

Section 2: Concept and Derived Item Definitions

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Introduction

This section provides concept definitions and other information relating to data concepts that underlie the VINAH MDS. The data items listed in Section 3 relate to these concepts. Guidelines and other information about the clinical and business practice to which these data concepts relate can be found in the relevant policy documents.

This section also lists data items that the Department will derive from items collected by the VINAH MDS. These items are derived for the purposes of accountability reporting, analysis and monitoring of service activity, and service planning. Health Services **do not** need to report these items. However, Health Services may wish to derive these items for their own internal reporting and planning purposes.

The definitions contained in this section are based, wherever possible, on the *National Health Data Dictionary* (version 12.0) and/or the DHS Common Client Data Set (CCDS) Version 1.

Concept Definitions

Case

Definition

The case groups together all the services that report to VINAH, that are provided to a client over a continuous period by a Health Service.

Guide for use

A case:

- Is opened when a Health Service first accepts responsibility for a person as a client. This occurs in response to a referral, when it is determined that the referral was appropriate. This referral may have been received from within the Health Service, from another agency, or by the client's self-referral.
- A case will generally contain one or more client service events. However, there may be some situations where cases will be opened and then closed without containing any client service events. For example, the client may die or move away before they can receive a client service event, or contact with the client may otherwise be lost. A client might also decline the services offered.
- Is closed when the client is no longer receiving care in any of the programs reporting to VINAH.

A client service event cannot be reported except as part of a case.

A client can only have one case open at a Health Service at one time.

Episode start and end dates must fall on or within case start and end dates. The *Client Service Event Program* data element is used to derive the episode within the case to which a client service event belongs.

If it is identified that a client has further needs while a case is open, the services provided to assess or treat these needs will form part of the same case (so long as they are provided by a program which reports to VINAH). For example, on intake, a client who has suffered from a stroke might be identified as needing to access both rehabilitation and specialist cognitive services. While the client is receiving these services, it might be further identified that the client has chronic heart failure, which would benefit from management within a HARP-CDM chronic disease stream, and the appropriate referral would be made. All of the care provided within these three programs would be recorded as client service events within a single case.

Refer to:

Section 2: Client Service Event

Section 2: Episode

Section 3: Case Start Date

Section 3: Case End Date

Section 3: Client Service Event Program

Client

Definition A client is a person for whom a Health Service accepts responsibility for providing care delivered in programs reporting to VINAH.

Guide for use Note that providing care to a client can encompass the provision of services (for example, counselling, education) to the client's carer(s) and/or family, whether or not the client is present when these services are delivered. The carer is not, in these situations, considered to be a client in their own right.

Refer to:

Section 2: Client Service Event

Section 2: Health Service

Section 3: Carer Availability

Section 3: Client Service Event Client Present Status

Client Service Event

Definition

An interaction between one or more healthcare professionals with one or more clients for the provision of care intended to be unbroken in time.

Guide for use

A client service event must involve the direct provision of services to a client. Each client service event:

- Must be part of a case.
- May be delivered in a variety of settings (for example, home-based or centre-based), and via a number of delivery modes (for example, face to face or by telephone).
- May be delivered to a client in either an individual or a group context.
- May be delivered when the client is not present for the interaction but their carer or family is.
- Is delivered by one or more health professionals.

Separate data elements included in the VINAH MDS enable the delivery mode, setting and other attributes of a client service event to be reported.

A client service event is intended to capture an instance of service provision from the point of view of the client, rather than from the point of view the clinician or the Health Service. A single client service event may therefore incorporate more than one clinician 'contact'. For example, if a client attends a CRC and in one afternoon receives one-on-one interventions from a physiotherapist, an occupational therapist and a social worker (perhaps taking a short rest in between each session), this constitutes a single client service event.

Similarly, each client who attends a group session should be reported as having received a client service event, independent of the number of clients who participated in the group activity.

For reporting purposes, multiple clinician contacts that take place on the same day are to be aggregated into a client service event where the following data elements would be the same:

- *Client Service Event Program;*
- *Client Service Event Delivery Setting;*
- *Client Service Event Delivery Mode;*
- *Client Service Event Provider;* and,
- *Client Service Event Session Type.*

Within a client service event, *Client Service Event Professional Group* and *Client Service Event Type* may have multiple codes selected in order to appropriately describe the event.

The following situations do **not** constitute a client service event:

- Administrative contact with a client, for example providing them with details of their appointments.
- Contact between clinicians and/or other service providers where the client or their carer is not present (even if this contact is on behalf of the client).
- Written communication from a health service provider to a client, carer or health professional.
- A scheduled appointment which a client does not attend.

Refer to:

NHDD 000438 Non-admitted patient service event
Section 2: Case
Section 3: Client Service Event Client Present Status
Section 3: Client Service Event Date
Section 3: Client Service Event Delivery Mode
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 Session Type
Section 3: Client Service Event Type

Episode

Definition An episode is the period during which a client receives care within a defined stream of care under a program that reports to VINAH.

Guide for use The episode is defined by – and derived from - the *Client Service Event Program* code reported for each client service event.

An episode occurs within a case. A client may have zero or more episodes within a case. For example, within a single case, a client might receive services within a Community Rehabilitation program, and also services within a Diabetes chronic disease management program. This client would be considered to have two episodes within their case.

A client may have zero episodes in their case when no client service events are recorded (see *Client Service Event* definition for more information.)

The episode:

- Starts on the date of the first client service event with a specific *Client Service Event Program* to which the episode relates.
- Ends on the date of the last client service event with the specific *Client Service Event Program* to which the episode relates.

Episodes will be used for retrospective analysis of patterns of service activity to contribute to policy development and service planning.

Note that episodes are currently derived from other items, however it is expected that from 2007-08, some data will be explicitly collected at this level.

Refer to:

Section 2: Case
Section 2: Client Service Event
Section 3: Case End Date
Section 3: Case Start Date
Section 3: Client Service Event Date
Section 3: Client Service Event Program

Hospital Admission Risk Program – Chronic Disease Management (HARP-CDM)

Definition HARP-CDM services provide comprehensive and specialist assessments, care coordination, review and monitoring for people with chronic diseases, such as heart failure or children with asthma, people with complex psychosocial needs such as people who are homeless or at risk of self harm and people with complex needs such as multiple co-morbidities or older people who are frail. In particular, HARP-CDM tries to provide more appropriate community services to people who frequently use hospitals or who are at imminent risk of hospitalisation.

Guide for use HARP-CDM services are governed by a Local Alliance that shares responsibility for decision-making, risk and responsibility. While Health Services are the fund-holders, most HARP-CDM alliances include one or more community agencies.

HARP-CDM services will be provided directly by the Health Service and by other members of the Local Alliance (as documented in Service Level Agreements). HARP-CDM services may also be provided by others through brokerage arrangements.

Responsibility for reporting HARP-CDM activity lies with the Health Service as fund-holder, regardless of how a given service is provided, or by which provider.

Refer to:

Section 2: Health Service

Section 3: Client Service Event Program

Section 3: Client Service Event Provider

Health Service

Definition A health care service or a sub-unit/auspiced agency of a health service established under Commonwealth or State legislation, authorised to provide treatment and/or care to patients.

Guide for use The definition includes both metropolitan and rural Health Services.

Responsibility for reporting VINAH activity lies with the Health Service as fund-holder, regardless of how a given service is provided, or by which provider.

Health Services may enter into alliances with other organisations to provide care. For the purposes of this manual reference to requirements of health services relate to the health service's overall reporting responsibility. This may have implications for all alliance members, for example the requirement to report single cases within a health service extends to all organisations within an alliance.

Group Sessions

Definition	Two or more clients receiving the same services at the same time from the same staff.
Guide for use	<p>In practice, this should be interpreted to mean that clients are receiving precisely the same services, for example they might be part of a movement or hydrotherapy class where all participants are following the same program at the same time.</p> <p>Situations where a clinician works one-on-one with several different clients in the same space over a period of time but each client is following their own personalised program (for example, where several clients are scheduled to use the physiotherapy gym at once) do not constitute group sessions.</p> <p>Refer to: Section 3: Client Service Event Session Type</p>

Programs Reporting to VINAH

Definition	<p>For 2006-07, the following programs report to DHS via the VINAH MDS:</p> <ul style="list-style-type: none">• Sub-acute Ambulatory Care Services• Hospital Admission Risk Program – Chronic Disease Management
Guide for use	<p>All client service events funded by these programs must be reported to VINAH according to the specifications in this manual.</p> <p>Refer to: Section 2: Client Service Event Section 2: Hospital Admission Risk Program – Chronic Disease Management (HARP-CDM) Section 2: Sub-Acute Ambulatory Care Services (SACS) Section 3: Client Service Event Program</p>

Referral Process

Definition The process by which a referral is received and processed by a health service.

Guide for use Conceptually this process includes four steps being:

- Receipt of referral;
- Referral acknowledgement
- Decision to accept or reject referral;
- Client consent to participate in care provision.

Different programs and or health services may apply different business processes that may lead to the four steps of the referral process being undertaken with different timings.

There are data items that capture the dates when each of the first three of these steps occur. These are respectively:

- Date Referral Received;
- Date of Referral Receipt Acknowledgement; and,
- Case Start Date.

These may be the same or different dates, depending on the workflow in different organisations.

The final step is required in order to schedule the first client service event, however this date does not need to be reported to VINAH.

Refer to:

Section 2: Case

Section 3: Case Start Date

Section 3: Date Referral Received

Section 3: Date of Referral Receipt Acknowledgement

Section 3: Client Service Event Date

Sub-acute Ambulatory Care Services

Definition Sub-acute Ambulatory Care Services (SACS) comprise non-admitted rehabilitation services that are complex, multidisciplinary, and/or interdisciplinary, as well as a suite of specialist assessment and management services. Rehabilitation services can be centre-based, for example, they may be provided through a Community Rehabilitation Centre, or may be provided in a client's home.

Guide for use SACS provide a person and family centred, interdisciplinary model of care supported by flexible service delivery in a range of settings, and directed at improving and maintaining a person's functional capacity and maximising their independence. While the majority of SACS clients are older people, services for children and younger adults are currently being developed and expanded.

The aims of SACS are to:

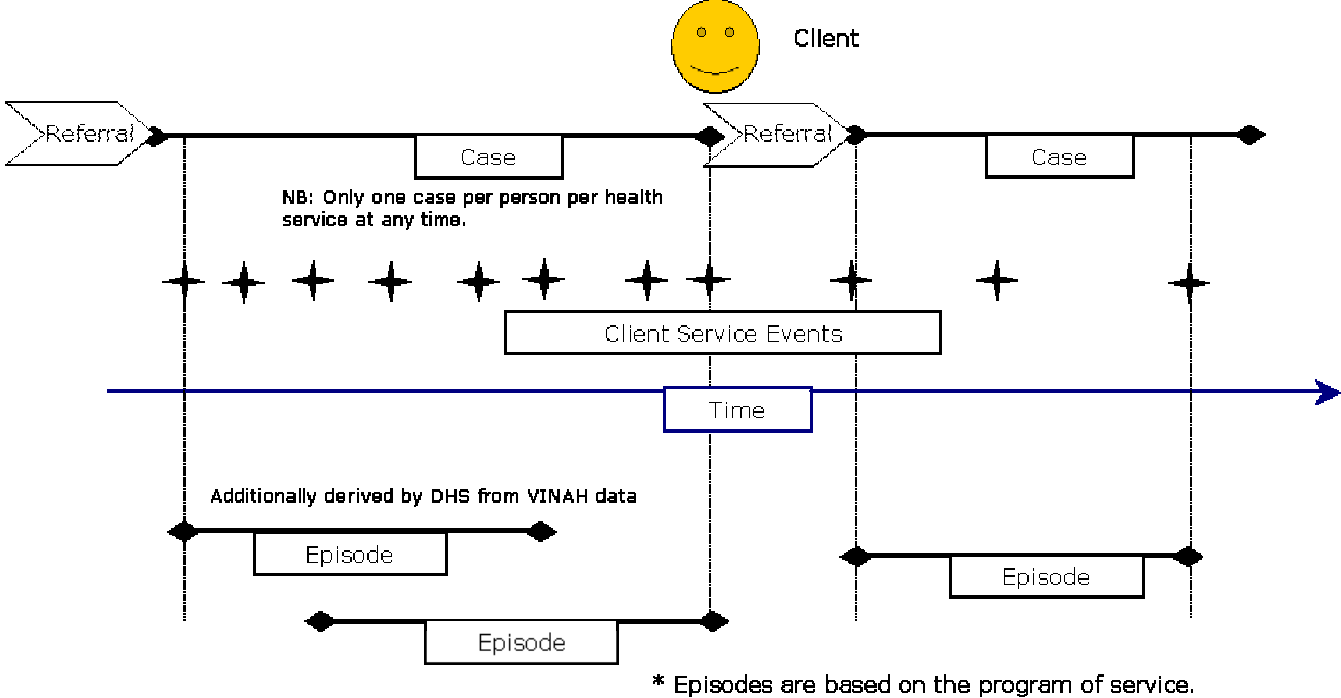
- Improve, restore and/or maintain a person's functional capacity to achieve the highest possible level of independence physically, psychologically, socially and economically; and,
- Provide a coordinated and integrated service that delivers the appropriate care, in a timely manner, in the most appropriate setting and at the most appropriate cost.

SACS play a key role in supporting people to get safely home from hospital as soon as possible (for example after a stroke, hip replacement, or major trauma), and in helping them optimise their functional status and maintain their health independence. SACS also have a major role in preventing and diverting hospital admissions, by ensuring that multidisciplinary therapy and assessment services are available in non-admitted settings.

Refer to:

Section 3: Client Service Event Program

Summary: Diagram of interrelationship of VINAH Concepts



List of Derived Items

Age

Definition	The patient's age at the time of case start.
Guide for use	Age is calculated as: Case Start date minus Date of Birth. Age is: Used in analysis of data for service planning purposes.

Episode End Date

Definition	The date at which an episode of care by a program reporting to VINAH ends.
Guide for use	Once a case has been closed, the episode end date is derived from the date of the last client service event within a particular Client Service Event Program. Refer to: Section 2: Episode

Episode Start Date

Definition	The date at which an episode of care by a particular program reporting to VINAH starts.
Guide for use	The episode start date is derived from the date of the first client service event within a specific Client Service Event Program. Refer to: Section 2: Episode