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Proposals for Revisions to PRS/2 and the Victorian Integrated Non-Admitted Health Minimum Dataset (VINAH) for 1 July 2012

November 2011

State Government Victoria

Department of Health

Proposals for Revisions to PRS/2 and the Victorian Integrated Non-Admitted Health Minimum Dataset (VINAH) for 1 July 2012

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Executive Summary

Each year the Department of Health (DH) reviews the data elements and format of the Victorian Integrated Non-Admitted Health Minimum Dataset (VINAH). This review seeks to ensure that the admitted patient collection supports the Department's state and national reporting obligations, assists DH planning and policy development, and incorporates appropriate feedback from data providers on improvements.

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 proposals need to demonstrate clear business justification and be fully costed, meaning funding streams will need to be identified and confirmed. The Executive Director, Hospital and Health Service Performance is responsible for final acceptance of all proposals (based upon recommendations by the Annual Changes Governance Committee).

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

The proposed revisions for the Victorian Integrated Non-Admitted Health Minimum Dataset (VINAH) for 1 July 2012 are summarised below. The recommendation for each proposal is made by the Director and Health Information managers in the Funding and Information Policy branch. They proposals include (but are not limited to):

1. Revision of Stream codes for Specialist Clinics (Outpatients)
   Proposal includes:
   - Amendments to the Program/Stream codes for Specialist Clinics (Outpatients)

2. Changes for the Residential In-Reach program
   Proposal includes:
   - Additions and modifications to the value domains of 3 data elements
   - Enhancements of reporting guides for 2 data elements
   - Extension of scope of one data element

3. Advance Care Plan Documented Date – Definition change and extension of scope
   Proposal includes:
   - Minor modification to data element definition and extension of scope to 3 more Program/Streams

4. Episode Other Factors Affecting Health – Addition of code values
   Proposal includes:
   - Addition of codes to value domain of Episode Other Factors Affecting Health

5. Contact Purpose – Addition of code values
   Proposal includes:
   - Addition of codes to value domain of Contact Purpose.

6. Episode Health Conditions – Change of code descriptors
   Proposal includes:
   - Addition of codes to value domain of Episode Health Conditions, and modifications to existing code descriptors for cancer codes.

7. Addition of Patient Update Date/Time
Proposal includes:
- Addition of one data element.

8. Contact Professional Group – Addition of two new code values
Proposal includes:
- Addition of codes to value domain of Contact Professional Group.

9. HIV – Addition of new Program code, and Addition of data elements
Proposal includes:
- Addition of one and removal of one Program/Stream code
- Modifications to allow new Program/Stream to report Indirect Contacts.
- Modification to value domains of two data elements
- Addition of several data elements currently collected on Excel spreadsheets.

Note: Full details of proposal have not been fully developed. This proposal may be implemented in a staged approach across the 2012-13 and 2013-14 financial years.

10. Addition of new Program for Integrated Hepatitis C Service
Proposal includes:
- Addition of one and removal of one Program/Stream code
- Addition of several data elements currently collected on Excel spreadsheets.

Note: Full details of proposal have not been fully developed. This proposal may be implemented in a staged approach across the 2012-13 and 2013-14 financial years.

11. Addition of Campus Code
Proposal includes:
- Addition of one data element

12. Addition of Referral In Clinical Urgency Category for Specialist Clinics.
Proposal includes:
- Addition of one data element

13. Addition of new code values to Referral In Outcome for Specialist Clinics.
Proposal includes:
- Addition of codes to value domain of Referral In Outcome.

14. Addition of Referral In Clinical Referral Date required to collect Specialist Clinics waiting list information.
Proposal includes:
- Addition of one data element

15. Addition of Patient/Client Medicare Number.
Proposal includes:
- Addition of one data element

16. Updated Reference File for Contact Preferred Language and Patient/Client Birth Country
Proposal includes:
- Updates to the value domains of two data elements.

Introduction

The VINAH Proposals Process

This Proposal document is distributed to all Victorian hospitals, patient management system suppliers known to have Victorian clients, and to a range of industry bodies. It outlines proposals for changes to VINAH as at the time of its release in November 2011. This should not be regarded as a complete list of changes to be made for 2012—13. 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 2012. Confirmed changes will be published in the document 'Specifications for Revisions to VINAH for 1 July 2012', expected to be published in December 2011.

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 DH by completing the proforma provided with this document, and forwarding it to HDSS as indicated by **Wednesday 7 December 2011.** Copies of the proforma may also be obtained from the HDSS web site located at http://www.health.vic.gov.au/hdss .

Draft status of document

This document is not a complete specification of proposed changes to the VAED. Final Specifications will be published at a later date and may contain additions, amendments, and/or removal of information in this document. Although changes to edits, business rules and file structures have been included here, they cannot be considered complete nor final.

Final Specifications for Revisions

The Specifications for Revisions to VINAH for 2013-13 will be released in December 2012 and will contain the following information not provided in this document:

- Technical information relating to the proposals, such as HL7 specifications for data elements
- Data Elements to be Reported by Program table
- Business Data Element Timing table
- Data Element Obligation by Transmission Protocol table
- Updated Section 9 reference data spreadsheet
- Details of amended and new validations
- Data Element Binding Table

Assessment of the impact of proposals

Each proposal is assessed against a set of principles designed to assess the impact that implementation of the proposal is likely to have on services, the Department, software vendors and data users. The principles reflect best practice and standard information management principles.

Each proposal will be assessed using the Measures listed in the table below. The assessment and the feedback from stakeholders will be used to determine whether the proposal is accepted for inclusion in the final specifications for changes for 2012-13.

Category	Measures
Scope	a) The change should be within the scope of the collection.
Collectability	a) The data should already be collected by the service. b) There should be value for the service in collecting the data. c) Collection of the data should be aligned with normal business processes in the service. d) It should be legal for the service to collect the data.
Intended Use	a) Sufficient business justification must be submitted in the proposal. b) The change must be consistent with Departmental policy. c) There should not be a limited time-period for the use of the data. If there is, other avenues of collection should be investigated to ensure this is the most appropriate.
Best Practice	a) The collection of the data should be compliant with relevant standards and policies. If not, specify where non-compliant.
Implementation	a) The proposal must be clearly specified to enable implementation. b) It should be technically possible for services and DH to implement without significant issues.
Data Quality	a) There should be a person, unit or organisation identified to monitor quality. b) There should be minimal transformation of data required by services to meet reporting requirements. c) Reporting of the data should be mandatory for a specified cohort.
Consequential impact	a) The impact on other data already collected, or proposed to collect must be articulated. b) There should not be a negative effect on the reputation or integrity of the collection. c) Identify any dependencies with other projects or plans. d) The impact on time-series data must be quantified. e) The impact on reports, extracts or automated processes must be quantified.
Cost and collection burden	a) The effort required to implement and collect should be commensurate with the frequency of the event triggering collection of reportable data. b) All options for the collection of this data should be assessed and the most appropriate method and collection selected.

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 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.]*
- Page numbers representing cross referencing to another section of the VAED 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 *###*.
- The text is divided into the categories of 'Specification' and 'Administration' as presented in the *Victorian Integrated Non-Admitted Health Minimum Dataset (VINAH, 1 July 2011)*.

    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

ABS	Australian Bureau of Statistics
AHCA	Australian Health Care Agreement
AIHW	Australian Institute of Health and Welfare
AIMS	Agency Information Management System
DH	Department of Health
HDSS	Health Data Standards and Systems
HITH	Hospital In The Home
NHDD	National Health Data Dictionary
NMDS	National Minimum Data Set
VAED	Victorian Admitted Episodes Dataset
VINAH	Victorian Integrated Non-Admitted Health Minimum Dataset

Symbols

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

Proposed revisions/additions to data items

Proposal 1 – Revision of Stream codes for Specialist Clinics (Outpatients)

It is proposed to	Revise the Stream codes for Specialist Clinics (Outpatients).
Programs affected	Specialist Clinics (Outpatients)
Proposed by	Daniel Wellesley Non-Admitted and Ambulance Data Department of Health
Implementation Date	1 July 2012
Reason for proposal	Changes to the national reporting requirements for Specialist Clinics (Outpatients) mean that the Contact Clinic Identifier is now Mandatory. The various Streams are currently based on the VACS Clinic Codes but in 2012-13, the Contact Clinic Identifier reported by the service will be mapped to the Tier 2 codes for Activity Based Funding. Therefore, reporting of VACS codes will not be relevant. The new code set will reflect the categories of patients required for reporting, and to comply with the business rules governing the creation of new episodes for new Program/Streams.
Details of change	This proposal incorporates the following changes: 1.1 (p.52) Revision of Section 3: *Episode Program/Stream* value domain for the Outpatient Program. 1.2 (p.63) Revision of Section 3: *Referral In Program/Stream* value domain for the Outpatient Program.

Proposal 2 - Changes for the Residential In-Reach program

It is proposed to	Make several existing data elements mandatory for the Residential In-Reach (RIR) Program, and add new code values to value domains.
Programs affected	Residential In-Reach Other programs required to report any of the affected data elements
Proposed by	Continuing Care, Wellbeing and Integrated Care Department of Health
Implementation Date	1 July 2012
Reason for proposal	To ensure the data collected for the RIR program is relevant in order to evaluate the program and improve service delivery.
Details of change	This proposal incorporates the following changes:

2.1 (p.67)	Referral In Service Type: Add code 206 *Ambulance Officer / Paramedic* to value domain.
2.2 (p.61)	Referral In Outcome: Add code 36 R*ecommended to present to ED for medical reason* to value domain.
2.3 (p.50)	Episode Other Factors Affecting Health: Add codes 4104 *Presence of PEG*, and 4105 *Presence of Catheter*, and 4106 *Presence of Stoma* to value domain.
2.4 (p.56)	Episode Proposed Treatment Plan Completion: Add reporting guide for code 10.
2.5 (p.56)	Patient/Client Usual Accommodation Type: Make mandatory for RIR program.
2.6 (p.39)	Addition of reporting guide for Code 20 of Section 3: *Contact Client Present* Status.

Proposal 3 – Advance Care Plan Documented Date – Definition change and extension of scope

It is proposed to	Modify the definition and reporting guide for Advance Care Plan Documented Date. Extension of mandatory reporting of Advance Care Plan Documented Date to the following VINAH Programs: Palliative Care Sub-acute Ambulatory Care Service (SACS) Post Acute Care (PAC).
Programs affected	***Existing Programs affected by definition change:*** Family Choice Program HARP Residential In-Reach Transition Care Program Victorian HIV Service Victorian Respiratory Support Service ***Program proposed to affect:*** Palliative Care Sub-acute Ambulatory Care Service (SACS) Post Acute Care (PAC)
Proposed by	Continuing Care, Wellbeing and Integrated Care Department of Health
Implementation Date	1 July 2012
Reason for proposal	The key drivers for the change are • To provide clarification around this data element following ambiguity or confusion about how it should be used. • The recent endorsement by the Australian Health Ministers' Council of the National Framework for Advance Care Directives (August 2011) • The data element is already being collected in VINAH and it is has been proposed to expand the item to VAED. To measure change in relation to ACP activity across the continuum of care. To provide greater clarity about how the data item should be utilised.
Details of change	This proposal incorporates the following changes: 3.1 (p.46) Revisions to Section 3: *Advance Care Plan Documented Date*

Proposal 4 – Episode Other Factors Affecting Health – Addition of code values

It is proposed to	Add two additional code values (for *Health Literacy* and *Issues in Self Management*) to Episode Other Factors Affecting Health.
Programs affected	Family Choice Program Hospital Admission Risk Program Post Acute Care Residential In-Reach Sub-acute Ambulatory Care Services Transition Care Program Victorian HIV Service Victorian Respiratory Support Service
Proposed by	Ageing and Complex Care, Wellbeing and Integrated Care Department of Health
Implementation Date	1 July 2012
Reason for proposal	The proposed additional codes have emerged as significant factors impacting on health for HARP clients. Strong evidence and policy base supports these as elements to be addressed in chronic disease management. This proposal supports an operational requirement to understand the needs of HARP clients and how best to deliver a service to them. This addition to the data set can inform practice and improve service delivery and assist in engaging clients and improve health outcomes. Optimal self management is an essential element in the Wagner Improving Chronic illness care model, adopted by the department as the model underpinning our chronic disease management program. To identify a further factor impacting on HARP clients health outcomes. To provide a clearer picture of complexity for HARP clients, assisting in evaluation of meeting program objectives.
Details of change	This proposal incorporates the following changes: 4.1 (p.50) Addition of code values to Section 3: *Episode Other Factors Affecting Health*.

Proposal 5 – Contact Purpose – Addition of code values

It is proposed to	Amend the code descriptors and reporting guides for two codes in Contact Purpose.
Programs affected	Family Choice Program Hospital Admission Risk Program Hospital Based Palliative Care Consultancy Team Palliative Care Post Acute Care Residential In-Reach Specialist Clinics (Outpatients) Sub-acute Ambulatory Care Services Transition Care Program Victorian HIV Service Victorian Respiratory Support Service
Proposed by	Ageing and Complex Care, Wellbeing and Integrated Care Department of Health
Implementation Date	1 July 2012
Reason for proposal	To clearly describe the type of intervention delivered. The proposal supports an operational requirement to understand the various duties/roles required to address the needs of HARP clients and how best to deliver a service to them. The requested amendment to the data set can inform practice and improve service delivery. To identify further elements of care co-ordination with HARP clients. To more accurately reflect the purpose of the HARP program and the role of care co-ordination.
Details of change	This proposal incorporates the following changes: 5.1 (p.43) Changes to the code descriptor and reporting guide for two codes in Section 3: Contact Purpose for 21- *Education / Self-Management* and 42- *Case Management and/or Care Co-ordination*.

Proposal 6 – Episode Health Conditions – Change of code descriptors

It is proposed to	Change the descriptors of Episode Health Conditions codes relating to cancer.
Programs affected	Family Choice Program HARP Post Acute Care Residential In-Reach Sub-acute Ambulatory Care Services Transition Care Program Victorian HIV Service Victorian Respiratory Support Service
Proposed by	Cancer Reform, Wellbeing and Integrated Care Department of Health
Implementation Date	1 July 2012
Reason for proposal	The current items 0200 to 0310 do not reflect the Victorian cancer tumour streams; they require revision to allow any future matching to the VAED agreed tumour stream categories.
Details of change	This proposal incorporates the following changes:

6.1 (p.48)	Revision of code descriptors in Section 3: *Episode Health Conditions*

Proposal 7 – Addition of Patient Update Date/Time

It is proposed to	Add a new data element to capture the date and time the Patient/Client record was last updated.	
Programs affected	All	
Proposed by	Health Information & Reform Specification Department of Health	
Implementation Date	1 July 2012	
Reason for proposal	This change will enable problems with the current 'stateless' patient/client record to be overcome and data for the patient/client related to a specific point in time. At the moment, it is unclear to when any given data element captured on the patient/client record relates.	
Details of change	7.1 (p.33)	Addition of data element to Section 3: *Patient Update Date/Time*.

Proposal 8 – Contact Professional Group – Addition of code value

It is proposed to	Add two new codes to the *Contact Professional Group* for *Medical Registrar* and *Medical Trainee.*
Programs affected	All
Proposed by	Palliative Care, Wellbeing and Integrated Care Department of Health and Funding and Information Policy, Hospital and Health Service Performance Department of Health
Implementation Date	1 July 2012
Reason for proposal	Hospital Based Palliative Care Consultancy Teams (HBPCCTs) have a consultancy role within acute hospitals to support provision of palliative care to people with a life-limiting condition. Part of their role is to support clinicians from outside the palliative care specialty. This frequently involves contacts attended by registrars and medical trainees, who are not captured in the existing list of professional groups. The addition of this code will clarify the appropriate category for registrars and trainees. It will enable HBPCCTs to quantify the number of contacts at which a registrar is present, as this forms a significant portion of their workload. The proposal is also submitted by the Funding and Information Policy branch for the collection of Specialist Clinics (Outpatients) information.
Details of change	This proposal incorporates the following changes: 8.1 (p.42) Addition of code value to Section 3: *Contact Professional Group.*

Proposal 9 – HIV – Addition of new Program code, and Addition of data elements

It is proposed to

1. Separate the HIV Stream from the HARP Program and create a new Program called 'Complex Care – HIV'.
2. Include data elements currently collected via an excel spreadsheet.

Programs affected

HARP 27 – HIV (Services in scope: Barwon Health, Melbourne Health, Southern Health, St Vincent's Health)

Proposed by

Clinical Service Development, Wellbeing and Integrated Care
Department of Health

Implementation Date

1. 1 July 2012

2. It is anticipated that this part of the proposal will require a staged implementation, with expected dates to be advised following analysis of the requirements and consultation with services.

Reason for proposal

To streamline program reporting requirements by collecting outcome based data which is currently collected manually and submitted on an Excel spreadsheet.

To simplify reporting requirements and support policy development.

To data quality and the usefulness of the data.

Details of change

This proposal incorporates the following changes:

9.1(p.52) Create a new Program/Stream for Complex Care – HIV and discontinue Program/Stream *HARP-HIV*..

9.2 (p.63) Change the Referral In Program/Stream for reporting from *HARP-HIV* to *Complex Care – HIV*.

9.3 (p.27) Modification of Section 2: Contacts to include reporting of Indirect Contacts for Complex Care – HIV.

9.4 (39) Modification to Section 3: Contact Client Present Status to allow reporting of indirect contacts for Complex Care - HIV.

9.5 Modification to Section 3: Contact Session Type to allow reporting of indirect contacts (no changes required to data element specification. Validation amendments will be documented in the Specifications to be released in December).

9.6 (p.**Error! Bookmark not defined.**) Modification to Section 3: Contact Delivery Mode to allow reporting of Code 4 *Written* for Complex Care – HIV.

9.7 (p.67) Referral In Service Type: Add code 640 *Victorian HIV/AIDS Service*

Details of change (cont)	9.8 (p.68)	Addition of new code values to Section 3: Referral Out Service Type for *The Victorian HIV/AIDS Service*, *Other Infectious Diseases Clinic*, *HIV Community Health Service*, *HIV Support Service*, *Accommodation Service*, *HIV Community Nursing Service*, and *CALD Services*.
	9.9	***This section will be developed further and implementation dates advised following consultation.*** Addition of new data elements in Section 3. The definitions, reporting guides and reporting points will be developed in detail and provided when available. Referral In Complex Medical Needs Referral In Complex Psychosocial Needs Episode Unplanned/Avoidable Emergency Department Presentations (at Episode Start and Episode End) Episode Unplanned/Avoidable Infectious Disease Clinic Presentations (at Episode Start and Episode End) Episode Avoidable Hospital Admissions (at Episode Start and Episode End) Episode Failure to Attend (at Episode Start and Episode End) Episode Year of HIV Diagnosis Episode Medical Adherence (at Episode Start and Episode End) Episode Level of GP Involvement (at Episode Start and Episode End) Episode Episode Care Plan Goals Met (at Episode Start and Episode End) Episode Care Plan Referral Services

Proposal 10 – Addition of new Program for Integrated Hepatitis C Service

It is proposed to	Add new Program for Integrated Hepatitis C Service which involves a new Program/Stream, mandatory reporting of some existing data elements, and the addition of new data elements.
Programs affected	No other Program affected. Services required to report for this program are: Alfred Health Austin Health Ballarat Community Health Service Barwon Health Bendigo Health Eastern Health Goulburn Valley Health LaTrobe Community Health Service Melbourne Health Southern Health (Monash Clayton) St Vincent's Health Western Health
Proposed by	Clinical Service Development, Wellbeing and Integrated Care Department of Health
Implementation Date	It is anticipated that this part of the proposal will require a staged implementation, with expected dates to be advised following analysis of the requirements and consultation with services.
Reason for proposal	Information about this program is currently being collected via Excel spreadsheet. This proposal seeks to ascertain whether services anticipate issues reporting the data via VINAH.
Details of change	This proposal incorporates the following changes:

10.1 (p.52)	Create a new Program/Stream for *Integrated Hepatitis C Service.*
10.2 (p.63)	Create a new Referral In Program/Stream for *Integrated Hepatitis C Service.*
10.3	Addition of data elements for Integrated Hepatitis C Service. ***This section will be developed further and implementation dates advised following consultation.***

Proposal 11 – Addition of Campus Code

It is proposed to	Add a new data element to identify the campus of the service responsible for the delivery of a service to a patient/client.
Programs affected	All
Proposed by	Daniel Wellesley Non-Admitted and Ambulance Data Department of Health
Implementation Date	1 July 2012
Reason for proposal	Currently there is a gap in the reporting of service delivery in VINAH. The organisation accepting reponsibility for the patient is identified by the Organisation Identifier, and the organisation or party providing the service is identified by the Contact Provider Identifier. When the party providing the service is not a campus of a health service, the campus responsible is not identifiable (e.g Brokered services). This results in difficulties in aligning data to other sources such as AIMS and VAED where a campus code is collected. The inclusion of this data element would also assist services wishing to submit data at a campus level. Campus Code will be required for Specialist Clinics (Outpatients) to uniquely identify Clinic Identifiers.
Details of change	This proposal incorporates the following changes: 11.1 (p. 29) Addition of a new data element in Section 3: *Episode Campus Code*

Proposal 12 – Addition of Referral In Clinical Urgency Category for Specialist Clinics

It is proposed to	Add a new data element to categorise the clinical urgency for each patient/client's referral to the service.
Programs affected	Specialist Clinics (Outpatients)
Proposed by	Daniel Wellesley Non-Admitted and Ambulance Data Department of Health
Implementation Date	1 July 2012
Reason for proposal	Health services waiting time and waiting list calculations are categorised by the level of 'urgency'. This will offer the opportunity to calculate urgent and routine waiting times.
Details of change	This proposal incorporates the following changes:

	12.1 (p.35)	Addition of a new data element in Section 3: *Referral In Clinical Urgency Category*

Proposal 13 – Addition of codes to Referral In Outcome for Specialist Clinics.

It is proposed to	Add new codes to Referral In Outcome: a) For patients referred directly to the Emergency Department, and b) For Referrals that have been renewed as required by MBS.
Programs affected	All
Proposed by	Daniel Wellesley Non-Admitted and Ambulance Data Department of Health
Implementation Date	1 July 2012
Reason for proposal	a) To collect information about current practices in services. b) To identify referrals that have been renewed due to the MBS requirement to have renewed specialist referral at three months or a GP referral at twelve months. This requires services to close episodes and open new ones when a referral is renewed. The new code will assist the department in identifying episodes broken because of this requirement.
Details of change	This proposal incorporates the following changes:

13.1 (p.61)	a) Referral In Outcome: Add a code for referrals that were not accepted because the patient was advised to present to the Emergency Department. Note: A similar request was made in Proposal 2.2. This proposal has been written to align.
13.2 (p.61)	b) Referral In Outcome: Add code 3 *Referral Accepted – Renewed referral.*

Proposal 14 – Amendments required to collect Specialist Clinics (Outpatients) waiting list information

It is proposed to	Add Referral In Clinical Referral Date as a mandatory data element for Specialist Clinics (Outpatients). The Clinical Referral Date is the date that referring practitioner made the referral referrals. For written referrals, it is the date on the referral letter. Add a code to the value domain of Contact Purpose to clearly identify 'New' and 'Review' Specialist Clinics (Outpatients) contacts.
Programs affected	All
Proposed by	Daniel Wellesley Non-Admitted and Ambulance Data Department of Health
Implementation Date	1 July 2012
Reason for proposal	These changes are required to monitor waiting times for Specialist Clinics (Outpatients).
Details of change	This proposal incorporates the following changes:

14.1 (p.37)	Addition of a new data element in Section 3: *Referral In Clinical Referral Date*
14.2 (p. 43)	Addition of code to the value domain of Section 3: *Contact Purpose*, and additions to the Reporting Guide.

Proposal 15 – Addition of Patient/Client Medicare Number

It is proposed to	Add Medicare Number as a mandatory data element for all Program/Streams.
Programs affected	All
Proposed by	Daniel Wellesley Non-Admitted and Ambulance Data Department of Health
Implementation Date	1 July 2012
Reason for proposal	This data element is required to meet Commonwealth reporting requirements under the National Health Reform Agreement 2011.
Details of change	This proposal incorporates the following changes: 15.1(p.31) Addition of a new data element in Section 3: *Patient/Client Medicare Number*

Proposal 16 – Updated Reference File for Contact Preferred Language and Patient/Client Birth Country

It is proposed to	Update the reference files for Contact Preferred Language and Patient/Client Birth Country in accordance with the release of new versions by the Australian Bureau of Statistics.
Programs affected	All currently reporting these data elements
Proposed by	Daniel Wellesley Non-Admitted and Ambulance Data Department of Health
Implementation Date	1 July 2012
Reason for proposal	The new reference files incorporate amendments which reflect changes to country names and new countries, and corrections to language codes.

Details of change

This proposal incorporates the following changes:

18.1 New reference file for Section 3: Contact Preferred Language – Australian Standard Classification of Languages (ASCL) 2011
The only change to data element definition is an update to the *Code set source*. (Change not shown in this document).

18.2 New reference file for Section 3: Patient/Client Birth Country – Standard Australian Classification of Countries (SACC) 2011, 2nd Edition, Revision 1
The only change to data element definition is an update to the *Code set source*. (Change not shown in this document).

Updated reference files are available on the HDSS Website. The reference files will detail the changes to each codeset :
www.health.vic.gov.au/hdss/reffiles/index.htm

Further details are available on the ABS website:

Contact Preferred Language:
http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/1267.0main+features82011

Patient/Client Birth Country:
http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/1269.0main+features1602011

Concept definitions

Proposal	Description
9.3	Modification of Section 2: Contacts to include reporting of Indirect Contacts for Complex Care – HIV.

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 and Complex Care – HIV Programs 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** **Complex care - HIV**	**Family Choice Program** **HARP** **HBPCCT** **Specialist Clinics (Outpatients)** **PAC** **SACS** **Transition Care Program** **Victorian HIV Service** **Victorian Respiratory Support**	**Residential In-Reach**
Service			
- Direct			
- - Attended	Yes	Yes	Yes
- - Non-Attended		Yes	Yes
- Indirect	Yes		Yes (Optional)
Administrative			

New data elements

Proposal	*Description*
11.1	Addition of a new data element in Section 3: *Episode Campus Code*

Episode Campus Code

Specification

Definition	Indicates the hospital campus responsible for the delivery of a service to a patient/client.				
Form	Code	***Repeats:***	***Min.***	***Max.***	***Duplicates?***
			1	1	Not applicable
Layout		***Size:***	***Min***	***Max.***	

Location

Transmission protocol: **Flat File Submission (2010-11)**

Episode (insert)

Transmission protocol: **HL7 Submission**

Episode (insert)

Episode (update)

Episode (delete)

Transmission protocol: **XML Submission**

Episode (insert/update)

Reported By All

Reported For All episodes in the current reporting period.

Reported When

Value Domain Enumerated

Table Identifier

Reporting Guide	Report the campus of the organisation responsible for the provision of services to a patient/client within the episode. The actual service may be delivered by another organisation or party, the identifier of which is reported in the Contact Provider Identifier. Where a service is provided at the campus, both the Campus Code and the Contact Provider Identifier will be reported as the Campus Code.
Validations	
Related items	

Administration

Purpose	To identify the campus of a health service responsible for providing care.
Principal Users	Multiple internal data users.
Synonyms	

Version history	***Version***	***Previous Name***	***Effective Date***
			2012-07-01
Definition Source	DH	***Value Domain Source***	DH

Proposal	Description
15.1	Addition of data element to Section 3: *Patient/Client Medicare Number*

Patient/Client Medicare Number

Specification

Definition	Personal identifier allocated by Medicare Australia to eligible persons under the Medicare scheme.				
Form	Identifier	***Repeats:***	***Min.***	***Max.***	***Duplicates?***
			1	1	Not applicable
Layout	N(11)	**Size:**	**Min**	**Max.**	

Location

Transmission protocol: **Flat File Submission (2010-11)**

Episode (insert)

Transmission protocol: **HL7 Submission**

Episode (insert)

Episode (update)

Episode (delete)

Transmission protocol: **XML Submission**

Episode (insert/update)

Reported By All programs

Reported For All messages

Reported When All Programs, not elsewhere specified

Value Domain The patient's Medicare number and code, issued by Medicare Australia.

Reporting Guide	Valid: • First character can only be a: 2, 3, 4, 5, or 6 • Numeric or all blanks • Check digit (ninth character) is the remainder of the following equation: [(1st digit * 1) + (2nd digit * 3) + (3rd digit * 7) + (4th digit * 9) +(5th digit * 1) + (6th digit * 3) + (7th digit * 7) + (8th digit * 9)] / 10 Invalid: • Special characters (for example, $, #) • Alphabetic characters • Zero-filled (if the Medicare number is not available or not applicable, the Medicare number must be left blank) The Medicare number is printed in the centre on the Medicare card. The Medicare code is also called the ‘eleventh character’ of the number. It is the number printed to the left of the name of the patient.
Validations	
Related items	

Administration

Purpose	To: • Assist in monitoring continuity of care across hospitals. • Ensure eligibility for publicly funded health care.
Principal Users	
Synonyms	

Version history	***Version***	***Previous Name***	***Effective Date***
			2012-07-01
Definition Source	NHDD	***Value Domain Source***	Medicare Australia

Proposal	*Description*
7.1	Addition of data element to Section 3: *Patient/Client Update Date/Time*.

Patient/Client Update Date/Time

Specification

Definition	The date and time that any of the required Patient data elements were updated on the facility's system. Note: This is not the date the updated details are transmitted.				
Form	Date and time	***Repeats:***	***Min.***	***Max.***	***Duplicates?***
			1	1	Not applicable
Layout	YYYYMMDDhhmm	**Size:**	**Min**	**Max.**	

Location	**Transmission protocol:**	**Flat File Submission (2010-11)**
	Episode (insert)	
	Transmission protocol:	**HL7 Submission**
	Episode (insert)	
	Episode (update)	
	Episode (delete)	
	Transmission protocol:	**XML Submission**
	Episode (insert/update)	

Reported By	All programs
Reported For	All messages
Reported When	All Programs, not elsewhere specified
Value Domain	Valid date
Reporting Guide	Update Date/Time indicates when the patient details were last updated. Updates may be made to patient information regardless of whether the patient has a current episode or not. Providing the Update Date/Time allows DH to match the value of a data element which was current at the time of each episode.

Validations

Related items

Administration

Purpose	To ensure changes to information are stored and can be compared to episode data.		
Principal Users			
Synonyms			
Version history	***Version***	***Previous Name***	***Effective Date*** 2012-07-01
Definition Source	DH	***Value Domain Source***	ISO8601:2000

Proposal	Description
12.1	Addition of a new data element in Section 3: *Referral In Clinical Urgency Category*

Referral In Clinical Urgency Category

Specification

Definition	A categorisation of the urgency with which a patient needs to be seen in a Specialist Outpatient Clinic.				
Form	Code	***Repeats:***	***Min.***	***Max.***	***Duplicates?***
Layout	N	***Size:***	***Min*** 1	***Max.*** 1	

Location

Transmission protocol: **Flat File Submission (2010-11)**

Episode (insert)

Transmission protocol: **HL7 Submission**

Episode (insert)

Episode (update)

Episode (delete)

Transmission protocol: **XML Submission**

Episode (insert/update)

Reported By Specialist Clinics (Outpatients)

Reported For All referrals received during 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:

Referral In Received Date (Mandatory)

Value Domain Enumerated

Table Identifier

Code	*Description*
1	Urgent
2	Routine
9	Awaiting triage

Reporting Guide	**1 Urgent** A referral is urgent if the patient has a condition that has the potential to deteriorate quickly with significant consequences for health and quality of life if not managed promptly. Use when a clinical determines that the patient should be seen in a Specialist (Outpatient) Clinic within 30 days of the receipt of the referral. **2 Routine** Use when a clinical determines that the patient does not need to be seen in a Specialist (Outpatient) Clinic within 30 days of the receipt of the referral. **9 Awaiting triage** Use when the referral has been received but is awaiting triage by a clinician. When using this code, the referral must be updated and re-submitted once triage has occurred.
Validations	
Related items	

Administration

Purpose	To calculate waiting times categorised by the urgency of the referral.		
Principal Users			
Synonyms			
Version history	Version	Previous Name	Effective Date
			2012-07-01
Definition Source	DH	Value Domain Source	DH

Proposal	*Description*
14.1	Addition of a new data element in Section 3: *Referral In Clinical Referral Date*

Referral In Clinical Referral Date

Specification

Definition	The date on the referral as entered by the referring clinician.				
Form	Date	***Repeats:***	***Min.***	***Max.***	***Duplicates?***
Layout	YYYYMMDD	***Size:***	***Min***	***Max.***	

Location

Transmission protocol: **Flat File Submission (2010-11)**

Episode (insert)

Transmission protocol: **HL7 Submission**

Episode (insert)

Episode (update)

Episode (delete)

Transmission protocol: **XML Submission**

Episode (insert/update)

Reported By Specialist Clinics (Outpatients)

Reported For All referrals received during 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:

Referral In Received Date (Mandatory)

Value Domain Valid date

Reporting Guide Report the date the clinician has entered onto, or dated, the referral.

Validations

Related items

Administration

Purpose	To calculate waiting times categorised by the urgency of the referral.		
Principal Users			
Synonyms			
Version history	Version	Previous Name	Effective Date
			2012-07-01
Definition Source	DH	Value Domain Source	DH

Revised data elements

Proposal	*Description*
2.6	Addition of reporting guide for Code 20 of Section 3: Contact Client Present Status.
9.4	Modification to Section 3: Contact Client Present Status to allow reporting of indirect contacts for Complex Care - HIV.

Contact Client Present Status

Information not displayed remains unchanged

Value Domain

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 / CC/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

20 Carer(s)/Relative(s) of the patient/client only

For Residential In-Reach (RIR) only, this may include a paid carer.

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 and Complex Care – HIV / Optional for RIR.

Proposal	*Description*
9.6	Modification to Section 3: Contact Delivery Mode to allow reporting of Code 4 *Written* for Complex Care – HIV.

Contact Delivery Mode

Information not displayed remains unchanged

Value domain: Enumerated.

Table Identifier HL70406

	Code	*Descriptor*
	1	Face-to-face
	2	Telephone
	3	Telehealth
*PC, VHS, CC	4	Written
* Not PC	9	Not applicable

Reporting guide

Information not shown is unchanged.

Patient/client includes carer and/or relative, except where the patient/client and carer and/or relative have a different delivery mode, in which case the delivery mode of the patient/client should be reported.

4 - Written
Written communication that is clinical in nature, with a patient/client or other health
professional. Only in scope for Palliative Care Services, Victorian HIV Service, and Complex Care - HIV.

Proposal	***Description***
18.1	New reference file for Section 3: Contact Preferred Language – Australian Standard Classification of Languages (ASCL) 2011

Contact Preferred Language

Information not displayed remains unchanged

Reporting Guide	Four-digit codes as specified in ABS Australian Standard Classification of Languages, ~~(2005-2006)~~ 2011 (ABS ASCL ~~(2005-2006)~~ 2011) should be used.

Proposal	*Description*
8.1	Addition of code values to Section 3: *Contact Professional Group.*

Contact Professional Group

Information not displayed remains unchanged

Value domain:	Enumerated. **Table Identifier** 990013 099700 Care Coordinator 099710 Clinical Educator 099800 Not Applicable: Voluntary worker 099895 Registrar 099896 Medical trainee 099897 Other Health Professional 099898 Other discipline service provider 099899 Discipline not stated ***The following codes are unchanged.***
Reporting Guide	Use as many codes as necessary to report each professional and professional group involved in the contact and client service event, respectively. For Client Service Events, do not repeat codes. For example, if two physiotherapists are involved in a single client service event, only report the code '252511-Physiotherapist' once. If codes are repeated for Client Service Events they will be removed for reporting purposes. At the contact level, report one code for each participating clinician. For Hospital Based Palliative Care Consultancy Team (Program HBPCCT) Codes 099895 *Registrar* or 099856 *Medical trainee* should not be the only code reported.

Proposal	Description
5.1	Changes to the code descriptor and reporting guide for two codes in Section 3: *Contact Purpose* for 21- *Education / Self-Management* and 42- *Case Management and/or Care Co-ordination*.
14.2	Addition of code to the value domain of Section 3: *Contact Purpose*, and additions to the Reporting Guide.

Contact Purpose

Information not displayed remains unchanged

Value domain:

Enumerated.

Table Identifier HL70230

	Code	***Descriptor***
	11	Initial Needs Identification (INI)
	12	Comprehensive Assessment
	13	Specialist Assessment
	21	Education / Self-Management
	22	Therapy/Clinical Intervention not further specified
	23	Symptom control/pain management
	24	Spiritual Care
	25	Personal Care
	26	Bereavement Support
	27	Social Support
	28	Supported Accommodation
*HBPCCT	29	Formal Family Meeting
	41	Case Conference
	42	~~Other c~~Case management and/or care co-ordination
*OP	61	Research/Medical Trial
	71	Follow up/Monitoring/Evaluation/Review
*OP	72	First contact for episode
	99	Other

Reporting Guide

All information not shown in this section is unchanged.

Where there is more than one service provided in a single contact, choose as the main purpose the value that was most significant.

More than one purpose may be optionally reported. The main purpose must be

reported with a Procedure Sequence Number of '1', additional purposes reported with values of '2', '3', '4'... and so on.

For Specialist Clinics (Outpatients), one of 72 *First contact for episode* or 71 *Follow up/Monitoring/Evaluation/Review* **must** be reported for each Contact. Other appropriate codes may also be reported.

21 - Education

Education and feedback provided to the patient/client. This can include self-management education where education and empowerment are the main intent.

Includes:

- Health Coaching
- Motivational Interviewing
- Development of Self Management Skills
- Decision based counselling

Excludes:

- Staff training.

For Palliative Care, this could also include:

- Education regarding the role of Palliative Care and services provided
- Education regarding the disease process and/or treatment/symptom variants
- Education regarding the interventions/prescribed medications
- Education regarding the use of domiciliary oxygen
- Education regarding other supports/services in the community
- Education regarding medication side-effects and how they work
- Education regarding transferring, using and caring for equipment such as shower aids
- Education regarding bowel management
- Education regarding depression/anxiety

42 - ~~Other c~~Case management and/or care co-ordination

Care Coordination: The range of services required by the patient/client is coordinated so that they are delivered in the most efficient and effective way to meet individual patient's/client's needs. Care Coordination enables continuity of care, avoids duplication of services and ensures that meeting patient/client needs is paramount over the needs of individual service providers and is not hampered unnecessarily by program boundaries.

Case Management: The activities undertaken by one central person who assumes overall responsibility for the care plan, in order to streamline the interface between the service system and the patient/client and carer.

The terms 'care co-ordination' and 'case management' may be used

interchangeably in some services.

Excludes Case Conference (41)

This could include:

- Liaison with other health professionals
- Referrals to other agencies e.g. home help / respite / HACC
- Organising provision and delivery of equipment
- Medication organisation/request for scripts to be written and sent to pharmacy
- Liaison with nursing services
- Contact with GPs,specialists, community services or PC nurse liaison
- Funding application for equipment / services
- Referrals within service to other professional groups, such as volunteers
- Team discussion and care plan determination
- Goal setting
- Exploration of service options
- Facilitated service linkage (with patient present)

72 First contact for episode

For Specialist Clinics (Outpatients) report this code if this is the first appointment for the patient within this episode.

Excludes:

- Subsequent contacts for review (use code 71)

Proposal	*Description*
3.1	Revisions to Section 3: *Episode Advance Care Plan Documented Date.*

Episode Advance Care Plan Documented Date

Specification

Definition: The date of documentation that an advance care plan has been initiated, updated or reported for the first time.

.

Information not displayed is unchanged

Reported by

Family Choice Program

Hospital Admission Risk Program

Residential In-Reach

Transition Care Program

Victorian HIV Service

Victorian Respiratory Support Service

Palliative Care

Sub-acute Ambulatory Care Service

Post Acute Care

Reporting Guide

~~The century component of the year must begin with '20'.~~

Advance care planning is a process of planning for future health and personal care whereby the person's values, goals, beliefs and preferences are made known so that they can guide decision making at a future time when the person cannot make or communicate their decisions (referred to here as future wishes).

Advance care planning requires respect for the person and their autonomy. It is often about end-of-life care, but not always. It aims to improve quality of care and is based on human rights principles, including self-determination, dignity and the avoidance of suffering.

An Advance Care Plan comprises any of the following

- a record of a discussion about future wishes
- a discussion with significant family and / or friends that communicates a person's future wishes
- formal written wishes that are witnessed and signed
- informal written wishes that are neither witnessed nor signed
- a completed Enduring Power of Attorney (Medical Treatment)
- the appointment in writing of a Substitute Decision Maker

- a completed Refusal of Treatment Certificate.

In whatever form the documentation takes it must have the potential to assist in some way with future decision making about health and personal care. This is by either appointing a substitute decision maker or recording the person's wishes.

An ACP date should not be recorded if the topic of ACP is introduced, but no information to guide future decision making is gained.

If an advance care plan has not yet been documented, do not report this item. The date of the last update to the advance care plan should be recorded in this item. If an advance care plan has been documented but the date of the advance care plan is unknown then the day prior to the episode start date should be recorded.

Transmission binding data element

When this data element is transmitted via HL7, the value "ACPD" must be transmitted in

Episode Pathway Type.

Proposal	*Description*
6.1	Revision of code descriptors in Section 3: *Episode Health Conditions*
7.1	Change to *Reported by* for Section 3: *Episode Health Conditions*

Episode Health Conditions

Specification

Information not displayed is unchanged

Reported by

Family Choice Program

Hospital Admission Risk Program

Post Acute Care

Residential In-Reach

Sub-acute Ambulatory Care Services

Transition Care Program

Victorian HIV Service

Victorian Respiratory Support Service

Information not displayed is unchanged

Value domain

Table Identifier 990080

Code	***Descriptor***
(All information not shown is unchanged)	
2 - Neoplasms (tumours/cancers)	
0200	Head and neck cancer
0215	~~Stomach~~ Upper Gastroinestinal cancer
0218	~~Bowel~~ Colorectal cancer
0222	~~Liver cell carcinoma~~ Endocrine and thyroid cancer
0230	Lung cancer
0240	Bone and articular cartilage cancer
0243	Skin cancer
0245	Soft tissue cancer
0250	Breast cancer
0251	~~Ovarian~~ Gynaecological cancer
0260	~~Prostate~~ Genitourinary cancer
0269	~~Brain~~ Central Nervous System cancer
0276	Other malignant tumours

0279 Metastatic (secondary) malignancy

0280 Secondary of unknown primary

0281 Hodgkin's disease

0282 Non-Hodgkin’s lymphoma

0290 Leukaemia

0299 Rare cancer

0310 Other benign tumour

Proposal	*Description*
2.3	Episode Other Factors Affecting Health: Add codes 4104 *Presence of PEG*, and 4105 *Presence of Catheter*, and 4106 *Presence of Stoma* to value domain.
4.1	Addition of code values to Section 3: *Episode Other Factors Affecting Health*.

Episode Other Factors Affecting Health

Specification

Information not displayed is unchanged

Value domain

Table Identifier 990036

Code	**Descriptor**
1100	Carer issue
1200	Child care and education issue
1300	Concern about intervention/ treatment
1400	Cultural and language spoken issue
1500	Daily living issue
1600	Disease management issue
1601	Issues in self management
1602	Health literacy
1700	Emotional/ behavioural/ mental health issue
1800	Employment issue
1900	Environmental issue
2000	Ethical/ professional issue
2100	Family & other relationships issue
2200	Fetal, infant, child and adolescent development issue
2300	Financial issue
2401	Eviction Issue
2402	Homelessness
2403	Need for emergency accommodation
2404	Need for sheltered accommodation
2405	Need for supported accommodation
2406	Tenancy issues
2407	Unsuitable accommodation
2408	Other housing issue

	2500	Immigration issue
	2600	Immunisation required
	2700	Isolation issue
	2800	Issue due to other misadventure
	2801	Issue due to falling
	2802	Issues due to medication
	2900	Learning issue
	3000	Legal issue
	3100	Maltreatment issue
	3200	Negligence/ adverse result issue
	3300	Nutrition & eating issue
	3500	Promotion/ prevention required
	3600	Public safety issue
	3700	Sexuality issue
	3800	Spiritual/ religious issue
	3900	Verbal communication issue
	4001	Other psychosocial issue
	4100	Palliative
	4101	Non-Weight Bearing
	4102	Functional Decline
	4103	Patient/ Client Utilises Home Oxygen
***RIR**	4104	Presence of PEG
***RIR**	4105	Presence of Catheter
***RIR**	4106	Presence of Stoma
	9998	Not stated/ inadequately described
	9999	No issue identified

Proposal	*Description*
1.1	Revision of Section 3: *Episode Program/Stream* value domain for the Outpatient Program
9.1	Create a new Program/Stream for *Complex Care – HIV* and discontinue Program/Stream *HARP-HIV.*
10.1	Create a new Program/Stream for *Integrated Hepatitis C Service*.

Episode Program/Stream

Specification

Definition The program/stream to which the patient's/client's episode relates.

Form	Code	***Repeats:***	***Min.***	***Max.***	***Duplicates?***
			1	1	Not applicable
Layout	N[NNN]	***Size:***	***Min***	***Max.***	
			1	4	

Location

Transmission protocol:	**Flat File Submission (2010-11)**
Episode (insert)	VEPI|6
Transmission protocol:	**HL7 Submission**
Episode (insert)	PPP_PCB (PV1/PV1.10)
Episode (update)	PPP_PCC (PV1/PV1.10)
Episode (delete)	PPP_PCD (PV1/PV1.10)
Transmission protocol:	**XML Submission**
Episode (insert/update)	Episode/ PrograStream/ Type

Reported By

Complex Care – HIV
Family Choice Program
Hospital Admission Risk Program
Hospital Based Palliative Care Consultancy Team
Integrated Hepatitis C Service
Medi-Hotel
Palliative Care
Post Acute Care
Residential In-Reach
Specialist Clinics (Outpatients)
Sub-acute Ambulatory Care Services
Transition Care Program
Victorian HIV Service
Victorian Respiratory Support Service

Reported For	All episodes started during the 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: Episode Start Date (Mandatory)
Value Domain	Enumerated Table Identifier HL770069

Code	***Descriptor***
Sub-acute Ambulatory Care Services (SACS)	
(No changes)	
Hospital Admission Risk Program (HARP)	
***HARP** 21	HARP - Respiratory Disease
***HARP** 22	HARP - Heart Disease
***HARP** 23	HARP - Diabetes
***HARP** 24	HARP - People with Complex Needs
***HARP** 25	HARP - People with Psychosocial Needs
***HARP** 26	HARP - Renal
~~***HARP** 27~~	~~HARP - HIV~~
***HARP** 29	HARP - Other
Complex Care - HIV	
***CC** 1	Complex Care - HIV
Integrated Hepatitis C Service	
***IH** 1	Integrated Hepatitis C Service
Post Acute Care (PAC	
(No changes)	
Community-based Palliative Care	
(No changes)	
Family Choice Program (FCP)	
(No changes)	
Victorian HIV Service (VHS)	

(No changes)

Victorian Respiratory Support Service (VRSS)

(No changes)

Medi-Hotel

(No changes)

Specialist Clinic Outpatients (OP)

*OP 101	General Medicine
~~*OP 102~~	~~Allergy~~
*OP 103	Cardiology
~~*OP 104~~	~~Diabetes~~
~~*OP 105~~	~~Endocrinology~~
*OP 106	Gastroenterology
*OP 107	Haematology
*OP 108	Nephrology
*OP 109	Neurology
*OP 110	Oncology
*OP 111	Respiratory
*OP 112	Rheumatology
*OP 113	Dermatology
*OP 114	Infectious Diseases
~~*OP 115~~	~~Developmental neurological disability~~
*OP 116	Immunology, includes Allergy
*OP 117	Endocrinology, includes Diabetes
*OP 118	Hepatobiliary and Pancreas
*OP 119	Burns
*OP 201	General surgery
*OP 202	Cardiothoracic surgery
*OP 203	Neurosurgery
*OP 204	Ophthalmology
*OP 205	Ear, nose and throat
*OP 206	Plastic surgery
*OP 207	Urology
*OP 208	Vascular
*OP 209	Pre-admission
*OP 301	Dental
*OP 310	Orthopaedics / Musculoskeletal

***OP** 311	Orthopaedic applications
***OP** 312	Neurology
***OP** 314	Wound care
***OP** 313	Stand-alone Allied Health
***OP** 350	Psychiatry and behavioural disorders, includes Alcohol and Drug
~~*OP 401~~	~~Family planning~~
***OP** 402	Obstetrics
***OP** 403	Gynaecology
***OP** 406	Reproductive medicine and Family planning
~~*OP 404~~	~~Reproductive medicine~~
~~*OP 405~~	~~Dysplasia and colposcopy~~
~~*OP 501~~	~~Paediatric surgical~~
~~*OP 502~~	~~Paediatric medical~~
~~*OP 550~~	~~Emergency medicine~~
~~*OP 601~~	~~Audiology~~
~~*OP 602~~	~~Nutrition~~
~~*OP 603~~	~~Optometry~~
~~*OP 604~~	~~Occupational therapy~~
~~*OP 605~~	~~Physiotherapy~~
~~*OP 606~~	~~Podiatry~~
~~*OP 607~~	~~Speech pathology~~
~~*OP 608~~	~~Social work~~
~~*OP 609~~	~~Other allied health services~~
~~*OP 610~~	~~Cardiac rehabilitation~~
~~*OP 611~~	~~Hydrotherapy~~

Reporting guide

Code 101-611

Includes the Outpatient Program/Streams.

313 Stand-alone Allied Health

This code should only be used when the entire episode for the patient/client is constituted of one or more Allied Health contacts. Where the patient/client is receiving services which fall under another Program/Stream but is also receiving Allied Health services, the episode should be reported with the other Program/Stream, not code 313.

Information not shown is unchanged.

Proposal	Description
2.4	Episode Proposed Treatment Plan Completion: Add reporting guide for code 10.

Episode Proposed Treatment Plan Completion

Specification

Definition	An indicator of whether the patient/client completed the proposed treatment/assessment program, and, if not, whether this was for medical or non-medical reasons, as determined by a clinician.				
Form	Code	***Repeats:***	***Min.***	***Max.***	***Duplicates?***
			1	1	Not applicable
Layout	NN	***Size:***	***Min***	***Max.***	
			1	1	

Location

Transmission protocol:	Flat File Submission (2010-11)
Episode (insert)	VEPI|12
Transmission protocol:	**HL7 Submission**
Episode (insert)	PPP_PCB (PV2\PV2.24)
Episode (update)	PPP_PCC (PV2\PV2.24)
Episode (delete)	PPP_PCD (PV2\PV2.24)
Transmission protocol:	**XML Submission**
Episode (insert/update)	Episode/ PatientManagement/ ServicePlan/ CarePlan/ End/ Reason

Reported By

Family Choice Program
Hospital Admission Risk Program
Post Acute Care
Residential In-Reach
Sub-acute Ambulatory Care Services
Transition Care Program
Victorian HIV Service
Victorian Respiratory Support Service

Reported For

Episodes where Episode End Date falls within 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:

Episode End Date (Mandatory)

Value Domain Enumerated

Table Identifier HL70216

	Code	***Description***
Completed		
	10	Care plan/proposed treatment completed
Did not complete for medical reasons		
***OP**	20	Treatment/assessment program not completed for medical reasons
	21	Unplanned patient/client admission to hospital
	22	Planned patient/client admission to hospital
	25	Alteration in patient/client medical treatment without hospital admission
	27	Patient/client died
Did not complete for non-medical reasons		
	31	Patient/client has declined further services
	33	Patient/client has moved from area
	35	Patient/client is unable to contacted
	41	Patient/client has been referred to another service
	43	No measurable benefit from continuing the service
	51	Patient/client not complying with program
	53	Risk to client or staff prevents service provision

Reporting Guide The values align with the Health Independence Program guidelines.

10 Care plan/proposed treatment plan completion

Report this code when the proposed episode plan of treatment has been completed. This may not be the patient/client's entire care plan.

Validations E253 Episode must have Completion of Proposed Plan of Treatment only if it has an Episode End Date.

Related items Episode End Date

Administration

Purpose Required for outcome analysis

Principal Users Department of Health

Synonyms

Version history

Version	***Previous Name***	***Effective Date***
5	Episode Proposed Treatment Plan Completion	2010-07-01
4	Episode Completion of Proposed Plan of Treatment	2009-07-01
3	Episode Completion of Proposed Plan of Treatment	2008-07-01
2	Completion of Proposed Plan of Treatment	2007-07-01
1	Completion of Proposed Program of Treatment	2005-07-01

Definition Source Department of Health ***Value Domain Source*** DH, based on HIP Guidelines 2008

Proposal	Description
18.2	New reference file for Section 3: Patient/Client Birth Country – Standard Australian Classification of Countries (SACC) 2011, 2nd Edition, Revision 1

Patient/Client Birth Country

Information not displayed remains unchanged

Reporting Guide	The code set used is Standard Australian Classification of Countries ~~1998~~ 2011 (SACC). Australian Bureau of Statistics Cat. no. 1269.0 (~~revision 2.03~~) (2nd Edition, Revision 1).

Proposal	*Description*
2.5	Patient/Client Usual Accommodation Type: Make mandatory for RIR program.

Patient/Client Usual Accommodation Type

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

Reported by:	Family Choice Program
	Hospital Admission Risk Program
	Hospital Based Palliative Care Consultancy Team
	Post Acute Care
	Residential In-Reach
	Sub-acute Ambulatory Care Services
	Transition Care Program
	Victorian HIV Service
	Victorian Respiratory Support Service

Proposal	*Description*
2.2	Referral In Outcome: Add code 36 R*ecommended to present to ED for medical reason* to value domain.
13.1	Referral In Outcome: Add a code for referrals that were not accepted because the patient was advised to present to the Emergency Department.
13.2	Referral In Outcome: Add code 2 *Referral Accepted – Renewed referral* to identify where a referral has been renewed due to the MBS requirement to have renewed specialist referral at three months or a GP referral at twelve months.

Referral In Outcome

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

Value Domain

Referral Accepted

1 Referral Accepted

3 Referral Accepted – Renewed referral

Patient Related Reason - Medical

21 Patient/client died

22 Patient/client safety issue

36 Recommended to present to ED for medical reasons

23 Patient/client not medically fit

Patient Related Reason - Non-Medical

24 Patient/client not contactable

25 Services declined or not required

Service Provider Related Reason

30 Patient/client out of catchment area for program

31 Clinician safety issue

32 More appropriate program/service identified

33 Patient/client does not meet the program/service criteria

34 Required services not available

35 No program/service capacity

Other Reasons

40 Other reason for cancellation

41 Referral withdrawn by referrer

Reporting Guide

Record the main referral outcome.

1 - Referral Accepted

Includes patients/clients who are accepted into a program and have been placed on a waiting list to receive services.

3 – Referral Accepted – Renewed Referral

To be used when a referral has been renewed due to the MBS requirement to have renewed specialist referral at three months or a GP referral at twelve months which has resulted in a new episode being opened.

22 Patient/client safety issue

To be used when the referral is not accepted due for a reason related to the safety of the patient/client.

Excludes:

- Patients/clients referred to an Emergency Department (use code 36)

36 – Recommended to present to ED for medical reasons

To be used when a referral is received but is not accepted as it is decided that the service is not appropriate because either:

- The situation is more complex or urgent than initially expected; or
- The treatment requires specialised medical skills or equipment not available to the referral program.

Proposal	Description
1.2	Revision of Section 3: *Referral In Program/Stream* value domain for the Outpatient Program.
9.2	Create a new Referral In Program/Stream for *Complex Care – HIV* and discontinue Program/Stream *HARP-HIV.*
10.2	Create a new Referral In Program/Stream for *Integrated Hepatitis C Service*.

Referral In Program/Stream

Specification

Definition The program/stream to which the patient/client is referred.

Form	Code	***Repeats:***	***Min.***	***Max.***	***Duplicates?***
			1	1	Not applicable
Layout	N[NNN]	***Size:***	***Min***	***Max.***	
			1	4	

Location

Transmission protocol:	**Flat File Submission (2010-11)**
Referral In (insert)	VRefIN|7
Transmission protocol:	**HL7 Submission**
Referral In (insert)	RRI_I12 (PV1.10)
Referral In (update)	RRI_I13 (PV1.10)
Referral In (delete)	RRI_I14 (PV1.10)
Transmission protocol:	**XML Submission**
Referral In (insert/update)	ReferralIn/ ProgramStream/ Type

Reported By

Complex Care – HIV
Family Choice Program
Hospital Admission Risk Program
Hospital Based Palliative Care Consultancy Team
Integrated Hepatitis C Service
Medi-Hotel
Palliative Care
Post Acute Care
Residential In-Reach
Specialist Clinics (Outpatients)
Sub-acute Ambulatory Care Services
Transition Care Program
Victorian HIV Service
Victorian Respiratory Support Service

Reported For All referrals received during 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:

Referral In Received Date (Mandatory)

Value Domain Enumerated

Table Identifier HL770069

Code	***Descriptor***
Sub-acute Ambulatory Care Services (SACS)	
(No changes)	
Hospital Admission Risk Program (HARP)	
***HARP** 21	HARP - Respiratory Disease
***HARP** 22	HARP - Heart Disease
***HARP** 23	HARP - Diabetes
***HARP** 24	HARP - People with Complex Needs
***HARP** 25	HARP - People with Psychosocial Needs
***HARP** 26	HARP - Renal
~~***HARP** 27~~	~~HARP - HIV~~
***HARP** 29	HARP - Other
Complex Care - HIV	
***CC** 1	Complex Care - HIV
Integrated Hepatitis C Service	
***IH** 1	Integrated Hepatitis C Service

Post Acute Care (PAC

(No changes)

Community-based Palliative Care

(No changes)

Family Choice Program (FCP)

(No changes)

Victorian HIV Service (VHS)

(No changes)

Victorian Respiratory Support Service (VRSS)

(No changes)

Medi-Hotel

(No changes)

Specialist Clinic Outpatients (OP)

***OP** 101	General Medicine
~~***OP** 102~~	~~Allergy~~
***OP** 103	Cardiology
~~***OP** 104~~	~~Diabetes~~
~~***OP** 105~~	~~Endocrinology~~
***OP** 106	Gastroenterology
***OP** 107	Haematology
***OP** 108	Nephrology
***OP** 109	Neurology
***OP** 110	Oncology
***OP** 111	Respiratory
***OP** 112	Rheumatology
***OP** 113	Dermatology
***OP** 114	Infectious Diseases
~~***OP** 115~~	~~Developmental neurological disability~~
***OP** 116	Immunology, includes Allergy
***OP** 117	Endocrinology, includes Diabetes
***OP** 118	Hepatobiliary and Pancreas
***OP** 119	Burns
***OP** 201	General surgery
***OP** 202	Cardiothoracic surgery
***OP** 203	Neurosurgery
***OP** 204	Ophthalmology
***OP** 205	Ear, nose and throat
***OP** 206	Plastic surgery
***OP** 207	Urology
***OP** 208	Vascular
***OP** 209	Pre-admission
***OP** 301	Dental
***OP** 310	Orthopaedics / Musculoskeletal

***OP** 311	Orthopaedic applications
***OP** 312	Neurology
***OP** 314	Wound care
***OP** 313	Stand-alone Allied Health
***OP** 350	Psychiatry and behavioural disorders, includes Alcohol and Drug
~~*OP 401~~	~~Family planning~~
***OP** 402	Obstetrics
***OP** 403	Gynaecology
***OP** 406	Reproductive medicine and Family planning
~~*OP 404~~	~~Reproductive medicine~~
~~*OP 405~~	~~Dysplasia and colposcopy~~
~~*OP 501~~	~~Paediatric surgical~~
~~*OP 502~~	~~Paediatric medical~~
~~*OP 550~~	~~Emergency medicine~~
~~*OP 601~~	~~Audiology~~
~~*OP 602~~	~~Nutrition~~
~~*OP 603~~	~~Optometry~~
~~*OP 604~~	~~Occupational therapy~~
~~*OP 605~~	~~Physiotherapy~~
~~*OP 606~~	~~Podiatry~~
~~*OP 607~~	~~Speech pathology~~
~~*OP 608~~	~~Social work~~
~~*OP 609~~	~~Other allied health services~~
~~*OP 610~~	~~Cardiac rehabilitation~~
~~*OP 611~~	~~Hydrotherapy~~

Reporting guide

Code 101-611

Includes the Outpatient Program/Streams.

313 Stand-alone Allied Health

This code should only be used when the entire episode for the patient/client is constituted of one or more Allied Health contacts. Where the patient/client is receiving services which fall under another Program/Stream but is also receiving Allied Health services, the episode should be reported with the other Program/Stream, not code 313.

Information not shown is unchanged

Proposal	***Description***
2.1	Referral In Service Type: Add code 206 Ambulance Officer / Paramedic to value domain.
9.7	Referral In Service Type: Add code 640 *Victorian HIV/AIDS Service*

Referral In Service Type

Information not displayed remains unchanged

Value Domain

Medical Professional/Service

201 GP

202 Specialist

206 Ambulance Officer / Paramedic

297 Other health practitioner

298 Other medical/health service (Government)

299 Other medical/health service (Non-Government)

(other codes unchanged)

640 Victorian HIV/AIDS Service

Reporting Guide

30 - Mental Health Professional/Service

Report the code appropriate for the referring service where known. Code 30 may be reported if a further level of detail is unknown.

206 – Ambulance Officer / Paramedic

Report when Ambulance Victoria makes a referral directly to the service.

Includes: Clients using the telephone triaging service with a member of Ambulance Victoria being present.

Excludes: Ambulance Victoria making a recommendation but where the referral is made by another person/provider.

Proposal	*Description*
9.8	Referral Out Service Type: Add code 640 *Victorian HIV/AIDS Service,* 641 Other Infectious Diseases Clinic, 642 HIV Community Health Service, 643 HIV Support Service, 626 Accommodation Service, 644 HIV Community Nursing Service, and 645 CALD Services.

Referral Out Service Type

Information not displayed remains unchanged

Value Domain

Medical Professional/Service

201 GP

202 Specialist

206 Ambulance Officer / Paramedic

297 Other health practitioner

298 Other medical/health service (Government)

299 Other medical/health service (Non-Government)

(other codes unchanged)

601 Post-Acute Care Program services

602 Community rehabilitation centre

603 Community palliative care support

604 Community mental health services

605 Psychiatric disability support service

607 Home & Community Care (HACC)

608 Community Aged Care Package

609 Extended Aged Care at Home (EACH)

610 Residential Aged Care Facility (Government)

611 Residential Aged Care Facility (Non-Government)

612 Home nursing service (includes District Nursing)

613 Domiciliary postnatal care

615 Transition Care program

616 Aged Care Assessment Service

618 Aboriginal and Torres Strait Islander (ATSI) Service

619 Child protection services

626 Accommodation service

636 Carelink Centre

637 Other community-based medical/health service (Government)

638 Other community-based agency/service (Non-Government)

639 Other community-based agency/service (Government)

640 Victorian HIV/AIDS Service

641 Other infectious disease clinic

642 HIV Community health service

643 HIV Support service

644 HIV Community Nursing

645 CALD services

Reporting Guide

30 - Mental Health Professional/Service

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Includes: Clients using the telephone triaging service with a member of Ambulance Victoria being present.

Excludes: Ambulance Victoria making a recommendation but where the referral is made by another person/provider.