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| Specifications for revisions to the Victorian Integrated Non-Admitted Health Minimum Data Set (VINAH MDS) for 2024-25 |
| December 2023 |
| OFFICIAL |

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# Executive Summary

The revisions for the Victorian Integrated Non-Admitted Health Minimum Data Set (VINAH MDS) for 2024-25 are summarised below:

The proposed revisions for the VINAH MDS for 2024-25 include:

Addition of data elements

* Introduce a new program/stream(s) for reporting of Early Parenting Centres patient level non-admitted data.
* Introduce a new data element for reporting of indigenous status for programs that only report at episode level.

Amendments to existing data elements

* Expand reporting of contact account class to include the Palliative Care Consultancy program/stream(s).
* New and amended streams for the Victorian Respiratory Support Service program.
* New concept for contracted care incorporating brokerage.
* Update the reporting guide for contact client present status.
* Update the reporting guide for contact Medicare benefits schedule item number.
* Remove concept for brokerage.
* The proposal to **amend data element Patient/Client Sex to Patient/Client Sex at Birth** originally scheduled for 2023-24 and subsequently deferred, will be implemented in 2024-25.
* Reporting of the existing VINAH data element **Patient/Client** **Gender** will be **mandatory** from 2024-25.

# Introduction

Each year the Department of Health reviews the Victorian Integrated Non-Admitted Health Minimum Data Set (VINAH MDS) to ensure that the data collection supports the department’s business objectives, including national reporting obligations, and reflects changes in hospital funding and service provision arrangements for the coming financial year.

Comments provided by the health sector in response to the *Proposals for revisions across multiple collections for 2024-25* and the *Proposals for revisions to the Victorian Integrated Non-Admitted Health Minimum Data Set (VINAH MDS) for 2024-25* have been considered, and where possible, suggestions have been accommodated, resulting in changes to, or withdrawal of, some proposals.

The revisions set out in this document are complete as at the date of publication. Where further changes are required during the year, for example to reference files such as the postcode locality file, data validation rules or supporting documentation, these will be advised via the HDSS Bulletin.

An updated VINAH MDS manual will be published in due course. Until then, the current VINAH MDS manual and subsequent HDSS Bulletins, together with this document, form the data submission specifications for 2024-25.

Victorian health services must ensure their software can create a submission file in accordance with the revised specifications and ensure reporting capability is achieved to maintain compliance with reporting timeframes set out in the relevant Department of Health policy and funding guidelines*.*

## Orientation to this document

New data elements are marked as (new).

Changes to existing data elements are highlighted in green.

Redundant values and definitions relating to existing elements are ~~struck through~~.

Comments relating only to the specifications document appear in *[square brackets and italics].*

New validations are marked ### if number has not yet been allocated.

Validations to be changed are marked \* when listed as part of a data element or below a validation table.

Changes are shown under the appropriate manual section headings.

# Outcome of proposals

**Proposal 1 – Amend New and amended streams for the VRSS program**

Proposal proceeds.

**Proposal 5 – New Program Stream for Early Parenting Centres**

Proposal proceeds.

**Proposal 6 – New data element Episode Indigenous Status**

Proposal proceeds.

**Proposal 10** – **Contact Account Class for palliative care consultancy**

Proposal proceeds.

**Proposal 12 – Amend Contact Medicare Benefits Schedule Item Number**

Proposal proceeds.

**Proposal 13 – Amend Contact Client Present Status**

Proposal proceeds.

The decision to implement changes to key datasets in 2024-25 was based on a priority ranking, with only those proposals considered critical approved. Some reporting guide updates were also approved. All other proposals for changes for 2024-25 have been placed on hold.

# Specifications for changes from 1 July 2024

# Section 1- Introduction

## Reporting notes (amend)

**End of financial year consolidation**

All errors for 2024-25 must be corrected and resubmitted before consolidation of the VINAH MDS database on the date advised in the Victorian policy and funding guidelines.

| Data requirement | Due date |
| --- | --- |
| Submission date for client, referral, episode and contact details for the month | Must be submitted before 5.00pm on the 10th day of the following month |
| Clean date for client, referral, episode and contact details for the month | Must be submitted before the file consolidation at 5.00pm on the 14th day of the following month, or the preceding working day if the 14th falls on a weekend or public holiday |
| Corrections to data for 2024-25 | Must be corrected and submitted before final consolidation of the 2024-25 VINAH MDS database at 5pm on the date advised in thePolicy and funding guidelines |

## VINAH MDS consolidation

Hospitals are expected to have finalised and submitted complete data for that financial year’s activity by the final consolidation date published in the Policy and funding guidelines.

## History and development of the VINAH MDS (amend)

**2024-25 VINAH v19**

Introduction of new data element Episode Indigenous Status, new concept for contracted care and new program/stream for Early Parenting Centres. Amendment to program/streams for the Victorian Respiratory Support Service.

Updates to reporting data elements Contact Account Class, Contact Medicare Benefits Schedule Item Numer, Contact Client Present Status, Patient/Client Gender and Patient/Client Sex at Birth. Removal of the concept for brokerage.

# Section 2- Concept and derived items

## ~~Brokerage~~

|  |  |
| --- | --- |
| **~~Definition~~** | ~~Brokerage occurs when an organisation that is funded by the department to deliver services that are in scope for VINAH MDS reporting pays a third-party organisation, that is not a public health service, (sub-contracts) to assist with service delivery.~~ |
| **~~Guide for use~~** | ~~Brokered services for outpatients may be permitted in limited circumstances as guided by the department. Activity provided under a brokered arrangement is reported by the health service paying for the service.~~~~Organisations that report HARP activity and are:~~~~Part of a HARP service agreement, should be identified individually in the VINAH MDS, and are not considered brokered services, even when the organisation is outside of a health service.~~~~Not part of a HARP service agreement, are considered brokered services.~~~~PAC, PC and SACS services will report brokered services.~~ |
| **~~Refer to~~** | ~~Section 3: Contact provider~~ |

## Contact (amend)

Contact type and reporting requirements by program

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Contact type (service) | EPC  | FCP | HEN  | HBD | HARP | HBPCCT | Medi-Hotel | OP | Palliative Care | PAC | RIR | SACS | TPN | TCP | VALP | VHS | VRSS |
| **Direct** |  |
| * Attended
 | Y | Y |
| * Non-attended
 | Y | Y |  | Y |
| * Screening
 |  | Y |  |
| **Indirect** |  |
| * Indirect
 |  | Y |  |
| * Indirect-MDCC patient not present
 | Y | Y |  | Y |  | Y | Y | Y | Y | Y |  | Y |
| * Screening
 |  | Y |  |
| **Administrative** |  |

*[No change to remainder of item]*

## Contracted care (new)

|  |  |
| --- | --- |
| **Definition** | Contracted hospital care is provided to a patient under an agreement between a purchaser of hospital care (contracting hospital or external purchaser) and a provider of a non-admitted service (contracted hospital/facility).Contracted care can also involve brokerage. Brokerage occurs when an organisation that is funded by the department to deliver services that are in scope for VINAH MDS reporting pays a third-party organisation, that is not a public health service, to assist with service delivery.A contract agreement can be formal or informal, written or verbal. |
| **Guide for use** | To be in scope, contracted care must involve all of the following:* a purchaser, which can be a public health service/agency, or a health authority (Department of Health or a Health Region) or another external purchaser,
* a contracted health service/agency,
* the purchaser making full payment to the contracted health service/agency for the contracted service,
* the patient being present for the provision of the contracted service.

Non-admitted activity provided under a contracted care arrangement is reported by the health service/agency paying for the service, using the contracted health service/agency’s contact provider code or the contact provider code of BROKERAGE when the third party organisation is not a public health service. Refer section 3: data definitions - contact provider and section 9: code list.Accurate recording of contracted care is essential because:* Details of contracted public patients are required to be reported under the National Health Reform Agreement.
* Unidentified duplication in the reporting of referrals, episodes of care and contacts must be avoided to enable accurate analyses as required for funding, resource use and epidemiological purposes.
 |
| **Refer to** | Section 3: Contact provider. |

## Early Parenting Centres (EPC) (new)

|  |  |
| --- | --- |
| **Definition** | Victorian state-funded Early Parenting Centres (EPCs) are dedicated facilities that support parents and their children aged up to 4 years of age by providing specialised, flexible early parenting services. The services enhance the parent-child relationship and support parents with strategies to achieve their parenting goals in areas such as sleep and settling, child behaviour, parent-child attachment, and parent and child health and wellbeing. |
| **Reporting guide** | EPCs provide a family-centred, multidisciplinary model of care supported by flexbile service delivery. The majority of supports are delivered at an EPC facility, including through residential stay and day stay programs. Home-based care programs and outreach supports can also be provided by EPC service providers. |

## Victorian Respiratory Support Service (VRSS) (new)

|  |  |
| --- | --- |
| **Definition** | The Victorian Respiratory Support Service (VRSS) is a state-wide specialist program providing a range of services to adults with chronic respiratory failure who need to use a ventilator. |
| **Guide for use** | Activity for patient/clients enrolled in the VRSS program may be collected at either the episode or contact level depending on the VRSS stream.For patients receiving home-based ventilation, an episode is to be opened for the period that the patient/client is responsible for their administration of the treatment and the episode is to be closed when the patient/client ceases home self-administration of their treatment. The department will count one non‑admitted service event per calendar month for episodes that have been active during the month. No contacts should be reported in this episode.VRSS funded contacts should be reported under an appropriate VRSS stream (other than home based ventilation).Non VRSS funded contacts should be reported separately to the VRSS episode to the appropriate program/stream.For example, if a patient has a consultation with a physiotherapist in an outpatient clinic, this should be reported under the ‘OP’ program. |
| **Refer to** | Section 2: Program.Section 2: Programs reporting to the VINAH MDS.Section 2: Stream.Section 3: Episode program/stream.Section 3: Referral in program/stream. |

# Section 3 Data definitions

## Summary tables for data elements

### Data elements to be reported by program (amend)

| **PROGRAMS REPORTING TO THE VINAH MDS** |
| --- |
| **DATA ELEMENT** | **EPC** | **FCP** | **HBD** | **HEN** | **HARP** | **HBPCCT** | **Medi-Hotel** | **OP** | **PAC** | **Palliative Care** | **RIR** | **SACS** | **TCP** | **TPN** | **VALP** | **VHS** | **VRSS** |
| Contact Account Class | Y | Y |  |  | Y | Y |  | Y | Y | Y | Y | Y |  |  | Y | Y | Y |
| Contact Campus Code | Y | Y |  |  | Y | Y |  | Y | Y | Y | Y | Y | Y |  | Y | Y | Y |
| Contact Client Present Status | Y | Y |  |  | Y | Y |  | Y | Y | Y | Y | Y |  |  | Y | Y | Y |
| Contact Delivery Mode | Y | Y |  |  | Y | Y |  | Y | Y | Y | Y | Y | Y |  | Y | Y | Y |
| Contact Delivery Setting | Y | Y |  |  | Y | Y |  | Y | Y | Y | Y | Y | Y |  | Y | Y | Y |
| Contact End Date/Time | Y | Y |  |  | Y | Y |  | Y | Y | Y | Y | Y | Y |  | Y | Y | Y |
| Contact Family Name | Y | Y |  |  | Y |  |  | Y | Y | Y | Y | Y |  |  | Y | Y | Y |
| Contact Given Name(s) | Y | Y |  |  | Y |  |  | Y | Y | Y | Y | Y |  |  | Y | Y | Y |
| Contact Group Session Identifier | Y |  |  |  |  |  |  | Y |  |  |  |  |  |  |  |  |  |
| Contact Indigenous Status | Y | Y |  |  | Y | Y |  | Y | Y | Y | Y | Y | Y |  | Y | Y | Y |
| Contact Inpatient Flag | Y | Y |  |  | Y | Y |  | Y | Y | Y | Y | Y |  |  | Y | Y | Y |
| Contact Interpreter Required | Y | Y |  |  | Y | Y |  | Y | Y |  | Y | Y |  |  | Y | Y | Y |
| Contact Medicare Number | Y | Y |  |  | Y | Y |  | Y | Y | Y | Y | Y | Y |  | Y | Y | Y |
| Contact Medicare Suffix | Y | Y |  |  | Y | Y |  | Y | Y | Y | Y | Y | Y |  | Y | Y | Y |
| Contact Preferred Language | Y | Y |  |  | Y | Y |  | Y | Y | Y | Y | Y |  |  | Y | Y | Y |
| Contact Professional Group | Y | Y |  |  | Y | Y |  | Y | Y | Y | Y | Y | Y |  | Y | Y | Y |
| Contact Provider | Y | Y |  |  | Y |  |  | Y | Y | Y | Y | Y | Y |  | Y | Y | Y |
| Contact Purpose | Y | Y |  |  | Y | Y |  | Y | Y | Y | Y | Y | Y |  | Y | Y | Y |
| Contact Session Type | Y | Y |  |  | Y |  |  | Y | Y | Y | Y | Y |  |  | Y | Y | Y |
| Contact Start Date/Time | Y | Y |  |  | Y | Y |  | Y | Y | Y | Y | Y | Y |  | Y | Y | Y |
| Contact TAC Claim Number | Y | Y |  |  | Y | Y |  | Y | Y | Y | Y | Y |  |  | Y | Y | Y |
| Contact VWA File Number | Y |  |  |  | Y | Y |  | Y | Y | Y | Y | Y |  |  | Y | Y | Y |
| Episode Campus Code | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y |
| Episode End Date | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y |
| Episode Health Conditions | Y | Y | Y | Y | Y |  |  | Y | Y | Y | Y | Y |  | Y | Y | Y | Y |
| Episode Indigenous Status |  | Y | Y | Y |  |  |  |  |  |  |  |  |  | Y |  |  | Y |
| Episode Patient/Client NDIS Participant Identifier | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y |
| Episode Program/Stream | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y |
| Episode Start Date | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y |
| Patient/Client Birth Country | Y | Y | Y | Y | Y | Y |  | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y |
| Patient/Client Birth Date | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y |
| Patient/Client Birth Date Accuracy | Y | Y | Y | Y | Y |  | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y |
| Patient/Client Death Date | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y |
| Patient/Client Death Date Accuracy | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y |
| Patient/Client DVA File Number | Y | Y |  |  | Y | Y |  | Y | Y | Y | Y | Y | Y |  | Y | Y | Y |
| Patient/Client Gender | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y |
| Patient/Client Identifier | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y |
| Patient/Client Living Arrangement | Y | Y | Y | Y | Y |  |  |  | Y | Y |  | Y | Y | Y | Y | Y | Y |
| Patient/Client Sex at Birth  | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y |
| Patient/Client Usual Accommodation Type | Y | Y | Y | Y | Y |  |  |  | Y |  | Y | Y | Y | Y | Y | Y | Y |
| Patient/Client Usual Residence Locality Name | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y |
| Patient/Client Usual Residence Postcode | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y |
| Referral End Date | Y | Y | Y | Y | Y |  |  | Y | Y |  | Y | Y | Y | Y | Y | Y | Y |
| Referral End Reason | Y | Y | Y | Y | Y |  |  | Y | Y |  | Y | Y | Y | Y | Y | Y | Y |
| Referral In Clinical Referral Date | Y |  |  |  |  |  |  | Y |  |  |  |  |  |  |  |  |  |
| Referral In Clinical Urgency Category | Y |  |  |  |  |  |  | Y |  | Y |  |  |  |  |  |  |  |
| Referral In Outcome | Y | Y | Y | Y | Y |  |  | Y | Y |  | Y | Y | Y | Y | Y | Y | Y |
| Referral In Outcome Date | Y | Y | Y | Y | Y |  |  | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y |
| Referral In Program/Stream | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y |
| Referral In Reason | Y | Y | Y | Y | Y |  |  | Y | Y |  | Y | Y | Y | Y | Y | Y | Y |
| Referral In Receipt Acknowledgment Date | Y | Y | Y | Y | Y |  |  | Y | Y |  | Y | Y | Y | Y | Y | Y | Y |
| Referral In Received Date | Y | Y | Y | Y | Y | Y |  | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y |
| Referral In Service Type | Y | Y | Y | Y | Y | Y |  | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y |
| Referral Out Date | Y | Y | Y | Y | Y |  |  | Y | Y |  | Y | Y |  | Y | Y | Y | Y |
| Referral Out Service Type | Y | Y | Y | Y | Y |  |  | Y | Y |  | Y | Y |  | Y | Y | Y | Y |

*[No change to remainder of item]*

### Business data element timing summary (amend)

|  |  |
| --- | --- |
| Key Symbol | Reporting Obligation |
| C22 | Mandatory for programs FCP (stream 52, 53), HBD, HEN, TPN and VRSS (stream 82, 83). |

| **All programs not elsewhere specified** |
| --- |
| **DATA ELEMENT** | **Referral In Received Date** | **Referral In Receipt Acknowledgement Date** | **Episode Start Date** | **Episode Patient/Client Notified of First Appt Date** | **Episode Care Plan Documented Date** | **Episode TCP Care Transition Date** | **First Contact Start Date/Time** | **Second and Subsequent Contact Start Date/Time** | **Episode End Date** | **Referral Out Date** | **Referral End Date** | **Patient/Client Death Date** |
| Episode Indigenous Status (new) |  |  | C22 |  |  |  |  |  |  |  |  |  |
| Patient/Client Gender | O |  | ~~O~~C22 |  |  |  | ~~O~~C27 |  | ~~O~~C27 |  |  |  |
| Patient/Client Sex at Birth | O |  | ~~O~~C22 |  |  |  | C27 |  | C27 |  |  |  |

*[No change to remainder of item]*

## Contact Account Class (amend)

|  |  |
| --- | --- |
| **Definition** | The agency/individual chargeable for this contact and associated subcategories. |
| **Reported by** | Early Parenting CentresComplex Care (FCP)Hospital Admission Risk ProgramPalliative CarePalliative Care ConsultancyPost Acute CareResidential In-ReachSpecialist Clinics (Outpatients)Subacute Ambulatory Care ServicesVictorian Artificial Limb Program Victorian HIV and Sexual Health ServicesVictorian Respiratory Support Service |
| **Version history** | **Version Previous Name Effective Date**9 Contact Account Class 2024/07/018 Contact Account Class 2017/07/017 Contact Account Class 2014/07/016 Contact Account Class 2011/07/015 Contact Account Class 2010/07/014 Contact/Client Service Event Account Class 2009/07/013 Contact/Client Service Event Account Class 2008/07/012 Account Class 2007/07/011 Account Class 2005/07/01 |

*[No change to remainder of item]*

## Contact Client Present Status (amend)

|  |  |
| --- | --- |
| **Definition** | An indicator of the presence or absence of a patient/client at a contact. |
| **Reporting guide** | Providing care to a patient/client can encompass the provision of services (for example counselling, education) to the patient’s/client’s carer(s) and/or family, whether or not the patient/client is present when these services are delivered. The carers and family members are not, in these situations, considered to be patients/clients in their own right.**20 – Carer(s)/Relative(s) of the patient/client only**This includes where the carer(s)/relative(s) act on behalf of the patient without the patient present (e.g. the mother of a two-year-old patient, or the carer for an incapacitated patient).For Residential In-Reach (RIR), this may include a paid carer.For all other programs, this refers to unpaid carers or family members.Excludes:* Indirect contacts where the patient/client/carer(s)/relative(s) is not present or the carer(s)/relative(s) is not acting on behalf of the patient (use code 31)
* Scheduled appointments not attended (use code 32)
 |
| **Version history** | **Version Previous Name Effective Date**9 Contact Client Present Status 2024/07/018 Contact Client Present Status 2019/07/017 Contact Client Present Status 2014/07/016 Contact Client Present Status 2012/07/015 Contact Client Present Status 2011/07/014 Contact Client Present Status 2010/07/013 Contact/Client Service Event Client Present 2009/07/01 Status2 Contact/Client Service Event Client Present 2007/07/01 Status1 Contact/Client Service Event Client Present 2007/07/01 Status |

*[No change to remainder of item]*

## Contact Indigenous Status (amend)

|  |  |
| --- | --- |
| **Definition** | Whether a person identifies as being of Aboriginal or Torres Strait Islander origin, as represented by a code. |
| **Reporting guide** | In Victoria, the community of Torres Strait Island people is small and the community of people of Aboriginal and Torres Strait Island people is smaller again, therefore code 2 Indigenous Torres Strait Islander, but not Aboriginal origin and code 3 Indigenous Aboriginal and Torres Strait Islander origin would not be widely used.**Code 8 Question unable to be answered** should only be used under the following circumstances:* When the patient’s medical condition prevents the question of indigenous status being asked; or
* In the case of an unaccompanied child who is too young to be asked their indigenous status.

**Collect for every patient episode.**Patients/clients should have the opportunity to confirm or update their self-reported indigenous status.This information must be collected for every patient episode and updated each time the patient represents to the hospital.Systems must not be set up to input a default code.For further information refer to the *National best practice guidelines for collecting indigenous status in health data sets* available on the [AIHW website at](https://www.aihw.gov.au/indigenous-australians/indigenous-identification): <http://www.aihw.gov.au/indigenous-australians/indigenous-identification> |
| **Version history** | **Version Previous Name Effective Date**8 Contact Indigenous Status 2024/07/017 Contact Indigenous Status 2020/07/016 Contact Account Class 2014/07/015 Contact Indigenous Status 2010/07/014 Contact/Client Service Indigenous Status 2009/07/013 Contact/Client Service Indigenous Status 2008/07/012 Indigenous Status 2007/07/011 Indigenous Status 2005/07/01 |

 *[No change to remainder of item]*

## Contact Medicare Benefits Schedule Item Number (amend)

|  |  |
| --- | --- |
| **Definition** | The Medicare Benefits Schedule Item Numbers charged during this contact~~, or their uncharged equivalents for non-MBS-funded contacts.~~ |
| **Reported for** | Optional where Contact Account Class = ‘QM’ Private clinic: MBS fundedNot required to be reported for any other Contact Account Class. |
| **Reported when** | All Programs, not elsewhere specifiedThe current reporting period for this item is the calendar month in which the following events or data elements fall:First Contact Start Date/Time (Optional ~~if Contact Account Class = ‘QM’~~).Second and Subsequent Contact Start Date/Time (Optional ~~if Contact Account Class = ‘QM’~~). |
| **Value domain** | Enumerated.Table identifier 990084.**Code Descriptor**For full code set visit the Australian Government ‘MBS Online’ website. |
| **Reporting guide** | When reporting this data element ~~for Contacts with Contact Account Class~~ ~~<> “QM”~~, report the MBS item number/s as charged ~~for the equivalent service should be reported.~~ |
| **Version History** | **Version** | **Previous Name** | **Effective Date** |
|  | 2 | Contact Medicare Benefits Schedule Item Number | 2024/07/01 |
|  | 1 | Contact Medicare Benefits Schedule Item Number | 2011/07/01 |

*[No change to remainder of item]*

## Episode Indigenous Status (new)

|  |  |
| --- | --- |
| **Definition** | Whether a person identifies as being of Aboriginal or Torres Strait Islander origin, as represented by a code. ***Repeats:* Min. Max. Duplicate** |
| **Form** | Code 1 1 Not applicable |
| **Layout**  | N ***Size:*  Min. Max.** 1 1 |
| **Location** | **Transmission protocol HL7 Submission**Episode (insert) PPP\_PCB (PID\PID.10\CE.1)Episode (update) PPP\_PCC (PID\PID.10\CE.1)Episode (delete) PPP\_PCD (PID\PID.10\CE.1) |
| **Reported by** | Complex Care (FCP)Home Based DialysisHome Enteral NutritionTotal Parenteral NutritionVictorian Respiratory Support Service |
| **Reported for** | All Episode messages. |
| **Reported when** | All Programs, not elsewhere specified.The current reporting period for this item is the calendar month in which the following events or data elements fall:Episode Start Date (Mandatory). |
| **Value domain** | Table identifier HL70005**Code Descriptor**1 Indigenous – Aboriginal but not Torres Strait Islander origin2 Indigenous – Torres Strait Islander but not Aboriginal origin3 Indigenous – Both Aboriginal and Torres Strait Islander origin4 Not indigenous – Neither Aboriginal or Torres Strait Islander origin8 Question unable to be answered9 Client refused to answer |
| **Reporting guide** | In Victoria, the community of Torres Strait Island people is small and the community of people of Aboriginal and Torres Strait Island people is smaller again, therefore code 2 Indigenous Torres Strait Islander, but not Aboriginal origin and code 3 Indigenous Aboriginal and Torres Strait Islander origin would not be widely used.**Code 8 Question unable to be answered** should only be used under the following circumstances:* When the patient’s medical condition prevents the question of indigenous status being asked; or
* In the case of an unaccompanied child who is too young to be asked their indigenous status.

**Collect for every patient episode.**Patients/clients should have the opportunity to confirm or update their self-reported indigenous status.This information must be collected for every patient episode and updated each time the patient represents to the hospital.Systems must not be set up to input a default code.For further information refer to the *National best practice guidelines for collecting indigenous status in health data sets* available on the [AIHW website at](https://www.aihw.gov.au/indigenous-australians/indigenous-identification): <http://www.aihw.gov.au/indigenous-australians/indigenous-identification> |
| **Validations** | General edits only, see Format. |
| **Related items** | Episode End Date/Time.Episode Start Date/Time. |

Administration

|  |  |
| --- | --- |
| **Purpose** | To enable planning and service delivery, and monitoring of indigenous health at state and national level. |
| **Principal users** | Department of Health |
| **Version history** | **Version Previous Name Effective Date**1 Episode Indigenous Status 2024/07/01 |
| **Definition source** | METEOR 602543, Department of Health modified. |
| **Value domain source** | METEOR 602543, Department of Health modified. |

## Episode Program Stream (amend)

|  |  |
| --- | --- |
| **Definition** | The program/stream to which the patient’s/client’s episode relates. |
| **Reported by** | Complex Care (FCP)Early Parenting CentresHome Based DialysisHome Enteral NutritionHospital Admission Risk ProgramMedi-HotelPalliative CarePalliative Care ConsultancyPost Acute CareResidential In-ReachSpecialist Clinics (Outpatients)Sub-acute Ambulatory Care ServicesTotal Parenteral NutritionTransition Care ProgramVictorian Artificial Limb ProgramVictorian HIV and Sexual Health ServicesVictorian Respiratory Support Service |
| **Value domain** | Enumerated.Table identifier HL70069.**Code** **Descriptor****Early Parenting Centres**1800 Early Parenting Centres.**Victorian Respiratory Support Service (VRSS)**~~81 Victorian Respiratory Support Service.~~82 VRSS: On ventilation, dependent.83 VRSS: On ventilation, not dependent.86 VRSS: General. |
| **Reporting guide** | The value of this data element cannot be changed after the episode has been opened. See Section 5 of this manual for more information.The value domain is similar to Referral In Program/Stream. The difference is that in this value domain there are no generic codes for SACS, HARP, OP and VHS.Report the program/stream to which the patient/client has been accepted, not the intervention they are to receive. For example, do not report ‘313-Allied Health – Stand-alone’ unless the referral is to an Allied Health Clinic. Patients/clients can access allied health in other programs/streams.The program/stream to which the patient/client is referred may not be the same as the program/stream for which the patient/client is accepted. For example, a patient/client may be referred to rehabilitation (code ‘1’), but after assessment it is decided that the patient/client be seen by the specialist falls clinic (code ‘5’); in this instance report ‘5-Specialist Falls’.**Code 1800**Includes the EPC program/streams.**Code 82 – 86**Includes the Victorian Respiratory Support Service program/streams.**82 – VRSS: on ventilation, dependent**This code should be used for patient/clients receiving home-based ventilation who are ‘ventilator dependent’ and includes but is not limited to patient/clients who are on continuous ventilation.**83 – VRSS: on ventilation, not dependent**This code should be used for patient/clients receiving home-based ventilation who are on non-invasive ventilation overnight.**86 – VRSS: general**This code should be used for reporting contacts within the Victorian Respiratory Support Service (VRSS) program.Includes general contacts with the VRSS Clinical Nurse Consultant and other VRSS healthcare providers. |
| **Version history** | **Version Previous Name Effective Date**14 Episode Program/Stream 2024/07/0113 Episode Program/Stream 2023/07/0112 Episode Program/Stream 2022/07/0111 Episode Program/Stream 2021/07/0110 Episode Program/Stream 2019/07/019 Episode Program/Stream 2018/07/018 Episode Program/Stream 2015/07/017 Episode Program/Stream 2014/07/016 Episode Program/Stream 2012/07/015 Episode Program/Stream 2009/11/014 Episode Program/Stream 2010/07/013 Episode Program/Stream 2009/07/012 Episode Program/Stream 2008/07/011 Episode Program/Stream 2007/07/01 |

*[No change to remainder of item]*

## Patient/Client Gender (amend)

|  |  |
| --- | --- |
| **Definition** | How a person describes their gender, as represented by a code. |
| **Reported by** | Complex CareEarly Parenting CentresHome Based DialysisHome Enteral NutritionHospital Admission Risk ProgramMedi-HotelPalliative CarePalliative Care ConsultancyPost Acute CareResidential In-ReachSpecialist Clinics (Outpatients)Subacute Ambulatory Care ServicesTotal Parenteral NutritionTransition Care ProgramVictorian Artificial Limb ProgramVictorian HIV and Sexual Health ServicesVictorian Respiratory Support Service |
| **Reported when** | All Programs, not elsewhere specified.The current reporting period for this item is the calendar month in which the following events or data elements fall:Referral In Outcome (Optional).First contact where Contact Client Present Status is 31 or 32 (Optional).First contact where Contact Client Present Status is 10, 11, 12, 13 or 20 (Mandatory). |
| **Validations** | ~~General validations only, see Format~~E015 Data Element '<FieldName>' is mandatory at this point in time (<Timing>), but no value was supplied. |
| **Version history** | **Version Previous Name Effective Date**2 Patient/Client Gender 2024/07/011 Patient/Client Gender 2023/07/01 |

*[No change to remainder of item]*

## Patient/Client Sex at Birth (amend)

|  |  |
| --- | --- |
| **Definition** | The sex of the person as recorded at birth or infancy.The distinction between male, female, and others who do not have biological characteristics typically associated with either the male or female sex, as represented by a code. |
| **Reported by** | Complex CareEarly Parenting CentresHome Based DialysisHome Enteral NutritionHospital Admission Risk ProgramMedi-HotelPalliative CarePalliative Care ConsultancyPost Acute CareResidential In-ReachSpecialist Clinics (Outpatients)Sub-acute Ambulatory Care ServicesTotal Parenteral NutritionTransition Care ProgramVictorian Artificial Limb ProgramVictorian HIV and Sexual Health ServicesVictorian Respiratory Support Service |
| **Value domain** | Enumerated.Table identifier HL70001.**Code Descriptor**1 Male2 Female~~3 Indeterminate~~~~4 Other~~5 Another term |
| **Reporting guide** | The term 'sex' refers to a person's biological characteristics such as chromosomes, hormones and reproductive organs. A person's sex is usually described as being either male or female; some people may have both male and female characteristics, or neither male nor female characteristics, or other sexual characteristics.Sex recorded at birth refers to what was determined by sex characteristics observed at birth or infancy. **1** **Male**Persons whose sex at birth or infancy was recorded as male.**2** **Female**Persons whose sex at birth or infancy was recorded as female.**5** **Another term**Persons whose sex at birth or infancy was recorded as another term (not male or female).~~A person’s sex is usually described as either being male or female. Some people may have both male and female characteristics. Sex is assigned at birth and is relatively fixed.~~~~A person’s sex may change during their lifetime as a result of procedures known alternatively as sex change, gender reassignment, transsexual surgery, or transgender reassignment. Throughout this process, which may be over a considerable period of time, sex could be recorded as either Male or Female.~~**~~3 - Indeterminate~~**~~Code 3 Indeterminate should be used for infants with ambiguous genitalia, where the biological sex, even following genetic testing, cannot be determined. This code should not generally be used on data collection forms completed by the respondent.~~~~Code 3 can only be assigned for infants aged less than 90 days.~~**~~4 - Other~~**~~Includes:~~~~An intersex person, who because of a genetic condition was born with reproductive organs or sex chromosomes that are not exclusively male or female~~~~A person who identifies as neither male nor female~~~~Excludes:~~~~Transgender, transsexual and chromosomally indeterminate~~  ~~individuals who identify with a particular sex (male or female).~~Reporting of Patient/Client Sex at Birth should be reported as and when determined. Where a patient/client has not attended any appointments, and this has not been determined, the Patient/Client Sex at Birth is not required to be reported. |
| **Validations** | E015 Data Element '<FieldName>' is mandatory at this point in time (<Timing>), but no value was supplied.~~E016~~ ~~The field '<FieldName>' (<HL7 Field>) is mandatory for this Program/Stream <Program/Stream> at this point in time (<Timing>), but no value was supplied.~~ |

Administration

|  |  |
| --- | --- |
| **Purpose** | To enable:* Analyses of service utilisation and epidemiological studies.
* Verification of other fields (such as diagnosis and procedure codes) for consistency.
* To assist in the allocation of DRGs.
 |
| **Principal users** | Multiple internal and external data users. |
| **Version history** | **Version Previous Name Effective Date**8 Patient/Client Sex at Birth 2024/07/017 Patient/Client Sex 2017/07/016 Patient/Client Sex 2016/07/015 Patient/Client Sex 2010/07/014 Patient/Client Sex 2009/07/013 Patient/Client Sex 2008/07/012 Sex 2007/07/011 Sex 2005/07/01 |
| **Definition source** | ~~Department of Health~~ Person—sex, code X (METEOR 741686). |
| **Value domain source** | ~~NHDD (Department of Health modified)~~ Person—sex, code X (METEOR 741686). |

*[No change to remainder of item]*

## Referral In Program/Stream (amend)

|  |  |
| --- | --- |
| **Definition** | The program/stream to which the patient/client is referred. |
| **Reported by** | Complex Care (FCP)Early Parenting CentresHome Based DialysisHome Enteral NutritionHospital Admission Risk ProgramMedi-HotelPalliative CarePalliative Care ConsultancyPost Acute CareResidential In-ReachSpecialist Clinics (Outpatients)Sub-acute Ambulatory Care ServicesTotal Parenteral NutritionTransition Care ProgramVictorian Artificial Limb ProgramVictorian HIV and Sexual Health ServicesVictorian Respiratory Support Service |
| **Value domain** | Enumerated.Table identifier HL70069.**Code Descriptor****Early Parenting Centres**1800 Early Parenting Centres.**Victorian Respiratory Support Service (VRSS)**~~81 Victorian Respiratory Support Service~~.82 VRSS: On ventilation, dependent.83 VRSS: On ventilation, not dependent.86 VRSS: General. |
| **Reporting guide** | Report the program/stream to which the patient/client has been referred, not the intervention they are to receive. For example, do not report '313-Allied Health - Stand-alone' unless the referral is to an Allied Health Clinic. Patients/clients can access allied health in other programs/streams.The program/stream that the patient/client is referred to may not be the same as the program/stream that the patient/client is accepted for. For example, a patient/client may be referred to Rehabilitation (code '1'), but after assessment it is decided that the patient/client be seen by the Specialist Falls Clinics (code '5'); in this instance report code '1'.**Code 1800**Includes the EPC program/streams.**Code 82 – 86**Includes the Victorian Respiratory Support Service program/streams.**82 – VRSS: on ventilation, dependent**This code should be used for patient/clients receiving home-based ventilation who are ‘ventilator dependent’ and includes but is not limited to patient/clients who are on continuous ventilation.**83 – VRSS: on ventilation, not dependent**This code should be used for patient/clients receiving home-based ventilation who are on non-invasive ventilation overnight.**86 – VRSS: general**This code should be used for reporting contacts within the Victorian Respiratory Support Service (VRSS) program.Includes general contacts with the VRSS Clinical Nurse Consultant and other VRSS healthcare providers. |
| **Version history** | **Version Previous Name Effective Date**13 Referral In Program Stream 2024/07/0112 Referral In Program Stream 2023/07/0111 Referral In Program Stream 2022/07/0110 Referral In Program Stream 2021/07/019 Referral In Program Stream 2019/07/018 Referral In Program Stream 2018/07/017 Referral In Program Stream 2015/07/016 Referral In Program Stream 2013/07/015 Referral In Program Stream 2012/07/014 Referral In Program Stream 2010/07/013 Referral In Program Stream 2009/07/012 Referral In Program Stream 2008/07/011 Referral Program Stream 2007/07/01 |

*[No change to remainder of item]*

# Part II Transmission Data Elements

## VINAH Version (amend)

|  |  |
| --- | --- |
| **Definition** | A code that identifies the version of VINAH being reported in the current file. |
| **Reporting guide** | Reporting for 2024-25 ~~2023-24.~~The following rules apply for VINAH data submissions after 1 July 2024~~2023~~:July submissions (File Reference Period End Date of 1 July 2024~~2023~~ and beyond) must be reported as VINAH Version 19~~18~~. |

**Administration**

|  |  |
| --- | --- |
| **Version history** | **Version Previous Name Effective Date**19 VINAH version 2024/07/0118 VINAH version 2023/07/0117 VINAH Version 2022/07/0116 VINAH Version 2021/07/0115 VINAH Version 2019/07/0114 VINAH Version 2018/07/0113 VINAH Version 2017/07/0110 VINAH Version 2014/07/016 VINAH Version 2012/07/015 VINAH Version 2011/07/014 VINAH Version 2010/07/013 VINAH Version 2009/07/012 VINAH Version 2008/07/011 VINAH Version 2007/07/01 |

*[No change to remainder of item]*

# Section 4 Business rules

## Patient/Client Gender (amend)

## Patient/Client Sex at Birth (amend)

|  |  |
| --- | --- |
| **BR-DAT-CLI-014** | Patient/Client Gender and Patient/Client Sex at Birth must be provided at the time of the first reported Contact when Contact Client Present Status is not 32 – Patient/Client/Carer(s)/Relative(s) not present: Scheduled appointment not attended or 31 - Patient/Client/Carer(s)/Relative(s) not present: Indirect contact |
| **Data quality objective** | Data elements are reported as a result of certain events occurring |
| **Validations** | E015 Data Element '<FieldName>' is mandatory at this point in time (<TimingInfo>), but no value was supplied~~E016 The field '<FieldName>'(<HL7 Field>) is mandatory for this Program/Stream <Program/ Stream> at this point in time (<Timing>), but no value was supplied~~ |

# Section 5a Transmission and compliance

## Compliance schedule (amend)

|  |  |  |
| --- | --- | --- |
| Month | Submission date | Clean date |
| July 2024 | 10 August 2024 | 14 August 2024 |
| August 2024 | 10 September 2024 | 14 September 2024 |
| September 2024 | 10 October 2024 | 14 October 2024 |
| October 2024 | 10 November2024 | 14 November 2024 |
| November 2024 | 10 December 2024 | 14 December 2024 |
| December 2024 | 10 January 2025 | 14 January 2025 |
| January 2025 | 10 February 2025 | 14 February 2025 |
| February 2025 | 10 March 2025 | 14 March 2025 |
| March 2025 | 10 April 2025 | 14 April 2025 |
| April 2025 | 10 May 2025 | 14 May 2025 |
| May 2025 | 10 June 2025 | 14 June 2025 |
| June 2025 | 10 July 2025 | 14 July 2025 |

Submitting organisations are encouraged to transmit VINAH MDS data frequently and may transmit as often as desired.

VINAH MDS data compliance is assessed on a monthly basis. Organisations must make at least one submission to the HealthCollect Portal for the reference month. Where health services are non-compliant with the timelines, the department may apply penalties as detailed in the Victorian Health Policy and Funding Guidelines at: <https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services>.

Data that is flagged as unfit for reporting and analysis will be regarded as non-compliant and penalties will apply as per the Policy and Funding Guidelines.

It is the organisation's responsibility to ensure that data is received by the Department to meet the processing schedule detailed in the Policy and Funding Guidelines, regardless of the actual day of the week.

# Section 8 Validations

## Patient/Client Gender (amend)

## Patient/Client Sex at Birth (amend)

|  |  |  |  |
| --- | --- | --- | --- |
| Validation ID | Message template | Cause | Resolution |

|  |  |  |  |
| --- | --- | --- | --- |
| E015 | Data Element '<FieldName>' is mandatory at this point in time (<TimingInfo>), but no value was supplied | Data elements are reported as a result of certain events occurring | Ensure there is a valid value in the relevant field in your system. |
|  | BR-DAT-CLI-014 | *Patient/Client Gender and Patient/Client Sex at Birth must be provided at the time of the first reported Contact when Contact Client Present Status is not 32 – Patient/Client/Carer(s)/Relative(s) not present: Scheduled appointment not attended or 31 - Patient/Client/Carer(s)/Relative(s) not present: Indirect contact* |

*[No change to remainder of item]*

|  |  |  |  |
| --- | --- | --- | --- |
| Validation ID | Message template | Cause | Resolution |

|  |  |  |  |
| --- | --- | --- | --- |
| E016 | The field '<FieldName>'(<HL7 Field>) is mandatory for this Program/Stream <Program/ Stream> at this point in time (<Timing>), but no value was supplied  | A field that is required to have a value at a point in time was empty. Consult with Section 3 of this manual to determine if and when a field needs to be populated. | Ensure there is a valid value in the relevant field in your system. If the value seems correct, or you do not have access to the code list, contact your software vendor for support. |
|  | ~~BR-DAT-CLI-014~~ | *~~Patient/Client Sex must be provided at the time of the first reported Contact when Contact Client Present Status is not 32 – Patient/Client/Carer(s)/Relative(s) not present: Scheduled appointment not attended or 31 - Patient/Client/Carer(s)/Relative(s) not present: Indirect contact~~* |

*[No change to remainder of item]*

# Section 9 Code list (amend)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Data Element Name** | **Code Set Identifier** | **Code Set Type** | **Code** | **Descriptor** | **Program Stream Restrictions** | **Reportable Requirements** |
| Episode Indigenous Status | HL70005 | Code Set | 1 | Indigenous - Aboriginal but not Torres Strait Islander origin | FCP, HBD, HEN, TPN, VRSS | Reportable as of 01/07/2024 |
| Episode Indigenous Status | HL70005 | Code Set | 2 | Indigenous - Torres Strait Islander but not Aboriginal origin | FCP, HBD, HEN, TPN, VRSS | Reportable as of 01/07/2024 |
| Episode Indigenous Status | HL70005 | Code Set | 3 | Indigenous - Both Aboriginal and Torres Strait Islander origin | FCP, HBD, HEN, TPN, VRSS | Reportable as of 01/07/2024 |
| Episode Indigenous Status | HL70005 | Code Set | 4 | Not indigenous - Neither Aboriginal or Torres Strait Islander origin | FCP, HBD, HEN, TPN, VRSS | Reportable as of 01/07/2024 |
| Episode Indigenous Status | HL70005 | Code Set | 8 | Question unable to be answered | FCP, HBD, HEN, TPN, VRSS | Reportable as of 01/07/2024 |
| Episode Indigenous Status | HL70005 | Code Set | 9 | Client refused to answer | FCP, HBD, HEN, TPN, VRSS | Reportable as of 01/07/2024 |
| Episode Program/Stream | HL70069 | Code Set | ~~81~~ | ~~Victorian Respiratory Support Service~~ | ~~VRSS~~ | Cease reporting as of 30/06/2023 |
| Episode Program/Stream | HL70069 | Code Set | 82 | VRSS: on ventilation, dependent (new) | VRSS | Reportable as of 01/07/2024 |
| Episode Program/Stream | HL70069 | Code Set | 83 | VRSS: on ventilation, not dependent (new) | VRSS | Reportable as of 01/07/2024 |
| Episode Program/Stream | HL70069 | Code Set | 86 | VRSS: general (new) | VRSS | Reportable as of 01/07/2024 |
| Episode Program Stream | HL70069 | Code Set | 1800 | Early Parenting Centres (new) | EPC | Reportable as of 01/07/2024 |
| Patient/Client Sex | HL70001 | Code Set | ~~3~~ | ~~Indeterminate~~ |  | Cease reporting as of 30/06/2024 |
| Patient/Client Sex | HL70001 | Code Set | ~~4~~ | ~~Other~~ |  | Cease reporting as of 30/06/2024 |
| Patient/Client Sex at Birth | HL70001 | Code Set | 1 | Male |  |  |
| Patient/Client Sex at Birth | HL70001 | Code Set | 2 | Female |  |  |
| Patient/Client Sex at Birth | HL70001 | Code Set | 5 | Another term (new) |  | Reportable as of 01/07/2024 |
| Referral In Program/Stream | HL70069 | Code Set | ~~81~~ | ~~Victorian Respiratory Support Service (new)~~ | VRSS | Cease reporting as of 30/06/2023 |
| Referral In Program/Stream | HL70069 | Code Set | 82 | VRSS: on ventilation, dependent (new) | VRSS | Reportable as of 01/07/2024 |
| Referral In Program/Stream | HL70069 | Code Set | 83 | VRSS: on ventilation, not dependent (new) | VRSS | Reportable as of 01/07/2024 |
| Referral In Program/Stream | HL70069 | Code Set | 86 | VRSS: general (new) | VRSS | Reportable as of 01/07/2024 |
| Referral In Program Stream | HL70069 | Code Set | 1800 | Early parenting Centres (new) | EPC | Reportable as of 01/07/2024 |

#

# Implementation notes

**Contact Account Class (amend)**

For Palliative Care Consultancy program stream code 41 – Community Palliative Care, report the Contact Account Class for contacts scheduled from 1 July 2024.

**Episode Indigenous Status (new)**

For programs/streams that report at episode level only (FCP, HBD, HEN, TPN and VRSS), report the Episode Indigenous Status for episodes of care that are accepted on or after 1 July 2024 (Episode Start Date).

For the Complex Care (FCP) and Victorian Respiratory Support Service programs report this code for the streams where home based ventilation services are reported. For the remainder streams report Contact Indigenous Status.

**Patient/Client Gender (amend)**

This data element will become mandatory for reporting in the client insert/update messages, where the message date/time in the message header is on or after 1 July 2024.

Reporting of Patient/Client Gender should be reported as and when determined. Where a patient/client has not attended any appointments, and this has not been determined, the Patient/Client Gender is not required to be reported.

The [*Guidance note: Inclusive collection and reporting of sex and gender data*](https://www.health.vic.gov.au/publications/inclusive-collection-and-reporting-of-sex-and-gender-data) available at <https://www.health.vic.gov.au/publications/inclusive-collection-and-reporting-of-sex-and-gender-data> has been developed by the department to provide guidance and advice on collecting sex and gender data.

**Patient/Client Sex at Birth (amend)**

Health Services are advised to cease reporting codes 3 – Indeterminate and 4 – Other in the client insert/update messages, where the message date/time in the message header is on or after 1 July 2024. The new code 5 – Another term is reportable in the client insert/update messages, where the message date/time in the message header is on or after 1 July 2024.

Hospitals who choose to retain codes 3 – Indeterminate and/or 4 – Other, for internal data collection, can map these to code 5 – Another term for reporting purposes.

The [*Guidance note: Inclusive collection and reporting of sex and gender data*](https://www.health.vic.gov.au/publications/inclusive-collection-and-reporting-of-sex-and-gender-data) available at <https://www.health.vic.gov.au/publications/inclusive-collection-and-reporting-of-sex-and-gender-data> has been developed by the department to provide guidance and advice on collecting sex and gender data.

**Referral In/Episode Program/Stream for Victorian Respiratory Support Service (VRSS) (amend)**

Health services approved to report the VRSS program are to cease reporting stream code 81 – Victorian respiratory support service, and commence reporting codes 82 – VRSS: On ventilation, dependant. 83 – VRSS: On ventilation, not dependant and 86 – VRSS: General for referrals received on or after 1 July 2024 (Referral In Received Date).

Only episodes (no contacts) to be reported for home based ventilation.