

Section 1: Introduction

Section 1: Introduction	1
About this Manual.....	2
Introduction.....	3
Objectives of the SACS MDS	3
Sub-acute Ambulatory Care and the SACS Framework.....	3
MDS Redevelopment	4
Scope of the SACS MDS	5
SACS MDS Data Cycle	5

About this Manual

This manual is designed to provide an information resource enabling Health Services to collect and submit data for the new Sub-acute Ambulatory Care Services Minimum Dataset (SACS MDS) in 2005-06. Copies of this manual can be downloaded from the Sub-acute website (<http://www.health.vic.gov.au/subacute/>) from 6 April 2005.

This manual provides final and definite information to Health Services about the data items that must be reported, and the code sets and edits associated with them, so that these features may be built into the appropriate systems. It also provides detailed specifications for the HL7 message structure required for data transmission.

As the implementation of the SACS MDS is rolled out, updates, clarifications, and further information will be posted to the sub-acute website. Where necessary, appropriate revisions to the online version of this manual will also be posted; for example, the "reporting guide" may be expanded for some data items in response to queries from Health Services.

For further queries regarding the SACS MDS please contact Adina Hamilton.

Phone: 9616 1332

Email: adina.hamilton@dhs.vic.gov.au

This manual is divided into sections. A contents list can be found at the beginning of each section. A broad overview of each section is provided below.

Section 1: Introduction

This section includes introductory comments and a background to the development of the SACS MDS.

Section 2: Concept and Derived Item Definitions

This section provides concept definitions that form the foundation of the data collection, and a explains the derived items.

Section 3: Data Definitions

This section presents the data specifications for reporting the SACS MDS. It includes definitions for each required data item. The data items are arranged in alphabetical order.

Section 4: Business Rules

This section summarises the business rules that apply to the data items.

Section 5: Generation and Transmission

This section provides the specifications for generating the HL7 messages used to transmit SACS MDS data to the Department.

Section 6: Reports

This section will provide details of reports on SACS MDS data which are available to Health Services. This section is currently under development.

Section 7: Control Reports and Reconciliation

This section will include details of control reports, including exception reports and in future editions may include information about reconciliation processes. This section is still under development.

Section 8: Editing

Each edit message is listed in this section.

Section 9: Supplementary Code Lists

This section draws together the full range of code sets used in the SACS MDS.

Section 10: Appendices

This section includes other useful information.

Introduction

The SACS MDS is being introduced by the Department of Human Services from 1 July 2005. It will contain de-identified client-level data relating to the services provided by the Victorian Health Services specifically funded to provide sub-acute ambulatory care services (SACS) to clients. It has been developed in collaboration with the SACS field, involving several stages of consultation and drafting.

Objectives of the SACS MDS

The objectives of the SACS MDS are:

- To provide the Department of Human Services with client-centred data about service activity within the sub-acute ambulatory care sector which will support the implementation of the *SACS Framework*, the further development of the SACS model of care, policy development and service planning.
- To provide data which will enable the Department of Human Services to meet its reporting obligations to the Victorian Government and the Australian Government regarding the sub-acute ambulatory care sector.
- To provide a basis for the future development and integration of sub-acute non-admitted data collection, as other data collections auspiced by the Continuing Care Section go through a process of review and development.

A key principle in the development of the SACS MDS has been to include only data items which support these objectives.

Sub-acute Ambulatory Care and the SACS Framework

Sub-acute services are typified as providing being client focused, interdisciplinary models of care, orientated to flexible service delivery in a range of settings, and directed at improving and maintaining functional capacity and maximising independence. Admitted sub-acute care in Victoria is provided through rehabilitation, geriatric assessment and management and interim care models of care.

Sub-acute ambulatory care is non-admitted care which is goal-orientated, time limited, individualised, and interdisciplinary. It aims to help people who are disabled, frail, chronically ill or recovering from traumatic injury to regain and/or maintain optimal function, and to allow people to maximise their independence and return to (or remain in) their usual place of residence. It also encompasses interdisciplinary services provided to people who require assessment, diagnosis and/or management for a variety of non-acute health issues. While older people are significant users of sub-acute services, sub-acute ambulatory care is available to people of all ages. It may be accessed following an admitted episode or other ambulatory care, or it may be accessed directly from the community.

SACS are a key component of the continuum of care and, for many clinical conditions, direct access to SACS will facilitate an early and effective discharge from admitted care.

Demand for sub-acute ambulatory care is growing due to population growth, population ageing, and an increasing emphasis on providing health care in community settings, particularly for the management of chronic disease and health needs related to disability. Historically, the sub-acute ambulatory care sector in Victoria has developed over time to meet gaps in the existing health service system; this has resulted in a number of programs of varying size with similar aims offering similar services. The Department is now working in collaboration with the field to develop a single framework to increase the flexibility and responsiveness of SACS and facilitate the provision of integrated and client-centred services.

The SACS Framework encompasses:

- the development of a model of care that will reflect changes in clinical practice and new organisational approaches to sub-acute care;
- the consolidation of the SACS funding streams; and
- the development of standardised accountability measures and reporting processes through the SACS MDS.

Consolidation of SACS funding streams was initiated in 2004-05, and will be completed in 2005-06. Further information on SACS funding is available at <http://www.health.vic.gov.au/subacute/>.

A *SACS Framework* policy document, which will document the SACS model of care and provide guidelines for its implementation by Health Services, is currently being drafted. An exposure draft will be released to the field for comment early in 2005-06. The SACS MDS has been developed in parallel with the SACS Framework, and it is designed to support the model of care which will be detailed in the forthcoming policy document.

MDS Redevelopment

The development of the SACS MDS is a key part of the implementation of the SACS Framework. It will enable the Department to meet State and National accountability requirements and provide data to inform future policy development and service planning.

The objectives of the development of the SACS MDS have been:

- To create a dataset with sufficient scope to capture all SACS activity;
- To reduce the burden of reporting for Health Services by replacing three different data collections with a single collection;
- To align the data definitions and concepts used with national standards such as the National Health Data Dictionary, and other Departmental data collections as far as possible;
- To integrate the dataset with the existing Metropolitan Health and Aged Care Services Division health information and systems infrastructure; and
- To provide a basis for the ongoing review and development of the dataset, improving data quality, and further integrating non-admitted data collection.

Prior to the introduction of the SACS MDS, Community Rehabilitation Centres (CRCs) reported data through the CRC MDS (first introduced in 1998). Most specialist services reported through the Specialist Clinics MDS (introduced in 1999). Other programs that were brought within the SACS Framework by the consolidation of funding in 2004-05 did not report patient level data to the Department. Accountability reporting to the Victorian Government was based on data received through the Agency Information Management System (AIMS) S2_305 aggregate reporting, which required a separate data entry process by Health Services. Consultation with SACS providers undertaken as part of the MDS redevelopment process indicated that reporting activity through this overlapping group of data collections represented a significant burden for Health Services.

The new SACS MDS has been developed by the Continuing Care Section of Programs Branch (Metropolitan Health and Aged Care Services Division), in collaboration with the Health Information Section of Funding and Financial Policy Branch and a Working Party of key experts and stakeholders. The Working Party was composed of clinicians and managers from the field and representation from the Health Data Standards and Systems (HDSS) unit. Victorian Palliative Care Services and the Post Acute Care Program were also represented in order to benefit from their experience of working with other non-admitted data collections. Membership of the Working Party is listed in the Appendices.

Extensive stakeholder consultations were conducted with both internal and external stakeholders. An Exposure Draft of the SACS MDS was released to the field for comment and feedback before the final version was drafted.

A key technical innovation required by the SACS MDS results from the new requirement for the HL7 standard to be used to submit data to the data. The specifications for the HL7 messages

have been refined through a testing phase, and in collaboration with the Information Systems and Solutions unit.

Scope of the SACS MDS

The SACS MDS metadata listed in section three of this manual describes the data about sub-acute ambulatory cares services which Health Services must report to the Department. The SACS MDS should *not* be understood as putting any limitation on the data that SACS providers might collect - electronically or otherwise - for their own clinical and business needs.

The SACS MDS is *not* designed to measure all activity undertaken by SACS providers. Certain areas of activity – for example, communication with other health professionals, case review, and administrative processes – are not captured at all in the SACS MDS. The SACS MDS is likewise *not* designed to capture many items of personal information about clients which clinicians may need to take into account for the provision of care.

SACS MDS data submitted to the Department by Health Services will be stored in the Victorian Health Information Reporting System (VHIRS) data warehouse. The Department is *not* providing SACS providers with any particular application for capturing and reporting SACS MDS data; nor does the Department mandate or require the use of any particular application. SACS providers are free to use any systems and any applications they choose to ensure that SACS MDS data can be collected and reported to the Department.

It should be noted that, unlike its predecessors the CRC MDS and the Specialist Clinics MDS, the SACS MDS does not incorporate any Clinical Indicators or Performance Indicators. Only raw data needs to be reported. Indicators required for State and National reporting will be derived by the Department from the raw MDS data (see Appendices). In the future Key Performance Indicators to be derived from the SACS MDS may be developed by program areas within the Department.

SACS MDS Data Cycle

Health Services are required to capture SACS MDS data from 1 July 2005, and they must be able to transmit this information to the Department by 31 December 2005. After this initial implementation period, Health Services will be required to report SACS MDS data on a monthly cycle.

During late 2005, the Department will accept and validate test transmissions from Health Services. Further information about the implementation phase and updates will be made available on the web at <http://www.health.vic.gov.au/subacute/>.

It is intended that the SACS MDS will be subject to an annual cycle of review and consultation, in line with the processes used for Health Data Standards and Systems datasets such as the VAED and the VEMD. During 2005-06, the Continuing Care Section will work with the HDSS unit to develop and put the appropriate processes in place.
