

The VINAH Collection

Issue 2 – July 2009

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

What's New in this Edition

Welcome to the second edition of the Victorian Integrated Non-Admitted Health (VINAH) Collection newsletter.

In this issue we look at the HealthCollect submission and data validation process. We also look at mechanisms to help reduce processing turn around time for submission files and what to do if you need to submit a large backlog of data.

Other topics covered in this newsletter include an update on the highly regarded and well attended VINAH road show outlining the Health Independent Programs held by DHS senior project officer Jason Ferriggi.

And don't forget to take a look at the VINAH Vital Statistics on page 2 to see the latest on the data submission completeness rates!

News Flash!!! Medi-Hotel Reporting to VINAH optional 2009-10

Following further advice from, and consultation with Health Services and Access and Metropolitan Performance branch in DHS, which has carriage of Medi-Hotel policy and will be the prime consumer of the data, reporting of Medi-Hotel data to VINAH as specified will be optional for 2009-10. This decision has been made following feedback that the majority of Health Services will experience significant difficulties reporting data and modifying systems in a timely fashion. Health Services are encouraged to use the 2009-10 year to prepare for compulsory Medi-Hotel reporting in 2010-11.

The upgrade to the DHS VINAH processing system will proceed as specified and those services that wish to report activity in 2009-10 will be able to do so.

New on the VINAH webpage

Section 5.B Log in and submission process

The HealthCollect Portal is the mechanism through which all VINAH data is submitted to DHS. It is a web-based interface that agencies use to submit various statistical and financial data collections to the department.

Recently published on the VINAH webpage, Section 5.B of the VINAH manual provides advice on how to submit VINAH data to the HealthCollect portal. This section of the VINAH manual can be accessed at: <http://www.health.vic.gov.au/hdss/vinah/index.htm> under VINAH Manual 2008-09.

Frequently Asked Questions (FAQs)

The VINAH webpage has been updated over recent months, with the addition of a document listing the most frequently asked questions (FAQs) on all things VINAH. These questions and answers are now available on the Health Data Standards and Systems (HDSS) home page, under the title 'VINAH FAQs' and will be regularly updated.

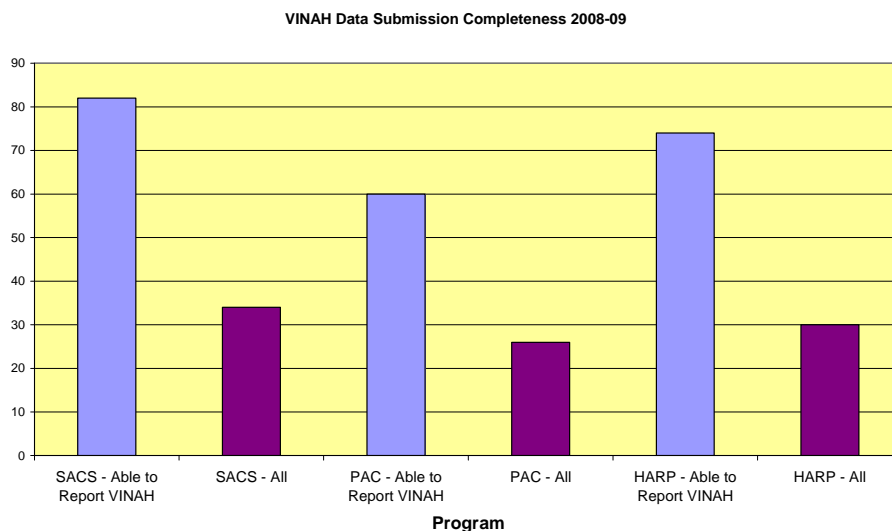
<http://www.health.vic.gov.au/hdss/vinah/faq.htm>

VINAH Vital Statistics

Inability to submit VINAH seriously affecting data completeness

In the last three month period, Health Services have submitted to DHS over three times the amount of data submitted in the period December 2008 to February 2009. While there are some health services unable to submit data due to software issues, it should be noted that overall, a huge effort has been put in by Health Services to improve data completeness.

The following table represents the comparison of data submission completeness from the health services that can currently submit data against all health services. Currently, 14 SACS sites, 10 HARP sites and 10 PAC sites are able to submit VINAH data.



For the Health Services that have been able to report their VINAH data to DHS between 60% and 82% of their data have been submitted to DHS. Taking into consideration all Health Services' data submission, total data completeness is sitting around the 30% mark across all programs at the end of May 2009.

In recent months, both iSOFT and IBA have commenced work on developing a VINAH extract that will enable Health Services to submit data. DHS anticipates a significant influx of data over the next 6 month period as those extracts are released to Health Services.

Most of the data over the last 3 months has been submitted by health services using HMS, PJB and some data have been submitted by TCM sites.

DHS continues to meet regularly with HealthSMART and other software vendors to address software and data submission issues.

Current VINAH Working Groups

- Codeset for Episode Health Condition data element
- Medi-hotel reporting for 2010-11

Useful Links:

VINAH home page: www.health.vic.gov.au/hdss/vinah/index.htm

New! VINAH FAQs: www.health.vic.gov.au/hdss/vinah/faq.htm

Helpdesk e-mail: HDSS.HelpDesk@dhs.vic.gov.au or via phone on: (03) 9096 8141

Contact for Newsletter: Alison Daley. Phone: (03) 9096 9073 or alison.daley@dhs.vic.gov.au

*Inability to submit
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The VINAH Processing System Status Report

VINAH Tied up Processing Errors - 30% of Data Submitted has Errors

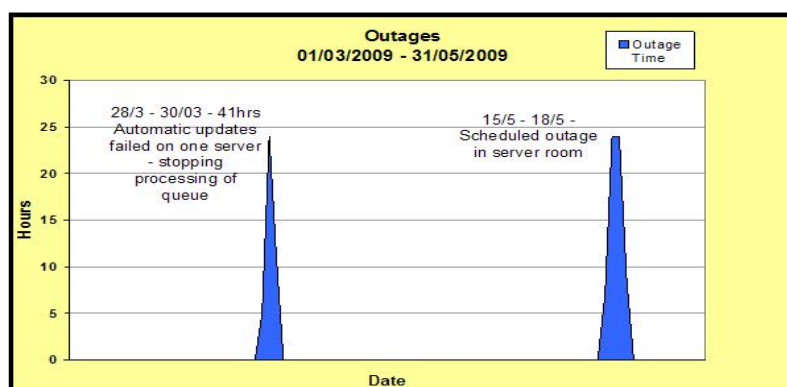
In the past 3 month period from 1 March 2009 to 31 May 2009, the VINAH validation engine has processed 964,568 messages. Of these messages, 30% were rejected and 70% were accepted. This indicates that approximately 19 days out of the last 92 days were spent processing data errors (based on 6 seconds processing rate for messages containing errors).

The table below lists the top 5 errors that have been appearing in the VINAH data submitted by Health Services.

| Description | Total Occurrences | Error Rate |
|---|-------------------|------------|
| Referencing a rejected/non-existence record | 58963 | 65.88% |
| Episode overlaps other episodes in Program | 6262 | 7.00% |
| Inserting duplicate Primary Key | 5759 | 6.43% |
| Invalid Code for Program | 5758 | 6.43% |
| Mandatory field blank | 4620 | 5.16% |

DHS servers have recorded utilisation of 31.96% for the March-May period and have had two outages: one non-scheduled outage of 41 hrs duration and one scheduled outage over the weekend of the 15 May 2009. Total uptime for the period has been 95.11%.

The diagram below represents server outages over the March /April /May period.



Errata to VINAH Specifications – Released 1 July

VINAH reporting organisations are advised of the release of a revised version of *Specifications for revisions to the Victorian Integrated Non-Admitted Health Minimum Data Set (VINAH MDS) for 01 July 2009*.

This document is available for downloading from <http://www.health.vic.gov.au/hdss>

VINAH Version:

Specifications for Revisions to the VINAH Minimum Data Set for 1 July 2009 (Page 103 of 112)

| 990037 | |
|--------|---|
| Code | Descriptor |
| <null> | SACS MDS v1 (2005-06) or VINAH MDS v2 (2006-07) |
| VINAH3 | VINAH MDS v3 (2007-08) |
| VINAH4 | VINAH MDS v4 (2008-09) |
| VINAH5 | VINAH MDS v4 (2009-10) Should read: VINAH MDS v5 (2009-10) |

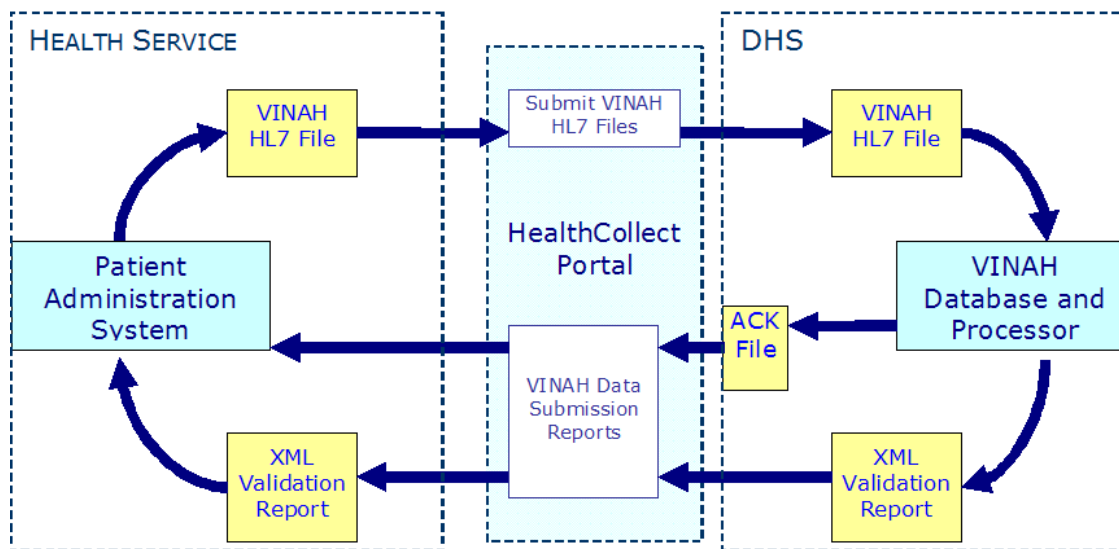
Local Identifier Assigning Authority:

Code XXX may not be reported for File Sending Application (Change 18, pg 98). Additionally, (not an erratum) following feedback from Health Services after release of this specification, code HRA has been added to File Sending Application and Local Identifier Assigning Authority.

HealthCollect - The Submission and Data Validation Process

Feedback following the Health Independent Programs (HIP) forum held at the Marriott, Melbourne on 19 June 2009, identified the need for Health Services to better understand the data submission process. The next two sections look at the submission process in HealthCollect

With this in mind, the diagram below explains and describes the submission process.



The VINAH HL7 file is generated from within the Health Services' Patient Administration System (PAS). The Patient Administration System generates a downloadable HL7 file that is ready for submission to the HealthCollect portal.

The Health Service then uploads this VINAH HL7 file via the Secure Data Exchange Tab under the VINAH context in the HealthCollect portal.

Once the file has been received at the VINAH database, an Acknowledgement file (ACK file) is sent back to the HealthCollect portal. The Acknowledgement file is available from the Secure Data Exchange Tab under VINAH context in the VINAH Data Submission Reports section.

The Acknowledgement file contains information about when the file was received and how long it will take to process. If you have not received an acknowledgement file within an hour of submitting your file, there has probably been a problem with your submission. Please contact the HDSS Help Desk.

Once confirmation of your file has been sent your file is placed in a queue ready for processing. When your file is processed, a validation report is generated and sent to the HealthCollect portal. This report can be found in the VINAH Data Submission Reports section on the HealthCollect portal.

The report contains information about how many messages and batches within your file are valid and accepted and how many are not. The report is comprehensive and contains all the necessary information to fix any data errors that may have occurred in your submission file.

The validation report is written in xml and is designed to be imported and processed by the PAS. Many software vendors import the xml file into their software and subsequently alert the user to the data errors. Another important function of uploading the validation report into the system is to enable the PAS to be updated with information about what data has been accepted and therefore does not need to be sent again.

In the case where the software vendor does not import the validation report, DHS is able to send the validation report back to the HealthCollect portal in a human readable html format. For the report to be returned as an html file, the submission file needs to specify that requirement within the header of the submitted file. For further information, please refer to Section 5 of the VINAH manual, available on the HDSS website.

The Submission Cycle

Effective File Submission

Files that have a lot of errors take more time to process. A message that has errors will take approximately 6 seconds to process and a message with no errors will take less than 1.5 seconds. Large files with multiple errors will take up a lot of processing time.

Often files with lots of errors have lots of the same errors occurring repeatedly within the file, indicating a common data integrity issue or common software issue.

The Data Submission Process

The testing cycle should be viewed as a two-part process.

1. Internal data cleansing process:

The internal data cleansing process is important for identifying and correcting:

- Systemic errors in your data that affect many records in your own database due to a configuration or software error;
- Data entry errors; and
- Missing mandatory fields.

Most software systems have an internal error report that is produced when you run a data extract. This internal error report can be used to identify errors in your data and correct them before you submit your data to DHS. A comprehensive error report should check your data to ensure:

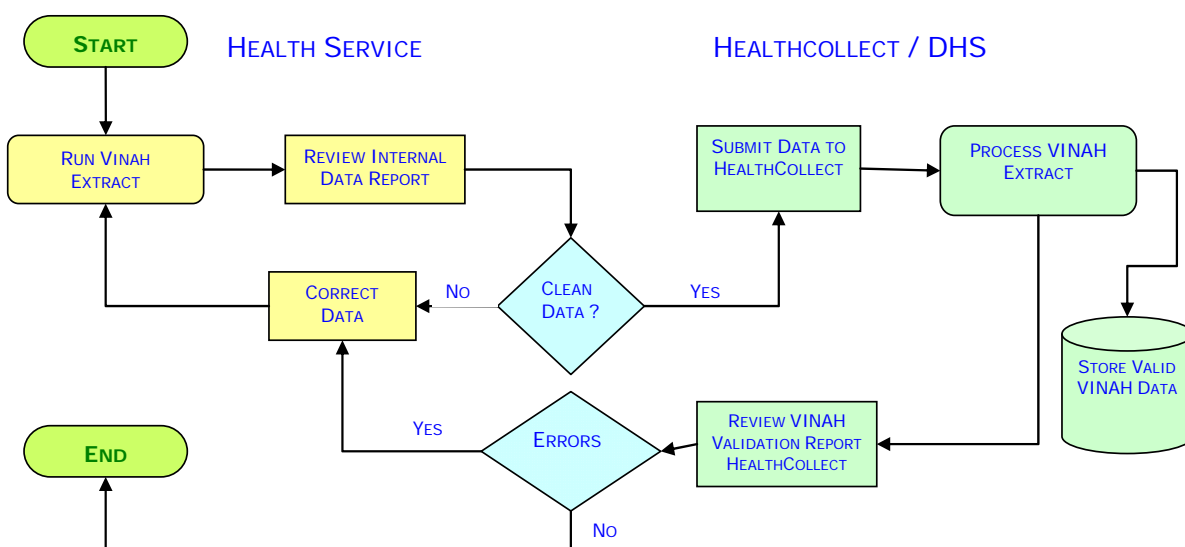
- The data adheres to the VINAH business rules;
- Data is complete and not missing fields; and
- Data errors are identified.

By using this error report to correct your errors, you can ensure that you are sending complete and clean data to DHS.

2. Submission and validation of data at DHS:

Errors may be found within the validation engine at the DHS end – ideally, these should be minimal. DHS will advise health services of validation engine errors via the validation report that is sent to the HealthCollect portal.

The VINAH validation engine is not designed to be a processor used for data cleansing by Health Services. The main purpose of the validation engine, after applying VINAH business and validation rules to ensure data integrity, is to collect health service data and store it in the VINAH database for reporting purposes.



"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.

Submission of Backlog Data

If you are a health service site with a large backlog of data, the recommended procedure for data submission is as follows:

1. Extract a small (1 week) file of data

Internal error reports should be used to correct and clean the data. If an error is identified as being systemic (may apply across all the data), the affected data should be cleaned in the health service database. This may also indicate a software issue that may need to be followed up with your software provider.

2. Send cleansed data file to DHS

If the DHS validation report identifies multiple errors in the health service data, possible causes could be:

- The internal report on the health service Patient Administration System (PAS) has not picked up the errors – notify your software vendor and correct your data.
- There may be a discrepancy between what the health service PAS has recorded and what DHS has recorded for a patient. Identify the differences and correct your data so that the DHS VINAH database has a true reflection of the client activity.

Once the health service is able to successfully submit small amounts of data and reports received from DHS identify minimal errors, larger files can be submitted.

Please note: We do not recommend sending any files for more than 1 month of data at a time.

Health Independence Programs Road Show

Jason Ferriggi works as a Senior Project Officer in Ambulatory and Continuing Care.

As part of his role he 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 and if your VINAH knowledge is good – you may win a chocolate frog or two!

So far this year, Jason has:

- 16 Road Shows completed.
- 10 more booked in.
- Attendees = 350+.
- Min = 3.
- Max = 67.
- Lost = 2.
- Clinicians asleep = 1.
- Longest session = 4 hrs.

If your health service has not organised a road show, or you have not attended one at another site, contact Jason to arrange a visit at your health service site.

For details and bookings please call Jason Ferriggi:

Phone: (03) 9096 2169

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

(Allow 2-3hrs for presentation)

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



Key Dates

Upcoming Venues include:

- Victorian Respiratory Support Services (VRSS - Austin)
- Northern Health – 24 July
- Austin Health – 4 August
- Bass Coast - 7 August
- Western Health – 10 August
- Stawell – 11 August

Useful Links:

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/