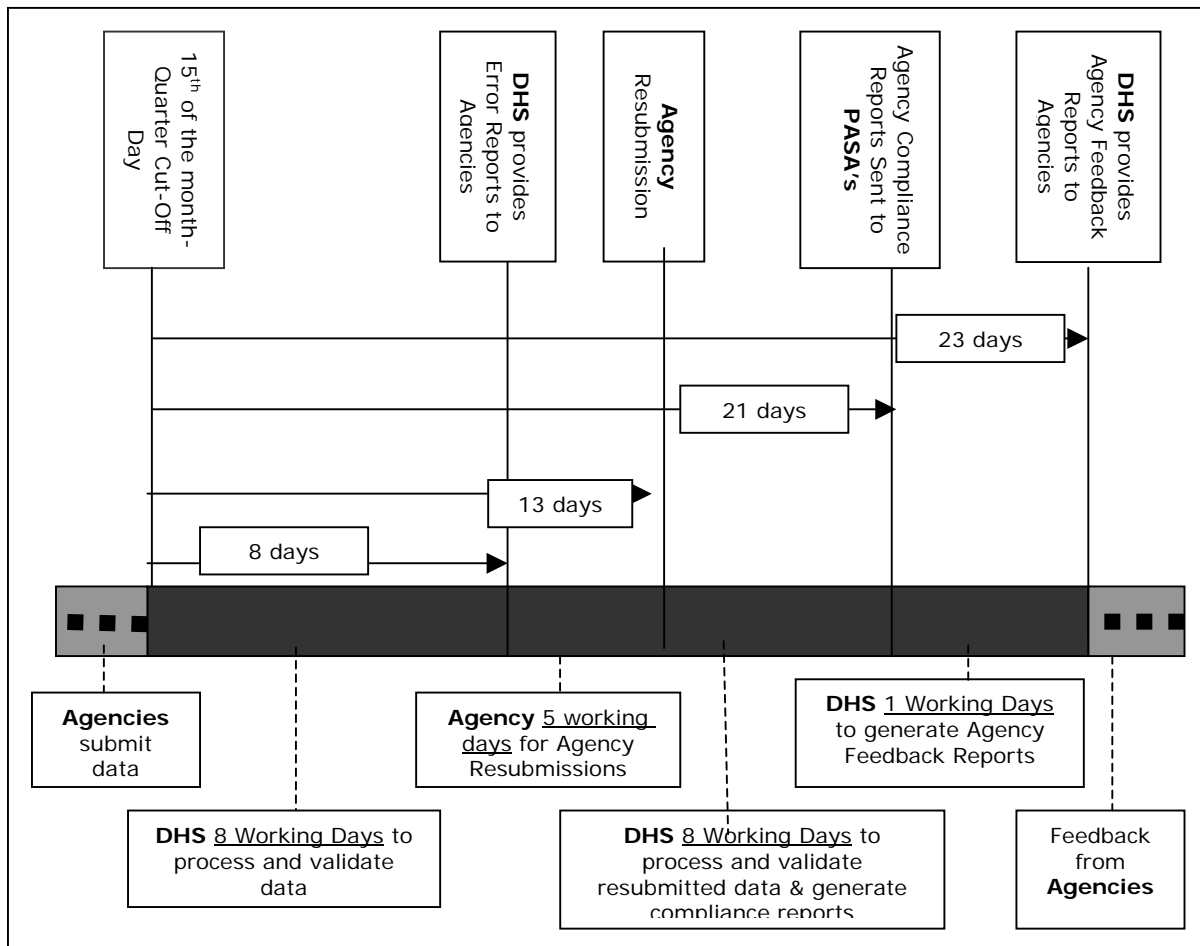
## Regional Feedback & Agency Summary Report Turn-around Times

Data is due to the Primary Health Branch by the 15th Day of every Quarter (see [table 4](#) for more details.) To facilitate faster data processing, any data submitted after the 15th will not be processed for the quarter instead the data will be loaded at a later date and feedback reports will not be generated. Agencies with late data will have to wait for the following quarter to receive their updated feedback reports.

Based on this timeline the data loading and validation will take approximately 16 working days. Once all the data has been validated and loaded, error reports will be provided to agencies to help with data quality issues, this will be done over an 8 working day period. (See [Rejection Policy](#) on Pg 11)

Re-submissions from agencies with error reports will be accepted for a 1-week period after this and once again validated and loaded. Re submissions will be validated over a 7-working day period. Finally Agency summary reports and feedback reports to the regions will be generated and sent within 4 working days. This whole process will therefore have a turnaround time of **8 weeks**.

Diagram1- Data Reporting Turn Around Times



The policy regarding late data has been changed to ensure that there is a quicker turn around in providing agency feedback reports to DHS regional offices and agencies

## Changes to Multipurpose Report

The Multipurpose Report (MPR) continues to be the Primary Health Branch's commitment to ensuring better data quality and utility of agency data. The MPR is now the standard reporting format for all the reporting software used by C&WH funded agencies. To support the implementation of HealthSmart and program planning needs, agencies are requested to use the MPR as the quarterly submission to the Primary Health Branch. The MPR will replace the five reports (Primary Health Care Report, Health Promotion Report, Client Type Report, Registered Client Report and the Department of Veterans' Affairs Report).

The MPR allows for:

- Improved methods for **calculating waiting times** using key dates - this is part of each unit record and replaces the Demand Management Survey.
- Inclusion of **Initial Needs Identification (INI)** as a service type - agencies will report hours of INI.
- Inclusion of **date of exit** and **main reason for cessation of services** - these relate to both a single course of care or for people with multi-disciplinary care requirements.
- Flags for **Chronic Complex Client** and **refugee status** - to monitor Aboriginal Health Promotion and Chronic Care (AHPACC) Partnership (with ATSI flag), Early Intervention in Chronic Disease and Refugee Health Nurse initiatives.
- Alignment to Rural and Regional Health and Aged Care Services (RRHACS) **Common Client Data Set** - which will reduce agency data collection burden and allow potential linkages between Community & Women's Health (C&WH), Home and Aged Community Care (HACC), Aged Care Assessment Service (ACAS) and Alcohol and Drug (A&D) data.
- **Chronic and complex conditions** - to track health conditions.
- **IFI** codeset - reason for service intervention codeset.

## Demand Measurement Project

Measuring waiting times consistently across the sector enables benchmarking across agencies, can identify local resource allocation, service model and service planning issues, and best practice strategies for managing high demand.

The Department has, in consultation with the sector, developed a more robust approach to demand measurement in Community Health Services (CHSs), aligned with other relevant program areas. This includes the collection of continuous client level data based on clear business rules and definitions. Agencies are required to capture data from 2007 - 08, once the data reporting systems have the capacity to meet the new data collecting and reporting requirements. Data will be provided to the Primary Health Branch on a quarterly basis using the Multipurpose report.

This approach provides the basis for further work on demand management to identify a standardised Community Health demand management model which addresses waiting list definition, prioritisation and management of Community Health Program allied health, counselling and nursing services. The approach was developed in consultation with the sector.

In order to ensure a standardised approach, **waiting lists for accessing CHSs must remain open at all times**. This policy position has been included in the Primary Health Policy and Funding Guidelines 2006 – 2007 to 2008-09.

This project has conducted rigorous consultations with the field and developed a diagram of a client's journey in Community Health Services based on the service coordination model. The diagram illustrates various components of service provision and points to be measured and assist both the Department and service provider better understanding client's journey.

The Department will be measuring waiting times as the time elapsed between: request for service *initial contact date*, the *date of Initial Needs Identification* and *date of service provision*. In order to accurately capture the waiting time, *date entered onto the waiting list* will also be captured. The service provider has the opportunity to do further analysis of data along the client journey, and this can be determined by internal agency policies. See **Primary Health Branch Policy & Funding Guidelines 2006-07 to 2008-09** for more details  
[http://www.dhs.vic.gov.au/rrhacs/phb\\_guidelines.htm](http://www.dhs.vic.gov.au/rrhacs/phb_guidelines.htm)

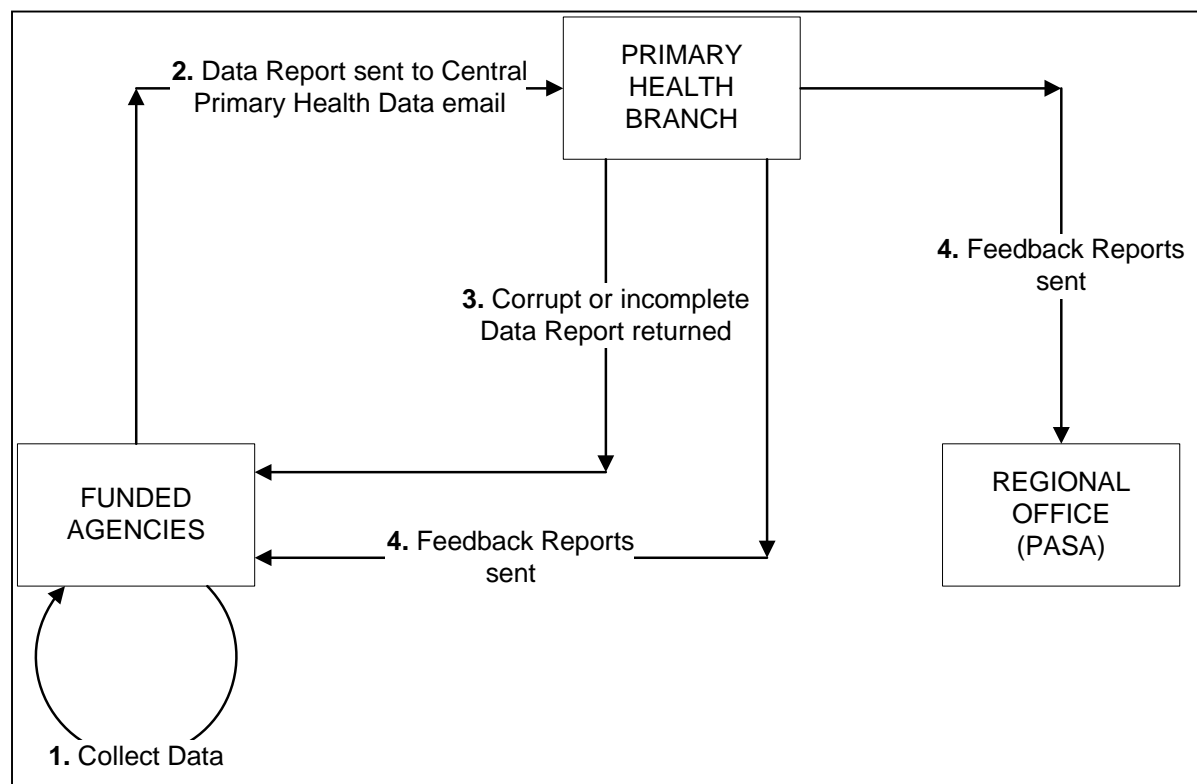
## Data Collection & Reporting Processes

### Data reporting processes

The data reporting process is a 4-step process:

1. Agencies collect the required data.
2. Agencies send the data reports to DHS Primary Health Branch via the Central Primary Health Data email by due date in electronic format.
3. Data is validated and uploaded
4. Feedback reports are produced and sent to PASAs and agencies.

Diagram 1. Data reporting process



The Primary Health Branch prepares the data for upload to the Primary Health Data Mart (central data repository). During this phase, further checks will be conducted on the received files and missing data, erroneous and questionable data will be identified through this process.

Submitted data that does not meet the quality standard or that are fundamentally flawed will be returned to agencies and DHS Regional offices will be notified in each instance.

Data Validation Exception Reports will be provided to assist agencies to take corrective actions.

The Primary Health Branch will also monitor compliance with data submission according to the set reporting timeframes. Reminder notices will be sent to DHS Regional offices to follow up on outstanding data reports.

Data that meets the data quality standards will be uploaded to the Primary Health Data Mart and standard feedback reports will be generated for agencies and regions.

## Data collection tools

The main data collection systems used by Community Health service providers are:

- HealthSmart (iSoft or Trak Health)
- SWITCH (State Wide Information Technology for Community Health).
- Other System adopted by agencies eg. BDNS, Jade Care, PJB, HMS, PIMS, iData & Others.

Please Note

Service provider agencies are responsible for arranging their own internal data management processes so that quarterly reports are provided to DHS in a timely manner in full compliance with the requirements and relevant formats set out in this document.

## Data submission method

Agencies are required to report unit level data. Those agencies that do not have the information system capacity to provide a Multi-purpose report see [Appendix A](#) for **DHS Reporting Template** and further information.

The Multipurpose report must be submitted electronically, (see [table 4](#) and [Diagram 1](#)) for data submission timelines and email formats).

Agencies that have negotiated with their regions to provide data via **DHS template** are still required to send their data in electronically.

## Feedback for service providers

The Primary Health Branch will continue providing standard reports on service delivery outputs, client demographic characteristics and quality of data reports at the agency level for service providers and DHS regional advisers.

The purpose of this feedback process is to assist with performance monitoring and service planning. The data quality feedback reports will also assist with improving quality of submitted data.

## Late data

The Primary Health Branch will still accept late data from agencies however if data is submitted after the timelines stipulated in **Turn-around Times** (see [Diagram 1](#)) Agencies will not receive an updated feedback reports until the next quarter.

## Data quality analysis

The Primary Health Branch will apply computerised validation filters to identify data that do not conform to the current validation rules. Historical error reports will also be generated to track data quality trends over time.

## Rejection policy - Treatment of questionable data and missing data

Flawed data that would jeopardise the integrity of the Primary Health Data Mart repository will be returned to the agencies with regions copied on the email (for timelines see [Diagram 1](#)).

Agencies are required to re-submit data if the submitted data are not of acceptable quality. Poor quality data could be the result of either:

- Agencies not providing the required data or improperly coding data, or not checking their data adequately prior to submission to DHS.
- Technical problems such as system errors in the data collecting software that result in data or files that do not meet the specified standards.

It has to be noted that some of the questionable data values may be real, or unusual occurrences while others may be truly erroneous. However, questionable data deserve scrutiny to ensure data quality.

## Roles & Responsibilities

### Funded agencies

It is the responsibilities of funded agencies to

- Submit data in accordance with their Service Agreement and data reporting requirements stated in this document. That is, submitting all mandatory data reports that meet the data quality requirements: accuracy, completeness, validity and timeliness.

### Data Reporting Help line

- The Data Reporting Help Line's objective is to assist agencies with data reporting and to improve data management practice.
- The Data Reporting Help Line's role is to assist agencies to comply with data reporting requirements outlined in this document in terms of data accuracy, completeness, validity and timeliness.

DHS-funded Helpline activities do not include IT system support or IT users support and each agency needs to make suitable arrangements to ensure adequate support to staff.

### Department of Human Services Regional Offices

DHS Regional offices are required to:

- Follow up on outstanding data reports, and submitted data that do not meet the quality standard in terms of accuracy, completeness and validity.
- Follow-up on feedback reports to maintain agencies performance.

### Primary Health Branch

Performance and Planning Support team, will:

- Monitor timeliness of data submissions according to the set timelines.
- Monitor and review submitted data to determine if the data provided meet the agreed quality standard described in this document, in terms of completeness, accuracy and validity.
- Prepare and distribute Data Validation Exception Reports to Regional advisers and Data Reporting Help Line with the view to improve quality of submitted data.
- Liaise with DHS Regional offices to follow up on outstanding data reports and submitted data that appear to be questionable or not meeting the agreed quality standard defined in this document.
- Provide standard feedback reports to all reporting agencies and regions.

## Contacts and Support

IT – PC Data Reporting Help line

Phone	0413 883 439
Fax	5423 2133
Email	<a href="mailto:trishl@aussiebroadband.com">trishl@aussiebroadband.com</a>

Primary Health Branch - Performance, Planning & Support team

Contact	Angela Mpora	Data Coordinator
Phone	03 9096 7619	
Fax	03 9096 9161	
Email	<a href="mailto:central.primaryhealthdata@dhs.vic.gov.au">central.primaryhealthdata@dhs.vic.gov.au</a>	

# Multipurpose Report

## Description

This report essentially consolidates many of the Community and Women's Health reports into one single report. This single report enables us to collect all the required performance data, socio-demographic data and some limited characteristics of casual clients. All data collected in the Primary Care, Health Promotion, Fees, DVA, Client Type and Registered Clients reports are consolidated into the single Multipurpose Report.

The specifications of the multipurpose report **2006-09 Primary Health Multi-Purpose Report (V3) Specification** can be downloaded from:

[http://www.health.vic.gov.au/communityhealth/data\\_reporting/reporting.htm](http://www.health.vic.gov.au/communityhealth/data_reporting/reporting.htm)

## Purpose

This report includes both socio-demographic and performance data for Primary Health funded programs in the single file. It is intended to reduce the reporting burden on agencies since only one report is required to meet the agreed reporting requirements of the agencies.

## Reporting Frequency

The Multipurpose Report is a quarterly report. See **page 4** for dates and submission details.

## Reporting Requirement

A record is generated for each occurrence of a contact (individual or group session) detailing the activity, the duration of the contact, any associated travel time and/or indirect time, whether a fee was collected, whether a DVA claim needs to be made, and the socio-demographic characteristics of registered clients or whatever socio-demographic characteristics of casual clients that are available. The report also collects any Indirect Service Time not associated with a contact or session.

The report provides great flexibility by allowing very specific and detailed analysis of data.

File format for this report is Comma separated (CSV).

## Data Items

The core data items to be collected for the multipurpose report are listed in the table below. Detailed information about the data items starts at page 22.

**Table 5. Core data items for the multipurpose report.**

Data Element	Definition
Service Provider Number	Uniquely identifies agency
Service Provider Name	
Campus	Uniquely Identifies Campus within Agency
Financial Year	Financial Year of reporting period, eg 2007/2008
Quarter	Quarter (1,2,3 or 4)
Date Of Service	Date when client received a service
Funding Source	A code representing the Primary Health Funding Source
Service Type	A code representing the Service Activity Type
Program Priority Issue	A code representing the Program Priority Issue (For Health Promotion Service Type only)
Target Population Group	A code representing the Target Population Group (For Health Promotion Service Type only)

<b>Data Element</b>	<b>Definition</b>
Contact Type Indicator	A code that identifies whether it is a session or individual contact
Client Type	A code that identifies whether the client is Casual, Registered or Organisational
Unique Client Identifier	Uniquely Identifies client within agency
Statistical Linkage Key	Derived from client's name, date of birth and sex
Chronic Complex Client	Identifies whether client is managed under the Chronic Disease Management initiative
Date of Birth	Client's Date of Birth
Date of Birth Estimate Flag	A code indicating the accuracy of the client's date of birth
Sex	A code representing the sex of the client's sex
Country of Birth	A code representing the client's country of birth
Indigenous Status	A code representing the indigenous status of the client
Need for Interpreter Services	A code indicating if the client requires an interpreter
Preferred Language	A code representing the client's language preference
Refugee Status	A code indicating whether the client has refugee status
Government Pension/Benefit Status	A code indicating whether the client is receiving a pension or other benefit from the Commonwealth government
Concession Cardholder	A code indicating the client's concession card entitlement
Residential Locality	Client's residential locality
Residential Postcode	Client's residential Postcode
Residential Local Government Area	A code representing the Local Government Authority of clients usual residence
Fee	Fee charged for service delivery transaction (Dollar value)
Direct Time	Duration (in minutes) of direct service time individual contact or session
Indirect Time	Duration (in minutes) of Indirect service time associated with service delivery transaction
Travel Time	Duration (in minutes) of travel time associated with service delivery transaction
Interpreting Time	Duration (in minutes) of Interpreting time associated with this individual contact or session
Session Attendees	No of people attending the session (excluding staff running the session)
DVA Card Number	DVA Card Number
DVA Entitlement	The DVA client's level of entitlement
First/Given Name	The given name of a DVA client. Only to be populated when claiming for DVA reimbursement
Surname/Family Name	The Surname of a DVA client. Only to be populated when claiming for DVA reimbursement
DVA Comment	Comment regarding multiple treatments on same day
DVA Claim Indicator	Indicator (Yes or No) to show whether a claim for reimbursement should be sent to DVA
Initial Contact Date	Date initial client contact was made when this client entered the service system
INI Date	Date of completion of Initial Needs Assessment
Reason for Attendance	A code representing the service professional's description of the client's reason for assessment or treatment.
Source of Referral	A Code representing the clients source of referral
WL Date	Date placed on waiting list
Priority Type	Priority status of client as determined by Initial Needs Identification
Date of Exit	Date the client ceased receiving services for the current care plan
Main reason for cessation of services	The main reason the client's current services have ceased

<b>Data Element</b>	<b>Definition</b>
Chronic and complex condition 1	A code indicating the client's condition that has been, or is likely to be present for at least 6 months, and require more than one type of service from same or different service .
Chronic and complex condition 2	
Chronic and complex condition 3	
Chronic and complex condition 4	
Chronic and complex condition 5	
Chronic and complex condition 6	
Chronic and complex condition 7	
Chronic and complex condition 8	
Chronic and complex condition 9	
Chronic and complex condition 10	
Revised	When re-submitting data, (Yes or No) indicates whether data was revised since the last submission

# Data Definitions for Multipurpose Report

## Introduction

This section provides the specifications for each of the data item contained within the Multipurpose Report.

## Format

Information about each data item is presented in the format as follows:

### Data Element Name

**Definition:** A statement that defines the required data item.

**Data Type:** Defines whether the data is numeric or text.

**Form:** Representation of the data item format.

**Field Size:** The maximum number of characters to be entered into the field.

**Layout:** The layout of characters for the data item, expressed by a character string representation. Examples include: 'CCYYMMDD' for dates, 'N' for a 1 digit numeric value, spaces or blank, and 'A' for a 1 – character alphanumeric value, spaces or blank, apostrophes, hyphens, alphas or numeric.

**Reported by:** The program/activity requirement for this data item to be collected.

**Reported for:** The specified circumstances when this item must be reported.

**Reported when:** The stage in the data submission cycle when this data item is to be reported to Primary Health. (Rather than have this in the body maybe this should go up into the higher-level report section.)

**Code Set:** The agreed set of data representations according to data format, layout, data type and field size. E.g. HACC MDS.

**Aliases:** Other name/s for the data item by which it may be known.

**Data Item Source:** Source of the data item.

**Reporting guide:** Additional comments including business rules relating to the capture of the data.

**Related Items:** A list of related data items.

## Administration:

**Purpose:** The main reason/s for the collection of this data item.

**Principal data users:** Identifies the primary user/s of the data item collected.

**Collection Start:** The year that the collection of this data item was started.

**Definition Source:** Identifies the authority that defined this data item.

**Code Set Source:** Identifies the authority that developed the code set for this data item.

**Column Position:** The column number in the report in where the data item can be located.

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## Service Provider Number

<b>Definition</b>	Uniquely identifies agency
<b>Data Type</b>	Numeric
<b>Form</b>	Code
<b>Field Size</b>	5
<b>Layout</b>	
<b>Reported By</b>	All Community and Women's Health service providers
<b>Reported For</b>	Every occasion of service
<b>Reported When</b>	Quarterly
<b>Codeset</b>	Yes

<b>Code</b>	<b>Descriptor</b>	<b>Definition</b>
10050	La Trobe University	
10056	Banyule Community Health Service	
10150	Plenty Valley Community Health Services Inc	
10256	Northern District Community Health Service Inc	
10283	Bendigo Community Health Services Incorporated	
10390	Grampians Community Health Centre	
10394	City of Darebin	
10409	Isis Primary Care Inc	
10413	Ovens & King Community Health Service Inc	
10417	Murrindindi Community Health	
10433	East Wimmera Health Service	
10434	Hepburn Health Service	
10435	Djerriwarrh Health Service	
10441	Barwon Health	
10445	Mildura Aboriginal Corporation	
10510	Nillumbik Community Health Service	
10564	North Richmond Community Health Centre Inc	
10567	Western District Health Service	
10704	Greater Dandenong Community Health Services	
10732	Centre for Adolescent Health	
10734	Women's Health Information Centre	
10756	Darebin Community Health Service	
10822	International Diabetes Institute	
10851	Eastern Access Community Health	
1095	Rumbalara Aboriginal Co-operative	
11011	Rural Northwest Health	
11040	Melbourne Catholic Family Planning	
11258	Robinvale District Health Services	
11268	South West Healthcare	
11269	Central Gippsland Health Service	
11271	Yarrawonga District Health Service	
11477	Women's Health Goulburn North-East	
11804	The Salvation Army (Victoria) Property Trust-Eastern	

11848	M E/Chronic Fatigue Syndrome Society of Victoria Inc.
11853	Yarra Valley Community Health
12014	North Richmond Community Health Centre Inc - CEH
12168	PANCH Health Service
1345	Billings Ovulation Method Council of Victoria Inc
1474	Working Women's Health Inc
2403	Moyne Health Services
255	Castlemaine District Community Health Centre (C.H.I.R.P) Inc
2659	Western Region Health Centre Ltd
2671	Goulburn Valley Community Health Service Inc
2723	Manningham Community Health
2735	Inner South Community Health
2760	Otway Health & Community Services
3050	Ballarat Community Health Centre
3052	Echuca Regional Health
3063	Ensay Community Health Centre Inc
3064	Nowa Nowa Community Health
3070	The Victorian Foundation for Survivors of Torture Inc
3074	Moreland Community Health Service
3078	Caulfield Community Health Service
3079	Frankston Community Health Centre
3083	Womens Health Grampians Inc
3084	Women's Health Loddon Mallee Inc.
3086	Gippsland Women's Health Service
3087	Women's Health East Inc
3088	Women's Health in The North Inc
3089	Women's Health in The South East
3092	Women's Health Victoria Inc
3150	Dunmunkle Health Services
3217	Benalla & District Memorial Hospital
3218	Upper Hume Community Health
3244	MonashLink Community Health
3260	Ngwala Willumbong Co-operative Ltd
3292	Bendigo Health Care Group
3301	East Grampians Health Service
3308	Kerang District Health
3312	Maryborough District Health Service
3319	Warracknabeal District Hospital
3324	Yarram & District Health Service
3335	Upper Murray Health and Community Services
3340	Edenhope & District Memorial
3346	Kilmore & District Hospital
3360	Glenview Community Care Inc
3377	Beechworth Health Service
3388	Mercy Public Hospitals Inc
3403	Box Hill Hospital
3416	Maroondah Hospital
3463	Colac Area Health
3483	Angliss Hospital
3485	Wodonga Regional Health Service
3491	Alexandra District Hospital
3500	Coleraine District Health Services
3544	Stawell Regional Health
3547	Terang and Mortlake Health Service

3548	Timboon and District Healthcare
3554	Yea & District Memorial Hospital
3558	Kingston Centre
3592	West Wimmera Health Service
3595	Wimmera Health Care Group
3609	Beaufort & Skipton Health Service
469	Family Planning Victoria Inc
5549	Anglicare Victoria
5568	Central Bayside Community Health Services Inc
5618	Alpine Health
5689	General Practitioners Association of Geelong Limited
5798	Knox Community Health Service Inc
6081	Bellarine Community Health Inc
6107	Whitehorse Community Health
6119	Dianella Community Health Inc
6151	Casterton Memorial Hospital
6178	Latrobe Community Health Service
6184	Cobaw Community Health Service
6185	Cobram District Hospital
6198	North Yarra Community Health Inc
6261	Casey Community Health Services
6270	Bentleigh Bayside Community Health Service Inc
6272	Bairnsdale Regional Health Service
6320	Central Wellington Health Service
6322	Gisborne and District Community Health and Hospital Board Inc
6333	Goulburn Valley Health
6355	Mclvor Health and Community
6371	Inglewood & Districts Health Service
6416	Kyabram & District Health Services
6424	Gippsland Lakes Community Health
6430	Latrobe Regional Hospital
6448	Lorne Community Hospital
6465	Mansfield District Hospital
6525	Cardinia Community Health Services
6582	Orbost Regional Health
6600	Peninsula Community Health Service
6613	Portland District Health
6637	Inner East Community Health
6648	Rochester and Elmore District Health Service
6654	Royal District Nursing Service
6670	Bass Coast Community Health
6675	Seymour District Memorial Hospital
6691	South Gippsland Hospital
6727	Sunbury Community Health Centre
6729	Sunraysia Community Health
6739	Swan Hill District Hospital
6748	Tallangatta Health Service
6802	Northeast Health Wangaratta
6833	West Gippsland Healthcare Group
6873	Hesse Rural Health Services
6882	Women's Health West Inc
6902	Yarrawonga Community Health
7044	Doutta Galla Community Health
7224	Mitchell Community Health Services
7227	Numurkah District Health Service
7229	Ranges Community Health Service

7230	Gippsland Southern Health Service
7783	Ballarat Health Services

<b>Aliases</b>	Agency ID, Agency Identifier (not SWITCH ID)
<b>Data Item Source</b>	SAMS
<b>Reporting Guide</b>	Software generated
<b>Related Items</b>	Service Provider Name
<b>Purpose</b>	Used to identify source of data file
<b>Principal Data</b>	Primary Health Branch
<b>Collection Start</b>	
<b>Definition Source</b>	DHS
<b>Code set source</b>	DHS
<b>ColumnPosition</b>	1

## Service Provider Name

<b>Definition</b>	Name of service provider (agency).
<b>DataType</b>	Alphanumeric
<b>Form</b>	
<b>Field Size</b>	100
<b>Layout</b>	AAAA.....
<b>Reported By</b>	All Community and Women's Health service providers
<b>Reported For</b>	All records
<b>Reported When</b>	Quarterly
<b>Codeset</b>	Yes

### Aliases

**Data Item Source** SAMS

### Reporting Guide

**Related Items** Service Provider Number

**Purpose** To validate the service provider number

### Principal Data

### Collection Start

### Definition Source

### Code set source

**ColumnPosition** 2

## Campus

<b>Definition</b>	Uniquely Identifies Campus within Agency
<b>DataType</b>	Alphanumeric
<b>Form</b>	
<b>Field Size</b>	100
<b>Layout</b>	
<b>Reported By</b>	All Community and Women's Health service providers
<b>Reported For</b>	Every occasion of service
<b>Reported When</b>	Quarterly
<b>Codeset</b>	Yes

<b>Aliases</b>	Site
<b>Data Item Source</b>	PHDM
<b>Reporting Guide</b>	
<b>Related Items</b>	
<b>Purpose</b>	Service Planning
<b>Principal Data</b>	Primary Health Branch
<b>Collection Start</b>	
<b>Definition Source</b>	
<b>Code set source</b>	
<b>ColumnPosition</b>	3

## Financial Year

<b>Definition</b>	Financial Year of reporting period, eg 2003/2004
<b>DataType</b>	Alphanumeric
<b>Form</b>	Code
<b>Field Size</b>	9
<b>Layout</b>	
<b>Reported By</b>	All Community and Women's Health service providers
<b>Reported For</b>	Every occasion of service
<b>Reported When</b>	Quarterly
<b>Codeset</b>	Yes

Code	Descriptor	Definition
1998/199		
1999/200		
2000/200		
2002/200		
2003/200		
2004/200		
2005/200		
2006/200		
2008/200		

### Aliases

<b>Data Item Source</b>	PHDM
<b>Reporting Guide</b>	Software generated
<b>Related Items</b>	Quarter, Date Of Service
<b>Purpose</b>	Used to determine reporting period
<b>Principal Data</b>	Primary Health Branch
<b>Collection Start</b>	
<b>Definition Source</b>	
<b>Code set source</b>	
<b>ColumnPosition</b>	4

## Quarter

<b>Definition</b>	Quarterly (1,2,3 or 4) Reporting period
<b>DataType</b>	Numeric
<b>Form</b>	Code
<b>Field Size</b>	
<b>Layout</b>	
<b>Reported By</b>	All Community and Women's Health service providers
<b>Reported For</b>	Every occasion of service
<b>Reported When</b>	Quarterly
<b>Codeset</b>	No

<b>Code</b>	<b>Descriptor</b>	<b>Definition</b>
1	Quarter 1 - 1st July to 30th	
2	Quarter 2 - 1st October to 31st	
3	Quarter 3 - 1st January to 31st	
4	Quarter 4 - 1st April to 30th June	

### Aliases

<b>Data Item Source</b>	d/mm/yyyy
<b>Reporting Guide</b>	Software generated
<b>Related Items</b>	Financial Year, Date Of Service
<b>Purpose</b>	Used to determine reporting period
<b>Principal Data</b>	Primary Health Branch
<b>Collection Start</b>	
<b>Definition Source</b>	
<b>Code set source</b>	
<b>ColumnPosition</b>	5

## Date Of Service

<b>Definition</b>	Date when client/s received an occasion of service.
<b>DataType</b>	Datetime
<b>Form</b>	Date
<b>Field Size</b>	10
<b>Layout</b>	DD/MM/YYYY
<b>Reported By</b>	All Community and Women's Health service providers
<b>Reported For</b>	Every occasion of service
<b>Reported When</b>	Quarterly
<b>Codeset</b>	No

### Aliases

<b>Data Item Source</b>	PHDM
<b>Reporting Guide</b>	Enter the date when the client/s received a service.
<b>Related Items</b>	
<b>Purpose</b>	Validation of DVA claims, service planning, waiting time measurement
<b>Principal Data</b>	Primary Health Branch, DVA
<b>Collection Start</b>	
<b>Definition Source</b>	
<b>Code set source</b>	
<b>ColumnPosition</b>	6

## Funding Source

<b>Definition</b>	A code representing the Primary Health Funding Source
<b>DataType</b>	Numeric
<b>Form</b>	Code
<b>Field Size</b>	2
<b>Layout</b>	NN
<b>Reported By</b>	All Community and Women's Health service providers
<b>Reported For</b>	Every occasion of service
<b>Reported When</b>	Quarterly
<b>Codeset</b>	Yes

Code	Descriptor	Definition
1	Community Health Program	
12	Small Rural Health Services - Primary Health	
18	Aboriginal Health Promotion and Chronic Care	
19	Integrated Chronic Disease	
2	Women's Health	
20	Diabetes Self Management	
4	Family Planning	
5	Innovative Health Services for Homeless Youth	
7	Suicide Prevention Initiatives	
9	Family and Reproductive Rights Education Program	

### Aliases

**Data Item Source** PHDM

**Reporting Guide** Enter the code representing the Primary Health Funding Source. Most activities relating to Community and Women's Health will fall under the following, Community Health Care or Primary Health Service System Development and Resourcing.

### Related Items

**Purpose** Used to determine the funded activity for performance measuring, service planning

**Principal Data** Primary Health Branch

### Collection Start

### Definition Source

### Code set source

**ColumnPosition** 7

## Service Type

<b>Definition</b>	A code representing the Service Activity Type
<b>DataType</b>	Numeric
<b>Form</b>	Code
<b>Field Size</b>	2
<b>Layout</b>	NN
<b>Reported By</b>	All Community and Women's Health service providers
<b>Reported For</b>	Every occasion of service
<b>Reported When</b>	Quarterly
<b>Codeset</b>	Yes

<b>Code</b>	<b>Descriptor</b>	<b>Definition</b>
1	Audiology	To provide audiology services for the assessment, diagnosis, treatment and prevention of disorders of human hearing, including population/public health approaches to targeted population groups – all performed by a suitably
15	Health Promotion	To provide planned Health Promotion activities with the aim to prevent illness, disease and injury, and promote independence, health and well being through: •Screening, Individual Risk Factor Assessment and Immunisation •Social Marketing and Health Information •Health Education and Skill Development • Community Action (for Social and Environmental Change) •Settings and Supportive Environments • Organisational Development for Health Promoting
2	Dietetics	To provide nutritional support for individuals and groups in health and illness, including population/public health nutrition approaches to targeted population groups - all performed by a suitably qualified
3	Occupational Therapy	The assessment and treatment of persons with a temporary or permanent physical disability, including population/public health approaches to targeted population groups – all performed by a suitable
4	Physiotherapy	The assessment, diagnosis, treatment and prevention of disorders of human movement, including population / public health approaches to targeted population groups, with special emphasis on the neurological, musculoskeletal and cardiovascular systems;
41	Case Coordination	
43	Education & Training	
44	Clinical Services & Training	
45	Initial Needs Identification	An initial screening process where the underlying issues, as well as presenting issues, are identified. This process determines the consumer's risk, eligibility and priority for service. (Better Access

5	Podiatry	to Services: A Policy and Operational Framework (Department of Human Services, The diagnosis and treatment of ailments or abnormal conditions of the human foot, including population / public health approaches to targeted population groups – all performed by a suitably qualified
6	Speech Pathology / Therapy	The assessment, diagnosis and treatment of individuals with speech disorders, eating and drinking difficulties and swallowing difficulties, including population / public health approaches to targeted population groups -
7	Nursing	Nursing services are provided by a suitably qualified person who is involved in the provision of clinical care, support and referral to individuals and/or their carers and groups regarding a variety of medical, social and environmental
8	Counseling / Casework	Counseling/Casework is the term used to describe significant counseling and therapeutic activities, performed by suitably qualified persons, which often includes practical assistance and advocacy. Counseling/Casework also includes assessment, therapeutic interventions, practical assistance, crisis care, support, referral and advocacy with the goal of harm reduction, or improved

<b>Aliases</b>	Activity
<b>Data Item Source</b>	PHDM
<b>Reporting Guide and</b>	A code representing the type of activities that are funded by the Community and Women's Health Programs.
<b>Related Items</b>	
<b>Purpose</b>	Used to determine the funded activity for performance measuring, service planning
<b>Principal Data</b>	Primary Health Branch
<b>Collection Start</b>	
<b>Definition Source</b>	
<b>Code set source</b>	
<b>ColumnPosition</b>	8

## Program Priority Issue

<b>Definition</b> Type only)	A code representing the Program Priority Issue (For Health Promotion Service
<b>Data Type</b>	Alphanumeric
<b>Form</b>	Code
<b>Field Size</b>	4
<b>Layout</b>	AANN
<b>Reported By</b>	All Community and Women's Health service providers
<b>Reported For</b>	Every Health Promotion occasion of service
<b>Reported When</b>	Quarterly
<b>Codeset</b>	Yes

<b>Code</b>	<b>Descriptor</b>	<b>Definition</b>
OC1	Alcohol and Drugs	This category includes legal drugs (eg. alcohol, prescription and over-the-counter medication) and illegal drugs (eg. heroin, cocaine) but excludes tobacco.
OC10	Nutrition	Self explanatory
OC11	Other	An issue that does not fall into any other category provided.
OC12	Physical Activity	Self explanatory
OC13	Settings and Environments	Settings and environments encompass where people live (their local community, their home), as well as where they work and play. Action targeting settings and environments aims to improve the living, working and recreational conditions conducive to health.
OC14	Sexual & Reproductive Health	Self explanatory
OC15	Social Connectedness	Social connectedness refers to social relations between individuals and links with their social networks. Action generally focuses on support to re-establish and
OC16	Sexual Assault	Self explanatory
OC17	Smoking (Tobacco)	Self explanatory
OC18	Family Violence	Self explanatory
OC19	Capacity Building	Capacity building refers to the development of sustainable skills, organisational structures, resources and commitment to health improvement in health and/or
OC2	Asthma	Self explanatory
OC20	Transport	Self explanatory
OC21	Arthritis	Self explanatory
OC22	Communicable Diseases	Diseases that are transmissible by infection or contagion
OC23	Chronic Obstructive Pulmonary Disease (COPD)	Self explanatory
OC24	Stroke/Cerebrovascular Accident	Self explanatory
OC25	Chronic Illness	Illness that is long term
OC26	Falls Prevention	Self explanatory
OC27	Family Health	Health and well-being of the family unit including individual members (parents, mother, father,
OC28	Obesity	A condition of excess body fat that is associated with a large number of debilitating and life-threatening

OC29	Polypharmacy	Administration of an excessive number of drugs.
OC3	Body Image	Refers to how one perceives, thinks and feels about one's own body.
OC30	Employment	Self explanatory
OC31	Oral health	Self explanatory
OC32	Homelessness	Inadequate, insecure or inappropriate housing or the total
OC33	Access to health promotion programs/services	Self explanatory
OC4	Cancer	Self explanatory
OC5	Cardiovascular Disease	Self explanatory
OC6	Community Building	Community building refers to enhancing the networks and bonds between a specific group of people, often living in a defined geographical area, who share a common culture, values or norms. Action may focus on processes that facilitate co-ordination and co-operation between members of a community, resulting in a stronger
OC7	Diabetes	Self explanatory
OC8	Injury	Self explanatory
OC9	Mental Health	Self explanatory

**Aliases****Data Item Source** PHDM**Reporting Guide** The priority issues should reflect what was identified in the Agency's priority setting processes, and identified in the Health Promotion plan, where this is an applicable requirement.**Related Items** Service Type, Target Population Group**Purpose** Determining whether health promotion was planned or ad hoc, and whether it addressed statewide issues.**Principal Data** Primary Health Branch**Collection Start****Definition Source** DHS**Code set source** C&WH**ColumnPosition** 9

## Target Population Group

<b>Definition</b>	A code representing the Target Population Group (For Health Promotion Service Type)
<b>Data Type</b>	Alphanumeric
<b>Form</b>	Code
<b>Field Size</b>	4
<b>Layout</b>	AANN
<b>Reported By</b>	All Community and Women's Health service providers
<b>Reported For</b>	Every Health Promotion occasion of service
<b>Reported When</b>	Quarterly
<b>Codeset</b>	Yes

Code	Descriptor	Definition
OB10	Older People	
OB11	Older People – Male	
OB12	Older People – Female	
OB13	Women	
OB14	Young People	
OB15	Young People – Male	
OB16	Young People – Female	
OB17	Other	
OB2	Children	
OB20	Carers	
OB21	Families	
OB22	Pre School Children	
OB25	People with a disability	
OB26	Asylum Seekers/Refugees/Temporary	
OB27	Organisations – Internal	
OB28	Organisations - External	
OB5	Same sex attracted and transgender	
OB6	Homeless People	
OB7	Aboriginal people and/or Torres Strait Islanders	
OB8	Men	
OB9	Mixed Population Group	
OD1	CALD – Italian	
OD10	CALD – Indian	
OD11	CALD – Serbian	
OD12	CALD – Bosnian	
OD13	CALD – Montenegrin	
OD14	CALD – Slovenian	
OD15	CALD – Philippino	
OD16	CALD – Somalian	
OD17	CALD – Ethiopian	
OD18	CALD – Eritrean	
OD19	CALD – Iranian	
OD2	CALD – Greek	
OD20	CALD – Iraqi	
OD21	CALD – Afghan	
OD22	CALD – Palestinian	
OD23	CALD – Kurdish	
OD24	CALD – Albanian	
OD25	CALD – Cambodian	
OD26	CALD – Maltese	
OD27	CALD – Mixed	

OD28	CALD – Pakistani
OD29	CALD – Polish
OD3	CALD – Vietnamese
OD30	CALD – Russian
OD31	CALD – Singhalese
OD32	CALD – Sudanese
OD33	CALD – Tamil
OD34	CALD – Thai
OD35	CALD – Timorese
OD4	CALD – Chinese
OD5	CALD – Macedonian
OD6	CALD – Turkish
OD7	CALD – Arabic
OD8	CALD – Croatian
OD9	CALD – Spanish
OD99	CALD – Other

**Aliases****Data Item Source** PHDM**Reporting Guide** Report the target population group identified in the Agency's priority setting processes.**Related Items** Service Type, Program Priority Issue Code**Purpose** Used to determine what demographic have been targeted for health promotion**Principal Data** Primary Health Branch**Collection Start****Definition Source** DHS**Code set source** C&WH**ColumnPosition** 10

## Contact Type Indicator

**Definition** The type of session in which the client service event was provided to the client - individual or group. A group is defined as two or more clients receiving services at the same time from the same staff.

**Data Type** Numeric

**Form** Code

**Field Size** 1

**Layout** N

**Reported By** All Community and Women's Health service providers

**Reported For** Every Health Promotion Every occasion of service

**Reported When** Quarterly

**Codeset** Yes

Code	Descriptor	Definition
1	Individual Contact	An individual client may be one person, a couple or family receiving a one-to-one service from a service provider or providers. A family should be treated as an individual client where a one-to-one service is provided to the family unit. If individual family members receive a separate service, this should be
2	Group Contact	Target populations or a collection of individual clients receiving a service collectively or as part of a group audience. A group may be: <ul style="list-style-type: none"> <li>• Informal or casual (for example, a presentation/display at a local fete or where a population or a segment of a population with common characteristics are targeted). In this case it is not significant who attends these group Sessions; or</li> <li>• Formal, which is used to provide the same service to a number of people at the same time (for example, a</li> </ul>
9	Not Applicable	

### Aliases

**Data Item Source** PHDM

**Reporting Guide** Report the type of contact that was provided by the agency.

### Related Items

**Purpose** Identification of individual and group occasions of service

**Principal Data** Primary Health Branch

### Collection Start

**Definition Source** NHDD

**Code set source** NHDD 000235

**ColumnPosition** 11

## Client Type

<b>Definition</b>	A code that identifies whether the client is Casual, Registered or Organisational
<b>DataType</b>	Alphanumeric
<b>Form</b>	Code
<b>Field Size</b>	1
<b>Layout</b>	A
<b>Reported By</b>	All Community and Women's Health service providers
<b>Reported For</b>	Every occasion of service with an individual client.
<b>Reported When</b>	Quarterly
<b>Codeset</b>	Yes

<b>Code</b>	<b>Descriptor</b>	<b>Definition</b>
C	Casual Client	An individual client whose name and socio-demographic information has not been recorded, or has only partially been recorded by the
O	Organisational Client	A collection of people who, on behalf of an identifiable entity (such as a business, social, community, government or education body) receive a service from a provider/s (includes secondary consultation).
R	Registered Client	An individual client whose name and socio-demographic information has been recorded by the service

### Aliases

<b>Data Item Source</b>	Agency
<b>Reporting Guide</b>	Where possible, client should be registered.
<b>Related Items</b>	Session Individual Indicator Code
<b>Purpose</b>	Service Planning
<b>Principal Data</b>	Primary Health Branch
<b>Collection Start</b>	
<b>Definition Source</b>	DHS
<b>Code set source</b>	C&WH
<b>ColumnPosition</b>	12

## Unique Client Identifier

<b>Definition</b>	Uniquely Identifies client
<b>DataType</b>	Alphanumeric
<b>Form</b>	
<b>Field Size</b>	10
<b>Layout</b>	AAAAAAAAAA
<b>Reported By</b>	All Community and Women's Health service providers
<b>Reported For</b>	All registered clients
<b>Reported When</b>	Quarterly
<b>Codeset</b>	No

**Aliases** UR Number

**Data Item Source** CCDS V1.2

**Reporting Guide** A software generated code or number that uniquely identifies an individual client within the agency software application.

### Related Items

**Purpose** Used to uniquely identify an individual client for determining number of contacts, demographics.

**Principal Data** Primary Health Branch

**Collection Start**

**Definition Source**

**Code set source**

**ColumnPosition** 13

## Statistical Linkage Key

**Definition** An algorithm derived from the client's name, date of birth and sex data elements that enables separate client records to be statistically linked by a code. The statistical linkage key (SLK) is a piece of information that has three main purposes:

1. to provide anonymity to service user level data to be reported.
2. to enable service data reported by different agencies or service type outlets to be matched, thus enabling a more accurate picture of the numbers of service users and patterns of assistance;
3. to support aggregation and analysis of data to meet the needs of program planning and accountability.

**DataType** Alphanumeric

**Form**

**Field Size** 14

**Layout** AAAAAANNNNNNNNNN

**Reported By** All Community and Women's Health service providers

**Reported For** All registered clients

**Reported When** Quarterly

**Codeset** Derived

**Aliases** SLK

**Data Item Source** HACC

**Reporting Guide** Software generated  
 Characters 1-3: 2nd, 3rd and 5th letters of Family name/Surname.  
 Characters 4-5: 2nd and 3rd letters of First name/Given name.  
 Characters 6-13: Date of Birth ddmmyyyy.  
 Characters 14: Sex code (use only 1 male 2 female 9 not stated, code 3 Indeterminate and Code 4 Intersex invalid for the SLK algorithm).  
 Estimated Date of Birth values to be recoded to day/month 0101 for the purposes of SLK construction – TBD, this is not the case in ACAP from a program expectation but is the practice amongst ACATs.

**Related Items** Date of Birth

**Purpose** Uniquely and anonymously identifying clients across DHS programs

**Principal Data** Primary Health Branch

**Collection Start** 2006-07

**Definition Source** DHS

**Code set source** CCDS V1.2

**ColumnPosition** 14

## Chronic Complex Client

**Definition** Clients with conditions that have been, or likely to be present for at least 6 months, and require more than one type of service from the same or different service providers.

<b>Data Type</b>	Numeric
<b>Form</b>	Code
<b>Field Size</b>	1
<b>Layout</b>	N
<b>Reported By</b>	All Community and Women's Health service providers
<b>Reported For</b>	All registered clients
<b>Reported When</b>	Quarterly
<b>Codeset</b>	Yes

Code	Descriptor	Definition
1	Client IS managed under the Integrated Chronic Disease Management initiative.	
2	Client IS NOT managed under the Integrated Chronic Disease Management initiative.	
9	Not stated/inadequately described.	

### Aliases

**Data Item Source** PHDM

**Reporting Guide** This item should be used for all registered clients to determine the number of Community and Women's Health registered clients that meet the definition of Chronic Complex Client.

### Related Items

**Purpose** To support reporting and evaluation requirements for the Early Intervention Chronic Disease initiative and AHPACC.

**Principal Data** Primary Health Branch

**Collection Start** 2005-06

**Definition Source** DHS

**Code set source** DHS

**Column Position** 15

## Date of Birth

<b>Definition</b>	Client's Date of Birth
<b>DataType</b>	Datetime
<b>Form</b>	Date
<b>Field Size</b>	10
<b>Layout</b>	DD/MM/YYYY
<b>Reported By</b>	All Community and Women's Health service providers
<b>Reported For</b>	All registered clients
<b>Reported When</b>	Quarterly
<b>Codeset</b>	No

### Aliases

<b>Data Item Source</b>	CCDS V1.2
<b>Reporting Guide</b>	Self-explanatory.
<b>Related Items</b>	Date of Birth Estimate Flag, Statistical Linkage Key
<b>Purpose</b>	Required to derive age for demographic analysis
<b>Principal Data</b>	Primary Health Branch
<b>Collection Start</b>	
<b>Definition Source</b>	NHDD
<b>Code set source</b>	
<b>ColumnPosition</b>	16

## Date of Birth Estimate Flag

**Definition** Records whether or not the client's date of birth value is an estimate (based on the National HACC MDS User Guide Version 2.0, July 2005, p18).

**Data Type** Numeric

**Form** Code

**Field Size** 1

**Layout** N

**Reported By** All Community and Women's Health service providers

**Reported For** All registered clients

**Reported When** Quarterly

**Codeset** Yes

Code	Descriptor	Definition
1	Estimated	
2	Not estimated	

### Aliases

**Data Item Source** CCDS V1.2

**Reporting Guide** Default value (blank) is code 2 "Not estimated" – i.e. unchecked boxes will be considered not estimated.

**Related Items** Date of Birth, Statistical Linkage Key

### Purpose

### Principal Data

### Collection Start

### Definition Source

**Code set source** HACC MDS V2

**ColumnPosition** 17

## Sex

<b>Definition</b>	Records the sex of the client (based on Section 3: Data Definitions, VAED Manual, 14th Edition, July 2004 p3-154).
<b>Data Type</b>	Numeric
<b>Form</b>	Code
<b>Field Size</b>	1
<b>Layout</b>	N
<b>Reported By</b>	All Community and Women's Health service providers
<b>Reported For</b>	All registered clients
<b>Reported When</b>	Quarterly
<b>Codeset</b>	Yes

Code	Descriptor	Definition
1	Male	
2	Female	
3	Indeterminate	
4	Intersex	
9	Not stated/inadequately described	

<b>Aliases</b>	Gender
<b>Data Item Source</b>	CCDS V1.2
<b>Reporting Guide</b>	Report the clients gender where possible.
<b>Related Items</b>	Statistical Linkage Key
<b>Purpose</b>	Service Planning
<b>Principal Data</b>	
<b>Collection Start</b>	
<b>Definition Source</b>	
<b>Code set source</b>	VAED
<b>ColumnPosition</b>	18

## Country of Birth

<b>Definition</b>	Records the country in which the client was born (based on ABS Standards for Social, Labour and Demographic Variables. Demographic Variables. Country of Birth of Person Underlying concepts Embargo: 11:30 AM (Canberra Time) 24/09/99).
<b>Data Type</b>	Numeric
<b>Form</b>	Code
<b>Field Size</b>	4
<b>Layout</b>	NNNN
<b>Reported By</b>	All Community and Women's Health service providers
<b>Reported For</b>	All registered clients
<b>Reported When</b>	Quarterly
<b>Codeset</b>	Yes

<b>Code</b>	<b>Descriptor</b>	<b>Definition</b>
0001	At Sea	
1101	Australia	
1102	Norfolk Island	
1199	Australian External Territories, nec	
1201	New Zealand	
1301	New Caledonia	
1302	Papua New Guinea	
1303	Solomon Islands	
1304	Vanuatu	
1401	Guam	
1402	Kiribati	
1403	Marshall Islands	
1404	Micronesia, Federated States of	
1405	Nauru	
1406	Northern Mariana Islands	
1407	Palau	
1501	Cook Islands	
1502	Fiji	
1503	French Polynesia	
1504	Niue	
1505	Samoa	
1506	Samoa, American	
1507	Tokelau	
1508	Tonga	
1511	Tuvalu	
1512	Wallis and Futuna	
1599	Polynesia (excludes Hawaii), nec	
1601	Adélie Land (France)	
1602	Argentinian Antarctic Territory	
1603	Australian Antarctic Territory	
1604	British Antarctic Territory	
1605	Chilean Antarctic Territory	
1606	Queen Maud Land (Norway)	
1607	Ross Dependency (New Zealand)	
2101	Channel Islands	
2102	England	
2103	Isle of Man	
2104	Northern Ireland	
2105	Scotland	
2106	Wales	
2201	Ireland	

2301	Austria
2302	Belgium
2303	France
2304	Germany
2305	Liechtenstein
2306	Luxembourg
2307	Monaco
2308	Netherlands
2311	Switzerland
2401	Denmark
2402	Faeroe Islands
2403	Finland
2404	Greenland
2405	Iceland
2406	Norway
2407	Sweden
3101	Andorra
3102	Gibraltar
3103	Holy See
3104	Italy
3105	Malta
3106	Portugal
3107	San Marino
3108	Spain
3201	Albania
3202	Bosnia and Herzegovina
3203	Bulgaria
3204	Croatia
3205	Cyprus
3206	Former Yugoslav Republic of Macedonia (FYROM)
3207	Greece
3208	Moldova
3211	Romania
3212	Slovenia
3213	Serbia and Montenegro
3301	Belarus
3302	Czech Republic
3303	Estonia
3304	Hungary
3305	Latvia
3306	Lithuania
3307	Poland
3308	Russian Federation
3311	Slovakia
3312	Ukraine
4101	Algeria
4102	Egypt
4103	Libya
4104	Morocco
4105	Sudan
4106	Tunisia
4107	Western Sahara
4199	North Africa, nec
4201	Bahrain
4202	Gaza Strip and West Bank
4203	Iran
4204	Iraq
4205	Israel
4206	Jordan

4207	Kuwait
4208	Lebanon
4211	Oman
4212	Qatar
4213	Saudi Arabia
4214	Syria
4215	Turkey
4216	United Arab Emirates
4217	Yemen
5101	Burma (Myanmar)
5102	Cambodia
5103	Laos
5104	Thailand
5105	Viet Nam
5201	Brunei Darussalam
5202	Indonesia
5203	Malaysia
5204	Philippines
5205	Singapore
5206	East Timor
6101	China (excludes SARs and Taiwan)
6102	Hong Kong (SAR of China)
6103	Macau (SAR of China)
6104	Mongolia
6105	Taiwan
6201	Japan
6202	Korea, Democratic People's Republic of (North)
6203	Korea, Republic of (South)
7101	Bangladesh
7102	Bhutan
7103	India
7104	Maldives
7105	Nepal
7106	Pakistan
7107	Sri Lanka
7201	Afghanistan
7202	Armenia
7203	Azerbaijan
7204	Georgia
7205	Kazakhstan
7206	Kyrgyz Republic
7207	Tajikistan
7208	Turkmenistan
7211	Uzbekistan
8101	Bermuda
8102	Canada
8103	St Pierre and Miquelon
8104	United States of America
8201	Argentina
8202	Bolivia
8203	Brazil
8204	Chile
8205	Colombia
8206	Ecuador
8207	Falkland Islands
8208	French Guiana
8211	Guyana
8212	Paraguay
8213	Peru

8214	Suriname
8215	Uruguay
8216	Venezuela
8299	South America, nec
8301	Belize
8302	Costa Rica
8303	El Salvador
8304	Guatemala
8305	Honduras
8306	Mexico
8307	Nicaragua
8308	Panama
8401	Anguilla
8402	Antigua and Barbuda
8403	Aruba
8404	Bahamas
8405	Barbados
8406	Cayman Islands
8407	Cuba
8408	Dominica
8411	Dominican Republic
8412	Grenada
8413	Guadeloupe
8414	Haiti
8415	Jamaica
8416	Martinique
8417	Montserrat
8418	Netherlands Antilles
8421	Puerto Rico
8422	St Kitts and Nevis
8423	St Lucia
8424	St Vincent and the Grenadines
8425	Trinidad and Tobago
8426	Turks and Caicos Islands
8427	Virgin Islands, British
8428	Virgin Islands, United States
9101	Benin
9102	Burkina Faso
9103	Cameroon
9104	Cape Verde
9105	Central African Republic
9106	Chad
9107	Congo
9108	Congo, Democratic Republic of
9111	Côte d'Ivoire
9112	Equatorial Guinea
9113	Gabon
9114	Gambia
9115	Ghana
9116	Guinea
9117	Guinea-Bissau
9118	Liberia
9121	Mali
9122	Mauritania
9123	Niger
9124	Nigeria
9125	Sao Tomé and Príncipe
9126	Senegal
9127	Sierra Leone
9128	Togo

9201	Angola
9202	Botswana
9203	Burundi
9204	Comoros
9205	Djibouti
9206	Eritrea
9207	Ethiopia
9208	Kenya
9211	Lesotho
9212	Madagascar
9213	Malawi
9214	Mauritius
9215	Mayotte
9216	Mozambique
9217	Namibia
9218	Réunion
9221	Rwanda
9222	St Helena
9223	Seychelles
9224	Somalia
9225	South Africa
9226	Swaziland
9227	Tanzania
9228	Uganda
9231	Zambia
9232	Zimbabwe
9299	Southern and East Africa, nec
9999	Not stated/Inadequately Described

**Aliases****Data Item Source** CCDS V1.2**Reporting Guide** Enter the client's country of birth.**Related Items****Purpose** Service Planning**Principal Data****Collection Start****Definition Source****Code set source** SACC 1269.0**ColumnPosition** 19

## Indigenous Status

**Definition** Records whether or not a client identifies themselves as of Aboriginal and/or Torres Strait Islander origin (Based on National HACC MDS User Guide Version 2.0, July 2005 p22).

<b>Data Type</b>	Numeric
<b>Form</b>	Code
<b>Field Size</b>	1
<b>Layout</b>	N
<b>Reported By</b>	All Community and Women's Health service providers
<b>Reported For</b>	All registered clients
<b>Reported When</b>	Quarterly
<b>Codeset</b>	Yes

Code	Descriptor	Definition
1	Aboriginal but not Torres Strait Islander origin	
2	Torres Strait Islander but not Aboriginal origin	
3	Both Aboriginal and Torres Strait Islander origin	
4	Neither Aboriginal nor Torres Strait Islander origin	
9	Not stated/inadequately described	

### Aliases

**Data Item Source** CCDS V1.2

**Reporting Guide** This item should be used to identify clients of Aboriginal and/or Torres Strait Islander descent. It is expected that appropriate, culturally sensitive methods be utilised to support accurate recording of Aboriginal and/or Torres Strait Islander status.

### Related Items

**Purpose** Service Planning,

### Principal Data

### Collection Start

### Definition Source

**Code set source** HACC MDS V2

**ColumnPosition** 20

## Need for Interpreter Services

**Definition** Records the client's need for interpreter services as perceived by the client (based on the National Community Services Data Dictionary, Version 3 p138).

**DataType** Numeric

**Form** Code

**Field Size** 1

**Layout** N

**Reported By** All Community and Women's Health service providers

**Reported For** All registered clients

**Reported When** Quarterly

**Codeset** Yes

Code	Descriptor	Definition
1	Interpreter needed	
2	Interpreter not needed	
9	Not stated/inadequately described	

### Aliases

**Data Item Source** CCDS V1.2

**Reporting Guide** Reports whether the client requires and has requested an interpreter service.

### Related Items

**Purpose** Service Planning

### Principal Data

### Collection Start

### Definition Source

**Code set source** NCS DD V3

**ColumnPosition** 21

## Preferred Language

<b>Definition</b>	Records the language in which the client prefers to speak
<b>DataType</b>	Numeric
<b>Form</b>	Code
<b>Field Size</b>	4
<b>Layout</b>	NNNN
<b>Reported By</b>	All Community and Women's Health service providers
<b>Reported For</b>	All registered clients
<b>Reported When</b>	Quarterly
<b>Codeset</b>	Yes

<b>Code</b>	<b>Descriptor</b>	<b>Definition</b>
1101	Gaelic (Scotland)	
1102	Irish	
1103	Welsh	
1199	Celtic, nec	
1201	English	
1301	German	
1302	Letzeburgish	
1303	Yiddish	
1401	Dutch	
1402	Frisian	
1403	Afrikaans	
1501	Danish	
1502	Icelandic	
1503	Norwegian	
1504	Swedish	
1599	Scandinavian, nec	
1601	Estonian	
1602	Finnish	
1699	Finnish and Related Languages, nec	
2101	French	
2201	Greek	
2301	Catalan	
2302	Portuguese	
2303	Spanish	
2399	Iberian Romance, nec	
2401	Italian	
2501	Maltese	
2901	Basque	
2902	Latin	
2999	Other Southern European	
3101	Latvian	
3102	Lithuanian	
3301	Hungarian	
3401	Belorussian	
3402	Russian	
3403	Ukrainian	
3501	Bosnian	
3502	Bulgarian	
3503	Croatian	
3504	Macedonian	
3505	Serbian	
3506	Slovene	
3507	Serbo-Croatian/Yugoslavian, so	
3601	Czech	

3602	Polish
3603	Slovak
3901	Albanian
3903	Aromunian (Macedo-Romanian)
3904	Romanian
3905	Romany
3999	Other Eastern European Languages,
4101	Kurdish
4102	Pashto
4104	Balochi
4105	Dari
4106	Persian (excluding Dari)
4199	Iranic, nec
4202	Arabic
4203	Assyrian
4204	Hebrew
4299	Middle Eastern Semitic Languages,
4301	Turkish
4302	Azeri
4303	Tatar
4304	Turkmen
4305	Uygur
4306	Uzbek
4399	Turkic, nec
4901	Armenian
4902	Georgian
4999	Other Southwest and Central Asian Languages, nec
5101	Kannada
5102	Malayalam
5103	Tamil
5104	Telugu
5105	Tulu
5199	Dravidian, nec
5201	Bengali
5202	Gujarati
5203	Hindi
5204	Konkani
5205	Marathi
5206	Nepali
5207	Punjabi
5208	Sindhi
5211	Sinhalese
5212	Urdu
5213	Assamese
5214	Dhivehi
5215	Kashmiri
5216	Oriya
5299	Indo-Aryan, nec
5999	Other Southern Asian Languages
6101	Burmese
6102	Haka
6103	Karen
6199	Burmese and Related Languages,
6201	Hmong
6299	Hmong-Mien, nec
6301	Khmer
6302	Vietnamese
6303	Mon
6399	Mon-Khmer, nec

6401	Lao
6402	Thai
6499	Tai, nec
6501	Bisaya
6502	Cebuano
6503	Ilokano
6504	Indonesian
6505	Malay
6507	Tetum
6508	Timorese
6511	Tagalog
6512	Filipino
6513	Acehnese
6514	Balinese
6515	Bikol
6516	Iban
6517	Ilonggo (Hiligaynon)
6518	Javanese
6521	Pampangan
6599	Southeast Asian Austronesian Languages, nec
6999	Other Southeast Asian Languages
7101	Cantonese
7102	Hakka
7103	Hokkien
7104	Mandarin
7105	Teochew
7106	Wu
7199	Chinese, nec
7201	Japanese
7301	Korean
7901	Tibetan
7902	Mongolian
7999	Other Eastern Asian Languages, nec
8101	Anindilyakwa
8102	Burarra
8108	Kunwinjku
8111	Maung
8113	Ngan'gikurunggurr
8114	Nunggubuyu
8115	Rembarrnga
8117	Tiwi
8121	Alawa
8122	Dalabon
8123	Gudanji
8124	Gundjeihmi
8125	Gun-nartpa
8126	Gurr-goni
8127	Iwaidja
8128	Jaminjung
8131	Jawoyn
8132	Jingulu
8133	Kunbarlang
8134	Kune
8135	Kuninjku
8136	Larrakiya
8137	Malak Malak
8138	Mangarrayi
8141	Maringarr
8142	Marra

8143	Marrithiyel
8144	Matngala
8145	Mayali
8146	Murrinh Patha
8147	Na-kara
8148	Ndjébbana (Gunavidji)
8151	Ngalakgan
8152	Ngaliwurru
8153	Nungali
8154	Wambaya
8155	Wardaman
8199	Arnhem Land and Daly River Region Languages, nec
8211	Galpu
8212	Golumala
8213	Wangurri
8219	Dhangu, nec
8221	Dhalwangu
8222	Djarrwark
8229	Dhay'yi, nec
8231	Djambarrpuyngu
8232	Djapu
8233	Daatiwuy
8234	Marrangu
8235	Liyagalawumirr
8239	Dhuwal, nec
8241	Dhuwaya
8242	Gumatj
8243	Gupapuyngu
8244	Guyamirrilili
8245	Madarrpa
8246	Manggalili
8247	Wubulkarra
8249	Dhuwala, nec
8251	Wurlaki
8259	Djinang, nec
8261	Ganalbingu
8269	Djinba, nec
8271	Ritharrngu
8279	Yakuy, nec
8281	Nhangu
8299	Other Yolngu Matha
8301	Kuku Yalanji
8302	Guugu Yimidhirr
8303	Kuuku-Ya'u
8304	Wik Mungkan
8305	Djabugay
8306	Dyirbal
8307	Girramay
8308	Koko-Bera
8311	Kuuk Thayorre
8312	Lamalama
8313	Yidiny
8314	Wik Ngathan
8399	Cape York Peninsula Languages, nec
8401	Kalaw Kawaw Ya/Kalaw Lagaw Ya
8402	Meriam Mir
8403	Torres Strait Creole
8504	Bilinarra
8505	Gurindji

8506	Gurindji Kriol
8507	Jaru
8508	Light Warlpiri
8511	Malngin
8512	Mudburra
8513	Ngandi
8514	Ngardi
8515	Ngarinyman
8516	Walmajarri
8517	Wanyjirra
8518	Warlmanpa
8521	Warlpiri
8522	Warumungu
8599	Northern Desert Fringe Area Languages, nec
8603	Alyawarr
8604	Anmatyerr
8605	Arrernte
8606	Kaytetye
8699	Arandic, nec
8703	Antikarinya
8704	Kartujarra
8705	Kukatha
8706	Kukatja
8707	Luritja
8708	Manyjilyjarra
8711	Martu Wangka
8712	Ngaanyatjarra
8713	Pintupi
8714	Pitjantjatjara
8715	Wangkajunga
8716	Wangkatha
8717	Warnman
8718	Yankunytjatjara
8721	Yulparija
8799	Western Desert Language, nec
8801	Bardi
8802	Bunuba
8803	Gooniyandi
8804	Miriwoong
8805	Ngarinyin
8806	Nyikina
8807	Worla
8808	Worrorra
8811	Wunambal
8812	Yawuru
8899	Kimberley Area Languages, nec
8901	Adnymathanha
8902	Arabana
8903	Bandjalang
8904	Banyjima
8905	Batjala
8906	Bidjara
8907	Dhanggatti
8908	Diyari
8911	Gamilaraay
8912	Garrwa
8913	Garuwali
8914	Githabul
8915	Gumbaynggir

8916	Kanai
8917	Karajarri
8918	Kariyarra
8921	Kurna
8922	Kayardild
8923	Kija
8924	Kriol
8925	Lardil
8926	Mangala
8927	Muruwari
8928	Narungga
8931	Ngarluma
8932	Ngarrindjeri
8933	Nyamal
8934	Nyangumarta
8935	Nyungar
8936	Paakantyi
8937	Palyku/Nyiyaparli
8938	Wajarri
8941	Wiradjuri
8942	Yanyuwa
8943	Yindjibarndi
8944	Yinhawangka
8945	Yorta Yorta
8998	Aboriginal English, so described
8999	Other Australian Indigenous Languages, nec
9101	American Languages
9201	Acholi
9203	Akan
9205	Mauritian Creole
9206	Oromo
9207	Shona
9208	Somali
9211	Swahili
9212	Yoruba
9213	Zulu
9214	Amharic
9215	Bemba
9216	Dinka
9217	Ewe
9218	Ga
9221	Harari
9222	Hausa
9223	Igbo
9224	Kikuyu
9225	Krio
9226	Luganda
9227	Luo
9228	Ndebele
9231	Nuer
9232	Nyanja (Chichewa)
9233	Shilluk
9234	Tigré
9235	Tigrinya
9236	Tswana
9237	Xhosa
9238	Seychelles Creole
9299	African Languages, nec
9301	Fijian

9302	Gilbertese
9303	Maori (Cook Island)
9304	Maori (New Zealand)
9305	Motu
9306	Nauruan
9307	Niue
9308	Samoan
9311	Tongan
9312	Rotuman
9313	Tokelauan
9314	Tuvaluan
9315	Yapese
9399	Pacific Austronesian Languages, nec
9401	Tok Pisin
9402	Bislama
9403	Hawaiian English
9404	Pitcairnese
9405	Solomon Islands Pijin
9499	Oceanian Pidgins and Creoles, nec
9502	Kiwai
9599	Papua New Guinea Papuan
9601	Invented Languages
9701	Auslan
9702	Makaton
9799	Sign Languages, nec
9999	Not Stated/inadequately described

**Aliases****Data Item Source** CCDS V1.2**Reporting Guide** Reports the preferred language of the client.**Related Items****Purpose** Service Planning**Principal Data****Collection Start****Definition Source****Code set source** ASCL 1267.0 2nd Ed.**ColumnPosition** 22

## Refugee Status

<b>Definition</b>	Denotes whether the client has refugee status
<b>DataType</b>	Numeric
<b>Form</b>	Code
<b>Field Size</b>	1
<b>Layout</b>	N
<b>Reported By</b>	All Community and Women's Health service providers
<b>Reported For</b>	All registered clients
<b>Reported When</b>	Quarterly
<b>Codeset</b>	Yes

Code	Descriptor	Definition
1	Refugee	
2	Not Refugee	
9	Not stated / Inadequately described	

### Aliases

### Data Item Source

**Reporting Guide** To identify activity where refugees are the clients. This data item can be used wherever refugees are clients of the service. The information will be used specifically in selected agencies where the Refugee Health Nurse initiative has been implemented by using this item with the community health nursing activity to provide reporting to Treasury on the throughput of the initiative.

### Related Items

<b>Purpose</b>	This is useful to agencies in reviewing who is using their service.
<b>Principal Data</b>	Primary Health Branch
<b>Collection Start</b>	2006-07
<b>Definition Source</b>	
<b>Code set source</b>	C&WH
<b>ColumnPosition</b>	23

## Government Pension/Benefit Status

**Definition** Records if the client receives a pension or other benefit from the Australian government, (based on National HACC MDS User Guide Version 2.0, July 2005 p25).

**Data Type** Numeric

**Form** Code

**Field Size** 1

**Layout** N

**Reported By** All Community and Women's Health service providers

**Reported For** All registered clients

**Reported When** Quarterly

**Codeset** Yes

Code	Descriptor	Definition
1	Age Pension	
2	DVA Pension	
3	Disability Support Pension	
4	Carer payment (pension)	
5	Unemployment-related allowance	
6	Other Government pension/benefit	
7	No Government pension/benefit	
9	Not stated/Inadequately described	

### Aliases

**Data Item Source** CCDS V1.2

**Reporting Guide** Enter the client's government pension or benefit status.

**Related Items** DVA Card Number, DVA Entitlement

**Purpose** Service Planning

**Principal Data**

**Collection Start**

**Definition Source**

**Code set source** HACC MDS V2

**ColumnPosition** 24

## Concession Cardholder

**Definition** Records if the client or their dependent is entitled to state government concessions i.e. a holder of a Commonwealth Government Pensioner Concession Card or a Commonwealth Health Care Card or a dependent of a holder of one of these two cards whose name is listed on the card.

<b>Data Type</b>	Numeric
<b>Form</b>	Code
<b>Field Size</b>	1
<b>Layout</b>	N
<b>Reported By</b>	All Community and Women's Health service providers
<b>Reported For</b>	All registered clients
<b>Reported When</b>	Quarterly
<b>Codeset</b>	Yes

Code	Descriptor	Definition
1	Health Care Card	
2	Pension Concession Card	
3	DVA Concession Card	
4	Commonwealth Seniors Health Card	
5	No concession card	
9	Not stated/inadequately described	

### Aliases

**Data Item Source** CCDS V1.2

**Reporting Guide** The client's concession card status. This applies to Concession Cardholders and/or their dependent(s) where they are receiving a service and where their name is listed on the concession card.

**Related Items** DVA card no., DVA Entitlement

**Purpose** Service Planning

### Principal Data

#### Collection Start

**Definition Source** DHS

**Code set source** C&WH

**ColumnPosition** 25

## Residential Locality

<b>Definition</b>	Records the locality in which the client resides (based on the National HACC MDS User Guide Version 2.0, July 2005, p28).
<b>Data Type</b>	Alphanumeric
<b>Form</b>	Description
<b>Field Size</b>	50
<b>Layout</b>	AAA.....
<b>Reported By</b>	All Community and Women's Health service providers
<b>Reported For</b>	All registered clients
<b>Reported When</b>	Quarterly
<b>Codeset</b>	Yes

### Aliases

<b>Data Item Source</b>	CCDS V1.2
<b>Reporting Guide</b>	Residential locality can include suburbs, towns and cities.
<b>Related Items</b>	Postcode, LGA

### Purpose

#### Principal Data

#### Collection Start

#### Definition Source

#### Code set source

**ColumnPosition** 26

## Residential Postcode

<b>Definition</b>	Records the postcode in which the client resides.
<b>DataType</b>	Alphanumeric
<b>Form</b>	Code
<b>Field Size</b>	4
<b>Layout</b>	NNNN
<b>Reported By</b>	All Community and Women's Health service providers
<b>Reported For</b>	All registered clients
<b>Reported When</b>	Quarterly
<b>Codeset</b>	Yes

### Aliases

<b>Data Item Source</b>	CCDS V1.2
<b>Reporting Guide</b>	To include only valid residential postcodes as defined by Australia Post.
<b>Related Items</b>	Residential Locality, Residential Local Government Area
<b>Purpose</b>	Service Planning
<b>Principal Data</b>	
<b>Collection Start</b>	
<b>Definition Source</b>	Aust Post
<b>Code set source</b>	Aust Post
<b>ColumnPosition</b>	27

## Residential Local Government Area

<b>Definition</b>	Records the local government area in which the client resides.
<b>DataType</b>	Numeric
<b>Form</b>	Code
<b>Field Size</b>	5
<b>Layout</b>	NNNNN
<b>Reported By</b>	All Community and Women's Health service providers
<b>Reported For</b>	All registered clients
<b>Reported When</b>	Quarterly
<b>Codeset</b>	Yes

### Aliases

<b>Data Item Source</b>	CCDS V1.2
<b>Reporting Guide</b>	Enter the local government area (LGA) in which the client resides.
<b>Related Items</b>	Residential Locality, Residential Postcode
<b>Purpose</b>	Service Planning
<b>Principal Data</b>	
<b>Collection Start</b>	
<b>Definition Source</b>	
<b>Code set source</b>	
<b>ColumnPosition</b>	28

## Fee

<b>Definition</b>	Fee charged for service delivery transaction (Dollar value)
<b>DataType</b>	Numeric
<b>Form</b>	Quantity
<b>Field Size</b>	7
<b>Layout</b>	NNNN.NN
<b>Reported By</b>	All Community and Women's Health service providers
<b>Reported For</b>	All occasions of service
<b>Reported When</b>	Quarterly
<b>Codeset</b>	No

### Aliases

### Data Item Source

**Reporting Guide** Fees should only be collected for activities that are funded by the Community Health Program as required. If fees are not collected on client management software then must provide a separate report using the Primary Health Fees excel template.

### Related Items

<b>Purpose</b>	Reporting revenue to DTF
<b>Principal Data</b>	Primary Health Branch, DTF
<b>Collection Start</b>	
<b>Definition Source</b>	
<b>Code set source</b>	
<b>ColumnPosition</b>	29

## Direct Time

<b>Definition</b>	Duration (in minutes) of direct service time individual contact or session.
<b>DataType</b>	Numeric
<b>Form</b>	Quantity
<b>Field Size</b>	3
<b>Layout</b>	NNN
<b>Reported By</b>	All Community and Women's Health service providers
<b>Reported For</b>	All occasions of service
<b>Reported When</b>	Quarterly
<b>Codeset</b>	No

### Aliases

### Data Item Source

**Reporting Guide** The time (in minutes) that has been spent in direct contact with the client during service provision.

### Related Items

<b>Purpose</b>	Performance Measure
<b>Principal Data</b>	Primary Health Branch, DTF
<b>Collection Start</b>	
<b>Definition Source</b>	
<b>Code set source</b>	
<b>ColumnPosition</b>	30

## Indirect Time

<b>Definition</b>	Duration (in minutes) of Indirect service time associated with service delivery transaction.
<b>Data Type</b>	Numeric
<b>Form</b>	Quantity
<b>Field Size</b>	3
<b>Layout</b>	NNN
<b>Reported By</b>	All Community and Women's Health service providers
<b>Reported For</b>	All occasions of service
<b>Reported When</b>	Quarterly
<b>Codeset</b>	No

### Aliases

### Data Item Source

**Reporting Guide** The indirect time (in minutes), e.g. service preparation and planning, that has been spent in regards to providing a service to a client.

### Related Items

<b>Purpose</b>	Performance Measure
<b>Principal Data</b>	Primary Health Branch, DTF
<b>Collection Start</b>	
<b>Definition Source</b>	
<b>Code set source</b>	
<b>ColumnPosition</b>	31

## Travel Time

<b>Definition</b>	Duration (in minutes) of travel time associated with service delivery transaction.
<b>DataType</b>	Numeric
<b>Form</b>	Quantity
<b>Field Size</b>	3
<b>Layout</b>	NNN
<b>Reported By</b>	All Community and Women's Health service providers
<b>Reported For</b>	All occasions of service
<b>Reported When</b>	Quarterly
<b>Codeset</b>	No

### Aliases

### Data Item Source

**Reporting Guide** The time (in minutes) that it has taken to travel to a client to provide a service to that client.

### Related Items

<b>Purpose</b>	Performance Measure
<b>Principal Data</b>	Primary Health Branch, DTF
<b>Collection Start</b>	
<b>Definition Source</b>	
<b>Code set source</b>	
<b>ColumnPosition</b>	32

## Interpreting Time

**Definition** Duration (in minutes) of Interpreting time associated with this individual contact or session.

<b>Data Type</b>	Numeric
<b>Form</b>	Quantity
<b>Field Size</b>	3
<b>Layout</b>	NNN
<b>Reported By</b>	All Community and Women's Health service providers
<b>Reported For</b>	All occasions of service
<b>Reported When</b>	Quarterly
<b>Codeset</b>	No

### Aliases

### Data Item Source

**Reporting Guide** If no interpreter has been used then should be 0 (zero).

**Related Items** Need for Interpreter Service

### Purpose

**Principal Data** Primary Health Branch, DTF

### Collection Start

### Definition Source

### Code set source

**ColumnPosition** 33

## Session Attendees

<b>Definition</b>	Number of people attending the session (excluding staff running the session)
<b>Data Type</b>	Numeric
<b>Form</b>	Quantity
<b>Field Size</b>	4
<b>Layout</b>	NNNN
<b>Reported By</b>	All Community and Women's Health service providers
<b>Reported For</b>	All group session
<b>Reported When</b>	Quarterly
<b>Codeset</b>	No

**Aliases** DVA ID

**Data Item Source**

**Reporting Guide** The number of people that have attended the session, not including the staff that are running the session.

**Related Items** Session/Individual Indicator

**Purpose** Service Planning, calculating reach

**Principal Data** Primary Health Branch

**Collection Start** 2003-04

**Definition Source**

**Code set source**

**ColumnPosition** 34

## DVA Card Number

<b>Definition</b>	A unique number issued to a veteran by the Department of Veterans Affairs (DVA).
<b>Data Type</b>	Alphanumeric
<b>Form</b>	
<b>Field Size</b>	9
<b>Layout</b>	AAAANNAAA
<b>Reported By</b>	All Community and Women's Health service providers
<b>Reported For</b>	All DVA Clients
<b>Reported When</b>	Quarterly
<b>Codeset</b>	No

<b>Aliases</b>	DVA File Number, DVA ID
<b>Data Item Source</b>	CCDS V1.2
<b>Reporting Guide</b>	Char 1: State identifier. Valid codes: Q, N, V, T, S or W. ACT is included in N (NSW) and NT with S (SA) Char 2-4: Alphabetic characters may appear in these fields but no alphabetic characters may appear after any numeric in these positions Char 5-8: Numeric except last non-space character may be alphabetic, Char 9: Space (veteran), alpha (dependent).

### Related Items

<b>Purpose</b>	Reimbursement by DVA for treatment of DVA clients by CHS'
<b>Principal Data</b>	DVA
<b>Collection Start</b>	
<b>Definition Source</b>	DVA
<b>Code set source</b>	DVA
<b>Column Position</b>	35

## DVA Entitlement

**Definition** Records whether or not the client is in receipt of a Department of Veterans' Affairs entitlement, and if so, the level of entitlement held by the client (based on National HACC MDS User Guide Version 2.0, July 2005, p26).

**Data Type** Numeric

**Form** Code

**Field Size** 1

**Layout** N

**Reported By** All Community and Women's Health service providers

**Reported For** All DVA Clients

**Reported When** Quarterly

**Codeset** Yes

Code	Descriptor	Definition
1	DVA entitlement – gold card	
2	DVA entitlement – white card	
3	DVA entitlement – other	
4	No DVA Entitlement	
9	Not stated/inadequately described	

### Aliases

**Data Item Source** CCDS V1.2

**Reporting Guide** Enter whether the client has a Department of Veteran's Affairs entitlement and what that entitlement is.

**Related Items** Government Pension/Benefit Status, DVA Card Number

**Purpose** Reimbursement by DVA for treatment of DVA clients by CHS'

**Principal Data** DVA

**Collection Start**

**Definition Source** DHS

**Code set source** HACC MDS V2

**ColumnPosition** 36

## First/Given Name

<b>Definition</b>	Records the first given name used by the client (based on the National HACC MDS User Guide Version 2.0, July 2005, p14).
<b>DataType</b>	Alphanumeric
<b>Form</b>	
<b>Field Size</b>	50
<b>Layout</b>	AAAA.....
<b>Reported By</b>	All Community and Women's Health service providers
<b>Reported For</b>	All DVA Clients
<b>Reported When</b>	Quarterly
<b>Codeset</b>	No
<b>Aliases</b>	Given Name
<b>Data Item Source</b>	
<b>Reporting Guide</b>	Only to be populated / reported when claiming for DVA treatments.
<b>Related Items</b>	Statistical Linkage Key
<b>Purpose</b>	Validating DVA claims
<b>Principal Data</b>	DVA
<b>Collection Start</b>	2005-06
<b>Definition Source</b>	
<b>Code set source</b>	
<b>ColumnPosition</b>	37

## Surname/Family Name

**Definition** Records the client's family name or surname as the part of the name, which says to which family they belong (based on the National HACC MDS User Guide Version 2.0, July 2005, p15).

**Data Type** Alphanumeric

**Form**

**Field Size** 50

**Layout** AAAAA...

**Reported By** All Community and Women's Health service providers

**Reported For** All DVA Clients

**Reported When** Quarterly

**Codeset** No

### Aliases

**Data Item Source** CCDS V1.2

**Reporting Guide** Only to be populated / reported when claiming for DVA reimbursement.

**Related Items** Statistical Linkage Key

**Purpose** Validating DVA claims

**Principal Data** DVA

**Collection Start**

**Definition Source**

**Code set source**

**ColumnPosition** 38

## DVA Comment

<b>Definition</b>	Comment regarding multiple treatments on same day to DVA clients.
<b>DataType</b>	Alphanumeric
<b>Form</b>	Description
<b>Field Size</b>	255
<b>Layout</b>	AAAA.....
<b>Reported By</b>	All Community and Women's Health service providers
<b>Reported For</b>	Multiple DVA contacts on the same day
<b>Reported When</b>	Quarterly
<b>Codeset</b>	Yes

### Aliases

<b>Data Item Source</b>	PHDM
<b>Reporting Guide</b>	Enter any relevant comments when more than one treatment in a day was provided.
<b>Related Items</b>	DVA Claim Indicator
<b>Purpose</b>	Validating claims for two treatments for same client and service on the same day
<b>Principal Data</b>	DVA
<b>Collection Start</b>	
<b>Definition Source</b>	
<b>Code set source</b>	
<b>ColumnPosition</b>	39

## DVA Claim Indicator

<b>Definition</b>	Indicator (Yes or No) to show whether a claim for re-imburement should be sent to DVA.
<b>Data Type</b>	Alphanumeric
<b>Form</b>	YES or NO
<b>Field Size</b>	3
<b>Layout</b>	AAA
<b>Reported By</b>	All Community and Women's Health service providers
<b>Reported For</b>	All DVA Clients
<b>Reported When</b>	Quarterly
<b>Codeset</b>	No

Code	Descriptor	Definition
No	Do not send to DVA for	
Yes	Send to DVA for reimbursement	

### Aliases

<b>Data Item Source</b>	PHDM
<b>Reporting Guide</b>	Enter either 'Yes' or 'No' to show whether a claim for re-imburement should be sent to the Department of Veteran's Affairs.

### Related Items

<b>Purpose</b>	To determine whether a claim should be sent to DVA
<b>Principal Data</b>	Primary Health Branch
<b>Collection Start</b>	
<b>Definition Source</b>	DHS
<b>Code set source</b>	DHS
<b>ColumnPosition</b>	40

## Initial Contact Date

<b>Definition</b>	Date the client or agency made request for service.
<b>DataType</b>	Datetime
<b>Form</b>	Date
<b>Field Size</b>	10
<b>Layout</b>	DD/MM/YYYY
<b>Reported By</b>	All Community and Women's Health service providers
<b>Reported For</b>	All new registered clients
<b>Reported When</b>	Quarterly
<b>Codeset</b>	No
<b>Aliases</b>	Request for service
<b>Data Item Source</b>	
<b>Reporting Guide</b>	The date when the client or agency made initial contact or requested a service.
<b>Related Items</b>	
<b>Purpose</b>	
<b>Principal Data</b>	Primary Health Branch
<b>Collection Start</b>	
<b>Definition Source</b>	
<b>Code set source</b>	
<b>ColumnPosition</b>	41

## INI Date

<b>Definition</b>	Initial Needs Identification (INI) is the date when the needs identification is completed, providing a clear picture of what services the client requires.
<b>Data Type</b>	Datetime
<b>Form</b>	Date
<b>Field Size</b>	10
<b>Layout</b>	DD/MM/YYYY
<b>Reported By</b>	All Community and Women's Health service providers
<b>Reported For</b>	All registered clients
<b>Reported When</b>	Quarterly
<b>Codeset</b>	Yes

### Aliases

**Data Item Source** PHDM

**Reporting Guide** Initial Needs Identification (INI) is a screening process where the underlying issues as well as the presenting issues are uncovered to the extent possible. It is not a diagnostic process but is a determination of the client's risk, eligibility and priority for service and a balancing for the service capacity and client's needs. Needs identification can occur via phone, face-to-face interaction or written survey intervention. However, Needs Identification is ongoing and as a client receives care, other needs or circumstances may be identified which require attention by other disciplines. External referral or re-entry onto the waiting list to access the other disciplines may then occur.

### Related Items

**Purpose** To record INI service activity and enable waiting time information to be calculated.

**Principal Data** Primary Health Branch

**Collection Start**

**Definition Source**

**Code set source**

**ColumnPosition** 42

## Reason for Attendance

<b>Definition</b>	A code representing the service professional's description of the client's reason for assessment or treatment.
<b>Data Type</b>	Numeric
<b>Form</b>	Code
<b>Field Size</b>	3
<b>Layout</b>	NNN
<b>Reported By</b>	All Community and Women's Health service providers
<b>Reported For</b>	All new registered clients
<b>Reported When</b>	Quarterly
<b>Codeset</b>	Yes

Code	Descriptor	Definition
111	Global	
112	Specific skills	
113	Academic (reading, writing &	
121	Interpersonal issues	
122	Organisation issues	
123	Abuse (adult/children, physical, sexual & neglect)	
124	Sexual issues (relationship or	
131	Social Conduct (oppositional, elimination, antisocial, attention,	
132	Substance related	
133	Eating (behaviour related)	
134	Personality (paranoid, obsessive-compulsive, dependent	
135	Sleep	
136	Thought (psychotic)	
137	Perception (hallucinations)	
138	Illness behaviour (somatoform,	
139	Social isolation	
141	Victim of violence	
142	Adjustment to health condition	
143	Adjustment to hospitalisation	
144	Bereavement / Death	
145	Phase of Life problem	
151	Anxiety (panic, phobias, dissociative,	
152	Mood (depression, bipolar)	
211	Head & Trunk Musc. - Weakness, Tearing & Stiffness	
212	Head & Trunk Joint / Bone - Ligament dysfunction, Joint stiffness &	
213	Head & Trunk Neuromuscular - Sensory, motor & coordination	
214	Head & Trunk Skin - Scar tissue, Inflammation, Infection &	
215	Head & Trunk Circulatory - Vascular Oedema & Lymphoedema	
221	Upper Limb Muscu - Weakness, Tearing & Stiffness	
222	Upper Limb Joint / Bone - Ligament dysfunction, Joint stiffness & swelling	
223	Upper Limb Neuromuscular - Sensory, motor & coordination	

224	Upper Limb Skin - Scar tissue, Inflammation, Infection &
225	Upper Limb Circulatory - Vascular Oedema & Lymphoedema
231	Lower Limb Muscu - Weakness, Tearing & Stiffness
232	Lower Limb Joint / Bone - Ligament dysfunction, Joint stiffness & swelling
233	Lower Limb Neuromuscular - Sensory, motor & coordination
234	Lower Limb Skin - Scar tissue, Inflammation, Infection &
235	Lower Limb Circulatory - Vascular Oedema & Lymphoedema
241	Bladder control
242	Bowel control
243	Vaginal tone
244	Developmental bowel & bladder
251	Acquired Dysphagia (Neurological & Structural)
252	Developmental Dysphagia (Neurological & Structural)
261	Subjective vision disturbance
262	Observed vision anomalies
263	Vision loss
271	Ocular - Discomfort
272	Ocular - Mobility
273	Ocular - Stereopsis error
281	Neurological Vestibular Balance
282	Vestibular Balance - Infection
291	Constipation
292	Diarrhoea
293	Dumping
294	Non-functional / obstruction / contraindicated
300	Neuropathic pain
311	Breathing pattern
312	Airways function
321	Blood pressure disorder
322	Cardiovascular - Activity tolerance
331	Speech - Acquired
332	Speech - Developmental
341	Language - Acquired
342	Language - Developmental
351	Voice - Alaryngeal
352	Voice - Laryngeal
361	Fluency - Acquired
362	Fluency - Developmental
371	Hearing - Conductive
372	Hearing - Sensory
411	Glucose control
412	Electrolyte levels
413	Lipid levels (Cholesterol &
414	Amino acid levels
421	Food allergy,
422	Enzyme deficiency (Lactase &
423	Pharmacologically induced food
430	Nutrient adequacy
431	Overweight & Obesity
432	Malnutrition
433	Nutritional deficiency adequacy

511	Work (employment / unemployment)
512	Education-productivity
513	Home-productivity
514	Play activities (0 – 8 year olds)
520	Leisure activities
531	Transport
532	Legal
533	Housing
534	Finance and material resources
535	Cultural / religious / social advocacy
536	Food supply (food safety)
537	Food supply (food security)
541	Dressing and grooming (including dressing, bathing, showering, toileting and oral hygiene)
542	Feeding and eating
543	Functional communication (including emergency response, call systems, telephones, writing)
544	Functional mobility (includes mobility associated with self care)

**Aliases** Presenting Issue

**Data Item Source** PHDM

**Reporting Guide** Enter from the perspective of the service professional, the reason why the client has come to receive services.

**Related Items**

**Purpose**

**Principal Data** Primary Health Branch

**Collection Start**

**Definition Source**

**Code set source**

**ColumnPosition** 43

## Source of Referral

<b>Definition</b>	The source from which the client was referred to the service provider
<b>DataType</b>	Numeric
<b>Form</b>	Code
<b>Field Size</b>	1 or 2
<b>Layout</b>	N or NN
<b>Reported By</b>	All Community and Women's Health service providers
<b>Reported For</b>	All new registered clients
<b>Reported When</b>	Quarterly
<b>Codeset</b>	Yes

<b>Code</b>	<b>Descriptor</b>	<b>Definition</b>
01	Self	
02	Family, significant other, friend	
03	GP / Medical Practitioner – community based	
04	Aged Care Assessment Team	
05	Community nursing or health service	
06	Hospital	
07	Psychiatric / mental health service or facility	
08	Extended care / rehabilitation facility	
09	Palliative care facility / hospice	
10	Residential aged care facility	
11	Aboriginal health service	
12	Other medical / health service	
13	Disability support service	
14	Accommodation provider	
15	Other community-based service	
16	Law enforcement agency	
17	Other	
99	Not stated / Inadequately described	

### Aliases

### Data Item Source

### Reporting Guide

### Related Items

<b>Purpose</b>	To assist in the analysis of client flow and service planning
<b>Principal Data</b>	Primary Health Branch
<b>Collection Start</b>	2004-05
<b>Definition Source</b>	DHS
<b>Code set source</b>	HACC MDS V2
<b>ColumnPosition</b>	44

## WL Date

<b>Definition</b>	The date the client is placed onto a waiting list for the identified need.
<b>DataType</b>	Datetime
<b>Form</b>	Date
<b>Field Size</b>	10
<b>Layout</b>	DD/MM/YYYY
<b>Reported By</b>	All Community and Women's Health service providers
<b>Reported For</b>	All registered clients
<b>Reported When</b>	Quarterly
<b>Codeset</b>	No

### Aliases

<b>Data Item Source</b>	PHDM
<b>Reporting Guide</b>	The waiting list date may or may not be the same date as the INI date. The client may be placed onto multiple waiting lists if multiple services are required. A client will automatically be taken off the waiting list when they access their service appointment.

### Related Items

<b>Purpose</b>	To assist with the measurement of CHS waiting times and management of service.
<b>Principal Data</b>	Primary Health Branch
<b>Collection Start</b>	
<b>Definition Source</b>	
<b>Code set source</b>	
<b>ColumnPosition</b>	45

## Priority Type

<b>Definition</b>	Priority Type is used to categorise the client's need for a service and occurs as a result of the INI.
<b>Data Type</b>	Numeric
<b>Form</b>	Code
<b>Field Size</b>	1
<b>Layout</b>	N
<b>Reported By</b>	All Community and Women's Health service providers
<b>Reported For</b>	All registered clients
<b>Reported When</b>	Quarterly
<b>Codeset</b>	Yes

Code	Descriptor	Definition
1	Low	
2	Routine	
3	Urgent	
9	Not stated / Inadequately described	

### Aliases

**Data Item Source** PHDM

**Reporting Guide** Priority types are derived from the service coordination tool templates, "low, routine and urgent". It is suggested that you utilise current prioritising mechanisms that your agency has in place when capturing this data item.

**Related Items** Waiting List Date, INI Date

**Purpose** To indicate the urgency of the client's condition following INI, which requires service provision.

**Principal Data** Primary Health

**Collection Start** 2006-07

**Definition Source** DHS

**Code set source** C&WH

**ColumnPosition** 46

## Date of Exit

**Definition** The date of Exit reflects the date the clients episode of care was terminated.

<b>Data Type</b>	Datetime
<b>Form</b>	Date
<b>Field Size</b>	10
<b>Layout</b>	DD/MM/YYYY
<b>Reported By</b>	
<b>Reported For</b>	All registered clients
<b>Reported When</b>	Quarterly
<b>Codeset</b>	No

### Aliases

### Data Item Source

**Reporting Guide** Once the client has received a service for their identified need, resulting in the resolution of management of this need, they will exit the service. This will reflect the termination of their episode of care. By capturing the exit point, review of the frequency and duration of the intervention period can describe clinical practices. The exit date can be applied in 1 of 2 ways that reflect your agency's practice. The exit date can apply to the completion of the last interaction with the client, where multiple service providers are involved in providing the episode of care. This may indicate that a care planning / care manager activity occurs within the CHS. Alternatively, the exit date can be applied to every service provider involved with the episode of client care. Over a period of time a client may have entered and exited an agency on more than one occasion, or received multiple completed services with a reporting period.

**Related Items** Main reason for cessation of services

**Purpose** To assist with the measurement of CHS waiting times and management of service

### Principal Data

### Collection Start

### Definition Source

### Code set source

**ColumnPosition** 47

## Main reason for cessation of services

<b>Definition</b>	The main reason the client's current services have ceased
<b>DataType</b>	Numeric
<b>Form</b>	Code
<b>Field Size</b>	1 or 2
<b>Layout</b>	N or NN
<b>Reported By</b>	
<b>Reported For</b>	All registered clients that have stopped receiving services.
<b>Reported When</b>	Quarterly
<b>Codeset</b>	Yes

Code	Descriptor	Definition
1	Client no longer needs assistance—improved status	
10	Other reason	
2	Client no longer needs assistance from your agency—improved status	
3	Client's needs have not changed but your agency cannot or will no longer provide assistance	
4	Client moved to residential aged care	
5	Client moved to other institutional	
6	Client moved to other community-based service	
7	Client moved out of area	
8	Client terminated service	
9	Client died	
99	Not stated / Inadequately described	

### Aliases

### Data Item Source

**Reporting Guide** This element should be reported for all clients who stopped receiving services. That is, it should be reported for all clients with a recorded Date of Exit. Where the client ceased to receive services for more than one reason, the agency should record the main or primary reason for the cessation of service.

**Related Items** Date of exit

**Purpose** To assist with the measurement of CHS waiting times and management of service

### Principal Data

### Collection Start

### Definition Source

**Code set source** HACC MDS V2

**ColumnPosition** 48

## Chronic and complex condition

<b>Definition</b>	A code indicating the client's condition that has been, or is likely to be present for at least 6 months, and require more than one type of service from same or different service
<b>Data Type</b>	Numeric
<b>Form</b>	Code
<b>Field Size</b>	1 or 2
<b>Layout</b>	N or NN
<b>Reported By</b>	All Community and Women's Health service providers
<b>Reported For</b>	All registered clients who have a chronic and complex condition
<b>Reported When</b>	Quarterly
<b>Codeset</b>	Yes

Code	Descriptor	Definition
1	Asthma	
10	Others	
2	Chronic (congestive) heart failure	
3	Angina	
4	Hypertension	
5	Diabetes	
6	Chronic obstructive pulmonary disease (COPD)	
7	Cancers	
8	Depression and/or anxiety	
9	Injuries	
99	Not stated / Inadequately described	

### Aliases

**Data Item Source** PHDM

**Reporting Guide** To be used for registered clients that have been defined as Chronic and Complex. Upto 10 condition combinations can be entered for the client.

**Related Items** Chronic Complex Client,

**Purpose** To form part of the reporting and evaluation. This will help to gain an understanding of the disease / condition profile of clients defined as Chronic and Complex.

**Principal Data** Primary Health Branch

**Collection Start** 2006-07

**Definition Source** DHS

**Code set source** C&WH

**ColumnPosition** 49

## Revised

**Definition** When re-submitting data, (Yes or No) indicates whether data was revised since the last submission.

<b>Data Type</b>	Alphanumeric
<b>Form</b>	YES or NO
<b>Field Size</b>	3
<b>Layout</b>	AAA
<b>Reported By</b>	All Community and Women's Health service providers
<b>Reported For</b>	All records
<b>Reported When</b>	Quarterly
<b>Codeset</b>	No

Code	Descriptor	Definition
No	Data file being sent for the first time	
Yes	Data file has been sent previously	

### Aliases

**Data Item Source** PHDM

### Reporting Guide

### Related Items

**Purpose** To indicate whether file is a revision to previously submitted file

**Principal Data** Primary Health Branch

**Collection Start** 2006-07

### Definition Source

**Code set source**

**ColumnPosition** 59

# Appendix

## Appendix A-DHS Template Report

### Purpose

The DHS Template Report and the individual Fees Report<sup>1</sup> should only be used by those agencies that do not have an information system that will allow them to create a Multipurpose Report.

The DHS Template captures the following aggregate data:

- Primary Health
- Health Promotion
- Client Type
- Fees
- DVA

Each aggregate requirement listed above will be further described in the pages following.

### Requirements

Agencies are expected to fill out the Agency Details sheet ensuring that information entered into the 'Reporting Period' and the 'Agency Details' sections is accurate<sup>2</sup>.

Agencies submitting data to the Department using the DHS Template report or the Fees Report must ensure that their internal data collection processes and practices are geared towards meeting the requirements outlined for each particular program area.

*Updated (2007-08) electronic Data Return Forms or templates in Excel formats are available from the Primary Health Knowledge Base website<sup>3</sup>.*

The table shows when the DHS Template Report is required to be submitted

Table 7. Reporting Timelines for DHS Template Report

Report type	Reporting frequency	When to submit data report	Notes
DHS Template Report	Quarterly	15 Oct 2007 15 Jan 2008 15 Apr 2008 15 July 2008	15th day after the end of each quarter

For information on the required data submission method go to page 9.

For information about Feedback reports and the policy around late data go to page 7.

<sup>1</sup> In the case of the Fees Report some agencies may not capture their fees data with their client management system and would therefore need to submit their fees data in addition to the Multipurpose report.

<sup>2</sup> If an agency does not know their Agency ID they will need to contact either their region or Program Performance, Monitoring & Support Unit to obtain the Agency ID.

<sup>3</sup> [http://www.health.vic.gov.au/communityhealth/data\\_reporting/templates\\_forms.htm](http://www.health.vic.gov.au/communityhealth/data_reporting/templates_forms.htm)