

# VINAH MDS Vendor Communication Forum Wednesday 28 June 2006

## Meeting Notes

### 1. Welcome and apologies

Present:

Peter Davey	Austin Health
Jason Ferriggi	Eastern Health
Mike Goodison	PJB
George Guorgi	HMS
Cynthia Stacey	DCA
Annette Toohill	RCH

Adina Hamilton	Health Independence Programs unit (SACS)
Caroline Frankland	Health Independence Programs unit (HARP-CDM)
Daniel Wellesley	Database Developer, Information Systems and Solutions unit
Catherine Perry	Health Data Systems and Standards unit
Bryce Binnie	Health Independence Programs unit (InterRAI project)

Adina introduced Catherine Perry from the Health Data Standards and Systems Unit and Caroline Frankland from HARP-CDM. They have commenced working on VINAH data set.

### 2. DHS Update

#### ***Specifications and Website for 2006-07***

- Specifications have not been uploaded on to the web as yet, as an additional sub-section is being added. This subsection will explicitly define the data items that are implicit in the HL7 specifications of Section 5, as feedback indicated this would be useful..
- Since specifications are being published late, DHS will continue to accept data transmitted according to SACS MDS 2005-06 specifications until 1 January 2007.

#### ***AIMS S2\_305 Reporting***

- AIMS S2\_305 reporting provides an interim summary level of accountability until Health Services are able to submit data through the VINAH.
- Health Services will be notified by formal letter when their SACS MDS/VINAH data has passed basic quality checks and AIMS reporting may be discontinued.

#### ***InterRAI Assessment tool pilots***

- The InterRAI –Home Care comprehensive clinical assessment tool has been validated internationally. Using the electronic rather than the paper-based version offers major advantages in clinical decision support and information exchange.
- Ten Victorian HARP sites and five ACAS sites are to be involved in a pilot of electronically implementing the InterRAI Home Care tool.

- While the InterRAI is a clinical tool rather than a reporting system, like the SACS MDS/VINAH, its effective electronic implementation will be related to Health Services' IT capacity. It is likely that milestones regarding VINAH implementation will be built into project plans for HARP-CDM InterRAI pilots, to ensure that both projects complement each other.

#### **Other**

- A HARP-CDM VINAH working group meeting will be convened in July. has been tentatively scheduled for Thursday 13 July between 2-4pm. The group will discuss issues regarding VINAH implementation in HARP-CDM services, and also provide recommendations regarding further development of the VINAH to support the HARP-CDM models of care. Issues raised include:
  - Integrating multiple services currently using multiple applications, and data transfer
  - Uniquely identifying/linking clients.
  - Appropriate reporting for brokage
- HARP-CDM sites are being encouraged to use the same system for VINAH reporting as has been implemented in SACS.

### **3. Issues raised since last meeting**

#### ***AIMS reporting***

- There have been some inconsistencies in AIMS reporting identified during 2005-06. DHS provided instructions by email but not on the web in 2005-06, which contributed to the confusion. Affected vendors, Health Services and DHS have worked effectively together to resolve the issues.
- Instructions will be placed on the AIMS manual website for 2006-07.

#### ***Occasions of Service = Client Service Events and both are different from Contacts***

- There have been discussions about the distinction between a SACS MDS/VINAH Client Service Event and a "contact" as defined in the old CRC MDS.
- The key distinction is that a Client Service Event is defined from the perspective of the client, so will often require multiple Health Professionals to be reported. Contacts were defined from the perspective of a clinician, and reported a single discipline's interaction with a client.
- Systems that record Contacts can still report Client Service Events to VINAH and Occasions of Service to AIMS, by aggregating contacts that occur on the same day, in the same setting, and with the same session type into Client Service Events.

### **4. Testing Update**

- Testing is continuing to make slow but real progress. Thanks to all vendors who are participating.
- The next step for most vendors is to send more realistic quantities of test data, e.g. a month's worth of messages.
- User-friendly feedback/error messages will be available soon in Excel format. There will still be a distinction between "business rule" errors that can be addressed at data entry level, and "HL7-related" errors which will require a higher level of technical expertise to address.
- ACK message specifications will be published in Section 5 of the 2006-07 VINAH MDS manual.
- Unfortunately, due to issues with the building move, the server is still offline at 4pm daily.
- The testing environment is not able to process data very speedily – e.g. one month's data for a major Health Service takes about 3 hours..

### **5. Questions and general discussion**

#### ***Communication***

- As VINAH has become considerably more complex and its stakeholders more numerous, we recognise that communicating effectively is challenging . We are exploring how to communicate more effectively with the various different groups within the field who are affected by or involved in its implementation (e.g. clinicians, program coordinators and

managers, data managers and Health Information Managers, vendors and Health Service IT staff).

- The HDSS Bulletin (archived at <http://www.health.vic.gov.au/hdss/bulletin/index.htm>) will be used, as will the Continuing Care and Clinical Service Development Newsletter (archived at <http://www.dhs.vic.gov.au/ahs/continuingcare/newslet.htm>).
- Emails to targeted mailing lists, and forums will also be used.
- Increasing awareness of VINAH at the senior clinician/coordinator level is a key priority at the moment.
- We are currently reviewing options and genuinely seeking input – please contact Catherine Perry ([catherine.perry@dhs.vic.gov.au](mailto:catherine.perry@dhs.vic.gov.au)) with your ideas.