

Section 1 - Introduction

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Foreword

The Department of Health maintains data around the provision of a range of non-admitted services in Victoria to

- provide equitable funding to public hospitals
- support health services' planning, policy formulation and epidemiological research.

These data must be consistent with Victoria's reporting obligations under the National Health Information Agreement and the Australian Health Care Agreement, and section 9 of the Victorian Health Act 1958 (General Amendment 1988). Under these Agreements, the Secretary of the Department must ensure the establishment of a comprehensive information system on the

- causes, effects and nature of illness among Victorians;
- determinants of good health and ill health; and
- utilisation of health services in Victoria.

To meet these obligations, all public hospitals providing non-admitted services in scope for VINAH need to report a minimum data set of patient-level data related to their activities. At the department, these demographic, administrative and clinical data are compiled into the Victorian Integrated Non-admitted Health Minimum Dataset (VINAH MDS). Victorian hospitals transmit data to the VINAH as specified in Section 5 of this manual.

The Health Information section within the Funding and Information Policy Branch was restructured in late 2010, resulting in the activities of the former Health Data Development being distributed among new units. The Non-Admitted & Ambulance Information (NAAI) Unit is now responsible for VINAH (along with AIMS and F1 systems). The HDSS web-site, HDSS Bulletin and HDSS Forum continue to perform important functions and will continue to be identified the same way.

The technical maintenance and support for the VINAH is undertaken by the NAAI Unit. In addition to existing systems, the department is transitioning to new processing and validation systems under the HICAR project. This phase of the HICAR project will not be altering the VINAH specifications or requirements, with the exception of a change to the locations that submissions are to be sent. This information will be published as it is released by the HICAR project.

This Manual contains detailed information for health services on the operation of the VINAH system, the definitions of data items within VINAH and the reporting requirements for all programs.

The Manual is available on the department's website at <http://www.health.vic.gov.au/hdss/vinah/index.htm>.

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VINAH manual contents summary

The VINAH manual is divided into ten sections. A detailed contents list is provided at the beginning of each section. A broad overview of each section is provided below.

Section 1 Introduction

Outlines the uses of the VINAH, the transmission data cycle, together with contact details, useful references and publications.

Section 2 Concept & Derived Item Definitions

Provides definitions of concepts and derived items that contribute to VINAH.

Section 3 Data Elements

Presents the specifications of data items relating to individual admitted patient episodes of care. The data items are arranged in alphabetical order.

Please note: This manual describes the data as they should be transmitted to VINAH. This may be important for third-party software users whose software interfaces with VINAH. The hospital's system need not exactly replicate VINAH in all respects, but it is important that the interface is capable of formatting the data as specified for meaning and format for transmission to VINAH.

Section 4 Business Rules

Details the business rules that apply for reporting VINAH data. Tabular business rules provide a quick reference to validations relating to multiple data items.

Section 5 Compilation & Transmission

Provides the specifications for compiling a VINAH transmission including interfacing technical specifications.

Section 6 Request Reports

Describes the reports that hospitals can request in the Header Record of any VINAH transmission. These reports can assist hospitals to manage their VINAH reporting.

Section 7 Control Reports

Describes the VINAH control reports and provides a guide to assist with the reconciliation of VINAH reports with in-house (hospital) data.

Section 8 Validation Reports

Lists each VINAH validation message and remedy in numerical order.

Section 9 Supplementary Code Lists

Contains tabular lists of all codesets, some of which are considered unwieldy for inclusion in the data definition Section 3. These lists are available only in electronic format on the HDSS webpage at <http://www.health.vic.gov.au/hdss>

Section 10 Testing

Contains details around the process of VINAH testing and issues to consider when changing software.

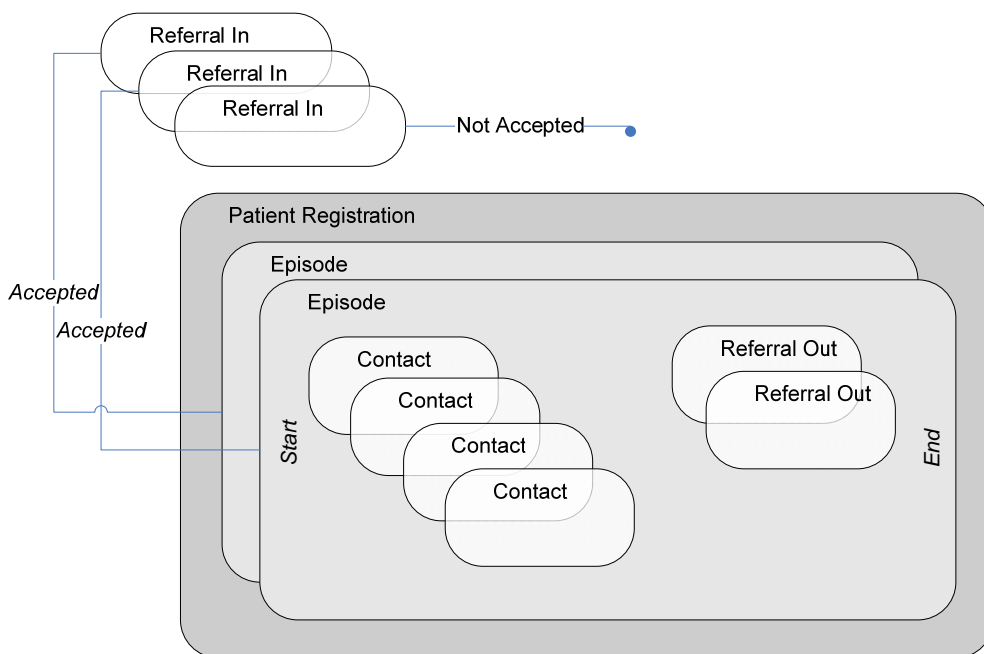
Overview

The VINAH Model

The VINAH Minimum Data Set consists of various linked data structures which reflect various aspects of service delivery within a health care setting. This information is structured in a consistent manner and periodically submitted to the Department. This information flows over time between the health care organisation and the Department in a manner that makes data quality an integral part of the data lifecycle.

High Level Logical Structure

The VINAH model consists of an episode of care around which referral and contact information is collected. The following diagram summarises the conceptual relationships.



High Level Narrative

A health care organisation receives a patient referral to their service. If the organisation accepts the referral, the patient is registered in the patient administration system and an episode of care begins. During the course of the episode, the organisation has various contacts with the patient during which services are delivered. At the end of the episode, the patient may be referred to another service.

History and development of VINAH

The Department of Health seeks to minimise the annual changes to the VINAH whilst ensuring that the collection maintains its integrity and continues to provide value.

2005/06 – VINAH v1

The collection was first specified in 2005/06 with a scope limited to the SACS program. The first implementation of a validation engine by the department commenced in January 2006.

2006/07 – VINAH v2

The scope of the data collection increases to include PAC and HARP programs.

2007/08 – VINAH v3

The concepts of Episode and Case are revised, and Contact level reporting is introduced. This framework has remained largely unchanged to date. The outpatients program/stream introduced to support a limited trial, and the Palliative Care program/stream was also introduced.

2008/09 – VINAH v4

Specifications largely remain unchanged.

2009/10 – VINAH v5

A raft of additional program/streams are supported including VRSS, VHS, Medi-Hotel and FCP.

2010/11 – VINAH v6

The introduction of several new data elements to support the TCP program among other changes. The expansion of several sections of the manual to provide more guidance for vendors around implementation.

2011/12 – VINAH v7

The introduction of Specialist Clinics (Outpatients) Program as required to report from 1 July 2011.

Contacts

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