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| Specifications for revisions to the Community Health Minimum Data Set (CHMDS) for 2025-26 |
| December 2024 |
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# Executive summary

The revisions to the Community Health Minimum Data Set (CHMDS) for 2025-26 financial year are summarised below:

**Change to current data items**

* Add codes to Contact – funding source codeset
* Remove code from Contact – service stream codeset
* Add and remove codes from Client - health condition codeset
* Remove codes from Contact – Client type codeset

**Change to validation rules**

* Change to validation rule to allow combination of Contact-Funding Source 27 Infant Child and Family Health and Wellbeing Hubs and Contact-Service stream 7 Nursing
* New validation rule Contact time (Contact - direct time + Contact - indirect time) must be greater than zero

**Change to name and definition**

* Change to Contact - Service Stream Clinical Services and Training name and definition
* Update guidelines for Client-Statistical Linkage Key 581 (SLK) to align with national standards

**Phased Removal of data element and concept**

* Phased removal of data element Client-Victorian Universal Patient Identifier (VUPI) and concept Victorian Universal Patient Identifier (VUPI)

The changes for 2025-26 financial year, as outlined in this document, are applicable to the *Community Health Minimum Data Set Submission Guidelines* and the *Community Health Minimum Data Set Large Value Domains.*

The final set of data collection guidelines for CHMDS will be published in May 2025 for implementation 1 July 2025.

# Introduction

Each year the Department of Health reviews its key data collections to ensure the data collected:

* supports the department's state and national reporting obligations
* assists service planning and policy development
* reflects changes in funding and service provision arrangements for the coming financial year
* incorporates appropriate feedback from stakeholders on improvements.

As part of the Community Health Minimum Data Set (CHMDS) annual change process, proposals and feedback are invited from stakeholders to ensure changes to the CHMDS are fit-for-purpose for each financial year.

All annual change proposals submitted are reviewed and assessed against a set of change criteria by the CHMDS Change Management Group (CMG) comprising departmental and sector representatives.

The proposals accepted by the CHMDS CMG then proceed to publication for feedback.

Service providers are asked to discuss technical impacts with the supplier of their client management system and clinical impacts with their program manager when assessing the annual change proposals.

The stakeholder feedback received is compiled and reviewed by the CHMDS CMG to inform their recommendations for CHMDS Data Custodian approval for implementation in the CHMDS from 1 July 2025.

The revisions set out in this document are recommended by the CHMDS CMG and approved by the CHMDS Data Custodian and are complete as at the date of publication. Where further changes are required during the year, for example to improve data validation rules or supporting documentation, these will be advised via regular CHMDS Bulletins.

Victorian service providers must ensure their software can create a data submission file in accordance with the revised specifications and ensure reporting capability is achieved to maintain compliance with reporting timeframes.

Please contact CHMDS-data@health.vic.gov.au with any queries.

## Orientation to this document

* Changes to existing data elements are highlighted in green
* Redundant values and definitions relating to existing elements are ~~struck through and highlighted yellow~~.
* New validations are marked ## if validation number has not yet been allocated
* Changes are shown under the appropriate *Community Health Minimum Data Set Submission Guidelines* section headings and/or relevant table in the *Community Health Minimum Data Set Large Value Domains.*

# Proposals for Implementation

The twelve proposals approved by the CHMDS Data Custodian for implementation to CHMDS in 2025-26 are listed below alongside their relevant changes:

**Proposal 1 – Women’s sexual and reproductive health hubs – new funding source**

[Section 3.1 Table 3 Interrelationship of Funding Source, Funded Activity and Service Type](#_Table_3_Interrelationship_1)

[Section 4.3.6 Contact—funding source—N[N][N]](#_4.3.6_Contact—funding_source—N[N][N)

**Proposal 2 – New funding codes to capture Children’s Locals mental health and family service activity**

[Section 3.1 Table 3 Interrelationship of Funding Source, Funded Activity and Service Type](#_Table_3_Interrelationship_1)

[Section 4.3.6 Contact—funding source—N[N][N]](#_4.3.6_Contact—funding_source—N[N][N)

**Proposal 4 – Remove Remote Area Nursing code from Contact – Service Stream**

[Section 2.2.10 Service Stream Table 2 Service stream definitions](#_2.2.9_Service_Stream)

[Section 3.1 Table 3 Interrelationship of Funding Source, Funded Activity and Service Type](#_Table_3_Interrelationship_1)

[Section 4.3.10 Contact—service stream—NN](#_4.3.10_Contact—service_stream—NN)

**Proposal 5 – Change name and definition of Service Stream 61 Clinical Services and Training**

[Section 2.2.10 Service Stream Table 2 Service stream definitions](#_2.2.9_Service_Stream)

[Section 3.1 Table 3 Interrelationship of Funding Source, Funded Activity and Service Type](#_Table_3_Interrelationship_1)

[Section 4.3.10 Contact—service stream—NN](#_4.3.10_Contact—service_stream—NN)

**Proposal 6 – Adding ‘07 Nursing’ stream for fund code #27 – Infant Child and Family Health and Wellbeing Hubs**

[Section 3.1 Table 3 Interrelationship of Funding Source, Funded Activity and Service Type](#_Table_3_Interrelationship_1)

[Section 4.3.10 Contact—service stream—NN](#_4.3.10_Contact—service_stream—NN)

**Proposal 7 – Inclusion of additional paediatric health conditions to data element Client – Health Conditions**

[Section 4.2.6 Client—health conditions 1-10—ANNNN[N][N]](#_4.2.6_Client—health_conditions)

[CHMDS Large Value Domains Health Conditions Reference Table](#_Health_Conditions_Reference)

**Proposal 8 – Change to data element Client-health conditions codeset**

[Section 4.2.6 Client—health conditions 1-10—ANNNN[N][N]](#_4.2.6_Client—health_conditions)

[CHMDS Large Value Domains Health Conditions Reference Table](#_Health_Conditions_Reference)

**Proposal 9 – Remove option to report any ICD code for Client – Health Conditions 1-10**

[Section 4.2.6 Client—health conditions 1-10—ANNNN[N][N]](#_4.2.6_Client—health_conditions)

[CHMDS Large Value Domains Health Conditions Reference Table](#_Health_Conditions_Reference)

**Proposal 11 – Change to codeset – Delete ‘Organisational Client’ and ‘Not Applicable’ from Contact-client type**

[Section 2.1.2 Client](#_2.1.2_Client)

[Section 4.3.1 Contact—client type—N](#_4.3.1_Contact—client_type—N)

[Section 4.3.3 Contact—contact type—N](#_4.3.3_Contact—contact_type—N)

**Proposal 13 – New validation rule Contact time must be greater than zero**

[Section 4.3.4 Contact—direct time—N[N][N]](#_4.3.4_Contact—direct_time—N[N][N])

[Section 4.3.7 Contact—indirect time—N[N][N]](#_4.3.7_Contact—indirect_time—N[N][N])

[Section 5 Table 4 Validation CH37](#_Table_4_Edit/Validation_1)

**Proposal 14 – Update Guidelines for Client – Statistical Linkage Key 581**

[Section 2.1.7 Statistical Linkage Key 581 (SLK)](#_2.1.7_Statistical_Linkage)

[Section 4.2.16 Client—statistical linkage key 581 (SLK)—AAAAADDMMYYYYN](#_4.2.16_Client—statistical_linkage)

**Proposal 18 – Phased removal of data element Client – Victorian Universal Patient Identifier (VUPI)**

[Section 2.1.8 Victorian Universal Patient Identifier (VUPI)](#_2.1.8_Victorian_Universal)

[Section 4.2.17 Client—Victorian Universal Patient Identifier (VUPI)—N(15)](#_4.2.17_Client—Victorian_Universal)

[Section 5 Table 4 Validation CH68](#_Table_4_Edit/Validation_1)

# CHMDS Submission Guidelines changes for 2025-26

## Section 2 Concepts

### 2.1.2 Client

A client is an individual ~~or organisation~~ that receives an in scope funded service from a Community Health Service or other organisation. The CHMDS collects 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).

### 2.1.7 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

* 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.
* If either name is missing altogether, substitute the number ‘9’ to reflect the missing letters.

Note: Sex at birth code used in the SLK is distinct and not to be confused with gender.

### 2.1.8 Victorian Universal Patient Identifier (VUPI) – **Phased removal from CHMDS**

Service providers currently reporting VUPI to remove this data element from CHMDS extracts as soon as possible.

~~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).~~

### 2.2.10 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 2 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’ care and for an initial period of up to 12 months after commencement of care, after which time, the need for care coordination should be reviewed. 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~~. |
| 62 | Diabetes Education | Diabetes education services support people with diabetes and their families or carers, to gain the knowledge and skills required to make informed decisions and effectively manage their diabetes. Diabetes education may include but is not limited to: lifestyle changes and adapting to life with diabetes, treatment options, self-management, blood glucose monitoring, complications awareness and prevention. Diabetes Education is provided by Credentialled Diabetes Educators. |
| 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. |

## Section 3 Business Rules

### 3.1 Service activities reported to the Community Health Minimum Data Set

Agencies funded to deliver Community Health, Bush Nursing and selected other 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 3 Interrelationship of Funding Source, Funded Activity and Service Stream

| 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 |
| 62 | Diabetes Education |
| 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 |
| 62 | Diabetes Education |
| 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 |
| 62 | Diabetes Education |
| 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 |
| 62 | Diabetes Education |
| 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 |
| 62 | Diabetes Education |
| 70 | Initial Needs Identification |
| 24 | MDC Community Health Nurse | 28090 | MDC – Community Health Nurse | 07 | Nursing |
| 50 | Care Coordination |
| 70 | Initial Needs Identification |
| 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 | 07 | Nursing |
| 27 | ~~Infant child and family health and wellbeing hubs~~Children’s Locals – Community Health services | 28092(activity number may change due to Children’s Locals funding consolidation) | 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 |
| 07 | Nursing |
| 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 |
| 50 | Care Coordination |
| 70 | Initial Needs Identification |
| 91 | Medical |
| 30 | Diabetes Connect | 28074 | Diabetes Connect | 01 | Audiology |
| 02 | Dietetics |
| 03 | Occupational Therapy |
| 04 | Physiotherapy |
| 05 | Podiatry |
| 06 | Speech Pathology/Therapy |
| 07 | Nursing |
| 20 | Counselling/ Casework |
| 50 | Care Coordination |
| 62 | Diabetes Education |
| 70 | Initial Needs Identification |
| 31 | Health support for children in care | 28055 | Health support for children in care | 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 |
| 70 | Initial Needs Identification |
| 91 | Medical |
| 32 | Women’s sexual and reproductive health hubs | 28067 (Existing funds to be moved from 28086) | TBA | 20 | Counselling/ Casework |
| 50 | Care Coordination |
| 60 | Client Education |
| 61 | Clinical Services |
| 33 | Children’s Locals - Mental Health services | 15026(activity number may change due to Children’s Locals funding consolidation) | Child & Adolescent Assessment Treatment & Liaison | 03 | Occupational Therapy |
| 06 | Speech Pathology/Therapy |
| 07 | Nursing |
| 20 | Counselling/ Casework |
| 60 | Client Education |
| 70 | Initial Needs Identification |
| 91 | Medical |
| 34 | Children’s Locals - Family services | 31435 (activity number may change due to Children’s Locals funding consolidation) | Individual, Child and Family Support | 20 | Counselling/ Casework |
| 50 | Care Coordination |
| 60 | Client Education |
| 70 | Initial Needs Identification |
| This activity is reported using the [Contact—Interpreting time](#_Initial_Contact_Date—DDMMYYYY) data element | 28048 | Language Services |  |  |

## Section 4 Data element definitions

### 4.2.6 Client—health conditions 1-10—~~A~~NNNN~~[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** | ~~A~~NNNN~~[N][N]~~ | **Maximum character length** | ~~6~~ 4 |
| **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 |
|  | 1205 | Diabetes, type 1 |
|  | 1206 | Diabetes, type 2 |
|  | 1207 | Diabetes, Maturity onset diabetes of the young (MODY) |
|  | 1208 | Pre-diabetes |
|  | 1301 | Anxiety |
|  | 1302 | Dementia |
|  | 1303 | Depression |
|  | 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** | DH |
| **Definition source identifier** | Master code set |
| **Value domain source** | DH |
| **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** | CH94 Cannot be null when Client is registered and contact type is individualCH14 Value must be active within codeset |
| **Other related information** | Values for this data element are contained in [Large Value Domains](https://www.health.vic.gov.au/community-health/community-health-data-reporting) |

### 4.2.16 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, 3 Another term or 9 Not stated/inadequately described.Note: Sex at birth code used in the SLK is distinct and not to be confused with gender. However, it should be recognised that in some cases an individual may choose to report their gender when sex at birth is being requested.When the client’s first name or surname is three letters or less in length, use the number 2 instead.Example: ~~Ms~~ Jane To, female, born 3/12/1980 has the SLK of O22AN031219802When the client’s first name or surname is missing altogether, use the number 9 instead.Example: David (surname unknown), male, born 25/03/1995 has the SLK of 999AV250319951If 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~~ Based on 686241 Record—linkage key, code 581 XXXXXDDMMYYYY~~N~~](http://meteor.aihw.gov.au/content/index.phtml/itemId/349895)X |
| **Value domain source** | METeOR |
| **Value domain identifier** | [~~349887~~ Based on 750410 Statistical linkage key 581 cluster XXXXXDDMMYYYY~~N~~](http://meteor.aihw.gov.au/content/index.phtml/itemId/349887)X |
| *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** | CH94 Cannot be null when Client is registered and contact type is individual |
| **Other related information** |  |

### 4.2.17 Client—Victorian Universal Patient Identifier (VUPI)—N(15) **- Phased removal from CHMDS**

Service providers currently reporting VUPI to remove this data element from CHMDS extracts as soon as possible.

Removal will be phased and the VUPI data element will continue to be accepted in 2025-26 for those needing more time.

A warning validation will be added to alert providers that this data element is no longer required.

|  |
| --- |
| *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~~ Not required |
| *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** | CH68 Data element not required – please remove from extract as soon as possible |
| **Other related information** |  |

### 4.3.1 Contact—client type—N

|  |
| --- |
| *Identifying and definitional attributes* |
| **Definition** | Whether the client is Registered or 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 or 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 serviceWhere possible a client should be registered and the use of Casual as a client type minimised.Clients who 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** | DH |
| **Definition source identifier** | DH |
| **Value domain source** | DH |
| **Value domain identifier** | DH |
| *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** | CH95 Contact-client type cannot be null when Contact type is individualCH14 Value must be active within codeset |
| **Other related information** |  |

### 4.3.3 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** | DH |
| **Value domain identifier** | DH |
| *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** | CH148 Cannot be nullCH14 Value must be active within codesetCH95 Contact-client type cannot be null when Contact type is individualCH96 Contact-number of service recipients cannot be null when contact type is group |
| **Other related information** |  |

### 4.3.4 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** | DH |
| **Definition source identifier** | DH |
| **Value domain source** | DH |
| **Value domain identifier** | DH |
| *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** | CH148 Cannot be null |
|  | CH37 Contact-direct time plus Contact-indirect time must be greater than zero |
| **Other related information** |  |

### 4.3.6 Contact—funding source—N[N][N]

|  |
| --- |
| *Identifying and definitional attributes* |
| **Definition** | The Community Health, Bush Nursing or other 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~~ Children’s Locals – Community Health services |
|  | 28 | Putting Families First |
|  | 29 | Autism Assessment |
|  | 30 | Diabetes Connect |
|  | 31 | Health support for children in care |
|  | 32 | Women’s sexual and reproductive health hubs |
|  | 33 | Children’s Locals - Mental Health services |
|  | 34 | Children’s Locals - Family services |
| **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~~Code 27 ‘Infant Child and Family Health and Wellbeing Hubs’ – note program also known as ‘Children’s Health and Wellbeing Locals’~~Code 27 ‘Children’s Locals – Community Health services’ previously called ‘Infant Child and Family Health and Wellbeing Hubs’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** | DH |
| **Definition source identifier** |  |
| **Value domain source** | DH |
| **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** | CH148 Cannot be nullCH14 Value must be active in codesetAoD47 Service stream mismatch |
|  | CH31 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://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services> |

### 4.3.7 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** | DH |
| **Definition source identifier** | DH |
| **Value domain source** | DH |
| **Value domain identifier** | DH |
| *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** | CH148 Cannot be null |
|  | CH37 Contact-direct time plus Contact-indirect time must be greater than zero |
| **Other related information** |  |

### 4.3.10 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~~ |
|  | 62 | Diabetes Education |
|  | 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. Activity reported under service stream 98 will not be counted towards targets |

 |
| **Purpose/context** | Program monitoring, service planning, funding and accountability. |
| *Source and reference attributes* |
| **DHHS Common data dictionary** | Not applicable |
| **Definition source** | DH |
| **Definition source identifier** |  |
| **Value domain source** | DH |
| **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** | CH148 Cannot be nullAoD47 Service stream mismatch |
| **Other related information** |  |

## Section 5 Edit/validation rules

The data element edit/validation rules are listed in Table 4. Note that it is expected that all data elements will be completed and in the correct format as specified in Section 4 Data element definitions.

#### Table 4 Edit/Validation rules

| ID | Edit name/description | Data elements | Pseudo-code/rule | Source | Status |
| --- | --- | --- | --- | --- | --- |
| CH37 | Contact-direct time plus Contact-indirect time must be greater than zero | Contact-direct timeContact-indirect time | Contact-direct time + Contact-indirect time =0 | DH | Critical Rejection |
| CH68 | Data element not required – please remove from extract as soon as possible | Client – Victorian Universal Patient Identifier | Client – Victorian Universal Patient Identifier ≠ null | DH | Warning |

# CHMDS Large Value domains revisions

## Health Conditions Reference Table

|  |  |  |
| --- | --- | --- |
| Code | Condition | Guide for use |
| 1001 | Hepatitis |   |
| 1002 | HIV/AIDS |   |
| 1101 | Cancer(s) | May include cancer in remission or historical cases |
| 1201 | Cholesterol (lipid metabolism disorder) |   |
| ~~1202~~ | ~~Diabetes~~ |  |
| 1203 | Diabetes, gestational |   |
| 1204 | Obesity |  |
| 1205 | Diabetes, type 1 |   |
| 1206 | Diabetes, type 2 |   |
| 1207 | Diabetes, Maturity onset diabetes of the young (MODY) |   |
| 1208 | Pre-diabetes |   |
| 1301 | Anxiety |   |
| 1302 | Dementia |   |
| 1303 | Depression |   |
| 1304 | Developmental delay |   |
| 1305 | Intellectual disability |   |
| 1306 | Post-traumatic stress disorder |   |
| 1307 | Autism Spectrum Disorder (ASD) |  |
| 1308 | Attention Deficit Hyperactivity Disorder (ADHD) |  |
| 1309 | Learning Difficulties | Excludes ASD, ADHD |
| 1310 | Communication Disorder |  |
| 1311 | Conduct Disorder |  |
| 1398 | Mental health, other | Excludes drug- or alcohol-related conditions |
| 1401 | Degenerative neurological disorder | Includes Alzheimer's and Parkinson's Diseases |
| 1498 | Neurological condition, other |   |
| 1501 | Sensory disability |   |
| 1601 | Cardiovascular (heart) conditions |   |
| 1701 | Asthma |   |
| 1702 | Chronic obstructive pulmonary disease (COPD) |   |
| 1798 | Respiratory conditions, other |   |
| 1801 | Dental and oral conditions |  |
| 1802 | Liver disease |   |
| 1901 | Osteoarthritis |   |
| 1902 | Osteoporosis |   |
| 1903 | Rheumatoid arthritis |   |
| 1998 | Musculo-skeletal conditions, other |   |
| 2001 | Kidney conditions |  |
| 2101 | Pregnancy |   |
| ~~2201~~ | ~~Congenital abnormalities~~ |  |
| 2202 | Foetal Alcohol Spectrum Disorder (FASD) |  |
| 2298 | Congenital conditions, other |  |
| 2301 | Acquired Brain Injury (ABI) |   |
| 2302 | Acquired physical disability | Excludes congenital disabilities |
| 2303 | Injuries  | Excludes oral trauma |
| 2304 | Oral trauma |   |
| 2401 | Feeding Disorder | Includes Acute Paediatric Feeding Disorder and Chronic Paediatric Feeding DisorderExcludes 'Feeding Difficulties' |
| ~~5000~~ | ~~alcohol, tobacco, other drugs, not further defined~~ |  |
| 5001 | tobacco |   |
| 5002 | alcohol- self |   |
| 5030 | Other drugs - self | Excludes tobacco and alcohol |
| ~~5003~~ | ~~prescription drugs- self~~ |  |
| ~~5004~~ | ~~non-presription drugs- self~~ |  |
| ~~5005~~ | ~~illicit drugs- self~~ |  |
| ~~5006~~ | ~~ice- self~~ |  |
| ~~5012~~ | ~~synthetic drugs~~ | ~~Includes novel psychoactive substances; 'herbal highs' or 'party pills'; synthetic cannabinoids; research chemicals and drug analogues.~~ |
| ~~5098~~ | ~~other AoD issue~~ |  |
| 9098 | Other health condition |  |
| 9099 | No health conditions/healthy |  |