

VINAH Update

Data Reform Update



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VINAH Update

- Victorian Integrated Non-Admitted Health
- Background:
 - Sub-acute Ambulatory Care (SACS)
 - Hospital Admission Risk Program (HARP)
 - Community Palliative Care
 - Post Acute Care (PAC)
- Outpatient Pilot
- Existing programs catching up on data reporting (some good, some patchy)

VINAH Update

- New programs for 2009-10:
 - Family Choice Program (FCP) at Royal Children's Hospital
 - Victorian HIV Service (VHS) at Alfred Health
 - Victorian Respiratory Support Service (VRSS) at Austin Health
 - MediHotel
- Basis for Common Service Model

Data Reform

- Scope
- Why data reform?
- Data reform principles and their application
- Project status

Scope of the project

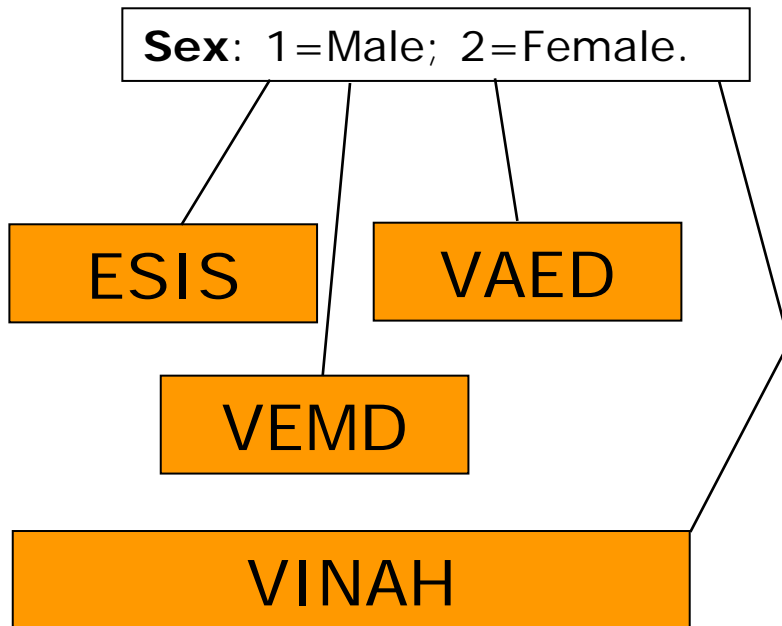
The initial scope of the reform project is the major patient-level acute data collections:

- Victorian Admitted Episodes Dataset (VAED)
- Victorian Emergency Minimum Dataset (VEMD)
- Elective Surgery Information System (ESIS)

Victorian Integrated Non-Admitted Health (VINAH) MDS to be 'integrated' rather than 'reformed'.

Why Data Reform?

Although lots of the data elements are defined and collected in the same way...



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Referred by: 0=Staff from this campus; 1=Self, family, friends; 2=Local medical officer; 4=Private specialist; 6=Staff from another campus; 8=Correctional Officer/ Police; 9=Crisis Assessment Team; 10=Community Services Staff; 13=Nurse; 19=Other.

Source of Referral: 1=Referred by private practitioner or private clinic; 2=Referred from waiting list at other ESIS campus/health service; 3=Referred by outpatient department at this campus/health service; 4=Referred by other department at this campus/health service; 5=Referred by other.

ESIS

VAED

VEMD

VINAH

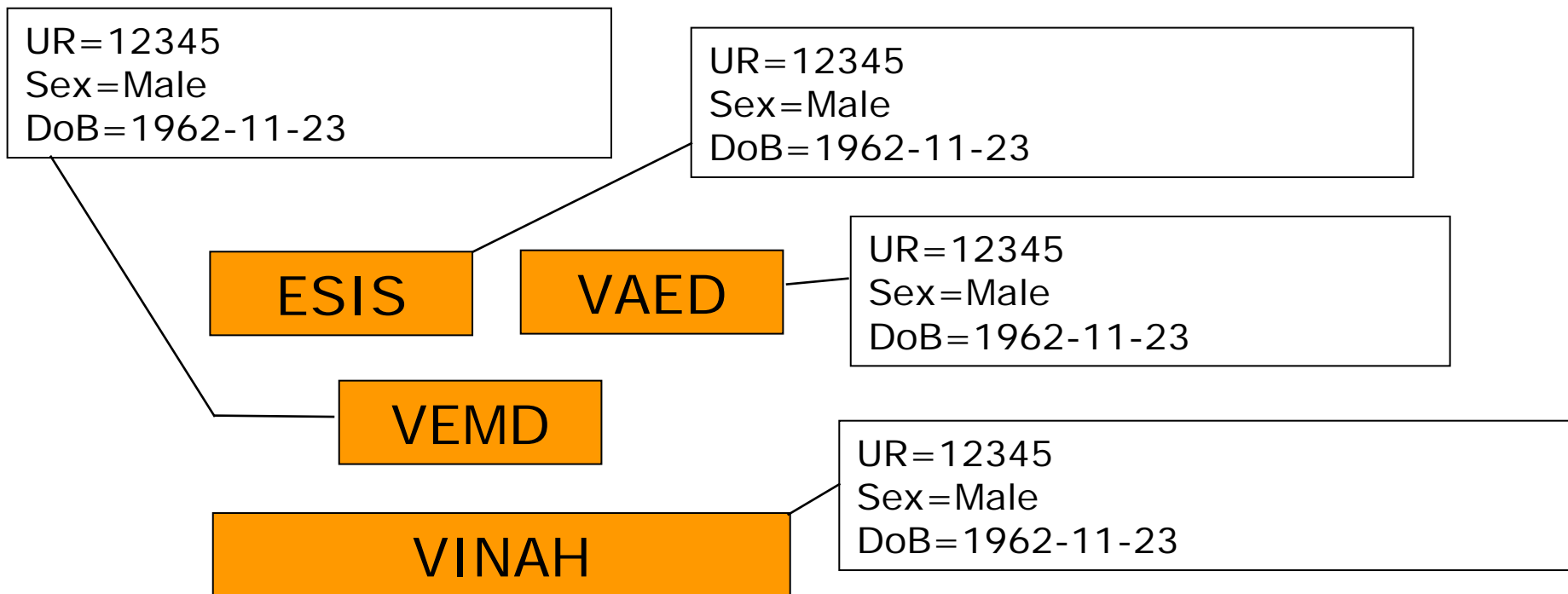
Admission Source: T=Transfer from acute hospital/ extended care/ rehabilitation/ geriatric centre; A=Transfer from mental health residential facility; B=Transfer from Transition Care bed based program; N=Transfer from aged care residential facility; H=Admission from private residence/accommodation.

Referral Source: 1=Self; 2=Family, Significant other, Friend/Carer; 4=Specialist aged or disability assessment team/service; 5=Comprehensive HACC assessment authority; 6=Community nursing service; ... 24=Other Medical Specialist; 99=Other.

...several aren't.

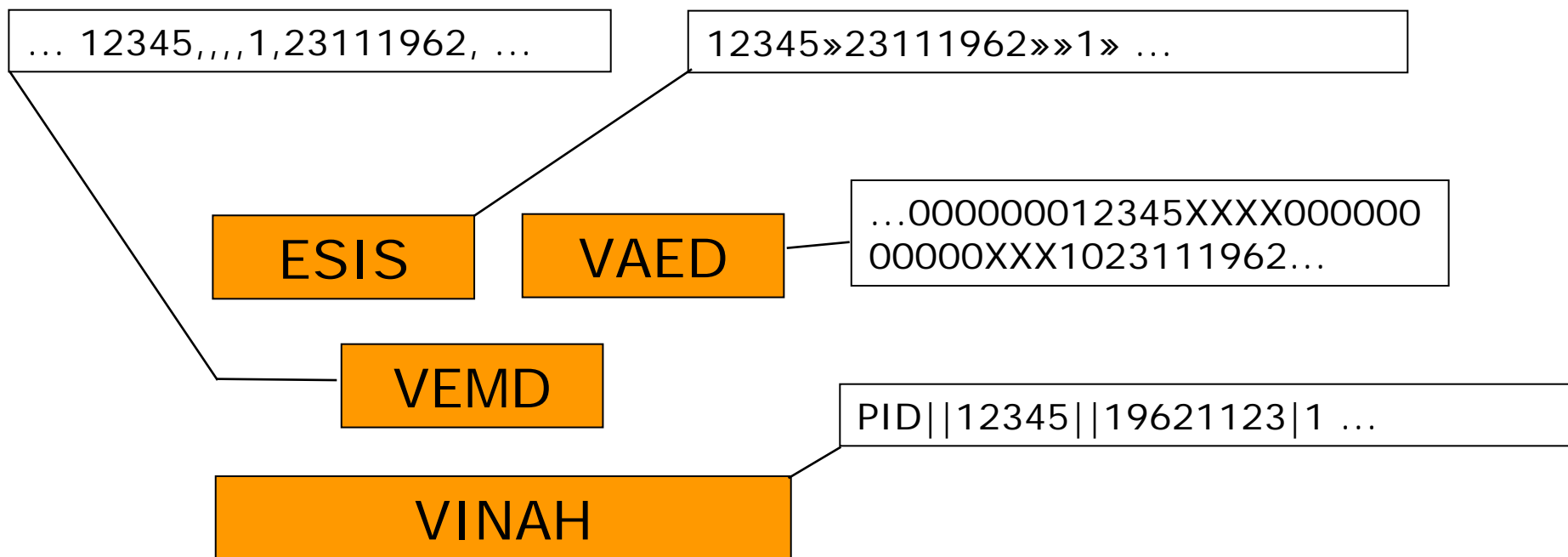
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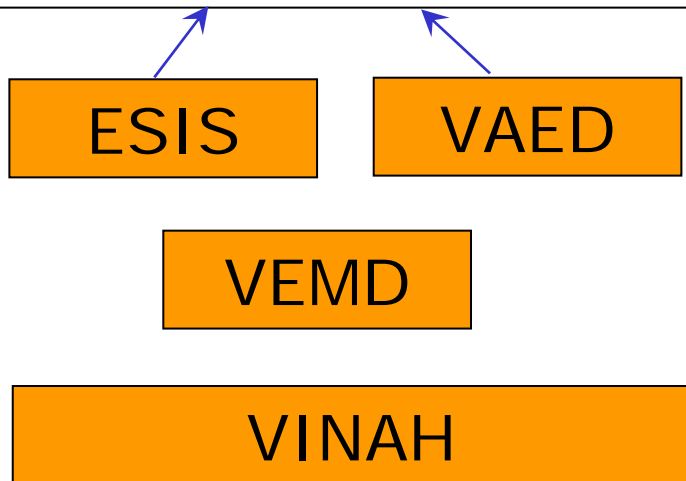


...in different ways.

Why Data Reform?

We *can* link data to get an overall picture of the patient journey/ continuum of care...

Sex=Male, DoB=1962-11-23, Admission Date=2008-07-17...



...but the linkage is probabilistic and is not a trivial exercise.

Why Data Reform?

Because some of our collections are 'getting old', there are design limits on what we can collect.

ESIS

VAED

VEMD

VINAH

Can I have more than one care type change in a day?

Can you tell me when this patient went to ICU?

Can I have more than 40 diagnosis codes?

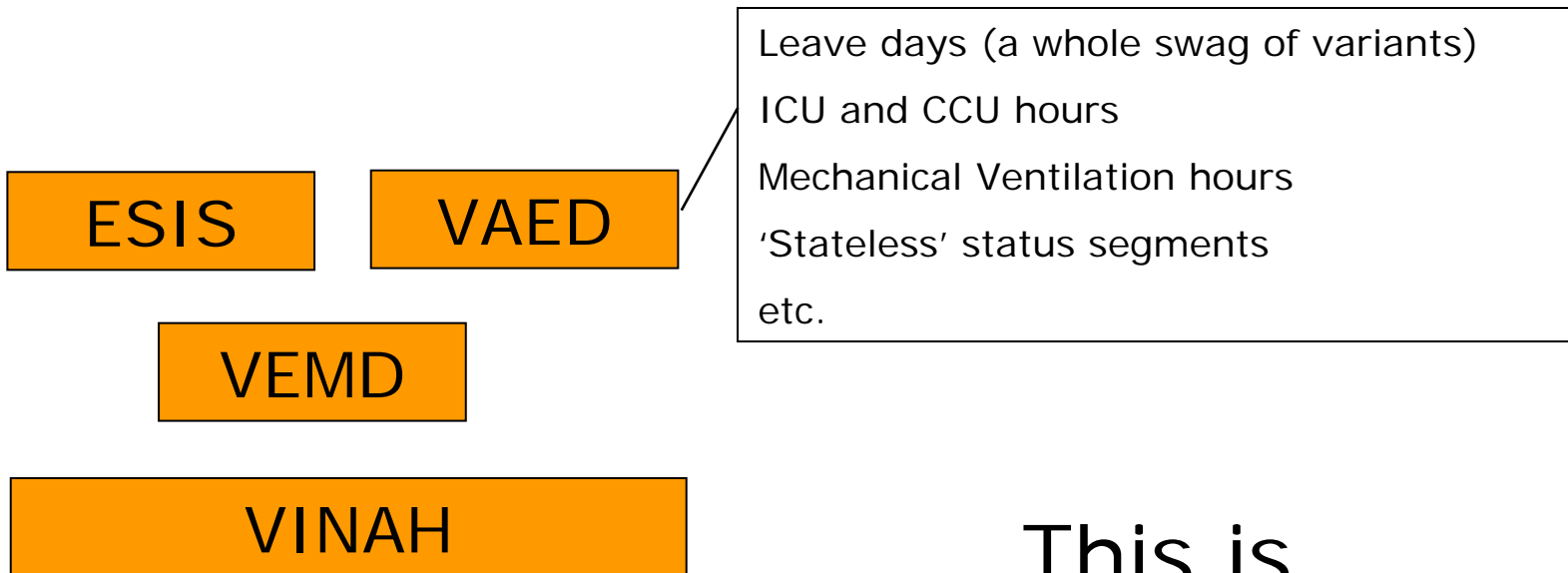
If I want to add this data element only for a small population of patients, will the increased storage overhead mean HDSS will let me?

Can I easily add all these maternity-based data elements?

No!

Why Data Reform?

Some of our collections also collect 'derived items' rather than 'transactional items'.

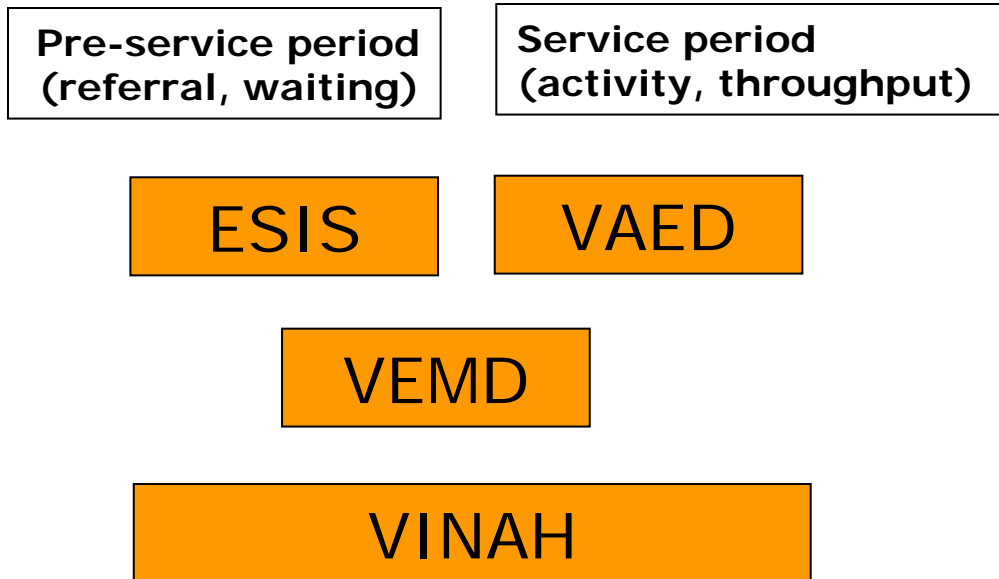


This is
sub-optimal.

Data Reform Principles

- Introduce a common conceptual framework
- Remove derived items and use meaningful transactional data
- Standardise or harmonise data elements
- Integrate different collections as much as possible
- Don't break anything!

Common Conceptual Framework



Common Conceptual Framework

Pre-service period
(referral, waiting)

Service period
(activity, throughput)

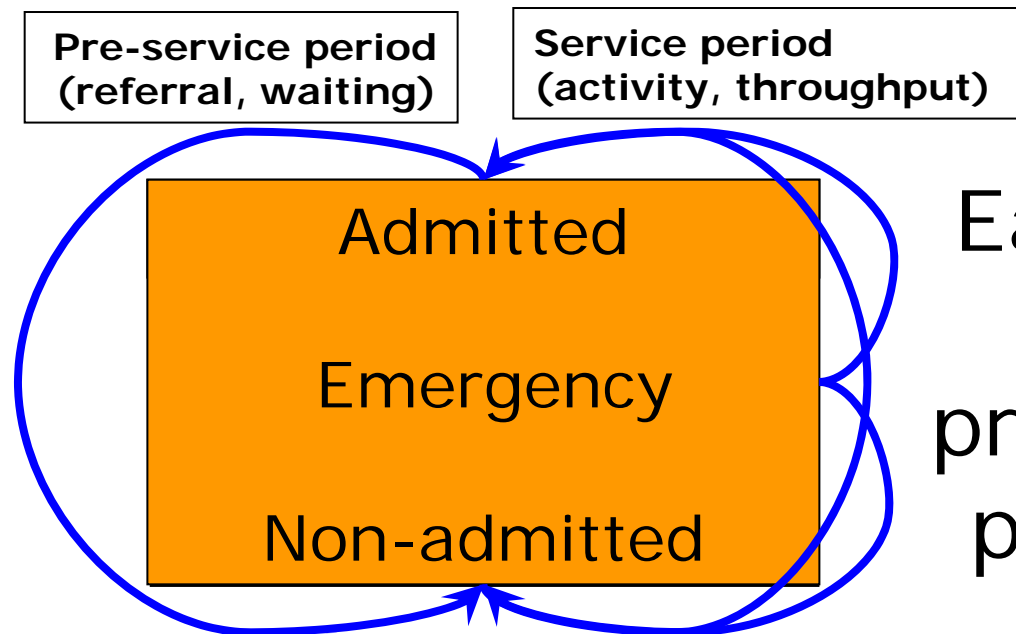
Admitted

Emergency

Non-admitted

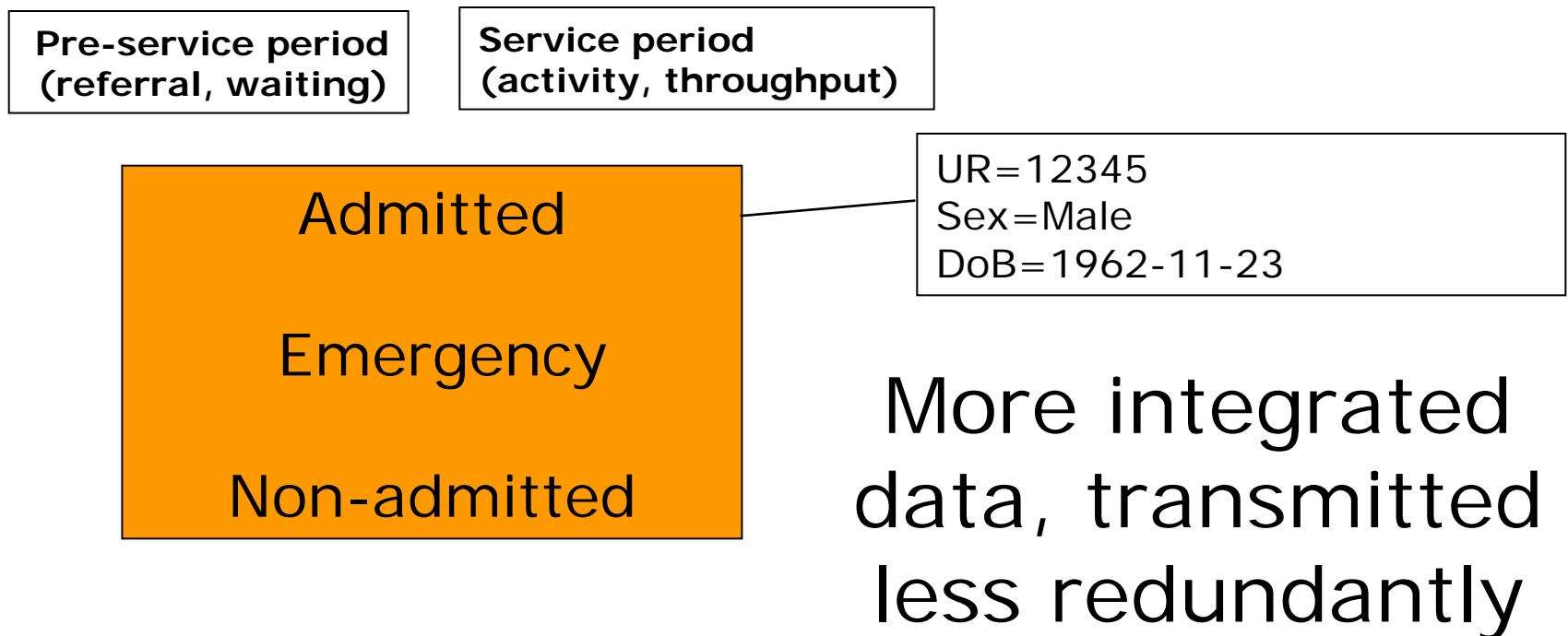
More integrated
view of the pre-
service and service
periods.

Common Conceptual Framework



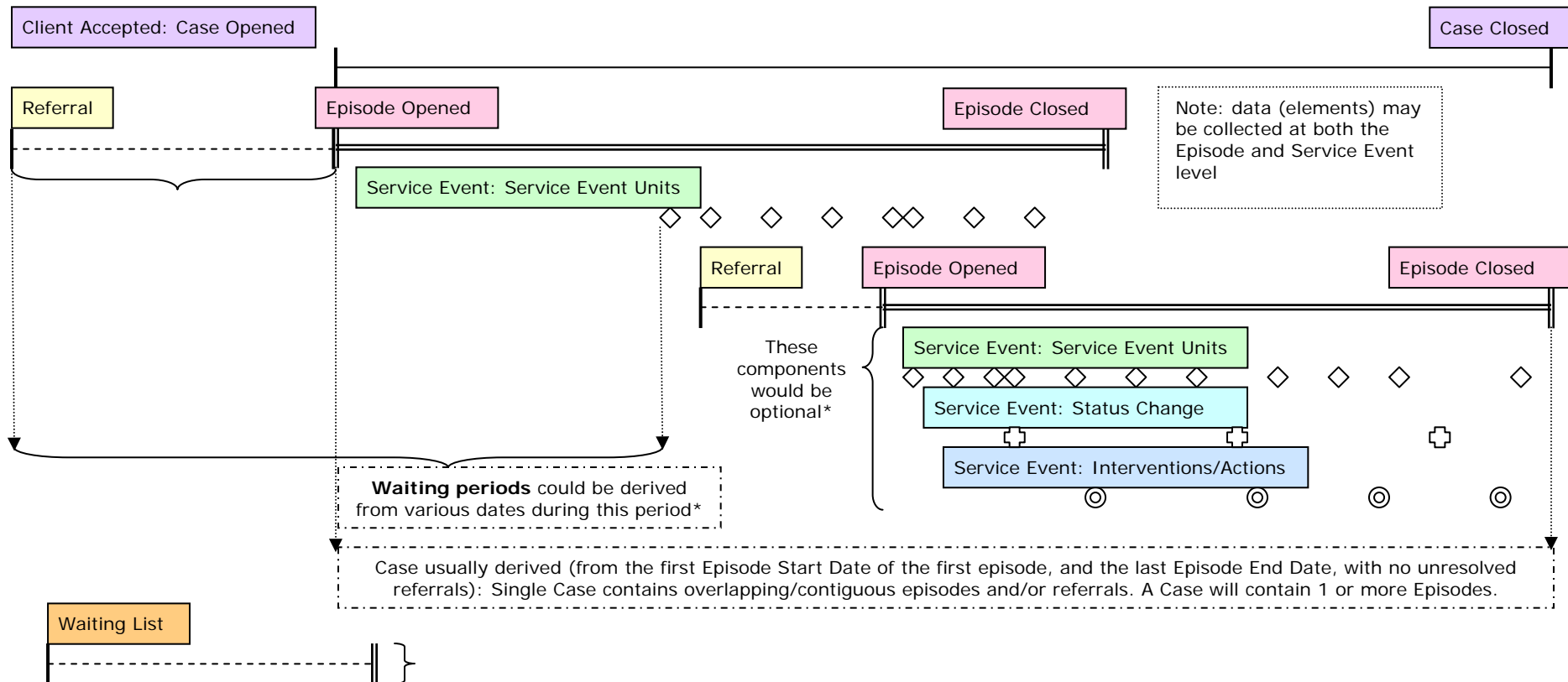
Easier to see the links between programs and the patient journey.

Common Conceptual Framework



Common Conceptual Framework

...and here's a picture:



Common Conceptual Framework

- Work on developing SACS MDS/VINAH has been the prototype for the common conceptual framework
- Data reform has extended the framework into the admitted space
- Framework is consistent with the Common Service Model project

Remove Derived Items and use meaningful transactional data

For example, we will remove all the aggregate leave day counts from the VAED and collect Leave Start Date, Leave End Date and Leave Type as a set of repeatable items.

Integrate different collections as much as possible

- In the future, there may not be a VAED, VEMD, ESIS or VINAH just an 'Acute-Sub-acute Health Data Collection'
- But...
 - Need to cater for Hospital capability
 - Need to cater for data submitter and data user understanding
 - Need to retain flexibility for different funding and service delivery models
- Allows us to leverage the rest of the HealthCollect redevelopment

Don't break anything!

VAED, VEMD, ESIS and VINAH are:

- Politically sensitive
- Used to allocate and monitor billions of dollars in health funding
- Used to substantiate ERC bids
- Used to meet DHS' Commonwealth reporting obligations
- Used by hundreds of different users of data including other government and non-government agencies, the media, researchers and the general public

Project Stages and Deliverables

- Current Progress

Progress to date

- Consultation draft of Data Elements (S3) and Concepts (S2) almost ready (2-3 weeks away).
 - Consultation to be done with internal DHS and external stakeholders.
 - Forming preliminary consultative group of hospital reps.
- Preliminary work on transmission format and protocols has been done.
- Work on data validation approach has been started.
- Developing a log of data to go back to data providers.
- Deliverable is new data collection manual.