

Proposals for revisions to the
Victorian Integrated Non Admitted Health
Minimum Dataset (VINAH MDS)
for 1 July 2007

January 2007

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Executive Summary

Each year the Department of Human Services (DHS) will review the data elements and format of the Victorian Integrated Non Admitted Health (VINAH) minimum dataset (MDS). This review seeks to ensure that the collection supports the Department's state and national reporting obligations, assists DHS planning and policy development, and incorporates appropriate feedback from data providers on improvements. Reviews of this nature are conducted on all major health data collections, but the VINAH review is particularly important given the collection's recent development and progressive inclusion of new program reporting areas, which therefore increases the scope of the VINAH MDS.

The introduction contains a short section of future directions for VINAH, intended to inform stakeholders on the Department's broad intentions for the collection at this time. In summary, the proposed scope for VINAH for 1 July 2007 includes the following programs:

- Subacute Ambulatory Care Services (SACS): currently reporting on VINAH;
- Hospital Admission Risk Program – Chronic Disease Management (HARP-CDM): to begin collecting activity occurring from 1 January 2007, and reporting from 1 July 2007;
- Post Acute Care (PAC): to begin collecting activity occurring from 1 January 2008, and reporting from 1 July 2008;
- Palliative Care (Community based): VINAH to have capability to receive Palliative Care data from 1 July 2007, implementation dates to be advised.

This document has been produced to invite comment and stimulate discussion on the proposals outlined below. If you would like to comment on any of the proposals, please see the introduction section on how to do so.

In order to be accepted into the VINAH MDS, proposals need to demonstrate clear business justification and be fully costed, meaning funding streams will need to be identified and confirmed. Final acceptance of all proposals is dependent on the Executive Director, Metropolitan Health and Aged Care Services (based upon recommendations by the Data Management Advisory Committee (DMAC)).

For further information on the revisions process and timetable contact the HDSS Help Desk on 9096 8141.

The proposed revisions for VINAH for 1 July 2007 are summarised below. They include (but are not limited to) the:

1. Explicit reporting of Episode-level data and derivation of Case-level data (rather than the other way around.) This change will include:
 - a. Transition of many data elements from Case-level to Episode-level.
 - b. The *HARP-CDM Flag* and *SACS Flag* data elements to be abolished and their function replaced by a single data element *Referral Program* that will sit with the referral.
 - c. Revision of concepts and related edits (for example, referrals will now be made into the episode rather than the case.)
2. Addition of a new conceptual counting unit of 'Contact' that will sit below the Client Service Event. Most data items currently reported at Client Service Event level will also be reportable at Contact level. Specifically:
 - a. Duplication of several data elements to sit at Contact level as well as Client Service Event Level.
 - b. Revision of some concepts and related edits.
3. Capacity for VINAH to receive Palliative Care program data. This will include:
 - a. Modification of the code set for Client Service Event Program.
 - b. Several new data elements.
4. Modification of the code set for Main Health Condition and change the structural underpinning of the data item to the ICD-10-AM; codes to be mostly drawn from sub-chapter level with selected codes from deeper in the hierarchy where more detail is desired.

5. New data element Complications and Co-morbidities, using the same codeset as Main Health Condition.
6. New data element Other Factors affecting Health Status.
7. New data element Outcome of Referral.
8. Modification of the code set for Type of Usual Accommodation.
9. Modification of the code set for Client Service Event Delivery Mode.
10. Modification to the code set for Client Service Event Delivery Setting.
11. Modification to the code set for Client Service Event Professional Group.
12. Modification of the code set for Client Service Event Program.

The following items are not considered 'proposal-worthy' changes, being more in the nature of routine maintenance activities, however for information:

13. Addition of new data concepts to Section 2 to aid reporting (such as Medicare eligibility) and improved conceptual explanations and diagrams of the VINAH MDS.
14. Modification to the code set for Client Service Event Provider for new HARP-CDM and Palliative Care providers.

The Department would like to thank the HARP Data Working Group, the Victorian Palliative Care Reporting System Working Party, SACS Managers and the various software vendors that have contributed advice and comments for their invaluable input into the VINAH changes for 2007-08.

Introduction

The VINAH proposals consultation process

Each year the Department of Human Services (DHS) will review the data elements and format of the Victorian Integrated Non Admitted Health (VINAH) minimum dataset. This review seeks to ensure that the collection supports the Department's state and national reporting obligations, assists DHS planning and policy development, and incorporates appropriate feedback from data providers on improvements. Reviews of this nature are conducted on all major health data collections, but the VINAH review is particularly important given the collection's recent development and progressive inclusion of new program reporting areas.

The Proposal document is being distributed to all Victorian Health Services, to patient management system suppliers known to have clients that must report to VINAH, and to a range of industry bodies. It outlines *proposals* for changes to the VINAH as at the time of its release in December 2006. This should not be regarded as a complete list of changes to be made for 2007—08. Items in this publication are not guaranteed to change or to change in the form suggested here; nor does the absence of an item from this publication indicate it will not change from 1 July 2007. Confirmed changes will be published in the document '*Specification for Revisions to the Victorian Integrated Non Admitted Health (VINAH) minimum dataset for 1 July 2007*', expected to be published in February 2007.

In order to be accepted into the VINAH MDS, proposals need to demonstrate clear business justification and be fully costed, meaning funding streams will need to be identified and confirmed. Final acceptance of all proposals is dependent on the Executive Director, Metropolitan Health and Aged Care Services (based upon recommendations by the Data Management Advisory Committee (DMAC)).

For further information on the revisions process and timetable contact the HDSS Help Desk on 9096 8141.

The process for developing changes to the VINAH MDS is, broadly, as follows:

- Consider broad nature of changes required and requested and release proposals (this document);
- Seek and compile feedback;
- Finalise changes (manual Section 2 and Section 3, Part I);
- Determine changes to transmission specifications (manual Section 5);
- Determine changes to transmission data elements (manual Section 3, Part II);
- Determine changes to business rules and edits (manual Section 4 and Section 8);
- Determine any other changes (other manual sections);
- Publish draft final specifications;
- Confirm changes with DMAC and Executive Director MHACS.
- Publish final specifications.

It can be seen from the sequence above that many technical details cannot be determined at this stage of the process and so are incomplete within this document.

It is expected that release of these proposals will stimulate discussion within the health industry.

Prompt feedback is sought on these proposals. Hospitals and software suppliers should review this document and assess the feasibility of the proposals. All are invited to provide written feedback to DHS by completing the proforma provided as an Appendix to this document, and forwarding it to HDSS as indicated **by Monday 22 January 2006**. Copies of the proforma may also be obtained from the HDSS web site located at <http://www.health.vic.gov.au/hdss> .

For Information - VINAH future directions

To assist in informing future planning for Hospitals, Health Services, Agencies and Software Vendors the following activities are being considered for VINAH development:

- Consolidate HARP-CDM and SACS reporting
Reporting of HARP-CDM and SACS programs to VINAH will be consolidated and data quality issues considered, building on the progress already made. A VINAH Technical Reference Group consisting of stakeholders from the programs that report to VINAH will be established to provide a consolidated consultative mechanism for ongoing development of the collection.
- Prepare VINAH to accept data from Palliative Care programs from 01 July 2007
Actual implementation dates of the transition to VINAH reporting for Palliative Care are yet to be confirmed with services, however the prerequisite step is to have the VINAH validation engine ready to accept data and specifications published. It is expected that a new Palliative Care National Minimum Dataset will be introduced in the future and these changes will position the Department to meet Victoria's future reporting requirements under that NMDS.
- Prepare VINAH to accept data from Post Acute Care programs
It is proposed that PAC collect data from 01 January 2008 and report from 1 July 2008.
- Explore options for Outpatient Reporting through VINAH
In the coming year, the Department will explore options for using the VINAH MDS as a basis for improving the Outpatient data reporting system. No firm dates for implementation have been set and no firm decisions on whether such a collection will proceed have been made.

Further information on possible collection content may be obtained from Appendix A, being a table of proposed data elements by programme.

The proposals contained in this document are intended to support the activities above and build on the gains already made in implementing this new data collection.

Orientation to this document

As this document provides 'proposals' for revisions, there are a few features that require explanation:

- New values and definitions relating to existing items appear in boxes
- ~~Redundant values and definitions relating to existing items are struck through.~~
- *[Comments relating to the proposal document only appear in square brackets and italics.]*
- Page numbers representing cross referencing to another section of the manual are represented by a #.
- Edits that are proposed to change are marked when listed as part of a Data Item or after an Edit Table with a * after the edit number. New proposed edits will be shown with an edit number of ###.
- Technical details that cannot be completed at this time are shown with #.
- The text is divided into the categories of 'Specification' and 'Administration' as presented in the manual.

Specification: details the reporting requirements for the item.

Administration: provides additional information including the purpose of the collection of the data item and the source of the code set and definitions.

- Further information such as the background to each proposal is provided.

Abbreviations

ACHI	Australian Classification of Health Interventions
AHCA	Australian Health Care Agreement
AIHW	Australian Institute of Health and Welfare
AIMS	Agency Information Management System
CATCH	Classification and Terminology in Community Health
CCDS	Common Client Data Set
DMAC	Data Management Advisory Committee
DHS	Department of Human Services
HARP-CDM	Hospital Admission Risk Program - Chronic Disease Management
HDSS	Health Data Standards and Systems
ICD-10-AM	International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification
MHACS	Metropolitan Health and Aged Care Services
NHDD	National Health Data Dictionary
NMDS	National Minimum Data Set
PAC	Post Acute Care
Pall Care	Palliative Care (Short title for table headings)
SACS	Sub Acute Care Services

Symbols

<	Less than
>	Greater than
=	Equal to
≠	Not equal to
&	And

Proposed revisions/additions to data items

Proposal 1: Change the implementation of the VINAH framework to allow explicit reporting of Episode-level data and derivation of Case-level data

It is proposed to	<p>Change the implementation of the VINAH framework to allow explicit reporting of Episode-level data and derivation of Case-level data.</p> <p>This will involve:</p> <ul style="list-style-type: none">• Transition of many data elements from Case-level to Episode-level.• The <i>HARP-CDM Flag</i> and <i>SACS Flag</i> data elements to be abolished and their function replaced by a single data element <i>Referral Program</i> that will sit with the referral.• Revision of concepts and related edits (for example, referrals will now be made into the episode rather than the case.)
Proposed by	HARP-CDM Data Working Group
Implementation Date	1 July 2007
Background	<p>The change to explicitly capture episode start and end dates:</p> <ul style="list-style-type: none">• Facilitates the ability to meet national reporting requirements for Palliative Care (where some data items are required to be collected at the end of a Palliative Care episode).• Allows some attributes to be attached to the episode, that are more meaningful for analysis than being attached to the case; and may be different between episodes (for the same patient) within the same case. These attributes include: identification of referrals (to and from the program), Main Health Condition, Date Care Plan Documented. <p>The change to deriving case details makes compliance with VINAH reporting significantly easier for sites with multiple IT systems across different programs.</p>
Details	Remove Case Start and End Date data items from explicit reporting (they will continue to be derived items), and Add Episode Start and End Date data items.

Episode End Date (*New*)

Specification

Definition	The date on which an episode ends.		
Datatype	Numeric	Form	Date
Field size	8	Layout	CCYYMMDD
Location	#		
Reported by	All Victorian Health Services funded to provide SACS or HARP-CDM services.		
Reported for	Episodes where the <i>Episode End Date</i> falls within the current reporting period.		
Reported when	The current reporting period for this item is the calendar month in which <i>Episode End Date</i> falls		
Value domain	Valid date.		

Episode Start Date (*New*)

Specification

Definition	The date on which an episode starts.		
Datatype	Numeric	Form	Date
Field size	8	Layout	CCYYMMDD
Location	#		
Reported by	All Victorian Health Services funded to provide SACS or HARP-CDM services.		
Reported for	Episodes opened in the current reporting period.		
Reported when	The current reporting period for this item is the calendar month in which <i>Episode Start Date</i> falls.		
Value domain	Valid date.		
Reporting guide	<p>The episode start date is the date on which it is first determined that SACS and/or HARP-CDM care is appropriate for a person's needs. Once this determination has been made, an episode is started and the person becomes a client.</p> <p>Each Health Service should maintain a single point of entry for both SACS and HARP-CDM services where an intake process is conducted. The intake process would include receiving a person's referral and undertaking a screening process to determine what care is appropriate for the person's needs. Starting an episode for a client is the final point of the intake process.</p>		
Edits	Refer to Section 8.		
Related items	Section 2: Client Section 2: Client Service Event Section 2: Health Service Section 2: SACS Section 2: HARP-CDM Care Section 3: Episode End Date		

Administration

Purpose	To allow calculation of the period for which a person is a SACS or HARP-CDM client for a Health Service.		
	To enable calculation of the client's age.		
Principal data users	Metropolitan Health and Aged Care Services Division, DHS.		
Version	Version Number	Effective Date	
	1	01 July 2005	
Definition source	DHS	Value domain source	ISO8601:2000

Referral Program (*New*)

Specification

Definition	The program to which a referral in to the service is being made.		
Datatype	Numeric	Form	Code
Field size	1 or 2	Layout	N[N]
Location	#		
Reported by	All Victorian Health Services funded to provide SACS or HARP-CDM services.		
Reported for	All Referrals.		
Reported when	The current reporting period for this item is the calendar month in which <i>Date of Referral Receipt Acknowledgement</i> falls.		
Value domain	HL70069		
	<i>The value domain for this item is expected to be the same as for Client Service Event Program, which code set is expected to change based on Proposal 12.</i>		

Proposal 2: Addition of a new conceptual counting unit of 'Contact' that will sit below the Client Service Event.

It is proposed to Add a new conceptual counting unit of 'Contact' that will sit below the Client Service Event.

Amend data items current reported at Client Service Event level, so that they can be reported at either Client Service Event or Contact level (depending on program requirements).

Where Contacts are reported, for program areas that choose to set targets and/or undertake analysis at Client Service Event level, the Contacts will be aggregated by DHS, and Health Services should have the ability to reconcile DHS figures against internal figures.

HARP-CDM, SACS and PAC programs will be able to report either at the Contact or Client Service Event level. Palliative Care services will report at contact level.

Proposed by Health Data Standards & Systems
Funding Health and Information Policy
Metropolitan Health and Aged Care Services
Department of Human Services

Implementation Date 1 July 2007

Background The Contact concept is equivalent to a single booked appointment with a clinician; a more detailed definition will be released with the final specifications. The concept of Contact will be defined generically, but the contacts that are in scope to be reported via VINAH may be different between different program areas. For example, indirect contacts (not involving the client/patient) are not in scope for SACS, HARP-CDM and PAC, yet are in scope for Palliative Care (for national reporting purposes).

Addition of the new contact counting unit is required to meet Palliative Care service reporting needs.

The HARP-CDM Data Working Group proposed that services be allowed to submit contact-level data that could be aggregated up to Client Service Events to make reporting easier.

Note that SACS and HARP targets will continue to be set based on Client Service Events and not Contacts, it is expected that software vendors will therefore need to provide reconciliation and reporting to their clients.

Details Amendments to be made to Data Definitions in Section 3:

- Contact/Client Service Event Client Present Status
- Contact/Client Service Event Date
- Contact/Client Service Event Delivery Mode
- Contact/Client Service Event Delivery Setting
- Contact/Client Service Event Professional Group
- Contact/Client Service Event Program
- Contact/Client Service Event Provider
- Contact/Client Service Event Session Type
- Contact/Client Service Event Type

Proposal 3: Implement the capacity for VINAH to receive Palliative Care program data reporting.

It is proposed to	<p>Add the capacity for VINAH to receive Palliative Care program reporting.</p> <p>Implementation timelines for Palliative Care service reporting are yet to be confirmed with the sector, however some services may begin direct reporting to VINAH in 2007-08.</p>
Proposed by	<p>Cancer & Palliative Care Unit Programs Branch Department of Human Services</p>
Implementation Date	<p>1 July 2007</p>
Background	<p>It is expected that Palliative Care Services will transition reporting to VINAH in the future to meet emerging reporting needs and new Commonwealth reporting requirements. While the timing is yet to be confirmed, some services may move to direct VINAH reporting in 2007-08.</p>
Details	<p>See Appendix A for details of which data items are likely to be reported.</p>

Proposal 4: Modification of the code set for Main Health Condition

It is proposed to Alter the structural underpinning of the code set to the ICD-10-AM.

Proposed by Health Data Standards & Systems
Funding Health and Information Policy
Metropolitan Health and Aged Care Services
Department of Human Services

Implementation Date 1 July 2007

Background With the addition of new programs to VINAH, the current Main Health Condition code set, which is heavily influenced by rehabilitation reporting for SACS, is inadequate to meet the needs of the new programs.

In order to develop the code set in a structured way that includes a level of statistical rigour, the ICD-10-AM framework is proposed for adoption to guide the new code set.

It is *not proposed to adopt ICD-10-AM at the detail level*, but to use the sub-chapter level with deeper components of the classification as required.

Details See below, value domain yet to be finalised.

It is expected that a concordance from the previous value domain to the new will be published along with the final specifications.

Main Health Condition (*Amended, Indicative draft*)

Specification

Definition An indication of the main health condition or diagnosis constituting the reason for providing a program of SACS, HARP-CDM and PAC.

Datatype ~~Numeric~~Alphanumeric **Form** Code

Field size ~~2- or 37~~ **Layout** ~~NNN~~XXXXXXXX

Location #

Reported by All Victorian Health Services funded to provide SACS, HARP-CDM, and PAC services.

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

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

Value domain 990010 **Value domain yet to be compiled**

Proposal 5: New data element Complications and Co-morbidities

It is proposed to	Add a new data element Complications and co-morbidities. The data element will use the same code set as Main Health Condition.
Proposed by	HARP Data Working Group
Implementation Date	1 July 2007
Background	<p>Clients of the HARP-CDM program often have multiple and complex co-morbidities and social issues.</p> <p>In order to accurately reflect the complexity of HARP-CDM clients for planning and service monitoring, it is necessary to gain a better picture of their health conditions.</p>
Details	See below. Value Domain not yet finalised.

Complications and Co-morbidities (*New, Indicative draft*)

Specification

Definition	An indication of the additional health condition(s) or diagnosis constituting the reason for providing a program of SACS, HARP-CDM and PAC.		
Datatype	Alphanumeric	Form	Code
Field size	7	Layout	XXXXXXX
Location	#		
Reported by	All Victorian Health Services funded to provide SACS, HARP-CDM, and PAC services.		
Reported for	Optional for cases open during the current reporting period.		
Reported when	The current reporting period for this item may be any calendar month in or after which <i>Episode Start Date</i> falls and must be no later than the calendar month in which <i>Episode End Date</i> falls.		
Value domain	<i>Value domain yet to be compiled</i>		

Proposal 6: New data element Other Factors affecting Health Status.

It is proposed to	Add a new data element Other Factors Affecting Health Status.
Proposed by	HARP Data Working Group
Implementation Date	1 July 2007
Background	<p>Clients of the HARP-CDM program often have multiple and complex co-morbidities and social issues.</p> <p>In order to accurately reflect the complexity of HARP-CDM clients for planning and service monitoring, it is necessary to gain a better picture of the other factors that may have an impact on their health or need for hospital care.</p>
Details	See below. Value Domain not yet finalised - the draft, proposed value domain below is based on the CATCH terminology. Codes are yet to be assigned.

Other Factors Affecting Health (*New, Indicative draft*)

Specification

Definition	An indication of the other factors affecting health to accurately reflect the complexity of HARP-CDM clients.		
Datatype	Form	Code	
Field size	Layout		
Location	#		
Reported by	All Victorian Health Services funded to provide SACS, HARP-CDM, and PAC services.		
Reported for	Optional for cases open during the current reporting period.		
Reported when	The current reporting period for this item may be any calendar month in or after which <i>Episode Start Date</i> falls and must be no later than the calendar month in which <i>Episode End Date</i> falls.		
Value domain	(CATCH-based; draft; codes yet to be assigned.) Carer issue Child care and education issue Concern about intervention / treatment Cultural and language spoken issue Daily living issue Disease control issue Emotional / behavioural / mental health issue Employment issue Environmental issue Ethical / professional issue Family & other relationships issue Fetal, infant, child and adolescent development issue Financial issue Housing issue Immigration issue Immunisation required Isolation issue Issue due to misadventure Learning issue Legal issue Maltreatment issue Negligence / adverse result issue Nutrition & eating issue Physical health issue Promotion / prevention required Public safety issue Sexuality issue Spiritual / religious issue Verbal communication issue Other issue		

Proposal 7: New data element Outcome of Referral.

It is proposed to Add a new data element Outcome of Referral

Proposed by HARP and Palliative data working Group

Implementation Date 1 July 2007

Background In order to gain a better picture of reasons referrals are not accepted this data element will be added to the referral in event.

Additionally, the data item will flag that a referral has been processed. This will be important when deriving Case details. That is, a Case will remain open if all episodes are closed, but there is a referral without an Outcome of Referral.

Details See below. Value Domain not yet finalised.

Outcome of Referral (*New*)

Specification

Definition The outcome of a referral to the service.

Datatype # **Form** Code

Field size # **Layout** #

Location #

Reported by All Victorian Health Services funded to provide SACS, HARP-CDM, and PAC services.

Reported for #

Reported when #

Value domain

- ## Referral Accepted
- ## Referral Not Accepted: Patient Ineligible – Clinical Reason
- ## Referral Not Accepted: Patient Ineligible – Other Reason
- ## Referral Not Accepted: Patient Eligible – Patient Died
- ## Referral Not Accepted: Patient Eligible – Patient Did Not Consent to Service
- ## Referral Not Accepted: Patient Eligible – Patient Moved Out of Catchment Area

Proposal 8: Modification of the code set for Type of Usual Accommodation.

It is proposed to	Modify the code set for Type of Usual Accommodation.
Proposed by	HARP Data Working Group SACS Managers
Implementation Date	1 July 2007
Background	<p>SACS Managers have expressed concerns over the practicality of collecting this information in its current form. Concurrently, DHS' internal Common Client Dataset committee have agreed to a new approach to collecting this information.</p> <p>This change will make the code set in use more relevant to the sector, plus bring the code set into alignment with common DHS standards.</p>
Details	See below.

Type of Usual Accommodation

Specification

Definition	Type of accommodation in which the client usually lives.		
Datatype	Numeric	Form	Code
Field size	1 or 2 4	Layout	NN NNNN
Location	ADTA04 (PV1.6\PL.6) ADTA08 (PV1.6\PL.6)		
Reported by	All Victorian Health Services funded to provide SACS or HARP-CDM services.		
Reported for	Optional for clients whose case opened during the current reporting period; mandatory for clients whose first client service event occurred during the current reporting period.		
Reported when	The current reporting period for this item may be the calendar month in which Case Start Date <i>Episode Start Date</i> falls and must be no later than the calendar month in which the first <i>Client Service Event Date</i> falls.		
Value domain	990027		

Code	Descriptor
1000	Independent Living
1	Private residence owned/purchasing
2	Private residence—private rental
3	Private residence—public rental
4	Private residence—mobile home
5	Independent living unit within a retirement village
6	Boarding house/ private hotel
7 2100	Short term crisis, emergency or transitional accommodation facility
2200	Outreach (no on site support)
8	Domestic scale supported living facility
9 2300	Supported community accommodation facility
2400	Privately Owned Supported Housing
3100	Residential care facility (not aged)
4 3200	Residential aged care facility
3 300	Hospital
3400	Other 24 hour Institutional Care
4000	None/homeless/public place
5000	Other Accommodation
1 1	Psychiatric/ mental health community care facility
1 2	Public place/ temporary shelter
1 3	Private residence rented from Aboriginal community
1 4	Temporary shelter within Aboriginal community
1 9	Other accommodation, not elsewhere classified
99	Not stated/inadequately described

Reporting guide 'Usual' is defined as the type of accommodation the person has lived in for the most amount of time over the past three months prior to presentation.

If a person stays in a particular place of accommodation for four or more days a week over the period, that place of accommodation would be the person's type of usual accommodation.

In practice, receiving an answer strictly in accordance with the above definition may be difficult to achieve. The place the person perceives as their usual accommodation will often prove to be the best approximation.

1000 Independent living

Includes:

- Private residences which are owned or being purchased by the person
- Private residence which are owned or being purchased by another member of their household or family (including a non-resident relative)
- Private rental
- Public rental or community housing (excludes indigenous community housing)
- Rental from an Aboriginal Community
- Independent living within a retirement village

92300 Supported community accommodation facility

Includes:

- Community-based residential supported accommodation specifically targeted at people with psychiatric disabilities which provide 24-hour support/rehabilitation on a residential basis
- Group homes for people with disabilities, cluster apartments where a support worker lives on-site, community residential apartments, congregate care arrangements. Support is provided by staff on either a live-in or rostered basis, and they may or may not have 24-hour supervision and care
- Other supported accommodation facilities such as hostels for people with disabilities and Residential Services/Facilities. These facilities provide board and lodging and rostered care workers provide client support services.

The intent of code 9 is to capture accommodation where there is some support available.

2400 Privately owned supported housing

Includes:

- Boarding house, rooming house and private hotel
- Supported residential service

3100 Residential care service (not aged)

Includes:

- Mental health community care unit
- Residential rehabilitation (Alcohol and Drug)

403200 Residential aged care facility service

Includes both high care (nursing home) and low (hostel) care. Also includes nursing home beds in acute and sub-acute hospitals.

3400 Other 24 hour institutional care

Includes:

- Extended mental health hospital care
- Prison, remand centre and youth training centre
- Statutory client accommodation

5000 Other Accommodation

Includes where Usual Type of Accommodation is not stated/inadequately described.

Edits Refer to Section 8.

Administration

Purpose To support analyses of service provision by delivery setting.

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

Version	Version Number	Effective Date
	1	01 July 2005
	2	01 July 2007

Definition source	DHS	Value domain source	Service Coordination Tool Templates Living Arrangements Profile DHS CCDS v2 (subset across hierarchies)
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Proposal 9: Modification of the code set for Client Service Event Delivery Mode.

It is proposed to	Change the code set for Client Service Event Delivery mode.
Proposed by	HARP Data Working Group
Implementation Date	1 July 2007
Background	Extend the code set to allow a finer level of differentiation of service delivery modes.
Details	<p>No change the data item specification due to this proposal, excluding the additional codes in the value domain.</p> <p>Additionally, this data item will change due to Proposal 2.</p> <p>Reporting for this item may be subject to certain restrictions based on program, for example, use of the 'Did not attend' code may be optional or restricted for some programs (ie, certain combinations of Client Service Event Program and Client Service Event Delivery Mode may not be permitted.)</p>

Client Service Event Delivery Mode (*Amended*)

Specification

Definition The relative physical location of the client and provider during the client service event.

Datatype Numeric **Form** Code

Field size # **Layout** #

Location ADTA03 (ROL.10\CE.1)
ADTA08 (ROL.10\CE.1)†
ADTA13 (ROL.10\CE.1)

Reported by All Victorian Health Services funded to provide SACS or HARP-CDM services.

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

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

Value domain 990026

Code	Descriptor
1	Client and provider in the same physical location
2	Client and provider not in the same physical location, and communicating via telephone
3	Client and provider not in the same physical location, and communicating via telemedicine
#	Face to Face
#	Telephone
#	Telehealth
#	Written
#	Did not Attend

Reporting guide ~~**1—Client and provider in the same physical location**~~
All face-to-face client service events should be coded as 1, whether they are home-based, centre-based, or take place at some other location. Client service events that are face to face from the client's point of view, but which also involve one or more health service professionals and/or a carer communicating via telephone or telemedicine, should still be coded as 1.

~~**2—Client and provider not in the same physical location, and communicating via telephone**~~
Only client service events delivered by telephone should be coded as 2. This code is not to be used to record administrative contact with a client or carer, nor should it be used to record contact with other health professionals providing care for the client.

~~**3—Client and provider not in the same physical location, and communicating via telemedicine**~~
Client service events that are delivered by video link, telemedicine or remote-patient monitoring should be coded as 3.

Written communication with a client, carer or other health professional is not considered to constitute a client service event.

Face to Face

Includes home-based, centre-based, or take place at some other location.

Telephone

Communicating with the client regarding care via the telephone

Telehealth

Contacts or client service events that are delivered by video link, telemedicine or remote patient monitoring should be coded as #.

Written

Written communication with the client, or carer that is directly related to patient care.

Did not Attend

Records when a patient was booked for an appointment but did not attend.

Edits

Refer to Section 8.

Related items

- Section 2: Client Service Event
- Section 3: Client Service Event Client Present Status
- Section 3: Client Service Event Date
- Section 3: Client Service Event Delivery Setting
- Section 3: Client Service Event Professional Group
- Section 3: Client Service Event Program
- Section 3: Client Service Event Provider
- Section 3: Client Service Event Provider Sequence Number
- Section 3: Client Service Event Session Type
- Section 3: Client Service Event Type

Administration

Purpose

To monitor and plan resource utilisation.

Principal data users

Metropolitan Health and Aged Care Services Division, DHS.

Version

Version Number

Effective Date

- 1
- 2

- ~~01 July 2005~~
- 01 July 2007

Definition source

NHDD

Value domain source

NHDD 000439 (DHS modified)

Proposal 10: Modification to the code set for Client Service Event Delivery Setting

It is proposed to	Change the code set for Client Service Event Delivery mode.
Proposed by	HARP Data Working Group
Implementation Date	1 July 2007
Background	Extend the code set to allow a finer level of differentiation of service delivery settings.
Details	<p>No change the data item specification due to this proposal, excluding the additional codes in the value domain (not yet confirmed).</p> <p>Additionally, this data item will change due to Proposal 2.</p>

Proposal 11: Modification to the code set for Client Service Event Professional Group

It is proposed to	Change the code set for Client Service Event Professional Group.
Proposed by	HARP Data Working Group
Implementation Date	1 July 2007
Background	Extend the code set to provide more scope for reporting additional professional groups. Code set expansion is being considered in terms of the CATCH codeset and the Australian and New Zealand Standard Classification of Occupations (ANZSCO).
Details	<p>No change the data item specification due to this proposal, excluding the additional codes in the value domain (not yet confirmed).</p> <p>Additionally, this data item will change due to Proposal 2.</p>

Proposal 12: Modification of the code set for Client Service Event Program

It is proposed to	Modify the Client Service Event Program code set.
Proposed by	Health Independence Programs, and Cancer and Palliative Care Unit Programs Branch Department of Human Services
Implementation Date	1 July 2007
Background	Required to allow reporting of the additional scope on VINAH in 2007-08 (that is, the addition of PAC and Palliative Care)
Details	No change the data item specification due to this proposal, excluding the additional codes in the value domain (not yet confirmed). Additionally, this data item will change due to Proposal 2.

Appendix A: Data Items and Program Matrix

The following table indicates which programs will use which data elements.

Data Item	CCDS	SACS	HARP -CDM	PAC	Pall Care	Comments
Business Data Element Definitions – In VINAH 2006-07						
Carer Availability	Y	Y	Y	Y	Y	
Carer Residency Status	Y	Y	Y	Y	Y	
Case Referrals	N/A	Y	Y	Y		May become Episode Referrals.
Contact/Client Service Event Client Present Status	N/A	Y	Y	Y	Y	
Contact/Client Service Event Date	N/A	Y	Y	Y	Y*	
Contact/Client Service Event Delivery Mode	N/A	Y	Y	Y	Y	
Contact/Client Service Event Delivery Setting	N/A	Y	Y	Y	Y*	
Contact/Client Service Event Professional Group	N/A	Y	Y	Y	Y*	
Contact/Client Service Event Program	N/A	Y	Y	Y	Y*	
Contact/Client Service Event Provider	N/A	Y	Y	Y	Y*	
Contact/Client Service Event Session Type	N/A	Y	Y	Y	Y*	
Contact/Client Service Event Type	N/A	Y	Y	Y	?	
Client Usual Residence Locality Name	Y	Y	Y	Y	Y	
Client Usual Residence Postcode	Y	Y	Y	Y	Y	
Compensable Funding Source	N/A	Y	Y	Y	?	PC: looking at DVA Issues
Completion of Proposed Program of Treatment	N/A	Y	Y			Move to episode (from case)
Country of Birth	Y	Y	Y	Y	Y	
Date of Birth	Y	Y	Y	Y	Y	
Date of Birth Accuracy Code	Y	Y	Y		?	
Date Care Plan Documented	N/A	Y	Y			
Date of Referral Receipt Acknowledgement	N/A	Y	Y	Y		
Date Referral Received	N/A	Y	Y	Y	Y	
DVA File Number	Y	Y	Y	Y	?	PC: looking at DVA Issues
Episode End Date	N/A	Y	Y	Y	Y	
Episode Start Date	N/A	Y	Y	Y	Y	
Fall Flags	N/A	Y	Y			Consideration will be given to collection in Complications/Co morbidities
Family Name	Y	Y	Y	Y		DVA patients only
Funding Status	N/A	Y	Y	Y	?	PC: looking at DVA Issues
Given Name(s)	Y	Y	Y	Y		DVA patients only
HARP-CDM Flag	N/A		Y			Expected to be replaced with Referral Program
Health Service Identifier	N/A	Y	Y	Y	Y	
Indigenous Status	Y	Y	Y	Y	Y	
Interpreter Required	Y	Y	Y	Y	Y	
Living Arrangement	Y	Y	Y		Y	
Main Health Condition	N/A	Y	Y		Y	Expected to have different code sets
Person Identifier	Y	Y	Y	Y	Y*	
Person Name Type	Y	Y	Y			
Preferred Language	Y	Y	Y	Y	Y	
SACS Flag	N/A	Y				Expected to be replaced with Referral Program
Sex	Y	Y	Y	Y	Y	
Source of Referral	N/A	Y	Y		Y	Move to episode (from case)
Type of Usual Accommodation	Y	Y	Y	Y	?	
Business Data Element Definitions – Not In VINAH 2006-07						
Complicating/Co-morbid Conditions	N/A	Y	Y			

Data Item	CCDS	SACS	HARP -CDM	PAC	Pall Care	Comments
Date of Death	Y				Y	PC: Part of proposed NMDS
Date of Death Accuracy Code	Y				Y	PC: Part of proposed NMDS
Date of Death of Patient	Y				*	PC: Part of proposed NMDS
Date of Death Accuracy Code of Patient	Y				*	PC: Part of proposed NMDS
Episode End Date	N/A	Y	Y	Y	Y	PC: Part of proposed NMDS
Episode Start Date	N/A	Y	Y	Y	Y	PC: Part of proposed NMDS
Is Provider a Specialist Palliative Care Provider?	N/A				Y	PC: Part of proposed NMDS
Issues Affecting Health Status	N/A	Y	Y	?		
Main Carer's Relationship to the Patient	Y				Y	PC: Part of proposed NMDS
Main Purpose of Service Contact	N/A				Y*	PC: Part of proposed NMDS. See CSE Type. Also include Type of Assistance Provided (GB) in here
Outcome of Referral	N/A	Y	Y	Y	Y	
Other Purpose of Service Contact	N/A				Y	PC: Part of proposed NMDS – although the Commonwealth are considering removing it
Palliative Care Patient Identifier	Y				*	PC: Part of proposed NMDS
Phase of Care at First Assessment	N/A				Y	PC: Part of proposed NMDS
Place of Death	N/A				Y	PC: Part of proposed NMDS
Referral Program	N/A	Y	Y	Y	Y	To identify program related to each referral (and episodes without contacts). Could use the same value domain as CSE Program.
Reason for Ending Episode	N/A				Y	PC: Part of proposed NMDS
Derived Data Items						
Case End Date	N/A	Y	Y	Y	Y	
Case Start Date	N/A	Y	Y	Y	Y	
Client Service Event details	N/A	Y	Y	Y	Y	Only where contact level data is supplied – information aggregated up to CSE.
Transmission Data Element Definitions						
Any changes to be finalised as a consequence of the proposals process.						

Appendix B: Feedback Proforma

Feedback: Proposals for Revisions - VAED, VEMD or ESIS, 1 July 2007

To:	HDSS Help Desk, Department of Human Services		
Send to:	Email: HDSS.HelpDesk@dhs.vic.gov.au Fax: (03) 9096 7743	Date sent:	
Sender name:			
Telephone number:			
Email address:			
Organisation name:			
My comment/question relates to (please indicate [X]): <input type="checkbox"/> VINAH <input type="checkbox"/> OTHER <i>Please use one email/form per item. Thank you for your input.</i>			
Proposal Reference (number & title)			

Comments/Questions: