

Community and Women's Health Programs

2008-09 Data Reporting Guidelines

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

Published by the Victorian Government Department of Human Services
Melbourne, Victoria

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This document may also be downloaded from the Department of Human Services web site at:
http://www.health.vic.gov.au/communityhealth/data_reporting/reporting.htm

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Background Information and Purpose of Collection

This document describes the data collection and reporting requirements for agencies funded by the Community and Women's Health Program (C&WH).

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
- The Primary Health Funding and Policy Guidelines 2006 – 07 to 2008 – 09
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
- Rural and Regional Health and Aged Care Services Division Policy and Funding Plan 2006 – 07 to 2008 – 09. Annual Update 2008-09 edition (including Drug Services)
<http://www.dhs.vic.gov.au/rrhacs/pfplan.htm>

Current & Expected Changes to 08-09 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

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 have no changes to reporting, Agencies are encouraged to continue to record and report these measures. However, under the revised PHFA, an hour of Direct Care is the sum of direct time and indirect time. Therefore, 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
- **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 agencies 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.

Early Intervention in Chronic Disease initiative

The state budget 2008/09 included funding to expand the EIICD initiative to a further 18 local government areas. Agencies in receipt of existing or new funding under the EIICD initiative are to comply with the C&WH data reporting requirements. To better support and reflect chronic disease management activities there have been some changes to the data reporting requirements. These include the commencement of collecting chronic condition/s to assist in service planning. Along with, in recognition of the importance of planning and coordinating client care an additional service type (refer guide for use page 31) has been included to record such activity.

Aboriginal Health Promotion and Chronic Care Partnership (AHPACC)

A new service type has been included for AHPACC Program – Client Support. From 1 July 2008 only two service types will be recorded for the AHPACC Program, AHPACC Health Promotion and AHPACC Direct Care with a sub-activity Client Support. See Activity Structure on [pg 13](#)

Refugee Health Nurse (RHN)

Refugee Health Nurse Program has now been established as a separate activity with one sub-activity – Nursing. For more information see Activity Structure on [pg 13](#)

08-09 Fees Reporting

In 08-09 all Agencies will need to submit an Annual Fee Report at the end of Financial Year. The report should be submitted before the 3rd week of July. The format of the 2008-09 Report will be made available on the Community and Women's Health website under Data reporting as at July 1st 2008 see link below:

http://www.health.vic.gov.au/communityhealth/data_reporting/templates_forms.htm.

This will address the issue of many agencies who can not collect fees using their client management software.

Fees reports should be sent to central primary mailbox Central.PrimaryHealthData@dhs.vic.gov.au as a separate email from the MPR report. All fees reports will need to follow a naming convention which will be detailed on the C&WH website and an email sent to all Agencies advising on the requirements for Submission.

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.

Multi-Purpose Report

The Multi-Purpose Report (MPR) is now the standard reporting format in 08-09, 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 in 08-09.

The MPR replaces the five reports (Primary Health Care Report, Health Promotion Report, Client Type Report, Registered Client Report and the Department of Veterans' Affairs Report). For more information about the Data Elements i.e. data, identifier and information structure describing the meaning and distinct unit or values ([see page 15](#))

Starting July 2008, all Multi-Purpose Reports will be validated automatically via RRHACS data repository. Detailed submission log and data quality analysis will be sent to agency to confirm the outcome of the data submission. There will be no time delay between submission date and receiving date unless the initial submission is rejected due to error.

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, 08-09 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

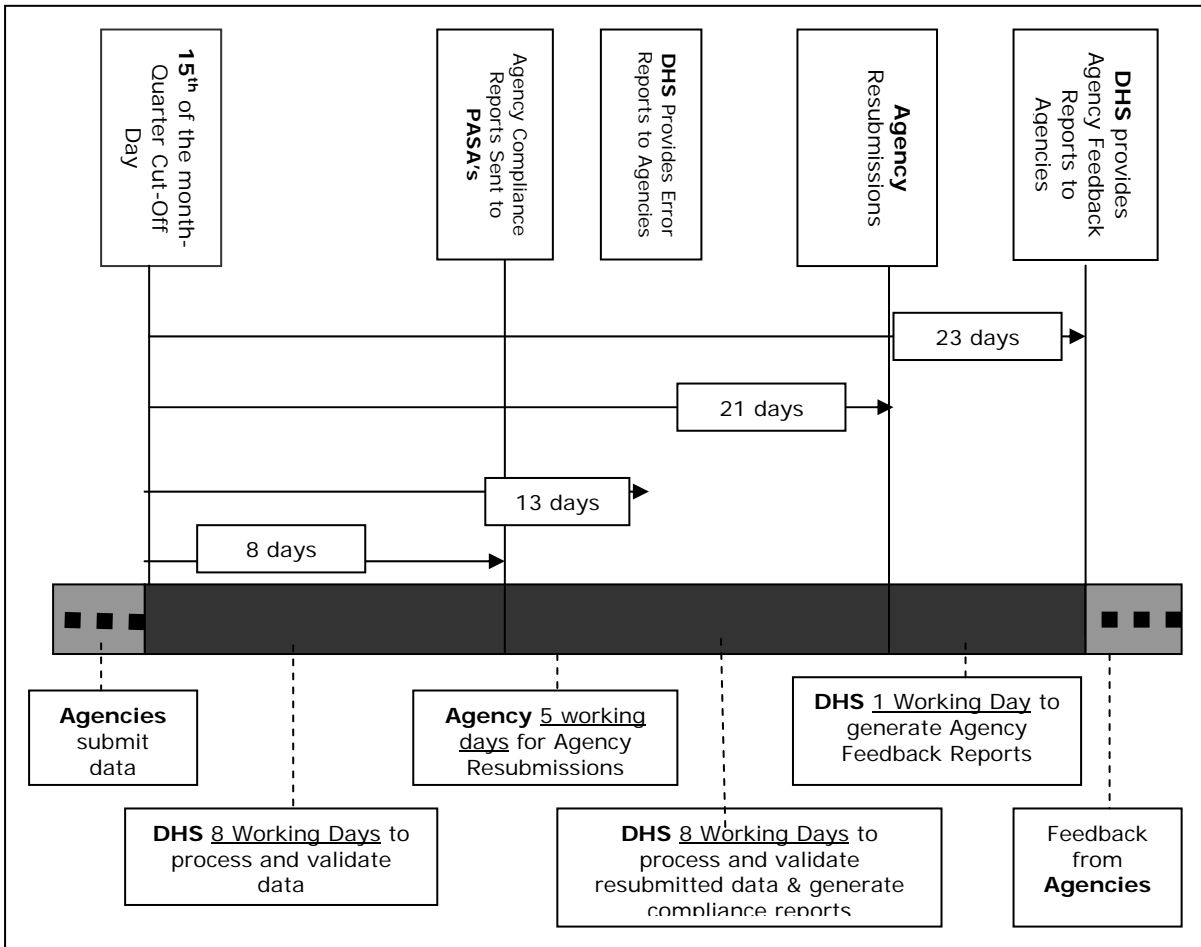
Data is due to the Primary Health Branch by the 15th Day of every Quarter (see [Table 1](#) for more details.) To facilitate faster data processing, any data submitted after the 15th will not be processed for the quarter instead the data will be loaded at a later date and feedback reports will not be 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.

Over an 8 working day period, once all the data has been validated and loaded, error reports will be provided to agencies to help with data quality issues. ([See Rejection Policy on page 8](#)). 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 Region Summary Reports and Agency 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**. Agencies and Regional PASA's should therefore receive their relevant reports 40 days after submission from due date.

Diagram1- Data Reporting Turn Around Times



Data Reporting -WHY, WHO, WHEN and WHAT

WHY Data Reporting

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 purposes of data reporting are to support one or more of the following functions:

- Reporting to the Department of Finance (State Treasury) in respect of agreed Output Targets.
- To meet program and funded agency performance monitoring requirements.
- 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,
- Providing feedback to funded service provider agencies.
- Providing research and policy development information required by various research, Publications and Policy development projects (internal and external).

WHO Should Report

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

- Community Health Service providers claiming 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 activity. (See [Table 4](#)).
- 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 & HOW should Data be Submitted

Agencies are required to submit all reports to the Department of Human Services according to the following time frames listed for 08-09.

Table 1-Data Reporting Timeframes

Reporting frequency	When to submit data report	Notes
Quarterly	15 Oct 2008 15 Jan 2009 15 Apr 2009 15 July 2009	15th day after the end of each quarter

- Data should be sent electronically to the Primary Health Branch with a cc to the regional Program and Service Advisors (PASA). Agencies that send data to any other email address will comply with their data reporting requirements.
- If the 15th day falls on a weekend then data should be sent the Friday before.
- Subject format of the email should contain the agency name and the quarter and the financial year that the data is being sent.

Table 2 -Example of the required format is:

To:	Central.PrimaryHealthData@dhs.vic.gov.au
Cc:	Responsible Regional PASA
Subject:	Agency Name, reporting quarter

WHAT to Report

The following table indicates the relevant DHS funded components.

Table 3 - Mandatory Data Reports for Community Health Care and Small Rural Primary Health Care Services

Funding Source									
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	Aboriginal Health Promotion and Chronic Care	Small Rural – Primary Health Care Services
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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

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 electronically to central.primaryhealthdata@dhs.vic.gov.au and cc Regional PASA by due date. (See [table 2](#))
- 3 Data is validated and uploaded
- 4 Feedback reports are produced and sent to PASAs and agencies.

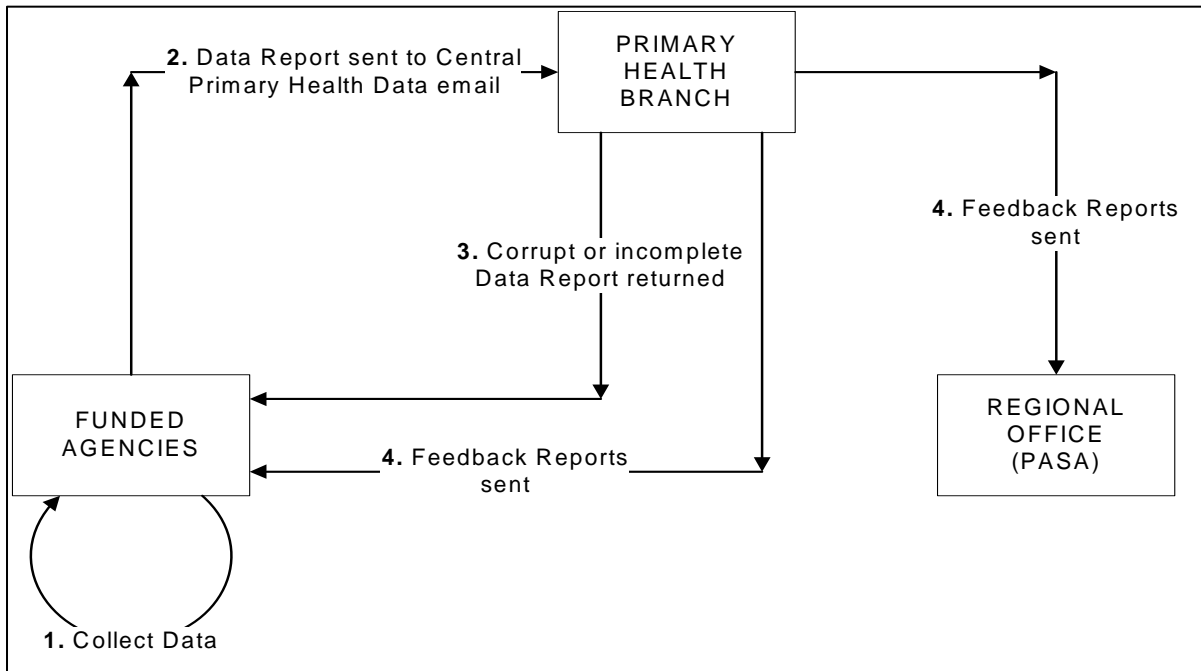


Diagram 2. Data reporting process

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. These notices will be sent 8 days from date of submission (15th working day of the month).

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 Entry

A record is generated for each occurrence of a contact (individual or group session) detailing the activity, the duration of the contact, any associated 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 can also collect any Indirect Service Time not associated with a contact or session.

All data elements are listed in [Table 5](#) and in more detail in the Data Element Definition section of this document.

File format for this report is Comma separated (CSV) and the structure is detailed in the Community & Women's Health Transmission protocol (Appendix D) see http://www.health.vic.gov.au/communityhealth/data_reporting/reporting.htm.

Data submission method

The Multi-purpose report must be submitted electronically, ([see pg 3](#)) for data submission timelines and email formats).

As of July 2008, all data submissions (Multi-purpose reports) will be validated automatically via RRHACS data repository.

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 does 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 its requirements and to improve data management practice.

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 standards described in this document, in terms of completeness, accuracy and validity.
- Prepare and distribute Data Validation Exception Reports, **21 days** after submission, 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. These notices are sent **8 days** after data submission
- Provide standard feedback reports to all reporting agencies and regions.

Funded Activities

The Community & Women's Health programs aim 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 4](#) for details of funded Activities and Service types.

Table 4 - Reportable Activities for Funded Activities

Activity Number	Activity Name	Reported Activities
28001	Community Health -Health Promotion	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
28018	Family Planning -Health Promotion	Health Promotion
28021	Innovative Health Services for Homeless Youth - Health Promotion	Health Promotion
28023	Suicide Prevention -Direct Care	Counselling
		Initial Needs Identification
28024	Suicide Prevention - Health Promotion	Health Promotion
28050	Women's Health- Health Promotion	Health Promotion
28063	Family Planning – Education and Training	Education and Training
28064	Family Planning – Clinical Services and Training	Clinical Services and Training
28065	Community Health -Direct Care	Audiology
		Dietetics
		Occupational Therapy
		Physiotherapy
		Podiatry
		Speech Therapy
		Counselling
		Nursing
		Initial Needs Identification
		Care Coordination
xxxxx	Refugee Health Services	Nursing
Xxxxx	Pregnancy Support	Audiology
		Dietetics
		Occupational Therapy
		Physiotherapy
		Podiatry
		Speech Therapy
		Counselling
		Nursing
28066	Innovative Health Services for Homeless Youth - Direct Care	Counselling

Activity Number	Activity Name	Reported Activities
		Nursing
		Initial Needs Identification
28067	Women's Health -Direct Care	Counselling
		Nursing
		Initial Needs Identification
28068	Family Planning -Direct Care	Counselling
		Nursing
		Initial Needs Identification
28071	Aboriginal Health Promotion and Chronic Care (AHPACC) Partnership – Direct Care	Client Support
28075	Aboriginal Health Promotion and Chronic Care (AHPACC) Partnership – Health Promotion	Health Promotion
28072	Integrated Chronic Disease Management- Direct Care	Audiology
		Dietetics
		Occupational Therapy
		Physiotherapy
		Podiatry
		Speech Therapy
		Counselling
		Nursing
		Initial Needs Identification
		Care Coordination
28074	Diabetes Self Management- Direct Care -	Audiology
		Dietetics
		Occupational Therapy
		Physiotherapy
		Podiatry
		Speech Therapy
		Counselling
		Nursing
		Initial Needs Identification
		Care Coordination
35048	Small Rural – Primary Health Flexible Services	Audiology
		Dietetics
		Occupational Therapy
		Physiotherapy
		Podiatry
		Speech Therapy
		Counselling
		Nursing

Activity Number	Activity Name	Reported Activities
		Initial Needs Identification
		Health Promotion
		Care Coordination
28061		

Data Elements

The following pages depict the Summary Data elements and the core data elements to be collected for the Multi-Purpose report are listed in the table below.

Summary of Data Elements

Detailed information about the data elements starts at [page 15](#).

Table 5 - Data items

Data Elements	Definition
Campus	Uniquely Identifies Campus within Agency where the occasion of service was delivered
Date Of Service	The date of service contact between a health service provider and patient/client.
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)
Contact Type Indicator	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.
Client Type	A code that identifies whether the client is Casual, Registered or Organisational
Unique Client Identifier	An identifier, unique to a client within the funded organisation.
Statistical Linkage Key	The Statistical Linkage Key (SLK) is a variable derived from client personal demographic data used to link data for statistical and research purposes.
Chronic Complex Client	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.
Date of Birth	Client's Date of Birth
Date of Birth Estimate Flag	The accuracy of the components of the client's Date of Birth.
Sex	The nominated sex of the client.
Country of Birth	The country in which the client was born.
Indigenous Status	Whether a client identifies as being of Aboriginal or Torres Strait Islander origin.
Need for Interpreter Services	Whether an interpreter service is required by or for the client.
Preferred Language	The language (including sign language) most preferred by the client for communication.
Refugee Status	The refugee status of the client.
Government Pension/Benefit Status	The government pension/benefit that the client is receiving.
Concession Cardholder Type	The type of concession card held by the client.
Residential Locality	The geographic location of the client's usual residence.
Residential Postcode	The postcode of the Residential Locality of the client.
Residential Local Government Area	The local government area in which the client resides (as derived from Client – Residential Locality and Client – Residential Postcode).
Fee	Fee charged for service delivery transaction (Dollar value)
Direct Time	The time (in minutes) that has been spent in direct contact with a client or clients during service provision.

Data Elements	Definition
	Includes face-to face, remote video link, email and extended telephone communication with a client or clients for the provision of a health service.
Indirect Time	The time (in minutes) that has been spent away from a client or clients in essential activities to provide support to a client or clients.
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	Number of people attending the session (excluding staff running the session)
Department of Veterans' Affairs File Number	The Department of Veterans' Affairs File Number of the client.
Department of Veterans' Affairs Entitlement	The level of Department of Veterans' Affairs support to which a client is entitled.
Department of Veterans' Affairs Comment	Comment regarding multiple treatments on same day to DVA clients.
Department of Veterans' Affairs Claim Indicator	Indicator (Yes or No) to show whether a claim for reimbursement should be sent to DVA
Initial Contact Date	Date a consumer or carer makes his or her first contact with the service system.
INI Date	Initial Needs Identification (INI) is the date when the needs identification is completed, providing a clear picture of what services the client requires.
Reason for Attendance	A code representing the service professional's description of the client's reason for assessment or treatment.
Source of Referral	The person or agency responsible for the referral of a client to a service provider agency, as represented by a code
Waiting List Date	The date the client is placed onto a waiting list for the identified service.
Priority Type	Priority Type is used to categorise the client's need for a service and occurs as a result of the INI.
Date of Exit	The date identified on which the client stopped receiving funded assistance for the identified need.
Main reason for cessation of services	The main reason the client's current services have ceased
Chronic and complex condition/s	The client's condition/s that have been, or are likely to be present for at least 6 months, and require more than one type of service from same or different service providers.
Care Coordination	The provision of care coordination including the planning and organisation of coordinated care for clients with a complex or chronic condition requiring multiple services to be delivered in an integrated fashion". Care Coordination also relates only to individual clients not to group sessions

Data Element Definitions

The following pages describe the format, definition, permissible values and various other elements that help define the data item.

The structure of the file is described in the Community & Women's Health Transmission Protocol (Appendix D) see http://www.health.vic.gov.au/communityhealth/data_reporting/index.htm

Data element name: Collection Identifier		
Identifying and definitional attributes		
METeOR identifier: (optional)	None	
Definition:	Uniquely identifies DHS data collection.	
Value domain attributes		
Representation class (form):	Text	
Data type:	String	
Format (Layout):	XXX[XXX]	
Maximum character length:	6	
Permissible values (Code set):	Value	Meaning
	CWH	Community & Women's Health
Supplementary values:	Value	Meaning
Unit of measure:		
Collection and usage attributes		
Reporting requirements:	All files	
Guide for use:	Identifies that the report is for Community and Women's Health Program	
Collection methods:	Software generated	
Purpose:	To distinguish the data collection from other data collections	
Principal users:	RRHACS Data Repository	
Start date:	1/07/2007	
Comments:		
Source and reference attributes		
Definition source:	DHS	
Permissible values source:	DHS	

Data element name: Version Identifier					
Identifying and definitional attributes					
<i>METeOR identifier: (optional)</i>	None				
<i>Definition:</i>	Describes the version of the data reporting specification that the file adheres to.				
Value domain attributes					
<i>Representation class (form):</i>	Code				
<i>Data type:</i>	Numeric				
<i>Format (Layout):</i>	NNN				
<i>Maximum character length:</i>	3				
<i>Permissible values (Code set):</i>	<table border="1"> <thead> <tr> <th><i>Value</i></th> <th><i>Meaning</i></th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	<i>Value</i>	<i>Meaning</i>		
<i>Value</i>	<i>Meaning</i>				
<i>Supplementary values:</i>	<table border="1"> <thead> <tr> <th><i>Value</i></th> <th><i>Meaning</i></th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	<i>Value</i>	<i>Meaning</i>		
<i>Value</i>	<i>Meaning</i>				
<i>Unit of measure:</i>					
Collection and usage attributes					
<i>Reporting requirements:</i>	All files				
<i>Guide for use:</i>	Report 301 in the first instance. 301 stands for v3.0.1				
<i>Collection methods:</i>	Software generated				
<i>Purpose:</i>	Identify which version				
<i>Principal users:</i>	RRHACS Data Repository				
<i>Start date:</i>					
<i>Comments:</i>					
Source and reference attributes					
<i>Definition source:</i>	DHS				
<i>Permissible values source:</i>	DHS				

Data element name: Record Type		
Identifying and definitional attributes		
<i>METeOR identifier: (optional)</i>	None	
<i>Definition:</i>	Describes the type of record	
Value domain attributes		
<i>Representation class (form):</i>	Text	
<i>Data type:</i>	String	
<i>Format (Layout):</i>	XXXXXX	
<i>Maximum character length:</i>	6	
<i>Permissible values (Code set):</i>	Value	Meaning
	HEADER	First record in the file
	SERVICE	Relating to records of Occasions of Service
<i>Supplementary values:</i>	Value	Meaning
<i>Unit of measure:</i>		
Collection and usage attributes		
<i>Reporting requirements:</i>	All records in file	
<i>Guide for use:</i>	Must be "HEADER" for the first record in the file that describes what the rest of the file is and "SERVICE" is for all records relating to Occasions of Service	
<i>Collection methods:</i>	Software generated	
<i>Purpose:</i>	Identify the type of record	
<i>Principal users:</i>	RRHACS Data Repository	
<i>Start date:</i>		
<i>Comments:</i>		
Source and reference attributes		
<i>Definition source:</i>	DHS	
<i>Permissible values source:</i>	DHS	

Data element name: Service Provider Number					
Identifying and definitional attributes					
<i>METeOR identifier: (optional)</i>	None				
<i>Definition:</i>	Uniquely identifies agency, it is the Service Provider Number from SAMS				
Value domain attributes					
<i>Representation class (form):</i>	Code				
<i>Data type:</i>	Numeric				
<i>Format (Layout):</i>	NNN[NN]				
<i>Maximum character length:</i>	5				
<i>Permissible values (Code set):</i>	<table border="1"> <thead> <tr> <th><i>Value</i></th> <th><i>Meaning</i></th> </tr> </thead> <tbody> <tr> <td colspan="2">See C&WH large value domains (Appendix C) – http://www.health.vic.gov.au/communityhealth/data_reporting/index.htm</td> </tr> </tbody> </table>	<i>Value</i>	<i>Meaning</i>	See C&WH large value domains (Appendix C) – http://www.health.vic.gov.au/communityhealth/data_reporting/index.htm	
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<i>Value</i>	<i>Meaning</i>				
<i>Unit of measure:</i>					
Collection and usage attributes					
<i>Reporting requirements:</i>	All files				
<i>Guide for use:</i>	The service provider number should match the funded service provider number on the Funding and Service Agreement with DHS				
<i>Collection methods:</i>	Software generated				
<i>Purpose:</i>	Used to identify source of data for performance monitoring & service planning				
<i>Principal users:</i>	DHS				
<i>Start date:</i>					
<i>Comments:</i>					
Source and reference attributes					
<i>Definition source:</i>	DHS				
<i>Permissible values source:</i>	DHS				

Data element name: Data Collection Identifier					
Identifying and definitional attributes					
<i>METeOR identifier: (optional)</i>	None				
<i>Definition:</i>	Identifies the Quarterly Reporting period that the file relates to				
Value domain attributes					
<i>Representation class (form):</i>	Date				
<i>Data type:</i>	Date/Time				
<i>Format (Layout):</i>	YYYYYYQ				
<i>Maximum character length:</i>	7				
<i>Permissible values (Code set):</i>	<table border="1"> <thead> <tr> <th><i>Value</i></th> <th><i>Meaning</i></th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	<i>Value</i>	<i>Meaning</i>		
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<i>Value</i>	<i>Meaning</i>				
<i>Unit of measure:</i>					
Collection and usage attributes					
<i>Reporting requirements:</i>	All files				
<i>Guide for use:</i>	For examples; to describe the 1st quarter of the 2007/2008 reporting period, the data collection identifier should be 2007081				
<i>Collection methods:</i>	Software generated				
<i>Purpose:</i>	Used to determine reporting period				
<i>Principal users:</i>	RRHACS Data Repository				
<i>Start date:</i>					
<i>Comments:</i>					
Source and reference attributes					
<i>Definition source:</i>	DHS				
<i>Permissible values source:</i>	DHS				

Data element name: Transmission Number		
Identifying and definitional attributes		
<i>METeOR identifier: (optional)</i>	None	
<i>Definition:</i>	Uniquely identifies each file submitted by the Agency for the collection period.	
Value domain attributes		
<i>Representation class (form):</i>	Total	
<i>Data type:</i>	Numeric	
<i>Format (Layout):</i>	N[N]	
<i>Maximum character length:</i>	2	
<i>Permissible values (Code set):</i>	<u>Value</u>	<u>Meaning</u>
<i>Supplementary values:</i>	<u>Value</u>	<u>Meaning</u>
<i>Unit of measure:</i>		
Collection and usage attributes		
<i>Reporting requirements:</i>	All Files	
<i>Guide for use:</i>	The transmission number should increase by 1 for each file sent for the same Agency Identifier and Data Collection Identifier e.g First submission should have 1, if this is then revised and resubmitted the number should then be re-generated as a 2.	
<i>Collection methods:</i>	Software generated	
<i>Purpose:</i>	Used to determine the number of times an Agency's data has been revised	
<i>Principal users:</i>	RRHACS Data Repository	
<i>Start date:</i>	1/07/2007	
<i>Comments:</i>		
Source and reference attributes		
<i>Definition source:</i>	DHS	
<i>Permissible values source:</i>	DHS	

Data element name: Export File Portion					
Identifying and definitional attributes					
<i>METeOR identifier: (optional)</i>	None				
<i>Definition:</i>	Counts the number of files for an Agency Identifier and Data Collection Identifier				
Value domain attributes					
<i>Representation class (form):</i>	Total				
<i>Data type:</i>	Numeric				
<i>Format (Layout):</i>	N[N]				
<i>Maximum character length:</i>	2				
<i>Permissible values (Code set):</i>	<table border="1"> <thead> <tr> <th><i>Value</i></th> <th><i>Meaning</i></th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	<i>Value</i>	<i>Meaning</i>		
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<i>Value</i>	<i>Meaning</i>				
<i>Unit of measure:</i>					
Collection and usage attributes					
<i>Reporting requirements:</i>	All Files				
<i>Guide for use:</i>	Default = 1. If there are more than one file for an Agency Identifier and Data Collection Identifier then the Export File Portion will increase for each file.				
<i>Collection methods:</i>	Software generated				
<i>Purpose:</i>	Used to determine whether a file is additional data.				
<i>Principal users:</i>	RRHACS Data Repository				
<i>Start date:</i>	1/07/2007				
<i>Comments:</i>					
Source and reference attributes					
<i>Definition source:</i>	DHS				
<i>Permissible values source:</i>	DHS				

Data element name: Number of Service Records Following					
Identifying and definitional attributes					
<i>METeOR identifier: (optional)</i>	None				
<i>Definition:</i>	A count of the number of "SERVICE" records in the file				
Value domain attributes					
<i>Representation class (form):</i>	Total				
<i>Data type:</i>	Numeric				
<i>Format (Layout):</i>	N[NNNN]				
<i>Maximum character length:</i>	5				
<i>Permissible values (Code set):</i>	<table border="1"> <thead> <tr> <th><i>Value</i></th> <th><i>Meaning</i></th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	<i>Value</i>	<i>Meaning</i>		
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<i>Value</i>	<i>Meaning</i>				
<i>Unit of measure:</i>					
Collection and usage attributes					
<i>Reporting requirements:</i>	All Files				
<i>Guide for use:</i>	The number of "SERVICE" records contained in the file				
<i>Collection methods:</i>	Software generated				
<i>Purpose:</i>	To validate all records have been recieved				
<i>Principal users:</i>	RRHACS Data Repository				
<i>Start date:</i>	1/07/2007				
<i>Comments:</i>					
Source and reference attributes					
<i>Definition source:</i>	DHS				
<i>Permissible values source:</i>	DHS				

Data element name: Name of Software		
Identifying and definitional attributes		
<i>METeOR identifier: (optional)</i>	None	
<i>Definition:</i>	The name of the software generating the file.	
Value domain attributes		
<i>Representation class (form):</i>	Text	
<i>Data type:</i>	String	
<i>Format (Layout):</i>	A(50)	
<i>Maximum character length:</i>	50	
<i>Permissible values (Code set):</i>	<u>Value</u>	<u>Meaning</u>
<i>Supplementary values:</i>	<u>Value</u>	<u>Meaning</u>
<i>Unit of measure:</i>		
Collection and usage attributes		
<i>Reporting requirements:</i>	All Files	
<i>Guide for use:</i>	Example BDNH, PJB, SWITCH	
<i>Collection methods:</i>	Software generated	
<i>Purpose:</i>	Identifies software used to generate the reported data	
<i>Principal users:</i>	RRHACS Data Repository	
<i>Start date:</i>		
<i>Comments:</i>	Codeset should be developed in the future	
Source and reference attributes		
<i>Definition source:</i>	DHS	
<i>Permissible values source:</i>		

Data element name: End Header Marker		
Identifying and definitional attributes		
<i>METeOR identifier: (optional)</i>	None	
<i>Definition:</i>	Indicates the end of the header record	
Value domain attributes		
<i>Representation class (form):</i>	Text	
<i>Data type:</i>	String	
<i>Format (Layout):</i>	X(9)	
<i>Maximum character length:</i>	9	
<i>Permissible values (Code set):</i>	<u><i>Value</i></u>	<u><i>Meaning</i></u>
	ENDHEADER	Marking the end of the header row
<i>Supplementary values:</i>	<u><i>Value</i></u>	<u><i>Meaning</i></u>
<i>Unit of measure:</i>		
Collection and usage attributes		
<i>Reporting requirements:</i>	All HEADER Records	
<i>Guide for use:</i>	Use value "ENDHEADER"	
<i>Collection methods:</i>	Software generated	
<i>Purpose:</i>	Indicates the end of the header record	
<i>Principal users:</i>	RRHACS Data Repository	
<i>Start date:</i>		
<i>Comments:</i>		
Source and reference attributes		
<i>Definition source:</i>	DHS	
<i>Permissible values source:</i>	DHS	

Data element name: Campus		
Identifying and definitional attributes		
<i>METeOR identifier: (optional)</i>	None	
<i>Definition:</i>	Uniquely Identifies Campus within Agency where the occasion of service was delivered	
Value domain attributes		
<i>Representation class (form):</i>	Text	
<i>Data type:</i>	String	
<i>Format (Layout):</i>	A(100)	
<i>Maximum character length:</i>	100	
<i>Permissible values (Code set):</i>	<u>Value</u>	<u>Meaning</u>
<i>Supplementary values:</i>	<u>Value</u>	<u>Meaning</u>
<i>Unit of measure:</i>		
Collection and usage attributes		
<i>Reporting requirements:</i>	Mandatory - All Contacts	
<i>Guide for use:</i>	The Campus should be a brief description that uniquely and unambiguously identifies the agency site where the service was delivered or where the person delivering an outreach service is working from.	
<i>Collection methods:</i>		
<i>Purpose:</i>	Service Planning	
<i>Principal users:</i>	Primary Health Branch	
<i>Start date:</i>		
<i>Comments:</i>	There is no codeset at present. This should be developed in the future. The Campus should be a brief description that uniquely, clearly and unambiguously identifies the agency site.	
Source and reference attributes		
<i>Definition source:</i>	C&WH	
<i>Permissible values source:</i>		

Data element name: Date Of Service		
Identifying and definitional attributes		
<i>METeOR identifier: (optional)</i>	270122	
<i>Definition:</i>	The date of service contact between a health service provider and patient/client.	
Value domain attributes		
<i>Representation class (form):</i>	Date	
<i>Data type:</i>	Date/Time	
<i>Format (Layout):</i>	DDMMYYYY	
<i>Maximum character length:</i>	8	
<i>Permissible values (Code set):</i>	<i>Value</i>	<i>Meaning</i>
<i>Supplementary values:</i>	<i>Value</i>	<i>Meaning</i>
<i>Unit of measure:</i>		
Collection and usage attributes		
<i>Reporting requirements:</i>	Mandatory - All Contacts	
<i>Guide for use:</i>	Requires services to record the date of each service contact, including the same date where multiple visits are made on one day (except where the visits may be regarded as a continuation of the one service contact).	
<i>Collection methods:</i>		
<i>Purpose:</i>	Validation of DVA claims, service planning and waiting time measurement	
<i>Principal users:</i>	Primary Health Branch, DVA	
<i>Start date:</i>	1/07/1998	
<i>Comments:</i>		
Source and reference attributes		
<i>Definition source:</i>	METeOR	
<i>Permissible values source:</i>		

Data element name: Funding Source																											
Identifying and definitional attributes																											
<i>METeOR identifier: (optional)</i>	None																										
<i>Definition:</i>	A code representing the Primary Health Funding Source																										
Value domain attributes																											
<i>Representation class (form):</i>	Code																										
<i>Data type:</i>	Numeric																										
<i>Format (Layout):</i>	N[N]																										
<i>Maximum character length:</i>	2																										
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Collection and usage attributes																											
<i>Reporting requirements:</i>	Mandatory - All Contacts																										
<i>Guide for use:</i>	Enter the code representing the Primary Health Funding Source. Most activities relating to Community and Women's Health will fall under Community Health Care.																										
<i>Collection methods:</i>																											
<i>Purpose:</i>	Used to determine the funded activity for performance measuring, service planning																										
<i>Principal users:</i>	Primary Health Branch																										
<i>Start date:</i>	1/07/1998																										
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<i>Definition source:</i>	C&WH																										
<i>Permissible values source:</i>	C&WH																										

Data element name: Service Type		
Identifying and definitional attributes		
<i>METeOR identifier: (optional)</i>	None	
<i>Definition:</i>	A code representing the Service Activity Type	
Value domain attributes		
<i>Representation class (form):</i>	Code	
<i>Data type:</i>	Numeric	
<i>Format (Layout):</i>	N[N]	
<i>Maximum character length:</i>	2	
<i>Permissible values (Code set):</i>	Value	Meaning
	1	Audiology
	2	Dietetics
	3	Occupational Therapy
	4	Physiotherapy
	5	Podiatry
	6	Speech Pathology / Therapy
	7	Nursing
	8	Counselling / Casework
	15	Health Promotion
	43	Education & Training
	44	Clinical Services & Training
45	Initial Needs Identification	
41	Care Coordination	
42	Client Support	
<i>Supplementary values:</i>	Value	Meaning
<i>Unit of measure:</i>		
Collection and usage attributes		
<i>Reporting requirements:</i>	Mandatory - All Contacts	
<i>Guide for use:</i>	<p>A code representing the service provided to the client during the contact/session.</p> <p>New activity 41 - The provision of care coordination including the planning and organisation of coordinated care for clients with a complex or chronic condition requiring multiple services to be delivered in an integrated fashion.</p>	
<i>Collection methods:</i>		
<i>Purpose:</i>	Used to determine the funded activity for performance measuring, service planning	
<i>Principal users:</i>	Primary Health Branch	
<i>Start date:</i>	1/07/1998	
<i>Comments:</i>		
Source and reference attributes		

Data element name: Service Type	
<i>Definition source:</i>	C&WH
<i>Permissible values source:</i>	C&WH

Data element name: Program Priority Issue																																																																					
Identifying and definitional attributes																																																																					
METeOR identifier: (optional)	None																																																																				
Definition:	A code representing the Program Priority Issue (For Health Promotion Service Type only)																																																																				
Value domain attributes																																																																					
Representation class (form):	Code																																																																				
Data type:	String																																																																				
Format (Layout):	XXN[N]																																																																				
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Data element name: Program Priority Issue	
Reporting requirements:	Mandatory when Service Type = 15 or blank when Service Type <> 15
Guide for use:	The priority issues should reflect what was identified in the Agency's priority setting process, and in the Health Promotion plan, where applicable.
Collection methods:	
Purpose:	Determining whether health promotion was planned or ad hoc, and whether it addressed statewide issue
Principal users:	Primary Health Branch
Start date:	1/07/2003
Comments:	
Source and reference attributes	
Definition source:	C&WH
Permissible values source:	C&WH

Data element name: Target Population Group																																																																																	
Identifying and definitional attributes																																																																																	
METeOR identifier: <i>(optional)</i>	None																																																																																
Definition:	A code representing the Target Population Group (For Health Promotion Service Type only)																																																																																
Value domain attributes																																																																																	
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Data type:	String																																																																																
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Data element name: Target Population Group		
	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
Supplementary values:	Value	Meaning
Unit of measure:		
Collection and usage attributes		
Reporting requirements:	Mandatory when Service Type = 15 or blank when Service Type <> 15	
Guide for use:	Report the target population group identified in the Agency's priority setting process for Health Promotion.	
Collection methods:		
Purpose:	Used to determine the target group for health promotion	
Principal users:	Primary Health Branch	
Start date:	1/07/2003	
Comments:		
Source and reference attributes		
Definition source:	C&WH	
Permissible values source:	C&WH	

Data element name: Contact Type Indicator		
Identifying and definitional attributes		
METeOR identifier: <i>(optional)</i>	291057	
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.	
Value domain attributes		
Representation class (form):	Code	
Data type:	Numeric	
Format (Layout):	N	
Maximum character length:	1	
Permissible values <i>(Code set):</i>	Value	Meaning
	1	Individual Contact
	2	Group Contact
Supplementary values:	Value	Meaning
Unit of measure:	Value	Meaning
Collection and usage attributes		
Reporting requirements:	Mandatory when Contact Type Indicator = 1 and Client Type = "R" or blank when Contact Type Indicator < > 1	
Guide for use:	Report the type of contact that was provided by the agency. For casual client this is optional and for an organisation client it should be left blank.	
Collection methods:		
Purpose:	Identification of individual and group occasions of service	
Principal users:	Primary Health Branch	
Start date:		
Comments:		
Source and reference attributes		
Definition source:	NHDD	
Permissible values source:	NHDD 000235	

Data element name: Client Type		
Identifying and definitional attributes		
METeOR identifier: (optional)	None	
Definition:	A code that identifies whether the client is Casual, Registered or Organisational	
Value domain attributes		
Representation class (form):	Code	
Data type:	String	
Format (Layout):	X	
Maximum character length:	1	
Permissible values (Code set):	Value	Meaning
	C	Casual Client
	R	Registered Client
Supplementary values:	Value	Meaning
	0	Not Applicable
Unit of measure:		
Collection and usage attributes		
Reporting requirements:	Mandatory when Contact Type Indicator = 1 or blank when Contact Type Indicator <> 1	
Guide for use:	A client can be either a Registered, Casual or Organisational client. An Organisational Client refers to 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).	
Collection methods:		
Purpose:	Service Planning	
Principal users:	Primary Health Branch	
Start date:		
Comments:		
Source and reference attributes		
Definition source:	C&WH	
Permissible values source:	C&WH	

Data element name: Funded Organisation Client Identifier		
Identifying and definitional attributes		
<i>METeOR identifier: (optional)</i>	302678	
<i>Definition:</i>	An identifier, unique to a client within the funded organisation.	
Value domain attributes		
<i>Representation class (form):</i>	Identifier	
<i>Data type:</i>	String	
<i>Format (Layout):</i>	A(10)	
<i>Maximum character length:</i>	10	
<i>Permissible values (Code set):</i>	<u>Value</u>	<u>Meaning</u>
<i>Supplementary values:</i>	<u>Value</u>	<u>Meaning</u>
<i>Unit of measure:</i>		
Collection and usage attributes		
<i>Reporting requirements:</i>	Mandatory when Contact Type Indicator = 1 and Client Type = "R" or blank when Contact Type Indicator <> 1	
<i>Guide for use:</i>	In a health service setting, Funded Organisation Client Identifier would normally be the Hospital UR number. This Identifier is commonly generated automatically by a client/patient management system. It is possible that in some circumstances, funded organisations might use another number, such as the Client – Statistical Linkage Key, when reporting is by health service and hospitals, where the health services may have different patient master indices, for whom there is some linkage.	
<i>Collection methods:</i>		
<i>Purpose:</i>	Used to uniquely identify an individual client for determining number of contacts, demographics	
<i>Principal users:</i>	Primary Health Branch	
<i>Start date:</i>	1/07/1998	
<i>Comments:</i>		
Source and reference attributes		
<i>Definition source:</i>	CCDSV2.1	
<i>Permissible values source:</i>	CCDSV2.1	

Data element name: Statistical Linkage Key		
Identifying and definitional attributes		
<i>METeOR identifier: (optional)</i>	327264	
<i>Definition:</i>	The Statistical Linkage Key (SLK) is a variable derived from client personal demographic data used to link data for statistical and research purposes.	
Value domain attributes		
<i>Representation class (form):</i>	Identifier	
<i>Data type:</i>	String	
<i>Format (Layout):</i>	AAAAADDMMYYYYN	
<i>Maximum character length:</i>	14	
<i>Permissible values (Code set):</i>	Value	Meaning
	Character1-3	2nd, 3rd and 5th letters of Family name/Surname
	Character 4-5	2nd and 3rd letters of First name/Given name
	Character 6-13	Date of Birth
	Character 14	Sex code
<i>Supplementary values:</i>	Value	Meaning
<i>Unit of measure:</i>		
Collection and usage attributes		
<i>Reporting requirements:</i>	Mandatory when Contact Type Indicator = 1 or blank when Contact Type Indicator <> 1	
<i>Guide for use:</i>	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	
<i>Collection methods:</i>	Derived	
<i>Purpose:</i>	Uniquely and anonymously identifying clients across DHS programs	
<i>Principal users:</i>	Primary Health Branch	
<i>Start date:</i>	1/07/2006	
<i>Comments:</i>	Refer to HACC Guidelines Statistical Linkage Key	
Source and reference attributes		
<i>Definition source:</i>	CCDSV2.1	
<i>Permissible values source:</i>	CCDSV2.1	

Data element name: Chronic Complex Client		
Identifying and definitional attributes		
<i>METeOR identifier: (optional)</i>	None	
<i>Definition:</i>	Usually characterised by complex causality, multiple risk factors, a long latency period, a prolonged course of illness, functional impairment or disability and, in most cases, the unlikelihood of a cure.	
Value domain attributes		
<i>Representation class (form):</i>	Code	
<i>Data type:</i>	Numeric	
<i>Format (Layout):</i>	N	
<i>Maximum character length:</i>	1	
<i>Permissible values (Code set):</i>	Value	Meaning
	1	Yes client is chronic and complex
	2	No client is not chronic and complex
<i>Supplementary values:</i>	Value	Meaning
	9	Not stated / Inadequately described
<i>Unit of measure:</i>		
Collection and usage attributes		
<i>Reporting requirements:</i>	Mandatory when Contact Type Indicator = 1 or blank when Contact Type Indicator <> 1	
<i>Guide for use:</i>	This item should be used for all registered clients.	
<i>Collection methods:</i>		
<i>Purpose:</i>	To support service planning for Integrated Chronic Disease Management.	
<i>Principal users:</i>	Primary Health Branch	
<i>Start date:</i>	1/06/2005	
<i>Comments:</i>		
Source and reference attributes		
<i>Definition source:</i>	C&WH	
<i>Permissible values source:</i>	C&WH	

Data element name: Date of Birth		
Identifying and definitional attributes		
<i>METeOR identifier: (optional)</i>	287007	
<i>Definition:</i>	Client's Date of Birth	
Value domain attributes		
<i>Representation class (form):</i>	Date	
<i>Data type:</i>	Date/Time	
<i>Format (Layout):</i>	DDMMYYYY	
<i>Maximum character length:</i>	8	
<i>Permissible values (Code set):</i>	Value	Meaning
	DD	01-31
	MM	01-12
	YYYY	1800-9999
<i>Supplementary values:</i>	Value	Meaning
	0000	for an estimate or default for DDMM
	0107	for an estimate or default for DDMM
	0101	for an estimate or default for DDMM
	3006	for an estimate or default for DDMM
<i>Unit of measure:</i>		
Collection and usage attributes		
<i>Reporting requirements:</i>	Mandatory when Contact Type Indicator = 1 or blank when Contact Type Indicator <> 1	
<i>Guide for use:</i>	Cannot be after Client - Date of Death Supplementary values for a date data element become redundant where a data collection also uses Client - Date Accuracy.	
<i>Collection methods:</i>		
<i>Purpose:</i>	Required to derive age for demographic analysis	
<i>Principal users:</i>	Primary Health Branch	
<i>Start date:</i>	1/07/1998	
<i>Comments:</i>		
Source and reference attributes		
<i>Definition source:</i>	CCDSV2.1	
<i>Permissible values source:</i>	CCDSV2.1	

Data element name: Date of Birth Accuracy		
Identifying and definitional attributes		
<i>METeOR identifier: (optional)</i>	294429	
<i>Definition:</i>	The accuracy of the components of the client's Date of Birth.	
Value domain attributes		
<i>Representation class (form):</i>	Code	
<i>Data type:</i>	String	
<i>Format (Layout):</i>	XXX	
<i>Maximum character length:</i>	3	
<i>Permissible values (Code set):</i>	<i>Value</i>	<i>Meaning</i>
	AAA	Accurate (Day, month and year are accurate)
	EEE	Estimated (Day, month and year are estimated)
	AAE	Day and month are accurate, year is estimated
	AEA	Day is accurate, month is estimated, year is accurate
	AEE	Day is accurate, month and year are estimated
	EAA	Day is estimated, month and year are accurate
	EAE	Day is estimated, month is accurate, year is estimated
	EEA	Day and month are estimated, year is accurate
	UUU	Unknown (Day, month and year are unknown)
	AAU	Day and month are accurate, year is unknown
	AEU	Day is accurate, month is estimated, year is unknown
	AUA	Day is accurate, month is unknown, year is accurate
	AUE	Day is accurate, month is unknown, year is estimated
	AUU	Day is accurate, month and year are unknown
	EAU	Day is estimated, month is accurate, year is unknown
	EEU	Day and month are estimated, year is unknown
	EUA	Day is estimated, month is unknown, year is accurate
	EUE	Day is estimated, month is unknown, year is estimated
	EUU	Day is estimated, month and year are unknown
	UAA	Day is unknown, month and year are accurate
	UAE	Day is unknown, month is accurate, year is estimated
	UAU	Day is unknown, month is accurate, year is unknown
	UEA	Day is unknown, month is estimated, year is accurate
	UEE	Day is unknown, month and year are estimated
	UEU	Day is unknown, month is estimated, year is unknown
	UUA	Day and month are unknown, year is accurate
	UUE	Day and month are unknown, year is estimated
<i>Supplementary values:</i>	<i>Value</i>	<i>Meaning</i>
<i>Unit of measure:</i>		
Collection and usage attributes		
<i>Reporting requirements:</i>	Mandatory when Contact Type Indicator = 1 or blank when Contact Type Indicator <> 1	

Data element name: Date of Birth Accuracy	
<i>Guide for use:</i>	Code AAA -can be used to describe an Accurate date Code EEE -can be used to describe an Estimated date Code UUU -can be used to describe an Unknown date - Any accuracy value that includes a 'U' Unknown is considered a subset of UUU Unknown - Any accuracy value that includes an 'E' Estimated but not a 'U' Unknown value is considered a subset of EEE Estimate - Supplementary values for a date data element become redundant where a data collection also uses Client Date Accuracy.
<i>Collection methods:</i>	
<i>Purpose:</i>	
<i>Principal users:</i>	Primary Health Branch
<i>Start date:</i>	
<i>Comments:</i>	
Source and reference attributes	
<i>Definition source:</i>	CCDSV2.1
<i>Permissible values source:</i>	CCDSV2.1

Data element name: Sex		
Identifying and definitional attributes		
<i>METeOR identifier: (optional)</i>	287316	
<i>Definition:</i>	The nominated sex of the client.	
Value domain attributes		
<i>Representation class (form):</i>	Code	
<i>Data type:</i>	Numeric	
<i>Format (Layout):</i>	N	
<i>Maximum character length:</i>	1	
<i>Permissible values (Code set):</i>	Value	Meaning
	1	Male
	2	Female
	3	Indeterminate
	4	Intersex
<i>Supplementary values:</i>	Value	Meaning
	9	Not stated / Inadequately described
<i>Unit of measure:</i>		
Collection and usage attributes		
<i>Reporting requirements:</i>	Mandatory when Contact Type Indicator = 1 or blank when Contact Type Indicator <> 1	
<i>Guide for use:</i>	Code 3: Indeterminate should be used for infants with ambiguous genitalia, where the biological sex, even following genetic testing, cannot be determined. Code 3 can only be assigned for infants aged less than 90 days. This code should also be used in the circumstance where data is submitted for infant sex that has not yet been determined at the time of reporting. Code 4: The term 'intersex' refers to a person, who, because of a genetic condition was born with reproductive organs or sex chromosomes that are not exclusively male or female and who identifies as being neither male nor female. Excludes: transgender, transsexual and chromosomally indeterminate individuals who identify with a particular sex (male or female).	
<i>Collection methods:</i>		
<i>Purpose:</i>	Service Planning	
<i>Principal users:</i>	Primary Health Branch	
<i>Start date:</i>	1/07/1998	
<i>Comments:</i>		
Source and reference attributes		
<i>Definition source:</i>	CCDSV2.1	
<i>Permissible values source:</i>	CCDSV2.1	

Data element name: Country of Birth					
Identifying and definitional attributes					
METeOR identifier: (optional)	270277				
Definition:	The country in which the client was born.				
Value domain attributes					
Representation class (form):	Code				
Data type:	Numeric				
Format (Layout):	NNNN				
Maximum character length:	4				
Permissible values (Code set):	<table border="1"> <thead> <tr> <th>Value</th> <th>Meaning</th> </tr> </thead> <tbody> <tr> <td colspan="2">See CCDS large value domains (See Appendix B) http://www.health.vic.gov.au/communityhealth/data_reporting/index.htm</td> </tr> </tbody> </table>	Value	Meaning	See CCDS large value domains (See Appendix B) http://www.health.vic.gov.au/communityhealth/data_reporting/index.htm	
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Value	Meaning				
Unit of measure:					
Collection and usage attributes					
Reporting requirements:	Mandatory when Contact Type Indicator = 1 or blank when Contact Type Indicator < > 1				
Guide for use:	Code 09xx: Where the client is born in Australia, the value domain also includes States of Australia from Appendix 1. Supplementary codes of the 1269.0 - Standard Australian Classification of Countries (SACC), 1998, listed as 0901 New South Wales, 0902 Victoria...				
Collection methods:					
Purpose:	Service Planning				
Principal users:	Primary Health Branch				
Start date:	1/07/1998				
Comments:					
Source and reference attributes					
Definition source:	CCDSV2.1				
Permissible values source:	CCDSV2.1				

Data element name: Indigenous Status		
Identifying and definitional attributes		
METeOR identifier: (optional)	291036	
Definition:	Whether a client identifies as being of Aboriginal or Torres Strait Islander origin.	
Value domain attributes		
Representation class (form):	Code	
Data type:	Numeric	
Format (Layout):	N	
Maximum character length:	1	
Permissible values (Code set):	Value	Meaning
	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
Supplementary values:	Value	Meaning
	9	Not stated / Inadequately described
Unit of measure:		
Collection and usage attributes		
Reporting requirements:	Mandatory when Contact Type Indicator = 1 or blank when Contact Type Indicator <> 1	
Guide for use:	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.	
Collection methods:		
Purpose:	Service Planning,	
Principal users:	Primary Health Branch	
Start date:	1/07/1998	
Comments:		
Source and reference attributes		
Definition source:	CCDSV2.1	
Permissible values source:	CCDSV2.1	

Data element name: Need for Interpreter Services		
Identifying and definitional attributes		
<i>METeOR identifier: (optional)</i>	304294	
<i>Definition:</i>	Whether an interpreter service is required by or for the client.	
Value domain attributes		
<i>Representation class (form):</i>	Code	
<i>Data type:</i>	Numeric	
<i>Format (Layout):</i>	N	
<i>Maximum character length:</i>	1	
<i>Permissible values (Code set):</i>	Value	Meaning
	1	Interpreter services required
	2	Interpreter services not required
<i>Supplementary values:</i>	Value	Meaning
	9	Not stated / Inadequately described
<i>Unit of measure:</i>		
Collection and usage attributes		
<i>Reporting requirements:</i>	Mandatory when Contact Type Indicator = 1 or blank when Contact Type Indicator <> 1	
<i>Guide for use:</i>		
<i>Collection methods:</i>		
<i>Purpose:</i>	Service Planning	
<i>Principal users:</i>	Primary Health Branch	
<i>Start date:</i>	1/07/1998	
<i>Comments:</i>		
Source and reference attributes		
<i>Definition source:</i>	CCDSV2.1	
<i>Permissible values source:</i>	CCDSV2.1	

Data element name: Preferred Language					
Identifying and definitional attributes					
<i>METeOR identifier: (optional)</i>	304128				
<i>Definition:</i>	The language (including sign language) most preferred by the client for communication.				
<i>Value domain attributes</i>					
<i>Representation class (form):</i>	Code				
<i>Data type:</i>	Numeric				
<i>Format (Layout):</i>	NNNN				
<i>Maximum character length:</i>	4				
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<i>Unit of measure:</i>					
Collection and usage attributes					
<i>Reporting requirements:</i>	Mandatory when Contact Type Indicator = 1 or blank when Contact Type Indicator < > 1				
<i>Guide for use:</i>	Reports the preferred language of the client.				
<i>Collection methods:</i>					
<i>Purpose:</i>	Service Planning				
<i>Principal users:</i>	Primary Health Branch				
<i>Start date:</i>	1/07/1998				
<i>Comments:</i>					
Source and reference attributes					
<i>Definition source:</i>	CCDSV2.1				
<i>Permissible values source:</i>	CCDSV2.1				

Data element name: Refugee Status		
Identifying and definitional attributes		
<i>METeOR identifier: (optional)</i>	None	
<i>Definition:</i>	The refugee status of the client.	
Value domain attributes		
<i>Representation class (form):</i>	Code	
<i>Data type:</i>	Numeric	
<i>Format (Layout):</i>	N	
<i>Maximum character length:</i>	1	
<i>Permissible values (Code set):</i>	Value	Meaning
	1	Client is a refugee
<i>Supplementary values:</i>	2	Client is not a refugee
	Value	Meaning
	9	Not stated / Inadequately described
<i>Unit of measure:</i>		
Collection and usage attributes		
<i>Reporting requirements:</i>	Mandatory when Contact Type Indicator = 1 or blank when Contact Type Indicator <> 1	
<i>Guide for use:</i>	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.	
<i>Collection methods:</i>		
<i>Purpose:</i>	This is useful to agencies in reviewing who is using their service.	
<i>Principal users:</i>	Primary Health Branch	
<i>Start date:</i>	1/07/2006	
<i>Comments:</i>		
Source and reference attributes		
<i>Definition source:</i>	CCDSV2.1	
<i>Permissible values source:</i>	CCDSV2.1	

Data element name: Government Pension/Benefit Status		
Identifying and definitional attributes		
METeOR identifier: <i>(optional)</i>	None	
Definition:	The government pension/benefit that the client is receiving.	
Value domain attributes		
Representation class (form):	Code	
Data type:	Numeric	
Format (Layout):	N	
Maximum character length:	1	
Permissible values <i>(Code set):</i>	Value	Meaning
	1	Aged Pension
	2	Department of Veterans' Affairs (DVA) Pension
	3	Disability Support Pension
	4	Carer payment (pension)
	5	Unemployment-related benefits
	6	Other Government pension/benefit
Supplementary values:	Value	Meaning
	9	Not stated / Inadequately described
Unit of measure:		
Collection and usage attributes		
Reporting requirements:	Mandatory when Contact Type Indicator = 1 or blank when Contact Type Indicator <> 1	
Guide for use:	Enter the client's government pension or benefit status.	
Collection methods:		
Purpose:	Service Planning	
Principal users:	Primary Health Branch	
Start date:		
Comments:		
Source and reference attributes		
Definition source:	CCDSV2.1	
Permissible values source:	CCDSV2.1	

Data element name: Concession Card Type		
Identifying and definitional attributes		
<i>METeOR identifier: (optional)</i>	None	
<i>Definition:</i>	The type of concession card held by the client.	
Value domain attributes		
<i>Representation class (form):</i>	Code	
<i>Data type:</i>	Numeric	
<i>Format (Layout):</i>	N	
<i>Maximum character length:</i>	1	
<i>Permissible values (Code set):</i>	Value	Meaning
	1	Health Care Card
	2	Pension Concession Card
	3	DVA Concession Card
	4	Commonwealth Seniors Health Card
<i>Supplementary values:</i>	5	No concession card
	Value	Meaning
	9	Not stated / Inadequately described
<i>Unit of measure:</i>		
Collection and usage attributes		
<i>Reporting requirements:</i>	Mandatory when Contact Type Indicator = 1 or blank when Contact Type Indicator <> 1	
<i>Guide for use:</i>	This data element relates to the client's concession arrangements, as distinct from Client – Government Pension/Benefit Status, which relates to a client's primary government benefit received.	
<i>Collection methods:</i>		
<i>Purpose:</i>	Service Planning	
<i>Principal users:</i>	Primary Health Branch	
<i>Start date:</i>	1/07/2007	
<i>Comments:</i>		
Source and reference attributes		
<i>Definition source:</i>	CCDSV2.1	
<i>Permissible values source:</i>	CCDSV2.1	

Data element name: Residential Locality					
Identifying and definitional attributes					
<i>METeOR identifier: (optional)</i>	287326				
<i>Definition:</i>	The geographic location of the client's usual residence.				
<i>Value domain attributes</i>	See 270907 Text [A(50)] Also refer to http://www1.auspost.com.au/postcodes/index.asp?sub=2				
<i>Representation class (form):</i>	Text				
<i>Data type:</i>	String				
<i>Format (Layout):</i>	A(46)				
<i>Maximum character length:</i>	46				
<i>Permissible values (Code set):</i>	<table border="1"> <thead> <tr> <th><i>Value</i></th> <th><i>Meaning</i></th> </tr> </thead> <tbody> <tr> <td colspan="2">CCDS large value domains (See Appendix B) http://www.health.vic.gov.au/communityhealth/data_reporting/index.htm</td> </tr> </tbody> </table>	<i>Value</i>	<i>Meaning</i>	CCDS large value domains (See Appendix B) http://www.health.vic.gov.au/communityhealth/data_reporting/index.htm	
<i>Value</i>	<i>Meaning</i>				
CCDS large value domains (See Appendix B) http://www.health.vic.gov.au/communityhealth/data_reporting/index.htm					
<i>Supplementary values:</i>	<table border="1"> <thead> <tr> <th><i>Value</i></th> <th><i>Meaning</i></th> </tr> </thead> <tbody> <tr> <td>9999</td> <td>Not stated/ inadequately described</td> </tr> </tbody> </table>	<i>Value</i>	<i>Meaning</i>	9999	Not stated/ inadequately described
<i>Value</i>	<i>Meaning</i>				
9999	Not stated/ inadequately described				
<i>Unit of measure:</i>					
Collection and usage attributes					
<i>Reporting requirements:</i>	Mandatory when Contact Type Indicator = 1 or blank when Contact Type Indicator < > 1				
<i>Guide for use:</i>	Residential Locality relates to the geographic locality (often known as suburb/town/locality) of the client's usual residence, not the client's postal address. Locality must be blank if the Postcode is 1000 or 9988. Where the Postcode is 8888 (overseas), report the country of the client's usual residence in Client Residential Locality.				
<i>Collection methods:</i>					
<i>Purpose:</i>	Service Planning				
<i>Principal users:</i>	Primary Health Branch				
<i>Start date:</i>					
<i>Comments:</i>					
Source and reference attributes					
<i>Definition source:</i>	CCDSV2.1				
<i>Permissible values source:</i>	CCDSV2.1				

Data element name: Residential Postcode											
Identifying and definitional attributes											
<i>METeOR identifier: (optional)</i>	302040										
<i>Definition:</i>	The postcode of the Residential Locality of the client.										
Value domain attributes											
<i>Representation class (form):</i>	Code										
<i>Data type:</i>	Numeric										
<i>Format (Layout):</i>	NNNN										
<i>Maximum character length:</i>	4										
<i>Permissible values (Code set):</i>	<table border="1"> <thead> <tr> <th><i>Value</i></th> <th><i>Meaning</i></th> </tr> </thead> <tbody> <tr> <td colspan="2">See CCDS large value domains (See Appendix B)</td> </tr> <tr> <td colspan="2">http://www.health.vic.gov.au/communityhealth/data_reporting/index.htm</td> </tr> </tbody> </table>	<i>Value</i>	<i>Meaning</i>	See CCDS large value domains (See Appendix B)		http://www.health.vic.gov.au/communityhealth/data_reporting/index.htm					
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<i>Supplementary values:</i>	<table border="1"> <thead> <tr> <th><i>Value</i></th> <th><i>Meaning</i></th> </tr> </thead> <tbody> <tr> <td>1000</td> <td>No fixed abode</td> </tr> <tr> <td>8888</td> <td>Overseas</td> </tr> <tr> <td>9988</td> <td>Unknown</td> </tr> <tr> <td>9999</td> <td>Not stated/ inadequately described</td> </tr> </tbody> </table>	<i>Value</i>	<i>Meaning</i>	1000	No fixed abode	8888	Overseas	9988	Unknown	9999	Not stated/ inadequately described
<i>Value</i>	<i>Meaning</i>										
1000	No fixed abode										
8888	Overseas										
9988	Unknown										
9999	Not stated/ inadequately described										
<i>Unit of measure:</i>											
Collection and usage attributes											
<i>Reporting requirements:</i>	Mandatory when Contact Type Indicator = 1 or blank when Contact Type Indicator <> 1										
<i>Guide for use:</i>	Residential Postcode relates to the geographic locality of the client's residence, not postal address. Where the Postcode is 8888 (overseas), report the country the client lives in, in Locality										
<i>Collection methods:</i>											
<i>Purpose:</i>	Service Planning										
<i>Principal users:</i>	Primary Health Branch										
<i>Start date:</i>											
<i>Comments:</i>											
Source and reference attributes											
<i>Definition source:</i>	CCDSV2.1										
<i>Permissible values source:</i>	CCDSV2.1										

Data element name: Residential Local Government Area					
Identifying and definitional attributes					
METeOR identifier: (optional)	None				
Definition:	The local government area in which the client resides (as derived from Client – Residential Locality and Client – Residential Postcode).				
Value domain attributes					
Representation class (form):	Code				
Data type:	Numeric				
Format (Layout):	NNNNN				
Maximum character length:	5				
Permissible values (Code set):	<table border="1"> <thead> <tr> <th>Value</th> <th>Meaning</th> </tr> </thead> <tbody> <tr> <td colspan="2">See CCDS large value domains (See Appendix B) http://www.health.vic.gov.au/communityhealth/data_reporting/index.htm</td> </tr> </tbody> </table>	Value	Meaning	See CCDS large value domains (See Appendix B) http://www.health.vic.gov.au/communityhealth/data_reporting/index.htm	
Value	Meaning				
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Supplementary values:	<table border="1"> <thead> <tr> <th>Value</th> <th>Meaning</th> </tr> </thead> <tbody> <tr> <td>9</td> <td>Not stated / Inadequately described</td> </tr> </tbody> </table>	Value	Meaning	9	Not stated / Inadequately described
Value	Meaning				
9	Not stated / Inadequately described				
Unit of measure:					
Collection and usage attributes					
Reporting requirements:	Mandatory when Contact Type Indicator = 1 or blank when Contact Type Indicator < > 1				
Guide for use:	<p>Client - Residential Postcode and Client – Residential Locality can be used to derive Client – Local Government Area values, which are provided in Appendix B CCDSv2.1 Large Value Domains.xls. For example, postcode/locality values of 3121 Richmond enable Local Government Area to be derived from the Appendix B Local Government Area (LGA) codeset, in this case being 27650 Yarra City.</p> <p>As some organisations or software applications may choose to derive LGA at the local level, LGA values have been included in Appendix B to support this option.</p>				
Collection methods:	Can be derived from Residential Locality and Residential Postcode				
Purpose:	Service Planning				
Principal users:	Primary Health Branch				
Start date:	1/07/1998				
Comments:					
Source and reference attributes					
Definition source:	CCDSV2.1				
Permissible values source:	CCDSV2.1				

Data element name: Fee		
Identifying and definitional attributes		
<i>METeOR identifier: (optional)</i>	None	
<i>Definition:</i>	Fee charged for service delivery transaction (Dollar value)	
Value domain attributes		
<i>Representation class (form):</i>	Total	
<i>Data type:</i>	Numeric	
<i>Format (Layout):</i>	[NNN]N.NN	
<i>Maximum character length:</i>	7	
<i>Permissible values (Code set):</i>	<i>Value</i>	<i>Meaning</i>
<i>Supplementary values:</i>	<i>Value</i>	<i>Meaning</i>
<i>Unit of measure:</i>	Australian Currency	
Collection and usage attributes		
<i>Reporting requirements:</i>	Mandatory, must be greater than or equal to 0	
<i>Guide for use:</i>	Fees should only be collected for activities that are funded by the Community Health Program as required. If fees are not collected using a client management software then a separate report using the Primary Health Fees DHS template must be provided.	
<i>Collection methods:</i>		
<i>Purpose:</i>	Reporting revenue to DTF	
<i>Principal users:</i>	Primary Health Branch, DTF	
<i>Start date:</i>	1/07/1998	
<i>Comments:</i>		
Source and reference attributes		
<i>Definition source:</i>	C&WH	
<i>Permissible values source:</i>		

Data element name: Direct Time					
Identifying and definitional attributes					
<i>METeOR identifier: (optional)</i>	None				
<i>Definition:</i>	Duration (in minutes) of direct service time individual contact or session.				
Value domain attributes					
<i>Representation class (form):</i>	Total				
<i>Data type:</i>	Numeric				
<i>Format (Layout):</i>	N[NN]				
<i>Maximum character length:</i>	3				
<i>Permissible values (Code set):</i>	<table border="1"> <thead> <tr> <th><i>Value</i></th> <th><i>Meaning</i></th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	<i>Value</i>	<i>Meaning</i>		
<i>Value</i>	<i>Meaning</i>				
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<i>Value</i>	<i>Meaning</i>				
<i>Unit of measure:</i>	Minute				
Collection and usage attributes					
<i>Reporting requirements:</i>	Mandatory, must be greater than or equal to 0				
<i>Guide for use:</i>	The time (in minutes) that has been spent in direct contact with a client or clients during service provision. Includes face-to face, remote video link, email and extended telephone communication with a client or clients for the provision of a health service.				
<i>Collection methods:</i>					
<i>Purpose:</i>	Performance Measure				
<i>Principal users:</i>	DHS, DTF, Agencies, C'Vealth				
<i>Start date:</i>	1/07/1998				
<i>Comments:</i>					
Source and reference attributes					
<i>Definition source:</i>	C&WH -PHFA				
<i>Permissible values source:</i>					

Data element name: Indirect Time					
Identifying and definitional attributes					
<i>METeOR identifier: (optional)</i>	None				
<i>Definition:</i>	The time (in minutes) that has been spent away from a client or clients in essential activities to provide support to a client or clients				
Value domain attributes					
<i>Representation class (form):</i>	Total				
<i>Data type:</i>	Numeric				
<i>Format (Layout):</i>	N[NN]				
<i>Maximum character length:</i>	3				
<i>Permissible values (Code set):</i>	<table border="1"> <thead> <tr> <th><i>Value</i></th> <th><i>Meaning</i></th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	<i>Value</i>	<i>Meaning</i>		
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<i>Supplementary values:</i>	<table border="1"> <thead> <tr> <th><i>Value</i></th> <th><i>Meaning</i></th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	<i>Value</i>	<i>Meaning</i>		
<i>Value</i>	<i>Meaning</i>				
<i>Unit of measure:</i>	Minute				
Collection and usage attributes					
<i>Reporting requirements:</i>	Mandatory, must be greater than or equal to 0				
<i>Guide for use:</i>	<p>The time (in minutes) that has been spent away from a client or clients in essential activities to provide support to a client or clients.</p> <p>Includes minor contact with a client or clients relating to a future direct contact (e.g. confirming a future appointment), organising case meetings, preparing case notes, referral, clinical supervision (including individual, group and peer) and preparation for group sessions that are not Health Promotion sessions.</p>				
<i>Collection methods:</i>					
<i>Purpose:</i>	Performance Measure				
<i>Principal users:</i>	DHS, DTF, Agencies, C'Wealth				
<i>Start date:</i>	1/07/1998				
<i>Comments:</i>					
Source and reference attributes					
<i>Definition source:</i>	C&WH -PHFA				
<i>Permissible values source:</i>					

Data element name: Travel Time		
Identifying and definitional attributes		
<i>METeOR identifier: (optional)</i>	None	
<i>Definition:</i>	Duration (in minutes) of travel time associated with service delivery transaction	
Value domain attributes		
<i>Representation class (form):</i>	Total	
<i>Data type:</i>	Numeric	
<i>Format (Layout):</i>	N[NN]	
<i>Maximum character length:</i>	3	
<i>Permissible values (Code set):</i>	Value	Meaning
<i>Supplementary values:</i>	Value	Meaning
<i>Unit of measure:</i>	Minute	
Collection and usage attributes		
<i>Reporting requirements:</i>	Mandatory, must be greater than or equal to 0	
<i>Guide for use:</i>	The time (in minutes) that it has taken to travel to a client to provide a service to that client.	
<i>Collection methods:</i>		
<i>Purpose:</i>	Performance Measure	
<i>Principal users:</i>	DHS, DTF, Agencies, C'wealth	
<i>Start date:</i>	1/07/1998	
<i>Comments:</i>		
Source and reference attributes		
<i>Definition source:</i>	C&WH -PHFA	
<i>Permissible values source:</i>		

Data element name: Interpreting Time		
Identifying and definitional attributes		
<i>METeOR identifier: (optional)</i>	None	
<i>Definition:</i>	Duration (in minutes) of Interpreting time associated with this individual contact or session	
Value domain attributes		
<i>Representation class (form):</i>	Total	
<i>Data type:</i>	Numeric	
<i>Format (Layout):</i>	N[NN]	
<i>Maximum character length:</i>	3	
<i>Permissible values (Code set):</i>	<u>Value</u>	<u>Meaning</u>
<i>Supplementary values:</i>	<u>Value</u>	<u>Meaning</u>
<i>Unit of measure:</i>	Minute	
Collection and usage attributes		
<i>Reporting requirements:</i>	Mandatory, must be greater than or equal to 0	
<i>Guide for use:</i>	If no interpreter has been used then should be 0 (zero).	
<i>Collection methods:</i>		
<i>Purpose:</i>	Reconciliation of Interpreter funding	
<i>Principal users:</i>	Primary Health Branch, DTF	
<i>Start date:</i>	1/07/1998	
<i>Comments:</i>		
Source and reference attributes		
<i>Definition source:</i>		
<i>Permissible values source:</i>		

Data element name: Session Attendees		
Identifying and definitional attributes		
<i>METeOR identifier: (optional)</i>	None	
<i>Definition:</i>	Number of people attending the session (excluding staff running the session)	
Value domain attributes		
<i>Representation class (form):</i>	Total	
<i>Data type:</i>	Numeric	
<i>Format (Layout):</i>	N[NNN]	
<i>Maximum character length:</i>	4	
<i>Permissible values (Code set):</i>	<u>Value</u>	<u>Meaning</u>
<i>Supplementary values:</i>	<u>Value</u>	<u>Meaning</u>
<i>Unit of measure:</i>	Person	
Collection and usage attributes		
<i>Reporting requirements:</i>	Must be greater than or equal to 2 when Contact Type Indicator = 2 or blank when Contact Type Indicator < > 2.	
<i>Guide for use:</i>	The number of people that have attended the session, not including the staff that are running the session.	
<i>Collection methods:</i>		
<i>Purpose:</i>	Service Planning, calculating reach	
<i>Principal users:</i>	Primary Health Branch	
<i>Start date:</i>	1/07/2003	
<i>Comments:</i>		
Source and reference attributes		
<i>Definition source:</i>		
<i>Permissible values source:</i>		

Data element name: Department of Veterans' Affairs File Number		
Identifying and definitional attributes		
<i>METeOR identifier: (optional)</i>	270091	
<i>Definition:</i>	The Department of Veterans' Affairs File Number of the client.	
Value domain attributes		
<i>Representation class (form):</i>	Identifier	
<i>Data type:</i>	String	
<i>Format (Layout):</i>	AAXXNNNN[A]	
<i>Maximum character length:</i>	9	
<i>Permissible values (Code set):</i>	<i>Value</i>	<i>Meaning</i>
<i>Supplementary values:</i>	<i>Value</i>	<i>Meaning</i>
<i>Unit of measure:</i>		
Collection and usage attributes		
<i>Reporting requirements:</i>	Must be populated and prescribed format when DVA Claim Indicator = "YES"	
<i>Guide for use:</i>	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 numerics in these positions Char 5-8: Numeric except last non-space character may be alphabetic Char 9: Space (veteran), alpha (dependent).	
<i>Collection methods:</i>		
<i>Purpose:</i>	Reimbursement by DVA for treatment of DVA clients by CHS'	
<i>Principal users:</i>	DVA	
<i>Start date:</i>	1/07/2000	
<i>Comments:</i>		
Source and reference attributes		
<i>Definition source:</i>	CCDSV2.1	
<i>Permissible values source:</i>	CCDSV2.1	

Data element name: Department of Veterans' Affairs Entitlement		
Identifying and definitional attributes		
METeOR identifier: <i>(optional)</i>	None	
Definition:	The level of Department of Veterans' Affairs support to which a client is entitled.	
Value domain attributes		
Representation class (form):	Code	
Data type:	Numeric	
Format (Layout):	N	
Maximum character length:	1	
Permissible values <i>(Code set):</i>	Value	Meaning
	1	DVA entitlement – gold card
	2	DVA entitlement – white card
	3	DVA entitlement – other
	4	No DVA Entitlement
Supplementary values:	Value	Meaning
	9	Not stated / Inadequately described
Unit of measure:		
Collection and usage attributes		
Reporting requirements:	Must be a valid code when Contact Type Indicator = 1 or blank when Contact Type Indicator <> 1.	
Guide for use:	Check if consistent with Client – Government Pension/Benefit Status code 2 Department of Veterans' Affairs (DVA) Pension	
Collection methods:		
Purpose:	Reimbursement by DVA for treatment of DVA clients by CHS'	
Principal users:	DVA	
Start date:		
Comments:		
Source and reference attributes		
Definition source:	CCDSV2.1	
Permissible values source:	CCDSV2.1	

Data element name: Department of Veterans' Affairs Comment		
Identifying and definitional attributes		
<i>METeOR identifier: (optional)</i>	None	
<i>Definition:</i>	Comment regarding multiple treatments on same day to DVA clients.	
Value domain attributes		
<i>Representation class (form):</i>	Text	
<i>Data type:</i>	String	
<i>Format (Layout):</i>	A(255)	
<i>Maximum character length:</i>	255	
<i>Permissible values (Code set):</i>	<u>Value</u>	<u>Meaning</u>
<i>Supplementary values:</i>	<u>Value</u>	<u>Meaning</u>
<i>Unit of measure:</i>		
Collection and usage attributes		
<i>Reporting requirements:</i>	Multiple DVA contacts on the same day for the same client and service type	
<i>Guide for use:</i>	Enter any relevant comments when more than one treatment in a day was provided.	
<i>Collection methods:</i>		
<i>Purpose:</i>	Validating claims for two treatments for same client and service on the same day	
<i>Principal users:</i>	DVA	
<i>Start date:</i>		
<i>Comments:</i>		
Source and reference attributes		
<i>Definition source:</i>	C&WH	
<i>Permissible values source:</i>	C&WH	

Data element name: Department of Veterans' Affairs Claim Indicator		
Identifying and definitional attributes		
<i>METeOR identifier: (optional)</i>	None	
<i>Definition:</i>	Indicator (Yes or No) to show whether a claim for re-imbursement should be sent to DVA	
Value domain attributes		
<i>Representation class (form):</i>	Code	
<i>Data type:</i>	Boolean	
<i>Format (Layout):</i>	XX[X]	
<i>Maximum character length:</i>	3	
<i>Permissible values (Code set):</i>	Value	Meaning
	YES	Claim for reimbursement is to be made
	NO	Claim for reimbursement is NOT to be made
<i>Supplementary values:</i>	Value	Meaning
<i>Unit of measure:</i>		
Collection and usage attributes		
<i>Reporting requirements:</i>	Mandatory when Contact Type Indicator = 1 or blank when Contact Type Indicator <> 1.	
<i>Guide for use:</i>	Enter either 'Yes' or 'No' to show whether a claim for re-imbursement should be sent to the Department of Veterans' Affairs.	
<i>Collection methods:</i>		
<i>Purpose:</i>	To determine whether a claim should be sent to DVA	
<i>Principal users:</i>	Primary Health Branch	
<i>Start date:</i>		
<i>Comments:</i>		
Source and reference attributes		
<i>Definition source:</i>	C&WH	
<i>Permissible values source:</i>	C&WH	

Data element name: Initial Contact Date		
Identifying and definitional attributes		
<i>METeOR identifier: (optional)</i>	(270005)	
<i>Definition:</i>	Initial Client Contact date is the point of first contact for a new episode with the client.	
Value domain attributes		
<i>Representation class (form):</i>	Date	
<i>Data type:</i>	Date/Time	
<i>Format (Layout):</i>	DDMMYYYY	
<i>Maximum character length:</i>	8	
<i>Permissible values (Code set):</i>	<u>Value</u>	<u>Meaning</u>
<i>Supplementary values:</i>	<u>Value</u>	<u>Meaning</u>
<i>Unit of measure:</i>		
Collection and usage attributes		
<i>Reporting requirements:</i>	Mandatory for new Registered Clients	
<i>Guide for use:</i>	<p>Initial Contact is the point a consumer or carer makes his or her first contact with the service system and will most commonly include:</p> <ul style="list-style-type: none"> - the provision of service information eg. services available, eligibility criteria and intake processes, - the provision of other information such as health promotion literature, and/or - direct access to services via an INI. <p>Consumers initiate Initial Contact most commonly by telephone or in person but possibly through a friend, relative, or via electronic media such as websites and service directories.</p> <p>Initial Contact ends when a consumer requires information that is supported by advice and when a process of inquiry begins ie. the INI process has commenced.</p>	
<i>Collection methods:</i>		
<i>Purpose:</i>	Measuring waiting times.	
<i>Principal users:</i>	Primary Health Branch	
<i>Start date:</i>	1/07/2006	
<i>Comments:</i>		
Source and reference attributes		
<i>Definition source:</i>	SC Prac Manual	
<i>Permissible values source:</i>		

Data element name: Initial Needs Identification Date					
Identifying and definitional attributes					
<i>METeOR identifier: (optional)</i>	(313815)				
<i>Definition:</i>	Initial Needs Identification (INI) is the date when the needs identification is completed, providing a clear picture of what services the client requires.				
Value domain attributes					
<i>Representation class (form):</i>	Date				
<i>Data type:</i>	Date/Time				
<i>Format (Layout):</i>	DDMMYYYY				
<i>Maximum character length:</i>	8				
<i>Permissible values (Code set):</i>	<table border="1"> <thead> <tr> <th><i>Value</i></th> <th><i>Meaning</i></th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	<i>Value</i>	<i>Meaning</i>		
<i>Value</i>	<i>Meaning</i>				
<i>Supplementary values:</i>	<table border="1"> <thead> <tr> <th><i>Value</i></th> <th><i>Meaning</i></th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	<i>Value</i>	<i>Meaning</i>		
<i>Value</i>	<i>Meaning</i>				
<i>Unit of measure:</i>					
Collection and usage attributes					
<i>Reporting requirements:</i>	Mandatory for new Registered Clients				
<i>Guide for use:</i>	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 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. This will initiate a new episode of care.				
<i>Collection methods:</i>					
<i>Purpose:</i>	To record INI service activity and enable waiting time information to be calculated.				
<i>Principal users:</i>	Primary Health Branch				
<i>Start date:</i>					
<i>Comments:</i>					
Source and reference attributes					
<i>Definition source:</i>	SC Prac Manual				
<i>Permissible values source:</i>					

Data element name: Reason for Attendance		
Identifying and definitional attributes		
<i>METeOR identifier: (optional)</i>	None	
<i>Definition:</i>	A code representing the service professional's description of the client's reason for assessment or treatment.	
Value domain attributes		
<i>Representation class (form):</i>	Code	
<i>Data type:</i>	Numeric	
<i>Format (Layout):</i>	NNN	
<i>Maximum character length:</i>	3	
<i>Permissible values (Code set):</i>	<i>Value</i>	<i>Meaning</i>
<i>Supplementary values:</i>	<i>Value</i>	<i>Meaning</i>
<i>Unit of measure:</i>		
Collection and usage attributes		
<i>Reporting requirements:</i>	Mandatory when Contact Type Indicator = 1 and direct time > 0, or blank when Contact Type Indicator < > 1.	
<i>Guide for use:</i>	Enter from the perspective of the service professional, the reason why the client has come to receive services. <i>Please refer to 2008-09 (Appendix C) C&WH Large Value Domains</i>	
<i>Collection methods:</i>		
<i>Purpose:</i>	Service Planning	
<i>Principal users:</i>	Primary Health Branch	
<i>Start date:</i>	1/07/2004	
<i>Comments:</i>		
Source and reference attributes		
<i>Definition source:</i>	NAHCMC	
<i>Permissible values source:</i>	NAHCMC	

Data element name: Source of Referral		
Identifying and definitional attributes		
METeOR identifier: (optional)	297469	
Definition:	The person or agency responsible for the referral of a client to a service provider agency, as represented by a code	
Value domain attributes		
Representation class (form):	Code	
Data type:	Numeric	
Format (Layout):	NN	
Maximum character length:	2	
Permissible values (Code set):	Value	Meaning
	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
18	Private Dentist	
Supplementary values:	Value	Meaning
	99	Not stated / Inadequately described
Unit of measure:		
Collection and usage attributes		
Reporting requirements:	Mandatory when Contact Type Indicator = 1 or blank when Contact Type Indicator <> 1.	
Guide for use:	From the Consumer Information Service Coordination Tool Template	
Collection methods:		
Purpose:	Source of referral is important in assisting in the analyses of inter-service client flow and for service planning.	
Principal users:	Primary Health Branch	
Start date:	1/07/2004	
Comments:		
Source and reference attributes		

Data element name: Source of Referral	
<i>Definition source:</i>	HACC MDS V2
<i>Permissible values source:</i>	HACC MDS V2

Data element name: Waiting List Date		
Identifying and definitional attributes		
<i>METeOR identifier: (optional)</i>	269957	
<i>Definition:</i>	The date the client is placed onto a waiting list for the identified service.	
Value domain attributes		
<i>Representation class (form):</i>	Date	
<i>Data type:</i>	Date/Time	
<i>Format (Layout):</i>	DDMMYYYY	
<i>Maximum character length:</i>	8	
<i>Permissible values (Code set):</i>	<u>Value</u>	<u>Meaning</u>
<i>Supplementary values:</i>	<u>Value</u>	<u>Meaning</u>
<i>Unit of measure:</i>		
Collection and usage attributes		
<i>Reporting requirements:</i>	Mandatory for Registered Clients (under certain circumstances see Guide for Use below)	
<i>Guide for use:</i>	A wait list date is required if the date doesn't match the INI date. This can occur if INI takes a few days or multiple services are required but identified over a period of time. However, not everyone will use the wait list date because some people may not need to be put onto a waiting list - a future appointment will be generated at INI	
<i>Collection methods:</i>		
<i>Purpose:</i>	To assist with the measurement of CHS waiting times and management of service demand.	
<i>Principal users:</i>	Primary Health Branch	
<i>Start date:</i>		
<i>Comments:</i>		
Source and reference attributes		
<i>Definition source:</i>	DHS	
<i>Permissible values source:</i>		

Data element name: Priority Type		
Identifying and definitional attributes		
METeOR identifier: (optional)	None	
Definition:	Priority Type is used to categorise the client's need for a service and occurs as a result of the INI.	
Value domain attributes		
Representation class (form):	Code	
Data type:	Numeric	
Format (Layout):	N	
Maximum character length:	1	
Permissible values (Code set):	Value	Meaning
	1	Low
	2	Routine
Supplementary values:	Value	Meaning
	9	Not stated / Inadequately described
Unit of measure:		
Collection and usage attributes		
Reporting requirements:	Mandatory when WL date or INI date is not blank.	
Guide for use:	Priority types are derived from the service coordination tool templates, "low, routine and urgent". It is suggested that you utilise the priority tools in the Towards a Demand Management Framework document (available at: http://www.health.vic.gov.au/communityhealth/downloads/towards_demand_management_framework_chs.pdf) or your current prioritising mechanisms that your agency has in place when capturing this data item.	
Collection methods:		
Purpose:	To indicate the urgency of the client's condition following INI, which requires service provision.	
Principal users:	Primary Health Branch	
Start date:	1/07/2006	
Comments:		
Source and reference attributes		
Definition source:	DHS	
Permissible values source:	SCTT	

Data element name: Date of Exit		
Identifying and definitional attributes		
<i>METeOR identifier: (optional)</i>	269621	
<i>Definition:</i>	The date identified on which the client stopped receiving funded assistance for the identified need.	
Value domain attributes		
<i>Representation class (form):</i>	Date	
<i>Data type:</i>	Date/Time	
<i>Format (Layout):</i>	DDMMYYYY	
<i>Maximum character length:</i>	8	
<i>Permissible values (Code set):</i>	<u>Value</u>	<u>Meaning</u>
<i>Supplementary values:</i>	<u>Value</u>	<u>Meaning</u>
<i>Unit of measure:</i>		
Collection and usage attributes		
<i>Reporting requirements:</i>		
<i>Guide for use:</i>	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 applies 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. 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.	
<i>Collection methods:</i>		
<i>Purpose:</i>	To assist with the measurement of CHS waiting times and management of service demand.	
<i>Principal users:</i>	Primary Health Branch	
<i>Start date:</i>	1/07/2006	
<i>Comments:</i>		
Source and reference attributes		
<i>Definition source:</i>		
<i>Permissible values source:</i>		

Data element name: Main reason for cessation of services		
Identifying and definitional attributes		
METeOR identifier: (optional)	270099	
Definition:	The main reason the client's current services have ceased	
Value domain attributes		
Representation class (form):	Code	
Data type:	Numeric	
Format (Layout):	N[N]	
Maximum character length:	2	
Permissible values (Code set):	Value	Meaning
	1	Client no longer needs assistance—improved status
	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 setting
	6	Client moved to other community-based service
	7	Client moved out of area
	8	Client terminated service
	9	Client died
10	Other reason	
Supplementary values:	Value	Meaning
	99	Not stated / Inadequately described
Unit of measure:		
Collection and usage attributes		
Reporting requirements:	Mandatory when Date of Exit Is Not Null	
Guide for use:	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.	
Collection methods:		
Purpose:	To assist with the measurement of CHS waiting times and management of service demand.	
Principal users:	Primary Health Branch	
Start date:	1/07/2006	
Comments:		
Source and reference attributes		
Definition source:		

Data element name: Main reason for cessation of services	
<i>Permissible values source:</i>	HACC MDS V2

Data element name: Chronic and complex condition 1		
Identifying and definitional attributes		
METeOR identifier: (optional)	None	
Definition:	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 providers.	
Value domain attributes		
Representation class (form):	Code	
Data type:	Numeric	
Format (Layout):	N[N]	
Maximum character length:	2	
Permissible values (Code set):	Value	Meaning
	1	Asthma
	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
10	Others	
Supplementary values:	Value	Meaning
	99	Not stated / Inadequately described
Unit of measure:		
Collection and usage attributes		
Reporting requirements:	Mandatory when Chronic Complex Client = 1 or blank when Chronic Complex Client <> 1.	
Guide for use:	To be used for registered clients that have been defined as Chronic and Complex. This will help to gain an understanding of the disease / condition profile of clients defined as Chronic and Complex.	
Collection methods:		
Purpose:	To form part of the reporting and evaluation	
Principal users:	Primary Health Branch	
Start date:	1/07/2006	
Comments:		
Source and reference attributes		
Definition source:	C&WH	
Permissible values source:	C&WH	

Data element name: Chronic and complex condition 2		
Identifying and definitional attributes		
<i>METeOR identifier: (optional)</i>		
<i>Definition:</i>	Repetition of Chronic and complex condition 1	
Value domain attributes		
<i>Representation class (form):</i>	Code	
<i>Data type:</i>	Numeric	
<i>Format (Layout):</i>	N[N]	
<i>Maximum character length:</i>	2	
<i>Permissible values (Code set):</i>	Value	Meaning
	1	Asthma
	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
10	Others	
<i>Supplementary values:</i>	Value	Meaning
	99	Not stated / Inadequately described
<i>Unit of measure:</i>		
Collection and usage attributes		
<i>Reporting requirements:</i>	Optional when Chronic and complex condition 1 Is Not Null	
<i>Guide for use:</i>	Repetition of Chronic and complex condition 1	
<i>Collection methods:</i>		
<i>Purpose:</i>	To form part of the reporting and evaluation	
<i>Principal users:</i>	Primary Health Branch	
<i>Start date:</i>	1/07/2006	
<i>Comments:</i>		
Source and reference attributes		
<i>Definition source:</i>	C&WH	
<i>Permissible values source:</i>	C&WH	

Data element name: Chronic and complex condition 3		
Identifying and definitional attributes		
<i>METeOR identifier: (optional)</i>		
<i>Definition:</i>	Repetition of Chronic and complex condition 1	
Value domain attributes		
<i>Representation class (form):</i>	Code	
<i>Data type:</i>	Numeric	
<i>Format (Layout):</i>	N[N]	
<i>Maximum character length:</i>	2	
<i>Permissible values (Code set):</i>	Value	Meaning
	1	Asthma
	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
	10	Others
<i>Supplementary values:</i>	Value	Meaning
	99	Not stated / Inadequately described
<i>Unit of measure:</i>		
Collection and usage attributes		
<i>Reporting requirements:</i>	Optional when Chronic and complex condition 2 Is Not Null	
<i>Guide for use:</i>	Repetition of Chronic and complex condition 1	
<i>Collection methods:</i>		
<i>Purpose:</i>	To form part of the reporting and evaluation	
<i>Principal users:</i>	Primary Health Branch	
<i>Start date:</i>	1/07/2006	
<i>Comments:</i>		
Source and reference attributes		
<i>Definition source:</i>	C&WH	
<i>Permissible values source:</i>	C&WH	

Data element name: Chronic and complex condition 4		
Identifying and definitional attributes		
<i>METeOR identifier: (optional)</i>		
<i>Definition:</i>	Repetition of Chronic and complex condition 1	
Value domain attributes		
<i>Representation class (form):</i>	Code	
<i>Data type:</i>	Numeric	
<i>Format (Layout):</i>	N[N]	
<i>Maximum character length:</i>	2	
<i>Permissible values (Code set):</i>	Value	Meaning
	1	Asthma
	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
10	Others	
<i>Supplementary values:</i>	Value	Meaning
	99	Not stated / Inadequately described
<i>Unit of measure:</i>		
Collection and usage attributes		
<i>Reporting requirements:</i>	Optional when Chronic and complex condition 3 Is Not Null	
<i>Guide for use:</i>	Repetition of Chronic and complex condition 1	
<i>Collection methods:</i>		
<i>Purpose:</i>	To form part of the reporting and evaluation	
<i>Principal users:</i>	Primary Health Branch	
<i>Start date:</i>	1/07/2006	
<i>Comments:</i>		
Source and reference attributes		
<i>Definition source:</i>	C&WH	
<i>Permissible values source:</i>	C&WH	

Data element name: Chronic and complex condition 5		
Identifying and definitional attributes		
<i>METeOR identifier: (optional)</i>		
<i>Definition:</i>	Repetition of Chronic and complex condition 1	
Value domain attributes		
<i>Representation class (form):</i>	Code	
<i>Data type:</i>	Numeric	
<i>Format (Layout):</i>	N[N]	
<i>Maximum character length:</i>	2	
<i>Permissible values (Code set):</i>	Value	Meaning
	1	Asthma
	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
10	Others	
<i>Supplementary values:</i>	Value	Meaning
	99	Not stated / Inadequately described
<i>Unit of measure:</i>		
Collection and usage attributes		
<i>Reporting requirements:</i>	Optional when Chronic and complex condition 4 Is Not Null	
<i>Guide for use:</i>	Repetition of Chronic and complex condition 1	
<i>Collection methods:</i>		
<i>Purpose:</i>	To form part of the reporting and evaluation	
<i>Principal users:</i>	Primary Health Branch	
<i>Start date:</i>	1/07/2006	
<i>Comments:</i>		
Source and reference attributes		
<i>Definition source:</i>	C&WH	
<i>Permissible values source:</i>	C&WH	

Data element name: Chronic and complex condition 6		
Identifying and definitional attributes		
<i>METeOR identifier: (optional)</i>		
<i>Definition:</i>	Repetition of Chronic and complex condition 1	
Value domain attributes		
<i>Representation class (form):</i>	Code	
<i>Data type:</i>	Numeric	
<i>Format (Layout):</i>	N[N]	
<i>Maximum character length:</i>	2	
<i>Permissible values (Code set):</i>	Value	Meaning
	1	Asthma
	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
	10	Others
<i>Supplementary values:</i>	Value	Meaning
	99	Not stated / Inadequately described
<i>Unit of measure:</i>		
Collection and usage attributes		
<i>Reporting requirements:</i>	Optional when Chronic and complex condition 5 Is Not Null	
<i>Guide for use:</i>	Repetition of Chronic and complex condition 1	
<i>Collection methods:</i>		
<i>Purpose:</i>	To form part of the reporting and evaluation	
<i>Principal users:</i>	Primary Health Branch	
<i>Start date:</i>	1/07/2006	
<i>Comments:</i>		
Source and reference attributes		
<i>Definition source:</i>	C&WH	
<i>Permissible values source:</i>	C&WH	

Data element name: Chronic and complex condition 7		
Identifying and definitional attributes		
<i>METeOR identifier: (optional)</i>		
<i>Definition:</i>	Repetition of Chronic and complex condition 1	
Value domain attributes		
<i>Representation class (form):</i>	Code	
<i>Data type:</i>	Numeric	
<i>Format (Layout):</i>	N[N]	
<i>Maximum character length:</i>	2	
<i>Permissible values (Code set):</i>	Value	Meaning
	1	Asthma
	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
10	Others	
<i>Supplementary values:</i>	Value	Meaning
	99	Not stated / Inadequately described
<i>Unit of measure:</i>		
Collection and usage attributes		
<i>Reporting requirements:</i>	Optional when Chronic and complex condition 6 Is Not Null	
<i>Guide for use:</i>	Repetition of Chronic and complex condition 1	
<i>Collection methods:</i>		
<i>Purpose:</i>	To form part of the reporting and evaluation	
<i>Principal users:</i>	Primary Health Branch	
<i>Start date:</i>	1/07/2006	
<i>Comments:</i>		
Source and reference attributes		
<i>Definition source:</i>	C&WH	
<i>Permissible values source:</i>	C&WH	

Data element name: Chronic and complex condition 8		
Identifying and definitional attributes		
<i>METeOR identifier: (optional)</i>		
<i>Definition:</i>	Repetition of Chronic and complex condition 1	
Value domain attributes		
<i>Representation class (form):</i>	Code	
<i>Data type:</i>	Numeric	
<i>Format (Layout):</i>	N[N]	
<i>Maximum character length:</i>	2	
<i>Permissible values (Code set):</i>	Value	Meaning
	1	Asthma
	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
	10	Others
<i>Supplementary values:</i>	Value	Meaning
	99	Not stated / Inadequately described
<i>Unit of measure:</i>		
Collection and usage attributes		
<i>Reporting requirements:</i>	Optional when Chronic and complex condition 7 Is Not Null	
<i>Guide for use:</i>	Repetition of Chronic and complex condition 1	
<i>Collection methods:</i>		
<i>Purpose:</i>	To form part of the reporting and evaluation	
<i>Principal users:</i>	Primary Health Branch	
<i>Start date:</i>	1/07/2006	
<i>Comments:</i>		
Source and reference attributes		
<i>Definition source:</i>	C&WH	
<i>Permissible values source:</i>	C&WH	

Data element name: Chronic and complex condition 9		
Identifying and definitional attributes		
<i>METeOR identifier: (optional)</i>		
<i>Definition:</i>	Repetition of Chronic and complex condition 1	
Value domain attributes		
<i>Representation class (form):</i>	Code	
<i>Data type:</i>	Numeric	
<i>Format (Layout):</i>	N[N]	
<i>Maximum character length:</i>	2	
<i>Permissible values (Code set):</i>	Value	Meaning
	1	Asthma
	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
	10	Others
<i>Supplementary values:</i>	Value	Meaning
	99	Not stated / Inadequately described
<i>Unit of measure:</i>		
Collection and usage attributes		
<i>Reporting requirements:</i>	Optional when Chronic and complex condition 8 Is Not Null	
<i>Guide for use:</i>	Repetition of Chronic and complex condition 1	
<i>Collection methods:</i>		
<i>Purpose:</i>	To form part of the reporting and evaluation	
<i>Principal users:</i>	Primary Health Branch	
<i>Start date:</i>	1/07/2006	
<i>Comments:</i>		
Source and reference attributes		
<i>Definition source:</i>	C&WH	
<i>Permissible values source:</i>	C&WH	

Data element name: Chronic and complex condition 10		
Identifying and definitional attributes		
<i>METeOR identifier: (optional)</i>		
<i>Definition:</i>	Repetition of Chronic and complex condition 1	
Value domain attributes		
<i>Representation class (form):</i>	Code	
<i>Data type:</i>	Numeric	
<i>Format (Layout):</i>	N[N]	
<i>Maximum character length:</i>	2	
<i>Permissible values (Code set):</i>	Value	Meaning
	1	Asthma
	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
10	Others	
<i>Supplementary values:</i>	Value	Meaning
	99	Not stated / Inadequately described
<i>Unit of measure:</i>		
Collection and usage attributes		
<i>Reporting requirements:</i>	Optional when Chronic and complex condition 9 Is Not Null	
<i>Guide for use:</i>	Repetition of Chronic and complex condition 1	
<i>Collection methods:</i>		
<i>Purpose:</i>	To form part of the reporting and evaluation	
<i>Principal users:</i>	Primary Health Branch	
<i>Start date:</i>	1/07/2006	
<i>Comments:</i>		
Source and reference attributes		
<i>Definition source:</i>	C&WH	
<i>Permissible values source:</i>	C&WH	

Data element name: End Data Marker					
Identifying and definitional attributes					
<i>METeOR identifier: (optional)</i>	None				
<i>Definition:</i>	Indicates the end of the service (data) record				
Value domain attributes					
<i>Representation class (form):</i>	Text				
<i>Data type:</i>	String				
<i>Format (Layout):</i>	X(10)				
<i>Maximum character length:</i>	10				
<i>Permissible values (Code set):</i>	<table border="1"> <thead> <tr> <th><i>Value</i></th> <th><i>Meaning</i></th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	<i>Value</i>	<i>Meaning</i>		
<i>Value</i>	<i>Meaning</i>				
<i>Supplementary values:</i>	<table border="1"> <thead> <tr> <th><i>Value</i></th> <th><i>Meaning</i></th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	<i>Value</i>	<i>Meaning</i>		
<i>Value</i>	<i>Meaning</i>				
<i>Unit of measure:</i>					
Collection and usage attributes					
<i>Reporting requirements:</i>	All "SERVICE" Records				
<i>Guide for use:</i>	Literally "ENDSERVICE"				
<i>Collection methods:</i>	Software generated				
<i>Purpose:</i>	Indicates the end of the header record				
<i>Principal users:</i>	RRHACS Data Repository				
<i>Start date:</i>	1/07/2007				
<i>Comments:</i>					
Source and reference attributes					
<i>Definition source:</i>	DHS				
<i>Permissible values source:</i>	DHS				

Contact and Support Details

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