SACS MDS Vendor Communication Forum

2-4 pm, Friday 10 March 2006
Room 10.03, Level 10, 595 Collins Street
Melbourne

Minutes

1. Welcome and introductions

Present:

Rowena Borg	iSoft
Tim Burne	DCA
Ray Fillingham	The Alfred
Mike Goodison	PJB
George Guorgi	HMS
Peter Young	DCA
Andrew Brown	Manager, Health Data Standards and Systems unit
Mark Charlton	Business Analyst, Health Independence Programs unit
Adina Hamilton	Senior Project Officer, Health Independence Programs unit
Daniel Wellesley	Database Developer, Information Systems and Solutions unit

Apologies:

Helen Donnard	IBA
Stuart Pendrich	AT&S
Annette Toohill	RCH

2. DHS Update

2.1. SACS MDS implementation general update

- The minutes of the previous meeting are now on the web and can be found at: http://www.health.vic.gov.au/subacute/sacs/minutes/080206.pdf.
- As an outcome of last meeting, an errata page for section 5 v. 1.1 has been added to the website at: http://www.health.vic.gov.au/subacute/sacs/errata.pdf.
- Many Health Services and most vendors have indicated that they are unlikely to be able to submit SACS MDS data by 15 March 2005. A new deadline has not been set, rather we are asking vendors and Health Services to submit data as close to 15 March as is possible. Please contact Adina Hamilton to let her know approximate timelines – this will help with scheduling the workload for testing.
- Adina circulated a summary of the SACS MDS KPIs that will be measured in 2004-05. It will be added to the SACS MDS Manual webpage (http://www.health.vic.gov.au/subacute/sacs/manual.htm) as Appendix C. KPIs will be calculated within the Department from submitted data, but it is understood that Health Services will want the capacity to calculate the same KPIs in their systems. Adina agreed to provide more detailed information about how the data element fields will be operated on to produce the numerators and denominators for each KPI.

- Health Independence Programs unit has submitted a proposal to the DHS Data Management Advisory Committee to require all HARP Chronic Disease Management (CDM) programs to report the SACS MDS in 2006-07. The proposal included a number of additions to codeset tables to make this viable, and the addition of one new data element: a SACS Flag to complement the existing Chronic Disease Flag, both of which will be used to indicate the program(s) a particular client is funded by. It is also envisaged that we will change the name of the data collection from "SACS MDS" to something more inclusive of the HARP CDM programs.
- It is envisaged that 2006-07 will be a transition year for HARP CDM programs, and that consultation will also be undertaken to establish directions for future HARP-related development of the minimum dataset. For SACS programs, the Department's emphasis will be on supporting Health Services to improve their data quality and on developing standard summary reports of use to the field.
- Metropolitan Health and Aged Care Services Division will be moving from current locations in Collins Street to the new building at 50 Lonsdale Street over the weekend of the 22 April. Email addresses will remain the same. New contact details will be circulated closer to the time of the move.
- Adina Hamilton will be on leave throughout April 2005. Juliet Coles will be the program contact for SACS during this period.

2.2 Testing update

- Daniel reported that the portal is now functioning, and testing is occurring with some vendors. A few Health Services still need to contact Ania Winczura on 9616 8595 to get a profile for the portal.
- We will be ready to receive real data submissions from 15 March 2006. The test system will still be available for as long as required.
- Daniel has been keeping a central issues list, and, between now and the next communication forum, will send out a weekly update email on Wednesdays. Current issues include:
    - Test data submitted a second time generates lots of error reports as the records are already in the test database. To avoid this, either use the option in the message to not store data, or phone Daniel to let him know to purge the data.
    - If there are two cases running concurrently for one patient ID this will always generate an error. Health Services will need to find local solutions if they are having this problem.
    - Daniel will provide detailed information about how to use snapshot mode and action codes in the next update.
    - The system default is currently to process HL7 messages in Strict mode, which means if something within a batch fails the business rule tests, the batch will not go through. However it is currently possible for submitters to specify Loose mode in the file header, which means the batch will go through, even though a warning is generated, unless accepting the batch would affect referential integrity. The use of these settings will be monitored and reviewed as data is submitted.
    - In addition to the XML error reports, it is possible for the system to generate a file of HL7 ACK messages. There was general agreement that this would be useful, so the ACK message specifications will be reinstated in the next version of Section 5.
    - Referrals received – messages do not need to include the UR number (however there must be a value in the field to comply with the HL7 standard. The Section 5 specification requires that that field must be valued with XXXs). Although the DHS system was initially requiring an actual UR number, this was in fact an error, and has been fixed.
    - Daniel will provide a definitive list of error messages in the next update.
    - iSoft raised the issue of what value should be provided in the PID.3\CX.4 field (Establishment Number) where the Identifier Type is 'A' (Area). Daniel has indicated that any value can be provided in this field, as it will be ignored unless the Identifier Type is 'L' Local. Suggested practice is to populate the field with either a default establishment number or "N/A" (code must exist in reference table). Note that the A03 message must always contain an Establishment number regardless of the Identifier type - this field is mapped to the MDS data item Establishment.

2.3 Summary of questions answered since last meeting

- Mark went through the errata produced since last meeting. See http://www.health.vic.gov.au/subacute/sacs/errata.pdf.
- The A08 message needs to be used to update client service event information. An extra use case will be produced for the next version of Section 5.
- There have been some queries about the ROL segment - it can occur in different places in the message structure, depending upon what it relates to. The layout will be altered to make this clearer in the next version of Section 5.
- Instance IDs – these can be generated in any way convenient; there are no MDS requirements about these, VHIRS will not reject anything on the basis of them.
- Originating referral identifiers in referral messages – HL7 standard requires these in all messages. However from DHS systems point of view, these do not matter for inbound referrals (the Referral Receipt items) but are important for referrals out (the Case Referrals item).

3. Issues for discussion

3.1 Processing cases, service events, and batches

- Daniel circulated a guide to batch processing, including the suggested practice of using patient level batches. Note, however, that the use of patient-level batches is not compulsory. The guide will be circulated with these minutes and placed on the web as an addendum to them.

3.2 Migration issues

- A question was raised as to whether there would be a different annual cut off date for client and service event level information. At the moment DHS' thinking is that the 17 September cut-off will apply to:
  - Amendments to Case-level data for Cases closed in the previous financial year; and,
  - Amendments to Client Service Events that occurred in the previous financial year.

  However, the structure of the SACS data collection is different to other collections (especially in its concept of a long case) and further consideration will be given to the implications of cut-off dates.

4. Q&A

- There were no further questions or issues.

5. Next meeting and close

- Next meeting scheduled for 2-4 pm, Tuesday 9 May
- Venue: 50 Lonsdale Street, room to be determined closer to the date.