

Changes to Manual – 7.01

*for the Victorian Integrated Non-Admitted
Health Minimum Data Set (VINAH MDS)*

Manual Version 7, 2011-12

August 2011

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Executive Summary

This document outlines the changes to be made to the VINAH manual for 2011-12 (version 7).

The nature of the changes varies, and will impact stakeholders in various ways. The changes in this document have been analysed by the department with a view to understanding the impact. Given these changes are occurring outside of the regular annual cycle, changes must meet one of the following criteria:

Out-of-cycle changes are only considered if they address one of the following issues:

- certain aspects of the manual that are **ambiguous, erroneous** or require **clarification**
- scenarios adversely affecting the **data integrity** of the collection
- ensuring **compliance** with statutory requirements
- **reduce burden** of reporting requirements on health services

Change		Heath Service			Software	Department of Health		
		Patient	Clinical	Clerical	Vendor	Program	Reporting	Acquisition
7.01.1	Amendment of Reporting Guide for Contact Group Session Identifier and New Validations	None	Med	Low	High	Low	Low	High
7.01.2	Addition of Organisation Identifiers for Palliative Care Agencies	None	None	None	Med	None	Low	Low
7.01.3	Clarification of reporting of Contact Inpatient Flag by Specialist Clinics	None	None	Low	High	Low	Low	Med
7.01.4	Clarification of the reporting of Indirect Contacts for Palliative Care and other Programs	None	None	Low	Severe	Low	Low	Med
7.01.5	Inclusion of missing information in the Client Service Event (Derived element)	None	None	Low	None	Low	High	Low
7.01.6	Correction of incorrect information in Contact Account Class	None	None	Low	Med	None	None	Med
7.01.7	Update to reporting requirements for Episode Patient/Client Notified of First Appointment Date	None	None	Low	None	Med	Med	High
7.01.8	Correction of Episode Health Condition Value Domain	None	None	Low	Med	None	None	Med
7.01.9	Correction of reporting obligation for Contact Clinic Identifier	None	None	Low	Med	None	None	Med
7.01.10	Modifications to Validations	None	None	Low	Med	None	None	High

The changes detailed in this document are summarised below. The changes apply to the VINAH7 version which is effective from 1 July 2011.

7.01.1 – Amendment of Reporting Guide for Contact Group Session Identifier and New Validations

Summary: Clarification of the reporting of Contact Group Session Identifier and associated data elements.
Introduction of validations to ensure Contact Group Session Identifier is reported for Contact Session Type '2-Group session', and vice versa.

Reason: **Resolve ambiguity.** The reporting Guide provided contradictory advice about the reporting and validation of this data element and associated data elements.

Impact:

Patient	Clinical	Clerical	Vendor	Program	Reporting	Acquisition
None	Medium	Low	High	Low	Low	High

Contact Group Session Identifier is reported by Specialist Clinics (Outpatients) only. Work by vendors may be required; however, the incorrect advice in the reporting guide must be rectified to ensure consistent interpretation and reporting. The impact assessment is based on the assumption that the incorrect interpretation has been previously applied by all stakeholders.

7.01.2 – Addition of Organisation Identifiers for Palliative Care Agencies

Summary: Include ten agencies in the Organisation Identifiers reference table.

Reason: **Correct error.** The Organisation Identifiers have been allocated but were not included in the HL70362 table.

Impact:

Patient	Clinical	Clerical	Software	Program	Reporting	Acquisition
None	None	None	Medium	None	Low	Low

Changes affect Palliative Care Agencies only but may require vendor software changes to include ten agencies in the Organisation Identifiers reference table.

7.01.3 – Clarification of reporting of Contact Inpatient Flag by Specialist Clinics

Summary: Change to the Reporting Guide for Contact Inpatient Flag.

Reason: **Correct error.** The Reporting Guide contains incorrect information related to reporting by Specialist Clinics (Outpatients) and has been updated to reflect the business rules and scope applicable to this collection.

Impact:

Patient	Clinical	Clerical	Software	Program	Reporting	Acquisition
None	None	Low	High	Low	Low	Medium

Some software implementations that significantly vary from the corrected definition may be impacted.

7.01.4 – Clarification of the reporting of Indirect Contacts for Palliative Care and other Programs

Summary: Clarification of the reporting of Indirect Contacts for Palliative Care and other Programs.

1. Section 2 Contact Guide for Use.
2. Section 3 Contact Session Type Value Domain
3. Section 3 Contact Client Present Status Value domain and Reporting guide

Reason: The VINAH manual contains inconsistent information about the reporting of indirect contacts for Palliative Care, SACS and Residential In-Reach (RIR). These changes correct the information provided.

Impact:

Patient	Clinical	Clerical	Software	Program	Reporting	Acquisition
None	None	Low	Severe	Low	Low	Medium

May require modifications to vendor software.

7.01.5 – Inclusion of missing information in the Client Service Event (Derived element)

Summary: **Correct error.** Inclusion of Contact Account Class in the derivation of Client Service Event Derived Element.

Section 2 Client Service Event (Derived element).

Reason: The VINAH manual contains incorrect information about the derivation of Client Service Event. These changes correct the information provided.

Impact:

Patient	Clinical	Clerical	Software	Program	Reporting	Acquisition
None	None	Low	None	Low	High	Low

7.01.6 – Correction of incorrect information in the Contact Account Class

Summary: **Correct error.** Correction of contradictory information in code OO-Other compensable. Section 3 Contact Account Class.

Reason: The VINAH manual contains incorrect information which contradicts other information provided for the same data element.

Impact:

Patient	Clinical	Clerical	Software	Program	Reporting	Acquisition
None	None	Low	Medium	None	None	Medium

7.01.7 – Update to reporting requirements for Episode Patient/Client Notified of First Appointment Date

Summary: Change to reporting obligations for one data element for 2011/12.

Reason: **Reduce burden.** Data element to be made optional to support software that cannot easily collect this information as an administrative by-product.

Impact:

Patient	Clinical	Clerical	Software	Program	Reporting	Acquisition
None	None	Low	None	Medium	Medium	High

7.0.1.8 Correction of Episode Health Condition Value Domain

Summary: Remove code 'A133 Obesity'.

Reason: There is an existing code for obesity, '0465'. 'A133' was added inadvertently.

Impact:

Patient	Clinical	Clerical	Software	Program	Reporting	Acquisition
None	None	Low	Medium	None	None	Medium

7.0.1.9 Correction of reporting obligation for Contact Clinic Identifier

Summary: *Contact Clinic Identifier* to be marked Mandatory for the Specialist Clinics (Outpatients) program. It is incorrectly listed as Optional.

Reason: **Correct error.** This data element is mandatory for Commonwealth reporting.

Impact:

Patient	Clinical	Clerical	Software	Program	Reporting	Acquisition
None	None	Low	Medium	None	None	Medium

7.01.10 – Modifications to Validations

Summary: Addition of four new edits, removal of one edit.

Reason: **Maintain data integrity.** To improve data quality.

Impact:

Patient	Clinical	Clerical	Software	Program	Reporting	Acquisition
None	None	Low	Medium	None	None	High

Vendor software modifications desired but not necessary, low impact.

About this document

This document provides details of changes that apply to the 2011-12 (VINAH7) Manual. The changes in this document will be incorporated into the VINAH7 Manual at a later date; in the meantime, both this document and the VINAH7 Manual form the specifications for VINAH7.

Resources

The current VINAH Manual sections may be accessed on the Internet at <http://www.health.vic.gov.au/hdss/vinah>.

Any questions related to this document may be directed to the HDSS Help Desk on 9096 8141, or HDSS.HelpDesk@health.vic.gov.au.

Orientation to this document

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

- New values and definitions relating to existing items are highlighted in orange
- Changes to existing items are highlighted in green
- Redundant values and definitions relating to existing items are struck through.
- Comments relating only to the proposal document [*appear in square brackets and italics*].
- The text is divided into the categories of 'Specification' and 'Administration' as presented in the Victorian Integrated Non-Admitted Health Minimum Data Set Manual.
 - Specification: details the reporting requirements for the item.
 - Administration: provides additional information including the purpose for the collection of the data item and the source of the value domain and definitions.

Change Impact Analysis Methodology

The changes outlined in this document will have degree of impact on a variety of stakeholders. Generally, most high-impact changes are reserved for the annual data collection revision process undertaken by the department. However it is often necessary to clarify, refine or otherwise modify the data collection outside of this process.

Out-of-cycle changes are only considered if they address one of the following issues:

- certain aspects of the manual that are **ambiguous** or **erroneous**
- scenarios adversely affecting the **data integrity** of the collection
- ensuring **compliance** with statutory requirements

Decisions to make out-of-cycle changes are not made lightly. A review of each change is conducted by the department to assess the impact on various stakeholders involved in the data collection process. This methodology is outlined below.

Data Collection Stakeholder Impact Rating

0	None	None, no impact
1	Low	May be aware of change but little or no action is generally required
2	Medium	Must be aware of the change and act where required
3	High	Needs to review the change and take action
4	Severe	Needs to significantly change processes and systems

Data Collection Stakeholder Impact Weighting

The effect of introduction of/modification to:

1.2	Health Service	Patient	Information solicited from the patient
1.8		Clinical	Clinical observations of patient case or condition
1.3		Clerical	Administrative or health information processes and systems
1.5	Vendor	Software	Software design, interfaces, processes, configuration and education
1.0	DOH	Program	Understanding or interpretation of policy, procedure or other guidance
1.0		Reporting	Infrastructure, interpretation, dissemination and education
1.0		Acquisition	Infrastructure, specification, interfaces, processes and configuration

Weighted impact scores are rounded to the nearest integer.

Change 7.01.1 – Amendment of Reporting Guide for *Contact Group Session Identifier* and New Validations

Summary of change	Clarification of the validation of this data element.
Reason for change	Resolve ambiguity. The reporting guide provides contradictory advice about the validation of Episode Program/Stream for Contract Group Session Identifier. In one paragraph it states that it is 'strongly recommended that submitters ensure that the same Episode Program/Stream and Contact Date', but a subsequent paragraph advises that episodes processed with an Episode Program/Stream or Contact Date different to the first episode processed with the same Contact Group Session Identifier will be rejected. There are currently no validations on Episode Program/Stream or Contact Date reported for episodes with the same Contact Group Session Identifier, and it is possible for the Episode Program/Stream to be different for patients treated in the same group session.
Details of change	The reporting of Episode Program/Stream and the validations applicable have been clarified in Section 3.
Date for Health Service Implementation	1 Jul 2011
Date For DH Implementation	1 Jul 2011
Modifications to	7.01.1.1 –Section 3 Group Session Identifier data element 7.01.7.1 –Section 8 Validations – New and deleted validations

Impact Analysis

The impact assessment is based on the assumption that the incorrect interpretation has been previously applied by all stakeholders.

Stakeholder		Impact Score	Weighted Score	Actions Required
Health Services	Patients	0	0	None
	Clinicians	1	2	Clinicians responsible for data entry may need to be aware of this change.
	Clerical HIM / Admin	1	1	Staff responsible for managing VINAH may need to be aware of this change.
Software	Vendors	2	3	Vendors may need to alter supporting documentation, and update any list of VINAH edits maintained within their application.
Department of Health	Program	1	1	Program areas may need to be aware of this change.
	Reporting	1	1	Stakeholders utilising VINAH data for decision making may need to be aware of this change.
	Acquisition	3	3	The department must changes to documentation, validation systems and data quality monitoring processes to support this change.

7.01.1.1 –Section 3 –Contact Group Session Identifier

Change Details Modify the reporting guide to clarify the reporting and validation arrangements for Group Session Identifier.

Change Specification See *Reporting Guide* below.

Contact Group Session Identifier

Information not displayed remains unchanged from 2010-11 manual as published

Reporting Guide This data element is used to determine which patients/clients were present in a given group session. The same value must be reported in this data element for all patients/clients that were present in the same group session.

Validation

It is strongly recommended that submitters ensure that the same Episode Program/Stream value Contact Professional Group and Contact Date are reported for all group session contacts submitted with the same Contact Group Session Identifier.

The Contact that is first accepted by VINAH will be deemed to be the 'correct' Episode Program/Stream and Contact Date; subsequently processed Contacts with this Group Session Identifier that have different values of Episode Program/Stream or Contact Date will be rejected.

Note that once set, the 'correct' values of those data elements for the Group Session Identifier cannot be changed, even if the first processed contact is deleted. Rather, a new Group Session Identifier must be issued.

Change 7.01.2 – Addition of Organisation Identifiers for Palliative Care Agencies and Specialist Clinics (Outpatients)

Summary of change Update the list of Organisation Identifiers in Table HL70362 to include some palliative care agencies missing from the table in the manual. None of the following agencies currently report directly to VINAH.
A new identifier for Peter MacCallum Cancer Institute for Specialist Clinic (Outpatient) reporting has also been added.

Reason for change **Correct error.** Update to include missing information.

Details of change Add the following agencies and Organisation Identifiers:

BPC	Benalla Palliative Care
BCS	Bethlehem Community Service
CGPC	Central Grampians Palliative Care
LHPC	Lower Hume Palliative Care
MRPC	Macedon Ranges Palliative Care
MPC	Moira Palliative Care
MWPC	Mercy Western Palliative Care
WCPC	WGHG Palliative Care
SGPC	South Gippsland Palliative Care
PPC	Portland Palliative Care
PMC	Peter MacCallum Cancer Institute (Contact Provider Code = '1550')

Date for Health Service Implementation 1 Jul 2011

Date For DH Implementation 1 Jul 2011

Modifications to **Table HL70362**

Impact Analysis

Stakeholder		Impact Score	Weighted Score	Actions Required
Health Services	Patients	0	0	None
	Clinicians	0	0	None
	Clerical HIM / Admin	0	0	None
Software	Vendors	1	2	Vendors may be required to add the codes to their reference data.
Department of Health	Program	0	0	None
	Reporting	1	1	Stakeholders utilising VINAH data for decision making may need to be aware of this change.
	Acquisition	1	1	The department must make changes to documentation, reference data and data quality monitoring processes to support this change.

Change 7.01.3 – Clarification of reporting of *Contact Inpatient Flag by Specialist Clinics*

Summary of change	Modify the Reporting Guide for Section 3 Contact Inpatient Flag.
Reason for change	Correct error. The Reporting Guide contains incorrect information related to reporting by Specialist Clinics (Outpatients) and has been updated to reflect the business rules and scope applicable to this collection. The previous advice in this section was unclear and did not provide any direction for reporting.
Details of change	See Reporting Guide below.
Date for Health Service Implementation	1 Jul 2011
Date For DH Implementation	1 Jul 2011

Modifications to 7.01.3.1 Section 3 Contact Inpatient Flag

Impact Analysis

Stakeholder		Impact Score	Weighted Score	Actions Required
Health Services	Patients	0	0	None
	Clinicians	0	0	None
	Clerical HIM / Admin	1	1	Staff responsible for managing VINAH may need to be aware of this change.
Software	Vendors	2	3	Vendors may need to alter supporting documentation, and update any list of VINAH edits maintained within their application.
Department of Health	Program	1	1	Program areas may need to be aware of this change.
	Reporting	1	1	Stakeholders utilising VINAH data for decision making may need to be aware of this change.
	Acquisition	2	2	The department must changes to documentation and data quality monitoring processes to support this change.

7.01.3.1 –Section 3 – *Contact Inpatient Flag*

Change Details Removal of incorrect information in the reporting guide, addition of information regarding the scope of the collection and details of reporting for Specialist Clinic patients (Outpatients).

Change Specification See below.

Contact Inpatient Flag

Information not displayed remains unchanged from 2010-11 manual as published

Reporting guide:

~~For Outpatients, the contact/client service event may only be reported if the patient/client is transferred to the clinic area. If the review takes place where they are receiving admitted services, the care provided is viewed as being part of the admission and is therefore out of scope for this collection.~~

For Outpatients, all services in scope should be reported to this collection. The reporting of Inpatient Flag 'I' indicates that the outpatient service has been provided as part of the inpatient service and therefore will not be funded separately. To determine whether an outpatient visit can be funded separately from an inpatient visit on the same day, refer to HDSS Bulletin 168 (www.health.vic.gov.au/hdss/bulletins).

Note: AIMS reporting has a different scope to this collection and the same business rules may not apply. Refer to the AIMS manual or the HDSS Help Desk for further information.

Change 7.01.4 – Clarification of the reporting of Indirect Contacts for Palliative Care and other Programs

Summary of change Modifications and clarifications of the reporting of Indirect Contacts for Palliative Care and other Programs.

Reason for change **Resolve ambiguity.** The VINAH manual contains inconsistent information about the reporting of indirect contacts for Palliative Care, Specialist Clinics (Outpatients) and other programs.

See details below.

Details of change

Date for Health Service Implementation 1 Jul 2011

Date For DH Implementation 1 Jul 2011

Modifications to
7.01.4.1 Section 2 Contact Guide for Use.
7.01.4.2 Section 3 Contact Session Type Value Domain
7.01.4.3 Section 3 Contact Client Present Status Value domain and Reporting guide

Impact Analysis

Stakeholder		Impact Score	Weighted Score	Actions Required
Health Services	Patients	0	0	None
	Clinicians	0	0	None
	Clerical HIM / Admin	1	1	Staff responsible for managing VINAH may need to be aware of this change.
Software	Vendors	3	4	Vendors may need to alter supporting documentation, update value domains, and update extraction programs within their application; Vendors may need to significantly change processes and systems.
Department of Health	Program	1	1	Program areas may need to be aware of this change.
	Reporting	1	1	Stakeholders utilising VINAH data for decision making may need to be aware of this change.
	Acquisition	2	2	The department must changes to documentation and data quality monitoring processes to support this change.

7.01.4.1 – Modify Section 2 *Contact*

Change Details Correct erroneous information regarding the reporting of indirect contacts.

Change Specification See *Guide for Use* below
(**Note: All other information not printed remains the same**)

Contact

- **Indirect Contacts:** Those contacts not involving either the patient/client and/or the patient/client's family or carer(s) but are still clinical in nature. This type of contact may include contact with another professional who may provide additional advice/information about the patient/client.

Only the Palliative Care Program requires reporting of indirect contacts, and it is optional for the Residential In-Reach Program. This is done through reporting the following values:

- *Contact Client Present Status: 31 Client/Carer(s)/Relative(s) not present: Indirect Contact*
- *Contact Delivery Setting: 98 Not Applicable – patient/client not present*
- *Contact Session Type: 3 Not Applicable – Indirect Contact Type*

Administrative Contacts

Administrative contacts are not to be reported to VINAH. They include activities such as, but not limited, to:

- Allocation meetings
- Appointment scheduling
- Administrative tasks
- Clinically related administrative work (such as reading or researching patient notes for any purpose)
- Clinical supervision
- Organisation of brokered services
- Record keeping
- Report writing or reviewing
- Research on any topic for any purpose
- Travel time

Contact Type and Reporting Requirements by Program

Contact Type	Palliative Care	Family Choice Program HARP HBPCCT Specialist Clinics (Outpatients) PAC SACS Transition Care Program Victorian HIV Service Victorian Respiratory Support	SACS -Program Stream-9 Residential In-Reach
Service			
- Direct			
- - Attended	Yes	Yes	Yes
- - Non-Attended		Yes	Yes
- Indirect	Yes		Yes (Optional)
Administrative			

7.01.4.2 – Modify Section 3 *Contact Session Type*

Change Details Code 3 to be marked optional for the RIR program and Mandatory for the Palliative Care Program.

Change Specification See *Value Domain* below
(Note: All other information not printed remains the same)

Contact Session Type

Information not displayed remains unchanged from 2010-11 manual as published

<i>Value Domain</i>	Code Descriptor
	1 Individual
	2 Group
*PC / Opt RIR	3 Not applicable - Indirect Contact
	4 Group - Individual Program

7.01.4.3 – Modify Section 3 *Contact Client Present Status*

Change Details Code 31 to be marked optional for the RIR program.

Change Specification See *Value Domain* and *Reporting Guide* below
(Note: All other information not printed remain the same)

Contact Client Present Status

Information not displayed remains unchanged from 2010-11 manual as published

<i>Value domain:</i>	Code Descriptor
*Not PC	10 Patient/Client present with or without carer(s)/relative(s) 11 Patient/Client present only 12 Patient/Client present with carer(s)/relative(s) 20 Carer(s)/Relative(s) of the patient/client only
*PC / Opt RIR	31 Patient/Client/Carer(s)/Relative(s) not present: Indirect Contact
*Not PC	32 Patient/Client/Carer(s)/Relative(s) not present: Scheduled appointment not attended

Reporting guide: **31 - Patient/Client/Carer(s)/Relative(s) not present: Indirect Contact**
Includes contacts between a service provider and another person who is not the patient/client/carer/relative; for example, another service provider.
Only in scope **Mandatory** for Palliative care. **Optional for RIR.**

Change 7.01.5 – Inclusion of missing information in the Client Service Event (Derived element)

Summary of change Correction of the Guide for Use for the Client Service Event Derived Element.

Reason for change The VINAH manual contains incorrect information.

See details below.

Details of change

Date for Health Service Implementation 1 Jul 2011

Date For DH Implementation 1 Jul 2011

Modifications to 7.01.5.1 Section 2 Client Service Event (derived element)

Impact Analysis

Stakeholder		Impact Score	Weighted Score	Actions Required
Health Services	Patients	0	0	None
	Clinicians	0	0	None
	Clerical HIM / Admin	1	1	Staff responsible for managing VINAH may need to be aware of this change.
Software	Vendors	0	0	None
Department of Health	Program	1	1	Program areas may need to be aware of this change.
	Reporting	3	3	Stakeholders utilising VINAH data for decision making may need to be aware of this change.
	Acquisition	1	1	The department must changes to documentation, validation systems and data quality monitoring processes to support this change.

7.01.5.1 – Modify Section 2 *Client Service Event (Derived Element)*

Change Details Include Contact Account Class in the list of data elements that must be the same for contacts on the same day in order to be included in the derivation of a client service event for a patient.

Change Specification See *Guide for Use* below
(Note: All other information not printed remains the same)

Client Service Event

Definition	A contact or series of contacts, between a patient/client or other person in scope, and a professional associated with a program reporting via the VINAH MDS, that is intended to be unbroken in time, and that results in a dated entry being made in the patient/client record.
Guide for use	<p>For reporting purposes for some program areas, multiple contacts that take place on the same day will be aggregated into a client service event. A single client service event will be derived within a single episode, where the following data elements for a patient/client, on the same day, are the same:</p> <ul style="list-style-type: none"> <i>Contact Delivery Mode;</i> <i>Contact Delivery Setting;</i> <i>Contact Provider;</i> <i>Contact Session Type;</i> Contact Account Class. <p>Refer to: NHDD 000438 Non-admitted patient service event Section 2: Client Service Event (Concept Definition) Section 2: Contact Section 3: Contact Account Class Section 3: Contact Date/Time Section 3: Contact Delivery Mode Section 3: Contact Delivery Setting Section 3: Contact Provider Section 3: Contact Session Type</p>

Change 7.01.6 – Correction of incorrect information in *Contact Account Class*

Summary of change	Correction of incorrect information in the reporting guide for code OO-Other compensable.
Reason for change	The VINAH manual contains incorrect information which contradicts other information provided for the same data element.
Details of change	See details below.
Date for Health Service Implementation	1 Jul 2011
Date For DH Implementation	1 Jul 2011
Modifications to	7.01.6.1 Section 2 Contact Account Class

Impact Analysis

Stakeholder		Impact Score	Weighted Score	Actions Required
Health Services	Patients	0	0	None
	Clinicians	0	0	None
	Clerical HIM / Admin	1	1	Staff responsible for managing VINAH may need to be aware of this change.
Software	Vendors	1	2	None
Department of Health	Program	0	0	Program areas may need to be aware of this change.
	Reporting	0	0	Stakeholders utilising VINAH data for decision making may need to be aware of this change.
	Acquisition	2	2	The department must changes to documentation and data quality monitoring processes to support this change.

7.01.6.1 – Modify Section 3 *Contact Account Class*

Change Details	Code OO-Other compensable advises that the category includes common law cases, members of the Defence Forces, and seamen with personnel entitlements, however separate codes apply to those categories. This change corrects the reporting guide for this code.
Change Specification	See below (Note: All other information not printed remains the same)

Contact Account Class

Information not displayed remains unchanged from 2010-11 manual as published

<i>Value domain:</i>	Code Descriptor
	MP Public Eligible
	ME Ineligible: hospital exempt
	MF Ineligible: Asylum Seeker
	MA Reciprocal Health Care Agreement
	MV Public Eligible: VACS-*OP funded Outpatient
*OP	MG Public Eligible: Specified-grant-funded Outpatient
	PI Private Patient: Insured
	PO Private Patient: Other Payer
	PS Private Patient: Self Funded
*Not PC	QM Private Clinic: MBS funded
*TCP	QT Commonwealth Funded: TCP
	VX Department of Veterans' Affairs (DVA)
	WC WorkSafe Victoria
	TA Transport Accident Commission (TAC)
	AS Armed Services
	SS Seamen
	CL Common Law Recoveries
	OO Other Compensable
	JP Prisoner
	XX Other Non-compensable

Reporting guide:

AS Armed Services

An eligible person whose charges for this contact are met by the Department of Defence.

SS Seamen

A merchant seaman who is fully covered for all medical expenses by his employer while at sea under the Navigation Act 1912 and the Seamens Compensation Act 1911.

OO - Other Compensable

An eligible person who is entitled under a law that is or was in force in Victoria, other than Veterans' Affairs legislation, Transport Accident Commission or Victorian WorkCover Authority, to the payment of, or who has been paid compensation for, damages or other benefits (including a payment in settlement of a claim for compensation, damages, or other benefits) in respect of the injury, illness or disease for which he/she is receiving hospital services.

This category includes criminal injury and common law cases and members of the Defence Forces and seamen with personnel entitlements.

An eligible person who is entitled under a law that is or was in force in Victoria, other than Veterans' Affairs legislation, Transport Accident Commission, Worksafe Victoria, Armed Services, Seamen, or Common Law Recoveries, to the payment of, or who has been paid compensation for, damages or other benefits (including a payment in settlement of a claim for compensation, damages, or other benefits) in respect of the injury, illness or disease for which he/she is receiving hospital services.

Clause 49 of the Australian Health Care Agreement states 'Private patients, compensable patients and ineligible patients may be charged an amount for public hospital services as determined by Victoria.'

Change 7.01.7 – Update to reporting requirements for *Episode First Appointment Booked Date* and *Episode Patient/Client Notified of First Appointment Date*

Summary of change	<i>Episode Patient/Client Notified of First Appointment Date</i> is optional for the 2011/12 reporting period.
Reason for change	Reduce burden. Some services reported an excessive workload on staff to report <i>Episode Patient/Client Notified of First Appointment Date</i> in the current implementation of some software applications. This element has been made optional for the first year of outpatient reporting to a so that software modifications can be made. It is expected that health services will still make best efforts to provide all of the information.
Details of change	See details below.
Date for Health Service Implementation	1 Jul 2011
Date For DH Implementation	1 Jul 2011
Modifications to	7.01.7.1 Section 3 Business Data Element Timing Summary 7.01.7.2 Section 3 Episode Patient/Client Notified of First Appointment Date

Impact Analysis

Stakeholder		Impact Score	Weighted Score	Actions Required
Health Services	Patients	0	0	None
	Clinicians	0	0	None
	Clerical HIM / Admin	1	1	Staff responsible for managing VINAH may need to be aware of this change.
Software	Vendors	0	0	None. Previous implementations remain valid.
Department of Health	Program	2	2	Program areas may need to be aware of this change.
	Reporting	2	2	Stakeholders utilising VINAH data for decision making may need to be aware of this change.
	Acquisition	3	3	The department must changes to documentation, validation systems and data quality monitoring processes to support this change.

7.01.7.1 – Modify Section 3 *Business Data Element Timing Summary*

Change Details Episode Patient/Client Notified of First Appointment Date is now Optional.

Change Specification See below
(Note: All other information not printed remains the same)

Business Data Element Timing Summary

The following table provides a summary, for each business data element, of when it should be reported to the VINAH MDS. Note that data elements are only mandatory (and other reporting options) at a particular point in time when they are required for the program that is being reported. See Data Elements to be reported by Program for further information.

Note that for Programs/Streams where Contact/Client Service Event Client Present Status may be reported as '32-Patient/Client/Carer(s)/Relative(s) not present: Scheduled appointment not attended', the reporting requirements for First Contact/Client Service Event Date/Time apply to the first contact/client service event that does not have this value.

The column 'Episode TCP Care Transition Date' means both 'Episode TCP Bed-Based Care Transition Date' and 'Episode TCP Home-Based Care Transition Date'.

Key


Symbol	Reporting obligation
M	Mandatory
O	Optional
C1	Report when Patient/Client Carer Availability = '1'
C2	Report when and only when Contact Account Class = 'VX', 'TA' or 'WC'
C3	Report when and only when Contact Account Class = 'VX'
C4	Report when and only when Account Contact Class = 'TA'
C5	Report when and only when Account Contact Class = 'WC'
C6	Report when Contact Client Present Status = '10', '11' or '12' (patient/client present)
C7	Must be specified if a care plan was documented during the course of the Episode
C8	Must be specified if the referral was accepted and an Episode is opened
C9	Must be reported if Episode Proposed Treatment Plan Completion = '27' or Program is Palliative Care or HBPCCT
C10	Must be specified for HARP programs, optional for all others
C11	Must be specified if an advance care plan was documented previously or during the course of the Episode
C12	Either Episode TCP Bed-Based Care Transition Date or Episode TCP Home-Based Care Transition Date must be reported
C13	Must be specified if Contact Session Type = '2'
C14	Must be specified if Contact Account Class = 'QM', optional otherwise

All Programs, not elsewhere specified

Patient/Client Death Date
Referral Out Date
Second and Subsequent Contact Date/Time
First Contact Date/Time
Episode TCP Care Transition Date
Episode Care Plan Documented Date
Episode Patient/Client Notified of First Appointment Date
Episode End Date
Episode Start Date
Referral In Receipt Acknowledgment Date
Referral In Received Date

Data Element

All other information not presented is unchanged

Episode First Appointment Booked Date	M
Episode Patient/Client Notified of First Appointment Date	

7.01.7.2 – Modify Section 3 *Episode Patient/Client Notified of First Appointment Date*

Change Details

This data element is Optional for 2011/12. The *Reported when* section has been modified to reflect this change.

Change Specification

Reported when:

All Programs, not elsewhere specified

The current reporting period for this item is the calendar month in which the following events or data elements fall:

Episode Patient/Client Notified of First Appointment Date

~~(Mandatory)~~ (Optional)

(Note: All other information not printed remains the same)

Change 7.01.8 – Correction of Episode Health Condition value domain

Summary of change	Duplicate code ('A133') for 'Obesity' removed.
Reason for change	The VINAH manual contains incorrect information.
Details of change	When changing from VINAH5 to VINAH6, the Episode Health Condition value domain was changed. <i>Practice Note 3 – Code Mappings from VINAH5 to VINAH6</i> contained the correct information, but Section 3 and Section 9 incorrectly included A133 Obesity. 0465 is the correct code for Obesity. Code A133 will pass validation if reported, but wherever possible, health services should remove this code.
Date for Health Service Implementation	1 Jul 2011
Date For DH Implementation	1 Jul 2011
Modifications to	7.01.8.1 Section 3 Episode Health Condition 7.01.8.2 Section 9 Code Set and Code Lists

Impact Analysis

Stakeholder		Impact Score	Weighted Score	Actions Required
Health Services	Patients	0	0	None
	Clinicians	0	0	None
	Clerical HIM / Admin	1	1	Staff responsible for managing VINAH may need to be aware of this change.
Software	Vendors	1	2	Removal of code from value domain.
Department of Health	Program	0	0	Program areas may need to be aware of this change.
	Reporting	0	0	Stakeholders utilising VINAH data for decision making may need to be aware of this change.
	Acquisition	2	2	The department must changes to documentation, reference data and data quality monitoring processes to support this change.

7.01.8.1 – Modify Section 3 *Episode Health Condition*

Change Details Remove code 'A133 Obesity' from the Value Domain.

Change Specification **Value Domain:**
Table Identifier 990080
Code Descriptor

~~A133—Obesity~~

(Note: All other information not printed remains the same)

7.01.8.2 – Modify Section 9 *Code Set and Code Lists*

Remove code 'A133' from Table 990080.

(Note: All other information remains the same)

Change 7.01.9 – Correction of reporting obligation for *Contact Clinic Identifier*

Summary of change Contact Clinic Identifier is designated as being 'Optional' for Specialist Clinics (Outpatients) which is incorrect. This data element is mandatory according to the Commonwealth reporting requirements. The change is not relevant to any other Program.

Reason for change **The VINAH manual contains incorrect information.**

See details below.

Details of change

Date for Health Service Implementation 1 Jul 2011

Date For DH Implementation 1 Jul 2011

Modifications to **7.01.9.1 Section 3 Business Data Element Timing Summary**
7.01.9.2 Section 3 Contact Clinic Identifier

Impact Analysis

Stakeholder		Impact Score	Weighted Score	Actions Required
Health Services	Patients	0	0	None
	Clinicians	0	0	None
	Clerical HIM / Admin	1	1	Staff responsible for managing VINAH may need to be aware of this change.
Software	Vendors	1	2	Vendors may need to alter supporting documentation, update value domains, and update extraction programs within their application.
Department of Health	Program	0	0	None
	Reporting	0	0	None
	Acquisition	2	2	The department must changes to documentation, reference data and data quality monitoring processes to support this change.

7.01.9.1 – Modify Section 3 Business Data Element Timing Summary

Change Details Correct erroneous information regarding the reporting of Contact Clinic Identifier for Specialist Clinics (Outpatients).

Change Specification See below
(Note: All other information not printed remains the same)

Business Data Element Timing Summary

(All other information not presented is unchanged)

All Programs, not elsewhere specified

	Referral In Received Date	Referral In Receipt Acknowledgment Date	Episode Start Date	Episode End Date	Episode Patient/Client Notified of First Appointment Date	Episode Care Plan Documented Date	Episode TCP Care Transition Date	First Contact Date/Time	Second and Subsequent Contact Date/Time	Referral Out Date	Patient/Client Death Date
Data Element											
Contact Clinic Identifier								M	M		

7.01.9.2 – Modify Section 3 *Contact Clinic Identifier*

Change Details *Contact Clinic Identifier* to be marked Mandatory for the Specialist Clinics (Outpatients) program.

Change Specification See *Specification & Reporting Guide* below
(Note: All other information not printed remains the same)

Contact Clinic Identifier

Information not displayed remains unchanged from 2010-11 manual as published

Reported by: Specialist Clinics (Outpatients)

Reported for: All contacts completed in the current reporting period.

Reported when: **All Programs, not elsewhere specified**
The current reporting period for this item is the calendar month in which the following events or data elements fall:
First Contact Date/Time ~~(Optional)~~ (Mandatory)
Second and Subsequent Contact Date/Time ~~(Optional)~~ (Mandatory)

Reporting guide: Reporting this data element is ~~optional~~ mandatory. If supplied it should match the clinic identifier used for clinical costing reporting within the health service.

Change 7.01.10 – Modifications to Validations

Summary of change Add two new validations, and remove one validation.

Reason for change *Maintain data integrity.*

Details of change

Addition of edits:
 E263 *Episode First Appointment Booked Date is before Episode Start Date/Time*
 E264 *Episode First Appointment Booked Date is after the Episode Patient/Client Notified of First Appointment Date*
 E365 *Contact Session Type = '2-Group session' but Contact Group Session Identifier has not been reported.*
 E366 *A Contact Group Session Identifier has been reported but the Contact Session Type =<> '2-Group session'.*

Deletion of edit:
 E259 *Episode has an End Date but does not have an Episode Assessment Score*

Date for Health Service Implementation 1 Jul 2011

Date For DH Implementation 1 Jul 2011

Modifications to 7.01.10.1 Section 8

Impact Analysis

Stakeholder		Impact Score	Weighted Score	Actions Required
Health Services	Patients	0	0	None
	Clinicians	0	0	None
	Clerical HIM / Admin	1	1	Staff responsible for managing VINAH may need to be aware of this change.
Software	Vendors	1	2	Vendors may need to alter supporting documentation, update value domains, and update extraction programs within their application.
Department of Health	Program	0	0	None
	Reporting	0	0	None
	Acquisition	3	3	The department must changes to documentation, validation systems and data quality monitoring processes to support this change.

7.01.10.1 – Modify Section 8 Validations

Change Details	Addition of two new validations to validate the Episode First Appointment Booked Date Addition of two new validations to ensure that a Contact Group Session Identifier is reported when the Contact Session Type = '2-Group session', and where Contact Session Type = '2-Group session', a Contact Group Session Identifier is reported. Deletion of E259.
Change Specification	See below (Note: All other information not printed remain the same)

Action: Batch Fail

Validation ID	Message	Cause	Resolution
E259	Episode has an End Date but does not have an Episode Assessment Score	Each Episode where Episode Program/Stream is '1101 – TCP' must have an Episode Assessment Score, for both Barthel and FIM™, when submitting an Episode End Date.	Check that the values of the corresponding data elements are correct and resubmit.
E263	Episode First Appointment Booked Date <date> is before Episode Start Date/Time <date>.	Episode First Appointment Booked Date <date> must be after the Episode Start Date/Time <date>.	Check that the values of the corresponding data elements are correct and resubmit.
E264	Episode First Appointment Booked Date <date> is after the Episode Patient/Client Notified of First Appointment Date <date>.	Episode First Appointment Booked Date <date> must be before the Episode Patient/Client Notified of First Appointment Date <date>.	Check that the values of the corresponding data elements are correct and resubmit.
E365	Contact Session Type = '2-Group session' but Contact Group Session Identifier has not been reported.	When the Episode Program/Stream is '101' – '611' (Specialist Clinics (Outpatient)) and the Contact Session Type is '2-Group Session', a Contact Group Session Identifier must be reported.	Check that the values of the corresponding data elements are correct and resubmit.
E366	A Contact Group Session Identifier has been reported but the Contact Session Type =<>'2-Group session'.	When the Episode Program/Stream is '101' – '611' (Specialist Clinics (Outpatient)) and a Contact Group Session Identifier has been reported, the Contact Session Type must be '2-Group Session'.	Check that the values of the corresponding data elements are correct and resubmit.