

## Present

Vaughn Moore	Acting Manager, Health Information Section
Mark Charlton	Business Analyst, Health Independence Programs unit
Daniel Wellesley	Database Developer, Information Systems and Solutions unit
Andrew Brown	Manager, Health Data Standards and Systems unit
Adina Hamilton	Senior Project Officer, Health Independence Programs unit

Michael Jurista	RCH
Annette Toohill	RCH
Rowena Borg	iSoft
George Guorgi	HMS
Stuart Pendrich	AT&S Computer Services
Donna Schneiders	Southern Health
John Riddett	Southern Health
Ray Fillingham	Bayside Health

## Apologies

Mike Powell	PJB
Lindsay Simons	HearSoft
Helen Donnard	IBA

## Rationale and Objectives

This meeting has been convened to provide an open forum for technical discussion about the implementation of the SACS MDS, particularly relating to the recently released revised Section 5 of the SACS MDS manual.

It is proposed to hold similar meetings monthly while this is a useful means of providing support for the SACS MDS implementation process, and to continue them as a general communication forum on a less frequent, but regular schedule thereafter.

Minutes from this and subsequent meetings will be circulated to all vendors and Health Service IT contacts who have expressed interest in receiving updates on the SACS MDS.

While it is acknowledged that there will be aspects of their implementation that vendors will not wish to discuss in a public forum, the meetings are intended to provide an efficient and transparent way for vendors and Health Service IT staff to get advice and clarification from DHS about the SACS MDS specifications and policy requirements, and to raise any technical issues of concern.

Feedback about what would make the forums more useful to vendors and Health Service IT contacts is welcomed, and can be provided to Adina Hamilton at [adina.hamilton@dhs.vic.gov.au](mailto:adina.hamilton@dhs.vic.gov.au).

An errata document will be released to encompass any corrections which emerge from this meeting or subsequent discussions.

The next meeting will be held on 10 March 2006. Summaries of any generally relevant information that emerges from discussions with individual Health Services and vendors in the interim will be tabled and minuted at that meeting.

## DHS Expectations

During 2005-06, all Health Services should continue to provide monthly reports of aggregate information about services funded as Sub-acute Ambulatory Care Services on the Agency Information Management System (AIMS) S2\_305 form. The definition of Occasions of Service used in the SACS MDS manual should be used when reporting Occasions of Service on the S2\_305 form.

Reporting on the S2\_305 form will generally be discontinued from 1 July 2006. It may be continued beyond that date for specific Health Services if there are considered to be major issues with their SACS MDS data submission, until such time as these issues are resolved.

Health Services have been formally notified that the revised date for first submission of SACS MDS data is 15 March 2006.

DHS will be able to receive test transmissions of SACS MDS data from Monday 13 February 2006.

## **Section 5 Changes**

Mark Charlton observed that the feedback on the HL7 Specifications in Section 5 of the SACS MDS Manual (<http://www.health.vic.gov.au/subacute/sacs/manual.htm>) was very useful, and thanked the field for providing it. The revisions in the recently released update were in response to the this feedback. They comprise the correction of typos and other minor errors, but also the addition of some new material.

Mark briefly outlined the principle changes which can be found at:  
<http://www.health.vic.gov.au/subacute/sacs/changesv5.pdf>

## **Discussion Points**

### ***HL7***

Ray Fillingham (Bayside) asked why HL7 batch files rather than real time data transfer? Mark and Adina (DHS) indicated that it is recognised that the infrastructure is not in place in many parts of the field to support real time data transfer. The VHIRS data warehouse at DHS does not require real time data and the HealthCollect portal does not currently support it. However, it would be possible to send batches more frequently than monthly (eg daily) if a Health Service were interested in doing so. While there is some interest in the potential of allowing "batches of one" in the future, considerable further discussion and work would have to be undertaken.

HL7 v. 2.5 was used primarily so that the message profiles defined as part of the standard could be used in the specifications.

Note, however, that the content of the specifications were designed to be consistent with HL7 v. 2.4, ie, no 2.5 specific segments or fields were originally intended to be used.

However we have recently realised that, one datatype – XON – uses an additional field from v. 2.5. An erratum will be circulated to highlight this.

### ***Acknowledgement Protocol***

HL7 ACK messages have been removed from Section 5, as the HealthCollect Portal is not yet able to support them. An XML submission report (with an HTML wrapper to make it more user-friendly for humans to read and action where required) will be used instead. It will be available for download from the HealthCollect site, usually within a few hours of submission.

Daniel Wellesley (DHS) stressed that there will always be a report provided in response to a SACS MDS submission. If none were received, that would indicate that there had been an issue at DHS' end, for example a power outage.

An example of the XML report is currently on the SACS MDS webpage (under Section 7).

The XML submission report provides a breakdown for each batch and tells how many records were received, accepted, rejected. This provides the basis for a basic reconciliation.

There are 3 levels of validation undertaken on a SACS MDS submission: file structure, HL7 structure compliance, and business rules.

### ***Batches***

Mark outlined the batch file structure, including the file header and footer (see pp. 5-19 – 5-21 and 5-27 in the manual). It is possible within the specification to send batches for more than one SACS provider site at once –Adina emphasised that SACS Managers are being encouraged to report as a single Health Service rather than as separate sites. Over the next few years, integrated Health Service reporting of SACS will become mandatory.

Mark noted that an empty batch can be sent to test that the file is properly structured and named.

### ***Merges***

Merges have been introduced after feedback from some vendors, to enable the correction of records where two IDs have been identified as belonging to the same individual, and all the information associated with both needs to be merged into a single record.

George Guorgi (HMS) sought clarification as to whether there was also a mechanism provided to enable this to occur where a single client is registered in two separate systems. Mark indicated that the merge process is only expected to work in a single system; it is expected that Health Services will need to find an appropriate way to uniquely identify clients across their multiple local systems. He also drew attention to the use of the Person Identifier Type data item (in conjunction with the Health Care Establishment Number data item) to indicate whether a client ID had a local or "area" (whole-of-Health-Service) application, and which organisation was the assigning authority.

Although HL7 has a facility for merging records at the visit (service event) level this is not being used in the transmission specification. The VHIRS data warehouse will link up other details when a client merge is performed. Daniel noted that the new delete case message will need to be used (along with update messages) if case records need merging.

### ***Referral, Registration and Message Order***

Mark noted that the first RRI message captures all referrals, but the PV1 segment is optional, as not all referrals necessarily result in a SACS case, however it provides the capacity to link where a SACS case is started. Once someone is accepted as a SACS client they must be registered.

Mark also noted that the Z segments had been removed from the referral message; those items had been put into the RFI segment instead.

Rowena Borg (iSoft) sought clarification about updating client service events. Mark indicated that the A08 needs to be the trigger for that.

The transmission specifications as they currently stand do not enforce registration before receipt of a case event. Most systems enforce an order, and Mark sought feedback on whether this would be advantageous for SACS MDS reporting.

There was considerable discussion around message order, including discussion around the relationship between the A04 messages and the A08 messages used to update the same details. Daniel noted that in the VHIRS data warehouse, delete messages will trigger cascading deletes, but that clients will never be deleted (although the impact of this will be monitored).

The outcome was a conclusion that DHS systems would enforce rules for requiring an A04 to be sent before an A08, and regarding the order of referrals. It would also be clarified that a client must be registered before client service event and case information can be sent.

### ***OBX Segments***

The OBX segment contains Main Health Condition and Falls Flag items.

As many Main Health Condition values can be reported as Client Service Event Programs are reported for a single client. By the time a case is closed, at least one Main Health Condition must be reported.

### ***Other discussion points***

Language:

- The Preferred Language and Interpreter Required data items are reported as attributes of the client service event, not the case. Even if applications register a default "preferred language" for clients, it needs to be possible to vary this, and the requirement for an interpreter, for each client service event.
- Sign languages are considered to be languages other than English, and there are codes available for them in the "Preferred Language" codeset.

Delivery Setting:

- "Inpatient setting" will be added to the Client Service Event Delivery Setting codeset in 2005-06, to enable SACS clients seen while they are still on the ward to be excluded from certain reports required by the Commonwealth. The need for this codeset item has only emerged during the implementation process.

Case Referrals item:

- The Case Referral item is transmitted in the PRD field of the REF12 message. After some discussion, it was concluded that this item can be sent every time a referral is made. For example, a client may be referred to multiple GPs and the REF12 message would reflect this. However, as the SACS MDS only requires an indication that the client was referred to the GP sector, the detail of multiple referrals will not be retained in the VHRS warehouse.
- Note that Client Service Event Professional Group is dealt with in a similar way.

Testing:

- Daniel indicated that the testing environment can either test SACS MDS files for business rule compliance or not – it is not possible to turn on only some business rules. As much flexibility as possible will be provided in testing, however.
- Real data can be submitted through the HealthCollect portal's test environment to ensure that a real submission will be accepted – however data submitted to the testing environment will not be retained in the VHRS data warehouse.
- Once a successful submission has been made in the test environment, formal acknowledgement, including a new profile, will be sent to enable real data submission to begin.

Yearly cut off dates:

- A date will be established after which yearly data will be closed off and no further updates or corrections accepted for events during that year. This is likely to be September of each year, in line with other major data collections.

Implementation timeframes:

- Vendors and Health Service representatives indicated that the DHS timeframes were very tight, especially as the revisions to Section 5 were provided later than advertised.

- Some vendors indicated that the need to support multiple sites' implementation will cause issues.
- Some Health Service representatives indicated the need to coordinate multiple vendors across multiple sites would also cause issues.