

# SACS MDS Vendor Communication Forum

2.30-4.30 pm, Thursday 18 May 2006

## Minutes

### 1. Welcome and introductions

#### *Present:*

Rowena Borg	iSoft
Brendan Walsh	DCA
Mike Goodison	PJB
George Guorgi	HMS
Stuart Pendrich	AT&S
Michael Jurista	RCH

Andrew Brown	Manager, Health Data Standards and Systems unit
Adina Hamilton	Senior Project Officer, Health Independence Programs unit (SACS)
Daniel Wellesley	Database Developer, Information Systems and Solutions unit
Zoe Austin-Crowe	Senior Project Officer, Health Independence Programs unit (HARP-CDM)
Bryce Binnie	Business Analyst, Health Independence Programs unit (InterRAI project)

#### *Apologies:*

Annette Toohill	RCH
Ray Fillingham	The Alfred
Mark Charlton	Business Analyst, Health Independence Programs unit

### 2. DHS Updates

#### *SACS MDS Implementation Update*

- The minutes of the previous meeting, along with the handouts provided there, have been circulated to the SACS vendor and Health Service IT contact list and also SACS Managers. They are also on the web and can be found at: <http://www.health.vic.gov.au/subacute/sacs/mdscom.htm>
- Unfortunately, access to the test portal and technical advice has been very limited through late April and early May, as the building move created some unforeseen difficulties, and key staff have been on sick leave.
- Please keep us informed of your anticipated timeframes for data submission.

#### *Introduction of HARP reporting in 2006-07*

- In 2006-07 HARP programs will also be required to report a minimum dataset to the Department through the SACS MDS, which will be renamed the Victorian Integrated Non-Admitted Health (VINAH) Dataset. It is anticipated that in future other programs may also be

required to report through the VINAH, with Post-Acute Care programs expected to be brought on in 2007-08.

- Zoe provided some background on the HARP Chronic Disease Management program. Chronic disease management projects were first funded in 2001-02, at a number of Health Services. This year the projects are being mainstreamed into a program, with fifteen Health Services merging their projects into a single program, and a HARP-CDM program being funded at six further Health Services. Further information about HARP-CDM is available at: <http://www.health.vic.gov.au/harp-cdm/>
- A handout was circulated listing the VINAH implementation timelines (this is attached to these minutes and will be placed on the website). In summary, Health Services are required to collect HARP-CDM data through the VINAH by 1 January 2007, and to report it to the Department by 30 June 2007. A count of patients in each stream of care needs to be submitted in the interim.
- A handout (attached) was circulated with a draft listing of how the SACS MDS will change in 2006-07 to become the VINAH. There is one new item. Most other changes are either codeset additions or data element name changes.
- Full data definitions for 2006-07 will be available on the web on 15 June 2006.
- Clients whose data is reported on the VINAH should have one case reported, even if they receive care in both HARP-CDM and SACS programs. Further guidance on reporting will be released on 15 June, and be further developed over the subsequent months in consultation with a HARP-CDM data working group.
- Bryce informed the meeting that Programs Branch and Aged Care Branch are working on piloting an electronic version of the InterRAI comprehensive assessment tool in some HARP programs and Aged Care Assessment Service (ACAS) teams. The project is currently being scoped. Further information about this will be provided to all vendors on the mailing list.

### ***Testing update and summary of communication***

- Due to the move to the new building, there are currently issues with server availability. The portal can only be accessed from 8am – 4pm. Please be aware of this when uploading.
- Ania Winczura is going on leave; please contact Daniel for portal profiles or other questions about the portal.
- The production system will have the same login details for each user as the test portal, but will have a different URL.
- DHS is currently developing a command line application to automate the process of uploading files onto the HealthCollect portal. DHS will distribute this to vendors when it is available.
- Despite these delays, testing is continuing. Testing is enabling errors in the DHS systems to be identified and addressed, as well as providing feedback to vendors.

### **3. Q&A**

#### ***Testing issues and discussion***

There was considerable discussion about the XML format error messages returned by the HealthCollect portal. The consensus was that their current format was unhelpful, as they were not very accessible to non-technical users who would need to manually correct the data in client records, they did not have a print-friendly form, and they were also not machine readable, so vendors were unable to generate their own more user-friendly messages. The fact that Health Service users and vendors need access to different types and degrees of information about errors was also considered.

#### ***Actions:***

- Daniel will redesign the submission report to better suit the needs of both vendors and agencies and seek further input from vendors.
- An HL7 ACK file will also be provided so the information is available in machine readable form.
- Usability of the XML report for Health Service staff will be assessed as part of report development work scheduled for 2006-07; their input on further development will be sought.

Other points from the discussion regarding testing and error messages:

- Processing is still in loose mode, so that data with errors is accepted into the database. This will remain the case for the production system, until it is possible to switch to strict mode. Note that, in loose mode, errors that affect referential integrity will still result in the entire file being rejected.
- When real data is submitted, it is expected that Health Services will then correct errors in the data. An appropriate timeline and guidance for this will be developed by the Department, once we have data in, and a sense of the scope of work required.
- In the long term, it will be expected that a previous month's corrections will be submitted with the next month's data, and that all errors will be corrected by the "close off" date for a year.
- Any HL7 message that acts to delete a record from the SACS MDS will bypass business rule processing, meaning that data on the records is not validated. However, the message must still be valid HL7, meaning data types and the existence of fields and segments will be checked. In addition, referential integrity rules will still apply, potentially causing the message rejected, ie identifier does not exist in the MDS.

Other issues:

- The HL7 standard does not support the SACS MDS manual's format for estimated dates of birth. **Action:** DHS will introduce an estimated date flag for 2006-07. In the interim, using 0101 for DDMM in estimated dates of birth is acceptable.
- The business rule requiring the first client service event in a case to be of 'entry assessment' type (rule 107 in Section 4 of the Manual) cannot be enforced, as the formal start of all SACS cases on 1 July 2005 means that many clients will have had their entry assessment before this, when their SACS care actually commenced. It was also observed that it may be more effective to measure rather require compliance with this principle. **Action:** This business rule will be dropped; it does not need to be enforced.
- Not all vendors were aware of the requirement for a 1 July 2005 case start date for existing SACS clients. **Action:** Daniel can adjust data in the datamart to ensure that all SACS cases start on 1 July or later.
- The AIMS S2\_305 form for 2006-07 has not yet been finalised. **Action:** A copy and instructions will be sent to all SACS Managers, HARP Managers and vendors when it is available.

#### 4. Next meeting and close

The next meeting was originally scheduled for 16 June. However it will be rescheduled to allow vendors an opportunity to read the 2006-07 VINAH definitions to be published on the web on 15 June and formulate any queries or discussion points.

The next meeting will therefore be:

2-4 pm, Wednesday 28 June 2006  
Conference Room 12.01, Level 12, 50 Lonsdale Street, Melbourne.