

The VINAH Collection

Issue 1 – March 2009

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VINAH is the Victorian Integrated Non-Admitted Health data collection.

The Collection to Date

VINAH is The Victorian Integrated Non-Admitted Health data collection. Currently VINAH collects data for HARP (Hospital Admission Risk Program), SACS (Sub-Acute Ambulatory Care Services), PAC (Post Acute Care) and Community-based Palliative Care.

A key benefit of the VINAH data collection is that it integrates the collection of patient-level data across many government-funded programs. This benefits Health Services as they are now supported to collect just one set of data elements rather than managing multiple collections across many program streams. VINAH was specifically designed with the capacity to further extend its collection scope to include multiple program streams within a single set of data collection infrastructure.

For example, 2008 saw the VINAH data set piloted at four Specialist Clinic Services with promising results. Overall, the data collection pilot demonstrated that collection of patient-level data (including patient demographics and activity data) from Specialist Clinics is achievable and it is anticipated that eventually this program stream will be incorporated into VINAH.

This standardisation puts in place the vital foundations that will enable comparable data measurements across the health sector.

A significant aim of VINAH is also the alignment of data items and definitions with those used in other departmental collections, such as the VAED (Victorian Admitted Episodes Dataset). The data elements collected in VINAH are standardised to those within the National Health Data Dictionary.

In the section, "VINAH Vital Statistics", you will see that a lot of data has come in – but we are only part way along the road to receiving a full data collection from Health Services across Victoria.

VINAH started in 2005 with the SACS program and powered full-steam ahead with the incorporation of HARP, PAC and Palliative Care streams. 2009 is going to be another exciting year for VINAH with Family Choice, Medihotel, HIV and Victorian Respiratory Support Service (VRSS) coming on board. Check out our VINAH News section to find out more about these programs.

Key Dates

Vendors Forum

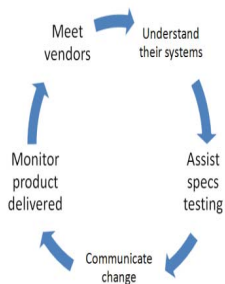
Topic: VINAH Specifications for 2009-10
Date: Wednesday 1st April 2009
Location: Room 19.10, 50 Lonsdale St Melbourne 3000

Data for a Purpose: Using VINAH Data

The other acute patient-level data collections - VAED, ESIS and VEMD - have long provided data about the acute health sector. The advent of VINAH will provide a more complete view of the total health system, addressing an information gap in terms of non-admitted services. Once the data compliance improves, there will be many consumers of the VINAH data. Both departmentally, in health services, for research and, Nationally, stakeholders will use the service data and patient demographics from VINAH for a variety of purposes: to inform policies; service implementation; quality; accountability; performance improvement; benchmarking; funding; and planning.

One example of the department's use of the data is the Program Measures project. A key goal of this project is to broaden the coverage and performance perspective that the department has of health service delivery, such that it encompasses the full range of services undertaken by hospitals. Of particular interest is how to maximise the potential of the data in terms of understanding patient movements through and across health services, including the interface with non-admitted and ambulatory services. The VINAH data collection, with its cross-program perspective and support for measuring referrals in and out will be a key enabler of this objective.

Software Vendor Processes



Supporting and Managing VINAH

To date, VINAH has primarily been an implementation project and while new programs will continue to come on board with VINAH, the need for a support and management resource for the collection became apparent in 2008.

In January 2009, Alison Daley joined the Health Data Development team to support and manage the VINAH data collection. A key objective of this role is to facilitate Health Services to get up to date with their data submission and we at DHS are aiming to have Health Services up to date by the end of the 2008–09 financial year.

If you are a Health Service and haven't been contacted by Alison yet – you will probably hear from her shortly as she tries to touch base with all Health Services and understand where each individual facility is up to with VINAH. It is apparent from initial investigations that each Health Service has unique issues around the data collection, ranging from software compatibility to resourcing for the collection of data.

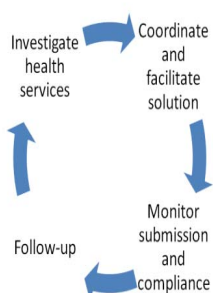
We are eager to work with both Health Services and software vendors to facilitate the necessary solutions and achieve our goal of all Health Services up to date with submissions by 30 June 2009.

To the left are some process pictures to show the way in which DHS is committed to working with Health Services and software vendors in this data catch-up phase and beyond.

If you are a Health Service or software vendor and require more information or would like to discuss your collection with Alison, she is more than happy to take your calls or e-mails.

Alison is available on (03) 9096 9073
or via e-mail alison.daley@dhs.vic.gov.au

Health Service Processes



VINAH Vital Statistics

The VINAH data

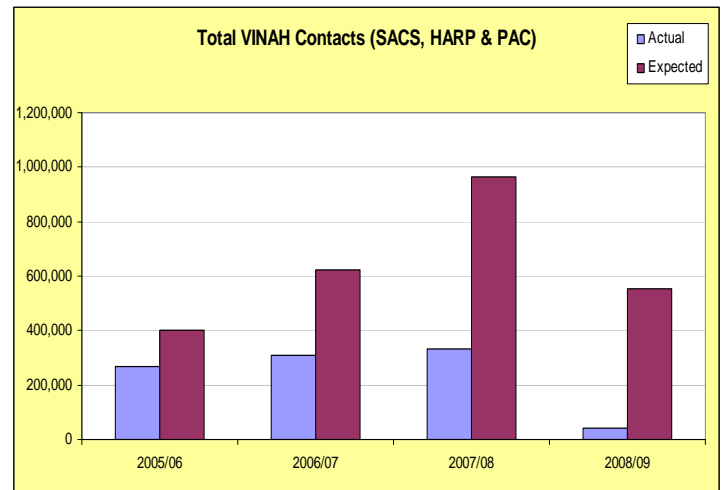
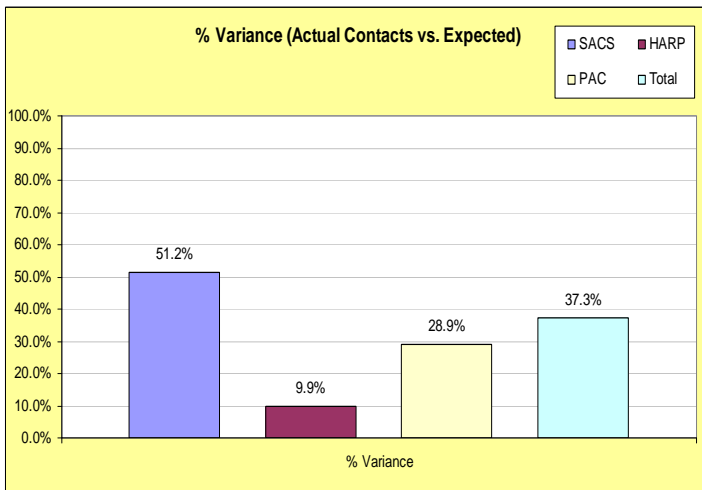
Compliance dropped to 35%

Over the period from 2005 to 2009 the percentage of actual contacts collected and submitted to DHS has been bumpy. For the 2005-06 period when DHS was only collecting SACS data, Health Services achieved a compliance rate of approximately 67% against DHS' expected submission rates.

In 2007-08 with VINAH collecting data across all four programs, the compliance rate has dropped to just 35%.

Out of all four programs, HARP shows the greatest variance of less than 10% of actual contacts being reported compared to what DHS expects to be reported.

Once DHS has received the expected VINAH data from Health Services, DHS will be in a position to send back useful information about the services they have been providing. This will allow benchmarking and comparison for services delivered by each Health Service in individual program streams.



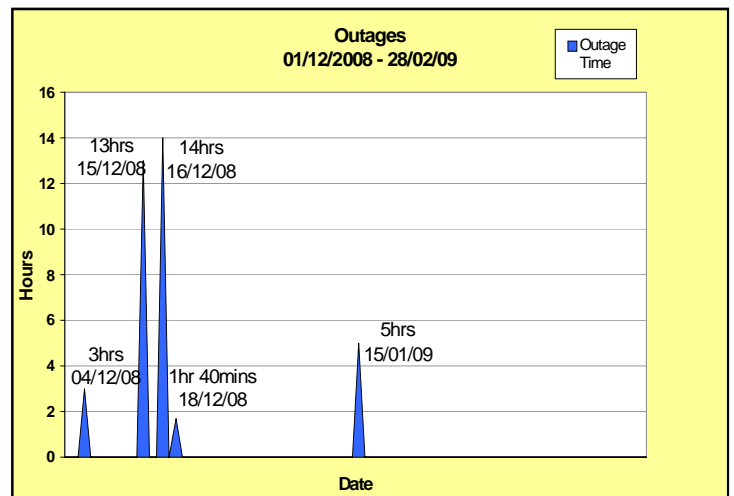
VINAH Processing System Status Report

DHS Server Uptime is 98.3%

The server status report for the last 3 months has shown that the VINAH processing system has had a 98.3% uptime. Our servers recorded an average utilisation of 7.3% over the 3 month period from 1 December 2008 to 28 February 2009. During peak times processing slowness may be experienced and we recommend large files be submitted in off-peak times.

In the past 3 months the VINAH processing system has processed over 390 000 messages sent to us from 50 Health Services across the state. Those 390 000 messages were grouped into 51 970 batches of which DHS were able to accept 49 463 batches – an acceptance rate of 95.2%.

If you would like further information on your own Health Service's data acceptance rates or on the VINAH systems utilisation status, we will be publishing full reports on the HDSS VINAH Website.



5 Outages in the last 3 months
Server downtime 37 hours over last quarter

Forward Planning

Programs moving to VINAH Reporting in 2009-10

Family Choice Program at Royal Children's

The Family Choice Program (FCP), auspiced and operated by the Royal Children's Hospital (RCH), was established in 1997. The program supports children with medically complex care needs to live with their families in the community, reflecting the FCP's mandate to decrease or avoid hospitalisation of children.

The FCP supports children and their families while the child's care needs continue to meet the criteria of frequent, complex interventional medical health care needs. Services are based on customised support packages, broadly comprising case management, nursing support and respite. Individual service packages are provided to clients across the state through a range of partnerships and service purchasing arrangements. The case management component of the service uses brokerage funding to top up families' existing entitlements to community services and to fund additional services as required.

Victorian Respiratory Support Service at Austin Health

The Victorian Respiratory Support Service (VRSS) is a state-wide specialist service auspiced by Austin Health to provide ventilator equipment and support to adults who are chronically ventilator dependent.

VRSS components include inpatient services to assess the need for ventilation (eligibility) and subsequent establishment of ventilation. This latter stage includes fitting and calibration of ventilators, monitoring the initial use of equipment provided (including overnight sleep studies) and initial training for the ventilator user and carers. These services are provided by a specialised multidisciplinary team, which provides ongoing support to VRSS clients.

Victorian HIV / AIDS Service at Alfred Health

The Victorian HIV/AIDS Service (VHS) was established in 1996 as a centre of excellence in HIV treatment and care in Victoria. The VHS provides integrated care across the acute, sub-acute, ambulatory and community sectors on a local and state-wide basis. The VHS is provided through the Infectious Diseases Unit at Alfred Health.

The VHS provides a significant clinical leadership role in Victoria, through outreach nursing and medical support and the delivery of specialist state-wide services, including the Victorian HIV Consultancy, Victorian Mental Health Service, HIV Culturally and Linguistically Diverse (CALD) Service and the Victorian Non-occupational Post Exposure Prophylaxis (NPEP) Service. The VHS also includes Fairfield House and Horizon Place. Fairfield House is a 15-bed sub-acute HIV service, which receives transfers for a number of long-term patients from other acute facilities. Horizon Place is a 24-hour supported accommodation facility for people living with HIV/AIDS providing continuity of care for people transitioning from acute and sub-acute services, and for people with HIV/AIDS who require respite care and emergency accommodation.

Useful Websites:

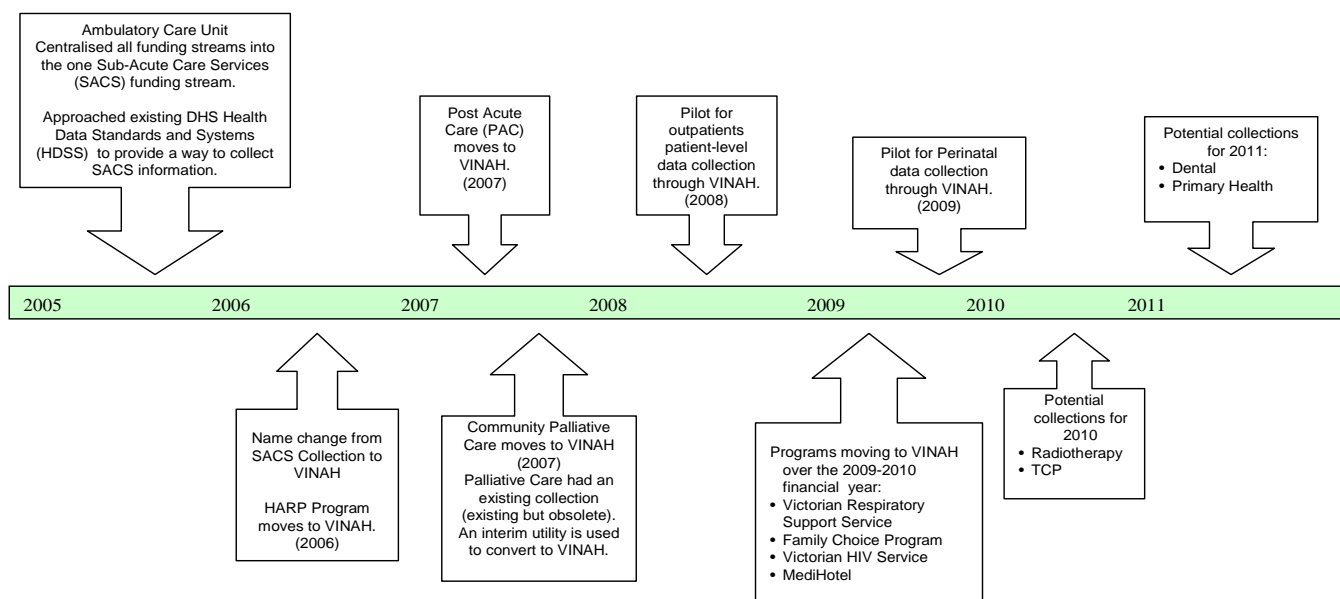
Victoria's Post Acute Care Program: www.health.vic.gov.au/pac/

Victoria's Palliative Care Program: www.health.vic.gov.au/palliativecare/

Sub-Acute Care Services: www.health.vic.gov.au/subacute/

HARP Chronic Disease Management: www.health.vic.gov.au/harp-cdm/

VINAH Plan 2005 – 2011



VINAH News

The VINAH 2009-10 specifications were released on Friday 27 February 2009. These can be accessed at the VINAH Website:

www.health.vic.gov.au/hdss/vinah/

Significant Specification Changes include:

- New HARP stream
 - HARP-Renal
- New streams for SACS
 - Specialist Polio
 - Specialist Movement Disorders
 - Specialist Other
- New data elements for Palliative Care
 - Contact/Client Service Event Model of Care
 - Contact/Client Service Event Preferred Place of Death
 - Contact/Client Service Event Preferred Setting of Care
- Code set changes
 - Contact/Client Service Event Main Purpose for Supported Accommodation
 - Eleven new codes to Episode Health Condition(s) to enable renal care and infectious disease reporting

There are some other changes in the 2009-10 specification to improve the VINAH data collection for a better care outcome.

Make sure you have reviewed the changes.

We are holding a **Software Vendors Forum** that will outline the changes for VINAH in 2009-10. The forum will provide the opportunity to meet other software vendors as well as discuss and understand the changes to the VINAH specification for the coming year. The forum will be held on 1 April 2009; please refer to **Learning and Development** for the time, location and how to register.

Learning and Development

Independent Health Programs Road Show

Jason Ferriggi works as a Senior Project Officer in Post Acute Services. Within his role he now offers Health Services an exciting VINAH road show outlining the Health Independence Programs.

Within the presentation, Jason illustrates how the data collected within VINAH can be used by clinicians and program managers.

If you haven't had Jason come and visit you, contact him now to organise your road show.

'Warning - attending this event could energise you to get excited about VINAH data!'

For details and bookings please call Jason Ferriggi:

Phone: (03) 9096 2169

E-mail: jason.ferriggi@dhs.vic.gov.au

Vendors Forum

Every year the Department makes revisions to the Victorian Integrated Non-Admitted Health (VINAH) data collection in order to ensure the data collection remains relevant to current needs. Once the specifications are published on the Health Data Standards and Systems website a series of forums are held to update stakeholders on the changes to the data set.

The 2009 VINAH specifications are now available on the Health Data Standards website at: www.health.vic.gov.au/hdss/vinah/

The first Vendors Forum for 2009 will be held at:

DHS head office, room 19.10 at 50 Lonsdale St on Wednesday 1 April 2009.

Letters and registration forms for the forum will be sent out to all known software vendors within the next few days. If there are any questions or queries, please contact Alison Daley on (03) 9096 9073 or via e-mail on: alison.daley@dhs.vic.gov.au

VINAH TALK

HARP Hospital Admission Risk Program

The Victorian Government established the Hospital Admission Risk program (HARP) in 2001-02 to develop preventive models of care involving hospitals and community agencies which focused on people with chronic and complex conditions and gave priority to high volume and/or frequent users of the acute public hospital system.

For more information on HARP visit the HARP website: www.health.vic.gov.au/harp-cdm/

Next Issue – VINAH Talk looks at SACS

"The VINAH Collection" endeavours to be a quarterly information bulletin to keep all those involved with VINAH up to date with the latest progress of the collection. If you would like to discuss anything in this or future Bulletins, please contact Alison Daley on (03) 9096 9073 or via e-mail on: alison.daley@dhs.vic.gov.au