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| 2022-23 Community Health Minimum Data Set Submission Guidelines |
| Version 5.4 July 2022 |
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| 2022-23 Community Health Minimum Data Set Submission Guidelines  Including Community Health Minimum Data Set Definitions  Version 5.4 July 2022 |
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# Introduction

## Background

Community Health Services (CHSs) are agencies that receive funding for the delivery of specific community-based services funded by the Community Health Program (CHP) in the Victorian Department of Health (DH or ‘the department’). Typically, these agencies are registered CHSs, public hospitals and health services (including small rural health services).

The Community Health Minimum Data Set (CHMDS) is used primarily to fund, monitor and plan Community Health Program services to eligible clients.

## Obligation to report

All agencies funded to deliver Community Health Program services are required to report their service provision to the department, including agencies funded under the Small Rural Health Services output group.

Further information about reporting obligations and data collection for all Victorian CHSs can be found at [Policy and Funding Guidelines](https://www2.health.vic.gov.au/about/policy-and-funding-guidelines) <https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services>

## Audience

The audience for the Community Health Program Data Reporting Guidelines includes:

* + funded organisations who deliver CHP services in the community
  + software vendors, who develop and provide software solutions utilised by funded organisations to collect, store and report CHP activity
  + Victorian Department of Health staff (data collection and program managers) responsible for the development and management of data collections and associated documentation.

## Purpose

The purpose of the Community Health Program Data Reporting Guidelines is to provide a common set of concepts, data elements and validation rules that define the basis of CHP data collection and reporting requirements.

This document details the Community Health Program reporting requirements for agencies to the department and is designed to assist these agencies with the accurate recording of client and activity data and successful submission of these data to the department via the CHMDS.

## CHMDS reporting

CHMDS data is extracted from agencies’ information systems and submitted to the department every three months as a condition of CHP funding. See [CHMDS Transmission](https://www2.health.vic.gov.au/primary-and-community-health/community-health/community-health-program/community-health-data-reporting) Protocol <https://www.health.vic.gov.au/community-health/community-health-data-reporting> for further information about submission dates.

CHMDS data are a collection of transaction records for each client contact (either individual or group). Specifications for collecting data are detailed in Section 4 Data element definitions.

## Data release and confidentiality

All data collection and reporting requirements administered by the department are required to comply with the *Information Privacy Act 2000* and the *Health Records Act 2001*, and to act compatibly with the *Charter of Human Rights and Responsibilities Act 2006*.

Clients should be informed that some of the information provided to the CHS will be sent to the Victorian Department of Health for planning and statistical purposes. This information is de-identified before transmission.

## Changes to CHMDS

Table 1 lists the changes to the reporting process or to the data elements.

Table Changes to CHMDS data elements

| Issue Date | Item | Change | Comments |
| --- | --- | --- | --- |
| June 2017 | Version 4.0, Section 2 – Submitting Community Health Program Activity Data to DHHS  Section 3 – Submission Log | Removed | Information relating to the data submission process is retained in the Data Transmission Protocol |
| Version 4.0, Section 8 – Commonwealth Department of Veterans’ Affairs Claims  Client registration elements:  Department of Veterans’ Affairs Entitlement  Department of Veterans’ Affairs File Number  Department of Veterans’ Affairs Claim Indicator  Department of Veterans’ Affairs Comment | Removed | The Department of Veterans’ Affairs no longer accepts claims from DHHS for services delivered by Community Health Services. The related section and data elements have been removed. |
| Version 4.0, Section 5 – Service activities funded by the Community Health Program | Moved to Section 3 – Business Rules |  |
| Version 4.0, Section 6 – Feedback to Agencies | Removed |  |
| Section 2 Concepts | Concepts for the Community Health Minimum Data Set are grouped into categories for ease of reference:  Client  Services  Providers |  |
| Section 2.1 Client Concepts  Chronic and complex client | Updated Concepts and terminology to align with VADC |  |
| Section 2.1 Client Concepts:  Asylum seeker  Individual Health Identifier (IHI)  Refugee  Statistical Linkage Key 581 (SLK)  Victorian Universal Patient Identifier (VUPI) | Added Concepts |  |
| Section 2.2 Services Concepts:  Direct Time | Updated Concepts and terminology to align with VADC |  |
| Section 2.2 Services Concepts:  Prioritisation  Referral  Service Stream  Wait List | Added Concepts |  |
| Section 2.2 Services Concepts:  Travel Time | Removed Concept |  |
| Section 2.3 Providers Concepts:  Service Provider  Campus  Campus Client Identifier  Campus code | Added Concepts |  |
| Section 4.1 Client data element definitions:  Chronic and complex condition  Concession Card Type  Country of Birth  Date of Birth  Date of Birth Accuracy  Indigenous Status  Need for Interpreter Services  Preferred Language  Refugee Status  Residential Locality  Residential Postcode  Statistical Linkage Key | Aligned to VADC/DHPDS:  Align elements to have Client— prefix  Residential Locality changed to Client—-locality name  Residential Postcode changed to Client—postcode  Asylum seeker code now included as part of Client—Refugee status data element code set. | Approved recommendations from the Community Health Data Alignment Project. (CHDAP) |
| Section 4.1 Client data element definitions:  Client—gender identity  Client—individual health identifier  Client—Medicare card number | Added |  |
| Section 4.1 Client data element definitions:  Chronic Complex Client  Residential Local Government Area  Sex | Removed | Approved recommendations from the Community Health Data Alignment Project. (CHDAP) |
| Version 4.0, Section 9.4 Unused Data Elements  Program Priority Issue  Target Population Group | Removed |  |
| Section 4.6 Unused Data Elements  10 x Performance Indicators | Added | Placeholders for future indicator work |
| Non-client data element definitions:  Date of Service  Contact Type Indicator  Funding Source  Session Attendees  Service Type  Date of Exit  Funded Organisation Client Identifier  Main Reason for Cessation of Services  Initial Contact Date  Initial Needs Identification  Source of Referral  Waiting List Date | Aligned to VADC/DHPDS:  Date of service aligned to Contact—contact date  Contact Type Indicator aligned to Contact—contact type  Funding Source aligned to use Funding source master code set and renamed Contact—funding source  Session Attendees aligned with Contact—Number of Service Recipients  Service Type aligned to Service stream to use master code set and renamed Contact—service stream  Date of exit aligned with Service end date and renamed Service—service end date  Funded Organisation Client Identifier aligned to Campus client identifier and renamed to Campus—campus client identifier  Main Reason for Cessation of Services aligned to End reason and renamed Service—end reason  Initial Contact Date aligned to initial contact date and renamed Service—initial contact date  Initial Needs Identification aligned to Initial needs identification date and renamed Service—initial needs identification date  Source of Referral aligned to Referral Provider Type and renamed Referral—referral provider type  Waiting List Date aligned to List start date and renamed Service—list start date | Approved recommendations from the Community Health Data Alignment Project. (CHDAP) |
| Non-client data elements | Reason for Attendance renamed Service—presenting reason for attendance, and updated to new departmental code set |  |
| Non-client data elements  Campus code  Referral direction | Added | Additional elements requested by DHHS |
| Non-client data elements  Campus  Travel Time | Removed | Campus incorporated in Campus code |
| Non-client data elements permissible values: | Added  Contact—Funding Source, added 25- Community Asthma Program | Community Asthma Program new to Community Health |
| September 2017 | Section 4.1 Client data element definitions:  Client—Victorian Universal Patient Identifier | Added | Approved feedback from sector for the Community Health Data Alignment Project. (CHDAP) |
| Section 4.2 Client data element definitions:  Client-—social conditions | Added | Approved feedback from sector for the Community Health Data Alignment Project. (CHDAP) |
| Section 6.2 Data Element Summary  Referral—referral in provider type  Referral—referral out provider type | Added | Approved feedback from sector for the Community Health Data Alignment Project. (CHDAP) |
| Section 6.2 Data Element Summary  Referral—referral provider type  Referral—referral direction | Deleted | Approved feedback from sector for the Community Health Data Alignment Project. (CHDAP) |
| November 2017 | Section 2.2.5 Indirect Time  Indirect Time  Section 2.2.10 Service Stream  Nursing (Remote Area)  Section 4.3.6 Funding Sources  Bush Nursing Centres | Added | Approved feedback from Bush Nursing Centres program area for the Community Health Data Alignment Project. (CHDAP) |
| December 2017 | Section 4.4.2 Referral—referral out provider type | Updated | Added Code 97 for no referral out  Removed Code 1 Self and Family, Code 2 Significant Other, Friend |
| June 2018 | Section 3.1 | Table revised | Language Services service stream updated (deleted) |
| July 2021 | Section 3.1 | Table revised | Women’s Health Funding Source (2) deleted  MDC Funding Source (24) service stream 20 Counselling removed and 07 Nursing added to correct an error in previous version  Family Planning Funding Source (4) **28068 only** service stream 50 Care Coordination added  Innovative Health Services for Homeless Youth Funding Source (5) service stream 50 Care Coordination added  Family and Reproductive Rights Education Program Funding Source (9) service stream 50 Care Coordination added |
|  | Section 4.1 Campus Data Element Definitions  4.1.2 Campus-Campus Code | Updated | Reporting requirements now ‘Mandatory – All Contacts’  Guide for use updated |
|  | Section 4.3 Contact Data Element Definitions  4.3.6 Contact-funding source | Updated | Code 2 Women’s Health deleted  Guide for use updated |
| July 2022 | Section 2.2.10 Service Stream:  Code 101  Section 3.1 Table 3:  Funding Source 27, 28, 29  Section 4.3.6 Contact – funding source:  Code 27, 28, 29  Section 4.3.10 Contact – service stream:  Code 101 | Added | Changes to support 3 new programs now funded through Community Health:  Infant, child and family health and wellbeing hubs  Putting families first  Autism Assessment  Only a limited number of agencies delivering these programs |
|  | Section 1.9 Contact Information | Updated | Updated helpdesk email address |

## Other documents

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| --- |
| [Policy and Funding Guidelines](https://www2.health.vic.gov.au/about/policy-and-funding-guidelines) |
| [Community Health data transmission protocol](https://www2.health.vic.gov.au/primary-and-community-health/community-health/community-health-program/community-health-data-reporting) |
| [Community Health Large-value Domains](https://www2.health.vic.gov.au/primary-and-community-health/community-health/community-health-program/community-health-data-reporting) |
| [Community Health Minimum Dataset Frequently Asked Questions](https://www2.health.vic.gov.au/primary-and-community-health/community-health/community-health-program/community-health-data-reporting-faq) |
| [Fees](https://www2.health.vic.gov.au/primary-and-community-health/community-health/community-health-program/community-health-fees-policy) |

## Contact Information

For further information regarding the Community Health Minimum Data Set contact:

Community Health Data Helpdesk

[CHMDS-data@health.vic.gov.au](mailto:CHMDS-data@health.vic.gov.au)

For further assistance, you can also contact your Departmental Advisor.

# Concepts

Concepts for the Community Health Minimum Data Set are grouped into categories for ease of reference.

## Client

Concepts related to clients are listed within this category.

### Age

Age refers to the client’s age at a point in time.

Age will be derived as required by the Community Health Program and calculated as ‘Reference date’ minus ‘Client—date of birth’.

The ‘Reference date’ could be any date. For example, age at the start of contact with a service provider would be calculated as ‘Service—Initial contact date’ minus ‘Client—date of birth’.

### Client

A client is an individual or organisation that receives a Community Health Program funded service from a Community Health Service. The CHMDS collects a number of data about the client that assists in the program area’s understanding about the type of clients that utilise CHSs and in what way.

Clients are categorised as:

* + registered client
  + casual client
  + organisational client.

An individual client can be either registered or casual. It is expected that for a registered client, all client and service data will be recorded. A casual client is normally a one-off contact which cannot reasonably be registered. All service-related data for registered or casual clients is mandatory and it is desirable to collect client data in order to provide a better understanding of this client type.

An organisational client refers to a collection of people who, on behalf of an identifiable entity (such as a business, social community, government or educational body), receive a service from a provider/s (including secondary consultation). You may be dealing with an individual who is representing an organisational entity (e.g. a GP) but this individual is not the direct recipient of your service, hence a statistical linkage key 581 (SLK) and demographic details are not required to be collected from this individual. In the CHMDS the data element called [Contact—client type](#_Client_type—X) identifies the type of client a service is provided to.

For more information about client-specific data elements, please see [Section 4, Data element definitions](#_Data_element_definitions_1).

### Chronic and Complex Client

Chronic and complex clients are people with chronic diseases who receive a service from the agency either in relation to their chronic and complex condition or in addition to. The CHMDS is used to capture data for chronic and complex clients to assist agencies to improve their service delivery and capacity and assist clients to manage their condition, prevent complications and improve their health and wellbeing.

Integrated chronic disease management approaches can enhance local efforts to reduce the burden of disease and improve the health and wellbeing of catchment populations. Integrated disease management encompasses the continuum of care from prevention and health promotion through to care planning, treatment, management and maintenance. It is consumer-focused and underpinned by evidence based on appropriate research.

Some agencies receive specific funding for Chronic Disease Management under activity 28072; check your agreement to see if this applies to your agency. It is expected that clients treated under this funding source would be Chronic and complex clients.

A Chronic and complex client is indicated in the CHMDS by specifying at least one [health condition](#_Client—health_conditions_1-10—ANNN[) and usually for a registered client. This is reported against the data element, Client—health conditions.

### Asylum seeker

An asylum seeker is deemed to be any person who:

* has a current request for protection which is being assessed by the Commonwealth Government; or
* being deemed by the Commonwealth not to be a person owed protection, is seeking either a judicial review (through the courts); or
  + is making a humanitarian claim (to Commonwealth minister) for residence.

Asylum seekers can be permitted to reside within the Australian community on one of several different visa types. Different visas carry different entitlements, including work rights and Medicare eligibility. The visa type held by an asylum seeker can change throughout the process of seeking asylum.

Asylum seekers who are Medicare ineligible are those who:

* have applied for asylum after being in Australia for 45 days (45-day rule)
* have been released from mandatory detention on a bridging visa while determination of refugee status is assessed (however, people released from detention who hold a Temporary Protection Visa (TPV) have been assessed as being owed protection and hold full Medicare eligibility)
* have been found not to be owed protection by the Refugee Review Tribunal and are seeking either a judicial or ministerial review and are on a bridging visa that carries no work rights and who are not being provided support by the Red Cross under the Commonwealth-funded Asylum Seeker Assistance Scheme (ASAS)—General Health Scheme.

### Individual Health Identifier (IHI)

An Individual Health Identifier (IHI) is a numerical identifier that uniquely identifies each individual in the Australian healthcare system.

Individual Healthcare Identifiers are automatically assigned to all individuals registered with Medicare Australia or enrolled in the Department of Veterans' Affairs (DVA) programs. Those not enrolled in Medicare Australia or with the Department of Veterans' Affairs are assigned a temporary number when they next seek healthcare; this is then validated by the Healthcare Identifiers (HI) Service Operator and becomes their unique IHI.

Only the individual, authorised healthcare providers and their authorised staff can access an individual's IHI number.

Each Individual Healthcare Identifier has an Identifier Status; this describes whether verification of the identifier of the individual has occurred and is based on the evidence available of a person's identity:

**Verified:** All individuals eligible for Medicare or DVA benefits are assigned a verified IHI automatically.

**Unverified:** For individuals whose identifier cannot be retrieved and who have an IHI created for them at the point of care. This caters, for instance, for newborns and overseas visitors.

**Provisional:** Individuals who present at the point of care unconscious or unknown may be assigned a provisional IHI by the healthcare provider. This IHI expires after 90 days of inactivity on the assumption the patient will become known and a verified IHI obtained for them, or their IHI will be converted to an unverified IHI.

The IHI number does not change regardless of the person's Identifier Status.

### Refugee

A refugee is a person who is outside their country of origin (or habitual residence in the case of stateless persons) and who, owing to a well-founded fear of persecution for reasons of race, religion, nationality, membership of a particular social group or political opinion, is unable or unwilling to avail themselves of the protection to which they are entitled.

Refugee status is determined by the Department of Immigration and Border Protection (Commonwealth) and relates to people who are subject to persecution in their home country and have been identified in conjunction with the United Nations High Commissioner for Refugees (UNHCR) as in need of resettlement (Population Flows: Immigration Aspects, 2004–05 Edition).

Refugee visas can be defined under several sub-categories and programs, including: onshore, offshore, special assistance, emergency rescue, women at risk, and the special humanitarian program. The majority of refugees that settle in Victoria are admitted under the Australian Government’s Humanitarian Program.

### Statistical Linkage Key 581 (SLK)

Record linkage is a process, technique or method that enables the bringing together of two or more records that are believed to belong to the same individual.

A linkage key is a derived variable used to link data for statistical and research purposes which is generated from elements of an individual’s personal demographic data and attached to de-identified data relating to the services received by that individual.

A Statistical Linkage Key can be used to uniquely count individuals accessing services from multiple providers that use different information systems.

It is comprised of:

Characters 1–3 3 letters: 2nd, 3rd and 5th letters of surname/family name

Characters 4–5 2 letters: 2nd and 3rd letters of first given name

Characters 6–13 8 digits: date of birth DDMMYYYY

Characters 14 1 digit: Sex at birth code: use only 1 male, 2 female or 9 not stated

Sex at birth code 3—indeterminate and Sex at birth code 4—intersex invalid for the SLK algorithm

* Non-alphabetic characters (e.g. hyphens or apostrophes) should be ignored when counting the position of each character.
* If either name is not long enough to supply the requested letters, substitute the number ‘2’ to reflect the missing letters. \*Note: Sex at birth code used in the SLK is distinct and not to be confused with gender.

### Victorian Universal Patient Identifier (VUPI)

Victoria's digital health strategy describes the ability to share clinical information across health providers in order to improve patient safety, improve clinical effectiveness and provide base clinical data that can be shared in the continuation of patient care and be available for research and analysis, including the building of genomic profiles. A major dependency in sharing clinical information is the ability to uniquely identify patients - something not available yet within Victoria - regardless of where health care is being provided.

Recognising the importance of this dependency and the recommendations from the Duckett review, the department has committed to demonstrating the benefits from a unique patient identifier and has commenced a project.

The following design elements/objectives will support a Victorian Universal Patient Identifier (UPI) solution:

* Establish a Victorian UPI solution, and generate a Victorian Unique Patient Identifier (VUPI number) for Victorian healthcare and human services consumers in order to initiate the process of matching and linking common patients across Victoria. The Victorian UPI solution will be an incremental implementation that will target an initial level of patient matching across the state (initially a target of more than 80%) and will be enhanced in stages to increase accuracy.
* Leverage and extend the use of national services to enhance and assist in high quality matching of patients, specifically the distribution of the IHIs across the Victorian Public Health Services (VPHS) and to further facilitate uptake of My Health Record (MHR).
* Enhance security and privacy of patient information across the VPHS and enhance the accuracy of statutory reporting by securing the use of the VUPI number and referencing patient details from a secure source rather than re-distributing this information for extracts and other purposes of this nature into the future.
* Provide governed, consistent and clinically safe methods and business practices for matching and therefore identifying common patients/consumers across the VPHS.
* Establish policies, guides and procedures to ensure that the management of patient identification information is aligned across the VPHS.

It is currently proposed that the Victorian Unique Patient Identifier (VUPI) will not be greater than 15 characters (alpha/numeric).

## Services

Concepts related to Services are listed within this category.

### Contact

A service contact is when a client or carer/family member seeks information and/or a service from a CHS agency or is referred to that agency; it does not include contacts that are administrative in nature. CHSs provide a wide variety of services which are delivered to individuals and groups. In the CHMDS a service contact can be defined as either individual or group and is measured as a unit in time (specifically minutes).

**Individual contact:** applies to one-on-one clinician – client contact

**Group contact:** is defined as two or more clients (usually unrelated) receiving the same service at the same time from the same staff.

Service contacts are usually differentiated from administrative and other types of contacts by the need to record data in a client record, however there may be instances where additions/amendments to a client record have not been prompted by a service contact with a client (e.g. noting receipt of test results that require no further action).

A reportable contact must meet the following criteria:

* is provided (or brokered) by a Community Health Program funded service provider that is required to report to the department
* requires a dated entry in a clinical record, usually of the client
* is for a client who has provided consent
* is clinical in nature
* has other external professionals directly participating, or
* has a client’s family member/ carer directly participating, or
* has the client directly participating.

Excluded from this concept are contacts related to:

* community development
* community education
* health promotion
* advocacy

### Service duration and time

The service time and duration is used by the department as the fundamental measure to account for service funding. In the CHMDS there are a number of data elements related to service duration or time, they are:

* [Contact—contact date](#_Contact—contact_date—DDMMYYYYHHMM)
* [Contact—direct time](#_Direct_Time—N[NN])
* [Contact—indirect time](#_Indirect_Time—N[NN])
* [Contact—interpreting time](#_Initial_Contact_Date—DDMMYYYY)
* The time spent conducting an [Initial Needs Identification (INI)](#_7.5_Initial_Needs). This is direct time and possibly indirect time.

### Direct Care Time

This is the principal measure used in order to monitor the performance of funded organisations. It applies to all service types where targets in an organisation’s service agreement are expressed in hours. Direct Care time is counted as the sum of **direct** and **indirect** service time. That is, while direct time and indirect time are counted as separate data elements in the CHMDS, they are added together and converted to hours by the department in order to count the measure called Direct Care Time.

Feedback on Direct Care Time, where an organisation’s target hours are compared to the reported actual hours, is published on the Funded Agency Channel in the following reports:

* Community Health Performance Report
* Community Health Service Totals Report
* Community Health Across – Period Report

### Direct Time

Direct time is the time spent (in minutes) in activities directly servicing the registered client, potential client or a family member/significant other of a client e.g. face-to-face, email, video link, telephone communication. The total direct time will be the sum of Contact—direct times of all contacts associated with servicing the client’s identified need, including contacts by family members/significant others but excluding contacts by health and welfare professionals. The time must be recorded as minutes NOT hours, e.g. for 1 hour of direct service provision you would record this as 60 (minutes).

### Indirect Time

Duration (in minutes) that has been spent away from a client or clients in essential activities to provide support to a client or clients.

Includes time spent on activities such as:

* + Organising case meetings
  + Preparing case notes
  + Referral
  + Clinical supervision, including individual, group and peer
  + Preparation for group sessions that are not Health Promotion sessions
  + Secondary consultation when two clinicians discuss a client. The time can be counted as indirect service time by both if they are both seeing the client, otherwise if only one is seeing the client then only that provider can count the time.
  + Preparation for not attended session (DNA).
  + Travel Time (Bush Nursing Centres Funding Source only)

### Interpreting Time

Organisations are encouraged to collect and report interpreting time to demonstrate, should it be required, how much time is spent providing the interpreting service. For this purpose, it does not matter whether the source of funding was a credit line, a specific grant or another interpreting service. In feedback from the department, interpreting time will be included as an item in the Non-direct care report which is available from the Funded Agency Channel. It is not included in the department’s definition of direct care time.

### Initial Needs Identification (INI)

Initial Needs Identification is a process where the underlying issues as well as the presenting issues are uncovered to the best extent possible. It can occur at any stage along the client journey through the service system and may take more than one occasion/contact.

Three data items are collected for Initial Needs Identification:

* + [Service—Initial needs identification date](#_Service—-initial_needs_identificati)
  + INI should be flagged as the [Service stream](#_Service_Stream)
  + the time spent on this task.

### Prioritisation

The process by which a client is briefly assessed to determine the urgency of their need and/or priority for service.

Different scores/scales may be used in different settings such as Emergency care, and Community Health.

In the Community health setting, priority types are derived from the [service coordination tool templates](https://www2.health.vic.gov.au/primary-and-community-health/community-health/community-health-program/ch-demand-management/priority-tools-for-community-health-services). <https://www2.health.vic.gov.au/primary-and-community-health/community-health/community-health-program/ch-demand-management/priority-tools-for-community-health-services>

### Referral

A request for review/assessment/treatment made on behalf of a client or potential client by a clinician/worker at an approved service provider.

Referrals are made and received via a variety of methods including verbal, written and electronic.

Referrals can be internal or external:

* Internal referrals are those that are sent between clinicians/workers at the same service provider
* External referrals are those that are sent to or received from a clinician/worker external to the service provider.

Referrals can be in or out:

* + Referral in - relates to referrals received by a service provider from another clinician or service provider.
  + Referral out - relates to referrals sent by one service provider to another, for further care.

### Service Stream

A service stream is a unique ‘service type’ provided to a client or potential client.

In the case of family members or significant others, the ‘service type’ will be indirectly related to the client’s identified need.

A service stream is also used to determine applicable funding sources.

Service streams are defined in Table 2.

Table Service stream definitions

| Code | Service stream | Description |
| --- | --- | --- |
| 01 | Audiology | Audiology services such as evaluation of hearing loss and related disorders, including balance (vestibular) disorders and tinnitus (ringing in the ears), and to rehabilitate individuals with hearing loss and related disorders. |
| 02 | Dietetics | Dietetics services such as application of nutritional principles to the planning and preparation of foods and the regulation of the diet in relation to both health and disease. |
| 03 | Occupational Therapy | Occupational Therapy such as activities involving working with people and communities to enhance their ability to engage in the occupations they want to, need to, or are expected to do, or by modifying the environment to better support their occupational engagement. |
| 04 | Physiotherapy | Physiotherapy services are activities involving assessment, diagnosis, treatment and prevention of a wide range of health conditions and movement disorders. Physiotherapy helps repair damage, reduce stiffness and pain, increase mobility and improve quality of life. |
| 05 | Podiatry | Podiatry includes services that deal with the prevention, diagnosis, treatment and rehabilitation of medical and surgical conditions of the feet and lower limbs. Conditions that may be treated include those resulting from bone and joint disorders such as arthritis and soft-tissue and muscular pathologies, as well as neurological and circulatory disease. It may also include diagnosis and treatment of any complications of the above which affect the lower limb, including skin and nail disorders, corns, calluses and ingrown toenails. Foot injuries and infections gained through sport or other activities are also diagnosed and treated through podiatry. |
| 06 | Speech Pathology/Therapy | Speech Pathology/Therapy includes services concerned with a broad scope of speech, language, swallowing, and voice issues involving communication. These may include word-finding issues, social communications difficulties, structural language impairments, literacy impairments related to the letter-to-sound relationship (phonics), voice difficulties or cognitive impairment to the extent that they interfere with communications. |
| 07 | Nursing | Nursing services encompasses the promotion of health, prevention of illness, and care of physically ill, mentally ill, and disabled people of all ages, in all health care and other community settings. Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people. Advocacy, promotion of a safe environment, research, participation in shaping health policy and inpatient and health systems management, and education are also key nursing roles. |
| 20 | Counselling/Casework | Therapeutic counselling interventions of varying duration and intensity to individuals, families and groups. Incorporates face-to-face, online and telephone counselling. |
| 50 | Care Coordination | Offered to those with the highest need or at the greatest risk. Provides additional individualised and flexible support for designated people through face-to-face, telephone and online services continuing throughout clients’ treatment and for up to 12 months after commencement of treatment. This includes residential treatment preparation and after care support. |
| 60 | Client Education | Client education programs designed to provide information and support to clients and their families or significant others, This does not include community education programs or school education. |
| 61 | Clinical Services & Training | Clinical services are the broad range of services relating to the observation and treatment of patients rather than theoretical or laboratory studies. Accordingly, Clinical Training encompasses training activities that relates to clinical services. |
| 70 | Initial Needs Identification | Initial Needs Identification is a process where the underlying issues as well as the presenting issues are uncovered to the best extent possible. It is not a diagnostic process but is a determination of the client's risk, eligibility and priority for service, a balancing for the service capacity and client needs. |
| 90 | Nursing (Remote Area) | Nursing services performed in a remote or very remote location. Remote or very remote locations are detailed in the Australian Standard Geographic Classification (ASGC). |
| 91 | Medical | Includes general and specialist medical treatment. |

### Wait List

A list of clients waiting for care. A wait list is maintained by each service provider for clients seeking care.

## Providers

Concepts related to service providers are listed within this category.

### Campus

A campus is a discrete physical site or virtual site from which a single service provider delivers a Community Health service. Physical sites have a locality and a physical postcode. A service provider may have one or more campuses.

### Campus Client Identifier

This is a unique identifier of a registered client from a specific campus. The identifier must be unique to the Campus as a minimum.

### Campus Code

A Campus code is a unique identifier for a campus, which is generated by the department.

The Campus code is a numeric code comprised of:

* a component to identify the service provider that the campus belongs to (the agency SAMS ID)
* a component to identify the site

It is also used by the department to uniquely identify clients and services reported by a campus.

### Service Provider

A service provider is an authorised agency or organisation that provides Community Health Program services to clients and potential clients, and their family members and significant others.

# Business Rules

## Service activities funded by the Community Health Program

Agencies funded to deliver Community Health Program services are required to report their service provision to the department via the Community Health Minimum Dataset (CHMDS). Table 3 shows the relationship between Funding Source, Funded Activity and Service stream in the CHMDS and how these interrelate.

* + Refer to your service agreement to check which activities are relevant to your agency and only report on those activities.
  + It is important that each funded activity is correctly aligned with the corresponding funding source and accepted service types when reporting service provision to the department. If the Funding Source and Service stream are not an allowable combination, the data will not be counted towards agency targets.

Table Interrelationship of Funding Source, Funded Activity and Service Type

| Funding Source data element(a) | | Activity | | Service stream(b) | |
| --- | --- | --- | --- | --- | --- |
| Funding Source Code No. | Funding Source Description | Activity No. | Activity Name | Service stream code | Service stream description |
| 1 | Community Health Program | 28086 | Community Health | 01 | Audiology |
| 02 | Dietetics |
| 03 | Occupational Therapy |
| 04 | Physiotherapy |
| 05 | Podiatry |
| 06 | Speech Pathology/Therapy |
| 07 | Nursing |
| 20 | Counselling/ Casework |
| 50 | Care Coordination |
| 70 | Initial Needs Identification |
| 4 | Family Planning | 28064 | Family Planning – Clinical Services and Training | 07 | Nursing |
| 61 | Clinical Services and Training |
| 70 | Initial Needs Identification |
| 28068 | Family Planning | 07 | Nursing |
| 20 | Counselling |
| 50 | Care Coordination |
| 70 | Initial Needs Identification |
| 5 | Innovative Health Services for Homeless Youth (IHSHY) | 28066 | Innovative Health Services for Homeless Youth (IHSHY) | 07 | Nursing |
| 20 | Counselling |
| 50 | Care Coordination |
| 70 | Initial Needs Identification |
| 9 | Family and Reproductive Rights Education Program (FARREP) | 28015 | Family and Reproductive Rights Education Program (FARREP) | 20 | Counselling |
| 50 | Care Coordination |
| 70 | Initial Needs Identification |
| 12 | Small Rural – Primary Health Flexible Services | 35048 | Small Rural – Primary Health Flexible Services | 01 | Audiology |
| 02 | Dietetics |
| 03 | Occupational Therapy |
| 04 | Physiotherapy |
| 05 | Podiatry |
| 06 | Speech Pathology/Therapy |
| 07 | Nursing |
| 20 | Counselling/ Casework |
| 50 | Care Coordination |
| 70 | Initial Needs Identification |
| 19 | Integrated Chronic Disease Management | 28072 | Integrated Chronic Disease Management | 01 | Audiology |
| 02 | Dietetics |
| 03 | Occupational Therapy |
| 04 | Physiotherapy |
| 05 | Podiatry |
| 06 | Speech Pathology/Therapy |
| 07 | Nursing |
| 20 | Counselling/ Casework |
| 50 | Care Coordination |
| 70 | Initial Needs Identification |
| 21 | Refugee & Asylum Seeker Health Services | 28076 | Refugee & Asylum Seeker Health Services | 01 | Audiology |
| 02 | Dietetics |
| 03 | Occupational Therapy |
| 04 | Physiotherapy |
| 05 | Podiatry |
| 06 | Speech Pathology/Therapy |
| 07 | Nursing |
| 20 | Counselling/ Casework |
| 50 | Care Coordination |
| 70 | Initial Needs Identification |
| 22 | Healthy Mothers Healthy Babies | 28080 | Healthy Mothers Healthy Babies | 01 | Audiology |
| 02 | Dietetics |
| 03 | Occupational Therapy |
| 04 | Physiotherapy |
| 05 | Podiatry |
| 06 | Speech Pathology/Therapy |
| 07 | Nursing |
| 20 | Counselling/ Casework |
| 50 | Care Coordination |
| 70 | Initial Needs Identification |
| 24 | MDC Community Health Nurse | 28090 | MDC – Community Health Nurse | 50 | Care Coordination |
| 70 | Initial Needs Identification |
| 90 | Nursing |
| 25 | Community Asthma Program | 28091 | Community Asthma Program | 50 | Care Coordination |
| 60 | Client Education |
| 70 | Initial Needs Identification |
| 26 | Bush Nursing Centres | 35023 | Bush Nursing Centres | 01 | Audiology |
| 02 | Dietetics |
| 03 | Occupational Therapy |
| 04 | Physiotherapy |
| 05 | Podiatry |
| 06 | Speech Pathology/Therapy |
| 07 | Nursing |
| 20 | Counselling/ Casework |
| 50 | Care Coordination |
| 70 | Initial Needs Identification |
| 90 | Nursing (Remote Area) |
| 27 | Infant child and family health and wellbeing hubs | 28092 | Infant child and family health and wellbeing hubs – Community Health | 01 | Audiology |
| 02 | Dietetics |
| 03 | Occupational Therapy |
| 04 | Physiotherapy |
| 05 | Podiatry |
| 06 | Speech Pathology/Therapy |
| 20 | Counselling/ Casework |
| 50 | Care Coordination |
| 70 | Initial Needs Identification |
| 91 | Medical |
| 28 | Putting Families First | 28095 | Putting Families First – Community Health | 50 | Care Coordination |
| 60 | Client Education |
| 70 | Initial Needs Identification |
| 29 | Autism Assessment | 28096 | Autism Assessment | 03 | Occupational Therapy |
| 06 | Speech Pathology/Therapy |
| 20 | Counselling/ Casework |
| 91 | Medical |
| This activity is reported using the [Contact—Interpreting time](#_Initial_Contact_Date—DDMMYYYY) data element | | 28048 | Language Services |  |  |

(a) See [Contact—funding source](#_Funding_Source_—N[N]_1) data element description.

(b) See [Contact—service stream](#_Contact—-service_stream—NN) data element description.

# Data element definitions

## Campus

### Campus—campus client identifier—A(10)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Identifying and definitional attributes | | | | | |
| Definition | | | A numerical identifier that uniquely identifies each client from a campus | | |
| Value domain attributes | | | | | |
| Representational attributes | | | | | |
| Representation class | Identifier | | | Data type | Number |
| Format | A(10) | | | Maximum character length | 10 |
| Permissible values | Value | | | Meaning | |
|  | A(10) | | | The client’s unique identifier for the campus | |
| Data element attributes | | | | | |
| Reporting attributes | | | | | |
| Reporting requirements | | Mandatory when Contact—contact type = 1 and Contact—client type = 1 | | | |
| Collection and usage attributes | | | | | |
| Guide for use | Record the unique identifier for the client, generated from a campus’ Client Management System (CMS) or manually generated.  This is to be reported in the following situations:   * to identify a client from a campus * to identify the client for a campus’ service contact   When operating in an integrated health setting, the identifier used should be that of the patient master index (PMI) e.g. hospital UR number with the exception of where health services have different patient master indices and an Organisation wide CMS solution.  Individual agencies, establishments or collection authorities may use their own alphabetic, numeric or alphanumeric coding systems. | | | | |
| Purpose/context | Program monitoring, service planning, funding and accountability.  Used to uniquely identify an individual client for determining number of contacts, and for demographics. | | | | |
| Source and reference attributes | | | | | |
| DHHS Common data dictionary | | CCDD v3.0 | | | |
| Definition source | | Standards Australia | | | |
| Definition source identifier | | Based on Identifier Designation, Australian Standard 4590-2006 (Incorporated Amendment No. 1) Interchange of Client Information, p.11 | | | |
| Value domain source | | METeOR | | | |
| Value domain identifier | | Based on [270826 Record—identifier, X[X(14)]](http://meteor.aihw.gov.au/content/index.phtml/itemId/459234) | | | |
| Relational attributes | | | | | |
| Related concepts | | [Client](#_Client_3)  [Contact](#_Contact) | | | |
| Related data elements | | [Campus—campus code](#_Campus—campus_code—NNNN[N]-NN)  [Contact—service stream](#_Contact—-service_stream—NN)  [Contact—contact type](#_Contact—contact_type—N)  [Contact—client type](#_Client_type—X)  [Service—service provider number](#_Service—service_provider_number—NNN) | | | |
| Edit/validation rules | |  | | | |
| Other related information | |  | | | |

### Campus—campus code—NNNN[N]-NN

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Identifying and definitional attributes | | | | | |
| Definition | The unique identifier assigned to a campus of a Service Provider | | | | |
| Value domain attributes | | | | | |
| Representational attributes | | | | | |
| Representation class | Identifier | | Data type | Number | |
| Format | NNN[N][N]-N[N] | | Maximum character length | 5-2 | |
| Permissible values instructions | Refer to [Appendix 6.3: Large-value domains](#_Large-value_domains).  Examples from the full list: | | | | |
|  | 6637-01 | Access Health and Community (Manningham CHS & Inner East CHS) | | | Ashburton |
|  | 6637-02 | Access Health and Community (Manningham CHS & Inner East CHS) | | | Doncaster |
|  | 6637-03 | Access Health and Community (Manningham CHS & Inner East CHS) | | | Hawthorn |
|  | 6637-04 | Access Health and Community (Manningham CHS & Inner East CHS) | | | Richmond |
| Permissible values | Value | | Meaning | | |
|  | NNNN[N]-NN | | The unique campus identifier issued by DH | | |
| Data element attributes | | | | | |
| Reporting attributes | | | | | |
| Reporting requirements | Mandatory – All Contacts | | | | |
| Collection and usage attributes | | | | | |
| Guide for use | A campus code should be issued for every campus by DH.  Campus code is a numeric code comprised of:   * Service provider number (3, 4 or 5 digits) * Site identifier (1 or 2 digits)   Site identifiers will generally be numbered incrementally for each fixed-site campus of a given Service Provider e.g. 01, 02, 03.  Generic codes for services delivered offsite include:   * 94 - Virtual Site * 95 - Home Visits * 97 - Outreach Service   They should be used for non-virtual and virtual sites.  This would include when treatment is provided through outreach from a main fixed site.  Where possible sites will retain existing campus code for continuity where an agency merges and SAMS ID changes | | | | |
| Purpose/context | Program monitoring, service planning, funding | | | | |
| Source and reference attributes | | | | | |
| DHHS Common data dictionary | Not applicable | | | | |
| Definition source | DHHS | | | | |
| Definition source identifier | Master code set | | | | |
| Value domain source | DHHS | | | | |
| Value domain identifier | SAMS campus identifier | | | | |
| Relational attributes | | | | | |
| Related concepts | [Campus](#_Campus) | | | | |
| Related data elements | [Client—date of birth](#_Client—date_of_birth—DDMMYYYY)  [Campus—campus client identifier](#_Campus—campus_client_identifier—A(1)  [Service—service provider number](#_Service—service_provider_number—NNN) | | | | |
| Edit/validation rules | D57 Incorrect combination of Service—service provider number and Campus—campus code | | | | |
| Other related information | Values for this data element are contained in a master table | | | | |

## Client

### Client—concession card type—N

|  |  |  |  |
| --- | --- | --- | --- |
| Identifying and definitional attributes | | | |
| Definition | The type of concession card held by the client | | |
| Value domain attributes | | | |
| Representational attributes | | | |
| Representation class | Code | Data type | Number |
| Format | N | Maximum character length | 1 |
| Permissible values | Value | Meaning | |
|  | 0 | No concession card | |
|  | 1 | Health Care Card | |
|  | 2 | Pension Concession Card | |
|  | 3 | DVA Concession Card | |
|  | 4 | Commonwealth Seniors Health Card | |
| Supplementary values | Value | Meaning | |
|  | 9 | not stated/inadequately described | |
| Data element attributes | | | |
| Reporting attributes | | | |
| Reporting requirements | Mandatory when Contact—contact type = 1 and Contact—client type = 1 | | |
| Collection and usage attributes | | | |
| Guide for use | This data element relates to the client’s concession arrangements. For clients aged 18 and younger, report the concession card type held by the client if they have their own, or the type held by the parent/guardian.   |  |  | | --- | --- | | Code 3 | Applies to the Department of Veterans’ Affairs pensioner concession card which is equivalent to the Centrelink issued pensioner concession card | | | |
| Purpose/context | Service fees, program monitoring, service planning.  Understanding access and service utilisation of priority population groups. | | |
| Source and reference attributes | | | |
| DHHS Common data dictionary | CCDD v3.0 | | |
| Definition source | DHHS | | |
| Definition source identifier |  | | |
| Value domain source | DHHS | | |
| Value domain identifier | Based on Concession Cardholder, 2006-09 Primary Health Multi-Purpose Report (V3) p21 | | |
| Relational attributes | | | |
| Related concepts | [Client](#_Client_2) | | |
| Related data elements | [Client—date of birth](#_Client—date_of_birth—DDMMYYYY)  [Contact—contact type](#_Contact—contact_type—N)  [Contact—client type](#_Client_type—X)  [Contact—fee](#_Fee—[NNN]N.NN) | | |
| Edit/validation rules | C12 Commonwealth Seniors Health Card, but age is less than 65 | | |
| Other related information | <https://www.humanservices.gov.au/customer/subjects/concession-and-health-care-cards> | | |

### Client—country of birth—NNNN

|  |  |  |  |
| --- | --- | --- | --- |
| Identifying and definitional attributes | | | |
| Definition | The country in which the client was born | | |
| Value domain attributes | | | |
| Representational attributes | | | |
| Representation class | Code | Data type | Number |
| Format | NNNN | Maximum character length | 4 |
| Permissible values instructions | Refer to [Appendix 6.3: Large-value domains](#_Large-value_domains).  Examples from the full list: | | |
| Permissible values | Value | Meaning | |
|  | **1000** | **Oceania and Antarctica** | |
|  | 1101 | Australia | |
|  | 1101 | Australian Capital Territory | |
|  | 1101 | Badu Island | |
|  | 1101 | Bathurst Island | |
|  | 1101 | Boigu Island | |
|  | 1101 | Cape Barren Island | |
|  | 1101 | Christmas Island | |
|  | … | … | |
|  | NNNN | And so on | |
| Supplementary values | Value | Meaning | |
|  | 0000 | inadequately described | |
|  | 0001 | at sea | |
|  | 0003 | not stated | |
| Data element attributes | | | |
| Reporting attributes | | | |
| Reporting requirements | Mandatory when Contact—contact type = 1 and Contact—client type = 1 | | |
| Collection and usage attributes | | | |
| Guide for use | Code 11xx Where the client is born in Australia, the value domain also includes states of Australia from [Appendix 6.3: Large-value domains](#_Large-value_domains) | | |
| Purpose/context | Program monitoring, service planning.  Provides information about client ‘s culturally and linguistically diverse (CALD) characteristics. | | |
| Source and reference attributes | | | |
| DHHS Common data dictionary | CCDD v3.0 | | |
| Definition source | METeOR | | |
| Definition source identifier | [659454 - Person—country of birth, code (SACC 2016) NNNN](http://meteor.aihw.gov.au/content/index.phtml/itemId/459973) | | |
| Value domain source | METeOR | | |
| Value domain identifier | [659444 Country code SACC (2016) NNNN](http://meteor.aihw.gov.au/content/index.phtml/itemId/659454) | | |
| Relational attributes | | | |
| Related concepts | [Client](#_Client_2) | | |
| Related data elements | [Client—Indigenous status](#_Client—-Indigenous_status—N)  [Client—need for interpreter service](#_Client—need_for_interpreter)s  [Client—preferred language](#_Client—preferred_language—NNNN)  [Client—refugee status](#_Refugee_Status—N)  [Contact—client type](#_Client_type—X)  [Contact—contact type](#_Contact—contact_type—N) | | |
| Edit/validation rules | C33 Use of supplementary codes should be limited for Client—country of birth | | |
|  | C34 Antarctica is reported as Client—country of birth | | |
|  | C35 Aboriginal and/or Torres Strait Islander and country of birth is not Australia | | |
|  | D33 Client—country of birth cannot be Australia when Client—refugee status is an asylum seeker | | |
|  | D34 Client—country of birth cannot be Australia when Client—refugee status is a refugee | | |
| Other related information | Supplementary codes of the ABS Standard Australian Classification of Countries (SACC), 1269.0 Second Edition | | |

### Client—date of birth—DDMMYYYY

|  |  |  |  |
| --- | --- | --- | --- |
| Identifying and definitional attributes | | | |
| Definition | The date of birth of the client | | |
| Value domain attributes | | | |
| Representational attributes | | | |
| Representation class | Date | Data type | Date/Time |
| Format | DDMMYYYY | Maximum character length | 8 |
| Data element attributes | | | |
| Reporting attributes | | | |
| Reporting requirements | Mandatory when Contact—contact type = 1 and Contact—client type = 1 | | |
| Collection and usage attributes | | | |
| Guide for use | Date should be supplied as accurately as possible.  Where part of the date of birth is not known, DOB accuracy indicator also needs to indicate which part of date was estimated or unknown  When date of birth is not stated should be reported as (01011900), DOB accuracy indicator is ‘UUU’ | | |
| Purpose/context | Program monitoring, service planning.  Understanding access and service utilisation of priority population groups.  A component of the statistical linkage key 581 (SLK ). | | |
| Source and reference attributes | | | |
| DHHS Common data dictionary | CCDD v3.0 | | |
| Definition source | METeOR | | |
| Definition source identifier | [287007 - Person—date of birth, DDMMYYYY](http://meteor.aihw.gov.au/content/index.phtml/itemId/287007) | | |
| Value domain source | METeOR | | |
| Value domain identifier | [270566 Date DDMMYYYY](http://meteor.aihw.gov.au/content/index.phtml/itemId/270566) | | |
| Relational attributes | | | |
| Related concepts | [Client](#_Client_2)  [Individual Health Identifier](#_Individual_Health_Identifier)  [Statistical Linkage Key 581 (SLK)](#_Statistical_Linkage_Key) | | |
| Related data elements | [Client—date of birth accuracy](#_Date_of_Birth)  [Client—individual health identifier](#_Client—individual_health_identifier)  [Client—statistical linkage key 581 (SLK)](#_Statistical_Linkage_Key—AAAAADDMMYY)  [Contact—client type](#_Client_type—X)  [Contact—contact type](#_Contact—contact_type—N)  [Service—list start date](#_Service—list_start_date—DDMMYYYY) | | |
| Edit/validation rules | C10 Age indicates very old | | |
|  | C36 Client—date of birth is unrealistic | | |
|  | C37 Client—date of birth cannot be in the future | | |
|  | S25 Client—date of birth after Service—list start date | | |
| Other related information |  | | |

### Client—date of birth accuracy—AAA

|  |  |  |  |
| --- | --- | --- | --- |
| Identifying and definitional attributes | | | |
| Definition | An indicator of the accuracy of a date of birth for a registered client | | |
| Value domain attributes | | | |
| Representational attributes | | | |
| Representation class | Code | Data type | String |
| Format | AAA | Maximum character length | 3 |
| Permissible values | Value | Meaning | |
|  | AAA | Day, month and year are accurate | |
|  | AAE | Day and month are accurate, year is estimated | |
|  | AAU | Day and month are accurate, year is unknown | |
|  | AEA | Day is accurate, month is estimated, year is accurate | |
|  | AEE | Day is accurate, month and year are estimated | |
|  | AEU | Day is accurate, month is estimated, year is unknown | |
|  | AUA | Day is accurate, month is unknown, year is accurate | |
|  | AUE | Day is accurate, month is unknown, year is estimated | |
|  | AUU | Day is accurate, month and year are unknown | |
|  | EAA | Day is estimated, month and year are accurate | |
|  | EAE | Day is estimated, month is accurate, year is estimated | |
|  | EAU | Day is estimated, month is accurate, year is unknown | |
|  | EEA | Day and month are estimated, year is accurate | |
|  | EEE | Day, month and year are estimated | |
|  | EEU | Day and month are estimated, year is unknown | |
|  | EUA | Day is estimated, month is unknown, year is accurate | |
|  | EUE | Day is estimated, month is unknown, year is estimated | |
|  | EUU | Day is estimated, month and year are unknown | |
|  | UAA | Day is unknown, month and year are accurate | |
|  | UAE | Day is unknown, month is accurate, year is estimated | |
|  | UAU | Day is unknown, month is accurate, year is unknown | |
|  | UEA | Day is unknown, month is estimated, year is accurate | |
|  | UEE | Day is unknown, month and year are estimated | |
|  | UEU | Day is unknown, month is estimated, year is unknown | |
|  | UUA | Day and month are unknown, year is accurate | |
|  | UUE | Day and month are unknown, year is estimated | |
|  | UUU | Day, month and year are unknown | |
| Data element attributes | | | |
| Reporting attributes | | | |
| Reporting requirements | Mandatory when Contact—contact type = 1 and Contact—client type = 1 | | |
| Collection and usage attributes | | | |
| Guide for use | This data element is valid only for use with dates that are reported/exchanged in the format (DDMMYYYY).  Any combination of the values A, E, U representing the corresponding level of accuracy of each date component of the reported date.  This data element consists of a combination of three codes, each of which denotes the accuracy of one date component:  A – the referred date component is accurate  E – the referred date component is not known but is estimated  U – the referred date component is not known and not estimated.  This data element contains positional fields (DMY) that reflects the order of the date components in the format (DDMMYYYY) of the reported date:  Field 1 (D) – refers to the accuracy of the day component;  Field 2 (M) – refers to the accuracy of the month component;  Field 3 (Y) – refers to the accuracy of the year component.   |  |  |  |  | | --- | --- | --- | --- | | Data domain | Date component (for a format DDMMYYYY) | | | | (D)ay | (M)onth | (Y)ear | | Accurate | A | A | A | | Estimated | E | E | E | | Unknown | U | U | U |   Example 1: A date has been sourced from a reliable source and is known as accurate then the Date accuracy indicator should be informed as (AAA).  Example 2: If only the age of the person is known and there is no certainty of the accuracy of this, then the Date accuracy indicator should be informed as (UUE). That is the day and month are “unknown” and the year is “estimated”.  Example 3: If a person was brought in unconscious to an emergency department of a hospital and the only information available was from a relative who was certain of the age and the birthday’s 'month' then the Date accuracy indicator should be informed as (UAA). A year derived from an accurate month and accurate age is always an accurate year.  The Date accuracy indicator can be useful for operational purposes to indicate the level of accuracy that a date has been collected at any point in time.  Note: Where Service providers choose to only use a subset of this code value list within their CMS, only those values would need to be reported to the Dept. | | |
| Purpose/context | Program monitoring, service planning | | |
| Source and reference attributes | | | |
| DHHS Common data dictionary | CCDD v3.0  Based on Client – date accuracy – AAA  Refer also to the Australian Standard AS 5017-2002 Health Care Client Identification, p. 30. | | |
| Definition source | METeOR | | |
| Definition source identifier | [294429 Date—accuracy indicator, code AAA](http://meteor.aihw.gov.au/content/index.phtml/itemId/294429) | | |
| Value domain source | METeoR | | |
| Value domain identifier | [289952 Date – accuracy indicator, Code AAA](http://meteor.aihw.gov.au/content/index.phtml/itemId/294429) | | |
| Relational attributes | | | |
| Related concepts | [Client](#_Client_2) | | |
| Related data elements | [Client—date of birth](#_Client—date_of_birth—DDMMYYYY)  [Client—statistical linkage key 581 (SLK)](#_Client—statistical_linkage_key)  [Contact—client type](#_Client_type—X)  [Contact—contact type](#_Contact—contact_type—N) | | |
| Edit/validation rules |  | | |
| Other related information |  | | |

### Client—gender identity—N

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Identifying and definitional attributes | | | | |
| Definition | | The gender with which the client identifies. | | |
| Value domain attributes | | | | |
| Representational attributes | | | | |
| Representation class | | Code | Data type | Number |
| Format | | N | Maximum character length | 1 |
| Permissible values | | Value | Meaning | |
|  | | 1 | male | |
|  | | 2 | female | |
|  | | 3 | other | |
| Supplementary values | | Value | Meaning | |
|  | | 9 | not stated/Inadequately described | |
| Data element attributes | | | | |
| Reporting attributes | | | | |
| Reporting requirements | | Mandatory when Contact—contact type = 1 and Contact—client type = 1 | | |
| Collection and usage attributes | | | | |
| Guide for use | Gender identity is defined as a personal conception of oneself as male or female (or other).  Gender identity can be the same or different than the sex assigned at birth.  When a person’s gender identity differs from their sex assigned at birth, they are considered transgender.  Note: While service providers may choose to capture many categories of gender identity within their CMS system, the reporting requirement of the department only requires alignment with those codes specified. | | | |
|  | |  |  | | --- | --- | | Code 3 | Adults and children who identify as non-binary, gender diverse, or with descriptors other than man/boy or woman/girl. Terms such as ‘gender diverse’, ‘non-binary’, ‘unspecified’, 'trans', '[transgender](https://dhhs.authenticated.modelpedia.com.au/PublishedWebsite/ItemDetail.aspx?ConfigurationId=26040&RootConfigurationId=18&ModelId=5B8A8481-0259-4FA0-B803-01E7B307A6CD&ItemId=A8F8E1A1-E54A-4600-8BDC-D798813D0EEA&Target=ctl00_ctl03_CenterTopPane&Theme=25&Version=3.0.6.22_1&IsLatest=Final)', 'transsexual', 'gender queer', 'pan-gendered', 'androgynous' and 'inter-gender' are variously used to describe the 'Other' category of gender. Some cultures may have their own terms for gender identities outside male and female. The label ‘Other’ is used because a more descriptive term has not been widely agreed within the general community. | | Code 9 | Should be usShould be used if unable to attain gender identity or unknown | | | | |
| Purpose/context | Program monitoring, service planning. | | | |
| Source and reference attributes | | | | |
| DHHS Common data dictionary | |  | | |
| Definition source | | METeOR | | |
| Definition source identifier | | Based on 635994 - Person–gender, code X | | |
| Value domain source | | METeOR | | |
| Value domain identifier | | Based on 635944 - [Gender code N](javascript:void(0);) | | |
| Relational attributes | | | | |
| Related concepts | | [Client](#_Client_2) | | |
| Related data elements | | [Contact—client type](#_Client_type—X)  [Contact—contact type](#_Contact—contact_type—N) | | |
| Edit/validation rules | |  | | |
| Other related information | | [Australian Government Guidelines for the Recognition of Sex and Gender](https://www.ag.gov.au/Publications/Documents/AustralianGovernmentGuidelinesontheRecognitionofSexandGender/AustralianGovernmentGuidelinesontheRecognitionofSexandGender.PDF) | | |

### Client—health conditions 1-10—ANNN[N][N]

|  |  |  |  |
| --- | --- | --- | --- |
| Identifying and definitional attributes | | | |
| Definition | The client’s health condition or diagnosis | | |
| Value domain attributes | | | |
| Representational attributes | | | |
| Representation class | Code | Data type | Number |
| Format | ANNN[N][N] | Maximum character length | 6 |
| Permissible values instructions | Refer to [Appendix 6.3: Large-value domains](#_Large-value_domains)  Examples from the full list: | | |
| Permissible values | Value | Meaning | |
|  | 1001 | Hepatitis | |
|  | 1002 | HIV/AIDS | |
|  | 1101 | Cancer(s) | |
|  | 1201 | Cholesterol (lipid metabolism disorder) | |
|  | 1202 | Diabetes | |
|  | 1203 | Diabetes, gestational | |
|  | 1204 | Obesity | |
|  | 1301 | Anxiety | |
|  | 1302 | Dementia | |
|  | 1303 | Depression | |
|  | 1304 | Developmental delay | |
|  | 1305 | Intellectual disability | |
|  | 1306 | Post-traumatic stress disorder | |
|  | 1398 | Mental health, other (excl. drug or alcohol related conditions) | |
|  | NNNN | And so on | |
| Supplementary values | Value | Meaning | |
|  | 9098 | Other health condition | |
|  | 9099 | No health conditions/healthy | |
|  | ANNN[N][N] | ICD code | |
| Data element attributes | | | |
| Reporting attributes | | | |
| Reporting requirements | Mandatory when Contact—contact type = 1 and Contact—client type = 1 | | |
| Collection and usage attributes | | | |
| Guide for use | Report the client’s health conditions starting with the most severe condition. This will help to gain an understanding of the disease/condition profile.  Up to 10 health conditions may be reported from the most severe to the least severe.   |  |  | | --- | --- | | Code 9098 | Should be used if the health condition is not covered by the Health condition master code set and the ICD code is unknown | | ANNN[N][N] | Can be used to report the client’s health condition when the ICD code is known | | | |
| Purpose/context | Epidemiology, program monitoring, service planning.  Understanding access and service utilisation of priority population groups. | | |
| Source and reference attributes | | | |
| DHHS common data dictionary | Not applicable | | |
| Definition source | DHHS | | |
| Definition source identifier | Master code set | | |
| Value domain source | DHHS | | |
| Value domain identifier | Episode Health Conditions-master code set v5.0 | | |
| Relational attributes | | | |
| Related concepts | [Chronic and Complex Client](#_Chronic_and_Complex_2)  [Client](#_Client_2)  [Referral](#_Referral) | | |
| Related data elements | [Contact—client type](#_Client_type—X)  [Contact—contact type](#_Contact—contact_type—N) | | |
| Edit/validation rules |  | | |
| Other related information | Values for this data element are contained in a master table | | |

### Client—Indigenous status—N

|  |  |  |  |
| --- | --- | --- | --- |
| Identifying and definitional attributes | | | |
| Definition | Whether the client identifies as being of Aboriginal and/or Torres Strait Islander origin. | | |
| Value domain attributes | | | |
| Representational attributes | | | |
| Representation class | Code | Data type | Number |
| Format | N | Maximum character length | 1 |
| Permissible values | Value | Meaning | |
|  | 1 | Aboriginal but not Torres Strait Islander origin | |
|  | 2 | Torres Strait Islander but not Aboriginal origin | |
|  | 3 | Both Aboriginal and Torres Strait Islander origin | |
|  | 4 | Neither Aboriginal nor Torres Strait Islander origin | |
| Supplementary values | Value | Meaning | |
|  | 9 | not stated/inadequately described | |
| Data element attributes | | | |
| Reporting attributes | | | |
| Reporting requirements | Mandatory when Contact—contact type = 1 and Contact—client type = 1 | | |
| Collection and usage attributes | | | |
| Guide for use | Electronic information systems should not use the word “indigenous” or “ATSI”. the words “Aboriginal” and/or “Torres Strait Islander” should be used.  Clients have a right to self-report their Aboriginal and/or Torres Strait Islander origin and staff should therefore always record the response that the client provides; they should not question or comment on the client’s response. The client’s recorded response should not be altered or annotated in any way to reflect the views of the staff member collecting the information.  Where the question allows for more than one response, the procedure for coding multiple responses is as follows:  If the respondent answers 'Yes, Aboriginal' and 'Yes, Torres Strait Islander', then their response should be coded to 'Yes, both Aboriginal and Torres Strait Islander origin'.  If the respondent answers 'No' and one or more of the following:  'Yes, Aboriginal'  ‘Yes, Torres Strait Islander'  'Yes, both Aboriginal and Torres Strait Islander'  then the response should be coded to 'not stated/inadequately described' if the response cannot be clarified with the respondent.  If the respondent answers ‘Yes’ to Aboriginal and/or Torres Strait Islander origin, and does not provide any more granular information on this, then Code 1 should be reported.  If the respondent is capable of responding but declines to respond, or if the question is unable to be asked, or the response is incomplete, use 'not stated/inadequately described  Services are encouraged to be familiar with AIHW, best practice guidelines, available here: <http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=6442458760> | | |
| Purpose/context | Program monitoring, service planning  Understanding access and service utilisation of population groups. | | |
| Source and reference attributes | | | |
| DHHS Common data dictionary | CCDD v3.0 | | |
| Definition source | METeOR | | |
| Definition source identifier | [602543 - Person—Indigenous status, Code N](http://meteor.aihw.gov.au/content/index.phtml/itemId/291036) | | |
| Value domain source | METeOR | | |
| Value domain identifier | Based on [602545 -Indigenous status, Code N](http://meteor.aihw.gov.au/content/index.phtml/itemId/291036) | | |
| Relational attributes | | | |
| Related concepts | [Client](#_Client_2) | | |
| Related data elements | [Client—country of birth](#_Client—country_of_birth—NNNN)  [Client—need for interpreter services](#_Client—need_for_interpreter)  [Client—preferred language](#_Client—preferred_language—NNNN)  [Client—refugee status](#_Client—refugee_status—N)  [Contact—client type](#_Client_type—X)  [Contact—contact type](#_Contact—contact_type—N) | | |
| Edit/validation rules | C35 Client—Indigenous status is Aboriginal and/or Torres Strait Islander and Client—country of birth is not Australia | | |
|  | C46 Client—Indigenous status is Aboriginal and/or Torres Strait Islander and preferred language mismatches | | |
|  | D35 Client cannot be both an asylum seeker and Aboriginal and/or Torres Strait Islander | | |
|  | D36 Client cannot be a refugee and Aboriginal and/or Torres Strait Islander | | |
| Other related information |  | | |

### Client—individual health identifier—N(16)

|  |  |  |  |
| --- | --- | --- | --- |
| Identifying and definitional attributes | | | |
| Definition | A numerical identifier that uniquely identifies each individual in the Australian healthcare system | | |
| Value domain attributes | | | |
| Representational attributes | | | |
| Representation class | Identifier | Data type | Number |
| Format | N(16) | Maximum character length | 16 |
| Permissible values | Value | Meaning | |
|  | N(16) | The client’s individual health identifier issued by Medicare Australia. | |
| Supplementary values | Value | Meaning | |
|  | 9 | not stated/inadequately described | |
| Data element attributes | | | |
| Reporting attributes | | | |
| Reporting requirements | Optional | | |
| Collection and usage attributes | | | |
| Guide for use | The mandatory amount of information required to retrieve the client’s IHI from Medicare is a surname, date of birth and sex at birth. Other fields including given name, address and Medicare or DVA number are optional, and will result in improved match results when searching Medicare.  When a client’s IHI is unknown, or unable to be obtained, since unmatched surname, sex and date of birth, report as ‘Not Stated’  All healthcare identifiers use the International Standard ISO 7812-1:2006 that specifies the numbering system for identification cards.  The format of the number is as follows:  Digits N1-N6: The issuer identification number, which in turn is made up of:  N1-N2, Major industry identifier: 80 = health  N3-N5, Country code: 036 = Australia  N6, Number type: 0 = IHI  Digits N7-N15: Individual account identification (9 digits for the unique identifier)  Digit N16: Check digit  Information regarding the IHI, including information about how health care providers can access the IHI can be obtained from the Commonwealth website located here: <https://www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/healthcare-identifiers-service-health-professionals> | | |
| Purpose/context | Program monitoring, service planning, funding and accountability. | | |
| Source and reference attributes | | | |
| DHHS Common data dictionary |  | | |
| Definition source | METeOR | | |
| Definition source identifier | [432495 Person—Individual Healthcare Identifier, N(16)](http://meteor.aihw.gov.au/content/index.phtml/itemId/432495) | | |
| Value domain source | METeOR | | |
| Value domain identifier | [426832 Identifier N(16)](http://meteor.aihw.gov.au/content/index.phtml/itemId/426832) | | |
| Relational attributes | | | |
| Related concepts | [Client](#_Client_2)  [Individual Health Identifier](#_Individual_Health_Identifier) | | |
| Related data elements | [Client—date of birth](#_Client—date_of_birth—DDMMYYYY)  [Client—Medicare card number](#_Client—Medicare_card_number—N(11))  [Client—statistical linkage key 581 (SLK)](#_Client—statistical_linkage_key)  [Contact—client type](#_Client_type—X)  [Contact—contact type](#_Contact—contact_type—N) | | |
| Edit/validation rules | AoD22 Client—Individual Healthcare Identifier present when no Medicare number | | |
|  | AoD23 Client—Individual Healthcare Identifier present with no Client—Statistical Linkage Key 581 | | |
| Other related information |  | | |

### Client—locality name—A[A(45)]

|  |  |  |  |
| --- | --- | --- | --- |
| Identifying and definitional attributes | | | |
| Definition | The name of the locality/suburb of the address the client resides at. | | |
| Value domain attributes | | | |
| Representational attributes | | | |
| Representation class | Text | Data type | String |
| Format | A[A(45)] | Maximum character length | 46 |
| Permissible values instructions | Refer to [Appendix 6.3: Large-value domains](#_Large-value_domains)  Examples from the full list: | | |
| Permissible values | Value | Meaning | |
|  | TOORAK | Toorak | |
|  | ABBOTSFORD | Abbotsford | |
|  | … | … | |
|  | MELBOURNE | Melbourne | |
|  | … | … | |
|  | A[A(45)] | And so on | |
| Supplementary values | Value | Meaning | |
|  | UNKNOWN | unknown | |
| Data element attributes | | | |
| Reporting attributes | | | |
| Reporting requirements | Mandatory when Contact—contact type = 1 and Contact—client type = 1 | | |
| Collection and usage attributes | | | |
| Guide for use | All locality names should be provided in capital letters. | | |
| Purpose/context | Service planning. | | |
| Source and reference attributes | | | |
| DHHS Common data dictionary | ARDD v.1.1 | | |
| Definition source | Standards Australia | | |
| Definition source identifier | Locality name, Australian Standard 4590-2006, Interchange of client information, p. 53 | | |
| Value domain source | Department of Sustainability and Environment | | |
| Value domain identifier | [VICNAMES](http://maps.land.vic.gov.au/lassi/VicnamesUI.jsp) | | |
| Relational attributes | | | |
| Related concepts |  | | |
| Related data elements | [Client—postcode](#_Client—postcode—NNNN)  [Contact—client type](#_Client_type—X)  [Contact—contact type](#_Contact—contact_type—N) | | |
| Edit/validation rules | AD16 Incorrect combination of postcode and locality name | | |
| Other related information | METeOR: [429889 Address—suburb/town/locality name, text X[X(45)]](http://meteor.aihw.gov.au/content/index.phtml/itemId/429889) | | |

### 

### Client—Medicare card number—N(11)

|  |  |  |  |
| --- | --- | --- | --- |
| Identifying and definitional attributes | | | |
| Definition | Client identifier, allocated by the Health Insurance Commission to eligible persons under the Medicare scheme, which appears on a Medicare card | | |
| Value domain attributes | | | |
| Representational attributes | | | |
| Representation class | Identifier | Data type | Number |
| Format | N(11) | Maximum character length | 11 |
| Permissible values instructions | Valid:   * First character can only be a: 2, 3, 4, 5, or 6 * Numeric or all blanks * Check digit (ninth character) is the remainder of the following equation:   [(1st digit \* 1) + (2nd digit \* 3) + (3rd digit \* 7) + (4th digit \* 9) +(5th digit \* 1) + (6th digit \* 3) + (7th digit \* 7) + (8th digit \* 9)]/10.   * 11th character is the Individual Reference Number (IRN)   Invalid codes:   * Special characters (for example, $, #) * Alphabetic characters * Zero-filled (if the Medicare Number is not available or not applicable, supplementary values must be used) | | |
| Permissible values | Value | Meaning | |
|  | N(11) | The client’s Medicare number and individual reference number (IRN), issued by Medicare Australia | |
| Supplementary values | Value | Meaning | |
|  | 8 | no Medicare card | |
|  | 9 | not stated/inadequately described | |
| Data element attributes | | | |
| Reporting attributes | | | |
| Reporting requirements | Optional | | |
| Collection and usage attributes | | | |
| Guide for use  *IRN* | Medicare  3256112837   1. Jane A Citizen 2. John A Citizen   Valid to 08/09  *Medicare number*  Medicare number from the Medicare card, the eleventh character being the IRN (the number printed on the Medicare card, to the left of the printed name of the person)  Neonates:  For neonates who have not yet been added to the family Medicare Card, and therefore have no IRN, there are two reporting options:   1. Mother’s/family’s Medicare Number in the first ten characters and a zero (0) as the eleventh character 2. Mother/family Medicare Number in the first ten characters and the mother’s IRN as the eleventh character. | | |
| Purpose/context | Program monitoring, service planning, funding and accountability. | | |
| Source and reference attributes | | | |
| DHHS Common data dictionary |  | | |
| Definition source | METeOR | | |
| Definition source identifier | 270101 Person—government funding identifier, Medicare card number N(11) | | |
| Value domain source | METeOR | | |
| Value domain identifier | Based on [270694 Medicare card number identifier N(11)](http://meteor.aihw.gov.au/content/index.phtml/itemId/270694) | | |
| Relational attributes | | | |
| Related concepts | [Client](#_Client_2) | | |
| Related data elements | [Client—date of birth](#_Client—date_of_birth—DDMMYYYY)  [Client—individual health identifier](#_Client—individual_health_identifier)  [Client—statistical linkage key 581 (SLK)](#_Client—statistical_linkage_key)  [Contact—client type](#_Client_type—X)  [Contact—contact type](#_Contact—contact_type—N) | | |
| Edit/validation rules | C21 Client—Medicare card IRN is zero and age is not less than 1 year | | |
| Other related information |  | | |

### Client—need for interpreter services—N

|  |  |  |  |
| --- | --- | --- | --- |
| Identifying and definitional attributes | | | |
| Definition | Whether an interpreter service is required by or for the client. | | |
| Value domain attributes | | | |
| Representational attributes | | | |
| Representation class | Code | Data type | Number |
| Format | N | Maximum character length | 1 |
| Permissible values | Value | Meaning | |
|  | 1 | interpreter services required | |
|  | 2 | interpreter services not required | |
| Supplementary values | Value | Meaning | |
|  | 9 | not stated/inadequately described | |
| Data element attributes | | | |
| Reporting attributes | | | |
| Reporting requirements | Mandatory when Contact—contact type = 1 and Contact—client type = 1 | | |
| Collection and usage attributes | | | |
| Guide for use | |  |  | | --- | --- | | Code 1 | Use this code where interpreter services are required. The interpreter service relates to language, including verbal language, nonverbal language and languages other than English. Persons requiring interpreter services for any form of sign language should be coded as ‘interpreter required’. | | Code 2 | Use this code where interpreter services are not required. | | Code 9 | Should only be used when interpreter services requirement is unknown, or unable to be attained. | | | |
| Purpose/context | Program monitoring, service planning, funding and accountability.  Provides information about client‘s culturally and linguistically diverse (CALD) characteristics. | | |
| Source and reference attributes | | | |
| DHHS Common data dictionary | CCDD v3.0 | | |
| Definition source | METeOR | | |
| Definition source identifier | [304294 - Person—interpreter service required, yes/no, Code N](http://meteor.aihw.gov.au/content/index.phtml/itemId/304294) | | |
| Value domain source | METeOR | | |
| Permissible values source | Based on [270732 yes/no, Code N](http://meteor.aihw.gov.au/content/index.phtml/itemId/270732) | | |
| Relational attributes | | | |
| Related concepts | [Client](#_Client_2) | | |
| Related data elements | [Client—country of birth](#_Country_of_Birth—NNNN)  [Client—Indigenous status](#_Client—-Indigenous_status—N)  [Client—preferred language](#_Client—preferred_language—NNNN)  [Client—refugee status](#_Client—-refugee_status—N)  [Contact—client type](#_Client_type—X)  [Contact—contact type](#_Contact—contact_type—N)  [Contact—interpreting time](#_Contact—interpreting_time—N[N][N]) | | |
| Edit/validation rules | C47 Client—preferred language is English yet stated as needing interpreter | | |
| Other related information |  | | |

### Client—postcode—NNNN

|  |  |  |  |
| --- | --- | --- | --- |
| Identifying and definitional attributes | | | |
| Definition | The Australian numeric descriptor for the postal delivery area, aligned with locality, suburb or place the client resides at | | |
| Value domain attributes | | | |
| Representational attributes | | | |
| Representation class | Code | Data type | Number |
| Format | NNNN | Maximum character length | 4 |
| Permissible values instructions | Refer to [Appendix 6.3: Large-value domains](#_Large-value_domains) | | |
| Supplementary values | Value | Meaning | |
|  | 1000 | no fixed abode | |
|  | 9988 | unknown | |
| Data element attributes | | | |
| Reporting attributes | | | |
| Reporting requirements | Mandatory when Contact—contact type = 1 and Contact—client type = 1 | | |
| Collection and usage attributes | | | |
| Guide for use | All postcodes should be represented using four digits. Any three-digit postcodes should include a leading zero (see the Darwin example below).  Postcodes belonging to PO Boxes are not permitted.  **Examples:**   |  |  | | --- | --- | | ***Code*** | ***Description*** | | 3056 | postcode for BRUNSWICK, VIC | | 0800 | postcode for DARWIN, NT | | 1000 | Should be used for clients that are homeless | | | |
| Purpose/context | Service Planning. | | |
| Source and reference attributes | | | |
| DHHS Common data dictionary | ARDD v.1.1 | | |
| Definition source | Standards Australia | | |
| Definition source identifier | Based on Postcode, Australian Standard 4590 – 2006, Interchange of client information, Section, p. 53 | | |
| Value domain source | DHHS | | |
| Value domain identifier | [DHHS](http://auspost.com.au/about-us/assignment-postcodes.html) [Postcode locality reference file](https://www2.health.vic.gov.au/about/publications/researchandreports/postcode-locality-reference) | | |
| Relational attributes | | | |
| Related concepts |  | | |
| Related data elements | [Client—locality name](#_Client—locality_name—A[A(45)])  [Contact—client type](#_Client_type—X)  [Contact—contact type](#_Contact—contact_type—N) | | |
| Edit/validation rules | AD16 Incorrect combination of postcode and locality name | | |
| Other related information | METeOR: [611398 - Address—Australian postcode, code (Postcode data file) {NNNN}](http://meteor.aihw.gov.au/content/index.phtml/itemId/611398))  METeOR: [611391 - Address—Australian postcode, code (Postcode data file) {NNNN}](http://meteor.aihw.gov.au/content/index.phtml/itemId/611391)) | | |

### Client—preferred language—NNNN

|  |  |  |  |
| --- | --- | --- | --- |
| Identifying and definitional attributes | | | |
| Definition | The language (including sign language) most preferred by the client for communication. | | |
| Value domain attributes | | | |
| Representational attributes | | | |
| Representation class | Code | Data type | Number |
| Format | NNNN | Maximum character length | 4 |
| Permissible values instructions | Refer to [Appendix 6.3: Large-value domains](#_Large-value_domains)  Examples from the list hierarchy to Level 3: | | |
| Permissible values | Value | Meaning | |
|  | **1000** | **NORTHERN EUROPEAN LANGUAGES** | |
|  | ***1100*** | ***Celtic*** | |
|  | 1101 | Gaelic (Scotland) | |
|  | 1102 | Irish | |
|  | 1103 | Welsh | |
|  | 1199 | Celtic, nec | |
|  | ***1200*** | ***English*** | |
|  | 1201 | English | |
|  | NNNN | And so on | |
| Supplementary values | Value | Meaning | |
|  | 0000 | inadequately described | |
|  | 0002 | not stated | |
| Data element attributes | | | |
| Reporting attributes | | | |
| Reporting requirements | Mandatory when Contact—contact type = 1 and Contact—client type = 1 | | |
| Collection and usage attributes | | | |
| Guide for use | The Australian Standard Classification of Languages (ASCL) has a three-level hierarchical structure. The most detailed level of the classification consists of base units (languages) which are represented by four-digit codes. The second level of the classification comprises narrow groups of languages (the Narrow group level), identified by the first two digits. The most general level of the classification consists of broad groups of languages (the Broad group level) and is identified by the first digit. The classification includes Australian Indigenous languages and sign languages.  Preferred language should be captured at the most appropriate detailed level based on the information given by the client. | | |
| Purpose/context | Program monitoring, service planning.  Provides information about client‘s culturally and linguistically diverse (CALD) characteristics. | | |
| Source and reference attributes | | | |
| DHHS Common data dictionary | CCDD v3.0 | | |
| Definition source | METeOR | | |
| Definition source identifier | Based on [659407 Person—preferred language, code (ASCL 2016) N{NNN}](http://meteor.aihw.gov.au/content/index.phtml/itemId/659337) | | |
| Value domain source | METeOR | | |
| Value domain identifier | Based on [659404 Language code (ASCL 2016) N{NNN}](http://meteor.aihw.gov.au/content/index.phtml/itemId/659337) | | |
| Relational attributes | | | |
| Related concepts | [Client](#_Client_2) | | |
| Related data elements | [Client—country of birth](#_Client—country_of_birth—NNNN)  [Client—Indigenous status](#_Client—-Indigenous_status—N)  [Client—need for interpreter services](#_Client—need_for_interpreter)  [Client—refugee status](#_Client—-refugee_status—N)  [Contact—client type](#_Client_type—X)  [Contact—contact type](#_Contact—contact_type—N)  [Contact—interpreting time](#_Contact—interpreting_time—N[N][N]) | | |
| Edit/validation rules | C46 Aboriginal and/or Torres Strait Islander and preferred language mismatch | | |
|  | C47 Client—preferred language is English yet stated as needing interpreter | | |
| Other related information |  | | |

### Client—refugee status—N

|  |  |  |  |
| --- | --- | --- | --- |
| Identifying and definitional attributes | | | |
| Definition | The current refugee status of the client. | | |
| Value domain attributes | | | |
| Representational attributes | | | |
| Representation class | Code | Data type | Number |
| Format | N | Maximum character length | 1 |
| Permissible values | Value | Meaning | |
|  | 1 | client is a current refugee | |
|  | 2 | client is not a current refugee nor asylum seeker | |
|  | 3 | client is currently an asylum seeker | |
| Supplementary values | Value | Meaning | |
|  | 9 | not stated/inadequately described | |
| Data element attributes | | | |
| Reporting attributes | | | |
| Reporting requirements | Mandatory when Contact—contact type = 1 and Contact—client type = 1 | | |
| Collection and usage attributes | | | |
| Guide for use | Refugee status is determined by the Department of Immigration and Border Protection (Commonwealth) and relates to people who are subject to persecution in their home country and have been identified in conjunction with the United Nations High Commissioner for Refugees (UNHCR) as in need of resettlement (Population Flows: Immigration Aspects, 2004–05 Edition).   |  |  | | --- | --- | | Code 1 | To be used if client currently is a refugee.  A refugee is a person who is outside their country of origin (or habitual residence in the case of stateless persons) and who, owing to a well-founded fear of persecution for reasons of race, religion, nationality, membership of a particular social group or political opinion, is unable or unwilling to avail themselves of the protection to which they are entitled | | Code 2 | To be used when client is not currently a refugee nor an asylum seeker | | Code 3 | To be used if the person seeking protection as a refugee is still waiting to have his/her claim assessed.  An asylum seeker is deemed to be any person who has a current request for protection which is being assessed by the Commonwealth Government or being deemed by the Commonwealth not to be a person owed protection, is seeking either a judicial review (through the courts) or is making a humanitarian claim (to Commonwealth minister) for residence. | | Code 9 | Should be used when refugee status is unknown or unable to be attained. | | | |
| Purpose/context | Program monitoring, service planning, funding and accountability.  Provides information about client ‘s culturally and linguistically diverse (CALD) characteristics. | | |
| Source and reference attributes | | | |
| DHHS Common data dictionary | CCDD v3.0 | | |
| Definition source | *Migration Act 1958* (Cth) , Compilation number 134, Section 5H, page 49 | | |
| Definition source identifier | Federal Register of Legislation | | |
| Value domain source | DHHS | | |
| Value domain identifier | Not applicable | | |
| Relational attributes | | | |
| Related concepts | [Client](#_Client_2)  [Asylum seeker](#_Asylum_seeker)  [Refugee](#_Refugee) | | |
| Related data elements | [Client—country of birth](#_Client—country_of_birth—NNNN)  [Client—Indigenous status](#_Client—-Indigenous_status—N)  [Client—need for interpreter services](#_Client—need_for_interpreter)  [Client—preferred language](#_Client—preferred_language—NNNN)  [Contact—client type](#_Client_type—X)  [Contact—contact type](#_Contact—contact_type—N)  [Contact—funding source](#_Contact—funding_source—N[N][N]) | | |
| Edit/validation rules | D33 Client—country of birth cannot be Australia when Client—refugee status is an asylum seeker | | |
|  | D34 Client—country of birth cannot be Australia when Client—refugee status is a refugee | | |
|  | D35 Client cannot be both an asylum seeker and Aboriginal and/or Torres Strait Islander | | |
|  | D36 Client cannot be a refugee and Aboriginal and/or Torres Strait Islander | | |
| Other related information |  | | |

### Client—social conditions 1-10—N(4)

|  |  |  |  |
| --- | --- | --- | --- |
| Identifying and definitional attributes | | | |
| Definition | The client’s social condition or diagnosis | | |
| Value domain attributes | | | |
| Representational attributes | | | |
| Representation class | Code | Data type | Number |
| Format | NNNN | Maximum character length | 4 |
| Permissible values instructions | Refer to [Appendix 6.3: Large-value domains](#_Large-value_domains)  Examples from the full list: | | |
| Permissible values | Value | Meaning | |
|  | 5007 | alcohol, tobacco, other drugs - alcohol- other person | |
|  | 5008 | alcohol, tobacco, other drugs - prescription drugs- other person | |
|  | 5009 | alcohol, tobacco, other drugs - non-prescription drugs- other person | |
|  | 5010 | alcohol, tobacco, other drugs - illicit drugs- other person | |
|  | 5011 | alcohol, tobacco, other drugs - ice- other person | |
|  | 5100 | personal relationships - personal relationships, not further defined | |
|  | 5101 | personal relationships - spouse/partner | |
|  | 5102 | personal relationships - parents and in-laws | |
|  | 5103 | personal relationships - children | |
|  | 5104 | personal relationships - other family member | |
|  | NNNN | And so on | |
| Supplementary values | Value | Meaning | |
|  | 9098 | Other social condition | |
|  | 9099 | No relevant social conditions | |
| Data element attributes | | | |
| Reporting attributes | | | |
| Reporting requirements | Mandatory when Contact—contact type = 1 and Contact—client type = 1 | | |
| Collection and usage attributes | | | |
| Guide for use | Report the client’s social conditions starting with the most severe condition. This will help to gain an understanding of the disease/condition profile.  Up to 10 social conditions may be reported from the most severe to the least severe.   |  |  | | --- | --- | | Code 9098 | Should be used if the social condition is not covered by the Social condition master code set | | | |
| Purpose/context | Program monitoring, service planning.  Understanding access and service utilisation of priority population groups. | | |
| Source and reference attributes | | | |
| DHHS common data dictionary | Not applicable | | |
| Definition source | DHHS | | |
| Definition source identifier | Social conditions-draft list | | |
| Value domain source | DHHS | | |
| Value domain identifier | Episode Health Conditions-master code set v5.0 | | |
| Relational attributes | | | |
| Related concepts | [Chronic and Complex Client](#_Chronic_and_Complex_2)  [Client](#_Client_2)  [Referral](#_Referral) | | |
| Related data elements | [Contact—client type](#_Client_type—X)  [Contact—contact type](#_Contact—contact_type—N) | | |
| Edit/validation rules |  | | |
| Other related information | Values for this data element are contained in a master table | | |

### Client—statistical linkage key 581 (SLK)—AAAAADDMMYYYYN

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Identifying and definitional attributes | | | | |
| Definition | | A key that enables two or more records belonging to the same client to be brought together | | |
| Value domain attributes | | | | |
| Representational attributes | | | | |
| Representation class | | Code | Data type | String |
| Format | | AAAAADDMMYYYYN | Maximum character length | 14 |
| Permissible values | | Value | Meaning | |
|  | | Character 1-3 | 2nd, 3rd and 5th letters of Family name/Surname | |
|  | | Character 4-5 | 2nd and 3rd letters of First name/Given name | |
|  | | Character 6-13 | date of birth | |
|  | | Character 14 | sex at birth code | |
| Data element attributes | | | | |
| Reporting attributes | | | | |
| Reporting requirements | | Mandatory when Contact—contact type = 1 and Contact—client type = 1 | | |
| Collection and usage attributes | | | | |
| Guide for use | The statistical linkage key should be generated using the second, third and fifth characters of a person’s family name, the second and third letters of the person’s given name, the day, month and year when the person was born and the sex of the person at birth, concatenated in that order.  Sex at birth code: use only 1 male, 2 female or 9 not stated—Sex at birth code 3—invalid for the SLK algorithm  \*Note: Sex at birth code used in the SLK is distinct and not to be confused with gender.  When the client’s first name or surname is three letters or less in length, use the number 2 instead.  Example: Ms Jane To, born 3/12/1980 has the SLK of T22AN031219802  If date of birth is not known or cannot be obtained, provision should be made to collect or estimate age. Collected or estimated age would usually be in years for adults and to the nearest three months (or less) for children aged less than two years. Additionally, a date accuracy indicator should be reported in conjunction with all estimated dates of birth.  Default for missing SLK values is:  99999010119009 only to be used if Date of birth is equal to ‘01011900’ | | | |
| Purpose/context | Research, statistical or policy analysis, program monitoring, service planning. | | | |
| Source and reference attributes | | | | |
| DHHS Common Data Dictionary | | CCDD v.3.0 | | |
| Definition source | | METeOR | | |
| Definition source identifier | | [349895 Record—linkage key, code 581 XXXXXDDMMYYYYN](http://meteor.aihw.gov.au/content/index.phtml/itemId/349895) | | |
| Value domain source | | METeOR | | |
| Value domain identifier | | [349887 Linkage code 581 XXXXXDDMMYYYYN](http://meteor.aihw.gov.au/content/index.phtml/itemId/349887) | | |
| Relational attributes | | | | |
| Related concepts | | [Client](#_Client_2)  [Statistical Linkage Key 581 (SLK)](#_Statistical_Linkage_Key) | | |
| Related data elements | | [Client—date of birth](#_Client—date_of_birth—DDMMYYYY)  [Client—date of birth accuracy](#_Client—date_of_birth)  [Contact—client type](#_Client_type—X)  [Contact—contact type](#_Contact—contact_type—N) | | |
| Edit/validation rules | |  | | |
| Other related information | |  | | |

### Client—Victorian Universal Patient Identifier (VUPI)—N(15)

|  |  |  |  |
| --- | --- | --- | --- |
| Identifying and definitional attributes | | | |
| Definition | A key that enables two or more records belonging to the same client to be brought together | | |
| Value domain attributes | | | |
| Representational attributes | | | |
| Representation class | Code | Data type | String |
| Format | N(15) | Maximum character length | 15 |
| Permissible values | Value | Meaning | |
|  | N(15) | The client’s Victorian Universal Patient Identifier issued under the Victorian Universal Patient Identifier (UPI) solution. | |
| Supplementary values | Value | Meaning | |
|  | 9 | not stated/inadequately described | |
| Data element attributes | | | |
| Reporting attributes | | | |
| Reporting requirements | Optional | | |
| Collection and usage attributes | | | |
| Guide for use | N/A | | |
| Purpose/context | Research, statistical or policy analysis, program monitoring, service planning. | | |
| Relational attributes | | | |
| Related concepts | [Client](#_Client_2)  [Statistical Linkage Key 581 (SLK)](#_Statistical_Linkage_Key) | | |
| Related data elements | [Client—date of birth](#_Client—date_of_birth—DDMMYYYY)  [Client—date of birth accuracy](#_Client—date_of_birth)  [Contact—client type](#_Client_type—X)  [Contact—contact type](#_Contact—contact_type—N) | | |
| Edit/validation rules |  | | |
| Other related information |  | | |

## Contact

### Contact—client type—N

|  |  |  |  |
| --- | --- | --- | --- |
| Identifying and definitional attributes | | | |
| Definition | Whether the client is Registered, Casual or Organisational | | |
| Value domain attributes | | | |
| Representational attributes | | | |
| Representation class | Code | Data type | Number |
| Format | N | Maximum character length | 1 |
| Permissible values | Value | Meaning | |
|  | 1 | Registered Client | |
|  | 2 | Casual Client | |
|  | 3 | Organisational Client | |
| Supplementary values | Value | Meaning | |
|  | 9 | Not Applicable | |
| Data element attributes | | | |
| Reporting attributes | | | |
| Reporting requirements | Mandatory when Contact—contact type = 1 | | |
| Collection and usage attributes | | | |
| Guide for use | A client can be either a Registered, Casual or Organisational client.  A Registered client is an individual client who receives a service from your agency and whose name and sociodemographic information has been recorded.  A Casual client is an individual client who receives a service from your agency but does not have their sociodemographic information recorded by your agency or it is partially recorded.  Casual clients usually have brief interactions and one-off access to service, causing difficulties to register the client.  Where possible a client should be registered and the use of Casual as a client type minimised.  Clients who are utilise multiple service offerings wihin an organisation should be registered.  An Organisational Client is a collection of people who, on behalf of an identifiable entity, such as a business, social, community, government or education body, receive a service from your agency. This includes secondary consultations.  Where Client type is an organisation, the contact type is either with an individual from the organisation or a group of people from the organisation.  For Organisational clients agencies are required to report the clinician’s time regardless of the number of attendees. | | |
| Purpose/context | Program monitoring, service planning, funding and accountability. | | |
| Source and reference attributes | | | |
| DHHS Common data dictionary | Not applicable | | |
| Definition source | DHHS | | |
| Definition source identifier | DHHS | | |
| Value domain source | DHHS | | |
| Value domain identifier | DHHS | | |
| Relational attributes | | | |
| Related concepts | [Client](#_Client_2)  [Contact](#_Contact) | | |
| Related data elements | [Contact—contact type](#_Contact—contact_type—N)  [Contact—contact date](#_Contact—contact_date—DDMMYYYYHHMM)  [Contact—direct time](#_Contact—direct_time—N[N][N])  [Contact—funding source](#_Contact—funding_source—N[N][N])  [Contact—indirect time](#_Contact—indirect_time—N[N][N])  [Contact—number service recipients](#_Contact—number_service_recipients—N)  [Contact—service stream](#_Contact—service_stream—NN) | | |
| Edit/validation rules |  | | |
| Other related information |  | | |

### Contact—contact date—DDMMYYYYHHMM

|  |  |  |  |
| --- | --- | --- | --- |
| Identifying and definitional attributes | | | |
| Definition | The date and time of service contact between a health service provider and patient/client | | |
| Value domain attributes | | | |
| Representational attributes | | | |
| Representation class | Date/time | Data type | Date/Time |
| Format | DDMMYYYYHHMM | Maximum character length | 12 |
| Data element attributes | | | |
| Reporting attributes | | | |
| Reporting requirements | Mandatory – All Contacts | | |
| Collection and usage attributes | | | |
| Guide for use | Requires services to record the date of each service contact, including the same date where multiple visits are made on one day (except where the visits may be regarded as a continuation of the one service contact).  The same date should be recorded for multiple visits on the one day.  Contacts received via asynchronous methods e.g. email, written, the contact date will be the date of the service provider response.  Remote contacts should be reported for assessments and consults conducted over the phone or webcam. | | |
| Purpose/context | Program monitoring, service planning, funding and accountability.  Measurement of waiting times. | | |
| Source and reference attributes | | | |
| DHHS Common data dictionary | Not applicable | | |
| Definition source | METeOR | | |
| Definition source identifier | Based on [270122 - Service contact—service contact date, DDMMYYYY](http://meteor.aihw.gov.au/content/index.phtml/itemId/270122) | | |
| Value domain source | METeOR | | |
| Value domain identifier | Based on [270566 Date DDMMYYYY](http://meteor.aihw.gov.au/content/index.phtml/itemId/270566) | | |
| Relational attributes | | | |
| Related concepts | [Contact](#_Contact) | | |
| Related data elements | [Contact—client type](#_Client_type—X)  [Contact—contact type](#_Contact—contact_type—N)  [Contact—direct time](#_Contact—direct_time—N[N][N])  [Contact—fee](#_Contact—fee—[NNN]N.NN)  [Contact—funding source](#_Contact—funding_source—N[N][N])  [Contact—indirect time](#_Contact—indirect_time—N[N][N])  [Contact—interpreting time](#_Contact—interpreting_time—N[N][N])  [Contact—service stream](#_Contact—service_stream—NN)  [Service—initial contact date](#_Service—initial_contact_date—DDMMYY)  [Service—list start date](#_Service—list_start_date—DDMMYYYY)  [Service—service end date](#_Service_Provider_Number—NNN[NN]) | | |
| Edit/validation rules | AoD5 Contact—contact date cannot be in future | | |
|  | Rule 28 Contact—contact date must be in current collection period | | |
|  | Rule 58 Contact—contact date cannot be before Service—initial contact date | | |
|  | Rule 138 Contact—contact date cannot be after Service—service end date | | |
|  | Rule 69 Contact—contact date cannot equal Service—list start date | | |
|  | Rule 58 Contact—contact date cannot be before Service—initial needs identification date | | |
| Other related information |  | | |

### Contact—contact type—N

|  |  |  |  |
| --- | --- | --- | --- |
| Identifying and definitional attributes | | | |
| Definition | The type of contact that was made. | | |
| Value domain attributes | | | |
| Representational attributes | | | |
| Representation class | Code | Data type | Number |
| Format | N | Maximum character length | 1 |
| Permissible values | Value | Meaning | |
|  | 1 | Individual | |
|  | 2 | Group | |
| Supplementary values | Value | Meaning | |
|  | 9 | not stated/inadequately described | |
| Data element attributes | | | |
| Reporting attributes | | | |
| Reporting requirements | Mandatory – All Contacts | | |
| Collection and usage attributes | | | |
| Guide for use | Report the type of contact that was provided by the service provider. Every transaction record should be related to a client service event that involved an individual or a group e.g. where the Client type is an organisation, the service event is either with an individual [1] from the organisation or a group [2] of people from the organisation. This excludes the situation where individuals all belong to the same family. In such cases, the service is being provided to the family unit and as a result the session should be counted as a single occasion of service to an individual. | | |
|  | A group contact is defined as two or more clients (individuals or organisations) receiving a service collectively from the same staff.  Organisations must report group attendance in terms of the clinician’s time (hours), not the total client attendance in the group, If, for example, a clinician provided group counselling for one hour to a group of 10 clients, then the session’s reportable time is one hour. If 2 clinicians provided group counselling for one hour to a group of 10 clients, then the session’s reportable time is 2 hours.  Groups can be:   * + 1. Formal where a service is provided to a number of people at the same time for a specified duration of time and where all clients attending the group are registered.        1. Casual, which are usually once off talks or sessions where a population or segments of the population with similar characteristics are targeted. Clients attending casual groups are usually not registered clients. | | |
| Purpose/context | Program monitoring, service planning, funding and accountability. | | |
| Source and reference attributes | | | |
| DHHS Common data dictionary | CSDD v.1.0 | | |
| Definition source | METeOR | | |
| Definition source identifier | Based on [291057 Service contact—group session status, individual/group session indicator code ANN.N](http://meteor.aihw.gov.au/content/index.phtml/itemId/291057) | | |
| Value domain source | DHHS | | |
| Value domain identifier | DHHS | | |
| Relational attributes | | | |
| Related concepts | [Client](#_Client_2)  [Contact](#_Contact) | | |
| Related data elements | [Contact—client type](#_Client_type—X)  [Contact—contact date](#_Contact—contact_date—DDMMYYYYHHMM)  [Contact—number service recipients](#_Contact—number_service_recipients—N) | | |
| Edit/validation rules |  | | |
| Other related information |  | | |

### Contact—direct time—N[N][N]

|  |  |  |  |
| --- | --- | --- | --- |
| Identifying and definitional attributes | | | |
| Definition | Duration (in minutes) of direct service time that an individual or group receives for a treatment or service | | |
| Value domain attributes | | | |
| Representational attributes | | | |
| Representation class | Total | Data type | Number |
| Format | N[N][N] | Maximum character length | 3 |
| Permissible values | Value | Meaning | |
|  | >=0 | Value greater or equal to zero | |
| Data element attributes | | | |
| Reporting attributes | | | |
| Reporting requirements | Mandatory – All Contacts | | |
| Collection and usage attributes | | | |
| Guide for use | The time that has been spent in direct contact with a client or clients during service provision. Includes face-to-face, remote video link, email and extended telephone communication with a client or clients for the provision of a health service. | | |
|  | The time **must be recorded as minutes** NOT hours, e.g. for 1 hour of direct service provision you would record this as 60 (minutes). | | |
| Purpose/context | Program monitoring, service planning, funding and accountability. | | |
| Source and reference attributes | | | |
| DHHS Common data dictionary | Not applicable | | |
| Definition source | DHHS | | |
| Definition source identifier | DHHS | | |
| Value domain source | DHHS | | |
| Value domain identifier | DHHS | | |
| Relational attributes | | | |
| Related concepts | [Contact](#_Contact)  [Service duration and time](#_Service_duration_and) | | |
| Related data elements | [Contact—client type](#_Client_type—X)  [Contact—contact date](#_Contact—contact_date—DDMMYYYYHHMM)  [Contact—fee](#_Contact—fee—[NNN]N.NN)  [Contact—funding source](#_Contact—funding_source—N[N][N])  [Contact—indirect time](#_Contact—indirect_time—N[N][N])  [Contact—interpreting time](#_Contact—interpreting_time—N[N][N])  [Contact—number service recipients](#_Contact—number_service_recipients—N)  [Contact—service stream](#_Contact—service_stream—NN) | | |
| Edit/validation rules |  | | |
| Other related information |  | | |

### Contact—fee—[NNN]N.NN

|  |  |  |  |
| --- | --- | --- | --- |
| Identifying and definitional attributes | | | |
| Definition | Fee charged for service delivery transaction (Australian Dollar value) | | |
| Value domain attributes | | | |
| Representational attributes | | | |
| Representation class | Total | Data type | Number |
| Format | [NNN]N.NN | Maximum character length | 7 |
| Permissible values | Value | Meaning | |
|  | >-1 and < 10000 | Must be greater than -1 and less than 10000 | |
| Data element attributes | | | |
| Reporting attributes | | | |
| Reporting requirements | Mandatory – All Contacts | | |
| Collection and usage attributes | | | |
| Guide for use | Fees should only be collected for activities that are funded by the Community Health Program as required. | | |
|  | The fee is in Australian currency and a number should be recorded. If no fee is charged then 0 should be recorded.  Fees should only be recorded for activities that are funded by the Community Health Program.  Fees are updated annually. | | |
| Purpose/context | Reporting revenue to the Department of Treasury & Finance (DTF). | | |
| Source and reference attributes | | | |
| DHHS Common data dictionary | Not applicable | | |
| Definition source | DHHS | | |
| Definition source identifier | DHHS | | |
| Value domain source | DHHS | | |
| Value domain identifier | DHHS | | |
| Relational attributes | | | |
| Related concepts | [Contact](#_Contact) | | |
| Related data elements | [Client—concession card type](#_Client—concession_card_type—N)  [Contact—contact date](#_Contact—contact_date—DDMMYYYYHHMM)  [Contact—direct time](#_Contact—direct_time—N[N][N])  [Contact—funding source](#_Contact—funding_source—N[N][N])  [Contact—service stream](#_Contact—service_stream—NN) | | |
| Other related information | See [Community Health Program Fees Policy](https://www2.health.vic.gov.au/primary-and-community-health/community-health/community-health-program/community-health-fees-policy) <https://www2.health.vic.gov.au/primary-and-community-health/community-health/community-health-program/community-health-fees-policy> for further information and a schedule of fees. | | |

### Contact—funding source—N[N][N]

|  |  |  |  |
| --- | --- | --- | --- |
| Identifying and definitional attributes | | | |
| Definition | The Community Health Program funding source | | |
| Value domain attributes | | | |
| Representational attributes | | | |
| Representation class | Code | Data type | Number |
| Format | N[N][N] | Maximum character length | 3 |
| Permissible values | Value | Meaning | |
|  | 0 | Not funded | |
|  | 1 | Community Health Program | |
|  | 4 | Family Planning | |
|  | 5 | Innovative Health Services for Homeless Youth | |
|  | 9 | Family and Reproductive Rights Education Program | |
|  | 12 | Small Rural Health Services – Primary Health | |
|  | 19 | Integrated Chronic Disease Management | |
|  | 21 | Refugee & Asylum Seeker Health | |
|  | 22 | Healthy Mothers Healthy Babies | |
|  | 24 | MDC Community Health Nurse | |
|  | 25 | Community Asthma Program | |
|  | 26 | Bush Nursing Centres | |
|  | 27 | Infant Child and Family Health and Wellbeing Hubs | |
|  | 28 | Putting Families First | |
|  | 29 | Autism Assessment | |
| Supplementary values | Value | Meaning | |
|  | 999 | not stated/inadequately described | |
| Data element attributes | | | |
| Reporting attributes | | | |
| Reporting requirements | Mandatory – All Contacts | | |
| Collection and usage attributes | | | |
| Guide for use | Enter the code representing the Funding Source. | | |
|  | The funding source recorded needs to relate to the funded activities as per your service agreement or Statement of Priorities. If you are unsure, seek clarification from your Departmental divisional contact.  It is important for service providers to understand and accurately record the source of their program area funding. For instance most activities relating to community health will fall under the Community Health Program funding source.  Be aware that some agencies receive specific initiative funding. If that applies to your agency make sure you select the correct funding source for the initiative and not just allocate it to the Community Health Program. Confirm which services your agency is funded to provide.in your service agreement or Statement of Priorities.  If you have selected **‘21’ (Refugee & Asylum Seeker Health),** Refugee Status must equal **‘1 or 3’ (Client is a refugee or Asylum seeker)**  If you have selected **‘0 Not funded’ or ‘999 not stated/inadequately described’** this activity will not be counted towards targets  See Table 3 for further information about how the funding source is related to Service stream. | | |
| Purpose/context | Program monitoring, service planning, funding and accountability. | | |
| Source and reference attributes | | | |
| DHHS Common data dictionary | Not applicable | | |
| Definition source | DHHS | | |
| Definition source identifier |  | | |
| Value domain source | DHHS | | |
| Value domain identifier |  | | |
| Relational attributes | | | |
| Related concepts | [Contact](#_Contact)  [Chronic and complex client](#_Chronic_and_Complex_2) | | |
| Related data elements | [Client—refugee status](#_Client—-refugee_status—N)  [Contact—client type](#_Client_type—X)  [Contact—contact date](#_Contact—contact_date—DDMMYYYYHHMM)  [Contact—direct time](#_Contact—direct_time—N[N][N])  [Contact—fee](#_Contact—fee—[NNN]N.NN)  [Contact—indirect time](#_Contact—indirect_time—N[N][N])  [Contact—interpreting time](#_Contact—interpreting_time—N[N][N])  [Contact—number service recipients](#_Contact—number_service_recipients—N)  [Contact—service stream](#_Contact—service_stream—NN)  [Service—service provider number](#_Service—service_provider_number—NNN) | | |
| Edit/validation rules | AoD47 Service stream mismatch | | |
|  | Rule 31 If Contact—funding source is Refugee & Asylum Seeker Health, Client—refugee status cannot be not a current refugee nor asylum seeker (Client-refugee status-N code = 2) | | |
| Other related information | <https://www2.health.vic.gov.au/about/policy-and-funding-guidelines>  Values for this data element are contained in a master table | | |

### Contact—indirect time—N[N][N]

|  |  |  |  |
| --- | --- | --- | --- |
| Identifying and definitional attributes | | | |
| Definition | Duration (in minutes) that has been spent away from a client or clients in essential activities to provide support to a client or clients. | | |
| Value domain attributes | | | |
| Representational attributes | | | |
| Representation class | Total | Data type | Number |
| Format | N[N][N] | Maximum character length | 3 |
| Permissible values | Value | Meaning | |
|  | >=0 | Value greater or equal to zero | |
| Data element attributes | | | |
| Reporting attributes | | | |
| Reporting requirements | Mandatory – All Contacts. | | |
| Collection and usage attributes | | | |
| Guide for use | Includes time spent on activities such as:   * + 1. Organising case meetings     2. Preparing case notes     3. Referral     4. Clinical supervision, including individual, group and peer     5. Preparation for group sessions that are not Health Promotion sessions     6. Secondary consultation when two clinicians discuss a client. The time can be counted as indirect service time by both if they are both seeing the client, otherwise if only one is seeing the client then only that provider can count the time.     7. Preparation for not attended session (DNA). | | |
|  | The time **must be recorded as minutes NOT hours**, e.g. for 1 hour of indirect service provision you would record this as 60 (minutes).  If there were no indirect activities for that particular contact then the value should be 0 (zero), not null or an empty field. | | |
| Purpose/context | Program monitoring, service planning, funding and accountability. | | |
| Source and reference attributes | | | |
| DHHS Common data dictionary | Not applicable | | |
| Definition source | DHHS | | |
| Definition source identifier | DHHS | | |
| Value domain source | DHHS | | |
| Value domain identifier | DHHS | | |
| Relational attributes | | | |
| Related concepts | [Service duration and time](#_Service_duration_and) | | |
| Related data elements | [Contact—client type](#_Client_type—X)  [Contact—contact type](#_Contact—contact_type—N)  [Contact—contact date](#_Contact—contact_date—DDMMYYYYHHMM)  [Contact—direct time](#_Contact—direct_time—N[N][N])  [Contact—funding source](#_Contact—funding_source—N[N][N])  [Contact—number service recipients](#_Contact—number_service_recipients—N)  [Contact—service stream](#_Contact—service_stream—NN) | | |
| Edit/validation rules |  | | |
| Other related information |  | | |

### Contact—interpreting time—N[N][N]

|  |  |  |  |
| --- | --- | --- | --- |
| Identifying and definitional attributes | | | |
| Definition | Duration (in minutes) of interpreting time associated with this individual contact or session | | |
| Value domain attributes | | | |
| Representational attributes | | | |
| Representation class | Total | Data type | Number |
| Format | N[N][N] | Maximum character length | 3 |
| Permissible values | Value | Meaning | |
|  | >=0 | Value greater or equal to zero | |
| Data element attributes | | | |
| Reporting attributes | | | |
| Reporting requirements | Mandatory – All Contacts | | |
| Collection and usage attributes | | | |
| Guide for use | If no interpreter was used then the value should be 0 (zero) not null or an empty field.  The time **must be recorded as minutes NOT hours**, e.g. for 1 hour of interpreting service provision you would record this as 60 (minutes).  The amount of time the interpreter is present for the client could be longer than the actual contact time.  If you have entered a value for this data element make sure you have selected in the data element ‘Need for Interpreter Services’ 1 ‘Interpreter services required’.  This data element provides information about the utilisation of interpreting services. | | |
| Purpose/context | Used for reconciliation of Interpreter funding activity 28048—Language Services. | | |
| Source and reference attributes | | | |
| DHHS Common data dictionary | Not applicable | | |
| Definition source | DHHS | | |
| Definition source identifier | DHHS | | |
| Value domain source | DHHS | | |
| Value domain identifier | DHHS | | |
| Relational attributes | | | |
| Related concepts | [Service duration and time](#_Service_duration_and) | | |
| Related data elements | [Client—need for interpreter services](#_Client—need_for_interpreter)  [Client—preferred language](#_Client—preferred_language—NNNN)  [Contact—contact date](#_Contact—contact_date—DDMMYYYYHHMM)  [Contact—direct time](#_Contact—direct_time—N[N][N])  [Contact—funding source](#_Contact—funding_source—N[N][N])  [Contact—service stream](#_Contact—service_stream—NN) | | |
| Edit/validation | Rule 9 Contact—interpreting time must be zero if Client—need for interpreter services is interpreter services not required | | |
| Other related information |  | | |

### Contact—number service recipients—N[N]

|  |  |  |  |
| --- | --- | --- | --- |
| Identifying and definitional attributes | | | |
| Definition | The total number of service recipients present at this contact | | |
| Value domain attributes | | | |
| Representational attributes | | | |
| Representation class | Total | Data type | Number |
| Format | N[N] | Maximum character length | 2 |
| Permissible values | Value | Meaning | |
|  | >1 and <99 | value greater than one and less than 99 | |
| Supplementary values | Value | Meaning | |
|  | 99 | not stated/inadequately described | |
| Data element attributes | | | |
| Reporting attributes | | | |
| Reporting requirements | Mandatory when contact type = 2 | | |
| Collection and usage attributes | | | |
| Guide for use | Only report for Group contacts.  This should not include family members that have come along to support the client/potential client unless they are also being serviced as a client. | | |
| Purpose/context | Program monitoring, service planning. | | |
| Source and reference attributes | | | |
| DHHS Common data dictionary | Not applicable | | |
| Definition source | DHHS | | |
| Definition source identifier |  | | |
| Value domain source | DHHS | | |
| Value domain identifier |  | | |
| Relational attributes | | | |
| Related concepts | [Client](#_Client_2)  [Contact](#_Contact) | | |
| Related data elements | [Contact—contact type](#_Contact—contact_type—N) | | |
| Edit/validation rules |  | | |
| Other related information |  | | |

### Contact—service stream—NN

|  |  |  |  |
| --- | --- | --- | --- |
| Identifying and definitional attributes | | | |
| Definition | The stream of service type that is provided to the client | | |
| Value domain attributes | | | |
| Representational attributes | | | |
| Representation class | Code | Data type | Number |
| Format | NN | Maximum character length | 2 |
| Permissible values | Value | Meaning | |
|  | 01 | Audiology | |
|  | 02 | Dietetics | |
|  | 03 | Occupational Therapy | |
|  | 04 | Physiotherapy | |
|  | 05 | Podiatry | |
|  | 06 | Speech Pathology/Therapy | |
|  | 07 | Nursing | |
|  | 20 | Counselling/Casework | |
|  | 50 | Care Coordination | |
|  | 60 | Client Education | |
|  | 61 | Clinical Services & Training | |
|  | 70 | Initial Needs Identification | |
|  | 90 | Nursing (Remote Area) | |
|  | 91 | Medical | |
| Supplementary values | Value | Meaning | |
|  | 98 | Other | |
| Data element attributes | | | |
| Reporting attributes | | | |
| Reporting requirements | Mandatory – All Contacts | | |
| Collection and usage attributes | | | |
| Guide for use | A code representing the stream of service type provided to the client during the contact/session.  Refer to Table 3 for acceptable service types for each funded activity.   |  |  | | --- | --- | | Code 50 | Care Coordination relates only to individual clients not to group sessions. | | Code 70 | Initial Needs Identification relates only to individual clients not to group sessions. | | Code 98 | Where there is no appropriate service stream for the service type, this code is to be used. | | | |
| Purpose/context | Program monitoring, service planning, funding and accountability. | | |
| Source and reference attributes | | | |
| DHHS Common data dictionary | Not applicable | | |
| Definition source | DHHS | | |
| Definition source identifier |  | | |
| Value domain source | DHHS | | |
| Value domain identifier |  | | |
| Relational attributes | | | |
| Related concepts | [Contact](#_Contact)  [Chronic and Complex Client](#_Chronic_and_Complex_2)  [Service duration and time](#_Service_duration_and) | | |
| Related data elements | [Client—health conditions](#_Client—health_conditions_1—N—ANNN[N)  [Contact—client type](#_Client_type—X)  [Contact—contact type](#_Contact—contact_type—N)  [Contact—funding source](#_Contact—funding_source—N[N][N])  [Service—presenting reason for attendance](#_Service—presenting_reason_for) | | |
| Edit/validation rules | AoD47 Service stream mismatch | | |
| Other related information | Values for this data element are contained in a master table | | |

## Referral

### Referral—referral in provider type—N[N]

|  |  |  |  |
| --- | --- | --- | --- |
| Identifying and definitional attributes | | | |
| Definition | The provider type of the referral source or destination | | |
| Value domain attributes | | | |
| Representational attributes | | | |
| Representation class | Code | Data type | Number |
| Format | N[N] | Maximum character length | 2 |
| Permissible values | Value | Meaning | |
|  | 1 | Self | |
|  | 2 | Family, significant other, friend | |
|  | 3 | GP/Medical Practitioner | |
|  | 4 | Hospital | |
|  | 5 | Psychiatric/mental health service or facility | |
|  | 6 | Alcohol and other drug treatment service | |
|  | 7 | Other community/health care service | |
|  | 8 | Correctional service | |
|  | 9 | Police diversion | |
|  | 10 | Court diversion | |
|  | 11 | Legal service | |
|  | 12 | Child protection agency | |
|  | 13 | Community support groups/agencies | |
|  | 14 | Centrelink or employment service | |
|  | 15 | Housing and homelessness service | |
|  | 16 | Telephone & online services/referral agency e.g. direct line | |
|  | 17 | Disability support service | |
|  | 18 | Aged care facility/service | |
|  | 19 | Immigration department or asylum seeker/refugee support service | |
|  | 20 | School/other education or training institution | |
|  | 22 | ACSO-COATS | |
|  | 23 | Youth service (non-AOD) | |
|  | 24 | Indigenous service (non-AOD) | |
|  | 25 | Extended care/rehabilitation facility | |
|  | 26 | Palliative care service | |
|  | 27 | Police (not diversion) | |
|  | 28 | Public dental provider - community dental agency | |
|  | 29 | Royal Dental Hospital Melbourne | |
|  | 30 | Private Dental Provider | |
|  | 31 | Early childhood service | |
|  | 32 | Maternal and Child Health Service | |
|  | 33 | Community nursing service | |
|  | 34 | Emergency relief | |
|  | 35 | Family support service (excl family violence) | |
|  | 36 | Family violence service | |
|  | 37 | Gambling support service | |
|  | 38 | Maternity services | |
|  | 39 | Peer support/self-help group | |
|  | 40 | Private allied health provider | |
|  | 41 | Centres Against Sexual Assault (CASA) | |
|  | 42 | Financial counsellor | |
|  | 43 | Sexual health service | |
|  | 44 | Medical specialist | |
| Supplementary values | Value | Meaning | |
|  | 98 | Other | |
|  | 99 | not stated/inadequately described | |
| Data element attributes | | | |
| Reporting attributes | | | |
| Reporting requirements | Mandatory when Contact—contact type = 1, client type = 1 | | |
| Collection and usage attributes | | | |
| Guide for use | It is best to record the *Referral in provider type* information when the client is referred to the agency, when first in contact with the client or during an initial assessment. It may be difficult to obtain this information later.  To assist staff, agencies may find it useful to make a list of the agencies from which they most frequently receive referrals and note the corresponding *Referral in provider type* code. | | |
| Purpose/context | Program monitoring, service planning.  Referral information is important in assisting analysis of inter-service client flow. | | |
| Source and reference attributes | | | |
| DHHS Common data dictionary | CSDD v.1.0  Based on Referral (in/out)—referral service type | | |
| Definition source | DHHS | | |
| Definition source identifier |  | | |
| Value domain source | DHHS | | |
| Value domain identifier |  | | |
| Relational attributes | | | |
| Related concepts | [Client](#_Client_2)  [Contact](#_Contact)  [Referral](#_Referral) | | |
| Related data elements | [Contact—client type](#_Client_type—X)  [Contact—contact type](#_Contact—contact_type—N)  [Contact—service stream](#_Contact—-service_stream—NN)  [Referral—direction](#_Referral—direction—N)  [Service—initial contact date](#_Service—initial_contact_date—DDMMYY) | | |
| Edit/validation rules |  | | |
| Other related information | Values for this data element are contained in a master table | | |

### Referral—referral out provider type 1-10—N[N]

|  |  |  |  |
| --- | --- | --- | --- |
| Identifying and definitional attributes | | | |
| Definition | The provider type of the referral source or destination | | |
| Value domain attributes | | | |
| Representational attributes | | | |
| Representation class | Code | Data type | Number |
| Format | N[N] | Maximum character length | 2 |
| Permissible values | Value | Meaning | |
|  | 3 | GP/Medical Practitioner | |
|  | 4 | Hospital | |
|  | 5 | Psychiatric/mental health service or facility | |
|  | 6 | Alcohol and other drug treatment service | |
|  | 7 | Other community/health care service | |
|  | 8 | Correctional service | |
|  | 9 | Police diversion | |
|  | 10 | Court diversion | |
|  | 11 | Legal service | |
|  | 12 | Child protection agency | |
|  | 13 | Community support groups/agencies | |
|  | 14 | Centrelink or employment service | |
|  | 15 | Housing and homelessness service | |
|  | 16 | Telephone & online services/referral agency e.g. direct line | |
|  | 17 | Disability support service | |
|  | 18 | Aged care facility/service | |
|  | 19 | Immigration department or asylum seeker/refugee support service | |
|  | 20 | School/other education or training institution | |
|  | 22 | ACSO-COATS | |
|  | 23 | Youth service (non-AOD) | |
|  | 24 | Indigenous service (non-AOD) | |
|  | 25 | Extended care/rehabilitation facility | |
|  | 26 | Palliative care service | |
|  | 27 | Police (not diversion) | |
|  | 28 | Public dental provider - community dental agency | |
|  | 29 | Royal Dental Hospital Melbourne | |
|  | 30 | Private Dental Provider | |
|  | 31 | Early childhood service | |
|  | 32 | Maternal and Child Health Service | |
|  | 33 | Community nursing service | |
|  | 34 | Emergency relief | |
|  | 35 | Family support service (excl family violence) | |
|  | 36 | Family violence service | |
|  | 37 | Gambling support service | |
|  | 38 | Maternity services | |
|  | 39 | Peer support/self-help group | |
|  | 40 | Private allied health provider | |
|  | 41 | Centres Against Sexual Assault (CASA) | |
|  | 42 | Financial counsellor | |
|  | 43 | Sexual health service | |
|  | 44 | Medical specialist | |
| Supplementary values | Value | Meaning | |
|  | 97 | No Referral | |
|  | 98 | Other | |
|  | 99 | not stated/inadequately described | |
| Data element attributes | | | |
| Reporting attributes | | | |
| Reporting requirements | Mandatory when Contact—contact type = 1, client type = 1 | | |
| Collection and usage attributes | | | |
| Guide for use | It is best to record the *Referral out provider type* information when the client is referred to an agency. It may be difficult to obtain this information later.  To assist staff, agencies may find it useful to make a list of the agencies to which they most frequently make referrals and note the corresponding *Referral out provider type* code.  Report the Referral starting with the most relevant or urgent one first. This will help to gain an understanding of the client profile.  Up to 10 *Referral out provider type* codes may be reported each instance, from the most important to the least. | | |
| Purpose/context | Program monitoring, service planning.  Referral information is important in assisting analysis of inter-service client flow. | | |
| Source and reference attributes | | | |
| DHHS Common data dictionary | CSDD v.1.0  Based on Referral (in/out)—referral service type | | |
| Definition source | DHHS | | |
| Definition source identifier |  | | |
| Value domain source | DHHS | | |
| Value domain identifier |  | | |
| Relational attributes | | | |
| Related concepts | [Client](#_Client_2)  [Contact](#_Contact)  [Referral](#_Referral) | | |
| Related data elements | [Contact—client type](#_Client_type—X)  [Contact—contact type](#_Contact—contact_type—N)  [Contact—service stream](#_Contact—-service_stream—NN)  [Referral—direction](#_Referral—direction—N)  [Service—initial contact date](#_Service—initial_contact_date—DDMMYY) | | |
| Edit/validation rules |  | | |
| Other related information | Values for this data element are contained in a master table | | |

## Service

### Service—end reason—N[N]

|  |  |  |  |
| --- | --- | --- | --- |
| Identifying and definitional attributes | | | |
| Definition | The reason for ending the client’s treatment | | |
| Value domain attributes | | | |
| Representational attributes | | | |
| Representation class | Code | Data type | Number |
| Format | N[N] | Maximum character length | 2 |
| Permissible values | Value | Meaning | |
|  | 1 | completed treatment | |
|  | 2 | change in service stream needed | |
|  | 3 | change in the delivery setting | |
|  | 5 | transferred to another service provider | |
|  | 6 | ceased to participate against advice | |
|  | 7 | ceased to participate without notice | |
|  | 8 | ceased to participate involuntary (service requested they leave) | |
|  | 9 | ceased to participate at expiation | |
|  | 10 | ceased to participate by mutual agreement | |
|  | 11 | drug court and/or sanctioned by court diversion service | |
|  | 12 | imprisoned, other than drug court sanctioned | |
|  | 13 | client died | |
|  | 51 | hospitalised/medical condition | |
| Supplementary values | Value | Meaning | |
|  | 98 | other | |
|  | 99 | not stated/inadequately described | |
| Data element attributes | | | |
| Reporting attributes | | | |
| Reporting requirements | Mandatory when Service—service end date is present | | |
| Collection and usage attributes | | | |
| Guide for use | This element should be reported for all clients who have stopped receiving services. That is, it should be reported for all clients with a recorded Service-service end date.  Where the client ceased to receive services for more than one reason, the agency should record the main or primary reason for the cessation of service.   |  |  | | --- | --- | | Code 1 | To be used when all of the immediate goals of the Care Plan have been fulfilled. | | Code 2 | A treatment service event will end if, prior to the completion of the existing treatment, there is a change in the service stream needed. | | Code 3 | A treatment service event may end if, prior to the completion of the existing treatment, there is a change in the service delivery setting. | To be completed | | Code 5 | The service provider is no longer the most appropriate and the client is transferred/referred to another service. For example, transfers could occur for clients between non-residential and residential services or between residential services and a hospital. Excludes situations where the original treatment was completed before the client transferred to a different provider for other treatment (use Code 1). | | Code 51 | The client ceases to receive treatment because of a medical condition or hospitalisation. | | Code 6 | The client ceases to participate in the treatment despite advice from staff that such an action is against the client’s best interest. | | Code 7 | The client ceases to receive treatment without notifying the service provider of their intention to no longer participate. | | Code 8 | The client’s participation is ceased by the service provider due to non-compliance with the rules or conditions of the program. | | Code 9 | The client has fulfilled their obligation to satisfy expiation requirements as part of a police diversion scheme and chooses not to continue with the treatment program. | | Code 10 | The client ceases to participate by mutual agreement with the service provider even though the Care Plan has not been completed. This may include situations where the client has moved out of the area. | | Code 11 | Applies to drug court and/or court diversion service clients who are sanctioned back into jail for non-compliance with the program. | | Code 12 | Applies to clients who are imprisoned for reasons other than Code 11. | | Code 13 | The client was deceased. | | Code 98 | Other than one of the categories provided here. | | | |
| Purpose/context | Program monitoring, service planning, funding and accountability. | | |
| Comments | This data item provides information about the circumstances surrounding the ending of a client's receipt of services from an agency. It contributes to a general understanding of the patterns of client movement into and out of the care and support of agencies. Reason for cessation of services also gives some indication of the impact on client turnover of factors relating to the agency's operations and to changes in client needs and circumstances. | | |
| Source and reference attributes | | | |
| DHHS Common data dictionary | Not applicable | | |
| Definition source | DHHS | | |
| Definition source identifier |  | | |
| Value domain source | DHHS | | |
| Value domain identifier |  | | |
| Relational attributes | | | |
| Related concepts | [Client](#_Client_2)  [Service Provider](#_Service_Provider) | | |
| Related data elements | [Service—service end date](#_Service—service_end_date—DDMMYYYY) | | |
| Edit/validation rules | D64 Service—end reason is present, but there is no Service—service end date | | |
| Other related information | Values for this data element are contained in a master table | | |

### Service—initial contact date—DDMMYYYY

|  |  |  |  |
| --- | --- | --- | --- |
| Identifying and definitional attributes | | | |
| Definition | The date of first contact for provision of services for a client | | |
| Value domain attributes | | | |
| Representational attributes | | | |
| Representation class | Date | Data type | Date/Time |
| Format | DDMMYYYY | Maximum character length | 8 |
| Data element attributes | | | |
| Reporting attributes | | | |
| Reporting requirements | Mandatory - All Contacts | | |
| Collection and usage attributes | | | |
| Guide for use | Initial Contact date is the date on which a consumer, carer or organisation makes their first contact for the provision of services and will most commonly include:  the provision of service information e.g. services available, eligibility criteria and intake processes  the provision of other information such as health promotion literature, and/or  facilitate access to an INI.  The consumer/consumer’s carer will initiate contact by phone, in person or in writing, with or without a referral.  The organisation will initiate contact where a referral is received directly from the referring service provider.  For further information on service coordination, please refer to:  <https://www2.health.vic.gov.au/primary-and-community-health/integrated-care/service-coordination> | | |
| Purpose/context | Measuring waiting times. | | |
| Source and reference attributes | | | |
| DHHS Common data dictionary | Not applicable | | |
| Definition source | METeOR | | |
| Definition source identifier | [Service event-assisstance request date, DDMMYYYY-270043](https://meteor.aihw.gov.au/content/index.phtml/itemId/270043) | | |
| Value domain source | METeOR | | |
| Value domain identifier | [270566 Date DDMMYYYY](http://meteor.aihw.gov.au/content/index.phtml/itemId/270566) | | |
| Relational attributes | | | |
| Related concepts | [Client](#_Client_2)  [Direct time](#_Direct_Time)  [Initial needs identification](#_7.5_Initial_Needs)  [Referral](#_Referral)  [Service duration and time](#_Service_duration_and)  [Service Provider](#_Service_Provider) | | |
| Related data elements | [Contact—client type](#_Client_type—X)  [Contact—contact type](#_Contact—contact_type—N)  [Service—initial needs identification date](#_Service—initial_needs_identificatio)  [Service—list start date](#_Service—list_start_date—DDMMYYYY)  [Service—service end date](#_Service_Provider_Number—NNN[NN]) | | |
| Edit/validation rules | D09 Service—initial contact date cannot be in the future | | |
|  | D15 Service—initial contact date cannot be before Client—date of birth | | |
| Other related information | Rule 138 Service—initial contact date cannot be after Service—service end date | | |

### Service—initial needs identification date—DDMMYYYY

|  |  |  |  |
| --- | --- | --- | --- |
| Identifying and definitional attributes | | | |
| Definition | The date when the client’s initial needs identification is completed by the service provider | | |
| Value domain attributes | | | |
| Representational attributes | | | |
| Representation class | Date | Data type | Date/Time |
| Format | DDMMYYYY | Maximum character length | 8 |
| Data element attributes | | | |
| Reporting attributes | | | |
| Reporting requirements | Mandatory when Contact—contact type = 1 and Contact—client type = 1 | | |
| Collection and usage attributes | | | |
| Guide for use | Initial Needs Identification (INI) is a screening process where the underlying issues as well as the presenting issues are uncovered to the extent possible. It is not a diagnostic process but is a determination of the client's risk, eligibility and priority for service, a balancing for the service capacity and client needs. This is the Victorian Service Coordination Practice INI and should be reported where INI has been completed.  Needs identification can occur via phone, face-to-face interaction or written survey intervention. However, Needs Identification is ongoing and as a client receives care, other needs or circumstances may be identified which require attention by other disciplines. External referral or re-entry onto the waiting list to access the other disciplines may then occur.  Where Community services are provided in an integrated health setting, often the INI date is estimated or unknown by the client. When this information is not available, service providers should attempt to provide this as accurately as possible. | | |
| Purpose/context | To record INI service activity and enable waiting time information to be calculated. | | |
| Source and reference attributes | | | |
| DHHS Common data dictionary | Not applicable | | |
| Definition source | Service Coordination Practice Manual | | |
| Definition source identifier | Victorian Service Coordination Practice Manual 2012, p. 5 | | |
| Value domain source | METeOR | | |
| Value domain identifier | [270566 Date DDMMYYYY](http://meteor.aihw.gov.au/content/index.phtml/itemId/270566) | | |
| Relational attributes | | | |
| Related concepts | [Client](#_Client_2)  [Initial needs identification](#_7.5_Initial_Needs)  [Service duration and time](#_Service_duration_and) | | |
| Related data elements | [Contact—client type](#_Client_type—X)  [Contact—contact type](#_Contact—contact_type—N)  [Service—initial contact date](#_Service—initial_contact_date—DDMMYY)  [Service—presenting reason for attendance](#_Service—presenting_reason_for)  [Service—priority type](#_Service—priority_type—N)  [Service—list start date](#_Service—list_start_date—DDMMYYYY)  [Service—service end date](#_Service_Provider_Number—NNN[NN]) | | |
| Edit/validation rules | D10 Service—initial needs identification date cannot be in the future | | |
|  | D16 Service—initial needs identification date cannot be before Client—date of birth | | |
|  | Rule 138 Service—initial needs identification date cannot be after Service—service end date | | |
| Other related information | Rule 58 Contact—contact date cannot be before Service—initial needs identification date | | |

### Service—list start date—DDMMYYYY

|  |  |  |  |
| --- | --- | --- | --- |
| Identifying and definitional attributes | | | |
| Definition | The date the client is placed on a wait or recall list for the identified service stream | | |
| Value domain attributes | | | |
| Representational attributes | | | |
| Representation class | Date | Data type | Date/Time |
| Format | DDMMYYYY | Maximum character length | 8 |
| Data element attributes | | | |
| Reporting attributes | | | |
| Reporting requirements | Mandatory for Registered Clients placed on a waiting list for the identified service stream | | |
| Collection and usage attributes | | | |
| Guide for use | A list start date is required if the client is placed on a waiting list. | | |
| Purpose/context | Program monitoring, service planning.  To assist with the measurement of Community Health Service waiting times and management of service demand. | | |
| Source and reference attributes | | | |
| DHHS Common data dictionary | CSDDv1.0 | | |
| Definition source | METeOR | | |
| Definition source identifier | Based on [269957 - Elective care waiting list episode—listing date for care, DDMMYYYY](http://meteor.aihw.gov.au/content/index.phtml/itemId/269957) | | |
| Value domain source | METeOR | | |
| Value domain identifier | [270566 Date DDMMYYYY](http://meteor.aihw.gov.au/content/index.phtml/itemId/270566) | | |
| Relational attributes | | | |
| Related concepts | [Service duration and time](#_Service_duration_and) | | |
| Related data elements | [Contact—client type](#_Client_type—X)  [Contact—contact type](#_Contact—contact_type—N)  [Contact—contact date](#_Contact—contact_date—DDMMYYYYHHMM)  [Service—initial contact date](#_Service—initial_contact_date—DDMMYY)  [Service—initial needs identification date](#_Service—initial_needs_identificatio)  [Service—priority type](#_Service—priority_type—N)  [Service—service end date](#_Service—service_end_date—DDMMYYYY) | | |
| Edit/validation rules | D19 Service—list start date cannot be before Service—initial contact date | | |
|  | S18 Service—list start date cannot be in the future | | |
|  | Rule 58 Service—service end date must be after Service—list start date | | |
| Other related information |  | | |

### Service—presenting reason for attendance—NNNN

|  |  |  |  |
| --- | --- | --- | --- |
| Identifying and definitional attributes | | | |
| Definition | The service professional's description of the client's reason for assessment or treatment | | |
| Value domain attributes | | | |
| Representational attributes | | | |
| Representation class | Code | Data type | Number |
| Format | NNNN | Maximum character length | 4 |
| Permissible values instructions | Refer to Appendix 6.3: Large-value domains  Examples from the full list: | | |
| Permissible values | Value | Meaning | |
| NEOPLASMS | 1001 | Cervical Screen/Pap Test | |
|  | 1098 | Neoplasms - other | |
| ENDOCRINE, NUTRITIONAL AND METABOLIC CONDITIONS | 1101 | Diabetes | |
|  | 1102 | Electrolyte levels | |
|  | 1103 | Feeding and Eating (includes food tolerance/intolerance) | |
|  | 1104 | Glucose control | |
|  | 1105 | Lipid levels (Cholesterol & Triglyceride) | |
|  | 1106 | Malnutrition | |
|  | 1107 | Overweight & Obesity | |
|  | 1198 | Other Endocrine, nutritional and metabolic diseases | |
|  | NNNN | And so on | |
| Supplementary values | Value | Meaning | |
|  | 9998 | not stated/inadequately described | |
| Data element attributes | | | |
| Reporting attributes | | | |
| Reporting requirements | Mandatory when Contact—contact type = 1, client type = 1 | | |
| Collection and usage attributes | | | |
| Guide for use | Enter the reason the client has come to receive services from the perspective of the service professional.  The service professional should consider all aspects of a client’s presentation to determine the primary reason for attendance. It is recognised that it may be necessary to apply discretion when making a decision around what is the primary reason for presentation. | | |
| Purpose/context | Program monitoring and service planning. | | |
| Source and reference attributes | | | |
| DHHS Common data dictionary | Not applicable | | |
| Definition source | DHHS | | |
| Definition source identifier | Reasons for attendance-draft list 2017\_04.xlsx | | |
| Value domain source | DHHS | | |
| Value domain identifier | Reasons for attendance-master code set v4.0 | | |
| Relational attributes | | | |
| Related concepts | [Contact](#_Contact) | | |
| Related data elements | [Contact—client type](#_Client_type—X)  [Contact—contact type](#_Contact—contact_type—N)  [Contact—direct time](#_Direct_Time—N[NN])  [Service—initial needs identification date](#_Service—initial_needs_identificatio) | | |
| Edit/validation rules |  | | |
| Other related information | Values for this data element are contained in a master table | | |

### Service—priority type—N

|  |  |  |  |
| --- | --- | --- | --- |
| Identifying and definitional attributes | | | |
| Definition | Priority type is used to categorise the client’s need for a service and occurs as a result of the Initial Needs Identification (INI) | | |
| Value domain attributes | | | |
| Representational attributes | | | |
| Representation class | Code | Data type | Number |
| Format | N | Maximum character length | 1 |
| Permissible values | Value | Meaning | |
|  | 1 | Low | |
|  | 2 | Routine | |
|  | 3 | Urgent | |
| Supplementary values | Value | Meaning | |
|  | 9 | not stated/inadequately described | |
| Data element attributes | | | |
| Reporting attributes | | | |
| Reporting requirements | Mandatory when Service—List start date or Service—Initial needs identification date is present. | | |
| Collection and usage attributes | | | |
| Guide for use | Priority types are derived from the service coordination tool templates. It is suggested that you utilise the priority tools in the “Towards a Demand Management Framework” document or the current prioritising mechanisms that your agency has in place when capturing this data item. | | |
| Purpose/context | Program monitoring and service planning.  Understanding access and service utilisation of priority population groups. | | |
| Source and reference attributes | | | |
| DHHS Common data dictionary | Not applicable | | |
| Definition source | METeOR | | |
| Definition source identifier | Based on 334003 | | |
| Value domain source | DHHS | | |
| Value domain identifier | DHHS | | |
| Relational attributes | | | |
| Related concepts | [Initial needs identification](#_7.5_Initial_Needs) | | |
| Related data elements | [Contact—client type](#_Client_type—X)  [Contact—contact type](#_Contact—contact_type—N)  [Service—initial needs identification date](#_Service—initial_needs_identificatio)  [Service—list start date](#_Service—list_start_date—DDMMYYYY) | | |
| Edit/validation rules |  | | |
| Other related information | [Community Health Priority Tools](https://www2.health.vic.gov.au/primary-and-community-health/community-health/community-health-program/ch-demand-management/priority-tools-for-community-health-services) | | |

### Service—service end date—DDMMYYYY

|  |  |  |  |
| --- | --- | --- | --- |
| Identifying and definitional attributes | | | |
| Definition | The date when the client’s services ended for the identified need | | |
| Value domain attributes | | | |
| Representational attributes | | | |
| Representation class | Date | Data type | Date/Time |
| Format | DDMMYYYY | Maximum character length | 8 |
| Data element attributes | | | |
| Reporting attributes | | | |
| Reporting requirements | Mandatory when the client exits the service. | | |
| Collection and usage attributes | | | |
| Guide for use | Once the client has received a service for their identified need, resulting in the resolution of management of this need, they will exit the service. By capturing the exit point, review of the frequency and duration of the intervention period can describe clinical practices.  This may indicate that a care planning/care manager activity occurs within the CHS. Over a period of time a client may have entered and exited an agency on more than one occasion, or received multiple completed services with a reporting period.  To end a client’s services, an end reason must be entered.  The end date applies to the completion of the last interaction with the client, in situations where the client has had no contact with the service provider for three months, and there is no plan in place for further contact. The date of the last service contact should be used. | | |
| Purpose/context | Program monitoring, service planning  To assist with the measurement of CHS waiting times and management of service demand | | |
| Source and reference attributes | | | |
| DHHS Common data dictionary | Not applicable | | |
| Definition source | METeOR | | |
| Definition source identifier | [270160 Service episode-episode end date, DDMMYYYY](https://meteor.aihw.gov.au/content/index.phtml/itemId/270160) | | |
| Value domain source | METeOR | | |
| Value domain identifier | [270566 Date DDMMYYYY](http://meteor.aihw.gov.au/content/index.phtml/itemId/270566) | | |
| Relational attributes | | | |
| Related concepts | [Client](#_Client_2)  [Service Provider](#_Service_Provider) | | |
| Related data elements | [Service—end reason](#_Service—end_reason_—N[N])  [Service—initial contact date](#_Priority_Type—N)  [Service—list start date](#_Service—list_start_date—DDMMYYYY) | | |
| Edit/validation rules | D03 Service—service end date cannot be in the future | | |
|  | D64 Service—end reason is present, but there is no service end date | | |
|  | Rule 138 Service—initial contact date cannot be after Service—service end date | | |
|  | Rule 58 Service—service end date must be after Service—list start date | | |
| Other related information |  | | |

### Service—service provider number—NNN[NN]

|  |  |  |  |
| --- | --- | --- | --- |
| Identifying and definitional attributes | | | |
| Definition | A number that uniquely identifies the agency or organisation | | |
| Value domain attributes | | | |
| Representational attributes | | | |
| Representation class | Code | Data type | Number |
| Format | NNN[NN] | Maximum character length | 5 |
| Permissible values instructions | Refer to [Appendix 6.3: Large-value domains](#_Large-value_domains).  Examples from the full list: | | |
| Permissible values | Value | Meaning | |
|  | 3491 | Alexandra District Hospital | |
|  | 5618 | Alpine Health | |
|  | … | … | |
|  | NNN[NN] | And so on | |
| Data element attributes | | | |
| Reporting attributes | | | |
| Reporting requirements | Mandatory – All Contacts | | |
| Collection and usage attributes | | | |
| Guide for use | Software generated  The service provider number should match the funded service provider number on the Funding and Service Agreement with DHHS | | |
| Purpose/context | Program monitoring, service planning, funding and accountability. | | |
| Source and reference attributes | | | |
| DHHS Common data dictionary | Not applicable | | |
| Definition source | DHHS | | |
| Definition source identifier | SAMS agency identifier | | |
| Value domain source | DHHS | | |
| Value domain identifier | SAMS agency identifier | | |
| Relational attributes | | | |
| Related concepts | [Service Provider](#_Service_Provider) | | |
| Related data elements | [Contact—funding source](#_Funding_Source_—N[N]_1)  [Campus—campus client identifier](#_Outlet—outlet_client_identifier—A(1)  [Campus—campus code](#_Outlet—outlet_code—A(9)) | | |
| Edit/validation rules | D57 Incorrect combination of Service—service provider number and Campus—campus code | | |
| Other related information |  | | |

## Unused Data Elements

### Performance indicator 1-10—X: REPORTING AS A BLANK

|  |  |  |  |
| --- | --- | --- | --- |
| Identifying and definitional attributes | | | |
| Definition | N/A | | |
| Value domain attributes | | | |
| Representational attributes | | | |
| Representation class | N/A | Data type | String |
| Format | X | Maximum character length | 1 |
| Permissible values | Value | Meaning | |
|  | “” | Blank | |
| Supplementary values | Value | Meaning | |
|  |  |  | |
| Data element attributes | | | |
| Reporting attributes | | | |
| Reporting requirements | Must be reported as Blank | | |
| Collection and usage attributes | | | |
| Guide for use | Must be reported as Blank | | |
| Purpose/context |  | | |
| Start date |  | | |
| Source and reference attributes | | | |
| DHHS Common data dictionary | Not applicable | | |
| Definition source | DHHS | | |
| Definition source identifier | DHHS | | |
| Value domain source |  | | |
| Value domain identifier |  | | |
| Relational attributes | | | |
| Related concepts |  | | |
| Related data elements |  | | |
| Edit/validation rules |  | | |
| Other related information |  | | |

# Edit/validation rules

The data element edit/validation rules are listed in ID order, and grouped by ID type in Table 4. Note that it is expected that all data elements will be completed and in the correct format as specified in Chapter 4.

Table Edit/Validation rules

| ID | Edit name/description | Data elements | Pseudo-code/rule | Source | Status |
| --- | --- | --- | --- | --- | --- |
| AD16 | Incorrect combination of Client—postcode and Client—locality name | Client—locality name  Client—postcode | Combination of postcode and locality name is not listed in the ARDD v.1 Appendix 3: Large-value domains file | DHHS | Critical Rejection |
| AoD5 | Contact—contact date cannot be in the future | Contact—contact date | Contact—contact date > today | VADC | Critical rejection |
| AoD22 | Client—Individual Healthcare Identifier present when no Medicare number | Client—individual health identifier  Client—Medicare card number | Client—individual health identifier ≠ [null or 9], and Client—Medicare card number = null | VADC | Warning |
| AoD23 | Client—Individual Healthcare Identifier present with no Client—Statistical Linkage Key 581 | Client—individual health identifier  Client—statistical linkage key581 | Client—individual health identifier ≠ null and Client—statistical linkage key = null | VADC | Warning |
| AoD47 | Service stream mismatch | Contact—funding source  Contact—service stream | [See 3.1 Business Rules – Service activities funded by the Community Health Program](#_Department_of_Veterans’) | VADC | Critical rejection |
| C10 | Age indicates very old | Client—date of birth  Contact—contact date | Age at Contact—contact date > 100 | National (other G) | Warning |
| C12 | Commonwealth Seniors Health Card, but age is less than 65 | Client—concession card type  Client—date of birth  Contact—contact date | Client—concession card type = 4, and age at Contact—contact date < 65 | DHHS | Warning |
| C21 | Client—Medicare card IRN is zero and age is not less than 1 year | Client—Medicare card number  Client—date of birth  Contact—contact date | Age at Contact—contact date ≥ 1 and 11th character of Client—Medicare card number = 0 | DHHS | Critical Rejection |
| C33 | Use of supplementary codes should be limited for Client—country of birth | Client—country of birth | Client—country of birth = [0000 or 0001 or 0003] | National (other A\*) | Warning |
| C34 | Antarctica is reported as Client—country of birth | Client—country of birth | Client—country of birth = 1600 | National (other G) | Warning |
| C35 | Client—Indigenous status is Aboriginal and/or Torres Strait Islander and Client—country of birth is not Australia | Client—country of birth  Client—Indigenous status | Client—Indigenous status = [1 or 2 or 3]  and Client—country of birth ≠ 1100 | National (other A,G) | Warning |
| C36 | Client—date of birth is unrealistic | Client—date of birth  Contact—contact date | Age at Contact—contact date ≥ 124 | National (other A\*, C\*, G\*) | Critical Rejection |
| C37 | Client—date of birth cannot be in the future | Client—date of birth | date of birth > today | national (other C) | Critical Rejection |
| C46 | Client—Indigenous status is Aboriginal and/or Torres Strait Islander and preferred language mismatches | Client—Indigenous status  Client—preferred language | Client—Indigenous status = [1 or 2 or 3] and Preferred language ≠ [8xxx or 1201 or 9601 or 97xx] | DHHS | Warning |
| C47 | Client—preferred language is English yet stated as needing interpreter | Client—need for interpreter services  Client—preferred language | Client—Preferred language = 1201  and  Need for interpreter services ≠ 2 | DHHS | Warning |
| D03 | Service—service end date cannot be in the future | Service—service end date | Service end date > today | DHPDS | Critical rejection |
| D09 | Service—initial contact date cannot be in the future | Service—initial contact date | Service—initial contact date > today | DHPDS | Critical rejection |
| D10 | Service—initial needs identification date cannot be in the future | Service—initial needs identification date | Service—initial needs identification date > today | DHPDS | Critical rejection |
| D15 | Service—Initial contact date cannot be before Client—date of birth | Service—initial contact date | Service—initial contact date > Client—date of birth | DHPDS | Critical rejection |
| D16 | Service—initial needs identification date cannot be before Client—date of birth | Client—date of birth  Service—initial needs identification date | Service—initial needs identification date < Client—date of birth | DHHS | Critical Rejection |
| D19 | Service—list start date cannot be before Service—initial contact date | Service—list start date  Service—initial contact date | Service—list start date < Service—initial contact date | DHHS | Critical rejection |
| D33 | Client—country of birth cannot be Australia when Client—refugee status is an asylum seeker | Client—refugee status | Client—refugee status = 3 and Client—country of birth = [11xx] | DHPDS | Warning |
| D34 | Client—country of birth cannot be Australia when Client—refugee status is a refugee | Client—refugee status  Client—country of birth | Client—refugee status = 1 and Client—country of birth = [11xx] | DHHS | Warning |
| D35 | Client cannot be an asylum seeker and Aboriginal and/or Torres Strait Islander | Client—refugee status  Client—Indigenous status | Client—refugee status = 3 and Client—Indigenous status = [1, 2 or 3] | DHHS | Warning |
| D36 | Client cannot be a refugee and Aboriginal and/or Torres Strait Islander | Client—refugee status  Client—Indigenous status | Client—refugee status = 1 and Client—Indigenous status = [1, 2 or 3] | DHHS | Warning |
| D57 | Incorrect combination of Service—service provider number and Campus—campus code | Service—service provider number  Campus—campus code | Combination of Service—service provider number and Campus—campus code is not listed in Large value domains | DHPDS | Critical rejection |
| D64 | Service—end reason is present, but there is no Service—service end date | Service—service end date  Service—end reason | Service—service end date = [null] and Service—end reason≠ [null] | DHPDS | Critical rejection |
| Rule 9 | Contact—interpreting time must be zero if Client—need for interpreter services is interpreter services not required | Contact—interpreting time | Contact—interpreting time ≠ 0 and Client—need for interpreter services = 2 | CHMDS | Warning |
| Rule 28 | Contact—contact date must be in current collection period | Contact—contact date | Contact—contact date is not within current collection period | CHMDS | Critical Rejection |
| S18 | Service—list start date cannot be in the future | Service—list start date | Service—list start date > today | DHHS | Critical Rejection |
| S25 | Client—date of birth after Service—list start date | Client—date of birth  Service—list start date | Client—date of birth > Service—list start date | DHHS | Critical Rejection |
| Rule 58 | Contact—contact date cannot be before Service—initial contact date | Contact—contact date  Service—initial contact date | Contact—contact date < Service—initial contact date | DHHS | Critical rejection |
| Rule 138 | Contact—contact date cannot be after Service—service end date | Contact—contact date  Service—service end date | Contact—contact date > Service—service end date | DHHS | Critical rejection |
| Rule 69 | Contact—contact date cannot equal Service—list start date | Contact—contact date  Service—list start date | Contact—contact date =  Service—list start date | DHHS | Warning |
| Rule 58 | Contact—contact date cannot be before Service—initial needs identification date | Contact—contact date  Service—initial needs identification date | Contact—contact date < Service—initial needs identification date | DHHS | Critical rejection |
| Rule 138 | Service—initial contact date cannot be after Service—service end date | Service—initial contact date  Service—service end date | Service—initial contact date > Service—service end date | DHHS | Critical rejection |
| Rule 138 | Service—initial needs identification date cannot be after Service—service end date | Service—initial needs identification date  Service—service end date | Service—initial needs identification date > Service—service end date | DHHS | Critical rejection |
| Rule 58 | Service—service end date must be after Service—list start date | Service—service end date  Service—list start date | Service—service end date ≤ Service—list start date | DHHS | Critical rejection |
| Rule 31 | If Contact—funding source is Refugee & Asylum Seeker Health, Client—refugee status cannot be not a current refugee nor asylum seeker (Client-refugee status-N code = 2) | Contact—funding source  Client—refugee status | Contact—funding source = 21 and Client—Refugee Status = 2 | DHHS | Critical rejection |

# Appendices

## Abbreviations

| Abbreviation | Full Name |
| --- | --- |
| ABS | Australian Bureau of Statistics |
| AoD | Alcohol and other Drugs |
| ARDD | Address reference data dictionary |
| ASAS | Asylum Seeker Assistance Scheme |
| ASCL | The Australian Standard Classification of Languages |
| ATSI | Aboriginal and Torres Strait Islander |
| CALD | Culturally and linguistically diverse |
| CCDD | Common client data dictionary |
| CHDAP | Community Health Data Alignment Project |
| CHP | Community Health Program (DH) |
| CHS | Community Health Service |
| CHMDS | Community Health Minimum Data Set |
| CMS | Client Management System |
| CSDD | Common service data dictionary |
| DFFH | Department of Families, Fairness and Housing |
| DH | Department of Health |
| DHHS | Department of Health and Human Services |
| DHPDS | Dental Health Program Data Set |
| DNA | Did not attend |
| DIBP | Department of Immigration and Border Protection (Commonwealth) |
| DTF | Department of Treasury and Finance |
| DVA | Department of Veterans’ Affairs (Commonwealth) |
| FARREP | Family and Reproductive Rights Education Program |
| FAC | Funded Agency Channel |
| GP | General Practitioner |
| HI | Health Identifier |
| HPI-O | Healthcare Provider Identifier - Organisation |
| ICD | International Statistical Classification of Diseases and Related Health Problems |
| IHI | Individual Health Identifier |
| IHSHY | Innovative Health Services for Homeless Youth |
| INI | Initial Needs Identification |
| IRN | Individual Reference Number (Medicare card) |
| MDC | Multi-Disciplinary Centre |
| METeOR | Metadata online repository |
| PKI | Public Key Infrastructure |
| PMI | Patient Master Index |
| SACC | Standard Australian Classification of Countries |
| SAMS | Service Agreement Management System |
| SLK | Statistical Linkage Key |
| TPV | Temporary Protection Visa |
| UNHCR | United Nations High Commissioner for Refugees |
| VADC | Victorian Alcohol and other Drug Collection |
| VUPI | Victorian Universal Patient Identifier |
| XML | Extensible Markup Language |

## Data Element Summary

This table shows all data elements in alphabetical order. The CRDD column indicates what DHHS common or reference data dictionary (CRDD) the data element originated from or is based on.

Table Data Element Summary

| Data element | Data Element type | CRDD | CRDD Page No |
| --- | --- | --- | --- |
| Campus client identifier | Campus | Client v3.0 | 87 |
| Campus code | Campus |  |  |
| Client type | Contact |  |  |
| Concession card type | Client | Client v3.0 | 68 |
| Contact date | Contact | Service v1.0 | 25 |
| Contact type | Contact | Service v1.0 | 25 |
| Country of birth | Client | Client v3.0 | 70 |
| Date of birth | Client | Client v3.0 | 76 |
| Date of birth accuracy | Client | Client v3.0 | 74-75 |
| Direct time | Contact | Service 1.0 | 25, 35 |
| End reason | Service |  |  |
| Fee | Contact |  |  |
| Funding source | Contact |  |  |
| Gender identity | Client | Client v3.0 | 123-124 |
| Health conditions | Client | Client v3.0 | 150-151 |
| Indigenous status | Client | Client v3.0 | 93-94 |
| Indirect time | Contact | Service 1.0 | 25, 35 |
| Individual health identifier | Client |  |  |
| Initial contact date | Service |  |  |
| Initial needs identification date | Service | Service 1.0 | 115 |
| Interpreting time | Contact |  |  |
| List start date | Service | Service v1.0 | 108 |
| Locality name | Client | Address v1.1 | 39 |
| Medicare card number | Client | Client v3.0 | 103 |
| Need for interpreter services | Client | Client v3.0 | 111 |
| Number service recipients | Contact |  |  |
| Postcode | Client | Address v1.1 | 48 |
| Preferred language | Client | Client v3.0 | 114-115 |
| Presenting reason for attendance | Service |  |  |
| Priority type | Service | Service 1.0 | 55 |
| Referral in provider type | Referral |  |  |
| Referral out provider type | Referral |  |  |
| Refugee status | Client | Client v3.0 | 118 |
| Service end date | Service | Service v1.0 | 84 |
| Service provider number | Service |  |  |
| Service stream | Contact | Service 1.0 | 167 |
| Social conditions | Client |  |  |
| Statistical linkage key 581 | Client | Client v3.0 | 125 |
| Victorian Universal Patient Identifier (VUPI) | Client |  |  |

## Large-value domains

To reduce the size of this document, and to facilitate the use of the large-value domains, these tables are presented in an MS Excel file that accompanies this document.

Large-value domains that relate to the Community Health Minimum Data Set are:

* Client—country of birth (1269.0 - Standard Australian Classification of Countries (SACC), 2016) - <http://www.abs.gov.au/ausstats/abs@.nsf/mf/1269.0>
* Client - health conditions
* Client – social conditions
* Client-locality name, postcode - Locality name, postcodes - Australian Standard 4590–2006, Interchange of client information. DHHS postcode locality reference file – <https://www2.health.vic.gov.au/about/publications/researchandreports/postcode-locality-reference>
* Client—preferred language (1267.0 - Australian Standard Classification of Languages (ASCL), 2016) - <http://www.abs.gov.au/ausstats/abs@.nsf/mf/1267.0>
* Service-presenting reason for attendance
* Service—service provider number
* Campus—campus code