HealthCollect and Victorian Health Information Repositories (VHIRS) Redevelopment Project

Project Bulletin

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Departures, Handovers & New People

Igor Aleksensiter has completed his work as the project's Solution Architect.
Ralph Beyer will now take up this role.
Paul Falzon, John Gilbert & Rajiv Tarafdar join the team as Data Warehouse Design consultants.

Ongoing Communications Activities

A project bulletin will be released every quarter. Project Forums will be held bi-annually.

Project Forum

The next forum is scheduled for 8 December 2009. Invitations have been sent. For further details, please contact Michael Bouchaud Ph: 9096 5677.

Data Validation

Data validation logic for health data is currently spread across a multitude of platforms and repositories, often for the same data elements. The HealthCollect & VHIRS Redevelopment Project will closely integrate both the data validation and metadata management functions.

The validation process will be executed once the submitted health related data has been placed in the Received Data Repository (RDR). The first step is the verification that the context of the package is valid. The acquisition framework will have provided the identity of the system or user who submitted the datagram and this first step checks that the person or system that submitted the datagram is authorised to submit such data on behalf of the associated agency.

Once the context of the overall datagram has been confirmed, the contents of the datagram can be assessed. Assessment of individual records occurs in two stages:

1. Structural Validation (record structure, mandatory elements, code set values).

2. Business Validation (validate consistency with any existing related records, validate against applicable business rules).

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Project Progress

Key Deliverables	Description	Status	Analogy (Building a New House)
Reverse Mapping	Process where report objects are mapped back to source data. Done to ensure that current reports can be recreated in the new ODS / Data Warehouse.	Delivered	Examining your existing house to determine the materials used to build it.
Solution Outline	High level document that shows the core components of solution architecture. Undertaken as the initial step in the solution architecture process.	Delivered	Determining the number and types of rooms, hallways and entrances for the new house.
Solution Architecture	Document describing the structure of the systems framework put forward to address identified problems and requirements. Prepared as a guide and reference for detailed specification and build activity.	Delivered	Detailing the key specifications for the new house - materials, layout, size of rooms, etc.
Solution Design Stage	Key project stage where the overall project solution is prepared.	Delivered	Preparing the blue print for constructing the new house.
Planning for Stage 4 – Specification Phase 1	Specifying requirements for: • HealthSMART integration. • Data acquisition framework. • Data validation.	Delivered	Laying the foundations.
Patient Level Data Reform	Reforming key health data sets: • VAED (admitted episodes). • ESIS (elective surgery). • VEMD (emergency management).	In Progress	Changing the fixtures and fittings.
Stage 5 - Data Warehouse Design	Preparation of detailed data warehouse design.	In Progress	Interior design.
Stage 6 - Implementation Phase 1	Implementation of HealthSMART integration, data acquisition framework & data validation tool	In Progress	Building the house's frame.

Other Project activities of note

An independent review of the Solution Architecture was undertaken by UXC Performance Management. UXC's findings were uniformly positive.

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Spotlight

Data Reform

Data reform is a key part of the HealthCollect & VHIRS Redevelopment Project. It defines the data elements that govern what information will be available to the Department of Health and external governing bodies.

The reform of VAED, VEMD, and ESIS collections into the Victorian Health Integrated Minimum Data Set (VHI MDS) aims to use a common structure and data elements enabling existing and new collections, such as the Outpatient MDS, to be integrated into a common structure and processing system.

Benefits

- Users will have access to most existing data elements plus an increase in the detail available.
- Reduce the duplication of data.
- Rationalise the data elements and codesets.
- Bring the technology used for the collections up to date.
- Produce economies of scale both within DoH and the Health Services.
- Health Services may take the opportunity to amalgamate data flows.
- Enable better measures of the whole patient journey.
- Enable a cross-silo view for Activity based Funding (ABF) purposes.

Project Dependencies

Data reform has been identified under the ABF Core/Cross-cutting work stream as a key enabler of Victoria's ABF initiative.

Progress to date

Tasks completed:

- Internal review of all data elements collected by the three collections.
- Development of the new dataset structure, aligned with the Common Service Model and VINAH.
- Internal consultations with major stakeholders (including AMP, Mental Health, Finance Programs, Funding Policy).
- Reference group formed from staff from hospitals and software suppliers with expert knowledge. Draft documents discussed with reference groups and suggestions incorporated. External consultations with the Monash University Accident Research Centre (MUARC) and the Australian Rehabilitation Outcomes Centre (AROC).
- Development of drafts of Section 2 Concept & Derived Element Definitions and Section 3 Data Definitions for the VHI MDS.

Next Steps

- Release consultation drafts to sector.
- Respond to queries.

- While consultation underway, develop technical sections.
- Specific internal briefings for key stakeholders.
- When consultation is complete, incorporate changes and finalise.