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| Victorian Integrated Non-Admitted Health Minimum Data Set (VINAH MDS) manual 2025-26  Section 3 – Data definitions |
| 20th edition, July 2025  Version 1.0  **OFFICIAL** |



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In this document, ‘Aboriginal’ refers to both Aboriginal and Torres Strait Islander people. ‘Indigenous’ or ‘Koori/Koorie’ is retained when part of the title of a report, program or quotation.

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# Format

Information about each data element is presented in the following structured format:

## Data element name

|  |  |
| --- | --- |
| **Definition** | A statement that expresses the essential nature of a data element and its differentiation from all other data elements. |
| **Form** | The name of the form or representation for the data element.  Valid values include:   * Temporal forms   + Date – A date value. A date value must never have a time component.   + Time – A time value. A time value must never have a date component.   + Date and Time – A combined date and time value. Note that a Date/Time may be provided with a lower precision, for example, if business rules permit a Date/Time value may omit the time component. * Numeric forms   + Integer – A quantitative value that must be reported as a whole number.   + Real – A quantitative value that must be reported as a real number. The Layout attribute will provide details on required precision. * Character forms   + Identifier – A number or set of characters that identifies something or someone.   + Text – A string of text, not further defined.   + Name – A name of something or someone.   + Code – A name of something or someone.   + List – A pre-defined set of values that have meaning in their own right.   The qualifier ‘Structured’ may be added to indicate data structure.  The qualifier ‘Repeatable’ may be added to indicate that multiple values may be provided.  **Note**: this section should be read in conjunction with Section 5 of this manual for information on implementation of repeatable values for transmission. |
| **Repeats** | The minimum and maximum number of times that a data element may have repeating values, and whether or not duplicate values are permitted.  If there is no enforced maximum value, this will state ‘No limit’.  Note: a data element with an enumerated form (code or list) that is not allowed to have duplicates has a practical upper limit of the number of codes or list items in its value domain, even if no upper limit is enforced. |
| **Size** | For character forms, the minimum and maximum number of characters used to represent this data element.  For numeric forms, the minimum and maximum values which the data element may take.  Where this is a temporal form, this will be blank.  Where there is no defined minimum or maximum this will state ‘No limit’.  ***Note****: section 3 Part I: Business data elements of this manual may restrict the field size to a tighter specification than that allowed by the transmission protocol rules.* |
| **Layout** | The layout of characters for the data element, expressed by a character string representation.  ***Note****: in some episodes Section 3 Part I: Business data elements of this manual may restrict the layout to a tighter specification than that allowed by the transmission protocol.*  Y Year  M Month  D Day  H Hour  M Minute  S Second  ± Plus or Minus  Z Time zone  Numeric and Character Forms  N A numeric digit (0,1,2,3,4,5,6,7,8,9)  . A decimal point  A A letter of the alphabet (A-Z, a-z)  U A letter of the alphabet, upper case only (A-Z)  L A letter of the alphabet, lower case only (a-z)  X Any alpha, numeric or other character such as spaces, apostrophes and hyphens  Other conventions  Square brackets ‘[ ]’ indicate optional components.  Parentheses ‘( )’ enclosing a number indicate the number of repeats of the character immediately preceding the parentheses. Two numbers separated by a dash indicates the maximum and minimum number of repeats.  Parentheses enclosing ellipses ‘(...)’ indicate that the character immediately preceding the parentheses may repeat an unspecified number of times, this may be combined with a number and dash, for example the layout attribute string ‘A(5-...)’ indicates a minimum of 5 alpha characters with no maximum.  Double quotes “ ” enclosing a string of characters indicates those characters are to be treated as literals within the layout string. |
| **Location** | The location in the relevant transmission protocol where this data element is transmitted to the VINAH MDS and the associated transaction. See Section 5 of this manual.  HL7  For HL7, the location is presented in the format: <Message> (<Segment>\<Field Location>).  Field Location will include as many composite data types as needed to specify the final location. |
| **Reported by** | The programs required to collect and report this data element. |
| **Reported for** | The specified circumstances in which this item must be reported. |
| **Reported when** | The stage in the data submission cycle when this data element is to be reported to the VINAH MDS. |
| **Value domain** | All data transmissions must be in accordance with the transmission schedule specified in Section 5 of this manual and the Policy and funding guidelines. |
| **Reporting guide** | Additional comments or advice on reporting the item. |
| **Reported for** | The specified circumstances in which this item must be reported. |
| **Validations** | Where a validation rule relates specifically to the data element, it will be listed here.  General validation rules that may be applied to the data element but do not relate specifically to it are not listed. These include:  E001, E002, E003 – which relate to whether the data element is mandatory or prohibited within the context of the VINAH MDS or a specific Episode Program/Stream.  E004 – which is applied to all data elements with an enumerated code set.  E005 – which applies when a specific code is prohibited within an Episode Program/Stream.  E007, E008 – which indicate that a date is in the future.  E011 – which indicates that the data supplied does not match the required layout.  E012 – which indicates that the data repeats a number of times that is not permitted.  There are a number of validation rules that may be applied to a VINAH MDS transmission that do not relate to any data elements, for example, validation edit ‘HL7006- File does not have an equal number of BHS/BTS segments: <n1> BHS segments, <n2> BTS segments’. |
| **Related items** | A list of related data elements, business rules, tables, concept definitions and supplementary code lists that affect the assignment of a value for this data element. |

Administration

|  |  |
| --- | --- |
| **Purpose** | The main reason/s for the collection of this data element. |
| **Principal users** | Identifies the primary user/s of the data collected. |
| **Version history** | Provides information regarding modifications made to the data element. Listed are a version number, beginning with 1 and incremented by 1 for each subsequent revision as well as an effective date, describing the date the modification came into effect. |
| **Definition source** | Identifies the authority that defined this data element. |
| **Value domain source** | Identifies the authority that developed the value domain for this data element. |

# Summary tables for data elements

Data elements to be reported by program

**The table below provides a reference of the business data elements that are to be reported by the various programs reporting to the VINAH MDS.**

| **PROGRAMS REPORTING TO THE VINAH MDS** | | | | | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DATA ELEMENT** | **EPC** | **FCP** | **HARP** | **HBD** | **HBPCCT** | **HEN** | **IT** | **Medi-Hotel** | **OP** | **PAC** | **PC** | **RIR** | **SACS** | **TCP** | **TPN** | **VALP** | **VHS** | **VRSS** |
| Contact Account Class | Y | Y | 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 | Y |
| Contact Care Model |  |  |  |  |  |  |  |  |  |  | Y |  |  |  |  |  |  |  |
| Contact Care Phase |  |  |  |  |  |  |  |  |  |  | Y |  |  |  |  |  |  |  |
| Contact Client Present Status | Y | Y | Y |  | Y |  | Y |  | Y | Y | Y | Y | Y |  |  | Y | Y | Y |
| Contact Clinic Identifier |  |  |  |  |  |  |  |  | Y |  |  |  |  |  |  |  |  |  |
| Contact Delivery Mode | Y | 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 | Y |
| Contact End Date/Time | Y | 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 | Y |
| Contact Given Name(s) | Y | 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 | Y |
| Contact Inpatient Flag | Y | 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 | Y |
| Contact Medicare Benefits Schedule Item Number |  |  |  |  |  |  |  |  | Y |  |  |  |  |  |  |  |  |  |
| Contact Medicare Number | Y | 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 | Y |
| Contact Preferred Care Setting |  |  |  |  |  |  |  |  |  |  | Y |  |  |  |  |  |  |  |
| Contact Preferred Death Place |  |  |  |  |  |  |  |  |  |  | Y |  |  |  |  |  |  |  |
| Contact Preferred Language | Y | 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 | Y |
| Contact Program Stream |  |  |  |  |  |  |  |  | Y |  |  |  |  |  |  |  |  |  |
| Contact Provider | Y | 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 | Y |
| Contact Session Type | Y | Y | Y |  |  |  | Y |  | Y | Y | Y | Y | Y |  |  | Y | Y | Y |
| Contact Specialist Palliative Care Provider |  |  |  |  |  |  |  |  |  |  | Y |  |  |  |  |  |  |  |
| Contact Start Date/Time | Y | 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 | Y |
| Contact VWA File Number | Y |  | Y |  | Y |  | Y |  | Y | Y | Y | Y | Y |  |  | Y | Y | Y |
| Episode Advance Care Directive Alert |  | Y | Y | Y |  | Y | 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 | Y |
| Episode Care Plan Documented Date |  | 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 | Y |
| Episode End Reason |  |  |  |  | Y |  |  |  |  |  | Y |  |  |  |  |  |  |  |
| Episode First Appointment Booked Date |  |  |  |  |  |  |  |  | Y |  |  |  |  |  |  |  |  |  |
| Episode Health Conditions | Y | Y | Y | Y |  | Y | Y |  | Y | Y | Y | Y | Y |  | Y | Y | Y | Y |
| Episode Hospital Discharge Date |  |  |  |  |  |  |  |  |  | Y |  | Y | Y |  |  |  |  |  |
| Episode Indigenous Status |  | Y |  | Y |  | Y |  |  |  |  |  |  |  |  | Y |  |  | Y |
| Episode Malignancy Flag |  |  |  |  | Y |  |  |  |  |  | Y |  |  |  |  |  |  |  |
| Episode Other Factors Affecting Health |  | Y | Y | Y |  | Y | Y |  |  | Y |  | Y | 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 | Y |
| Episode Patient/Client Notified of First Appointment Date |  |  |  |  |  |  |  |  | Y |  |  |  |  |  |  |  |  |  |
| Episode Patient/Client Ready for Care Date |  |  |  |  |  |  |  |  |  |  | Y |  |  |  |  |  |  |  |
| Episode Program/Stream | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y |
| Episode Proposed Treatment Plan Completion |  | Y | Y | Y |  | Y | Y |  |  | Y |  | Y | Y |  | Y | Y | Y | Y |
| Episode Special Purpose Flag |  | 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 | Y |
| Episode TCP Bed-Based care Transition Date |  |  |  |  |  |  |  |  |  |  |  |  |  | Y |  |  |  |  |
| Episode TCP Home-Based Care Transition Date |  |  |  |  |  |  |  |  |  |  |  |  |  | Y |  |  |  |  |
| Patient/Client Birth Country | Y | 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 | Y |
| Patient/Client Birth Date Accuracy | Y | Y | Y | Y |  | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y |
| Patient/Client Carer Availability |  | Y | Y | Y |  | Y | Y |  |  | Y | Y | Y | Y | Y | Y | Y | Y | Y |
| Patient/Client Carer Residency Status |  | 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 | Y |
| Patient/Client Death Date Accuracy | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y |
| Patient/Client Death Place |  |  |  |  |  |  |  |  |  |  | Y |  |  |  |  |  |  |  |
| Patient/Client DVA File Number | Y | 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 | Y |
| Patient/Client Identifier | Y | 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 | Y |
| Patient/Client Main Carer’s Relationship to the Patient |  | Y | 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 | Y |
| Patient/Client Usual Accommodation Type | Y | 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 | Y |
| Patient/Client Usual Residence Postcode | Y | 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 | Y |
| Referral End Reason | Y | 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 First Triage Score |  |  |  |  |  |  |  |  |  |  | Y |  |  |  |  |  |  |  |
| Referral In Outcome | Y | Y | 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 | Y |
| Referral In Program/Stream | Y | 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 | Y |
| Referral In Receipt Acknowledgment Date | Y | 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 | Y |
| Referral In Service Type | Y | 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 | Y |
| Referral Out Service Type | Y | Y | Y | Y |  | Y | Y |  | Y | Y |  | Y | Y |  | Y | Y | Y | Y |

# Business data element timing summary

The following table provides a summary for each business data element, for when it should be reported to the VINAH MDS. Note that data elements are only mandatory (and other reporting options) at a particular point in time when they are required for the program that is being reported. See Section 3 Data elements to be reported by program of this manual for further information.

Note that for Programs/Streams where Contact Client Present Status may be reported as ‘32- Patient/Client/Carer(s)/Relative(s) not present: Scheduled appointment not attended’, the reporting requirements for First Contact Start Date/Time apply to the first contact that does not have this value.

The column ‘Episode TCP Care Transition Date’ means ‘Episode TCP Bed-Based Care Transition Date’

|  |  |
| --- | --- |
| Key Symbol | Reporting Obligation |
| M | Mandatory |
| O | Optional |
| C1 | Report when Patient/Client Carer Availability = ‘1 – Has a carer’ |
| C2 | Report when and only when Contact Account Class = ‘VX’, ‘TA’ or ‘WC’ |
| C3 | Report when and only when Contact Account Class = ‘VX’ |
| C4 | Report when and only when Account Contact Class = ‘TA’ |
| C5 | Report when and only when Account Contact Class = ‘WC’ |
| C7 | Must be specified if a care plan was documented during the course of the Episode |
| C9 | Must be reported if Episode Proposed Treatment Plan Completion = ’27 – Patient/client died’ or program is Palliative Care |
| C10 | Must be specified for HARP programs, optional for all others |
| C11 | Must be specified if an advance care plan was documented previously or during the course of the Episode |
| C12 | Either TCP Bed-Based Care Transition Date or TCP Home-Based Care Transition Date |
| C13 | Must be specified if Contact Session Type = ‘2 – Group – group program’ |
| C16 | Mandatory for Specialist Clinics (Outpatients) when Referral In Outcome has the value ‘010 – Referral accepted – new appointment’ or ‘020 – Referral accepted – review appointment’ or ‘3 – Referral accepted – renewed referral’ |
| C19 | Optional for Specialist (Outpatient) Clinics where Contact Account Class = ‘QM – Private clinic: MBS funded’ |
| C20 | Mandatory when Referral In Outcome is reported and has the value of ‘010 – Referral accepted – new appointment’ or ‘020 – Referral accepted – review appointment’ or ‘1 – Referral accepted’ or ‘3 – Referral accepted – renewed referral’ |
| C21 | Mandatory when Referral End Reason is ‘1 – Completed’ |
| C22 | Mandatory for programs FCP (stream 52, 53), HBD, HEN, TPN and VRSS (stream 82, 83). |
| C23 | Mandatory for programs ECP, FCP (stream 54, 55, 56), HARP, HBPCCT, IT, OP, PAC, PC, RIR, SACS, TCP, VALP, VHS and VRSS (stream 86) |
| C24 | Mandatory for Specialist Clinics (Outpatients) when Referral In Outcome is ‘010 – Referral accepted – new appointment’ or ‘020 – Referral accepted – review appointment’ or ‘3 – Referral accepted – renewed referral’.  Mandatory for Palliative Care and Early Parenting Centres when Referral In Outcome is ‘1 – Referral accepted’ or ‘3 – Referral accepted – renewed referral |
| C25 | Mandatory for Palliative Care when Referral In Outcome is ’50 – Screening referral’.  Mandatory for all other programs when Referral In Outcome is ‘010 – Referral accepted – new appointment’ or ‘020 – Referral accepted – review appointment’ or ‘1 – Referral accepted’ or ‘3 – Referral accepted – renewed referral’ |
| C26 | Mandatory for Palliative Care when Referral In Outcome is ‘1 – Referral accepted’ or ‘3 – Referral accepted – renewed referral. |
| C27 | Optional when Contact Client Present Status is 31 – Patient/Client/Carer(s)/Relative(s) not present: indirect contact or 32 – Patient/Client/Carer(s)/Relative(s) not present: scheduled appointment not attended. Mandatory in all other instances. |
| C28 | Mandatory when Contact Account Class is reported with a value of  ND – National Disability Insurance Scheme |
| C29 | Optional for program IT, mandatory for all other programs |

| **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** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Contact Account Class |  |  |  |  |  |  | M | M |  |  |  |  |
| Contact Campus Code |  |  |  |  |  |  | M | M |  |  |  |  |
| Contact Care Model |  |  |  |  |  |  | M | M |  |  |  |  |
| Contact Care Phase |  |  |  |  |  |  | M | M |  |  |  |  |
| Contact Client Present Status |  |  |  |  |  |  | M | M |  |  |  |  |
| Contact Clinic Identifier |  |  |  |  |  |  | M | M |  |  |  |  |
| Contact Start Date/Time |  |  |  |  |  |  | M | M |  |  |  |  |
| Contact Delivery Mode |  |  |  |  |  |  | M | M |  |  |  |  |
| Contact Delivery Setting |  |  |  |  |  |  | M | M |  |  |  |  |
| Contact End Date/Time |  |  |  |  |  |  | M | M |  |  |  |  |
| Contact Family Name |  |  |  |  |  |  | C2 | C2 |  |  |  |  |
| Contact Given Name(s) |  |  |  |  |  |  | C2 | C2 |  |  |  |  |
| Contact Group Session Identifier |  |  |  |  |  |  | C13 | C13 |  |  |  |  |
| Contact Indigenous Status |  |  |  |  |  |  | M | M |  |  |  |  |
| Contact Inpatient Flag |  |  |  |  |  |  | M | M |  |  |  |  |
| Contact Interpreter Required |  |  |  |  |  |  | M | M |  |  |  |  |
| Contact Medicare Benefits Schedule Item Number |  |  |  |  |  |  | C19 | C19 |  |  |  |  |
| Contact Medicare Number |  |  |  |  |  |  | M | O |  |  |  |  |
| Contact Medicare Suffix |  |  |  |  |  |  | M | O |  |  |  |  |
| Contact Preferred Care Setting |  |  |  |  |  |  | M | M |  |  |  |  |
| Contact Preferred Death Place |  |  |  |  |  |  | M | M |  |  |  |  |
| Contact Preferred Language |  |  |  |  |  |  | M | M |  |  |  |  |
| Contact Professional Group |  |  |  |  |  |  | C29 | C29 |  |  |  |  |
| Contact Program Stream |  |  |  |  |  |  | M | M |  |  |  |  |
| Contact Provider |  |  |  |  |  |  | M | M |  |  |  |  |
| Contact Purpose |  |  |  |  |  |  | M | M |  |  |  |  |
| Contact Session Type |  |  |  |  |  |  | M | M |  |  |  |  |
| Contact Specialist Palliative Care Provider |  |  |  |  |  |  | M | M |  |  |  |  |
| Contact TAC Claim Number |  |  |  |  |  |  | C4 | C4 |  |  |  |  |
| Contact VWA File Number |  |  |  |  |  |  | C5 | C5 |  |  |  |  |
| Episode Advance Care Directive Alert |  |  | M |  |  |  |  |  |  |  |  |  |
| Episode Campus Code |  |  | C22 |  |  |  | C23 |  |  |  |  |  |
| Episode Care Plan Documented Date |  |  |  |  | O |  |  |  | C7 |  |  |  |
| Episode End Date |  |  |  |  |  |  |  |  | M |  |  |  |
| Episode Patient/Client Ready for Care Date |  |  | M |  |  |  |  |  |  |  |  |  |
| Episode End Reason |  |  |  |  |  |  |  |  | M |  |  |  |
| Episode First Appointment Booked Date |  |  |  | M |  |  |  |  |  |  |  |  |
| Episode Health Conditions |  |  | O |  | O |  | C27 |  | C27 |  |  |  |
| Episode Hospital Discharge Date |  |  | O |  |  |  |  |  | O |  |  |  |
| Episode Indigenous Status |  |  | C22 |  |  |  |  |  |  |  |  |  |
| Episode Malignancy Flag |  |  | O |  |  |  | M |  |  |  |  |  |
| Episode Other Factors Affecting Health |  |  | O |  | O |  |  |  | C10 |  |  |  |
| Episode Patient/Client NDIS Participant Identifier |  |  | O |  |  |  |  |  | C28 |  |  |  |
| Episode Patient/Client Notified of First Appointment Date |  |  |  | O |  |  |  |  |  |  |  |  |
| Episode Program/Stream |  |  | M |  |  |  |  |  |  |  |  |  |
| Episode Proposed Treatment Plan Completion |  |  |  |  |  |  |  |  | M |  |  |  |
| Episode Special Purpose Flag |  |  | O |  |  |  |  |  |  |  |  |  |
| Episode Start Date |  |  | C25 |  |  |  |  |  |  |  |  |  |
| Episode TCP Bed-Based Care Transition Date |  |  | C12 |  |  | M |  |  |  |  |  |  |
| Episode TCP Home-Based Care Transition Date |  |  | C12 |  |  | M |  |  |  |  |  |  |
| Patient/Client Birth Country |  |  | O |  |  |  | M |  |  |  |  |  |
| Patient/Client Birth Date | C20 |  |  |  |  |  |  |  |  |  |  |  |
| Patient/Client Birth Date Accuracy |  |  | M |  |  |  |  |  |  |  |  |  |
| Patient/Client Carer Availability |  |  | O |  |  |  | M |  |  |  |  |  |
| Patient/Client Carer Residency Status |  |  | C1 |  |  |  | C1 |  |  |  |  |  |
| Patient/Client Death Date |  |  |  |  |  |  |  |  | C9 |  |  | M |
| Patient/Client Death Date Accuracy |  |  |  |  |  |  |  |  | C9 |  |  | M |
| Patient/Client Death Place |  |  |  |  |  |  |  |  |  |  |  | M |
| Patient/Client DVA File Number |  |  |  |  |  |  | C3 | C3 |  |  |  |  |
| Patient/Client Gender | O |  | C22 |  |  |  | C27 |  | C27 |  |  |  |
| Patient/Client Identifier | M | M | M |  | M |  | M | M | M |  |  | M |
| Patient/Client Living Arrangement |  |  | O |  |  |  | M |  |  |  |  |  |
| Patient/Client Main Carer’s Relationship to the Patient |  |  | C1 |  |  |  |  |  |  |  |  |  |
| Patient/Client Sex at Birth | O |  | C22 |  |  |  | C27 |  | C27 |  |  |  |
| Patient/Client Usual Accommodation Type |  |  | O |  |  |  | M |  |  |  |  |  |
| Patient/Client Usual Residence Locality Name | C20 |  |  |  |  |  |  |  |  |  |  |  |
| Patient/Client Usual Residence Postcode | C20 |  |  |  |  |  |  |  |  |  |  |  |
| Referral End Date |  |  |  |  |  |  |  |  | M |  | M |  |
| Referral End Reason |  |  |  |  |  |  |  |  | C21 |  | M |  |
| Referral In Clinical Referral Date | M |  |  |  |  |  |  |  |  |  |  |  |
| Referral In Clinical Urgency Category | C24 |  |  |  |  |  |  |  |  |  |  |  |
| Referral in First Triage Score | C26 |  |  |  |  |  |  |  |  |  |  |  |
| Referral In Outcome | M |  |  |  |  |  |  |  |  |  |  |  |
| Referral In Outcome Date | M |  |  |  |  |  |  |  |  |  |  |  |
| Referral In Program/Stream | C16 |  |  |  |  |  |  |  |  |  |  |  |
| Referral in Reason | C20 |  |  |  |  |  |  |  |  |  |  |  |
| Referral In Receipt Acknowledgment Date |  |  | M |  |  |  |  |  |  |  |  |  |
| Referral In Received Date | M |  |  |  |  |  |  |  |  |  |  |  |
| Referral In Service Type | C16 |  |  |  |  |  |  |  |  |  |  |  |
| Referral Out Date |  |  |  |  |  |  |  |  |  | M |  |  |
| Referral Out Service Type |  |  |  |  |  |  |  |  |  | M |  |  |

# Data element obligation by transmission protocol

The table below provides a summary, for each transition or other affected data element, of whether it must be reported to the VINAH MDS based on the transmission protocol in use. Also refer to Section 3 Part II: Transmission data elements of this manual for further information on these data elements

|  |  |
| --- | --- |
| Key symbol | Reporting obligation |
| M | Mandatory |
| M1 | Primary key for Episodes, Foreign Key for Referral Out and Contacts |
| M2 | Primary key for Referrals, Foreign Key for Episodes |
| M7 | Mandatory (required by HL7 standard) |
| O | Optional |

|  |  |
| --- | --- |
| DATA ELEMENT | HL7 |
| Batch Control Identifier | M |
| Contact Identifier | M |
| Contact Person Name Type | M |
| Contact Professional Group Sequence Number | M |
| Episode Identifier | M1 |
| Episode Pathway Type | M |
| File Processing Directive | M |
| File Reference Period End Date | M |
| File Sending Application | M |
| Identifier Type | M |
| Local Identifier Assigning Authority | M |
| Message Accept Acknowledgement Code | M7 |
| Message Action Code | M7 |
| Message Character Set Code | M7 |
| Message Control Identifier | M |
| Message Date/Time | M |
| Message Origin Country Code | M7 |
| Message Type | M |
| Message Version Code | M7 |
| Message Processing Identifier | M |
| Message Type | M |
| Message Version Code | M |
| Message Visit Indicator Code | M |
| Observation Bound Data Element | M |
| Observation Sequence Number | M |
| Organisation Identifier | M |
| Patient/Client Prior Identifier | M |
| Procedure Bound Data Element | M |
| Procedure Sequence Number | M |
| Referral Identifier | M2 |
| VINAH MDS Version | M |

# Part I: Business data elements

## Contact Account Class

|  |  |  |
| --- | --- | --- |
| **Definition** | The agency/individual chargeable for this contact and associated subcategories.  ***Repeats:* Min. Max. Duplicate** | |
| **Form** | Code 1 1 Not applicable | |
| **Layout** | AX  ***Size:* Min. Max.**  2 2 | |
| **Location** | Transmission protocol HL7 Submission  Contact (insert) ADT\_A03 (PV1\PV1.20\FC.1)  Contact (update) ADT\_A08 (PV1\PV1.20\FC.1)  Contact (delete) ADT\_A13 (PV1\PV1.20\FC.1) | |
| **Reported by** | Complex Care (FCP)  Early Parenting Centres  Hospital Admission Risk Program  Infusion Therapy  Palliative Care  Palliative Care Consultancy  Post Acute Care  Residential In-Reach  Specialist Clinics (Outpatients)  Subacute Ambulatory Care Services  Transition Care Program  Victorian Artificial Limb Program  Victorian HIV and Sexual Health Services  Victorian Respiratory Support Service | |
| Reported for | All contacts completed in the current reporting period | |
| Reported when | The current reporting period for this item is the calendar month in which the following events or data elements fall:  First Contact Start Date/Time (Mandatory)  Second and Subsequent Contact Start Date/Time (Mandatory) | |
| **Value domain** | Enumerated | |
|  | Table identifier HL70064 | |
|  | **Code** | **Descriptor** |
|  | AS | Armed services |
|  | CL | Common law recoveries |
|  | JP | Prisoner |
|  | MA | Reciprocal health care agreement |
|  | ME | Ineligible: hospital exempt |
|  | MF | Ineligible: asylum seeker |
|  | MP | Public: eligible |
|  | ND | National Disability Insurance Scheme |
|  | OO | Other compensable |
|  | PI | Private patient: insured |
|  | PO | Private patient: other payer |
|  | PS | Private patient: self-funded |
|  | QM | Private clinic: MBS funded |
|  | QT | Commonwealth funded: TCP |
|  | SS | Seamen |
|  | TA | Transport Accident Commission (TAC) |
|  | VX | Department of Veterans’ Affairs (DVA) |
|  | WC | WorkSafe Victoria |
|  | XX | Other non-compensable |
| **Reporting guide** | **AS – Armed services**  An eligible person whose charges for this contact are met by the Department of Defence.  **JP – Prisoner**  A person who is currently in the custody of Correctional Services in Victoria.  Prisoners are treated and funded as public patients.  **MA – Reciprocal health care agreement**  A visitor to Australia who is ordinarily a resident in a country with which Australia has a Reciprocal Health Care Agreement (RHCA), who receives a non-admitted service for necessary medical treatment (but only as a public patient), as is clinically necessary for the diagnosis, alleviation or care of the condition requiring attention, on terms no less favourable than would apply to a resident.  **ME – Ineligible: hospital exempt**  An ineligible non-Australian resident:   * Specifically referred to Australia for hospital services not available in the patient’s own country and for whom the Secretary of the department has determined that no fee be charged; or * Who has been declared a safe haven resident and whose treatment is provided or arranged by a designated hospital.   **MF – Ineligible: asylum seeker**  A Medicare ineligible asylum seeker.  **MP – Public eligible**  An eligible person who elects to be treated as a public patient. The hospital provides comprehensive care including all necessary medical, nursing, and diagnostic services and, if available, dental, and paramedical services, by means of its own staff or by other agreed arrangements, without charge to the patient.  Includes:   * Persons holding a current interim Medicare card.   Excludes:   * Persons holding an expired interim Medicare card (report ‘XX – Other non-compensable). * A person where the clinician bulk bills Medicare for the patient’s treatment (report QM-Private Clinic: MBS funded’). * Persons treated under the Transition Care Program who are funded by the Commonwealth government (Use code ‘QT’).   **ND – National Disability Insurance Scheme**  An eligible person whose charges for this contact is met by the National Disability Insurance Scheme and the Episode Special Purpose Flag – ND is reported.  Excludes:   * the specialist clinics (outpatients) (OP) program/streams. That is, this account class is not in scope for reporting to the OP program/streams   **OO – Other compensable**  An eligible person who is entitled under a law that is or was in force in Victoria, other than Veterans’ Affairs legislation, Transport Accident Commission, WorkSafe Victoria, Armed Services, Seamen, or Common Law Recoveries, to the payment of, or who has been paid compensation for, damages, or other benefits (including a payment in settlement of a claim for compensation, damages, or other benefits) in respect of the injury, illness or disease for which he/she is receiving hospital services.  **PI – Private patient: insured**  A patient/client who holds an insurance policy with an Australian registered health fund, and where the intended treatment of the patient is wholly or partly covered by that fund.  **PO – Private patient: other payer**  A patient/client who elects to be treated as a private patient, but a third party is wholly or partly funding the intended treatment of the patient.  Includes:   * Travel insurance * Insurance with a non-Australian registered health fund * Pharmaceutical company   **PS – Private patient: self-funded**  A patient/client who elects to be treated as a private patient but who does not hold an insurance policy with an Australian registered health fund or other external payer, and therefore is personally responsible for paying the charges referred to in the [2020-25 National Health Reform Agreement (NHRA)](https://www.health.gov.au/our-work/2020-25-national-health-reform-agreement) < https://www.health.gov.au/our-work/2020-25-national-health-reform-agreement-nhra>.  **QM – Private clinic: MBS funded**  Includes:  Persons in-scope for reporting whose treatment is funded through Medicare under a right-of-private-practice arrangement.  **QT – Commonwealth funded: TCP**  Includes:  Patients/clients approved by an Aged Care Assessment Team for Commonwealth-funded Transition Care Program (TCP) and who have not exceeded the Commonwealth-stated outlier period on the program.  **TA – Transport Accident Commission (TAC)**  An eligible person who is entitled under a law that is or was in force in Victoria to the payment of, or who has been paid compensation for, damages or other benefits in respect of an injury by the Transport Accident Commission.  **VX – Department of Veterans’ Affairs (DVA)**  An eligible person whose charges for this episode of care are met by the Department of Veterans’ Affairs (DVA). A gold card holder is automatically eligible as a veteran, but a white card holder’s eligibility must be established at the time of the contact. If DVA does not accept responsibility, then normal patient election applies.  **WC – WorkSafe Victoria**  An eligible person who is entitled under a law that is or was in force in Victoria to the payment of, or who has been paid compensation for, damages or other benefits in respect of an injury by WorkSafe Victoria (Victorian WorkCover Authority (VWA)).  **XX – Other non-compensable**  A person who is not eligible for Medicare and therefore not exempted from fees.  Includes:   * Persons holding expired interim Medicare cards (these patients should be billed for services). | |
| **Validations** | E270 Contact Account Class is ‘ND – National Disability Insurance Scheme’ but Episode Patient/Client NDIS Participant Identifier number has not been provided  E356 Contact is compensable (<AccountClass>) but no client identifier relevant to the agency is provided  E357 A Patient/Client’s Legal Family Name or Given Names are provided but Account Class is not VX (DVA) or TA (TAC) or WC (VWA)  E358 Account Class is VX (DVA) or TA (TAC) or WC (VWA), but the Patient’s Legal Name or Given Name(s) are not provided  E368 Contact Account Class (<AccountClass>) is incompatible with Contact Medicare Suffix(<medicare\_suffix>).  E372 Contact Account Class is ‘ND – National Disability Insurance Scheme’ but Episode Special Purpose Flag is not ‘ND – NDIS Participant’ | |
| **Related items** | Contact End Date/Time  Contact Family Name  Contact Given Name(s)  Contact Medicare Number  Contact Start Date/Time  Contact TAC Claim Number  Contact VWA File Number  Episode Patient/Client NDIS Participant Identifier  Episode Special Purpose Flag  Patient/Client DVA File Number | |

Administration

|  |  |
| --- | --- |
| **Purpose** | To assist in analyses of utilisation. To facilitate reimbursement by third party paying organisations for patients/clients with entitlements. |
| **Principal users** | Department of Health, Department of Veterans’ Affairs, Transport Accident Commission, WorkSafe Victoria |
| **Version history** | **Version Previous Name Effective Date**  8 Contact Account Class 2017/07/01  7 Contact Account Class 2014/07/01  6 Contact Account Class 2011/07/01  5 Contact Account Class 2010/07/01  4 Contact/Client Service Event Account Class 2009/07/01  3 Contact/Client Service Event Account Class 2008/07/01  2 Account Class 2007/07/01  1 Account Class 2005/07/01 |
| **Definition source** | Department of Health |
| **Value domain source** | Department of Health |

## Contact Campus Code

|  |  |
| --- | --- |
| **Definition** | Indicates the hospital campus where the contact was provided. Patient/client activity must be reported under the campus code at which it occurred.  ***Repeats:*** **Min. Max. Duplicate** |
| **Form** | Code 1 1 Not applicable |
| **Layout** | NNNN[N][N] **Size: Min. Max.**  4 6 |
| **Location** | **Transmission protocol HL7 Submission**  Contact (insert) ADT\_A03 (PV1\PV1.39)  Contact (update) ADT\_A08 (PV1\PV1.39)  Contact (delete) ADT\_A13 (PV1\PV1.39) |
| **Reported by** | Complex Care (FCP)  Early Parenting Centres  Hospital Admission Risk Program  Infusion Therapy  Palliative Care  Palliative Care Consultancy  Post Acute Care  Residential In-Reach  Specialist Clinics (Outpatients)  Subacute Ambulatory Care Services  Transition Care Program  Victorian Artificial Limb Program  Victorian HIV and Sexual Health Services  Victorian Respiratory Support Service |
| **Reported for** | All contacts completed in the current reporting period. |
| **Reported when** | The current reporting period for this item is the calendar month in which the following events or data elements fall:  First Contact Start Date/Time (Mandatory)  Second and Subsequent Contact Start Date/Time (Mandatory) |
| **Value domain** | Table identifier HL70115  **For full code set refer to Section 9: Code list.** |
| **Reporting guide** | Report the campus of the organisation responsible for the provision of services to a patient/client. The actual service may be delivered by another organisation or party, the identifier of which is reported in the Contact Provider.  Where a service is provided at the responsible campus, both the Contact Campus Code and the Contact Provider will indicate the same entity (although the code values may be different) |
| **Validations** | General edits only, see Format. |
| **Related items** | Contact End Date/Time  Contact Start Date/Time |

Administration

|  |  |
| --- | --- |
| **Purpose** | To identify the hospital campus where the contact was provided. |
| **Principal users** | Department of Health |
| **Version history** | **Version Previous Name Effective Date**  1 Contact Campus Code 2019/07/01 |
| **Definition source** | Department of Health |
| **Value domain source** | Department of Health |

## Contact Care Model

|  |  |
| --- | --- |
| **Definition** | The model of care in use when the palliative care contact takes place.  ***Repeats:*** **Min. Max. Duplicate** |
| **Form** | Code 1 1 Not applicable |
| **Layout** | N ***Size:* Min. Max.**  1 1 |
| **Location** | **Transmission protocol HL7 Submission**  Contact (insert) ADT\_A03 (PV2\PV2.18)  Contact (update) ADT\_A08 (PV2\PV2.18)  Contact (delete) ADT\_A13 (PV2\PV2.18) |
| **Reported by** | Palliative Care |
| **Reported for** | All contacts completed in the current reporting period. |
| **Reported when** | The current reporting period for this item is the calendar month in which the following events or data elements fall:  First Contact Date/Time (Mandatory)  Second and subsequent Contact Date/Time (Mandatory) |
| **Value domain** | Enumerated |
| Table identifier HL70214 |
| **Code Descriptor**  1 Direct care/complete care  2 Shared care  3 Consultancy care with ongoing patient/client follow-up  4 Consultancy care with no further planned follow-up  8 Unknown, not stated or question not asked  9 Not applicable – patient/client not present |
| **Reporting guide** | This data item refers to the model of care being used to meet the patient/client’s palliative care needs.  **1 – Direct care/complete care**  The patient/client or carer/family/friend identifies this service as the service that is responsible for meeting their palliative care needs at this time. While other services or health professionals may be involved, the patient/client does not identify them as being responsible for meeting their palliative care needs at this time.  **2 – Shared care**  The patient/carer identifies this service as one of at least two services or health professionals that are sharing responsibility for meeting their palliative care needs at this time. Partners in the patient/client’s care may include their general practitioner, primary care nurses or other specialist services.  **3 – Consultancy care with ongoing patient/client follow-up**  The patient/client identifies another service or health professional (for example, general practitioner, hospital, primary care nurse) as the service that is responsible for meeting their palliative care needs at this time. The community palliative care service is providing advice, back-up and/or support. The community palliative care service has ongoing planned involvement with a patient/client and/or their treating clinicians.  **4 – Consultancy care with no further planned follow-up**  The patient/client identifies another service or health professional (for example, general practitioner, hospital, primary care nurse) as the service that is responsible for meeting their palliative care needs at this time. The community palliative care service is providing advice, back-up and/or support. The community palliative care service undertakes a comprehensive palliative care assessment and there is no planned review or involvement with the patient/client and/or their treating clinicians.  **8 – Unknown, not stated or question not asked**  Report this code in the instance where a clinician is unavailable, or it is not possible to determine the phase of care.  **9 – Not applicable – patient/client not present**  Report this code when the value of Contact Client Present Status is not one of ‘11’, ‘12’ or ‘13’. |
| **Validations** | E363 <ContactDataElement> is <ContactDataElementValue> but Contact Client Present Status is <NAClientNotPresentValue>’  E364 Contact Client Present Status is ‘<NAClientNotPresentValue> - <NAClientNotPresentMeaning>but <ContactDataElement> is <ContactDataElementValue> |
| **Related items** | Contact Care Phase  Contact End Date/Time  Contact Preferred Care Setting  Contact Preferred Death Place  Contact Start Date/Time |

Administration

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| **Purpose** | To assist with outcome analyses and service planning and meeting national reporting requirements. |
| **Principal users** | Department of Health |
| **Version history** | **Version Previous Name Effective Date**  2 Contact Care Model 2010/07/01  1 Contact/Client Service Event Model of Care 2009/07/01 |
| **Definition source** | Department of Health |
| **Value domain source** | Department of Health |

## Contact Care Phase

|  |  |
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| **Definition** | The phase of care when the palliative care contact takes place.  ***Repeats:*** **Min. Max. Duplicate** |
| **Form** | Code 1 1 Not applicable |
| **Layout** | N ***Size:* Min. Max.**  1 1 |
| **Location** | **Transmission protocol HL7 Submission**  Contact (insert) ADT\_A03 (PV2\PV2.40\CE.1)  Contact (update) ADT\_A08 (PV2\PV2.40\CE.1)  Contact (delete) ADT\_A13 (PV2\PV2.40\CE.1) |
| **Reported by** | Palliative Care |
| **Reported for** | All contacts completed in the current reporting period. |
| **Reported when** | The current reporting period for this item is the calendar month in which the following events or data elements fall:  First Contact Start Date/Time (Mandatory)  Second and subsequent Contact Start Date/Time (Mandatory) |
| **Value domain** | Enumerated  Table identifier HL70432  **Code Descriptor**  1 Stable phase  2 Unstable phase  3 Deteriorating phase  4 Terminal phase  5 Bereavement phase  8 Unknown, not stated or question not asked  9 Not applicable – patient/client not present |
| **Reporting guide** | **1 - Stable phase**  The patient/client’s symptoms are adequately controlled by established management. The situation of the carer(s)/family/friends is relatively stable, and no new issues are apparent. Any needs are met by the established plan of care.  **2 – Unstable phase**  The patient/client experiences the development of a new problem or a rapid increase in the severity of existing problems, either of which requires an urgent change in management or emergency treatment. The carer(s)/family/friends experience a sudden change in their situation requiring urgent intervention by members of the multidisciplinary team.  **3 – Deteriorating phase**  The patient/client experiences a gradual worsening of existing symptoms or the development of new but expected problems. The carer(s)/family/friends experience gradually worsening distress and other difficulties, including social and practical difficulties, as a result of the illness of the patient.  **4 – Terminal phase**  Death of patient/client with life-limiting illness is likely in a matter of days and no acute intervention is planned or required. The carer(s)/family/friends recognise that death is imminent, and care is focussed on emotional and spiritual issues as a prelude to bereavement.  **5 – Bereavement phase**  The bereavement phase can only be entered once the patient has deceased. The carer(s)/family/friends can only receive grief and bereavement support during this phase. Report this code when the value of Contact Client Present is ‘20’ (Carer(s)/Relative(s) of the patient/client is deceased.  **8 – Unknown, not stated or question not asked**  Report this code in the instance where a clinician is unavailable, or it is not possible to determine the phase of care.  **9 – Not applicable – patient/client not present**  Report this code when the value of Contact Client Present Status is not one of ‘11’, ‘12’ or ‘13’. |
| **Validations** | E363 <ContactDataElement> is <ContactDataElementValue> but Contact Client Present Status is <NAClientNotPresentValue>  E364 Contact Client Present Status <NAClientNotPresentValue> - <NAClientNotPresentMeaning>but <ContactDataElement> is <ContactDataElementValue> |
| **Related items** | Contact Care Phase  Contact End Date/Time  Contact Preferred Care Setting  Contact Preferred Death Place  Contact Start Date/Time |

Administration

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| **Purpose** | To assist with outcome analyses and service planning and meeting national reporting requirements. |
| **Principal users** | Department of Health |
| **Version history** | **Version Previous Name Effective Date**  3 Contact Care Phase 2014/07/01  2 Contact Care Phase 2010/07/01  1 Contact/Client Service Event Phase of Care 2009/07/01 |
| **Definition source** | Proposed Palliative Care NMDS |
| **Value domain source** | Proposed Palliative Care NMDS (Department of Health modified) |

## Contact Client Present Status

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| --- | --- |
| **Definition** | An indicator of the presence or absence of a patient/client at a contact.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Identifier 1 1 Not applicable |
| **Layout** | NN **Size: Min. Max.**  2 2 |
| **Location** | **Transmission protocol HL7 Submission**  Contact (insert) ADT\_A03 (PV2\PV2.7)  Contact (update) ADT\_A08 (PV2\PV2.7)  Contact (delete) ADT\_A13 (PV2\PV2.7) |
| **Reported by** | Complex Care (FCP)  Early Parenting Centres  Hospital Admission Risk Program  Infusion Therapy  Palliative Care  Palliative Care Consultancy  Post Acute Care  Residential In-Reach  Specialist Clinics (Outpatients)  Subacute Ambulatory Care Services  Victorian Artificial Limb Program  Victorian HIV and Sexual Health Services  Victorian Respiratory Support Service |
| **Reported for** | All contacts completed in the current reporting period. |
| **Reported when** | The current reporting period for this item is the calendar month in which the following events or data elements fall:  First Contact Start Date/Time (Mandatory)  Second and subsequent Contact Start Date/Time (Mandatory) |
| **Value domain**  **\*Not PC**  **\*Not PC** | Enumerated  Table identifier HL70130  **Code Descriptor**  10 Patient/Client present with or without carers(s)/relative(s)  11 Patient/Client present only  12 Patient/Client present with carers(s)/relative(s)  13 Patient/Client via telehealth video  20 Carer(s)/Relative(s) of the patient/client only  31 Patient/Client/Carer(s)/Relative(s) not present: indirect contact  32 Patient/Client/Carer(s)/Relative(s) not present: scheduled appointment not attended |
| **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.  **10 – Patient/Client present with or without carer(s)/relative(s)**  Code not to be used by Palliative Care; this program must provide the more specific information in codes 11 and 12.  Use this code when Contact Delivery Mode is ‘telehealth video’ and the patient is physically present at this health service.  **11– Patient/Client present only**  For Palliative Care, this may include contacts up to 24 hours post patient/client death.  Use this code when Contact Delivery Mode is ‘telehealth video’ and the patient/client is physically present at this health service.  **12 – Patient/Client present with carer(s)/relative(s)**  For Palliative Care, this may include contacts up to 24 hours post patient/client death.  Use this code when Contact Delivery Mode is ‘telehealth video’ and the patient/client is physically present at this health service.  **13 – Patient/Client via telehealth video**  Use this code when Contact Delivery Mode is ‘telehealth video’ and the patient is not physically present at the health service.  **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 (for example, 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)   **31 – Patient/Client/Carer(s)/Relative(s) not present: Indirect contact**  Includes contacts between a service provider and another person who is not the patient/client/carer/relative, for example, another service provider.  In scope for PC, FCP, OP, HARP, PAC, SACS, VRSS and RIR. For FCP, OP, HARP, PAC, SACS, VRSS and RIR Contact Client Present Status code 31 must be reported when Contact Purpose is 51 – Multidisciplinary case conference – patient not present.  **32 – Patient/Client/Carer(s)/Relative(s) not present: Scheduled appointment not attended**  Not in scope for Palliative Care.  Includes contacts where the health service was expecting the patient/client to attend the contact on the scheduled date at the scheduled time. This therefore excludes instances where the patient/carer provided notice that they would not be attending the scheduled contact. |
| **Validations** | E373 Contact Session Type of <ContactSessionTypeValue><ContactSessionType Description> is incompatible with Client Present Status of <ClientPresentStatusValue><ClientPresentStatusDescription  E363 <ContactDataElement> is <ContactDataElementValue> but Contact Client Present Status is <NAClientNotPresentValue> |
| **Related items** | Contact End Date/Time  Contact Start Date/Time  Patient/Client Death Date |

Administration

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| **Purpose** | To monitor and plan resource utilisation. |
| **Principal users** | Department of Health |
| Version history | Version Previous Name Effective Date  9 Contact Client Present Status 2021/07/01  8 Contact Client Present Status 2019/07/01  7 Contact Client Present Status 2014/07/01  6 Contact Client Present Status 2012/07/01  5 Contact Client Present Status 2011/07/01  4 Contact Client Present Status 2010/07/01  3 Contact/Client Service Event Client Present 2009/07/01 Status  2 Contact/Client Service Event Client Present 2007/07/01 Status  1 Contact/Client Service Event Client Present 2007/07/01 Status |
| **Definition source** | Department of Health |
| **Value domain source** | Department of Health |

## Contact Clinic Identifier

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| Definition | A health service assigned identifier for the Specialist Clinics (Outpatients) program that is providing services for a particular contact.  ***Repeats:*** Min. Max. Duplicat**e** |
| **Form** | Text 1 1 Not applicable |
| **Layout** | X(…) ***Size:***  Min. Max.  1 50 |
| **Location** | **Transmission protocol HL7 Submission**  Contact (insert) ADT\_A03 (PV2\PV2.23\XON.1)  Contact (update) ADT\_A08 (PV2\PV2.23\XON.1)  Contact (delete) ADT\_A13 (PV2\PV2.23\XON.1) |
| **Reported by** | Specialist Clinics (Outpatients) |
| **Reported for** | All contacts completed in the current reporting period. |
| **Reported when** | The current reporting period for this item is the calendar month in which the following events or data elements fall:  First Contact Start Date/Time (Mandatory)  Second and subsequent Contact Start Date/Time (Mandatory) |
| **Value domain** | Organisation generated. Individual sites may use their own alphabetic, numeric or alphanumeric coding system. |
| **Reporting guide** | Reporting this data element is mandatory. If supplied, it should match the clinic identifier used in the Non-admitted Clinic Management System. The identifier may contain any ASCII or ASCII-equivalent Unicode characters with an ASCII code value greater than 31, except for those used as delimiters by the transmitting protocol.  That is, for HL7: | ~ ^ & (refer section 5c) |
| **Validations** | E159 Code (<CodeSupplied>) for Data Element (<FieldName>) is not valid as at the Contact Date/Time  E376 Contact Clinic Identifier <ContactClinicIdentifier> is not valid for this Contact Campus Code |
| **Related items** | Contact End Date/Time  Contact Start Date/Time  Patient/Client Birth Country  Patient/Client Carer Availability  Patient/Client Death Place  Patient/Client Living Arrangement  Patient/Client Main Carer’s Relationship to the Patient  Patient/Client Usual Accommodation Type  Patient/Client Usual Residence Locality Name  Patient/Client Usual Residence Postcode |

**Administration**

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| **Purpose** | To assist linking patient-level data to a Tier 2 class for national reporting requirements and to assist in developing clinical costing models for specialist clinic services |
| **Principle users** | Department of Health |
| **Version History** | **Version Previous Name Effective date**  1Contact Clinic Identifier 2011/07/01 |
| **Definition source** | Department of Health |
| **Value domain source** | Health Services |

## Contact Delivery Mode

|  |  |
| --- | --- |
| **Definition** | The mode of provision of the service during the contact  ***Repeats:*** Min. Max. Duplicate |
| **Form** | Code 1 1 Not applicable |
| **Layout** | N ***Size:***  Min. Max**.**  1 1 |
| **Location** | Transmission protocol HL7 Submission  Contact (insert) ADT\_A03 (ROL\ROL.10\CE.1)  Contact (update) ADT\_A08 (ROL\ROL.10\CE.1)  Contact (delete) ADT\_A13 (ROL\ROL.10\CE.1) |
| **Reported by** | Complex Care (FCP)  Early Parenting Centres  Hospital Admission Risk Program  Infusion Therapy  Palliative Care  Palliative Care Consultancy  Post Acute Care  Residential In-Reach  Specialist Clinics (Outpatients)  Subacute Ambulatory Care Services  Transition Care Program  Victorian Artificial Limb Program  Victorian HIV and Sexual Health Services  Victorian Respiratory Support Service |
| **Reported for** | All contacts completed in the current reporting period. |
| **Reported when** | The current reporting period for this item is the calendar month in which the following events or data elements fall:  First Contact Start Date/Time (Mandatory)  Second and subsequent Contact Start Date/Time (Mandatory) |
| **Value domain** | Enumerated |
| Table identifier HL70406 |
| **Code Descriptor** |
| 1 In person (face-to-face) |
| 2 Telephone |
| 3 Telehealth video |
| 4 Written (postal/courier) |
| 5 Electronic mail |
|  | 8 Secure messaging |
| **\*Not PC** | 9 Not applicable |
| **Reporting guide** | Patient/client includes carer and/or relative, except where the patient/client and carer/relative have a different delivery mode, in which case the delivery mode of the patient/client should be reported.  The existence of a code in this value domain does not in itself mean that a contact delivered by one of these modes can be reported. Refer to Section 2: concepts and derived items, subheading ‘Contact’ to determine whether the contact meets the criteria to be reported to the VINAH MDS.  **1 – In person – face-to-face**  The healthcare provider delivers the service in the physical presence of the patient (i.e., in the same room).  **2 – Telephone**  Telephone contacts must be a substitute for a face-to-face contact and verified by documentation in the patient/client’s medical record. This code is not to be used to record administrative contact with a patient/client. Telephone contacts cannot be reported where the patient/client is located in the non-admitted clinic of the health service providing the contact.  Excluded from scope are:  Contacts delivered via video conference for example: Skype, FaceTime, Healthdirect video conference or other similar video applications.  **3 – Telehealth video**  The healthcare provider delivers the service to a patient using videoconference that is, Skype, FaceTime, Healthdirect video conference or other similar video applications. Where a patient is in the physical presence of a health care provider(s) at one health service and care delivery involves the participation of a health care provider from another health service via telehealth video consultation/conference, the contact should be reported by both health services using a contact delivery mode of ‘3 - Telehealth video’.  **4 – Written – postal/courier**  Written contacts must be a substitute for a face-to-face contact and verified by documentation in the patient/client’s medical record. Multiple correspondence relating to the initial topic is reported as one contact.  Patient/clients must consent to the use of written contacts. It is not expected that this mode would be commonly used as a substitute for a face-to-face visit.  Includes the following formats:   * Fax * Paper – postal/courier service   Excluded from scope are:   * Correspondence to the patient/client who did not attend a scheduled appointment * Correspondence to the GP recommending treatment plan or follow up * Correspondence with the patient/client and family regarding management plans * Report writing of patient assessments * Written information provided as part of a contact with a different delivery mode   **5 – Electronic mail**  Electronic mail contacts must be a substitute for a face-to-face contact and verified by documentation in the patient/client’s medical record. Multiple correspondence relating to the initial topic is reported as one contact.  Patient/clients must consent to the use of electronic mail contacts. It is not expected that this mode would be commonly used as a substitute for a face-to-face visit.  Excluded from scope are:   * Correspondence to the patient/client who did not attend a scheduled appointment. * Correspondence to the GP recommending treatment plan or follow up * Correspondence with the patient/client and family regarding management plans * Report writing of patient assessments * Written information provided as part of a contact with a different delivery mode.   **8 – Secure messaging**  The health care provider delivers the service to the patient/client using instant messaging (such as phone messaging) that enables interactive two-way (‘synchronous’) communications of a clinical nature between the patient and the healthcare provider. Examples of synchronous communications include an exchange of text messages of a clinical nature between the patient and clinician and uploading of photos or videos by the patient that the clinician responds to. The synchronous interaction/s must in their entirety constitute a substitute for a face-to-face clinical contact and be verified by documentation in the patient/client’s medical record.  Multiple interactions between the healthcare provider and patient/client are reported as one contact for the whole exchange using secure messaging, as the exchange in its entirety would be a substitute for one face-to-face contact.  **9 – Not applicable**  Use when the patient/client does not attend a scheduled appointment. Not in scope for Palliative Care. |
| **Validations** | E369 Contact Delivery Mode is ‘9 – Not applicable’ but Contact Client Present is not ’32 – Patient/Client/Carer(s)Relative(s) not present: scheduled appointment not attended’ (when Contact Purpose is not ’51 – Multidisciplinary case conference – patient not present) |
| **Related items** | Contact/Client Present Status  Contact End Date/Time  Contact Start Date/Time |

Administration

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| **Purpose** | To monitor and plan resource utilisation. |
| **Principal users** | Department of Health |
| **Version history** | **Version Previous Name Effective Date**  9 Contact Delivery Mode 2022/07/01  8 Contact Delivery Mode 2019/07/01  7 Contact Delivery Mode 2018/07/01  6 Contact Delivery Mode 2014/07/01  5 Contact Delivery Mode 2013/07/01  4 Contact Delivery Mode 2010/07/01  3 Contact/Client Service Event Delivery Mode 2009/07/01  2 Contact/Client Service Event Delivery Mode 2007/07/01  1 Client Service Event Delivery Mode 2005/07/01 |
| **Definition source** | NHDD |
| **Value domain source** | NHDD 000439 (Department of Health modified) |

## Contact Delivery Setting

|  |  |
| --- | --- |
| **Definition** | The type of setting in which the contact is experienced by the patient/client.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Code 1 1 Not applicable |
| **Layout** | NN[N] ***Size:*  Min. Max.**  2 3 |
| **Location** | **Transmission protocol HL7 Submission**  Contact (insert) ADT\_A03 (PV1\PV1.3\PL.6)  Contact (update) ADT\_A08 (PV1\PV1.3\PL.6)  Contact (delete) ADT\_A13 (PV1\PV1.3\PL.6) |
| **Reported by** | Complex Care (FCP)  Early Parenting Centres  Hospital Admission Risk Program  Infusion Therapy  Palliative Care  Palliative Care Consultancy  Post Acute Care  Residential In-Reach  Specialist Clinics (Outpatients)  Subacute Ambulatory Care Services  Transition Care Program  Victorian Artificial Limb Program  Victorian HIV and Sexual Health Services  Victorian Respiratory Support Service |
| **Reported for** | All contacts completed in the current reporting period |
| **Reported when** | The current reporting period for this item is the calendar month in which the following events or data elements fall:  First Contact Start Date/Time (Mandatory)  Second and subsequent Contact Start Date/Time (Mandatory) |
| **Value domain** | **Enumerated** |
|  | Table identifier HL70305 |
| **Code Descriptor** |
| 11 Hospital setting – inpatient setting |
| 12 Hospital setting – clinic/centre |
| 13 Hospital setting – emergency department |
| 14 Hospital setting – other non-inpatient setting |
| 15 Hospital setting – inpatient palliative care unit |
| 18 Hospital setting – urgent care centre |
| 21 Community based health facility |
| 22 General practice setting |
| 23 Residential care |
| 24 Supported accommodation setting |
| **\*TCP** | 241 Supported accommodation setting – TCP – home based |
| **\*TCP** | 242 Supported accommodation setting – TCP – bed based |
|  | 31 Home |
| 41 Educational institution setting |
| 98 Not applicable |
| 99 Other |
| **Reporting guide** | This item should be coded to reflect the delivery location from the patient’s/client’s perspective, not the location of the health service professional(s).  **11 – Hospital setting – inpatient setting**  This code should be used where a patient/client is an admitted patient and physically present in the hospital at the time of the contact.  Excludes:   * HITH (use code 31) * Emergency department (use code 13) * General practice clinics (use code 22) * Palliative care unit (use code 15)   **12 – Hospital setting – clinic/centre**  Includes:   * Specialist Clinics (Outpatients) * CRC within a hospital   Excludes:   * Palliative care unit (use code 15)   **13 – Hospital setting – emergency department**  To be used by health services who report VEMD, and the patient/client receives their entire care within the emergency department.  **14 – Hospital setting – other non-inpatient setting**  Includes:   * Bed-based TCP patients   **15 – Hospital setting – inpatient palliative care unit**  This code should be used when a patient/client is physically located in a specialised inpatient palliative care unit or specialised palliative care room/bed.  Excludes:   * HITH (use code 31) * Hospital setting – inpatient setting (use code 11)   **18 – Hospital setting – urgent care centre**  This code should be used by health services exempt from reporting VEMD and the patient/client receives their entire care within the urgent care centre.  **21 – Community based health facility**  Includes:   * Community based palliative care facility * Community health centres * CRCs not within a hospital   **22 – General practice setting**  This code should be used when the patient/client is physically present at the general practitioner’s (GP) practice.  **23 – Residential care**  Includes:   * When this is where the patient/client usually resides.   **24 – Supported accommodation setting**  Includes:   * When this is where the patient/client usually resides.   **241 – Supported accommodation setting – TCP – home based**  Includes:   * Patients/clients residing in a non-Commonwealth-funded supported accommodation setting while on the TCP home-based program * Patients/clients residing in Department of Health – funded community residential units while on the TCP home-based program   **242 – Supported accommodation setting – TCP – bed based**  Includes:  Only patients/clients residing in a supported accommodation setting while on the TCP bed-based program  **31 – Home**  Patients/clients receiving an intervention in their home.  Includes:   * telephone or telemedicine * Patients/clients concurrently HITH patients * Patients/clients on the TCP home-based program   Excludes patients living in a:   * Nursing home/residential care (use code 23) * Supported Residential Service (SRS) (use code 24, 241 or 242)   **41 – Educational institution setting**  Includes:   * Preschool/kindergarten * School * College * TAFE * Training centre/institute setting * University   **98 – Not applicable**  Includes:   * Indirect contacts * Direct contacts: scheduled appointment not attended   **99 – Other**  This code should be used for situations not covered by the other options, for example where a contact is delivered to a patient/client in another community setting such as a leisure centre, shopping centre or temporary accommodation shelter. |
| **Validations** | E374 Contact Delivery Setting is ’11 – Hospital setting – inpatient setting’ but Contact Inpatient Flag is not ‘I – Yes (Inpatient/Admitted)’ |
| **Related items** | Contact End Date/Time  Contact Inpatient Flag  Contact Start Date/Time |

Administration

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| --- | --- |
| **Purpose** | To monitor and plan resource utilisation. |
| **Principal users** | Department of Health |
| **Version history** | **Version Previous Name Effective Date**  7 Contact Delivery Setting 2019/07/01  6 Contact Delivery Setting 2014/07/01  5 Contact Delivery Setting 2010/07/01  4 Contact/Client Service Event Delivery Setting 2009/07/01  3 Contact/Client Service Event Delivery Setting 2007/07/01  2 Client Service Event Delivery Setting 2006/07/01  1 Client Service Event Delivery Setting 2005/07/01 |
| **Definition source** | Department of Health |
| **Value domain source** | Department of Health |

## Contact End Date/Time

|  |  |
| --- | --- |
| **Definition** | The date and end time of the patient/client contact with a health service provider. This includes the health service provider’s time to write case notes immediately after the contact.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Text 1 1 Not applicable |
| **Layout** | YYYYMMDDhhmm ***Size:*  Min. Max.** |
| **Location** | **Transmission protocol HL7 Submission**  Contact (insert) ADT\_A03 (PV1\PV1.45\TS.1)  Contact (update) ADT\_A08 (PV1\PV1.45\TS.1)  Contact (delete) ADT\_A13 (PV1\PV1.45\TS.1) |
| **Reported by** | Complex Care (FCP)  Early Parenting Centres  Hospital Admission Risk Program  Infusion Therapy  Palliative Care  Palliative Care Consultancy  Post Acute Care  Residential In-Reach  Specialist Clinics (Outpatients)  Subacute Ambulatory Care Services  Transition Care Program  Victorian Artificial Limb Program  Victorian HIV and Sexual Health Services  Victorian Respiratory Support Service |
| **Reported for** | All contacts completed in the current reporting period. |
| **Reported when** | The current reporting period for this item is the calendar month in which the following events or data elements fall:  First Contact Start Date/Time (Mandatory)  Second and subsequent Contact Start Date/Time (Mandatory) |
| **Value domain** | Valid date and time. |
| **Reporting guide** | Systems must not be set up to input a default time of 00:00 for the end time. This data element and Contact Start Date/Time is used to derive the duration of the contact. |
| **Validations** | E020 <SucceedingEvent> (<SucceedingEventValue>) is before <Preceding Event> (<PrecedingEventValue>)  E023 The time part of the date/time field (<FieldName>) and Contact Start Date/Time is mandatory  E025 The time value (<FieldTime>) of the date/time field (<FieldName>) is not valid |
| **Related items** | Contact Start Date/Time |

Administration

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| --- | --- |
| **Purpose** | To enable the duration of the contact to be derived. |
| **Principal users** | Multiple internal and external data users |
| **Version history** | **Version Previous Name Effective Date**  1 Contact End Date/Time 2019/07/01 |
| **Definition source** | Department of Health |
| **Value domain source** | Department of Health |

## Contact Family Name

|  |  |  |
| --- | --- | --- |
| **Definition** | The family name(s) of the patient/client.  ***Repeats:* Min. Max. Duplicate** | |
| **Form** | Name 1 1 Not applicable | |
| **Layout** | UX (0-23) ***Size:*  Min. Max.**  1 24 | |
| **Location** | **Transmission protocol HL7 Submission**  Contact (insert) ADT\_A03 (PID\PID.5\XPN.1\FN.1)  Contact (update) ADT\_A08 (PID\PID.5\XPN.1\FN.1)  Contact (delete) ADT\_A13 (PID\PID.5\XPN.1\FN.1) | |
| **Reported by** | Complex Care (FCP)  Early Parenting Centres  Hospital Admission Risk Program  Infusion Therapy  Palliative Care  Post Acute Care  Residential In-Reach  Specialist Clinics (Outpatients)  Subacute Ambulatory Care Services  Victorian Artificial Limb Program  Victorian HIV and Sexual Health Services  Victorian Respiratory Support Service | |
| **Reported for** | Contacts in the current reporting period where, and only where, Account Class is one of ‘VX – Department of Veterans’ Affairs (DVA)’, ‘TA – Transport Accident Commission (TAC)’ or ‘WC – WorkSafe Victoria’. | |
| **Reported when** | The current reporting period for this item is the calendar month in which the following events or data elements fall:  First Contact Start Date/Time (report when and only when Contact Account Class = ‘VX’, ‘TA’ or ‘WC’)  Second and subsequent Contact Start Date/Time (report when and only when Contact Account Class = ‘VX’, ‘TA’ or ‘WC’). | |
| **Value domain** | A person’s name. | |
| **Reporting guide** | The family name(s) of the patient/client.  Permitted characters: A to Z (uppercase), space, apostrophe, hyphen.  The first character must be an alpha character.  Where not required by the value of Account Class, must be left blank.  Note that the VINAH MDS requires only 24 characters of the family name to be reported, organisations may collect names longer than 24 characters in full, for their own purposes.  When instructed to leave or report blank, in the VINAH MDS this means that the corresponding field in the transmission file must be transmitted as a null or empty field. | |
| **Validations** | | E357 A Patient/Client’s Legal Family Name or Given Names are provided but Account Class is not VX (DVA) or TA (TAC) or WC (VWA)  E358 Account Class is VX (DVA) or TA (TAC) or WC (VWA), but the Patient’s Legal Name or Given Names are not provided | |
| **Related items** | | Contact Account Class  Contact End Date/Time  Contact Given Name(s)  Contact Start Date/Time | |

Administration

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| --- | --- |
| **Purpose** | To facilitate reimbursement by Department of Veterans’ Affairs, Transport Accident Commission and WorkSafe Victoria for patients/clients with entitlements. These data are processed differently from other VINAH MDS data items to ensure that personal information remains confidential. |
| **Principal users** | Department of Veterans’ Affairs, Transport Accident Commission and WorkSafe Victoria |
| **Version history** | **Version Previous Name Effective Date**  5 Contact Family Name 2010/07/01  4 Contact/Client Service Event Family Name 2009/07/01  3 Contact/Client Service Event Family Name 2008/07/01  2 Family Name 2007/07/01  1 Family Name 2005/07/01 |
| **Definition source** | Department of Health |
| **Value domain source** | Department of Health |

## Contact Given Name(s)

|  |  |
| --- | --- |
| **Definition** | The given name/s of the DVA, TAC or WC patient.  ***Repeats:*** Min. Max. Duplicate |
| **Form** | Name 1 1 Not applicable |
| **Layout** | UX (0-14) ***Size:***  Min. Max**.**  1 15 |
| **Location** | Transmission protocol HL7 Submission  Contact (insert) ADT\_A03 (PID\PID.5\XPN.2)  Contact (update) ADT\_A08 (PID\PID.5\XPN.2)  Contact (delete) ADT\_A13 (PID\PID.5\XPN.2) |
| **Reported by** | Complex Care (FCP)  Early Parenting Centres  Hospital Admission Risk Program  Infusion Therapy  Palliative Care  Post Acute Care  Residential In-Reach  Specialist Clinics (Outpatients)  Subacute Ambulatory Care Services  Victorian Artificial Limb Program  Victorian HIV and Sexual Health Services  Victorian Respiratory Support Service |
| **Reported for** | Contacts in the current reporting period where and only where Account Class is one of ‘VX – Department of Veterans’ Affairs (DVA)’, ‘TA – Transport Accident Commission (TAC)’ or ‘WC – WorkSafe Victoria’. |
| **Reported when** | The current reporting period for this item is the calendar month in which the following events or data elements fall:  First Contact Start Date/Time (report when and only when Contact Account Class = ‘VX’, ‘TA’ or ‘WC’)  Second and subsequent Contact Start Date/Time (report when and only when Contact Account Class = ‘VX’, ‘TA’ or ‘WC’). |
| **Value domain** | A person’s name. |
| **Reporting guide** | The family name(s) of the patient/client.  Permitted characters: A to Z (uppercase), space, apostrophe, hyphen.  The first character must be an alpha character.  Where not required by the value of Account Class, must be left blank.  Note that the VINAH MDS requires only 15 characters of the given name to be reported, organisations may collect names longer than 15 characters in full, for their own purposes.  When instructed to leave or report blank, in the VINAH MDS this means that the corresponding field in the transmission file must be transmitted as a null or empty field. |
| **Validations** | E357 A Patient/Client’s Legal Family Name or Given Names are provided but Account Class is not VX (DVA) or TA (TAC) or WC (VWA)  E358 Account Class is VX (DVA) or TA (TAC) or WC (VWA), but the Patient’s Legal Name or Given Names are not provided |
| **Related items** | Contact Account Class  Contact End Date/Time  Contact Start Date/Time  Contact Family Name |

Administration

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| --- | --- |
| **Purpose** | To facilitate reimbursement by Department of Veteran’s Affairs, Transport Accident Commission and WorkSafe Victoria for patients/clients with entitlements. These data are processed differently from other VINAH MDS data items to ensure that personal information remains confidential. |
| **Principal users** | Department of Veterans’ Affairs, Transport Accident Commission and WorkSafe Victoria |
| **Version history** | **Version Previous Name Effective Date**  5 Contact Given Name 2010/07/01  4 Contact/Client Service Event Given Name 2009/07/01  3 Contact/Client Service Event Given Name 2008/07/01  2 Given Name 2007/07/01  1 Given Name 2005/07/01 |
| **Definition source** | Department of Health |
| **Value domain source** | Department of Health |

## Contact Group Session Identifier

|  |  |
| --- | --- |
| **Definition** | An identifier, unique to a group session within an organisation.  ***Repeats:*** Min. Max. Duplicate |
| **Form** | Name 1 1 Not applicable |
| **Layout** | X (…) ***Size:*** Min. Max**.**  1 No limit |
| **Location** | **Transmission protocol HL7 Submission**  Contact (insert) ADT\_A03 (PV1\PV1.50\CX.1)  Contact (update) ADT\_A08 (PV1\PV1.50\CX.1)  Contact (delete) ADT\_A13 (PV1\PV1.50\CX.1) |
| **Reported by** | Early Parenting Centres  Specialist Clinics (Outpatients) |
| **Reported for** | All contacts where Contact Session Type = ‘2 – Group – group program’ |
| **Reported when** | The current reporting period for this item is the calendar month in which the following events or data elements fall:  First Contact Start Date/Time (must be specified when Contact Session Type = ‘2 – Group – group program’)  Second and subsequent Contact Start Date/Time (must be specified when Contact Session Type = ‘2 – Group – group program’) |
| **Value domain** | Organisation generated. Individual sites may use their own alphabetic, numeric, or alphanumeric coding system. |
| **Reporting guide** | This data element is used to determine which patients/clients were present in a given group session. The same value must be reported in this data element for all patients/clients that were present in the same group session. |
| **Validations** | It is strongly recommended that submitters ensure that the same Contact Professional Group and Contact Date is reported for all group session contacts submitted with the same Contact Group Session Identifier.  E365 Contact Session Type = ‘2 - Group – group program’ but Contact Group Session Identifier has not been reported  E366 A Contact Group Session Identifier has been reported but the Contact Session Type <> ‘2 - Group - group program’ |
| **Related items** | Contact Session Type |

Administration

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| --- | --- |
| **Purpose** | To enable identification of unique group sessions across different patients/clients. |
| **Principal users** | Department of Health, Commonwealth Government. |
| **Version history** | **Version Previous Name Effective Date**  1 Contact Group Session Identifier 2011/07/01 |
| **Definition source** | Department of Health |
| **Value domain source** | Health services |

## Contact Indigenous Status

|  |  |
| --- | --- |
| **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**  Contact (insert) ADT\_A03 (PID\PID.10\CE.1)  Contact (update) ADT\_A08 (PID\PID.10\CE.1)  Contact (delete) ADT\_A13 (PID\PID.10\CE.1) |
| **Reported by** | Complex Care (FCP)  Early Parenting Centres  Hospital Admission Risk Program  Infusion Therapy  Palliative Care  Palliative Care Consultancy  Post Acute Care  Residential In-Reach  Specialist Clinics (Outpatients)  Subacute Ambulatory Care Services  Transition Care Program  Victorian Artificial Limb Program  Victorian HIV and Sexual Health Services  Victorian Respiratory Support Service |
| **Reported for** | Optional for patients/clients whose episode opened during the current reporting period; mandatory for patients/clients whose first, second and subsequent contacts occurred during the current reporting period. |
| **Reported when** | The current reporting period for this item is the calendar month in which the following events or data elements fall:  First Contact Start Date/Time (Mandatory)  Second and subsequent Contact Start Date/Time (Mandatory) |
| **Value domain** | Table identifier HL70005  **Code Descriptor**  1 Indigenous – Aboriginal but not Torres Strait Islander origin  2 Indigenous – Torres Strait Islander but not Aboriginal origin  3 Indigenous – Both Aboriginal and Torres Strait Islander origin  4 Not indigenous – Neither Aboriginal or Torres Strait Islander origin  8 Question unable to be answered  9 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 (AIHW)](https://www.aihw.gov.au/reports/indigenous-australians/national-guidelines-collecting-health-data-sets/summary) <https://www.aihw.gov.au/reports/indigenous-australians/national-guidelines-collecting-health-data-sets/summary>. |
| **Validations** | General edits only, see Format. |
| **Related items** | Contact End Date/Time  Contact 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**  7 Contact Indigenous Status 2020/07/01  6 Contact Indigenous Status 2014/07/01  5 Contact Indigenous Status 2010/07/01  4 Contact/Client Service Event Indigenous 2009/07/01  Status  3 Contact/Client Service Event Indigenous 2008/07/01  Status  2 Indigenous Status 2007/07/01  1 Indigenous Status 2005/07/01 |
| **Definition source** | METEOR 602543 (Department of Health modified) |
| **Value domain source** | METEOR 602543 (Department of Health modified) |

## Contact Inpatient Flag

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| --- | --- |
| **Definition** | An indication of whether the patient/client is an inpatient at the time of the contact.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Code 1 1 Not applicable |
| **Layout** | X ***Size:*  Min. Max.**  1 1 |
| **Location** | **Transmission protocol HL7 Submission**  Contact (insert) ADT\_A03 (PV1\PV1.2)  Contact (update) ADT\_A08 (PV1\PV1.2)  Contact (delete) ADT\_A13 (PV1\PV1.2) |
| **Reported by** | Complex Care (FCP)  Early Parenting Centres  Hospital Admission Risk Program  Infusion Therapy  Palliative Care  Palliative Care Consultancy  Post Acute Care  Residential In-Reach  Specialist Clinics (Outpatients)  Subacute Ambulatory Care Services  Victorian Artificial Limb Program  Victorian HIV and Sexual Health Services  Victorian Respiratory Support Service |
| **Reported for** | All contacts with a Contact Client Present Status (values 10, 11, 12, 13, 20, 31, 32) |
| **Reported when** | The current reporting period for this item is the calendar month in which the following events or data elements fall:  First Contact Start Date/Time (Mandatory)  Second and subsequent Contact Start Date/Time (Mandatory) |
| **Value domain** | Enumerated  Table identifier HL70004  **Code Descriptor**  I Yes (Inpatient/ Admitted)  O No (Outpatient/Non-admitted) |
| **Reporting guide** | This item should be used to indicate whether the patient/client is an inpatient/admitted patient at the time of the contact. This includes a patient in Hospital in the Home (HITH).  For Specialist Clinics (Outpatients), all services in scope should be reported to this collection. The reporting of Inpatient Flag ‘I’ indicates that the outpatient service has been provided as part of the inpatient service and therefore will not be funded separately.  Note: AIMS reporting has a different scope to this collection and the same business rules may not apply. Refer to the AIMS manual for further information. |
| **Validations** | General edits only, see Format. |
| **Related items** | Contact End Date/Time  Contact Start Date/Time |

Administration

|  |  |
| --- | --- |
| **Purpose** | To allow national reporting requirements to be met and assist with outcome analyses and service planning. |
| **Principal users** | Department of Health |
| **Version history** | **Version Previous Name Effective Date**  5 Contact Inpatient Flag 2019/07/01  4 Contact Inpatient Flag 2011/07/01  3 Contact Inpatient Flag 2010/07/01  2 Contact/Client Service Event Inpatient Flag 2009/07/01  1 Contact/Client Service Event Inpatient Flag 2007/07/01 |
| **Definition source** | Department of Health |
| **Value domain source** | Department of Health |

## Contact Interpreter Required

|  |  |
| --- | --- |
| **Definition** | The patient’s/client’s need for an interpreter, as perceived by the patient/client or person consenting for the patient/client.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Code 1 1 Not applicable |
| **Layout** | N ***Size:*  Min. Max.**  1 1 |
| **Location** | **Transmission protocol HL7 Submission**  Contact (insert) ADT\_A03 (PV1\PV1.15)  Contact (update) ADT\_A08 (PV1\PV1.15)  Contact (delete) ADT\_A13 (PV1\PV1.15) |
| **Reported by** | Complex Care (FCP)  Early Parenting Centres  Hospital Admission Risk Program  Infusion Therapy  Post Acute Care  Palliative Care Consultancy  Residential In-Reach  Specialist Clinics (Outpatients)  Subacute Ambulatory Care Services  Victorian Artificial Limb Program  Victorian HIV and Sexual Health Services  Victorian Respiratory Support Service |
| **Reported for** | All contacts completed in the current reporting period. |
| **Reported when** | The current reporting period for this item is the calendar month in which the following events or data elements fall:  First Contact Start Date/Time (Mandatory)  Second and subsequent Contact Start Date/Time (Mandatory) |
| **Value domain** | Enumerated  Table identifier HL70009  **Code Descriptor**  1 Interpreter needed  2 Interpreter not needed  9 Not stated/inadequately described |
| **Reporting guide** | Contact Preferred Language to be asked before Contact Interpreter Required.  If the preferred language is English, Contact Interpreter Required can be assumed to be ‘2 – Interpreter not needed’.  This data element must:   * Be checked for every contact. * Not be set up to input a default code on computer systems.   The standard question is: [Do you] [Does the person] [Does (name)] require an interpreter?  The provision of the question ‘Do you require an interpreter?’ is asked to determine patient need for an interpreter, not the capacity of the hospital to provide an interpreter.  **Patient is unable to consent (e.g., baby, child, or elderly):**  Where a person is not able to consent for themselves (for example, baby, child, or elderly) then the need for an interpreter is recorded for the person who is consenting. For example, a guardian or someone with enduring power of attorney. |
| **Validations** | E360 Contact Preferred Language is ‘1201 – English’ but Contact Interpreter Required (<val>) is not ‘2 – Interpreter not needed’ |
| **Related items** | Contact End Date/Time  Contact Preferred Language  Contact Start Date/Time |

Administration

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| **Purpose** | For planning and to form the basis for future funding allocation for Culturally and Linguistically Diverse (CALD) hospital service provision. |
| **Principal users** | Multiple internal and external data users |
| **Version history** | **Version Previous Name Effective Date**  5 Contact Interpreter Required 2010/07/01  4 Contact/Client Service Event Interpreter 2009/07/01  Required  3 Contact/Client Service Event Interpreter 2008/07/01  Required  2 Interpreter Required 2007/07/01  1 Interpreter Required 2005/07/01 |
| **Definition source** | Department of Health |
| **Value domain source** | Department of Health |

## Contact Medicare Benefits Schedule Item Number

|  |  |
| --- | --- |
| **Definition** | The Medicare Benefits Schedule Item Numbers charged during this contact  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Repeatable Code 1 1 Not applicable |
| **Layout** | N[N][N][N][N] ***Size:*  Min. Max.**  1 1 |
| **Location** | **Transmission protocol HL7 Submission**  Contact (insert) ADT\_A03 (PR1\PR1.3\CE.1)  Contact (update) ADT\_A08 (PR1\PR1.3\CE.1)  Contact (delete) ADT\_A13 (PR1\PR1.3\CE.1) |
| **Reported by** | Specialist Clinics (Outpatients) |
| **Reported for** | Optional where Contact Account Class = ‘QM - Private clinic: MBS funded’  Not required to be reported for any other Contact Account Class. |
| **Reported when** | The 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).  Second and subsequent Contact Start Date/Time (Optional). |
| **Value domain** | Enumerated  Table identifier 990084  For full code set visit the Australian Government ‘MBS Online’ website. |
| **Reporting guide** | When reporting this data element report the MBS item number/s as charged. |
| **Validations** | General edits only, see Format. |
| **Related items** | Contact Account Class  Contact End Date/Time  Contact Start Date/Time |

Administration

|  |  |  |  |
| --- | --- | --- | --- |
| **Purpose** | To inform cost-weight setting for activity-based funding. | | |
| **Principal users** | Department of Health | | |
| **Version History** | **Version** | **Previous Name** | **Effective Date** | |
| 1 | Contact Medicare Benefits Schedule Item Number | 2011/07/01 | |
| **Definition source** | Department of Health | | | |
| **Value domain source** | Medicare Australia | | | |

## Contact Medicare Number

|  |  |
| --- | --- |
| **Definition** | Personal identifier allocated by Medicare Australia to eligible persons under the Medicare scheme.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Identifier 1 1 Not applicable |
| **Layout** | N(11) ***Size:*  Min. Max.**  3 11 |
| **Location** | **Transmission protocol HL7 Submission**  Contact (insert) ADT\_A03 (PID\PID.3\CX.1)  Contact (update) ADT\_A08 (PID\PID.3\CX.1)  Contact (delete) ADT\_A13 (PID\PID.3\CX.1) |
| **Reported by** | Complex Care (FCP)  Early Parenting Centres  Hospital Admission Risk Program  Infusion Therapy  Palliative Care  Palliative Care Consultancy  Post Acute Care  Residential In-Reach  Specialist Clinics (Outpatients)  Subacute Ambulatory Care Services  Transition Care Program  Victorian Artificial Limb Program  Victorian HIV and Sexual Health Services  Victorian Respiratory Support Service |
| **Reported for** | All contacts completed in the current reporting period. |
| **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:  First Contact Start Date/Time (Mandatory)  Second and subsequent Contact Start Date/Time (Optional) |
| **Value domain** | The patient’s/client’s Medicare number and individual reference number (IRN), issued by Medicare Australia. |
| **Reporting guide** | The Medicare number is printed in the centre of the Medicare card. The IRN is also called the ‘eleventh character’ of the number. It is the number printed to the left of the name of the patient.  **Neonates**  For neonates who have not yet been added to the family Medicare card, and therefore have no IRN, there are two reporting options:  Mother’s/family’s Medicare number in the first ten characters and a zero (0) as the eleventh character  Mother’s/family’s Medicare number in the first ten characters and the mother’s IRN as the eleventh character.  **Valid Medicare numbers are:**   * First character can only be: 2, 3, 4, 5, or 6 * Numeric or all blanks * Check digit (ninth character) is the remainder of the following equation: [(1st digit \* 1) + (2nd digit \* 3) + (3rd digit \* 7) + (4th digit \* 9) +(5th digit \* 1) + (6th digit \* 3) + (7th digit \* 7) + (8th digit \* 9)] / 10   **Invalid Medicare Numbers are:**   * Special characters (for example, $, #) * Alphabetic characters * Zero-filled (if the Medicare number is not available or not applicable, the Medicare number must be left blank)   Image of a medicare card  When reporting Contact Medicare Number, a value of ‘AUSHIC’ must be reported as the Local Identifier Assigning Authority (table identifier HL70363, (PID\PID.3\CX.4)). |
| **Validations** | E368 Contact Account Class (<AccountClass>) is incompatible with Contact Medicare Suffix (<medicare\_suffix>). |
| **Related items** | Contact Account Class  Contact End Date/Time  Contact Medicare Suffix  Contact Start Date/Time  Contact TAC Claim Number  Contact VWA File Number  Patient/Client DVA File Number  Patient/Client Identifier |

Administration

|  |  |
| --- | --- |
| **Purpose** | To assist in monitoring continuity of care across hospitals and ensure eligibility for publicly funded health care. |
| **Principal users** | Department of Health |
| **Version history** | **Version Previous Name Effective Date**  3 Contact Medicare Number 2019/07/01  2 Contact Medicare Number 2017/07/01  1 Contact Client Medicare Number 2012/07/01 |
| **Definition source** | NHDD |
| **Value domain source** | Medicare Australia |

## Contact Medicare Suffix

|  |  |
| --- | --- |
| **Definition** | First three characters of a patient’s given name (as it appears on the person’s Medicare card).  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Identifier 1 1 Not applicable |
| **Layout** | XXX or A-A ***Size:*  Min. Max.**  3 3 |
| **Location** | **Transmission protocol HL7 Submission**  Contact (insert) ADT\_A03 (PID\PID.3\CX.2)  Contact (update) ADT\_A08 (PID\PID.3\CX.2)  Contact (delete) ADT\_A13 (PID\PID.3\CX.2) |
| **Reported by** | Complex Care (FCP)  Early Parenting Centres  Hospital Admission Risk Program  Infusion Therapy  Palliative Care  Palliative Care Consultancy  Post Acute Care  Residential In-Reach  Specialist Clinics (Outpatients)  Subacute Ambulatory Care Services  Transition Care Program  Victorian Artificial Limb Program  Victorian HIV and Sexual Health Services  Victorian Respiratory Support Service |
| **Reported for** | All contacts completed in the current reporting period. |
| **Reported when** | The current reporting period for this item is the calendar month in which the following events or data elements fall:  First Contact Start Date/Time (Mandatory)  Second and subsequent Contact Start Date/Time (Optional) |
| **Reporting guide** | The first 3 characters of the patient’s first given name.  Characters permitted:   * Upper case alphas * Space as second and third characters * Space as third character * Hyphen or apostrophe as second character or hyphen or apostrophe as third character   If Medicare is unavailable or the patient is not eligible for a Medicare number, leave the Medicare number blank (not zero-filled) and enter the appropriate suffix:  **Suffix Descriptor Account Class**  C-U Card unavailable/Not applicable All (ex JP, ME, MF, XX)  N-E Not eligible for Medicare ME, MF, XX  P-N Prisoner JP  **Ineligible patients**  Must be reported with a Medicare suffix of 'N-E' where Contact Account Class = ‘ME’, ‘MF’ or 'XX'. May also be reported where Contact Account Class = ‘CL’, ‘PI’, ‘PO’, ‘PS’, ‘SS’, ‘TA’, or ‘WC’. Also refer to Section 2: concepts and derived items, subheading ‘Medicare eligibility status’.  **RCHA**  For patients with Account Class ‘MA - Reciprocal Health Care Agreement’, report C-U.  **Unnamed neonate**  For unnamed neonates where the family has a Medicare number, report a Medicare suffix of ‘BAB’. The Medicare number issued to the mother/family must also be reported with a Medicare individual reference number (IRN) (‘eleventh character’) of zero (0), or the Medicare IRN of the mother. |
| **Validations** | E368 Contact Account Class (<AccountClass>) is incompatible with Contact Medicare Suffix (<medicare\_suffix>)  E371 Data Element (<FieldName>) is mandatory for this program/stream (<Program/Stream>) after (<Timing>) but no value was supplied |
| **Related items** | Contact Account Class  Contact End Date/Time  Contact Medicare Number  Contact Start Date/Time  Contact TAC Claim Number  Contact VWA File Number  Patient/Client DVA File Number  Patient/Client Identifier |

Administration

|  |  |
| --- | --- |
| **Purpose** | To assist in monitoring continuity of care across hospitals and ensure eligibility for publicly funded health care. |
| **Principal users** | Department of Health |
| **Version history** | **Version Previous Name Effective Date**  2 Contact Medicare Suffix 2019/07/01  1 Contact Medicare Suffix 2016/07/01 |
| **Definition source** | Department of Health |
| **Value domain source** | Medicare Australia |

## Contact Preferred Care Setting

|  |  |
| --- | --- |
| **Definition** | The setting identified by the patient/client at the time of the contact as their preferred place of care.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Code 1 1 Not applicable |
| **Layout** | NN ***Size:*  Min. Max.**  2 2 |
| **Location** | **Transmission protocol HL7 Submission**  Contact (insert) ADT\_A03 (PV1\PV1.42\PL.6)  Contact (update) ADT\_A08 (PV1\PV1.42\PL.6)  Contact (delete) ADT\_A13 (PV1\PV1.42\PL.6) |
| **Reported by** | Palliative Care – ‘41 - Community palliative care’ |
| **Reported for** | All contacts completed in the current reporting period. |
| **Reported when** | The current reporting period for this item is the calendar month in which the following events or data elements fall:  First Contact Start Date/Time (Mandatory)  Second and subsequent Contact Start Date/Time (Mandatory) |
| **Value domain** | Enumerated  Table identifier 990039  **Code Descriptor**  11 Hospital setting – inpatient setting  12 Hospital setting – clinic/centre  13 Hospital setting – emergency department  14 Hospital setting – other non-inpatient setting  15 Hospital setting – palliative care unit  21 Community based health facility  22 General practice setting  23 Residential care  24 Supported accommodation setting  31 Home  41 Educational institution setting  97 Unknown, not stated or question not asked  98 Not applicable – patient/client not present  99 Other |
| **Reporting guide** | Asking a patient/client about their preferred setting of care is a means to gather information about the location of service delivery that best meets the patient’s/client’s current needs.  This value domain is similar to that used for Contact Delivery Setting (HL70305) but has the additional code 97.  **97 – Unknown, not stated or question not asked**  Includes:   * Where it was inappropriate to ask the question * Where the patient/client did not, or was not able to answer the question * Where the answer is otherwise unknown   **98 – Not applicable – patient/client not present**  Report this code when the value of Contact Client Present Status is not ’11 – Patient/Client present only’ or ’12 – Patient/Client present with carer(s)/relative(s)’. |
| **Validations** | E363 <ContactDataElement> is <ContactDataElementValue> but Contact Client Present Status is <NAClientNotPresentValue>  E364 Where Contact Client Present Status is <NAClientNotPresentValue> - <NAClientNotPresentMeaning>but <ContactDataElement> is <ContactDataElementValue> |
| **Related items** | Contact Care Model  Contact Care Phase  Contact End Date/Time  Contact Preferred Death Place  Contact Start Date/Time |

Administration

|  |  |
| --- | --- |
| **Purpose** | To assist with outcome analyses and service planning, and meeting state government reporting requirements. |
| **Principal users** | Department of Health |
| **Version history** | **Version Previous Name Effective Date**  2 Contact Preferred Care Setting 2010/07/01  1 Contact/Client Service Event Preferred 2009/07/01  Setting of Care |
| **Definition source** | Department of Health |
| **Value domain source** | Department of Health |

## Contact Preferred Death Place

|  |  |
| --- | --- |
| **Definition** | The place identified by the patient/client at the time of the contact as their preferred place to die.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Code 1 1 Not applicable |
| **Layout** | NN ***Size:*  Min. Max.**  2 2 |
| **Location** | **Transmission protocol HL7 Submission**  Contact (insert) ADT\_A03 (PD1\PD1.15\CE.1)  Contact (update) ADT\_A08 (PD1\PD1.15\CE.1)  Contact (delete) ADT\_A13 (PD1\PD1.15\CE.1) |
| **Reported by** | Palliative Care – ‘41 - Community palliative care |
| **Reported for** | All contacts completed in the current reporting period |
| **Reported when** | The current reporting period for this item is the calendar month in which the following events or data elements fall:  First Contact Start Date/Time (Mandatory)  Second and subsequent Contact Start Date/Time (Mandatory) |
| **Value domain** | Enumerated  This value domain is similar to that used for Patient/Client Death Place (990034) but has the additional codes ‘97 - Unknown, not stated or question not asked’ and ’98 - Not applicable – patient/client not present’.  Table identifier HL70435  **Code Descriptor**  10 Private residence  21 Residential – aged care setting  22 Residential – other setting  30 Non-residential setting  41 Inpatient setting – designated palliative care unit  42 Inpatient setting – other than designated palliative care unit  97 Unknown, not stated or question not asked  98 Not applicable – patient/client not present  99 Other location |
| **Reporting guide** | This topic needs to be addressed sensitively as part of a developing relationship of trust between patient/client, family and care provider. While it is expected that this question would be addressed during a service contact, it may be insensitive to broach this topic during early contacts and sometimes not at all. In these instances, reporting code 97 is appropriate.  **97 – Unknown, not stated or question not asked**  Includes:   * Where it was inappropriate to ask the question * Where the patient/client did not, or was not able to answer the question * Where the answer is otherwise unknown   **98 – Not applicable – patient/client not present**  Report this code when the value of Contact Client Present Status is not ’11 – Patient/Client present only’ or ’12 – Patient/Client present with career(s)/relative(s)’’. |
| **Validations** | E363 <ContactDataElement> is <ContactDataElementValue> but Contact Client Present Status is <NAClientNotPresentValue>  E364 Contact Client Present Status is ‘<NAClientNotPresentValue> - <NAClientNotPresentMeaning>but <ContactDataElement> is <ContactDataElementValue> |
| **Related items** | Contact Care Model  Contact Care Phase  Contact Client Present Status  Contact End Date/Time  Contact Interpreter Required  Contact Start Date/Time |

Administration

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| **Purpose** | To assist with outcome analyses and service planning, and meeting state government reporting requirements. |
| **Principal users** | Department of Health |
| **Version history** | **Version Previous Name Effective Date**  2 Contact Preferred Death Place 2010/07/01  1 Contact/Client Service Event Preferred Place 2009/07/01  Of Death |
| **Definition source** | Department of Health |
| **Value domain source** | Department of Health |

## Contact Preferred Language

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| **Definition** | The language (including sign language) most preferred by the patient/client for communication during the provision of care. This may be a language other than English even where the person can speak fluent English.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Code 1 1 Not applicable |
| **Layout** | NNNN ***Size:*  Min. Max.**  4 4 |
| **Location** | **Transmission protocol HL7 Submission**  Contact (insert) ADT\_A03 (PID\PID.15\CE.1)  Contact (update) ADT\_A08 (PID\PID.15\CE.1)  Contact (delete) ADT\_A13 (PID\PID.15\CE.1) |
| **Reported by** | Complex Care (FCP)  Early Parenting Centres  Hospital Admission Risk Program  Infusion Therapy  Palliative Care  Palliative Care Consultancy  Post Acute Care  Residential In-Reach  Specialist Clinics (Outpatients)  Subacute Ambulatory Care Services  Victorian Artificial Limb Program  Victorian HIV and Sexual Health Services  Victorian Respiratory Support Service |
| **Reported for** | Patients/clients whose episodes opened during the current reporting period. |
| **Reported when** | The current reporting period for this item is the calendar month in which the following events or data elements fall:  First Contact Start Date/Time (Mandatory)  Second and subsequent Contact Start Date/Time (Mandatory) |
| **Value domain** | Refer to [Australian Standard Classification of Languages (ASCL)](https://www.abs.gov.au/statistics/classifications/australian-standard-classification-languages-ascl/latest-release) <https://www.abs.gov.au/statistics/classifications/australian-standard-classification-languages-ascl/latest-release>. |
| **Reporting guide** | This information must:   * Be ascertained for each contact * Not be set up to a default code on computer systems   The standard question is: “What is [your] [the person’s] preferred language?”  **Patient/Client is unable to consent (for example child or cognitively impaired)**  Where a patient/client is not able to consent for themselves then the language of the person who is consenting will be recorded. For example, a guardian or someone with enduring power of attorney.  One of the following supplementary codes should be used where a patient’s/client’s preferred language is not stated or inadequately described:  ‘0000 – Inadequately described’  ‘0002 – Not stated’. |
| **Validations** | E360 <Contact Preferred Language is ‘1201-English’ but Contact Interpreter Required (<val>) is not ‘2 – Interpreter not needed’ |
| **Related items** | Contact End Date/Time  Contact Interpreter Required  Contact Start Date/Time |

Administration

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| **Purpose** | For planning and to form the basis for future funding allocation for Culturally and Linguistically Diverse (CALD) hospital service provision. |
| **Principal users** | Department of Health |
| **Version history** | **Version Previous Name Effective Date**  6 Contact Preferred Language 2012/07/01  5 Contact Preferred Language 2010/07/01  4 Contact/Client Service Event Preferred 2009/07/01 Language  3 Contact/Client Service Event Preferred 2008/07/01 Language  2 Preferred Language 2007/07/01  1 Preferred Language 2005/07/01 |
| **Definition source** | NHDD |
| **Value domain source** | ABS Australian Standard Classification of Languages (ASCL) |

## Contact Professional Group

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| **Definition** | The professional group or professional(s) providing services for a contact.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Repeatable Code 1 No Limit Permitted |
| **Layout** | NNNN[N][N] ***Size:*  Min. Max.**  4 6 |
| **Location** | **Transmission protocol HL7 Submission**  Contact (insert) ADT\_A03 (ROL\ROL.9\CE.1)  Contact (update) ADT\_A08 (ROL\ROL.9\CE.1)  Contact (delete) ADT\_A13 (ROL\ROL.9\CE.1) |
| **Reported by** | Complex Care (FCP)  Early Parenting Centres  Hospital Admission Risk Program  Infusion Therapy  Palliative Care  Palliative Care Consultancy  Post Acute Care  Residential In-Reach  Specialist Clinics (Outpatients)  Subacute Ambulatory Care Services  Transition Care Program  Victorian Artificial Limb Program  Victorian HIV and Sexual Health Services  Victorian Respiratory Support Service |
| **Reported for** | All contacts completed in the current reporting period. |
| **Reported when** | The 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 for IT program/stream, Mandatory for all other program/streams)  Second and subsequent Contact Start Date/Time (Optional for IT program/stream, Mandatory for all other program/streams) |
| **Value domain** | Enumerated  Table identifier 990013  **Code Descriptor**  099700 Care coordinator  099710 Clinical educator  099800 Not applicable: voluntary worker  099893 Medical research fellow  099894 Visiting medical officer  099895 Registrar  099896 Resident medical practitioner  099897 Other health professional  099898 Other discipline service provider  099899 Discipline not stated  234611 IVF Embryologist  251111 Dietician/nutritionist  2512 Medical imaging professionals  251212 Medical radiation therapist  251213 Diagnostic & interventional radiologist  251411 Optometrist  251412 Orthoptist  2515 Pharmacist  251912 Orthotist/Prosthetist  251999 Health diagnostic and promotion professionals NEC  252299 Other complementary medicine service provider  2523 Dentist  252311 Dental specialist  252411 Occupational therapist  252511 Physiotherapist  252611 Podiatrist  252711 Audiologist  252712 Speech pathologist/therapist  252900 Allied health assistant  252999 Other allied health  2531 General practitioner (GP)  253211 Anaesthetist  2533 Intern medicine specialist  253311 Specialist physician (general medicine)  253312 Cardiologist  253313 Clinical haematologist  253314 Clinical oncologist  253315 Endocrinologist  253316 Gastroenterologist  253317 Intensive care specialist  253318 Neurologist  253321 Paediatrician  253322 Renal medicine specialist  253323 Rheumatologist  253324 Thoracic medicine specialist  253399 Geneticist  253411 Psychiatrist  253511 Surgeon (general)  253512 Cardiothoracic surgeon  253513 Neurosurgeon  253514 Orthopaedic surgeon  253515 Otorhinolaryngologist  253516 Paediatric surgeon  253517 Plastic and reconstructive surgeon  253518 Urologist  253521 Vascular surgeon  253522 Geriatrician  253621 Palliative medicine specialist  253721 Pain medicine specialist  253911 Dermatologist  253912 Emergency medicine specialist  253913 Obstetrician and gynaecologist, not further defined  253914 Ophthalmologist  253915 Pathologist  253918 Radiation oncologist  253920 Gynaecologist  253921 Obstetrician  253999 Medical practitioners, not elsewhere classified  254111 Midwife  254211 Nurse educator  254400 Nurse – Division 1  254411 Nurse practitioner  254412 Clinical nurse specialist  254413 Nurse manager  254414 Registered nurse – aged care  254415 Registered nurse – critical care & emergency  254416 Registered nurse – medical  254417 Registered nurse – mental health  254418 Registered nurse – perioperative  254419 Registered nurse – surgical  254420 Registered nurse, not elsewhere classified  272100 Counsellor, not elsewhere classified  272101 Drug & alcohol counsellor  272102 Family & marriage counsellor  272103 Rehabilitation counsellor  272199 Spiritual carer  272313 Clinical psychologist  272389 Neuropsychologist  272399 Psychologist, not elsewhere classified  272400 Educational psychologist  272401 Psychotherapist  272511 Social worker  300010 Student  411311 Diversional therapist  411411 Nurse – Division 2  4115 Indigenous health worker  4116 Aboriginal health practitioner  4117 Principal Aboriginal health worker  423111 Aged or disabled carer  423312 Nursing support worker  434999 Exercise physiologist  435010 Non-professional healthcare provider |
| **Reporting guide** | Use as many codes as necessary to report each professional and professional group involved in the contact.  At the contact level, report one code for each participating clinician. Codes should be repeated if multiple health care providers of the same Contact Professional Group participate in the delivery of the contact. For example, if two physiotherapists are involved in a single contact, report the code ‘252511 – Physiotherapist’ twice.  For the Infusion Therapy program/stream, Contact Professional Group is not required to be reported when subcutaneous immunoglobulin (SCIg) is self-administered by the patient or carer.  **099893 – Medical research fellow**  A Medical Research Fellow is a post-graduate medical practitioner in receipt of a recognised Australian or international Research Fellowship. Note that reportable VINAH MDS contacts must be clinically significant in nature and result in a dated entry being made in the patient/client record.  **099894 – Visiting medical officer**  A visiting medical officer is a medical practitioner appointed by the hospital board to provide medical services for hospital (public) patients on an honorary, sessional paid, or fee for service basis.  **099895 – Registrar**  A Registrar is a medical practitioner admitted to an Australian Medical Council accredited vocational training program leading to a fellowship of a Medical College including those of General Practice and Rural and Remote Medicine.  **099896 – Resident medical practitioner**  A Resident Medical Practitioner is a medical practitioner in the second or subsequent post-graduate year of clinical experience. An RMP must complete 12 months of clinical experience to advance to the next pay point.  **2533 – Intern medicine specialist**  An Intern is a medical practitioner in the first post-graduate year of clinical experience.  **300010 – Student**  Record this code for students participating in clinical placements. |
| **Validations** | General edits only, see Format. |
| **Related items** | Contact End Date/Time  Contact Start Date/Time |

Administration

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| **Purpose** | To monitor and plan resource utilisation. |
| **Principal users** | Department of Health |
| **Version history** | **Version Previous Name Effective Date**  11 Contact Professional Group 2023/07/01  10 Contact Professional Group 2018/07/01  9 Contact Professional Group 2017/07/01  8 Contact Professional Group 2015/07/01  7 Contact Professional Group 2014/07/01  6 Contact Professional Group 2012/07/01  5 Contact Professional Group 2010/07/01  4 Contact/Client Service Event Professional 2009/07/01 Group  3 Contact/Client Service Event Professional 2008/07/01 Group  2 Contact/Client Service Event Professional 2007/07/01 Group  1 Client Service Event Professional Group 2005/07/01 |
| **Definition source** | Department of Health |
| **Value domain source** | ANZSCO – Australian and New Zealand Standard Classification of Occupations (Department of Health modified) |

## Contact Program Stream

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| --- | --- |
| **Definition** | The program/stream for the Specialist Clinics (Outpatients) that is providing services for a particular contact.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Code 1 1 Not applicable |
| **Layout** | N[NN] ***Size:*  Min. Max.**  3 3 |
| **Location** | **Transmission protocol HL7 Submission**  Contact (insert) ADT\_A03 (PV1\PV1.10)  Contact (update) ADT\_A08 (PV1\PV1.10)  Contact (delete) ADT\_A13 (PV1\PV1.10) |
| **Reported by** | Specialist Clinics (Outpatients) |
| **Reported for** | All contacts during the current reporting period. |
| **Reported when** | The current reporting period for this item is the calendar month in which the following events or data elements fall:  Contact Clinic Identifier (Mandatory)  First Contact Start Date/Time (Mandatory)  Second and subsequent Contact Start Date/Time (Mandatory) |
| **Value domain** | Enumerated  Table identifier HL70069\_CCSE  **Code Descriptor**  101 General medicine  103 Cardiology  106 Gastroenterology  107 Haematology  108 Nephrology  109 Neurology  110 Oncology  111 Respiratory  112 Rheumatology  113 Dermatology  114 Infectious diseases  116 Immunology, includes allergy  117 Endocrinology, includes diabetes  118 Hepatobiliary and pancreas  119 Burns  201 General surgery  202 Cardiothoracic surgery  203 Neurosurgery  204 Ophthalmology  205 Ear, nose, and throat  206 Plastic surgery  207 Urology  208 Vascular  209 Pre-admission  301 Dental  310 Orthopaedics/musculoskeletal  311 Orthopaedic applications  312 Wound care  313 Allied health – stand-alone  350 Psychiatry and behavioural disorders, includes alcohol and drug  402 Obstetrics  403 Gynaecology  406 Reproductive medicine and family planning  408 Gender services  415 Adult genetics  416 Paediatric genetics  417 Familial cancer services  418 Reproductive genetics |
| **Reporting guide** | The value domain is similar to Referral In and Episode Program/Stream. The difference is the program/stream is assigned at the clinic template level. |
| **Validations** | E370 Data Element (<FieldName>) is mandatory (<Timing>) but no value was supplied. The (<FieldName>) for this (<FieldTypes>) is (<FieldValue>) |
| **Related items** | Contact Clinic Identifier  Contact End Date/Time  Contact Start Date/Time |

Administration

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| **Purpose** | To monitor activity and assist with service planning. |
| **Principal users** | Department of Health |
| **Version history** | **Version Previous Name Effective Date**  3 Contact Program Stream 2022/07/01  2 Contact Program Stream 2016/07/01  1 Contact Clinic Program Stream 2015/07/01 |
| **Definition source** | Department of Health |
| **Value domain source** | Department of Health |

## Contact Provider

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| --- | --- |
| **Definition** | An identifier, unique within the state, for the organisational unit providing services that are reportable to the VINAH MDS, for a particular contact.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Code 1 1 Not applicable |
| **Layout** | XXX[X][X][X] ***Size:*  Min. Max.**  3 6 |
| **Location** | **Transmission protocol HL7 Submission**  Contact (insert) ADT\_A03 (PV2\PV2.23\XON.10)  Contact (update) ADT\_A08 (PV2\PV2.23\XON.10)  Contact (delete) ADT\_A13 (PV2\PV2.23\XON.10) |
| **Reported by** | Complex Care (FCP)  Early Parenting Centres  Hospital Admission Risk Program  Infusion Therapy  Palliative Care  Post Acute Care  Residential In-Reach  Specialist Clinics (Outpatients)  Subacute Ambulatory Care Services  Transition Care Program  Victorian Artificial Limb Program  Victorian HIV and Sexual Health Services  Victorian Respiratory Support Service |
| **Reported for** | All contacts during the current reporting period |
| **Reported when** | The current reporting period for this item is the calendar month in which the following events or data elements fall:  First Contact Start Date/Time (Mandatory)  Second and subsequent Contact Start Date/Time (Mandatory) |
| **Value domain** | Table identifier 990012  **For full code set see Section 9.** |
| **Reporting guide** | The Contact Provider identifies the specific unit providing the care for a particular contact.  The Contact Provider may be, for example, a hospital campus (including the Emergency Department), Community Health Service, CRC or some other organisational unit providing HARP services or SACS.  If a contact:   * Occurs in a patient’s/client’s home or some other location, this item should indicate the unit from which the health care professional/s originate. * Is provided through a brokered service, this item should be reported as ‘BROKER’   It must be distinguished from the Local Identifier Assigning Authority, which indicates the facility responsible for assigning an identifier to the patient/client. For example, a particular stand-alone CRC is the Contact Provider when it delivers a contact to a patient/client. That patient’s/client’s identifier may have been assigned by a hospital campus within the same Health Service, and the Local Identifier Assigning Authority would identify that hospital campus.  Where leading zeros are specified as part of a Contact Provider code they must be transmitted. |
| **Validations** | General edits only, see Format |
|  | E013 Code (‘<CodeSupplied>’) for Data Element ‘<FieldName>’is for emergency use only – to be used under the direction of the department |
| **Related items** | Contact End Date/Time  Contact Start Date/Time |

Administration

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| --- | --- |
| **Purpose** | To monitor and plan resource utilisation. |
| **Principal users** | Department of Health |
| **Version history** | **Version Previous Name Effective Date**  6 Contact Provider 2021/07/01  5 Contact Provider 2010/07/01  4 Contact/Client Service Event Provider 2009/07/01  3 Contact/Client Service Event Provider 2007/07/01  2 Contact/Client Service Event Provider 2006/07/01  1 Client Service Event Provider 2005/07/01 |
| **Definition source** | Department of Health |
| **Value domain source** | Department of Health |

## Contact Purpose

|  |  |
| --- | --- |
| **Definition** | The purpose of the service provided within the contact.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Code 1 1 Not allowed |
| **Layout** | NN ***Size:*  Min. Max.**  2 2 |
| **Location** | **Transmission protocol HL7 Submission**  Contact (insert) ADT\_A03 (PR1\PR1.3\CE.1)  Contact (update) ADT\_A08 (PR1\PR1.3\CE.1)  Contact (delete) ADT\_A13 (PR1\PR1.3\CE.1) |
| **Reported by** | Complex Care (FCP)  Early Parenting Centres  Hospital Admission Risk Program  Infusion Therapy  Palliative Care  Palliative Care Consultancy  Post Acute Care  Residential In-Reach  Specialist Clinics (Outpatients)  Subacute Ambulatory Care Services  Transition Care Program  Victorian Artificial Limb Program  Victorian HIV and Sexual Health Services  Victorian Respiratory Support Service |
| **Reported for** | All contacts completed during the current reporting period. |
| **Reported when** | The current reporting period for this item is the calendar month in which the following events or data elements fall:  First Contact Start Date/Time (Mandatory)  Second and subsequent Contact Start Date/Time (Mandatory) |
| **Value domain** | Enumerated |
|  | Table identifier HL70230 |
|  | **Code Descriptor** |
| **\*PC** | 10 Screening contact |
|  | 11 Initial needs identification (INI) |
|  | 12 Comprehensive assessment |
|  | 13 Specialist assessment |
|  | 21 Education/self-management |
|  | 22 Therapy/clinical intervention not further specified |
|  | 23 Symptom control/pain management |
|  | 24 Spiritual care |
|  | 25 Personal care |
|  | 26 Bereavement support |
|  | 27 Social support |
|  | 28 Supported accommodation |
| **\*HBPCCT** | 29 Formal family meeting |
| **\*HBPCCT, PC** | 31 Terminal care |
| **\*HBPCCT, PC** | 32 Respite |
|  | 41 Case conference |
|  | 42 Case management and/or care co-ordination |
|  | 51 Multidisciplinary case conference – patient not present |
| **\*OP** | 61 Research/medical trial |
|  | 71 Follow up/Monitoring/Evaluation/Review |
| **\*OP** | 72 New patient consultation |
| **\*OP** | 73 Follow up/Monitoring/Evaluation/Review – conservative management |
| **\*OP** | 74 New patient consultation – conservative management |
| **\*OP** | 75 Follow up/Monitoring/Evaluation/Review – optimisation pathways for surgery |
| **\*OP** | 76 New patient consultation – optimisation pathways for surgery |
|  | 98 Emergency use |
|  | 99 Other |
| **Reporting guide** | Where there is more than one service provided in a single contact, choose as the main purpose the value that was most significant. (Except Specialist Clinics (Outpatients) – see below).  More than one purpose may be optionally reported. The main purpose must be reported with a Procedure Sequence Number of ‘1’, additional purposes reported with values of ‘2’, ‘3’, ‘4’... and so on.  For Specialist Clinics (Outpatients), one of Follow Up/Monitoring/Evaluation /Review (71, 73, 75) or New patient consultation (72, 74, 76) must be reported for each contact. Other appropriate codes may also be reported.  **10 – Screening contact**  Only in scope for program/stream Palliative Care – 41 – Community palliative care  Screening contacts determine if the referred person (potential client) is appropriate for the service and the urgency of their care needs.  Can be direct or indirect.  Includes:   * Activity such as gathering sufficient clinical information from the referrer, other health professionals and the referred person and their carer/families. Depending upon the complexity, this may be completed by a single clinician or require a multidisciplinary approach. * Communication with other health professionals, will generally occur over the phone or may involve either phone or face-to-face contact with potential client’s or client’s and their carers/families.   Mandatory when reporting Referral In Outcome code ‘50: Screening referral’  **11 – Initial needs identification (INI)**  Initial needs identification is an initial screening for risk and service requirements. The practitioner undertaking initial needs identification looks beyond the presenting issue to what underlying issues may exist. Initial needs identification is not a diagnostic process but is a determination of the patient’s/client’s risk, eligibility, and priority for service.  Includes:   * Service Coordination Template Tool (SCTT) * Other tools incorporating initial needs identification principles   **12 – Comprehensive assessment**  Comprehensive assessment involves the most intense level of inquiry, and incorporates an advanced dimension of history taking, examination, observation, and measurement/testing about medical, physical, social, cultural, and psychological dimensions of need.  Includes:   * Tools (or combination of tools) used to support the comprehensive assessment process * Common assessment   For Palliative Care, this will usually be the admission visit.  **13 – Specialist assessment**  The means by which services determine the patient’s/client’s particular service requirement and adapt their service provision to the patients’/clients’ assessed need. It must be undertaken by a provider who has specialist skills knowledge and expertise.  For example, in palliative care this could include the initial bereavement risk assessment and assessment of a single and specific symptom, such as nausea.  Excludes:   * Specialist Clinics (Outpatients) contacts where the clinician is seeing a new patient for initial assessment or treatment. (Use code ’72 – New patient consultation’).   **21 – Education/self-management**  Education and feedback provided to the patient/client. This can include self-management education where education and empowerment are the main intent.  Includes:   * Health coaching * Motivational interviewing * Development of self-management skills * Decision-based counselling   This could also include:   * Education regarding the role of palliative care and services provided * Education regarding the disease process and/or treatment/symptom variants * Education regarding the interventions/prescribed medications * Education regarding the use of domiciliary oxygen * Education regarding other supports/services in the community * Education regarding medication side-effects and how they work * Education regarding transferring, using, and caring for equipment such as shower aids * Education regarding bowel management * Education regarding depression/anxiety   Excludes:   * staff training.   **22 – Therapy/clinical intervention not further specified**  This could include the following:   * Wound care/dressing * Bowel management/ enemas/ suppositories * Catheter care/ insertion * Care of naso-gastric tube * Oedema/lymphoedema management/ bandaging * Pathology specimen collection * Parenteral medications other than for symptom management, for example, Clexane * Initiation of webster packs/dosette * Pressure care * PICC flush * Subcutaneous fluids * Stomal care * Counselling * Care at time of death * Accessing port * Cleaning of and caring for the body of a deceased person * Music therapy   Excludes:   * Bereavement (26) * Personal care (25 * Social support (27) * Spiritual care (24) * Symptom control/pain management (23)   **23 – Symptom control/pain management**  Where medications relate to pain management or symptom control, this could also include the following:   * Monitor medication regimens/ monitor effectiveness of interventions/ alteration of doses * Administer parenteral medications * Domiciliary oxygen/nebulised medications * Insertion of delivery system for a syringe driver, for example, saf-t-intima * Filling of syringe driver * Instigation of new medications or altering medications   **24 – Spiritual care**  This could also include:   * Discussions relating to death and dying * Discussions relating to religion / beliefs / spirituality * Contact with religious ministers on behalf of the client * Discussions relating to funerals/special rites * Discussions relating to the meaning of life and death   **25 – Personal care**  Refers to assistance with daily self-care tasks such as eating, bathing, toileting, and grooming.  Includes:   * Hygiene – bathing/showering/sponge * Teeth/hair/shaving * Personal care assistance * Mouth care * Ambulation * Assist with food/fluids * Toileting * Assistance with or training in meal preparation   **26 – Bereavement support**  Includes:   * Grief and bereavement support for patients/clients not yet deceased * Ongoing bereavement risk assessment * If appropriate, attendance at funeral * Bereavement follow-up visits * Phone call with carer post-death * Support to family pre- and post-death * Pre- and post-death contacts by counsellor for the purpose of bereavement support   **27 – Social support**  Intervention to offer support for a patient’s/client’s participation and functioning in their community.  Includes:   * Emotional/psychosocial support for patients and caregivers * Biography service * Social work visits/contacts * Centrelink contacts if not administrative, for example, assisting clients with disability payments or carer allowance application paperwork * Talking/reading/sharing a game/watching TV/shopping/home maintenance/respite * Provision of childcare * Purchase or provision of meals   **28 – Supported accommodation**  Provision of housing, with staff on-site for:   * Clients with high care needs and complex health and psychosocial issues who would otherwise require admission to an acute hospital due to lack of other more appropriate options. * Continuity of care from acute hospital services to the community for clients with complex issues who would otherwise remain in acute care. * Social and carer respite, to provide a break for clients because of health or psychosocial stressors, or when their carer requires respite from their caring responsibility. * People from rural and regional Victoria accessing HIV specialist medical care in Melbourne. * Clients who are homeless, while emergency accommodation is secured. * Clients who are homeless with complex health and psychosocial issues, while longer term sustainable accommodation is secured.   **29 – Formal family meeting**  Only in scope for the Palliative Care Consultancy program/stream.  Formal family meetings take place between the patient, their family and health care professionals for multiple purposes, including: the sharing of information and concerns, clarifying the goals of care, discussing diagnosis, treatment, prognosis and developing a plan of care for the patient and family carers.  **31- Terminal care**  Care in the hours or days immediately preceding death that is focussed on emotional and spiritual issues as a prelude to bereavement.  **32- Respite**  Short term care of the client to provide client and/or carer support.  **41 – Case conference**  An inclusive process for making decisions about the care of a patient/client. Assessment findings and options for ongoing care and support are presented or other practitioners/clinicians, who can be from the same or different organisations. The presentation includes conclusions of the assessment that are supported by a range of information sources. Case conferences are often multidisciplinary and incorporate the views and preferences of the patient/client and their carers.  For Palliative Care this could include:   * Family meetings/conferences * Liaison with other health professionals/multidisciplinary team meetings / palliative care physician/GPs/LMOs/inpatient service liaison * Client review * Handover   **42 – Case management and/or care co-ordination**  Care co-ordination: the range of services required by the patient/client is coordinated so that they are delivered in the most efficient and effective way to meet individual patient’s/client’s needs. Care co-ordination enables continuity of care, avoids duplication of services and ensures that meeting patient/client needs is paramount over the needs of individual service providers and is not hampered unnecessarily by program boundaries.  Case management: the activities undertaken by one central person who assumes overall responsibility for the care plan, in order to streamline the interface between the service system and the patient/client and carer.  The terms ‘care co-ordination’ and ‘case management’ may be used interchangeably in some services.  This could include:   * Liaison with other health professionals * Referrals to other agencies, for example CHSP/HACC program for younger people/respite * Organising provision and delivery of equipment * Medication organisation/request for scripts to be written and sent to pharmacy * Liaison with nursing services * Contact with GPs, specialists, community services or PC nurse liaison * Funding application for equipment / services * Referrals within service to other professional groups, such as volunteers * Team discussion and care plan determination * Goal setting * Exploration of service options * Facilitated service linkage (with patient present)   Excludes   * Case conferences (use code ’41 – case conference’) * Multidisciplinary case conferences where the patient is not present (use code ’51 – Multidisciplinary case conference – patient not present’)   **51 – Multidisciplinary case conference – patient not present**  Non-admitted multidisciplinary case conferences (MDCC) where the patient is not present is a meeting or discussion held concurrently between healthcare providers, arranged in advance, to discuss a non-admitted patient in detail and to coordinate care. Non-admitted MDCC ensure that a patient’s multidisciplinary care needs are met through a planned and coordinated approach.  Refer to the [Non-Admitted Multidisciplinary Case Conference - Reporting Guidelines](https://www.health.vic.gov.au/publications/non-admitted-multidisciplinary-case-conferences-reporting-guidelines) <https://www.health.vic.gov.au/publications/non-admitted-multidisciplinary-case-conferences-reporting-guidelines> for further reporting guidance.  Not in scope for the following episode program/streams:   * Home based dialysis (HBD) * Home enteral nutrition (HEN) * Infusion Therapy (IT) * Palliative care consultancy (HBPCCT) * Total parenteral nutrition (TPN) * Transition care program (TCP)   **61 – Research/medical trial**  Only in scope for the Specialist Clinics (Outpatients) program/stream.  Report this code when the contact occurs due to the patient’s/client’s participation in a research/trial.  Includes:   * Testing of a drug or other intervention * Assessment or testing associated with research/medical trial   **71 – Follow up/Monitoring/Evaluation/Review**  For Specialist Clinics (Outpatients) review contacts are any subsequent contacts at a clinic within the program stream following the first contact at that clinic.  The primary purpose of a review appointment is to review the patient following a previous outpatient appointment within the same program stream, or treatment as an admitted patient.  Includes:   * Post-operative review * Routine review of chronic condition * Monitoring results of interventions * Evaluation of action plans * Re-assessing client needs are being met   Excludes:   * Follow up/Monitoring/Evaluation/Review for conservative management (use code 73). * Follow up/Monitoring/Evaluation/Review for optimisation pathways for surgery (use code 75).   **72 – New patient consultation**  Only in scope for the Specialist Clinics (Outpatients) program/stream.  A ‘new’ contact is defined as a patient attending a clinic within a specific program/stream for the first time with the exception of a first clinic appointment post inpatient stay. That is, the first contact of the referral to a particular program stream (for example 101 – General medicine). If a patient receives two referrals to a program stream (for example, nutrition in allied health, and physiotherapy in allied health then that would be two ‘new’ appointments).  A patient can be accepted to multiple clinics. if the clinics are in the same program stream, the first contact within the program stream would be classified as ‘new,’ and any subsequent contacts within the program stream would be ‘review.’ If the clinics are in different program streams, then the first appointment within each separate program stream would be considered new, and any subsequent appointments within each program stream would be classified as review.  Excludes:   * First clinic appointment following an inpatient stay (use code 71, 73 or 75) * New patient consultation for conservative management (use code 74). * New patient consultation for optimisation pathways for surgery (use code 76)   **73 – Follow up/Monitoring/Evaluation/Review – conservative management**  Only in scope for the Specialist Clinics (Outpatients) program/stream for patients receiving evidence-based alternatives to surgery that divert or delay the need for surgery (for example, by alleviating symptoms, including managing pain and restoring function).  The primary purpose of a review appointment is to review the patient following a previous outpatient appointment within the same program stream, or treatment as an admitted patient.  Excludes:   * Follow up/Monitoring/Evaluation/Review other than for conservative management or optimisation pathways for surgery (use code 71). * Follow up/Monitoring/Evaluation/Review for optimisation pathways for surgery (use code 75)   **74 – New patient consultation – conservative management**  Only in scope for the Specialist Clinics (Outpatients) program/stream for patients receiving evidence-based alternatives to surgery that divert or delay the need for surgery (for example, by alleviating symptoms, including managing pain and restoring function).  A ‘new’ contact for conservative management is reported when a patient receiving conservative management is attending a clinic within a specific program/stream for the first time.  Excludes:   * First clinic appointment following an inpatient stay (use codes 71, 73 or 75) * New patient consultation other than for conservative management or optimisation pathways for surgery (use code 72). * New patient consultation for optimisation of pathways for surgery (use code 76)   **75 – Follow up/Monitoring/Evaluation/Review – optimisation pathways for surgery**  Only in scope for the Specialist Clinics (Outpatients) program/stream for patients receiving adjunctive therapy pathways aimed at optimising physiological state before surgery with the intention of improving patient outcomes and reducing post-surgical length of stay.  The primary purpose of a review appointment is to review the patient following a previous outpatient appointment within the same program stream, or treatment as an admitted patient.  Excludes:   * Follow up/Monitoring/Evaluation/Review other than for conservative management or optimisation of pathways to surgery (use code 71) * Follow up/Monitoring/Evaluation/Review for conservative management (use code 73)   **76 – New patient consultation – optimisation pathways for surgery**  Only in scope for the Specialist Clinics (Outpatients) program/stream for patients receiving adjunctive therapy pathways aimed at optimising physiological state before surgery with the intention of improving patient outcomes and reducing post-surgical length of stay.  A ‘new; contact for optimisation pathways for surgery is reported when a patient receiving adjunctive therapy pathways is attending a clinic within a specific program/stream for the first time.  Excludes:   * First clinic appointment following an inpatient stay (use codes 71, 73 or 75) * New patient consultation other than for conservative management or optimisation pathways for surgery (use code 72). * New patient consultation for conservative management (use code 74)   **98 – Emergency use**  The department will provide reporting guidelines when an ‘emergency use’ code is enacted. |
| **Validations** | E013Code (‘<CodeSupplied>’) for Data Element ‘<FieldName>’is for emergency use – only to be used under the direction of the department  E367 The Episode Program/Stream is Specialist Clinics (Outpatients) but a Contact Purpose of either ’51 – Multidisciplinary case conference – patient not present’, ‘71 – Follow up/Monitoring/Evaluation/ Review’, ‘72 – New patient consultation’, ’73 – Follow up /Monitoring /Evaluation /Review – conservative management’, ’74 – New patient consultation – conservative management’, ’75 – Follow up/Monitoring/Evaluation/Review – optimisation pathways for surgery’ or ‘76 – New patient consultation – optimisation pathways’ has not been reported  E377 Where <ContactDataElement*>* is ’51- Multidisciplinary case conference - patient not present,’ <ContactDataElement> ‘31 - Patient/Client/Carer(s)/Relative(s) not present: indirect contact’ must be reported  E381 Contact reported but program/stream <Program/Stream> is a home based service  E383 Contact Purpose code is 10 – Screening contact’ but Referral In Outcome was not ’50 – Screening’ at the Contact Start Date (<contact start date/time>)  E384 Referral In Outcome is ‘50 – Screening’ at the contact start date (<contact start date/time>) but Contact Purpose Code is not ’10 – Screening contact’  E385Contact Purpose <ContactPurpose1> and Contact Purpose <ContactPurpose2> cannot be reported for the same contact |
| **Related items** | Contact End Date/Time  Contact Medicare Benefits Schedule Item Number  Contact Start Date/Time |

Administration

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| **Purpose** | To allow national reporting requirements to be met and to monitor and plan resource utilisation. |
| **Principal users** | Department of Health |
| **Version history** | **Version Previous Name Effective Date**  12 Contact Purpose 2025/07/01  11 Contact Purpose 2022/07/01  10 Contact Purpose 2021/07/01  9 Contact Purpose 2019/07/01  8 Contact Purpose 2018/07/01  7 Contact Purpose 2014/07/01  6 Contact Purpose 2012/07/01  5 Contact Purpose 2011/07/01  4 Contact Main Purpose 2010/07/01  3 Contact/Client Service Event Main Purpose 2009/07/01  2 Contact/Client Service Event Main Purpose 2008/07/01  1 Contact/Client Service Event Main Purpose 2007/07/01 |
| **Definition source** | Department of Health |
| **Value domain source** | Department of Health |

## Contact Session Type

|  |  |  |
| --- | --- | --- |
| **Definition** | The type of session in which the contact was provided to the patient/client.  ***Repeats:* Min. Max. Duplicate** | |
| **Form** | Code 1 1 Not applicable | |
| **Layout** | N ***Size:*  Min. Max.**  1 1 | |
| **Location** | **Transmission protocol HL7 Submission**  Contact (insert) ADT\_A03 (PR1\PR1.6)  Contact (update) ADT\_A08 (PR1\PR1.6)  Contact (delete) ADT\_A13 (PR1\PR1.6) | |
| **Reported by** | Complex Care (FCP)  Early Parenting Centres  Hospital Admission Risk Program  Infusion Therapy  Palliative Care  Post Acute Care  Residential In-Reach  Specialist Clinics (Outpatients)  Subacute Ambulatory Care Services  Victorian Artificial Limb Program  Victorian HIV and Sexual Health Services  Victorian Respiratory Support Service | |
| **Reported for** | All contacts completed in the current reporting period. | |
| **Reported when** | The current reporting period for this item is the calendar month in which the following events or data elements fall:  First Contact Start Date/Time (Mandatory)  Second and subsequent Contact Start Date/Time (Mandatory) | |
| **Value domain** | Enumerated | |
|  | Table identifier 990024 | |
|  | **Code Descriptor** | |
|  | 1 Individual | |
|  | 2 Group – group program | |
|  | 3 Not applicable – indirect contact | |
|  | 4 Group – individual program | |
| **Reporting guide** | **Group – group program**  A ‘Group – group program’ is defined as two or more patients/clients receiving the same services on the same date from the same clinician/s at the same location. For example, a movement class or a chronic disease education class, where all participants are following the same intervention at the same time and/or where the group nature of the activity is conceived as part of the benefit to the patient/client.  **Group – individual program**  A ‘Group – individual program’ is defined as two or more patient/clients receiving their own personalised program (for example, in a physio gym in a CRC), from the same clinician/s at the same location and same date. Each of these clients should be coded as having a Contact Session Type of ‘4 – Group – individual program’ as the services provided to each patient/client are not the ‘same’ but rather individualised programs.  Note that providing care to a patient/client can encompass the provision of services (for example, counselling, education) to the patient/client’s carer(s) and family, whether or not the patient/client is present when these services are delivered. The carer/family member is not, in these situations, considered to be a patient/client in their own right.  Thus, for example, if a single patient/client and several members of their family were the only attendees at a centre-based contact, the Contact Session Type coded for that contact would still be ‘1 – Individual’.  **Only one Contact Session Type can be reported for a single contact**.  Should a patient/client receive care in both individual and group settings within a single attendance, this must be reported as two separate contacts. For example, one contact for ‘Group – group program’ and one contact for ‘Group – individual program.’ **Multiple session types cannot be reported within a single contact.** |
| **Validations** | E365 Contact Session Type = ‘2 – Group – group program’’ but Contact Group Session Identifier has not been reported.  E366 A Contact Group Session Identifier has been reported but the Contact Session Type <> ‘2 – Group – group program’’.  E373 Contact Session Type of <ContactSessionTypeValue><ContactSessionType Description> is incompatible with Client Present Status of <ClientPresentStatusValue><ClientPresentStatusDescription |
| **Related items** | Contact End Date/Time  Contact Group Session Identifier  Contact Start Date/Time |

Administration

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| --- | --- |
| **Purpose** | To monitor and plan resource utilisation, and for reporting to the Australian Government. |
| **Principal users** | Department of Health |
| **Version history** | **Version Previous Name Effective Date**  5 Contact Session Type 2015/07/01  4 Contact Session Type 2010/07/01  3 Contact/Client Service Event Session Type 2009/07/01  2 Contact/Client Service Event Session Type 2007/07/01  1 Client Service Event Session Type 2005/07/01 |
| **Definition source** | NHDD |
| **Value domain source** | NHDD 000235 (Department of Health modified) |

## Contact Specialist Palliative Care Provider

|  |  |
| --- | --- |
| **Definition** | Indicates if the person providing the contact is a specialist palliative care provider.  ***Repeats:*** Min. Max. Duplicate |
| **Form** | Code 1 1 Not applicable |
| **Layout** | N ***Size:*** Min. Max**.**  1 1 |
| **Location** | Transmission protocol HL7 Submission  Contact (insert) ADT\_A03 (PV1\PV1.7\XCN.1)  Contact (update) ADT\_A08 (PV1\PV1.7\XCN.1)  Contact (delete) ADT\_A13 (PV1\PV1.7\XCN.1) |
| **Reported by** | Palliative Care |
| **Reported for** | All contacts completed in the current reporting period. |
| **Reported when** | The current reporting period for this item is the calendar month in which the following events or data elements fall:  First Contact Start Date/Time (Mandatory)  Second and subsequent Contact Start Date/Time (Mandatory) |
| **Value domain** | Enumerated  Table identifier 990035  **Code Descriptor**  1 Yes  2 No |
| **Reporting guide** | This item should be used to indicate whether or not during their case a patient/client is receiving specialist palliative care. A specialist palliative care provider is a provider who has completed training or has qualifications in providing care specifically to palliative care clients.  Professionals who are not specialist palliative care providers should be coded as ‘2 - No’. |
| **Validations** | General edits only, see Format. |
| **Related items** | Contact End Date/Time  Contact Start Date/Time |

Administration

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| **Purpose** | To assist with outcome analyses and service planning, and to meet national reporting requirements. |
| **Principal users** | Department of Health |
| **Version history** | **Version Previous Name Effective Date**  2 Contact Specialist Palliative Care Provider 2010/07/01  1 Contact/Client Service Event Specialist 2005/07/01 Palliative Care Provider |
| **Definition source** | Proposed Palliative Care NMDS |
| **Value domain source** | Proposed Palliative Care NMDS |

## Contact Start Date/Time

|  |  |
| --- | --- |
| **Definition** | The date and start time of the patient/client contact with a health service provider. This includes the health service provider’s preparation time immediately prior to the contact.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Text 1 1 Not applicable |
| **Layout** | YYYYMMDDhhmm ***Size:*  Min. Max.** |
| **Location** | **Transmission protocol HL7 Submission**  Contact (insert) ADT\_A03 (PV1\PV1.44\TS.1)  Contact (update) ADT\_A08 (PV1\PV1.44\TS.1)  Contact (delete) ADT\_A13 (PV1\PV1.44\TS.1) |
| **Reported by** | Complex Care (FCP)  Early Parenting Centres  Hospital Admission Risk Program  Infusion Therapy  Palliative Care  Palliative Care Consultancy  Post Acute Care  Residential In-Reach  Specialist Clinics (Outpatients)  Subacute Ambulatory Care Services  Transition Care Program  Victorian Artificial Limb Program  Victorian HIV and Sexual Health Services  Victorian Respiratory Support Service |
| **Reported for** | All contacts completed in the current reporting period. |
| **Reported when** | The current reporting period for this item is the calendar month in which the following events or data elements fall:  First Contact Start Date/Time (Mandatory)  Second and subsequent Contact Start Date/Time (Mandatory) |
| **Value domain** | Valid date and time. |
| **Reporting guide** | Systems must not be set up to input a default time of 00:00 for the start time. This data element and Contact End Date/Time is used to derive the duration of the contact. |
| **Validations** | |  |  | | --- | --- | | E020 | <SucceedingEvent> (<SucceedingEventValue>) is before <Preceding Event> (<PrecedingEventValue>) | | E025 | The time value (<FieldTime>) of the date/time field (<FieldName>) is not valid | | E361 | Contact Date (<ccsedate>) is after Date of Death (<dod>), but Client Present Status (<val>) is not ‘20 – Carer(s)/Relative(s) of thepatient/client only’ or ‘31 – Patient/Client/Carer(s)/ Relative(s) not present: indirect contact’ | | |
| **Related items** | Contact Client Present Status  Contact End Date/Time  Episode End Date  Episode First Appointment Booked Date  Episode Malignancy Flag  Episode Patient/Client Notified of First Appointment Date  Episode Start Date  Patient/Client Birth Country  Patient/Client Birth Date  Patient/Client Carer Availability  Patient/Client Death Date  Patient/Client Living Arrangement  Patient/Client Usual Accommodation Type  Referral In Clinical Referral Date  Referral In Receipt Acknowledgment Date  Referral In Received Date  Referral Out Date  Patient/Client Usual Residence Locality Name  Patient/Client Usual Residence Postcode |

Administration

|  |  |
| --- | --- |
| **Purpose** | To enable the duration of the contact to be derived. |
| **Principal users** | Multiple internal and external data users |
| **Version history** | **Version Previous Name Effective Date**  2 Contact Start Date/Time 2019/07/01  1 Contact Date/Time 2010/07/01 |
| **Definition source** | NHDD |
| **Value domain source** | Department of Health |

## Contact TAC Claim Number

|  |  |
| --- | --- |
| **Definition** | The Transport Accident Commission claim number of the patient/client, relating to this contact.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Code 1 1 Not applicable |
| **Layout** | YYXXXXX or UXU ***Size:*  Min. Max.**  3 7 |
| **Location** | **Transmission protocol HL7 Submission**  Contact (insert) ADT\_A03 (PID\PID.3\CX.1)  Contact (update) ADT\_A08 (PID\PID.3\CX.1)  Contact (delete) ADT\_A13 (PID\PID.3\CX.1) |
| **Reported by** | Complex Care (FCP)  Early Parenting Centres  Hospital Admission Risk Program  Infusion Therapy  Palliative Care  Palliative Care Consultancy  Post Acute Care  Residential In-Reach  Specialist Clinics (Outpatients)  Subacute Ambulatory Care Services  Victorian Artificial Limb Program  Victorian HIV and Sexual Health Services  Victorian Respiratory Support Service |
| **Reported for** | Contacts in the current reporting period where, and only where, Contact Account Class is ‘TA – Transport Accident Commission (TAC)’. |
| **Reported when** | The current reporting period for this item is the calendar month in which the following events or data elements fall:  First Contact Start Date/Time (report when and only when Contact Account Class = ‘TA’)  Second and subsequent Contact Start Date/Time (report when and only when Contact Account Class = ‘TA’) |
| **Value domain** | A valid TAC claim number (see reporting guide). |
| **Reporting guide** | This number must be recorded at each contact where a service is provided to a person who holds the entitlement for reimbursement purposes.  Organisations wishing to obtain TAC claim numbers may contact TAC on: 1300 654 329 (Choose the option for health or service providers to a TAC customer).**Layout**  Characters 1-2: financial year of claim acceptance.  Characters 3-7: numeric characters allocated by TAC.  Characters C-U: claim number unavailable. Reported where a TAC claim number is not known by the health service.  Where a TAC claim number is not applicable, leave the field blank.  Note that when instructed to leave or report blank, in the VINAH MDS this means that the corresponding field in the transmission file must be transmitted as a null or empty field.  **Examples**  9812345, 5412345, C-U |
| **Validations** | E356 Contact is compensable (<AccountClass>) but no client identifier relevant to this compensable agency is provided |
| **Related items** | Contact Account Class  Contact End Date/Time  Contact Medicare Number  Contact Start Date/Time  Patient/Client Identifier |

Administration

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| --- | --- |
| **Purpose** | To facilitate payment by TAC for TAC patients. |
| **Principal users** | Transport Accident Commission |
| **Version history** | **Version Previous Name Effective Date**  5 Contact TAC Claim Number 2011/07/01  4 Contact TAC Claim Number 2010/07/01  3 Contact/Client Service Event TAC Claim 2009/07/01 Number  2 Contact/Client Service Event TAC Claim 2008/07/01 Number  1 TAC Claim Number 2007/07/01 |
| **Definition source** | TAC |
| **Value domain source** | TAC |

## Contact VWA File Number

|  |  |
| --- | --- |
| **Definition** | The WorkSafe Victoria (Victorian WorkCover Authority) file number applicable to the patient/client and a unique identifier for a claim.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Identifier 1 1 Not applicable |
| **Layout** | [XX][YY][XXXXXXX] **Size: Min. Max.**  3 11 |
| **Location** | **Transmission protocol HL7 Submission**  Contact (insert) ADT\_A03 (PID\PID.3\CX.1)  Contact (update) ADT\_A08 (PID\PID.3\CX.1)  Contact (delete) ADT\_A13 (PID\PID.3\CX.1) |
| **Reported by** | Early Parenting Centres  Hospital Admission Risk Program  Infusion Therapy  Palliative Care  Palliative Care Consultancy  Post Acute Care  Residential In-Reach  Specialist Clinics (Outpatients)  Subacute Ambulatory Care Services  Victorian Artificial Limb Program  Victorian HIV and Sexual Health Services  Victorian Respiratory Support Service |
| **Reported for** | Contacts in the current reporting period where, and only where, Contact Account Class is ‘WC – WorkSafe Victoria’. |
| **Reported when** | The current reporting period for this item is the calendar month in which the following events or data elements fall:  First Contact Start Date/Time (report when and only when Contact Account Class = ‘WC’)  Second and subsequent Contact Start Date/Time (report when and only when Contact Account Class = ‘WC’) |
| **Value domain** | A valid VWA file number (see reporting guide). |
| **Reporting guide** | This number must be recorded at each contact where a service is provided to a person who holds the entitlement for reimbursement purposes.  The VWA file number is obtained from the patient/client.  **Layout**  Part 1: Two digit claim agent code  Layout: XX  Part 2: Two digit year  Layout: YY  Part 3: Seven digit field with the unique ID  Layout: XXXXXXX  **Valid format**  Only numeric characters are permitted:   * made up of a two digit claim agent code * two digit year * then a seven digit field with the unique ID   Characters C-U: reported where a VWA file number is not known by the health service  **Examples**  ‘12078706489’ ‘08060087098’ C-U  Where a VWA file number is not applicable, leave the field blank.  Note that when instructed to leave or report blank, in the VINAH MDS this means that the corresponding field in the transmission file must be transmitted as a null or empty field. |
| **Validations** | E356 Contact is compensable (<AccountClass>) but no client identifier relevant to this compensable agency is provided |
| **Related items** | Contact Account Class  Contact End Date/Time  Contact Medicare Number  Contact Start Date/Time  Patient/Client Identifier |

Administration

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| **Purpose** | For reimbursement by VWA for patients/clients with entitlements. This data is processed differently from other VINAH MDS data items to ensure that personal information remains confidential. |
| **Principal users** | Victorian Work Cover |
| **Version history** | **Version Previous Name Effective Date**  4 Contact VWA File Number 2010/07/01  3 Contact/Client Service Event VWA File 2009/07/01 Number  2 Contact/Client Service Event VWA File 2008/07/01 Number  1 VWA File Number 2007/07/01 |
| **Definition source** | WorkSafe Victoria |
| **Value domain source** | WorkSafe Victoria |

## Episode Advance Care Directive Alert

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| --- | --- |
| **Definition** | An alert, flag or similar that is obvious to any treating team across the health service that indicates:   * an advance care directive is on file, and/or * medical treatment decision maker has been recorded.   ***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 (PTH\PTH.5)  Episode (update) PPP\_PCC (PTH\PTH.5)  Episode (delete) PPP\_PCD (PTH\PTH.5) |
| **Reported by** | Complex Care (FCP)  Home Based Dialysis  Home Enteral Nutrition  Hospital Admission Risk Program  Infusion Therapy  Palliative Care  Post Acute Care  Residential In-Reach  Specialist Clinics (Outpatients)  Subacute Ambulatory Care Services  Total Parenteral Nutrition  Transition Care Program  Victorian Artificial Limb Program  Victorian HIV and Sexual Health Services  Victorian Respiratory Support Service |
| **Reported for** | All episodes started during the current reporting period. |
| **Reported when** | The current reporting period for this item is the calendar month in which the following events or data elements fall:  Episode Start Date (Mandatory)  Episode End Date (Mandatory) |
| **Value domain** | Enumerated  Table identifier 990050  **Code Descriptor**  1 No advance care directive alert  2 Presence of an advance care directive alert  3 Presence of a medical treatment decision maker alert  4 Presence of both an advance care directive alert and a medical treatment decision maker alert |
| **Reporting guide** | An advance care directive alert will be identified by an alert identifying any of the following:   * A completed Refusal of Treatment Certificate completed prior to 12 March 2018 * An advance care directive * Other advance care planning documentation (documentation of a person’s future wishes such as a written letter, use of varying forms, or advance care planning discussion record) * Advance Statement under the Mental Health Act (Vic) 2014   Note: a resuscitation plan, limitation of treatment order or goals of patient care form alone do not meet the requirements for this data item.  A medical treatment decision maker alert will be identified by an alert, flag, or similar identifying any of the following:   * Medical treatment decision maker appointment * Guardian appointed by VCAT with powers to consent to medical treatment * Identification of the medical treatment decision maker as per the ‘medical treatment decision maker hierarchy’ * Enduring power of attorney (medical treatment) appointed prior to 12 March 2018   For more information visit, [Advance care planning](https://www.health.vic.gov.au/end-of-life-care/advance-care-planning) <https://www.health.vic.gov.au/end-of-life-care/advance-care-planning>. |
| **Validations** | E371 Data Element (<FieldName>) is mandatory for this program/stream (<Program/Stream>) after (<Timing>) but no value was supplied |
| **Related items** | Contact End Date/Time  Contact Start Date/Time  Episode End Date  Episode Hospital Discharge Date  Episode Patient/Client Notified of First Appointment Date  Episode Start Date |

Administration

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| **Purpose** | To provide data on advance care planning that will quantify activity and enable benchmarking across the service system. |
| **Principal users** | Department of Health |
| **Version history** | **Version Previous Name Effective Date**  4 Episode Advance Care Directive Alert 2019/07/01  3 Episode Advance Care Directive Alert 2018/07/01  2 Episode Advance Care Plan Alert 2017/07/01  1 Episode Advance Care Plan Alert 2016/07/01 |
| **Definition source** | Department of Health |
| **Value domain source** | Department of Health |

## Episode Campus Code

|  |  |
| --- | --- |
| **Definition** | Indicates the hospital campus where the episode of care was provided. Patient/client activity must be reported under the campus code at which it occurred.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Code 1 1 Not applicable |
| **Layout** | NNNN[N][N] ***Size:*  Min. Max.**  4 6 |
| **Location** | **Transmission protocol HL7 Submission**  Episode (insert) PPP\_PCB (PV1\PV1.39\IS.1)  Episode (update) PPP\_PCC (PV1\PV1.39\IS.1)  Episode (delete) PPP\_PCD (PV1\PV1.39\IS.1) |
| **Reported by** | All programs, dependent on transmission protocol |
| **Reported for** | All episode messages |
| **Reported when** | The current reporting period for this item is the calendar month in which the following events or data elements fall:  Episode Start Date (Mandatory for FCP (streams 52, 53), HBD, HEN, TPN and VRSS (streams 82,83)  First Contact Start Date/Time (Mandatory for FCP (streams 54, 55, 56) HARP, HBPCCT, IT, OP, PAC, PC, RIR, SACS, TCP, VHS and VRSS (stream 86) |
| **Value domain** | Table identifier HL70115  For full code set refer to Section 9: Code list. |
| **Reporting guide** | Report the campus of the organisation responsible for the provision of services to a patient/client within the episode. The actual service may be delivered by another organisation or party, the identifier of which is reported in the Contact Provider.  Where a service is provided at the responsible campus, both the Episode Campus Code and the Contact Provider will indicate the same entity (although the code values may be different).  For reporting organisations with only one campus, a single Episode Campus Code for the organisation has been issued. |
| **Validations** | E015 Data Element '<FieldName>' is mandatory at this point in time (<Timing>), but no value was supplied  E016 Data Element '<FieldName>' (<HL7 Field>) is mandatory for this program/stream <Program/Stream> at this point in time (<Timing>), but no value was supplied  E265 This Organisation (<OrganisationIdentifier>) is not approved to report Episodes under this campus (<EpisodeCampusIdentifier>) |
| **Related items** | Episode Start Date |

Administration

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| **Purpose** | To identify the specific campus of a hospital providing the episode of care, for use in policy and planning development. |
| **Principal users** | Department of Health |
| **Version history** | **Version Previous Name Effective Date**  2 Episode Campus Code 2018/07/01  1 Episode Campus Code 2012/07/01 |
| **Definition source** | Department of Health |
| **Value domain source** | Department of Health |

## Episode Care Plan Documented Date

|  |  |
| --- | --- |
| **Definition** | The date of documentation that an interdisciplinary care plan was first agreed.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Date 1 1 Not applicable |
| **Layout** | YYYYMMDD ***Size:*  Min. Max.** |
| **Location** | **Transmission protocol HL7 Submission**  Episode (insert) PPP\_PCB (PTH\PTH.4)  Episode (update) PPP\_PCC (PTH\PTH.4)  Episode (delete) PPP\_PCD (PTH\PTH.4) |
| **Reported by** | Complex Care (FCP)  Hospital Admission Risk Program  Post Acute Care  Residential In-Reach  Subacute Ambulatory Care Services  Transition Care Program  Victorian Artificial Limb Program  Victorian HIV and Sexual Health Services  Victorian Respiratory Support Service |
| **Reported for** | Episode with a documented care plan and where Episode End Date falls within the current reporting period. |
| **Reported when** | The current reporting period for this item is the calendar month in which the following events or data elements fall:  Episode Care Plan Documented Date (Optional)  Episode End Date (must be specified if a care plan was documented during the course of the Episode) |
| **Value domain** | Valid date |
| **Reporting guide** | The century component of the year must begin with ‘20’.  The outcome of a patient’s/client’s entry assessment should be the development of a goal-oriented care plan that has been negotiated with the patient/client and discussed with the patient’s/client’s carer and/or family. This item should be used to report the date that it is documented that the care plan has been first agreed with the patient/client and/or their carer.  For further guidance on what the care plan should include, refer to the appropriate guidelines.  If the care plan has not yet been documented, do not report this item.  **Transmission binding data element**  When this item is transmitted via HL7, the value “CPD” should also be transmitted in Episode Pathway Type. However, for backward compatibility if that item is left null it will be assumed to mean a Care Plan Documented Date. |
| **Validations** | General edits only, see Format. |
| **Related items** | Episode Advance Care Directive Alert  Episode Care Plan Documented Date  Episode End Date  Episode First Appointment Booked Date  Episode Hospital Discharge Date  Episode Patient/Client Notified of First Appointment Date  Episode TCP Bed-Based Care Transition Date  Episode TCP Home-Based Care Transition Date |

Administration

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| **Purpose** | To monitor and plan resource utilisation. Required for accountability reporting regarding Subacute ambulatory care services (SACS) to the Victorian Government and Australian Government. This item is used to determine the proportion of SACS patients/clients for whom there is no documented established multidisciplinary care plan within the first three visits.  Used for service planning and quality analysis for both HARP-CDM and SACS services. |
| **Principal users** | Victorian and Australian Governments |
| **Version history** | **Version Previous Name Effective Date**  6 Episode Care Plan Documented Date 2019/07/01  5 Episode Care Plan Documented Date 2010/07/01  4 Episode Care Plan Documented Date 2009/07/01  3 Episode Care Plan Documented Date 2008/07/01  2 Date Care Plan Documented 2007/07/01  1 Date Care Plan Documented 2005/07/01 |
| **Definition source** | Department of Health |
| **Value domain source** | ISO8601:2000 |

## Episode End Date

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| **Definition** | The date when a patient/client no longer meets the criteria for a program/stream, and they cease to be a patient/client of the program/stream.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Date 1 1 Not applicable |
| **Layout** | YYYYMMDD ***Size:*  Min. Max.** |
| **Location** | **Transmission protocol HL7 Submission**  Episode (insert) PPP\_PCB (PV1\PV1.45\TS.1)  Episode (update) PPP\_PCC (PV1\PV1.45\TS.1)  Episode (delete) PPP\_PCD (PV1\PV1.45\TS.1) |
| **Reported by** | All programs, dependent on transmission protocol |
| **Reported for** | All episodes ended during the current reporting period. |
| **Reported when** | The current reporting period for this item is the calendar month in which the following events or data elements fall:  Episode End Date (Mandatory) |
| **Value domain** | Valid date |
| **Reporting guide** | The date on which a patient/client formally ceases receiving ongoing services from the program/stream. The criteria for this may differ between programs/streams.  An episode should not be closed simply because there is a waiting period for the specific service a patient/client requires.  For all programs except Palliative Care if a patient/client with an open episode dies the Episode End Date should be recorded as the date of death. Where the date of death is unknown, report the date that the program/stream found out that the patient/client was deceased.  For Palliative Care, the usual criteria for ending an episode applies irrespective of the patient’s death, that is, if the family or carers are still in need of services the episode should be kept open.  If a patient/client returns after the Episode End Date requiring further assessment or care, a new episode should be opened.  Where a patient/client receives a time-limited period of therapy or assessment with the understanding that there will need to be further periods of assessment in the future (for example, patients/clients with degenerative diseases), it is appropriate to start and end an episode for each period of therapy or assessment. |
| **Validations** | E015 Data Element '<FieldName>' is mandatory at this point in time (<Timing>), but no value was supplied  E016 Data Element '<FieldName>'(<HL7 Field>) is mandatory for this program/stream <Program/ Stream> at this point in time (<Timing>), but not value was supplied  E020 <SucceedingEvent> (<SucceedingEventValue>) is before <Preceding Event> (<PrecedingEventValue>)  E024 Episode End Date cannot be reported without a Referral End Date |
| **Related items** | Contact End Date/Time  Contact Start Date/Time  Episode End Date  Episode End Reason  Episode First Appointment Booked Date  Episode Patient/Client Notified of First Appointment Date  Episode Proposed Treatment Plan Completion  Episode Start Date  Patient/Client Birth Date  Referral In Clinical Referral Date  Referral In Receipt Acknowledgment Date  Referral In Received Date  Referral Out Date |

Administration

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| **Purpose** | To allow calculation of the period for which a person is a patient/client of a program/stream. |
| **Principal users** | Victorian and Australian Governments |
| **Version history** | **Version Previous Name Effective Date**  3 Episode End Date 2010/07/01  2 Episode End Date 2009/07/01  1 Episode End Date 2007/07/01 |
| **Definition source** | NHDD |
| **Value domain source** | NHDD |

## Episode End Reason

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| **Definition** | The reason the palliative care episode ended.  ***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 (PV1\PV1.36)  Episode (update) PPP\_PCC (PV1\PV1.36)  Episode (delete) PPP\_PCD (PV1\PV1.36) |
| **Reported by** | Palliative Care  Palliative Care Consultancy |
| **Reported for** | Episodes ended during the current reporting period. |
| **Reported when** | The current reporting period for this item is the calendar month in which the following events or data elements fall:  Episode End Date (Mandatory) |
| **Value domain** | Enumerated  Table identifier HL70112  **Code Descriptor**  1 Patient/client death or bereavement phase end  2 Discharged to speciality palliative care provider  3 Discharged to other health care provider  4 Other reason |
| **Reporting guide** | Leave blank if an episode of care has not ended. |
| **Validations** | E015 Data Element '<FieldName>' is mandatory at this point in time (<Timing>), but no value was supplied |
| **Related items** | Episode End Date |

Administration

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| **Purpose** | To assist with outcome analyses and service planning and meeting national reporting requirements. |
| **Principal users** | Department of Health |
| **Version history** | **Version Previous Name Effective Date**  2 Episode End Reason 2008/07/01  1 Reason for Ending Episode 2007/07/01 |
| **Definition source** | Proposed Palliative Care NMDS |
| **Value domain source** | Proposed Palliative Care NMDS |

## Episode First Appointment Booked Date

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| **Definition** | The date of the patient’s/client’s first appointment booking.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Date 1 1 Not applicable |
| **Layout** | YYYYMMDD **Size: Min. Max.** |
| **Location** | **Transmission protocol HL7 Submission**  Episode (insert) PPP\_PCB (PTH\PTH.4)  Episode (update) PPP\_PCC (PTH\PTH.4)  Episode (delete) PPP\_PCD (PTH\PTH.4) |
| **Reported by** | Specialist Clinics (Outpatients) |
| **Reported for** | Episodes where the patient/client was first notified of the date of their first appointment. |
| **Reported when** | The current reporting period for this item is the calendar month in which the following events or data elements fall:  Episode Patient/Client Notified of First Appointment Date (Mandatory**)** |
| **Value domain** | Valid date |
| **Reporting guide** | Report the date of the first booked appointment. This is not the date on which that booking was entered into the booking system. Subsequent changes to the date of the first appointment must not be submitted.  Transmission binding data element  When this data element is transmitted via HL7, the value “AB1” must be transmitted in Episode Pathway Type. |
| **Validations** | E016 Data Element '<FieldName>'(<HL7 Field>) is mandatory for this program/stream <Program/ Stream> at this point it time (<Timing>), but no value was supplied  E021 <SucceedingEvent> (<SucceedingEventValue>) is before <Preceding Event> (<PrecedingEventValue>) <FieldName> (<Date>) |
| **Related items** | Contact End Date/Time  Contact Start Date/Time  Episode End Date  Episode End Reason  Episode First Appointment Booked Date  Episode Patient/Client Notified of First Appointment Date  Episode Proposed Treatment Plan Completion  Episode Start Date  Patient/Client Birth Date  Referral In Clinical Referral Date  Referral In Receipt Acknowledgment Date  Referral In Received Date  Referral Out Date |

Administration

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| **Purpose** | To assist in measuring access to Specialist Clinic (Outpatients) services. |
| **Principal users** | Department of Health |
| **Version history** | **Version Previous Name Effective Date**  1 Episode First Appointment Booked Date 2011/07/01 |
| **Definition source** | Department of Health |
| **Value domain source** | ISO 8601:2000 |

## Episode Health Condition

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| --- | --- | --- |
| **Definition** | An indication of the health condition or diagnosis contributing to the reason for providing a program/stream, and any additional health condition(s) that impact on the episode.  ***Repeats:* Min. Max. Duplicate** | |
| **Form** | Repeatable Code 1 No Limit Not allowed | |
| **Layout** | NNNN or UNN[N] **Size: Min. Max.**  3 4 | |
| **Location** | **Transmission protocol HL7 Submission**  Episode (insert) PPP\_PCB (OBX\OBX.3\CE.1)  Episode (update) PPP\_PCC (OBX\OBX.3\CE.1)  Episode (delete) PPP\_PCD (OBX\OBX.3\CE.1) | |
| **Reported by** | Complex Care (FCP)  Early Parenting Centres  Home Based Dialysis  Home Enteral Nutrition  Hospital Admission Risk Program  Infusion Therapy  Palliative Care  Post Acute Care  Residential In-Reach  Specialist Clinics (Outpatients)  Subacute Ambulatory Care Services  Total Parenteral Nutrition  Victorian Artificial Limb Program  Victorian HIV and Sexual Health Services  Victorian Respiratory Support Service | |
| **Reported for** | Optional for episodes open during the current reporting period. Must be reported for episodes where Episode End Date falls within the current reporting period and the patient/client has attended a contact. | |
| **Reported when** | The current reporting period for this item is the calendar month in which the following events or data elements fall:  Episode Start Date (Optional)  Episode Care Plan Documented Date (Optional)  Episode End Date (Mandatory) | |
| **Value domain** | Enumerated  Table identifier 990080 | |
|  | **Code** | **Descriptor** |
|  | 3000 | COVID-19 status |
|  | 5001 | Abdominal Pain |
|  | 5002 | Abnormal gait or mobility |
|  | 5003 | Abortion with foetal abnormality |
|  | 5004 | Abortion without foetal abnormality |
|  | 5005 | Acute bronchiolitis |
|  | 5006 | Acute coronary syndrome |
|  | 5007 | Acute decompensating heart failure |
|  | 5008 | Aftercare of musculoskeletal implant or prosthesis |
|  | 5009 | Alcohol dependence |
|  | 5010 | Allergic rhinitis |
|  | 5011 | Amnesia |
|  | 5012 | Anaemia |
|  | 5013 | Anxiety disorders |
|  | 5014 | Appendicitis |
|  | 5015 | Arrhythmia or conduction disorder |
|  | 5016 | Arterial aneurysm |
|  | 5017 | Asthma |
|  | 5018 | Autism |
|  | 5019 | Autoimmune disorders NOS |
|  | 5020 | Bacterial illness |
|  | 5021 | Bacterial or fungal infections of the nervous system |
|  | 5022 | Behavioural disorder not related to a mental health condition |
|  | 5023 | Bronchitis |
|  | 5024 | Burn of internal organ |
|  | 5025 | Burn, full thickness (third degree, fourth degree, complex) < 10% of body surface |
|  | 5026 | Burn, full thickness (third degree, fourth degree, complex) >= 10% of body surface |
|  | 5027 | Burn, partial or deep partial thickness (sunburn with blisters, second degree) >= 10% of body surface |
|  | 5028 | Burn, superficial (erythema, sunburn, first degree) >= 10% of body surface |
|  | 5029 | Burn, superficial, partial thickness (erythema, sunburn, first degree, second degree) < 10% of body surface |
|  | 5030 | Cannabis overuse/dependence |
|  | 5031 | Cataract and other lens disorders |
|  | 5032 | Cellulitis or skin infection |
|  | 5033 | Cerebral palsy |
|  | 5034 | Child at risk |
|  | 5035 | Childhood mental disorders |
|  | 5036 | Chronic disturbance of cerebellar function, other |
|  | 5037 | Chronic obstructive pulmonary disease (COPD) |
|  | 5038 | Chronic pain |
|  | 5039 | Chronic venous insufficiency with skin ulcer |
|  | 5040 | Chronic venous insufficiency without skin ulcer |
|  | 5041 | Cirrhosis or alcoholic liver disease |
|  | 5042 | Coagulation defects and other haemorrhagic conditions |
|  | 5043 | Condition related to pregnancy, childbirth and puerperium, other |
|  | 5044 | Congenital deformity of head or face |
|  | 5045 | Congenital disorder other |
|  | 5046 | Congenital malformation of heart |
|  | 5047 | Constipation or faecal incontinence |
|  | 5048 | Cranial nerve or peripheral nerve disorder |
|  | 5049 | Cystic fibrosis |
|  | 5050 | Delirium |
|  | 5051 | Dementia and other degenerative diseases of the nervous system |
|  | 5052 | Dental caries |
|  | 5053 | Diabetes mellitus |
|  | 5054 | Disequilibrium or meniere’s |
|  | 5055 | Disorder of biliary tract |
|  | 5056 | Disorder of breast, other |
|  | 5057 | Disorder of female reproductive system, other |
|  | 5058 | Disorder of musculoskeletal system or connective tissue, other |
|  | 5059 | Disorder of pancreas |
|  | 5060 | Disorder of skin and subcutaneous tissue, other |
|  | 5061 | Disorder of the circulatory system, other |
|  | 5062 | Disorder of the digestive system, other |
|  | 5063 | Disorder of the ear, other |
|  | 5064 | Disorder of the endocrine system, other |
|  | 5065 | Disorder of the eye and adnexa, other |
|  | 5066 | Disorder of the kidney or urinary tract, other |
|  | 5067 | Disorder of the male reproductive system, other |
|  | 5068 | Disorder of the mouth or throat, other |
|  | 5069 | Disorder of the nervous system, other |
|  | 5070 | Disorder of the nose, other |
|  | 5071 | Disorder of the respiratory system, other |
|  | 5072 | Drug allergy |
|  | 5073 | Drug dependence, other |
|  | 5074 | Dysplasia or benign neoplasm of female reproductive system (polyps) |
|  | 5075 | Eating disorders |
|  | 5076 | Endometriosis |
|  | 5077 | Epilepsy (seizures) |
|  | 5078 | Eye infection |
|  | 5079 | Failure to thrive |
|  | 5080 | Falls, other |
|  | 5081 | Feeding or nutritional problem in newborn |
|  | 5082 | Female assisted reproduction management |
|  | 5083 | Female infertility |
|  | 5084 | Female reproductive management |
|  | 5085 | Fever of unknown origin |
|  | 5086 | Food allergies and intolerance |
|  | 5087 | Food allergy |
|  | 5088 | Fractures to chest, thorax |
|  | 5089 | Fractures to facial bones |
|  | 5090 | Fractures to head |
|  | 5091 | Fractures to upper limb |
|  | 5092 | Fractures to vertebrae |
|  | 5093 | Gambling dependence |
|  | 5094 | Gastrointestinal haemorrhage or per-rectal bleeding |
|  | 5095 | Gastrointestinal obstruction |
|  | 5096 | Glaucoma |
|  | 5097 | Growth and development, other |
|  | 5098 | Haematological disorders, other |
|  | 5099 | Headaches or migraine |
|  | 5100 | Hearing loss |
|  | 5101 | Heart failure, chronic |
|  | 5102 | Hepatitis, viral |
|  | 5103 | High risk pregnancy, alcohol use, substance use, mental health disorder |
|  | 5104 | High risk pregnancy, autoimmune disease |
|  | 5105 | High risk pregnancy, cardiac disease |
|  | 5106 | High risk pregnancy, due to abnormalities of placenta or amniotic fluid |
|  | 5107 | High risk pregnancy, endocrine disorder |
|  | 5108 | High risk pregnancy, fetal problems |
|  | 5109 | High risk pregnancy, haematological disease |
|  | 5110 | High risk pregnancy, HIV, hepatitis B or C |
|  | 5111 | High risk pregnancy, hypertensive disorder |
|  | 5112 | High risk pregnancy, malignant neoplasm |
|  | 5113 | High risk pregnancy, multiple pregnancy |
|  | 5114 | High risk pregnancy, obesity |
|  | 5115 | High risk pregnancy, poor obstetric or reproductive history |
|  | 5116 | High risk pregnancy, renal disease |
|  | 5117 | High risk pregnancy, respiratory disease |
|  | 5118 | High risk pregnancy, social problems |
|  | 5119 | High risk pregnancy, thromboembolic disorders |
|  | 5120 | Human immunodeficiency virus (HIV) or acquired immunodeficiency syndrome (AIDS) |
|  | 5121 | Hyperplasia of prostate |
|  | 5122 | Hypersensitivity and allergic disorders, other |
|  | 5123 | Hypertension |
|  | 5124 | Infection of kidney or urinary tract |
|  | 5125 | Infection or inflammation of female reproductive system |
|  | 5126 | Infection or inflammation of male reproductive system |
|  | 5127 | Inflammatory bowel disease |
|  | 5128 | Inflammatory musculoskeletal disorder |
|  | 5129 | Injuries to abdomen |
|  | 5130 | Injuries to face |
|  | 5131 | Injuries to hand |
|  | 5132 | Injuries to lower limb |
|  | 5133 | Injuries to neck |
|  | 5134 | Injuries to pelvis, hip, and thigh |
|  | 5135 | Injuries to subcutaneous tissue |
|  | 5136 | Injuries to the head |
|  | 5137 | Injuries to thorax (chest) |
|  | 5138 | Injuries to upper limb (excluding hand) |
|  | 5139 | Injury of urinary and pelvic organs |
|  | 5140 | Injury/ trauma to eye |
|  | 5141 | Interstitial pulmonary disease |
|  | 5142 | Jaundice in newborn |
|  | 5143 | Kidney failure or end stage renal disease (ESRD) |
|  | 5144 | Laryngitis, tracheitis or epiglottitis |
|  | 5145 | Liver disease, other |
|  | 5146 | Liver failure |
|  | 5147 | Low risk pregnancy |
|  | 5148 | Lymphoedema |
|  | 5149 | Major affective disorder |
|  | 5150 | Male infertility |
|  | 5151 | Menstrual disorders, other |
|  | 5152 | Metabolic disorders, other |
|  | 5153 | Monitoring of growth and development in newborn |
|  | 5154 | Motor neurone disease |
|  | 5155 | Multiple sclerosis (MS) |
|  | 5156 | Musculotendinous disorder |
|  | 5157 | Nasal deformity |
|  | 5158 | Neoplasm, malignant, male reproductive system |
|  | 5160 | Neoplasm, malignant, breast |
|  | 5161 | Neoplasm, malignant, bronchus or lung |
|  | 5162 | Neoplasm, malignant, central nervous system |
|  | 5163 | Neoplasm, malignant, colon or rectum |
|  | 5164 | Neoplasm, malignant, digestive or hepatobiliary system, other |
|  | 5165 | Neoplasm, malignant, eye |
|  | 5166 | Neoplasm, malignant, female reproductive system |
|  | 5167 | Neoplasm, malignant, head and neck |
|  | 5168 | Neoplasm, malignant, kidney or urinary tract |
|  | 5169 | Neoplasm, malignant, leukaemia |
|  | 5170 | Neoplasm, malignant, liver |
|  | 5171 | Neoplasm, malignant, lymphoma |
|  | 5172 | Neoplasm, malignant, melanoma |
|  | 5173 | Neoplasm, malignant, mixed types or other |
|  | 5174 | Neoplasm, malignant, myeloma |
|  | 5175 | Neoplasm, malignant, pancreas |
|  | 5176 | Neoplasm, malignant, prostate |
|  | 5177 | Neoplasm, malignant, sarcoma |
|  | 5178 | Neoplasm, malignant, skin |
|  | 5179 | Neurological disorders of the eye |
|  | 5180 | Neurovascular injury of urinary and pelvic organs |
|  | 5181 | Neurovascular injury to abdomen |
|  | 5182 | Neurovascular injury to face |
|  | 5183 | Neurovascular injury to lower limb |
|  | 5184 | Neurovascular injury to neck |
|  | 5185 | Neurovascular injury to pelvis, hip, and thigh |
|  | 5186 | Neurovascular injury to the head |
|  | 5187 | Neurovascular injury to thorax (chest) |
|  | 5188 | Neurovascular injury to upper limb (excluding hand) |
|  | 5189 | Nutritional deficiency and hyperalimentation disorders |
|  | 5190 | Obesity |
|  | 5191 | Obsessive compulsive disorders |
|  | 5192 | Oesophagitis or gastritis |
|  | 5193 | Opioid dependence |
|  | 5194 | Osteoarthritis |
|  | 5195 | Osteomyelitis |
|  | 5196 | Other affective and somatoform disorders |
|  | 5197 | Other immunological disorders |
|  | 5198 | Other mental diseases and disorders |
|  | 5199 | Other problem in newborn |
|  | 5200 | Otitis media or other infection of the ear, nose, mouth, or throat |
|  | 5201 | Paranoid or psychotic disorder or psychosis NOS |
|  | 5202 | Paraplegia or quadriplegia |
|  | 5203 | Parasitic diseases |
|  | 5204 | Parkinson’s disease or extrapyramidal and movement disorders |
|  | 5205 | Pathological fracture |
|  | 5206 | Peptic ulcer |
|  | 5207 | Peripheral arterial disease with skin ulcer |
|  | 5208 | Peripheral arterial disease without skin ulcer |
|  | 5209 | Personality disorder or acute (? stress) reaction |
|  | 5210 | Pleural effusion |
|  | 5211 | Pneumonia or lower respiratory infection |
|  | 5212 | Pneumothorax |
|  | 5213 | Poisoning and toxic effects of drugs and other substances, other |
|  | 5214 | Polyp of colon |
|  | 5215 | Post transplant, heart |
|  | 5216 | Post transplant, liver, or pancreas |
|  | 5217 | Post transplant, lung |
|  | 5218 | Post transplant, renal |
|  | 5219 | Post traumatic wound infection |
|  | 5220 | Postnatal care |
|  | 5221 | Postoperative infection |
|  | 5222 | Pregnancy, ectopic |
|  | 5223 | Pressure injury or ulcer |
|  | 5224 | Pulmonary embolism |
|  | 5225 | Pulmonary hypertension |
|  | 5226 | Pulmonary oedema |
|  | 5227 | Reduced joint range of motion |
|  | 5228 | Respiratory failure |
|  | 5229 | Respiratory problem in newborn |
|  | 5230 | Respiratory tuberculosis |
|  | 5231 | Schizophrenia or schizoaffective disorder |
|  | 5232 | Septic arthritis |
|  | 5233 | Sexually transmitted diseases or venereal disease |
|  | 5234 | Skin allergy |
|  | 5235 | Sleep Apnoea |
|  | 5236 | Spinal cord disease or cord compression |
|  | 5237 | Spinal deformity |
|  | 5238 | Stroke, cerebral vascular accident (CVA) |
|  | 5239 | Surgical follow-up care |
|  | 5240 | Symptomatic coronary artery disease < 1 year |
|  | 5241 | Symptomatic coronary artery disease >1 year |
|  | 5242 | Symptoms of endocrine, nutritional and metabolic system |
|  | 5243 | Symptoms of mental disease NOS |
|  | 5244 | Symptoms of skin, subcutaneous tissue, or breast |
|  | 5245 | Symptoms of the circulatory system, other |
|  | 5246 | Symptoms of the ear, nose, mouth, or throat |
|  | 5247 | Symptoms of the eye |
|  | 5248 | Symptoms of the female reproductive system |
|  | 5249 | Symptoms of the gastrointestinal system, other |
|  | 5250 | Symptoms of the hepatobiliary system |
|  | 5251 | Symptoms of the male reproductive system |
|  | 5252 | Symptoms of the musculoskeletal system or connective tissue |
|  | 5253 | Symptoms of the nervous system, other |
|  | 5254 | Symptoms of the respiratory systems, other |
|  | 5255 | Symptoms of the urinary tract |
|  | 5256 | Thyroid disorder |
|  | 5257 | Transient ischaemic attack (TIA) |
|  | 5258 | Urethral stricture |
|  | 5259 | Urinary calculus |
|  | 5260 | Urinary incontinence |
|  | 5261 | Valve disorders |
|  | 5262 | Venous thrombosis |
|  | 5263 | Viral illness |
|  | 5264 | Viral infections of the nervous system |
|  | 5265 | White blood cell disorders |
|  | 5266 | Whooping cough |
|  | 5267 | Fractures to lower limb |
|  | 5268 | Cognitive impairment other |
|  | 5269 | Spinal cord injury other |
|  | 5270 | Back pain |
|  | 5271 | Debility |
|  | 5272 | Dizziness |
|  | 5273 | Chronic fatigue |
|  | 5274 | Amputation (acquired absence of limb) |
|  | 5275 | Family history of genetic disorder |
|  | 9000 | Emergency use |
| **Reporting guide** | More than one health condition can be reported, but the first health condition must be the main health condition to which the services provided within a particular episode of care relate.  Where there is more than one health condition reported, the main health condition should be the first reported.  A main health condition should be reported as soon as it is determined, preferably immediately after the first contact has been delivered.  However, where the patient/client is receiving care primarily to receive a specialist assessment, a diagnosis may not be confirmed until a later point in the episode. If a main health condition has not been determined for an episode opened during the reporting period, do not report this item.  Where a contact has been attended, at least one health condition must be reported in order for an episode to be ended.  Where a contact has not been attended during the episode, an Episode Health Condition is not required to be reported. However, if the Episode Health Condition has been determined it should be reported.  Note: Episode Health Condition(s) with Observation Sequence Number 1 will be taken as the main Episode (Case) Health Condition (i.e. will have Observation Sequence 1). All other Episode Health Condition(s) values will be assigned an unspecified sequence within the data element, following removal of any duplicate values.  **9000 – Emergency use**  The department will provide reporting guidelines when an ‘emergency use’ code is enacted. | |
| **Validations** | E013 Code (‘<CodeSupplied>’) for Data Element ‘<FieldName>’is for emergency use – only to be used under the direction of the department.  E016 Data Element ‘<FieldName>’ (<HL7 Field>) is mandatory for this program/stream <Program/Stream> at this point in time (<Timing>), but no value was supplied. | |
| **Related items** | Episode Care Plan Documented Date  Episode End Date  Episode Malignancy Flag  Episode Other Factors Affecting Health  Episode Start Date | |

Administration

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| **Purpose** | To support analysis for service planning. |
| **Principal users** | Department of Health |
| **Version history** | **Version Previous Name Effective Date**  12 Episode Health Conditions 2022/07/01  11 Episode Health Conditions 2021/07/01  10 Episode Health Conditions 2019/07/01  9 Episode Health Conditions 2018/07/01  8 Episode Health Conditions 2017/07/01  7 Episode Health Conditions 2014/07/01  6 Episode Health Conditions 2012/07/01  5 Episode Health Conditions 2011/07/01  4 Episode Health Conditions 2010/07/01  3 Episode Health Condition(s) 2009/07/01  2 Episode Health Conditions 2008/07/01  1 Health Conditions 2007/07/01 |
| **Definition source** | Independent Health and Aged Care Pricing Authority (IHACPA) |
| **Value domain source** | Australian Non-Admitted Care Classification (ANACC) presenting condition short list, public consultation paper 1 – 17 April 2019 (Department of Health modified). |

## Episode Hospital Discharge Date

|  |  |
| --- | --- |
| **Definition** | The date the patient/client was separated from hospital, including departure from ED prior to the start of their Episode.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Date 1 1 Not applicable |
| **Layout** | YYYYMMDD ***Size:*  Min. Max.** |
| **Location** | **Transmission protocol HL7 Submission**  Episode (insert) PPP\_PCB (PTH\PTH.4)  Episode (update) PPP\_PCC (PTH\PTH.4)  Episode (delete) PPP\_PCD (PTH\PTH.4) |
| **Reported by** | Post Acute Care  Residential In-Reach  Subacute Ambulatory Care Services |
| **Reported for** | Episodes opened during the current reporting period |
| **Reported when** | The current reporting period for this item is the calendar month in which the following events or data elements fall:  Episode Start Date (Optional)  Episode End Date (Optional) |
| **Value domain** | Valid date |
| **Reporting guide** | The century component of the year must begin with ‘20’.  This item should be reported for all Episodes associated with an admitted episode of care or emergency department presentation. This will frequently occur prior to the Episode, especially for the post acute care program.  **Transmission binding data element**  When this data element is transmitted via HL7, the value “HD” must be transmitted in Episode Pathway Type. |
| **Validations** | General edits only, see Format. |
| **Related items** | Episode Care Plan Documented Date  Episode End Date  Episode Patient/Client Notified of First Appointment Date  Episode Start Date  Episode TCP Bed-Based Care Transition Date  Episode TCP Home-Based Care Transition Date |

Administration

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| **Purpose** | To support analysis for service planning. |
| **Principal users** | Department of Health |
| **Version history** | **Version Previous Name Effective Date**  2 Episode Hospital Discharge Date 2019/07/01  1 Episode Hospital Discharge Date 2010/07/01 |
| **Definition source** | Department of Health |
| **Value domain source** | ISO8601:2000 |

**Episode Indigenous Status**

|  |  |
| --- | --- |
| **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 Dialysis  Home Enteral Nutrition  Total Parenteral Nutrition  Victorian Respiratory Support Service |
| **Reported for** | All episode messages. |
| **Reported when** | 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 origin  2 Indigenous – Torres Strait Islander but not Aboriginal origin  3 Indigenous – both Aboriginal and Torres Strait Islander origin  4 Not indigenous – neither Aboriginal or Torres Strait Islander  origin  8 Question unable to be answered  9 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 (AIHW)](National%20best%20practice%20guidelines%20for%20collecting%20Indigenous%20status%20in%20health%20data%20sets%20(AIHW)) <https://www.aihw.gov.au/reports/indigenous-australians/national-guidelines-collecting-health-data-sets/summary>. |
| **Validations** | E016 Data Element '<FieldName>' (<HL7 Field>) is mandatory for this program/stream <Program/Stream> at this point in time (<Timing>), but no value was supplied |
| **Related items** | Episode End Date/Time  Episode Start Date/Time |

**Administration**

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| **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 Malignancy Flag

|  |  |
| --- | --- |
| **Definition** | Whether the patient’s/client’s principal diagnosis is a malignant condition.  ***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 (OBX\OBX.3\CE.1)  Episode (update) PPP\_PCC (OBX\OBX.3\CE.1)  Episode (delete) PPP\_PCD (OBX\OBX.3\CE.1) |
| **Reported by** | Palliative Care  Palliative Care Consultancy |
| **Reported for** | Optional for patients/clients whose episode opened during the current reporting period; mandatory for patients/clients whose first contact occurred during the current reporting period. |
| **Reported when** | The current reporting period for this item is the calendar month in which the following events or data elements fall:  Episode Start Date (Optional)  First Contact Start Date/Time (Mandatory) |
| **Value domain** | Enumerated  Table identifier 990033  **Code Descriptor**  1 Yes  2 No |
| **Reporting guide** | If the principal diagnosis is not a malignant condition, report ‘2 – No’. |
| **Validations** | E016 Data Element ’<FieldName>’ (HL7 Field>) is mandatory for this program/stream <Program/Stream> at this point in time (<Timing>) but no value was supplied |
| **Related items** | Contact End Date/Time  Contact Start Date/Time  Episode Health Conditions  Episode Other Factors Affecting Health  Episode Start Date  Patient/Client Birth Country  Patient/Client Carer Availability  Patient/Client Living Arrangement  Patient/Client Usual Accommodation Type |

Administration

|  |  |
| --- | --- |
| **Purpose** | To assist with outcome analyses and service planning and meeting national reporting requirements. |
| **Principal users** | Department of Health |
| **Version history** | **Version Previous Name Effective Date**  3 Episode Malignancy Flag 2010/07/01  2 Episode Malignancy Flag 2008/07/01  1 Malignancy Flag 2007/07/01 |
| **Definition source** | Proposed Palliative Care NMDS |
| **Value domain source** | Department of Health |

## Episode Other Factors Affecting Health

|  |  |
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| **Definition** | An indication of the other factors affecting health to accurately reflect the complexity of patients/clients.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Repeatable Code 1 1 Not allowed |
| **Layout** | NNNN ***Size:*  Min. Max**.  4 4 |
| **Location** | **Transmission protocol HL7 Submission**  Episode (insert) PPP\_PCB (OBX\OBX.3\CE.1)  Episode (update) PPP\_PCC (OBX\OBX.3\CE.1)  Episode (delete) PPP\_PCD (OBX\OBX.3\CE.1) |
| **Reported by** | Complex Care (FCP)  Home Based Dialysis  Home Enteral Nutrition  Hospital Admission Risk Program  Infusion Therapy  Post Acute Care  Residential In-Reach  Subacute Ambulatory Care Services  Total Parenteral Nutrition  Victorian Artificial Limb Program  Victorian HIV and Sexual Health Services  Victorian Respiratory Support Service |
| **Reported for** | Mandatory for episodes with HARP Program/Stream closed during the current reporting period. Optional for all other episodes opened or closed during the current reporting period. |
| **Reported when** | The current reporting period for this item is the calendar month in which the following events or data elements fall:  Episode Start Date (Optional)  Episode Care Plan Documented Date (Optional)  Episode End Date (must be specified for HARP programs, Optional for all others) |
| **Value domain** | Enumerated  Table identifier 990036  **Code Descriptor**  1100 Carer issue  1200 Childcare and education issue  1300 Concern about intervention/treatment  1400 Cultural and language spoken issue  1500 Daily living issue  1600 Disease management issue  1601 Issues in self-management  1602 Health literacy  1700 Emotional/behavioural/mental health issue  1800 Employment issue  1900 Environmental issue  2000 Ethical/professional issue  2100 Family & other relationships issue  2115 Family violence  2200 Foetal, infant, child, and adolescent development issue  2300 Financial issue  2401 Eviction issue  2402 Homelessness  2403 Need for emergency accommodation  2404 Need for sheltered accommodation  2405 Need for supported accommodation  2406 Tenancy issues  2407 Unsuitable accommodation  2408 Other housing issue  2500 Immigration issue  2600 Immunisation required  2700 Isolation issue  2800 Issue due to other misadventure  2801 Issue due to falling  2802 Issues due to medication  2803 Impaired mobility  2900 Learning issue  3000 Legal issue  3100 Maltreatment issue  3200 Negligence/adverse result issue  3300 Nutrition & eating issue  3500 Promotion/prevention required  3600 Public safety issue  3700 Sexuality issue  3800 Spiritual/religious issue  3900 Verbal communication issue  4001 Other psychosocial issue  4100 Palliative  4101 Non-weight bearing  4102 Functional decline  4103 Patient/client utilises home oxygen |
| **\*RIR** | 4104 Presence of PEG |
| **\*RIR** | 4105 Presence of catheter |
| **\*RIR** | 4106 Presence of stoma |
|  | 9998 Not stated/inadequately described |
|  | 9999 No issue identified |
| **Reporting guide** | **2800 – Issue due to other misadventure**  Excludes:   * Falling * Medication issues |
| **Validations** | General edits only, see Format. |
| **Related items** | Episode Care Plan Documented Date  Episode End Date  Episode Health Conditions  Episode Malignancy Flag  Episode Start Date |

Administration

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| --- | --- |
| **Purpose** | To facilitate service planning |
| **Principal users** | Multiple internal and external research users |
| **Version history** | **Version Previous Name Effective Date**  7 Episode Other Factors Affecting Health 2018/07/01  6 Episode Other Factors Affecting Health 2017/07/01  5 Episode Other Factors Affecting Health 2012/07/01  4 Episode Other Factors Affecting Health 2010/07/01  3 Episode Other Factors Affecting Health 2009/07/01  2 Episode Other Factors Affecting Health 2008/07/01  1 Client Service Event Delivery Mode 2007/07/01 |
| **Definition source** | Department of Health |
| **Value domain source** | CATCH (Issue Type: Department of Health modified across hierarchies) |

## Episode Patient/Client NDIS Participant Identifier

|  |  |
| --- | --- |
| **Definition** | National Disability Insurance Scheme (NDIS) participant number of the person who is a registered NDIS participant  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Code 1 1 Not applicable |
| **Layout** | NNNNNNNNN **Size: Min. Max.** |
| 1 9 |
| **Location** | **Transmission protocol HL7 Submission**  Episode (insert) PPP\_PCB (PV1\PV1.22)  Episode (update) PPP\_PCC (PV1\PV1.22) |
| **Reported by** | All programs, dependent on transmission protocol |
| **Reported for** | All episodes started during the current reporting period for registered NDIS participants. |
| **Reported when** | The current reporting period for this item is the calendar month in which the following events or data elements fall:  Episode Start Date (Optional)  Episode End Date (Mandatory) |
| **Value domain** | A valid NDIS participant identification number |
| **Reporting guide** | The NDIS participant number is the unique reference number allocated to the individual by the National Disability Insurance Agency (NDIA) as a form of identification once the agency has approved the provision of NDIS services for that person.  For new NDIS participants, report the NDIS participant number as soon as this becomes available.  **Layout**  All numeric or blank  Leading zeros are acceptable, do not report all zeros  For NDIS participants who are unable to provide their number report 999999999  For non-NDIS participants the field should be blank |
| **Validations** | E011 Invalid layout for field ‘<FieldName>’ – value supplied ‘(<val>)’ does not meet the layout requirements for this element (<Layout>) |
| E270 Contact Account Class is ‘ND – National Disability Insurance Scheme’ but Patient/Client NDIS Participant Identifier number has not been provided |
| **Related items** | Contact Account Class |

Administration

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| --- | --- | --- | --- | --- |
| **Purpose** | To identify NDIS participants within health data collections, and the primary identifier for data linkage between health data collections and the NDIA | | | |
| **Principal users** | Health Services and Aged Care Policy, Department of Health | | | |
| **Version history** | **Version** | **Previous Name** | **Effective Date** |
| 1 | Episode Patient/Client NDIS Participant Identification | 2023/07/01 |
| **Definition source** | Department of Health | | | |
| **Value domain source** | National Disability Insurance Agency | | | |

## Episode Patient/Client Notified of First Appointment Date

|  |  |
| --- | --- |
| **Definition** | The date the patient/client was first advised of their first appointment booking.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Date 1 1 Not applicable |
| **Layout** | YYYYMMDD ***Size:*  Min. Max.** |
| **Location** | **Transmission protocol HL7 Submission**  Episode (insert) PPP\_PCB (PTH\PTH.4)  Episode (update) PPP\_PCC (PTH\PTH.4)  Episode (delete) PPP\_PCD (PTH\PTH.4) |
| **Reported by** | Specialist Clinics (Outpatients) |
| **Reported for** | Episodes where the patient/client was first notified of the date of their first appointment. |
| **Reported when** | The current reporting period for this item is the calendar month in which the following events or data elements fall:  Episode Patient/Client Notified of First Appointment Date (Optional) |
| **Value domain** | A valid date |
| **Reporting guide** | Record the date on which the patient was first notified of their first booked appointment. The dates of notification of any subsequent changes to the date of the first appointment must not be submitted.  **Transmission binding data element**  When this data element is transmitted via HL7, the value “PNAB1” must be transmitted in Episode Pathway Type. |
| **Validations** | E016 Data Element '<FieldName>'(<HL7 Field>) is mandatory for this program/stream (<Program/ Stream>) at this point in time (<Timing>), but no value was supplied  E021 <SucceedingEvent> (<SucceedingEventValue>) is before <Preceding Event> (<PrecedingEventValue>) <FieldName> (<Date>) |
| **Related items** | Contact End Date/Time  Contact Start Date/Time  Episode Care Plan Documented Date  Episode End Date  Episode First Appointment Booked Date  Episode Hospital Discharge Date  Episode Patient/Client Notified of First Appointment Date  Episode Start Date  Episode TCP Bed-Based Care Transition Date  Episode TCP Home-Based Care Transition Date  Patient/Client Birth Date  Referral In Clinical Referral Date  Referral In Receipt Acknowledgment Date  Referral In Received Date  Referral Out Date |

Administration

|  |  |
| --- | --- |
| **Purpose** | To assist in measuring access to Specialist Clinic (Outpatients) services. |
| **Principal users** | Department of Health |
| **Version history** | **Version Previous Name Effective Date**  1 Episode Patient/Client Notified of First 2011/07/01 Appointment Date |
| **Definition source** | Department of Health |
| **Value domain source** | ISO8601:2000 |

## Episode Patient/Client Ready for Care Date

|  |  |
| --- | --- |
| **Definition** | The date the patient/client needs, and is available to receive palliative care  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Date 1 1 Not applicable |
| **Layout** | YYYYMMMDD ***Size:* Min. Max.** |
| **Location** | **Transmission protocol HL7 Submission**  Episode (insert) PPP\_PCB (PTH\PTH.4)  Episode (update) PPP\_PCC (PTH\PTH.4)  Episode (delete) PPP\_PCD (PTH\PTH.4) |
| **Reported by** | Palliative Care – ‘41 – Community palliative care’ |
| **Reported for** | Episodes opened during the current reporting period |
| **Reported when** | 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** | Valid date |
| **Reporting guide** | The century component of the year must begin with ‘20’.  The ready for care date is only captured once the referral has been accepted by the service. Captured during the episode of care, the ready for care date is a modifiable field to enable services to review the date in response to client’s changing needs or priorities. For example, a client may not be ready for care until they return home either from holiday or hospital, or the client may wish to wait for family to be present.  The responsiveness of palliative care services to client's needs can be measured from the date the client is ready for care to the first contact date for the comprehensive assessment. |
| **Validations** | E371 Data Element (<FieldName>) is mandatory for this program/stream (<Program/Stream>) after (<Timing>) but no value was supplied |
| **Related items** | Episode End Date  Episode Start Date |

Administration

|  |  |
| --- | --- |
| **Purpose** | To assist in service planning |
| **Principal users** | Department of Health |
| **Version history** | **Version Previous Name Effective Date**  1 Episode Patient/Client Ready for Care Date 2019/07/01 |
| **Definition source** | Based on the Palliative Care Outcomes Collaborative (PCOC) |
| **Value domain source** | Department of Health |

## Episode Program/Stream

|  |  |
| --- | --- |
| **Definition** | The program/stream to which the patient’s/client’s episode relates.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Code 1 1 Not applicable |
| **Layout** | NNNN ***Size:*  Min. Max.**  1 4 |
| **Location** | **Transmission protocol HL7 Submission**  Episode (insert) PPP\_PCB (PV1\PV1.10)  Episode (update) PPP\_PCC (PV1\PV1.10)  Episode (delete) PPP\_PCD (PV1\PV1.10) |
| **Reported by** | All programs, dependent on transmission protocol |
| **Reported for** | All episodes started during the current reporting period. |
| **Reported when** | 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** | Enumerated  Table identifier HL70069  **Code Descriptor**  **Subacute Ambulatory Care Services (SACS)**  1 Rehabilitation  2 Specialist continence  3 Specialist cognitive  4 Specialist pain management  5 Specialist falls  6 Specialist wound management  7 Younger adult/transition  8 Specialist paediatric rehabilitation  9 Specialist polio  11 Specialist movement disorders  12 Cardiac rehabilitation  19 Specialist other  **Hospital Admission Risk Program (HARP)**  27 HARP – HIV  28 HARP – complex care  30 HARP – geriatric evaluation and management (GEM)  **Post Acute Care (PAC)**  31 Post acute care  **Palliative Care (PC)**  41 Community palliative care  1400 Palliative care day hospice  **Complex Care (FCP)**  52 Complex care (FCP): on ventilation, dependent  53 Complex care (FCP): on ventilation, not dependent  54 Complex care (FCP): general  55 Complex care (FCP): HARP  56 Complex care (FCP): PAC  **Victorian HIV and Sexual Health Services (VHS)**  61 Victorian HIV consultancy  62 Victorian HIV mental health service  63 HIV outreach ambulatory care  67 Victorian NPEP and PEP services  68 HIV complex care – community and outreach  69 Sexual health service  **Victorian Respiratory Support Service (VRSS)**  82 VRSS: on ventilation, dependent  83 VRSS: on ventilation, not dependent  86 VRSS: general  **Medi-Hotel**  91 Medi-Hotel  **Specialist Clinics (Outpatients) (OP)**  101 General medicine  103 Cardiology  106 Gastroenterology  107 Haematology  108 Nephrology  109 Neurology  110 Oncology  111 Respiratory  112 Rheumatology  113 Dermatology  114 Infectious diseases  116 Immunology, includes allergy  117 Endocrinology, includes diabetes  118 Hepatobiliary and pancreas  119 Burns  201 General surgery  202 Cardiothoracic surgery  203 Neurosurgery  204 Ophthalmology  205 Ear, nose, and throat  206 Plastic surgery  207 Urology  208 Vascular  209 Pre-admission  301 Dental  310 Orthopaedics/musculoskeletal  311 Orthopaedic applications  312 Wound care  313 Allied health – stand-alone  350 Psychiatry and behavioural disorders, includes alcohol and drug  402 Obstetrics  403 Gynaecology  406 Reproductive medicine and family planning  408 Gender services  415 Adult genetics  416 Paediatric genetics  417 Familial cancer services  418 Reproductive genetics  **Home Enteral Nutrition (HEN)**  651 Home enteral nutrition  **Total Parenteral Nutrition (TPN)**  751 Total parenteral nutrition  **Home Based Dialysis (HBD)**  851 Peritoneal dialysis  852 Haemodialysis  **Infusion Therapy (IT)**  951 Subcutaneous immunoglobulin infusion therapy  **Transition Care Program (TCP)**  1101 Transition care program  **Residential In-Reach (RIR)**  1201 Residential in-reach  **Palliative Care Consultancy (HBPCCT)**  1300 Hospital based palliative care consultancy team  1316 Regional specialist palliative care consultancy  1600 Statewide palliative care service  **Victorian Artificial Limb Program (VALP)**  1700 Victorian artificial limb program  **Early Parenting Centres (EPC)**  1800 Early parenting centres |
| **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 - Rehabilitation’), but after assessment it is decided that the patient/client be seen by the specialist falls clinic (code ‘5 – Specialist falls’); in this instance report ‘5 – Specialist falls’.  Choose the most appropriate episode program/stream based on the service expected to be delivered.  **Code 1-19**  Includes:   * the subacute ambulatory care services (SACS) program/streams.   **Code 27-30**  Includes:   * the hospital admission risk program (HARP) program/streams.   **Code 41, 1400**  Includes   * the palliative care (PC) program/streams.   **Codes 52-56**  Includes:   * the complex care (FCP) program/streams.   **52 – Complex care (FCP): 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.  **53 – Complex care (FCP): on ventilation, not dependent**  This code should be used for patient/clients receiving home based ventilation who are on non-invasive ventilation overnight.  **54 – Complex care (FCP): general**  This code should be used for reporting contacts within the complex care (FCP) program/stream.  Includes general contacts with the FCP Clinical Nurse Consultant and other complex care (FCP) healthcare providers.  Excludes:   * complex care (FCP): HARP (use code 55) * complex care (FCP): PAC (use code 56)   **55 – Complex care (FCP): HARP**  Excludes:   * hospital admission risk program (HARP) activity funded under the health independence program (HIP).   **56 – Complex care (FCP): PAC**  Excludes:   * post acute care (PAC) activity funded under the health independence program (HIP).   **Code 61-69**  Includes:   * the Victorian HIV and sexual health services (VHS) program/streams.   **61 – Victorian HIV consultancy**  This code should only be used for patients who are part of the state-wide specialist services and community integrated services.  **62 – Victorian HIV mental health service**  This code should only be used for patients who are receiving psychiatry, psychology, neuropsychology services within the HIV program.  **63 – HIV ambulatory care**  This code should be used for patients who are participating in the specialist statewide outpatient clinics within the HIV program.  **67 – Victorian NPEP and PEP services**  This code should be used for people accessing the NPEP and PEP services.  **68 – HIV complex care – community and outreach**  This code should be used for HIV patients who are receiving medical, nursing and social work/allied health services within the community or as an outreach service as part of their complex care requirements.  **69 – Sexual health service**  This code should be used to report sexual health and STI testing, diagnosis and treatment services.  **Code 82-86**  Includes:   * the Victorian respiratory support service (VRSS) 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 VRSS program/stream.  Includes:   * general contacts with the VRSS clinical nurse consultant and other VRSS healthcare providers.   **Code 101- 418**  Includes:   * the specialist clinics (outpatients) (OP) program/streams.   **313 – Allied health – Stand-alone**  This code should only be used when the entire episode for the patient/client is constituted of one or more allied health contacts. Where the patient/client is receiving services which fall under another program/stream but is also receiving allied health services, the episode should be reported with the other program/stream, not code ‘313 – allied health stand alone’.  **Code 851,852**  Includes:   * the home based dialysis (HBD) program/streams.   **Code 951**  Includes:   * the infusion therapy (IT) program/streams. Use this code to report subcutaneous immunoglobulin (SCIg) infusion therapy.   **Code 1300-1600**  Includes:   * the palliative care consultancy (HBPCCT) program/streams   **Code 1700**  Includes:   * the Victorian artificial limb program (VALP) program/streams.   **Code 1800**  Includes:   * the early parenting centres (EPC) program/stream. |
| **Validations** | E062 A ‘<pk\_structure>’ update message (<hl7\_message>) has been sent containing <static\_field> value (<new\_val>) that has changed from its original value (<old\_val>). This field is not allowed to change via an update.  E204 New open episode overlaps existing episode (<ep\_details>) for the patient (<id\_vals>) with the same program/stream (<program\_stream>)  E258 This organisation (<OrganisationIdentifier>) is not approved to report Episodes under this program/stream (<Episode Program/Stream>)  E267 Referral In Program/Stream is (<ref\_in program/stream>) but Episode Program/Stream is (<episode program/stream) |
| **Related items** | Episode Start Date |

Administration

|  |  |
| --- | --- |
| **Purpose** | To allow national reporting requirements to be met and assist with service planning and monitoring. |
| **Principal users** | Department of Health |
| **Version history** | **Version Previous Name Effective Date**  14 Episode Program/Stream 2024/07/01  13 Episode Program/Stream 2023/07/01  12 Episode Program/Stream 2022/07/01  11 Episode Program/Stream 2021/07/01  10 Episode Program/Stream 2019/07/01  9 Episode Program/Stream 2018/07/01  8 Episode Program/Stream 2015/07/01  7 Episode Program/Stream 2014/07/01  6 Episode Program/Stream 2012/07/01  5 Episode Program/Stream 2009/11/01  4 Episode Program/Stream 2010/07/01  3 Episode Program/Stream 2009/07/01  2 Episode Program/Stream 2008/07/01  1 Episode Program/Stream 2007/07/01 |
| **Definition source** | Department of Health |
| **Value domain source** | Department of Health |

## Episode Proposed Treatment Plan Completion

|  |  |
| --- | --- |
| **Definition** | An indicator of whether the patient/client completed the proposed treatment/assessment program, and, if not, whether this was for medical or non-medical reasons, as determined by a clinician.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Code 1 1 Not applicable |
| **Layout** | NN ***Size:*  Min. Max.**  2 2 |
| **Location** | **Transmission protocol HL7 Submission**  Episode (insert) PPP\_PCB (PV2\PV2.24)  Episode (update) PPP\_PCC (PV2\PV2.24)  Episode (delete) PPP\_PCD (PV2\PV2.24) |
| **Reported by** | Complex Care (FCP)  Home Based Dialysis  Home Enteral Nutrition  Hospital Admission Risk Program  Infusion Therapy  Post Acute Care  Residential In-Reach  Subacute Ambulatory Care Services  Total Parenteral Nutrition  Victorian Artificial Limb Program  Victorian HIV and Sexual Health Services  Victorian Respiratory Support Service |
| **Reported for** | Episodes where Episode End Date falls within the current reporting period. |
| **Reported when** | The current reporting period for this item is the calendar month in which the following events or data elements fall:  Episode End Date (Mandatory) |
| **Value domain** | Enumerated  Table identifier HL70216  **Code Descriptor**  **Completed**  10 Care plan/proposed treatment completed  **Did not complete for medical reasons**  21 Unplanned patient/client admission to hospital  22 Planned patient/client admission to hospital  25 Alteration in patient/client medical condition without hospital admission  27 Patient/client died  **Did not complete for non-\medical reasons**  31 Patient/client has declined further services  33 Patient/client has moved from area  35 Patient/client is unable to be contacted  41 Patient/client has been referred to another service  43 No measurable benefit from continuing the service  51 Patient/client not complying with program  53 Risk to client or staff prevents service provision |
| **Reporting guide** | These values align with the health independence program (HIP) guidelines. |
| **Validations** | E016 Data Element ‘<FieldName’> (<HL7 Field>) is mandatory for this program/stream <Program/Stream> at this point in time (<Timing>), but no value was supplied |
| E017 The field ‘<FieldName>’ (<HL7 Field>) cannot have a value before this point in time (<Timing>) |
| **Related items** | Episode End Date |

Administration

|  |  |
| --- | --- |
| **Purpose** | Required for outcome analyses. |
| **Principal users** | Department of Health |
| **Version history** | **Version Previous Name Effective Date**  6 Episode Proposed Treatment Plan 2012/07/01 Completion  5 Episode Proposed Treatment Plan 2010/07/01 Completion  4 Episode Completion of Proposed Plan of 2009/07/01 Treatment  3 Episode Completion of Proposed Plan of 2008/07/01 Treatment  2 Completion of Proposed Plan of Treatment 2007/07/01  1 Completion of Proposed Program of 2005/07/01 Treatment |
| **Definition source** | Department of Health |
| **Value domain source** | Department of Health, based on HIP Guidelines 2008 |

## Episode Special Purpose Flag

|  |  |
| --- | --- |
| **Definition** | An indication of whether the patient/client is identified as a participant in a special purpose initiative.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Code 0 1 Not applicable |
| **Layout** | XX ***Size:*  Min. Max.**  0 2 |
| **Location** | **Transmission protocol HL7 Submission**  Episode (insert) PPP\_PCB (PV2\PV2.18)  Episode (update) PPP\_PCC (PV2\PV2.18)  Episode (delete) PPP\_PCD (PV2\PV2.18 |
| **Reported by** | Complex Care (FCP)  Home Based Dialysis  Home Enteral Nutrition  Hospital Admission Risk Program  Infusion Therapy  Post Acute Care  Residential In-Reach  Subacute Ambulatory Care Services  Total Parenteral Nutrition  Victorian Artificial Limb Program  Victorian Respiratory Support Service |
| **Reported for** | Patient/clients identified as participating in a special purpose initiative in the current reporting period. |
| **Reported when** | The current reporting period for this item is the calendar month in which the following events or data elements fall:  Episode Start Date (Optional)  Episode End Date (must be specified if a patient/client is identified as a participant in the NDIS) |
| **Value domain** | Enumerated  Table identifier 990090  **Code Descriptor**  ND NDIS participant  EM Emergency use |
| **Reporting guide** | **ND – NDIS participant**  This code should be used to indicate whether the patient/client is identified as a participant in the National Disability Insurance Scheme.  **EM – Emergency use**  The department will provide reporting guidelines when an ‘emergency use’ code is enacted. |
| **Validations** | E013 Code ‘(‘<CodeSupplied>’) for Data Element ‘<FieldName>’is for emergency use – only to be used under the direction of the department.  E370 Data Element (<FieldName>) is mandatory (<Timing>) but no value was supplied. The (<FieldName>) for this (<FieldTypes>) is (<FieldValue>) |
| **Related items** | Contact Account Class  Episode Start Date |

Administration

|  |  |
| --- | --- |
| **Purpose** | To guide future policy considerations. |
| **Principal users** | Department of Health |
| **Version history** | **Version Previous Name Effective Date**  2 Episode Special Purpose Flag 2021/07/01  1 Episode Special Purpose Flag 2017/07/01 |
| **Definition source** | Department of Health |
| **Value domain source** | Department of Health |

## Episode Start Date

|  |  |
| --- | --- |
| **Definition** | When a program/stream first accepts a patient/client. This occurs in response to a referral when a referral is accepted.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Date 1 1 Not applicable |
| **Layout** | YYYYMMDD ***Size:*  Min. Max.** |
| **Location** | **Transmission protocol HL7 Submission**  Episode (insert) PPP\_PCB (PV1\PV1.44\TS.1)  Episode (update) PPP\_PCC (PV1\PV1.44\TS.1)  Episode (delete) PPP\_PCD (PV1\PV1.44\TS.1) |
| **Reported by** | All programs, dependent on transmission protocol |
| **Reported for** | Episodes opened in the current reporting period. |
| **Reported when** | 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** | Valid date. |
| **Reporting guide** | The Episode Start Date is the date that it is determined when the Referral In Outcome code reported is one of ‘010’, ‘020’, ‘1’, ‘3’ or ‘50’.  For Palliative Care, where the foetus (in utero) has been classed as terminal, the Episode Start Date can occur prior to date of birth. |
| Validations | E020 <SucceedingEvent> (<SucceedingEventValue>) is before <Preceding Event> (<PrecedingEventValue>)  E021 <SucceedingEvent> (<SucceedingEventValue>) is before <Preceding Event> (<PrecedingEventValue>) <FieldName> (<Date>)  E151 Client Age (<n>) is greater than 120 years  E206 Open episode sent for a referral with outcome specified as not accepted (<ref\_details>)  E207 Referral In Outcome is ‘010 – Referral accepted – new appointment’ or ‘020 – Referral accepted – review appointment’ or ‘1 – Referral accepted’ or ‘3 – Referral accepted – renewed referral’ or ’50 – Screening referral’ but no episode has been reported |
| **Related items** | Contact End Date/Time  Contact Start Date/Time  Episode End Date  Episode First Appointment Booked Date  Episode Patient/Client Notified of First Appointment Date  Episode Start Date  Patient/Client Birth Date  Referral Identifier  Referral In Clinical Referral Date  Referral In Receipt Acknowledgment Date  Referral In Received Date  Referral Out Date |

Administration

|  |  |
| --- | --- |
| **Purpose** | To allow calculation of the period for which a person is a patient/client of a program/stream. |
| **Principal users** | Victorian and Australian Governments |
| **Version history** | **Version Previous Name Effective Date**  3 Episode Start Date 2010/07/01  2 Episode Start Date 2009/07/01  1 Episode Start Date 2007/07/01 |
| **Definition source** | Department of Health |
| **Value domain source** | Department of Health |

## Episode TCP Bed-Based Care Transition Date

|  |  |
| --- | --- |
| **Definition** | The date(s) on which a patient/client transitioned to bed-based care.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Repeatable Date 1 No limit Not allowed |
| **Layout** | YYYYMMDD ***Size:*  Min. Max.** |
| **Location** | **Transmission protocol HL7 Submission**  Episode (insert) PPP\_PCB (PTH\PTH.4)  Episode (update) PPP\_PCC (PTH\PTH.4)  Episode (delete) PPP\_PCD (PTH\PTH.4) |
| **Reported by** | Transition Care Program |
| **Reported for** | All TCP episodes |
| **Reported when** | The current reporting period for this item is the calendar month in which the following events or data elements fall:  Episode Start Date (either Episode TCP Bed-Based Care Transition Date or Episode TCP Home-Based Care Transition Date must be reported)  Episode TCP Bed-Based Care Transition Date (Mandatory) |
| **Value domain** | A valid date. |
| **Reporting guide** | If a patient/client begins a TCP episode in bed-based care this date must be reported at episode start and the first value must be equal to Episode Start Date.  This date must be reported at each subsequent transition of a patient/client in the TCP program to bed-based care.  **Transmission binding data element**  When this item is transmitted via HL7, the value “TCPTB” must also be transmitted in Episode Pathway Type. |
| **Validations** | General edits only, see Format. |
| **Related items** | Episode Care Plan Documented Date  Episode First Appointment Booked Date  Episode Hospital Discharge Date  Episode Patient/Client Notified of First Appointment Date  Episode Start Date  Episode TCP Home-Based Care Transition Date |

Administration

|  |  |
| --- | --- |
| **Purpose** | To enable accurate counts of bed-based and home-based care for the TCP program and Commonwealth reporting. |
| **Principal users** | Department of Health, Commonwealth government. |
| **Version history** | **Version Previous Name Effective Date**  1 Episode TCP Bed-Based Care Transition 2010/07/01  Date |
| **Definition source** | Department of Health |
| **Value domain source** | ISO8601:2000 |

## Episode TCP Home-Based Care Transition Date

|  |  |
| --- | --- |
| **Definition** | The date(s) on which a patient/client transitioned to home-based care.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Repeatable date 1 No limit Not allowed |
| **Layout** | YYYYMMDD ***Size:*  Min. Max.** |
| **Location** | **Transmission protocol HL7 Submission**  Episode (insert) PPP\_PCB (PTH\PTH.4)  Episode (update) PPP\_PCC (PTH\PTH.4)  Episode (delete) PPP\_PCD (PTH\PTH.4) |
| **Reported by** | Transition Care Program |
| **Reported for** | All TCP episodes. |
| **Reported when** | The current reporting period for this item is the calendar month in which the following events or data elements fall:  Episode Start Date (either Episode TCP Bed-Based Care Transition Date or Episode TCP Home-Based Care Transition Date must be reported)  Episode TCP Home-Based Care Transition Date (Mandatory) |
| **Value domain** | A valid date. |
| **Reporting guide** | If a patient/client begins a TCP episode in home-based care this date must be reported at episode start and the first value must be equal to Episode Start Date.  This date must be reported at each subsequent transition of a patient/client in the TCP program to home-based care.  **Transmission binding data element**  When this item is transmitted via HL7, the value “TCPTH” must also be transmitted in Episode Pathway Type. |
| **Validations** | General edits only, see Format. |
| **Related items** | Episode Care Plan Documented Date  Episode First Appointment Booked Date  Episode Hospital Discharge Date  Episode Patient/Client Notified of First Appointment Date  Episode Start Date  Episode TCP Bed-Based Care Transition Date |

Administration

|  |  |
| --- | --- |
| **Purpose** | To enable accurate counts of bed- and home-based care for the TCP program and Commonwealth reporting. |
| **Principal users** | Department of Health, Commonwealth government. |
| **Version history** | **Version Previous Name Effective Date**  1 Episode TCP Home-Based Care Transition 2010/07/01 Date |
| **Definition source** | Department of Health |
| **Value domain source** | ISO8601:2000 |

## Patient/Client Birth Country

|  |  |  |
| --- | --- | --- |
| **Definition** | The country in which the person was born, as represented by a code.  ***Repeats:* Min. Max. Duplicate** | |
| **Form** | Code 1 1 Not applicable | |
| **Layout** | NNNN ***Size:*  Min. Max**.  4 4 | |
| **Location** | **Transmission protocol HL7 Submission**  Patient/Client (insert) ADT\_A04 (PID\PID.23)  Patient/Client (update) ADT\_A08 (PID\PID.23)  Patient/Client (merge) ADT\_A40 (PID\PID.23) | |
| **Reported by** | Complex Care (FCP)  Early Parenting Centres  Home Based Dialysis  Home Enteral Nutrition  Hospital Admission Risk Program  Infusion Therapy  Palliative Care  Palliative Care Consultancy  Post Acute Care  Residential In-Reach  Specialist Clinics (Outpatients)  Subacute Ambulatory Care Services  Total Parenteral Nutrition  Transition Care Program  Victorian Artificial Limb Program  Victorian HIV and Sexual Health Services  Victorian Respiratory Support Service | |
| **Reported for** | Optional for patients/clients whose episode opened during the current reporting period; mandatory for patients/clients whose first contact occurred during the current reporting period. | |
| **Reported when** | The current reporting period for this item is the calendar month in which the following events or data elements fall:  Episode Start Date (Optional)  First Contact Start Date/Time (Mandatory) | |
| **Value domain** | Refer to [Standard Australian Classification of Countries (SACC)](https://www.abs.gov.au/statistics/classifications/standard-australian-classification-countries-sacc/latest-release) <https://www.abs.gov.au/statistics/classifications/standard-australian-classification-countries-sacc/latest-release>. | |
| **Reporting guide** | Report the country in which the patient was born, not the country of residence. | |
| **Validations** | E016 Data Element '<FieldName>' (<HL7 Field>) is mandatory for this program/stream <Program/Stream> at this point in time (<Timing>), but no value was supplied  E159 Code (<CodeSupplied>) for Data Element (<FieldName>) is not valid as at the Contact Date/Time | |
| **Related items** | | Contact Clinic Identifier  Contact End Date/Time  Contact Start Date/Time  Episode Malignancy Flag  Episode Start Date  Patient/Client Carer Availability  Patient/Client Death Place  Patient/Client Living Arrangement  Patient/Client Main Carer’s Relationship to the Patient  Patient/Client Usual Accommodation Type  Patient/Client Usual Residence Locality Name  Patient/Client Usual Residence Postcode | |

Administration

|  |  |
| --- | --- |
| **Purpose** | To facilitate epidemiological studies |
| **Principal users** | Multiple internal and external data users. |
| **Version history** | **Version Previous Name Effective Date**  8 Patient/Client Birth Country 2014/07/01  7 Patient/Client Birth Country 2012/07/01  6 Patient/Client Birth Country 2009/11/01  5 Patient/Client Birth Country 2010/07/01  4 Patient/Client Birth Country 2009/07/01  3 Patient/Client Birth Country 2008/07/01  2 Country of Birth 2007/07/01 |
| **Definition source** | NHDD |
| **Value domain source** | ABS SACC, reference period 2016, Department of Health. |

## Patient/Client Birth Date

|  |  |
| --- | --- |
| **Definition** | The date of birth of the patient/client.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Date 1 1 Not applicable |
| **Layout** | YYYYMMDD ***Size:*  Min. Max.**  8 8 |
| **Location** | **Transmission protocol HL7 Submission**  Patient/Client (insert) ADT\_A04 (PID\PID.7\TS.1)  Patient/Client (update) ADT\_A08 (PID\PID.7\TS.1)  Patient/Client (merge) ADT\_A40 (PID\PID.7\TS.1) |
| **Reported by** | All programs, dependent on transmission protocol |
| **Reported for** | Patients/clients whose episode was opened during the current reporting period. |
| **Reported when** | The current reporting period for this item is the calendar month in which the following events or data elements fall:  Referral In Outcome (Mandatory) |
| **Value domain** | Valid date. |
| **Reporting guide** | The date of birth must be on or before Episode Start Date.  The century component of the year must begin with ‘19’ or ‘20’.  Where the patient’s/client’s date of birth is unknown it should be estimated as accurately as possible and the reliability of the estimate reported in the Date of Birth Accuracy Code data element. Components of the date marked in the Date of Birth Accuracy Code as ‘U-Unknown’, as opposed to ‘A-Accurate’ or ‘E-Estimated’, will be ignored by the VINAH MDS Validation Engine.  Patient/Client Birth Date may be reported with lower precision, but these components of the date must be assigned a Patient/Client Birth Date Accuracy of ‘U-Unknown’. |
| **Validations** | E016 Data Element '<FieldName>' (<HL7 Field>) is mandatory for this program/stream <Program/Stream> at this point in time (<Timing>), but no value was supplied  E020 <SucceedingEvent> (<SucceedingEventValue>) is before <Preceding Event> (<PrecedingEventValue>)  E151 Client Age (<n>) is greater than 120 years.  E454 Referral In Outcome is ‘010 – Referral accepted – new appointment’ or ‘020 – Referral accepted – review appointment’, or ‘1 – Referral accepted’ or ‘3 – Referral accepted – renewed referral’ but <client\_field\_list> has not been provided |
| **Related items** | Contact End Date/Time  Contact Start Date/Time  Episode End Date  Episode First Appointment Booked Date  Episode Patient/Client Notified of First Appointment Date  Episode Start Date  Referral In Clinical Referral Date  Referral In Receipt Acknowledgment Date  Referral In Received Date  Referral Out Date |

Administration

|  |  |
| --- | --- |
| **Purpose** | Required to derive age for demographic analyses and for analysis by age at a point of time. |
| **Principal users** | Multiple internal and external data users. |
| **Version history** | **Version Previous Name Effective Date**  6 Patient/Client Birth Date 2010/07/01  5 Patient/Client Birth Date 2009/07/01  4 Patient/Client Birth Date 2008/07/01  3 Date of Birth 2007/07/01  2 Date of Birth 2006/07/01  1 Date of Birth 2005/07/01 |
| **Definition source** | NHDD |
| **Value domain source** | Department of Health |

## Patient/Client Birth Date Accuracy

|  |  |
| --- | --- |
| **Definition** | A code representing the accuracy of the components of the date – day, month, year.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Structured Code 1 1 Not applicable |
| **Layout** | AAA ***Size:*  Min. Max.**  3 3 |
| **Location** | **Transmission protocol HL7 Submission.**  Patient/Client (insert) ADT\_A04 (PID\PID.32\TS.1)  Patient/Client (update) ADT\_A08 (PID\PID.32\TS.1)  Patient/Client (merge) ADT\_A40 (PID\PID.32\TS.1) |
| **Reported by** | Complex Care (FCP)  Early Parenting Centres  Home Based Dialysis  Home Enteral Nutrition  Hospital Admission Risk Program  Infusion Therapy  Medi-Hotel  Palliative Care  Post Acute Care  Residential In-Reach  Specialist Clinics (Outpatients)  Subacute Ambulatory Care Services  Total Parenteral Nutrition  Transition Care Program  Victorian Artificial Limb Program  Victorian HIV and Sexual Health Services  Victorian Respiratory Support Service |
| **Reported for** | Patients/clients whose episode was opened during the current reporting period. |
| **Reported when** | 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 HL70445  This data element’s value domain consists of a combination of three codes, each of which denotes the accuracy of one date component:  **Code Descriptor**  A the referred date component is accurate  E the referred date component is not known but is estimated  U the referred date component is not known and not estimated.  This data element contains three positional components (DMY) that reflect the order of the date components in the format (DDMMYYYY) of the reported Patient/Client Birth Date.  **Component Descriptor**  1st D Refers to the accuracy of the day component  2nd M Refers to the accuracy of the month component  3rd Y Refers to the accuracy of the year component. |
| **Reporting guide** | Any combination of the values A, E, U representing the corresponding level of accuracy of each date component of the reported date.  Where possible, report the accuracy of each date component. However, where software systems allow the collection of a binary value for Date of Birth Accuracy (that is the system has an ‘Estimated Date of Birth’ check box or similar) values such as ‘AAA’ and ‘EEE’ will be acceptable.  It is understood that the Date of Birth Accuracy Code will be reported as ‘AAA’ unless the date has been flagged as an estimated date. It is not necessary to validate the Date of Birth provided by every patient unless there is a reasonable suspicion that the date provided is not correct. Where there is a question over the date provided, or where the patient is unable or unwilling to provide their date of birth, the date should be estimated and flagged as such.  If the date of birth is provided by a reliable source (for example the patient or close relative) and is known as accurate then the date accuracy indicator should be reported as ‘AAA.’  If the patient’s approximate age is known, then the Date of Birth should be estimated using the approximate age to calculate an estimated year of birth. Sentinel dates should not be used. The Date of Birth Accuracy code would be reported as ‘UUE,’ that is the day and month are ‘unknown’ and the year is ‘estimated.’  A Year component value of U – Unknown is not acceptable.  Where the date part is accurate or estimated, the date part cannot be ‘00’. Where the date part is unknown, the date part may be ‘00’ or ‘NN’.  Where this element is not reported for SACS sites prior to 01 January 2007, it will be assumed to be ‘AAA’.  Examples:  Valid combinations include:  DOB Accuracy = ‘AAA’, DOB = ‘03/11/1956’  DOB Accuracy = ‘EEE’, DOB = ‘03/11/1956’  DOB Accuracy = ‘UUE’, DOB = ‘00/00/1945’  DOB Accuracy = ‘UUE’, DOB = ‘01/01/1945’  Invalid combinations include:  DOB Accuracy = ‘AAA’, DOB = ‘00/00/1956’  DOB Accuracy = ‘AAA’, DOB = ‘00/06/1956’  DOB Accuracy = ‘EEE’, DOB = ‘00/00/1956’  DOB Accuracy = ‘UUE’, DOB = ‘00/00/0000’  DOB Accuracy = ‘UEE’, DOB = ‘00/00/1956’ |
| **Validations** | General edits only, see Format. |
| **Related items** | Episode Start Date  Patient/Client Birth Date  Patient/Client Death Date Accuracy |

Administration

|  |  |
| --- | --- |
| **Purpose** | To represent the accuracy of the components of a date – year, month, day. |
| **Principal users** | Multiple internal and external research users. |
| **Version history** | **Version Previous Name Effective Date**  6 Patient/Client Birth Date Accuracy 2014/07/01  5 Patient/Client Birth Date Accuracy 2010/07/01  4 Patient/Client Birth Date Accuracy 2009/07/01  3 Patient/Client Birth Date Accuracy 2008/07/01  2 Date of Birth Accuracy Code 2007/07/01  1 Date of Birth Accuracy Code 2006/07/01 |
| **Definition source** | NHDD (Department of Health modified) |
| **Value domain source** | NHDD 294429 |

## Patient/Client Carer Availability

|  |  |
| --- | --- |
| **Definition** | A record of whether a person, such as a family member, friend or neighbour has been identified as providing regular on-going care or assistance, not linked to a formal service.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Code 1 1 Not applicable |
| **Layout** | N ***Size:*  Min. Max.**  1 1 |
| **Location** | **Transmission protocol HL7 Submission**  Patient/Client (insert) ADT\_A04 (NK1\NK1.7\CE.1)  Patient/Client (update) ADT\_A08 (NK1\NK1.7\CE.1)  Patient/Client (merge) ADT\_A40 (NK1\NK1.7\CE.1) |
| **Reported by** | Complex Care (FCP)  Home Based Dialysis  Home Enteral Nutrition  Hospital Admission Risk Program  Infusion Therapy  Palliative Care  Post-Acute Care  Residential In-Reach  Subacute Ambulatory Care Services  Total Parenteral Nutrition  Transition Care Program  Victorian Artificial Limb Program  Victorian HIV and Sexual Health Services  Victorian Respiratory Support Service |
| **Reported for** | Optional for patients/clients whose episode opened during the current reporting period; mandatory for patients/clients whose first contact occurred during the current reporting period. |
| **Reported when** | The current reporting period for this item is the calendar month in which the following events or data elements fall:  Episode Start Date (Optional)  Contact Start Date/Time (Mandatory) |
| **Value domain** | Enumerated  Table identifier HL70131  **Code Descriptor**  1 Has a carer  2 Has no carer  9 Not stated/inadequately described |
| **Reporting guide** | Availability infers carer willingness and ability to undertake the caring role and can apply when there are several carers. Where a potential carer is not prepared to undertake the role, or when their capacity to carry out necessary tasks is minimal, then the patient must be reported as not having an informal carer.  Where there are several carers, a decision should be taken as to which of these is the main or primary carer and report accordingly.  Excludes:  Formal services such as meals on wheels, personal support or household support provided by local council.  **1 – Has a carer**  Includes:   * Patients/Clients who are in the care of a foster family/person/s or similar temporary family role.   Excludes:   * Patients/Clients whose potential carers are children under eight years of age. * Patients/Client who is living in supported accommodation or other care facility that will provide the formal care required.   **2 – Has no carer**  Patient/Client does not have an informal carer willing and/or able to assist with care on an arranged and regular basis.  **9 – Not stated/inadequately described**  Insufficient information to determine Patient/Client Carer Availability. |
| **Validations** | E152 Carer Availability is ‘1 – Has a carer’ (<ca>) but Carer Residency Status (<crs>) is not compatible  E156 Carer Residency Status (<val>) has no value but Carer Availability (<val>) is set to '1 – Has a Carer'  E159 Code (<CodeSupplied>) for Data Element (<FieldName>) is not valid as at the Contact Date/Time  E254 Patient/client must have a Main Carer’s Relationship to the Patient when Carer Availability is ‘1 – Has a carer’ and Episode Program/Stream is Palliative Care |
| **Related items** | Contact Clinic Identifier  Contact End Date/Time  Contact Start Date/Time  Episode Start Date  Patient/Client Birth Country  Patient/Client Carer Residency Status  Patient/Client Death Place  Patient/Client Living Arrangement  Patient/Client Main Carer’s Relationship to the Patient  Patient/Client Usual Accommodation Type  Patient/Client Usual Residence Locality Name  Patient/Client Usual Residence Postcode |

Administration

|  |  |
| --- | --- |
| **Purpose** | To enable monitoring of the impact of Patient/Client Carer Availability on exit timing and use of ambulatory services, to support policy development and planning. |
| **Principal users** | Department of Health |
| **Version history** | **Version Previous Name Effective Date**  5 Patient/Client Carer Availability 2010/07/01  4 Patient/Client Carer Availability 2009/07/01  3 Patient/Client Carer Availability 2008/07/01  2 Carer Availability 2007/07/01  1 Carer Availability 2005/07/01 |
| **Definition source** | NHDD |
| **Value domain source** | NHDD (Department of Health modified) |

## Patient/Client Carer Residency Status

|  |  |
| --- | --- |
| **Definition** | Whether or not a carer lives with the patient/client for whom they care.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Code 1 1 Not applicable |
| **Layout** | N ***Size:*  Min. Max.**  1 1 |
| **Location** | **Transmission protocol HL7 Submission**  Patient/Client (insert) ADT\_A04 (NK1\NK1.21)  Patient/Client (update) ADT\_A08 (NK1\NK1.21)  Patient/Client (merge) ADT\_A40 (NK1\NK1.21) |
| **Reported by** | Complex Care (FCP)  Home Based Dialysis  Home Enteral Nutrition  Hospital Admission Risk Program  Infusion Therapy  Palliative Care  Post Acute Care  Residential In-Reach  Subacute Ambulatory Care Services  Total Parenteral Nutrition  Transition Care Program  Victorian Artificial Limb Program  Victorian HIV and Sexual Health Services  Victorian Respiratory Support Service |
| **Reported for** | All patients/clients where the Carer Availability is reported as 1 – Has a carer. |
| **Reported when** | The current reporting period for this item is the calendar month in which the following events or data elements fall:  Episode Start Date (report when Patient/Client Carer Availability = ‘1’)  First Contact Start Date/Time (report when Patient/Client Carer Availability = ‘1’) |
| **Value domain** | Enumerated  Table identifier 990014  **Code Descriptor**  1 Co-resident carer  2 Non-resident carer  9 Not stated/inadequately described |
| **Reporting guide** | Used to record residency status of the person who provides most care to the patient/client.  If a patient/client has both a co-resident (for example a spouse) and a visiting carer (for example a daughter or son), the response should be related to the carer who provides the most significant care and assistance related to the patient’s/client’s capacity to remain living at home. The expressed views of the patient/client and/or their carer(s) or significant other should be used as the basis for determining this.  **1 – Co-resident carer**  A co-resident carer is a person who provides care and assistance on a regular and sustained basis to a person who lives in the same household.  **2 – Non-resident carer**  A non-resident or visiting carer is a person who provides care and assistance on a regular and sustained basis to someone who lives in a different household.  **9 – Not stated/inadequately described**  Insufficient information to determine carer residency status. |
| **Validations** | E152 Carer Availability is ‘1 – Has a carer’ (<ca>) but Carer Residency Status (<crs>) is not compatible  E156 Carer Residency Status (<val>) has no value but Carer Availability (<val>) is set to '1 – Has a Carer' |
| **Related items** | Contact Clinic Identifier  Episode Start Date  Patient/Client Carer Availability |

Administration

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| --- | --- |
| **Purpose** | To enable monitoring of the impact of carer availability and residency status on exit timing and use of ambulatory services, to support policy development and planning. |
| **Principal users** | Department of Health |
| **Version history** | **Version Previous Name Effective Date**  5 Patient/Client Carer Residency Status 2010/07/01  4 Patient/Client Carer Residency Status 2009/07/01  3 Patient/Client Carer Residency Status 2008/07/01  2 Carer Residency Status 2007/07/01  1 Carer Residency Status 2005/07/01 |
| **Definition source** | National Community Services Data Dictionary (NCSDD) |
| **Value domain source** | NCSDD Department of Health modified |

## Patient/Client Death Date

|  |  |
| --- | --- |
| **Definition** | The date of death of the patient/client.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Date 1 1 Not applicable |
| **Layout** | YYYYMMDD ***Size:*  Min. Max.** |
| **Location** | **Transmission protocol HL7 Submission**  Patient/Client (insert) ADT\_A04 (PID\PID.29\TS.1)  Patient/Client (update) ADT\_A08 (PID\PID.29\TS.1)  Patient/Client (merge) ADT\_A40 (PID\PID.29\TS.1) |
| **Reported by** | All programs, dependent on transmission protocol |
| **Reported for** | Patients/clients who died during the current reporting period. |
| **Reported when** | The current reporting period for this item is the calendar month in which the following events or data elements fall:  Episode End Date (must be reported if Episode Proposed Treatment Plan Completion = ’27 – Patient/client died’ or Program is Palliative Care or Palliative Care Consultancy)  Patient/Client Death Date (Mandatory) |
| **Value domain** | Valid date. |
| **Reporting guide** | The century component of the year must begin with ‘20’.  Where the patient’s/client’s date of death is unknown it should be estimated as accurately as possible and the reliability of the estimate reported in the Patient/Client Death Date Accuracy data element. Components of the date marked in the Patient/Client Death Date Accuracy code as ‘U-Unknown’, as opposed to ‘A-Accurate’ or ‘E-Estimated’, will be ignored by the VINAH MDS validation engine.  The patient/client’s death date is required where the Episode Proposed Treatment Plan Completion is code ‘27 – Patient/Client died’ and for Palliative Care and Palliative Care Consultancy, when the patient dies within the episode. This data element is Mandatory only when the patient’s death occurs within the episode. |
| **Validations** | E016 Data Element '<FieldName>'(<HL7 Field>) is mandatory for this program/stream <Program/ Stream> at this point in time (<Timing>), but no value was supplied  E017 The field '<FieldName>' (<HL7 Field>) cannot have a value before this point in time (<Timing>)  E020 <SucceedingEvent> (<SucceedingEventValue>) is before <Preceding Event> (<PrecedingEventValue>)  E361 Contact Date (<ccsedate>) is after Date of Death (<dod>), but Client Present Status (<val>) is not ‘20 – Carer(s)/Relative(s) of the patient/client only’ or ‘31 – Patient/Client/Carer(s)/Relative(s) not present: indirect Contact’ |
| **Related items** | Contact Client Present Status  Contact End Date/Time  Contact Start Date/Time  Episode End Date  Patient/Client Death Date  Patient/Client Death Date Accuracy  Patient/Client Death Place |

Administration

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| --- | --- |
| **Purpose** | Required for commonwealth reporting. |
| **Principal users** | Multiple internal and external research users. |
| **Version history** | **Version Previous Name Effective Date**  4 Patient/Client Death Date 2014/07/01  3 Patient/Client Death Date 2010/07/01  2 Patient/Client Death Date 2008/07/01  1 Date of Death 2007/07/01 |
| **Definition source** | METEOR 646025 |
| **Value domain source** | METEOR 646025 (Department of Health modified) |

## Patient/Client Death Date Accuracy

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| **Definition** | A code representing the accuracy of the components of a date – year, month, day.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Structured Code 1 1 Not applicable |
| **Layout** | UUU ***Size:*  Min. Max.**  3 3 |
| **Location** | **Transmission protocol HL7 Submission**  Patient/Client (insert) ADT\_A04 (PID\PID.32\TS.1)  Patient/Client (update) ADT\_A08 (PID\PID.32\TS.1)  Patient/Client (merge) ADT\_A40 (PID\PID.32\TS.1) |
| **Reported by** | All programs, dependent on transmission protocol |
| **Reported for** | Patients/clients who died during the current reporting period. |
| **Reported when** | The current reporting period for this item is the calendar month in which the following events or data elements fall:  Episode End Date (must be reported if Episode Proposed Treatment Plan Completion = ’27 – Patient/client died’ or Program is Palliative Care or Palliative Care Consultancy)  Patient/Client Death Date (Mandatory) |
| **Value domain** | Table identifier HL70445  **Code Descriptor**  AAA Accurate Year, Accurate Month, Accurate Day  AAE Accurate Year, Accurate Month, Estimated Day  AAU Accurate Year, Accurate Month, Unknown Day  AEA Accurate Year, Estimated Month, Accurate Day  AEE Accurate Year, Estimated Month, Estimated Day  AEU Accurate Year, Estimated Month, Unknown Day  AUA Accurate Year, Unknown Month, Accurate Day  AUE Accurate Year, Unknown Month, Estimated Day  AUU Accurate Year, Unknown Month, Unknown Day  EAA Estimated Year, Accurate Month, Accurate Day  EAE Estimated Year, Accurate Month, Estimated Day  EAU Estimated Year, Accurate Month, Unknown Day  EEA Estimated Year, Estimated Month, Accurate Day  EEE Estimated Year, Estimated Month, Estimated Day  EEU Estimated Year, Estimated Month, Unknown Day  EUA Estimated Year, Unknown Month, Accurate Day  EUE Estimated Year, Unknown Month, Estimated Day  EUU Estimated Year, Unknown Month, Unknown Day |
| **Reporting guide** | This data element’s value domain consists of a combination of three codes, each of which denotes the accuracy of one date component:  A – the referred date component is accurate.  E – the referred date component is not known but is estimated.  U – the referred date component is not known and not estimated.  This data element contains three positional components (YMD) that reflect the order of the date components in the format (YYYYMMDD) of the reported Date of Death.  1st – Y – refers to the accuracy of the year component.  2nd – M – refers to the accuracy of the month component.  3rd – D – refers to the accuracy of the day component.  Report: any combination of the values A, E, U representing the corresponding level of accuracy of each date component of the reported date.  Example 1: a date has been sourced from a reliable source and is known as accurate then the date accuracy indicator should be informed as ‘AAA’.  Example 2: if only the date of death of the person is known and there is no certainty of the accuracy of this, then the date accuracy indicator should be informed as ‘EUU’. That is the day and month are unknown and the year is estimated.  The VINAH MDS does not accept a Year component value of ‘U-Unknown’.  Report this data element when reporting Patient/Client Death Date. |
| **Validations** | E016 Data Element '<FieldName>'(<HL7 Field>) is mandatory for this program/stream <Program/ Stream> at this point in time (<Timing>), but no value was supplied |
| **Related items** | Episode End Date  Patient/Client Birth Date Accuracy  Patient/Client Death Date  Patient/Client Death Place |

Administration

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| **Purpose** | For national reporting requirements. |
| **Principal users** | Multiple internal and external research users. |
| **Version history** | **Version Previous Name Effective Date**  4 Patient/Client Death Date Accuracy 2014/07/01  3 Patient/Client Death Date Accuracy 2010/07/01  2 Patient/Client Death Date Accuracy 2008/07/01  1 Date of Death Accuracy Code 2007/07/01 |
| **Definition source** | METEOR 294429 |
| **Value domain source** | METEOR 294429 (Department of Health modified) |

## Patient/Client Death Place

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| **Definition** | The type of setting in which the patent/client died.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Code 1 1 Not applicable |
| **Layout** | NN ***Size:*  Min. Max.**  2 2 |
| **Location** | **Transmission protocol HL7 Submission**  Patient/Client (insert) ADT\_A04 (PDA\PDA.2\PL.6)  Patient/Client (update) ADT\_A08 (PDA\PDA.2\PL.6) |
| **Reported by** | Palliative Care |
| **Reported for** | All patient/client deaths during the current reporting period. |
| **Reported when** | The current reporting period for this item is the calendar month in which the following events or data elements fall:  Patient/Client Death Date (Mandatory) |
| **Value domain** | Enumerated  Table identifier 990034  **Code Descriptor**  10 Private residence  21 Residential – aged care setting  22 Residential – other setting  30 Non-residential setting  41 Inpatient setting – designated palliative care unit  42 Inpatient setting – other than designated palliative care unit  99 Other location |
| **Reporting guide** | This item should be coded to reflect the delivery location from the patient’s/client’s perspective, not the location of the health service professional(s).  **10 – Private residence**  Includes:   * caravans * houseboats * mobile homes * units in a retirement village.   **21 – Residential – aged care setting**  Includes:   * high and low care residential aged care facilities   Excludes:   * patients living in a retirement village   **22 – Residential – other setting**  Includes:   * Residential facilities other than aged care facilities for example:   + prison   + community living environment including a group home   Excludes:   * patients in an inpatient setting for example hospital and hospices   **30 – Non-residential setting**  Includes:   * Day respite centres * Day centres * Palliative care day centres * Community health centres * Outpatient departments (hospitals/hospices)   **41 – Inpatient setting – designated palliative care unit**  A dedicated ward or unit that receives identified funding for palliative care and/or primarily delivers palliative care. The unit may be a standalone unit.  **42 – Inpatient setting – other than designated palliative care unit**  Includes:   * all beds not designated for palliative care, usually located in acute hospital wards.   Excludes:   * patients in designated palliative care units.   **99 – Other location**  Includes (but is not limited to):   * an accident and emergency department (casualty department) prior to the patient being admitted. |
| **Validations** | E016 Data Element '<FieldName>'(<HL7 Field>) is mandatory for this program/stream <Program/ Stream> at this point in time (<Timing>), but no value was supplied  E159 Code (<CodeSupplied>) for Data Element (<FieldName>) is not valid as at the Contact Date/Time |
| **Related items** | Contact Clinic Identifier  Date of Death  Patient/Client Birth Country  Patient/Client Carer Availability  Patient/Client Death Date  Patient/Client Death Date Accuracy  Patient/Client Living Arrangement  Patient/Client Main Carer’s Relationship to the Patient  Patient/Client Usual Accommodation Type  Patient/Client Usual Residence Locality Name  Patient/Client Usual Residence Postcode |

Administration

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| **Purpose** | To assist with service planning and monitoring, and to meet national reporting requirements. |
| **Principal users** | Department of Health |
| **Version history** | **Version Previous Name Effective Date**  3 Patient/Client Death Place 2010/07/01  2 Patient/Client Place of Death 2008/07/01  1 Place of Death 2007/07/01 |
| **Definition source** | Proposed Palliative Care NMDS |
| **Value domain source** | Proposed Palliative Care NMDS |

## Patient/Client DVA File Number

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| --- | --- |
| **Definition** | The Department of Veterans’ Affairs (DVA) file number applicable to the patient/client.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Identifier 1 1 Not applicable |
| **Layout** | U[XXX]NN[NNNN][X] ***Size:*  Min. Max.**  3 11 |
| **Location** | **Transmission protocol HL7 Submission**  Contact (insert) ADT\_A03 (PID\PID.3\CX.1)  Contact (update) ADT\_A08 (PID\PID.3\CX.1)  Contact (delete) ADT\_A40 (PID\PID.3\CX.1) |
| **Reported by** | Complex Care (FCP)  Early Parenting Centres  Hospital Admission Risk Program  Infusion Therapy  Palliative Care  Palliative Care Consultancy  Post Acute Care  Residential In-Reach  Specialist Clinics (Outpatients)  Subacute Ambulatory Care Services  Transition Care Program  Victorian Artificial Limb Program  Victorian HIV and Sexual Health Services  Victorian Respiratory Support Service |
| **Reported for** | Contacts in the current reporting period where, and only where, Contact Account Class is ‘VX – Department of Veterans’ Affairs (DVA)’. |
| **Reported when** | The current reporting period for this item is the calendar month in which the following events or data elements fall:  First Contact Start Date/Time (report when and only when Contact Account Class = ‘VX’)  Second and subsequent Contact Start Date/Time (report when and only when Contact Account Class = ‘VX’) |
| **Value domain** | A valid DVA file number (see reporting guide). |
| **Reporting guide** | This number must be recorded at each contact where a service is provided to a person who holds the entitlement for reimbursement purposes.  The DVA file number is obtained from the patient/client. It is recorded on the DVA card, held by those eligible for DVA benefits.  The file number used is the one stated on the DVA gold card or white card, reported as it appears on the card. The number used is the one immediately below the patient’s/client’s name. The file number will be 8 or 9 characters that may be letters or numbers.  **Layout**  Part 1: State identifier  Layout: A  Valid codes: Q, N, V, T, S or W.  ACT is included in N (NSW) and NT with S (SA).  May be 1 character in length.  Part 2: War group code  Layout: [XXX]  May be 0 to 3 alphanumeric characters in length.  Part 3: Serial number  Layout: NN[NNNN]  May be 2 to 6 numeric characters in length.  Part 4: Spouse or dependent identifier  Layout: [X]  May be 0 to 1 characters in length.  **Valid format**  Only alpha, numeric and spaces are permitted.  Alpha characters must be uppercase.  A maximum of six numeric characters is permitted.  Trailing spaces (to the right) are permitted.  **Examples**  ‘N123456’, ‘VX123456’, ‘WXX123A’ or ‘QXXX1B’. |
| **Validations** | E356 Contact is compensable (<AccountClass>) but no client identifier relevant to this compensable agency is provided |
| **Related items** | Contact Account Class  Contact End Date/Time  Contact Medicare Number  Contact Start Date/Time  Patient/Client Identifier |

Administration

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| **Purpose** | To facilitate reimbursement by DVA for patients/clients with entitlements. These data are processed differently from other VINAH MDS data items to ensure that personal information remains confidential. |
| **Principal users** | Department of Veterans’ Affairs. |
| **Version history** | **Version Previous Name Effective Date**  5 Patient/Client DVA File Number 2010/07/01  4 Patient/Client DVA File Number 2009/07/01  3 Patient/Client DVA File Number 2008/07/01  2 DVA File Number 2007/07/01  1 DVA File Number 2005/07/01 |
| **Definition source** | NHDD |
| **Value domain source** | DVA (Department of Health modified) |

## Patient/Client Gender

|  |  |
| --- | --- |
| **Definition** | How a person describes their gender, 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**  Patient/Client (insert) ADT\_A04 (PID\PID.33\CE.1)  Patient/Client (update) ADT\_A08 (PID\PID.33\CE.1) |
| **Reported by** | All programs, dependent on transmission protocol |
| **Reported for** | Patients/clients whose episode was opened during the current reporting period. |
| **Reported when** | 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 (may be reported where Contact Client Present Status is 31 or 32).  First contact (must be reported where Contact Client Present Status is 10, 11, 12, 13 or 20). |
| **Value domain** | Enumerated  Table identifier HL70002  **Code Descriptor**  1 Man, or boy, or male  2 Woman, or girl, or female  3 Non-binary  4 Different term  5 Prefer not to answer  9 Not stated |
| **Reporting guide** | [Gender](https://meteor.aihw.gov.au/content/750032) is a social and cultural concept. It is about social and cultural differences in identity, expression and experience as a man, boy, woman, girl, or non-binary person.  The terms [sex](https://meteor.aihw.gov.au/content/750030) and gender are interrelated, and are often used interchangeably, however they are distinct concepts:   * Sex is understood in relation to sex characteristics. Sex recorded at birth refers to what was determined by sex characteristics observed at birth or in infancy * Gender is about social and cultural differences in identity, expression, and experience.   A person’s gender may differ from their sex and may also differ from what is indicated on their legal documents. A person's gender may stay the same or can change over the course of their lifetime.  **1** **Man, or boy, or male**  A person who describes their [gender](https://meteor.aihw.gov.au/content/750032) as man, or boy, or male.  **2** **Woman, or girl, or female**  A person who describes their gender as woman, or girl, or female.  **3** **Non-binary**  A person who describes their gender as non-binary. Non-binary is an umbrella term describing gender identities that are not exclusively male or female  **4** **Different term**  A person who describes their gender as a term other than man/boy/male, woman/girl/female or non-binary  **5** **Prefer not to answer**  A person who prefers not to respond on how they describe their gender.  **9** **Not stated or inadequately described**  Includes:   * question unable to be asked such as when the patient is unconscious or too unwell.   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. |
| **Validations** | E015 Data Element '<FieldName>' is mandatory at this point in time (<Timing>), but no value was supplied  E016 Data Element '<FieldName>' (<HL7 Field>) is mandatory for this Program/Stream <Program/Stream> at this point in time (<Timing>), but no value was supplied |
| **Related items** | Contact Client Present Status  Contact End Date  Contact Start Date  Episode End Date  Episode Start Date  Referral In Outcome |

Administration

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| **Purpose** | To measure usage of services and identify needs and gaps in provision of services.  To inform development of targeted programs and funding of services. |
| **Principal users** | Multiple internal and external data users. |
| **Version history** | **Version Previous Name Effective Date**  1 Patient/Client Gender 2023/07/01 |
| **Definition source** | METEOR 741842 Person—gender, code X |
| **Value domain source** | Australian Bureau of Statistics Alternative Code system for Gender, Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables, 2020. |

## Patient/Client Identifier

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| --- | --- |
| **Definition** | An identifier unique to a person.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Identifier 1 1 Not applicable |
| **Layout** | XXXXXXXXXX ***Size:*  Min. Max.**  10 10 |
| **Location** | **Transmission protocol HL7 Submission**  Contact (insert) ADT\_A03 (PID\PID.3\CX.1)  Patient/Client (insert) ADT\_A04 (PID\PID.3\CX.1)  Contact (update) ADT\_A08 (PID\PID.3\CX.1)  Patient/Client (update) ADT\_A08 (PID\PID.3\CX.1)  Contact (delete) ADT\_A13 (PID\PID.3\CX.1)  Patient/Client (merge) ADT\_A40 (PID\PID.3\CX.1)  Episode (insert) PPP\_PCB (PID\PID.3\CX.1)  Episode (update) PPP\_PCC (PID\PID.3\CX.1)  Episode (delete) PPP\_PCD (PID\PID.3\CX.1)  Referral Out (insert) REF\_I12 (PID\PID.3\CX.1)  Referral Out (update) REF\_I13 (PID\PID.3\CX.1)  Referral Out (delete) REF\_I14 (PID\PID.3\CX.1)  Referral In (insert) RRI\_I12 (PID\PID.3\CX.1)  Referral In (update) RRI\_I13 (PID\PID.3\CX.1)  Referral In (delete) RRI\_I14 (PID\PID.3\CX.1) |
| **Reported by** | All programs, dependent on transmission protocol |
| **Reported for** | All messages. |
| **Reported when** | The current reporting period for this item is the calendar month in which the following events or data elements fall:  Referral In Received Date (Mandatory)  Referral In Received Date (Mandatory)  Referral In Receipt Acknowledgment Date (Mandatory)  Episode Start Date (Mandatory)  Episode Care Plan Documented Date (Mandatory)  First Contact Start Date/Time (Mandatory)  Second and Subsequent Contact Start Date/Time (Mandatory)  Episode End Date (Mandatory)  Patient/Client Death Date (Mandatory)  Patient/Client Death Date (Mandatory) |
| **Value domain** | Organisation generated. Individual sites may use their own alphabetic, numeric, or alphanumeric coding system. |
| **Reporting guide** | Organisations may use patient/client’s unit record number where the number is unique across campuses for the organisation. Where this is not possible an identifier unique across HARP, Specialist Clinics (Outpatients), PAC, Palliative Care, SACS services in scope should be provided. For example, if linkage number or universal identifier is used this may be provided.  It is understood that during the transition period while the VINAH MDS is first implemented, some organisations may not be able to provide a Patient/Client Identifier that fully adheres to this definition by providing a unique identification for a HARP, Specialist Clinics (Outpatients), PAC, Palliative Care, SACS patient/client across the entire organisation. Organisations in this position are requested to use a Patient/Client Identifier with as broad a scope as possible.  This item will be used in conjunction with the Local Identifier Assigning Authority and the Identifier Type item to determine the scope of the unique identification of the patient/client.  It is permissible to utilise upper case or lower case ACSII alpha characters, digits 0 to 9, dashes, spaces or apostrophes. That is, ASCII hexadecimal values 20, 27, 2D, 41 through 5A inclusive, 61 through 7A inclusive. Identifiers are case-sensitive.  It is recommended that if this data is converted from a numeric value with less than 10 places it be right justified and zero filled.  **Use in Referral In Messages**  Patient/Client Identifier and the associated values of Identifier Type and Local Identifier Assigning Authority may be left null in Referral In messages. However, if transmitted, they must identify a registered patient or client. |
| **Validations** | E050 Data Element ‘<element\_name>’ (<hl7\_location>) has no value but is part of the primary key for the <structure> record  E051 Cannot insert record, same Primary Key for data structure “<structure>” already exists (<conflict\_location>). Key fields: <pk\_expanded\_val>  E052 A <pk\_structure> message (<hl7\_message>) has been sent containing a reference to a “<fk\_structure>” record that has not been previously received and accepted. Key fields: <fk\_expanded>  E061 A <pk\_structure> message (<hl7\_message\_type>) was sent to either update or delete a record that has not been previously received and accepted. Key fields: <key\_expanded> |
| **Related items** | Contact Clinic Identifier  Contact End Date/Time  Contact Medicare Number  Contact Start Date/Time  Contact TAC Claim Number  Contact VWA File Number  Episode Care Plan Documented Date  Episode End Date  Episode Identifier  Episode Start Date  Identifier Type  Local Identifier Assigning Authority  Patient/Client Death Date  Patient/Client DVA File Number  Referral Identifier  Referral In Receipt Acknowledgment Date  Referral In Received Date |

Administration

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| **Purpose** | To enable analysis of data for utilisation patterns. |
| **Principal users** | Department of Health |
| **Version history** | **Version Previous Name Effective Date**  5 Patient/Client Identifier 2010/07/01  4 Patient/Client Identifier 2009/07/01  3 Patient/Client Identifier 2008/07/01  2 Person Identifier 2007/07/01  1 Person Identifier 2005/07/01 |
| **Definition source** | Department of Health |
| **Value domain source** | VINAH MDS contributing organisation (Department of Health modified) |

## Patient/Client Living Arrangement

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| --- | --- |
| **Definition** | Whether a patient/client usually resides alone or with others.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Code 1 1 Not applicable |
| **Layout** | N ***Size:*  Min. Max.**  1 1 |
| **Location** | **Transmission protocol HL7 Submission**  Patient/Client (insert) ADT\_A04 (PD1\PD1.2)  Patient/Client (update) ADT\_A08 (PD1\PD1.2) |
| **Reported by** | Complex Care (FCP)  Early Parenting Centres  Home Based Dialysis  Home Enteral Nutrition  Hospital Admission Risk Program  Infusion Therapy  Palliative Care  Post Acute Care  Subacute Ambulatory Care Services  Total Parenteral Nutrition  Transition Care Program  Victorian Artificial Limb Program  Victorian HIV and Sexual Health Services  Victorian Respiratory Support Service |
| **Reported for** | Optional for patients/clients whose episode opened during the current reporting period; mandatory for patients/clients whose first contact occurred during the current reporting period. |
| **Reported when** | The current reporting period for this item is the calendar month in which the following events or data elements fall:  Episode Start Date (Optional)  First Contact Start Date/Time Mandatory) |
| **Value domain** | Enumerated  Table identifier HL70220  **Code Descriptor**  1 Lives alone  2 Lives with family  3 Lives with others  9 Not stated/Inadequately described |
| **Reporting guide** | It is recognised that living arrangements may change during the course of an episode. This item should record the situation at the time when the episode is opened.  On occasion, difficulties can arise in deciding the living arrangement of a person due to their type of accommodation (for example boarding houses, hostels, group homes, retirement villages, residential aged care facilities). In these circumstances the person should be regarded as living alone, except in those instances in which they are sharing their own private space/room within the premises with a significant other (for example partner, sibling, close friend).  **2 – Lives with family**  If the person’s household includes both family and non-family members, the person should be recorded as living with family. ‘Living with family’ should be considered to include defacto and same sex relationships.  **9 – Not stated/inadequately described**  Insufficient information to determine Living Arrangement. |
| **Validations** | E159 Code (<CodeSupplied>) for Data Element (<FieldName>) is not valid as at the Contact Date/Time |
| **Related items** | Contact Clinic Identifier  Contact End Date/Time  Contact Start Date/Time  Episode Malignancy Code  Episode Start Date  Patient/Client Birth Country  Patient/Client Carer Availability  Patient/Client Death Place  Patient/Client Living Arrangement  Patient/Client Main Carer’s Relationship to the Patient  Patient/Client Usual Accommodation Type  Patient/Client Usual Residence Locality Name  Patient/Client Usual Residence Postcode |

Administration

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| --- | --- |
| **Purpose** | To enable monitoring of the impact of living arrangements (in conjunction with carer availability and residency status) on exit timing and use of ambulatory services, to support policy development and planning. |
| **Principal users** | Department of Health |
| **Version history** | **Version Previous Name Effective Date**  6 Patient/Client Living Arrangement 2014/07/01  5 Patient/Client Living Arrangement 2010/07/01  4 Patient/Client Living Arrangement 2009/07/01  3 Patient/Client Living Arrangement 2008/07/01  2 Living Arrangement 2007/07/01  1 Living Arrangement 2005/07/01 |
| **Definition source** | NHDD |
| **Value domain source** | METEOR 269813 (Department of Health modified) |

## Patient/Client Main Carer’s Relationship to Patient

|  |  |
| --- | --- |
| **Definition** | The relationship of the patient’s/client’s carer to the patient/client.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Code 1 1 Not applicable |
| **Layout** | NN ***Size:*  Min. Max.**  2 2 |
| **Location** | **Transmission protocol HL7 Submission**  Patient/Client (insert) ADT\_A04 (NK1\NK1.3\CE.1)  Patient/Client (update) ADT\_A08 (NK1\NK1.3\CE.1) |
| **Reported by** | Complex Care (FCP)  Home Based Dialysis  Home Enteral Nutrition  Hospital Admission Risk Program  Infusion Therapy  Palliative Care  Post Acute Care  Residential In-Reach  Subacute Ambulatory Care Services  Total Parenteral Nutrition  Transition Care Program  Victorian Artificial Limb Program  Victorian HIV and Sexual Health Services  Victorian Respiratory Support Service |
| **Reported for** | Patients/clients where Patient/Client Carer Availability is ‘1-Has a carer’. |
| **Reported when** | The current reporting period for this item is the calendar month in which the following events or data elements fall:  Episode Start Date (Optional)  First Contact Start Date/Time (report when Patient/Client Carer Availability = ‘1 – Has a carer’) |
| **Value domain** | Enumerated  Table identifier HL70063  **Code Descriptor**  10 Spouse/partner  20 Parent  30 Child  40 Child-in-law  50 Other relative  60 Friend/neighbour  70 Foster carer |
| **Reporting guide** | This data element should always be used to record the relationship of the carer to the person for whom they care, regardless of whether the patient/client of the agency is the carer or the person for whom they care.  For example, if a woman was caring for her frail aged mother-in-law, the agency would record that the carer is the daughter-in-law of the care recipient (that is code ’40 – Child-in-law’). Similarly, if a man were caring for his disabled son, then the agency would record that the carer is the father of the care recipient (that is code ’20 – Parent’).  If a person has more than one carer (for example a spouse and a son), the coding response to relationship of carer to care recipient should relate to the carer who provides the most significant care and assistance related to the person’s capacity to remain living at home. The expressed views of the patient/client and/or their carer or significant other should be used as the basis for determining which carer should be considered to be the primary or principal carer in this regard. |
| **Validations** | E155 Carer Relationship (<val>) has a value but Carer Availability (<val>) is not set to '1 – Has a Carer'  E159 Code (<CodeSupplied>) for Data Element (<FieldName>) is not valid as at the Contact Date/Time  E254 Patient/client must have a Main Carer’s Relationship to the Patient when Carer Availability is ‘1 – Has a carer’ and Episode Program/Stream is Palliative Care |
| **Related items** | Contact Clinic Identifier  Contact End Date/Time  Contact Start Date/Time  Episode Start Date  Patient/Client Birth Country  Patient/Client Carer Availability  Patient/Client Carer Residency Status  Patient/Client Death Place  Patient/Client Living Arrangement  Patient/Client Usual Accommodation Type  Patient/Client Usual Residence Locality Name  Patient/Client Usual Residence Postcode |

Administration

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| **Purpose** | To assist with outcome analyses and service planning and meeting national reporting requirements. |
| **Principal users** | Department of Health |
| **Version history** | **Version Previous Name Effective Date**  4 Patient/Client Main Carer’s Relationship to 2010/07/01 the Patient  3 Patient/Client Main Carer’s Relationship to 2009/07/01  the Patient  2 Patient/Client Main Carer’s Relationship to 2008/07/01  the Patient  1 Main Carer’s Relationship to the Patient 2007/07/01 |
| **Definition source** | METEOR 270012 (also proposed Palliative Care NMDS) |
| **Value domain source** | METEOR 270012 (Department of Health modified) |

## Patient/Client Sex at Birth

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| **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.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Code 1 1 Not applicable |
| **Layout** | N ***Size:*  Min. Max.**  1 1 |
| **Location** | **Transmission protocol HL7 Submission**  Patient/Client (insert) ADT\_A04 (PID\PID.8)  Patient/Client (update) ADT\_A08 (PID\PID.8) |
| **Reported by** | All programs, dependent on transmission protocol |
| **Reported for** | Patients/clients whose episode was opened during the current reporting period. |
| **Reported when** | The current reporting period for this item is the calendar month in which the following events or data elements fall:  Referral In Outcome (Optiona~~l~~)  First contact (may be reported where Contact Client Present Status is 31 or 32).  First contact (must be reported where Contact Client Present Status is 10, 11, 12, 13 or 20). |
| **Value domain** | Enumerated  Table identifier HL70001  **Code Descriptor**  1 Male  2 Female  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).  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 Data Element '<FieldName>' (<HL7 Field>’) is mandatory for this Program/Stream <Program/Stream> at this point in time (<Timing>), but no value was supplied |
| **Related items** | Contact Client Present Status  Episode Start Date |

Administration

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| **Purpose** | To enable:   * Analyses of service utilisation and epidemiological studies. * Verification of other fields (such as diagnosis and procedure codes) for consistency. |
| **Principal users** | Multiple internal and external data users. |
| **Version history** | **Version Previous Name Effective Date**  8 Patient/Client Sex at Birth 2024/07/01  7 Patient/Client Sex 2017/07/01  6 Patient/Client Sex 2016/07/01  5 Patient/Client Sex 2010/07/01  4 Patient/Client Sex 2009/07/01  3 Patient/Client Sex 2008/07/01  2 Sex 2007/07/01  1 Sex 2005/07/01 |
| **Definition source** | METEOR 741686 Person—sex, code X |
| **Value domain source** | METEOR 741686 Person—sex, code X |

## Patient/Client Usual Accommodation Type

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| **Definition** | The type of accommodation in which the patient/client usually lives.  **Repeats: Min. Max. Duplicate** |
| **Form** | Code 1 1 Not applicable |
| **Layout** | NNNN **Size: Min. Max.**  4 4 |
| **Location** | **Transmission protocol HL7 Submission**  Patient/Client (insert) ADT\_A04 (PV1\PV1.6\PL.6)  Patient/Client (update) ADT\_A08 (PV1\PV1.6\PL.6) |
| **Reported by** | Complex Care (FCP)  Early Parenting Centres  Home Based Dialysis  Home Enteral Nutrition  Hospital Admission Risk Program  Infusion Therapy  Post Acute Care  Residential In-Reach  Subacute Ambulatory Care Services  Total Parenteral Nutrition  Transition Care Program  Victorian Artificial Limb Program  Victorian HIV and Sexual Health Services  Victorian Respiratory Support Service |
| **Reported for** | Optional for patients/clients whose episode opened during the current reporting period; mandatory for patients/clients whose first contact occurred during the current reporting period. |
| **Reported when** | The current reporting period for this item is the calendar month in which the following events or data elements fall:  Episode Start Date (Optional)  First Contact Start Date/Time (Mandatory) |
| **Value domain** | Enumerated  Table identifier 990027  **Code Descriptor**  1000 Independent living  2100 Short term crisis, emergency or transitional accommodation facility  2200 Outreach (no on-site support)  2300 Supported community accommodation facility  2402 Supported residential service  3101 Community-based residential supported accommodation  3203 Residential aged care facility  3400 Other institutional setting  4100 None/homeless/public place  9999 Not stated/inadequately described |
| **Reporting guide** | ‘Usual’ is defined as the type of accommodation the person has lived in for the most amount of time over the past three months prior to presentation.  In practice, receiving an answer strictly in accordance with the above definition may be difficult to achieve. The place the person perceives as their usual accommodation will often prove to be the best approximation.  **1000 – Independent living**  Includes:   * private residence/accommodation, independent living within a retirement village, community housing.   **2100 – Short term crisis, emergency or transitional accommodation facility**  Includes:   * night shelters, refuges, and hostels for the homeless.   **2200 – Outreach (no on-site support)**  Includes:   * group living arrangements such as group homes for people with disabilities.   **2300 – Supported community accommodation facility**  Includes:   * community living settings or accommodation facilities in which people are provided with support in some way by staff or volunteers.   **2402 – Supported residential service**  Includes:   * private businesses that provide accommodation and personal care.   **3101 – Community-based residential supported accommodation**  Includes:   * permanent residents of residential aged care services (formerly nursing homes and aged care hostels), who receive high level care.   **3203 –Residential aged care facility**  Includes:   * permanent residents of residential aged care services (formally known as nursing homes and aged care hostels).   **3400 – Other institutional setting**  Includes:   * other institutional settings which provide care and accommodation services, such as hospices and long-stay residential psychiatric institutions.   **4100 – None/homeless/public place**  Includes:   * public places such as streets and parks, as well as temporary shelters such as bus shelters or camps and accommodation outside legal tenure. |
| **Validations** | E159 Code (<CodeSupplied>) for Data Element (<FieldName>) is not valid as at the Contact Date/Time |
| **Related items** | Contact Clinic Identifier  Contact End Date/Time  Contact Start Date/Time  Episode Malignancy Flag  Episode Start Date  Patient/Client Birth Country  Patient/Client Carer Availability  Patient/Client Death Place  Patient/Client Living Arrangement  Patient/Client Main Carer’s Relationship to the Patient  Patient/Client Usual Accommodation Type  Patient/Client Usual Residence Locality Name  Patient/Client Usual Residence Postcode |

Administration

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| **Purpose** | To support analyses of service provision by delivery setting. |
| **Principal users** | Department of Health |
| **Version history** | **Version Previous Name Effective Date**  8 Patient/Client Usual Accommodation Type 2015/07/01  7 Patient/Client Usual Accommodation Type 2014/07/01  6 Patient/Client Usual Accommodation Type 2012/07/01  5 Patient/Client Usual Accommodation Type 2010/07/01  4 Patient/Client Type of Usual Accommodation 2009/07/01  3 Patient/Client Type of Usual Accommodation 2008/07/01  2 Type of Usual Accommodation 2007/07/01  1 Type of Usual Accommodation 2005/07/01 |
| **Definition source** | Department of Health |
| **Value domain source** | Department of Health |

## Patient/Client Usual Residence Locality Name

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| **Definition** | The name of the geographic location (suburb/town/locality for Australian residents, country for overseas residents) of usual residence of the person (not postal address).  ***Repeats:* Min. Max. Duplicate** |
| **Form** | List 1 1 N/A |
| **Layout** | AAAAAAAAAAAAAAAAAAAAAA ***Size:* Min. Max.**  4 50 |
| **Location** | **Transmission protocol HL7 Submission**  Patient/Client (insert) ADT\_A04 (PID\PID.11\XAD.3)  Patient/Client (update) ADT\_A08 (PID\PID.11\XAD.3)  Patient/Client (merge) ADT\_A40 (PID\PID.11\XAD.3) |
| **Reported by** | All programs, dependent on transmission protocol |
| **Reported for** | Patients/clients whose episode opened during the current reporting period. |
| **Reported when** | The current reporting period for this item is the calendar month in which the following events or data elements fall:  Referral In Outcome (Mandatory) |
| **Value domain** | Table identifier 990025  The Department of Health is only permitted to share this reference file with Victorian health services for non-commercial use, for the purpose of reporting and submitting data to the department.  To request a copy of the postcode-locality reference file for departmental reporting, Victorian health services can [email HDSS helpdesk](mailto:HDSS.helpdesk@health.vic.gov.au) <hdss.helpdesk@health.vic.gov.au>. |
| **Reporting guide** | The Department of Health file excludes non-residential postcodes listed in the Australia Post file. Common variations of locality spellings, as used in Melway references and the Australian Bureau of Statistics National Locality Index (Cat. No. 1252), are included in the Department of Health file.  Patient/Client Usual Residence Locality Name must be blank if the postcode is 1000 or 9988. Where the postcode is 8888 (overseas), report the country the patient lives in, in Patient/Client Usual Residence Locality Name. The four digit country code must be one that corresponds with a code listed against 8888 (overseas) in the postcode/locality reference file. |
| **Validations** | E016 Data Element '<FieldName>' (<HL7 Field>) is mandatory for this program/stream <Program/Stream> at this point in time (<Timing>), but no value was supplied  E153 Invalid combination of Postcode (<value1>) and Locality (<value2>)  E159 Code (<CodeSupplied>) for Data Element (<FieldName>) is not valid as at the Contact Date/Time  E454 When a Referral In Outcome has the value ‘010 – Referral accepted – new appointment’ or ‘020 – Referral accepted – review appointment’ or ‘1 – Referral accepted’ or ‘3 – Referral accepted – renewed referral’, but <client\_field\_list> has not been provided. |
| **Related items** | Contact Clinic Identifier  Episode Start Date  Patient/Client Birth Country  Patient/Client Carer Availability  Patient/Client Death Place  Patient/Client Living Arrangement  Patient/Client Main Carer’s Relationship to the Patient  Patient/Client Usual Accommodation Type  Patient/Client Usual Residence Postcode |

Administration

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| **Purpose** | To enable calculation (with Patient Client Usual Residence Postcode) of the patient’s/client’s Local Government Area (LGA) which enables:   * Analysis of service utilisation and need for services. * Identification of patients/clients living outside Victoria for purposes of cross-border funding. * Identification of patients/clients living outside Australia for the Reciprocal Health Care Agreement (RHCA). |
| **Principal users** | Department of Health |
| **Version history** | **Version Previous Name Effective Date**  6 Patient/Client Usual Residence Locality 2014/07/01 Name  5 Patient/Client Usual Residence Locality 2010/07/01 Name  4 Patient/Client Usual Residence Locality 2009/07/01 Name  3 Patient/Client Usual Residence Locality 2008/07/01 Name  2 Client Usual Residence Locality Name 2007/07/01  1 Client Usual Residence Locality Name 2005/07/01 |
| **Definition source** | Department of Health |
| **Value domain source** | Geographical location code (ASGC 2011) NNNNN (Department of Health modified) |

## Patient/Client Usual Residence Postcode

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| **Definition** | The postcode of the locality in which the person usually resides (not postal address).  ***Repeats:* Min. Max. Duplicate** |
| **Form** | List 1 1 Not applicable |
| **Layout** | NNNN ***Size:*  Min. Max.**  4 4 |
| **Location** | **Transmission protocol HL7 Submission**  Patient/Client (insert) ADT\_A04 (PID\PID.11\XAD.5)  Patient/Client (update) ADT\_A08 (PID\PID.11\XAD.5)  Patient/Client (merge) ADT\_A40 (PID\PID.11\XAD.5) |
| **Reported by** | All programs, dependent on transmission protocol |
| **Reported for** | Patients/clients whose episode opened during the current reporting period. |
| **Reported when** | The current reporting period for this item is the calendar month in which the following events or data elements fall:  Referral In Outcome (Mandatory) |
| **Value domain** | Table identifier 990025  The Department of Health is only permitted to share this reference file with Victorian health services for non-commercial use, for the purpose of reporting and submitting data to the department.  To request a copy of the postcode-locality reference file, for departmental reporting, Victorian health services can [email HDSS helpdesk](mailto:HDSS.helpdesk@health.vic.gov.au) <hdss.helpdesk@health.vic.gov.au>. |
| **Reporting guide** | From the Australia Post list, non-residential postcodes are excluded and common variations of locality spellings, as used in Melway references and the Australian Bureau of Statistics National Locality Index (Cat. No. 1252), are included.  The organisation may collect the patient’s/client’s postal address for its own purposes. However, for transmission to the VINAH MDS, the postcode must represent the patient’s/client’s residential address. Non-residential postcodes (such as mail delivery centres) will be rejected.  For newborns, use the postcode of mother’s residential address.  Patient/Client Usual Residence Locality must be blank if the postcode is 1000 or 9988. Where the patient/client usually resides overseas, report ‘8888’ as the Patient/Client Usual Residence Postcode and the Patient/Client Birth Country code in the Patient/Client Usual Residence Locality. |
| **Validations** | E016 Data Element '<FieldName>' (<HL7 Field>) is mandatory for this program/stream <Program/Stream> at this point in time (<Timing>), but no value was supplied  E153 Invalid combination of Postcode (<value1>) and Locality (<value2>)  E159 Code (<CodeSupplied>) for Data Element (<FieldName>) is not valid as at the Contact Date/Time  E454 When a Referral In Outcome has the value ‘010 – Referral accepted – new appointment’ or ‘020 – Referral accepted – review appointment’ or ‘1 – Referral accepted’ or ‘3 – Referral accepted – renewed referral’, but <client\_field\_list> has not been provided |
| **Related items** | Contact Clinic Identifier  Episode Start Date  Patient/Client Birth Country  Patient/Client Carer Availability  Patient/Client Death Place  Patient/Client Living Arrangement  Patient/Client Main Carer’s Relationship to the Patient  Patient/Client Usual Accommodation Type  Patient/Client Usual Residence Postcode |

Administration

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| **Purpose** | To enable analysis of data for utilisation patterns, to link data across different sections of care. To enable calculation (with Patient/Client Usual Residence Locality Name) of the patient’s/client’s statistical local area (SLA) and/or the local government area (LGA) of residence which enables:   * Analysis of service utilisation and need for services. * Identification of patients/clients living outside Victoria for purposes of cross-border funding. * Identification of patients/clients living outside Australia for the Reciprocal Health Care Agreement (RHCA). |
| **Principal users** | Multiple internal and external data users. |
| **Version history** | **Version Previous Name Effective Date**  5 Patient/Client Usual Residence Postcode 2010/07/01  4 Patient/Client Usual Residence Postcode 2009/07/01  3 Patient/Client Usual Residence Postcode 2008/07/01  2 Client Usual Residence Postcode 2007/07/01  1 Client Usual Residence Postcode 2005/07/01 |
| **Definition source** | Department of Health |
| **Value domain source** | Australia Post (Department of Health modified) |

## Referral End Date

|  |  |
| --- | --- |
| **Definition** | The date on which the referral is resolved.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Text 1 1 Not applicable |
| **Layout** | YYYYMMDD ***Size:*  Min. Max.** |
| **Location** | **Transmission protocol HL7 Submission**  Referral In (insert) RRI\_I12 (RF1.8\TS.1)  Referral In (update) RRI\_I13 (RF1.8\TS.1)  Referral In (delete) RRI\_I14 (RF1.8\TS.1) |
| **Reported by** | Complex Care (FCP)  Early Parenting Centres  Home-Based Dialysis  Home Enteral Nutrition  Hospital Admission Risk Program  Infusion Therapy  Post Acute Care  Residential In-Reach  Specialist Clinics (Outpatients)  Subacute Ambulatory Care Services  Total Parenteral Nutrition  Transition Care Program  Victorian Artificial Limb Program  Victorian HIV and Sexual Health Services  Victorian Respiratory Support Service |
| **Reported for** | All referrals resolved during the current reporting period. |
| **Reported when** | The current reporting period for this item is the calendar month in which the following events or data elements fall:  Referral End Reason (Mandatory) |
| **Value domain** | Valid date |
| **Reporting guide** | The century component of the year must begin with ‘20’  This item should be reported for all referrals with a Referral End Reason ‘1-Completed’ or ‘2-Closed’. All episodes for a referral must be ended (Episode End Date and Episode End Reason reported) before a Referral End Date and Referral End Reason can be reported.  Check all episodes reported against the referral. |
| **Validations** | E016 Data Element '<FieldName>' (<HL7 Field>) is mandatory for this program/stream <Program/ Stream> at this point in time (<Timing>), but no value was supplied  E020 <SucceedingEvent> (<SucceedingEventValue>) is before <Preceding Event> (<PrecedingEventValue>)  E024 Referral End Date cannot be reported without an Episode End Date  E462 Referral has a Referral End Date but no Referral End Reason |
| **Related items** | Referral End Reason (Mandatory)  Episode End Date (Mandatory) |

**Administration**

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| **Purpose** | To assist with KPI development and reporting of clearance time. |
| **Principal users** | Multiple internal and external data users |
| **Version history** | **Version Previous Name Effective Date**  1 Referral End Date 2021/07/01 |
| **Definition source** | Department of Health |
| **Value domain source** | Department of Health |

## Referral End Reason

|  |  |
| --- | --- |
| **Definition** | The reason the referral ended.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Code 1 1 Not applicable |
| **Layout** | N ***Size:*  Min. Max.**  1 1 |
| **Location** | **Transmission protocol HL7 Submission**  Referral In (insert) RRI\_I12 (RF1.10.1)  Referral In (update) RRI\_I13 (RF1.10.1)  Referral In (delete) RRI\_I14 (RF1.10.1) |
| **Reported by** | Complex Care (FCP)  Early Parenting Centres  Home Based Dialysis  Home Enteral Nutrition  Hospital Admission Risk Program  Infusion Therapy  Post Acute Care  Residential In-Reach  Specialist Clinics (Outpatients)  Subacute Ambulatory Care Services  Total Parenteral Nutrition  Transition Care Program  Victorian Artificial Limb Program  Victorian HIV and Sexual Health Services  Victorian Respiratory Support Service |
| **Reported for** | Referrals closed during the current reporting period. |
| **Reported when** | The current reporting period for this item is the calendar month in which the following events or data elements fall:  Episode End Date (Optional)  Referral End Date (Mandatory) |
| **Value domain** | Table identifier 990095  **Code Descriptor**  1 Completed  2 Closed |
| **Reporting guide** | **1 – Completed**  This code should be used when the patient/client assessment/treatment has been completed/discharged.  **2 – Closed**  This code should be used where a referral has been opened and accepted and then closed without containing contacts. |
| **Validations** | E016 Data Element ‘<FieldName’> (<HL7 Field>) is mandatory for this program/stream <Program/Stream> at this point in time (<Timing>), but no value was supplied |
| **Related items** | Episode End Date  Referral End Date  Referral Identifier |

Administration

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| **Purpose** | To assist with outcome analyses and service planning and meeting national reporting requirements. |
| **Principal users** | Department of Health |
| **Version history** | **Version Previous Name Effective Date**  2 Referral End Reason 2021/07/01  1 Referral End Reason 2017/07/01 |
| **Definition source** | Department of Health |
| **Value domain source** | Department of Health |

## Referral In Clinical Referral Date

|  |  |
| --- | --- |
| **Definition** | The date on the referral as entered by the referring clinician.  **Repeats: Min. Max. Duplicate** |
| **Form** | Date 1 1 Not applicable |
| **Layout** | YYYYMMDD or XX **Size: Min. Max.** |
| **Location** | **Transmission protocol HL7 Submission**  Referral In (insert) RRI\_I12 (RF1.9\TS.2)  Referral In (update) RRI\_I13 (RF1.9\TS.2)  Referral In (delete) RRI\_I14 (RF1.9\TS.2) |
| **Reported by** | Early Parenting Centres  Specialist Clinics (Outpatients) |
| **Reported for** | Referrals received during the current reporting period. |
| **Reported when** | The current reporting period for this item is the calendar month in which the following events or data elements fall:  Referral In Received Date (Mandatory) |
| **Value domain** | Valid date or ‘NP’ if date is unavailable. |
| **Reporting guide** | Report the date the clinician has entered onto, or dated, the referral. If no date has been provided, report NP-‘Not present’.  If the referral is updated or renewed, this date should not be changed and should reflect the original Referral In Clinical Referral Date. |
| **Validations** | E002 The field ‘<FieldName>’ (<Location>) is mandatory for this program/stream <Program/Stream>, but no value was supplied  E020 <SucceedingEvent> (<SucceedingEventValue>) is before <Preceding Event> (<PrecedingEventValue>) |
| **Related items** | Contact End Date/Time  Contact Start Date/Time  Episode End Date  Episode First Appointment Booked Date  Episode Patient/Client Notified of First Appointment Date  Episode Start Date  Patient/Client Birth Date  Referral In Outcome  Referral In Receipt Acknowledgment Date  Referral In Received Date  Referral In Service Type  Referral Out Date  Referral Out Service Type |

Administration

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| **Purpose** | To calculate waiting times from the patient’s perspective. |
| **Principal users** | Department of Health |
| **Version history** | **Version Previous Name Effective Date**  1 Referral In Clinical Referral Date 2012/07/01 |
| **Definition source** | Department of Health |
| **Value domain source** | ISO8601:2000 |

## Referral In Clinical Urgency Category

|  |  |
| --- | --- |
| **Definition** | A categorisation of the urgency with which a patient needs to be seen.  **Repeats: Min. Max. Duplicate** |
| **Form** | Code 1 1 Not applicable |
| **Layout** | N **Size: Min. Max.**  1 1 |
| **Location** | **Transmission protocol HL7 Submission**  Referral In (insert) RRI\_I12 (RF1.2\CE.1)  Referral In (update) RRI\_I13 (RF1.2\CE.1)  Referral In (delete) RRI\_I14 (RF1.2\CE.1) |
| **Reported by** | Early Parenting Centres  Palliative Care  Specialist Clinics (Outpatients) |
| **Reported for** | Referrals received during the current reporting period. |
| **Reported when** | The current reporting period for this item is the calendar month in which the following events or data elements fall:  Referral In Received Date (Mandatory)  Referral in Outcome (Mandatory)  Referral in Outcome Date (Mandatory) |
| **Value domain**  **\*EPC, OP & PC**  **\*EPC, OP & PC**  **\*PC**  **\*PC**  **\*PC** | Table identifier HL70280  **Code Descriptor**  1 Urgent  2 Routine  3 Crisis  4 Non-urgent  99 Not stated or unknown |
| **Reporting guide** | Report the Referral In Clinical Urgency Category after the triage process is completed and a Referral In Outcome is reported as either ‘010 – Referral accepted-new appointment’, ‘020 – Referral accepted-review appointment’ or ‘1 Accepted’ or ‘3 – Referral accepted-renewed referral’.  For Palliative Care: report the Referral In Clinical Urgency Category based on the clinical assessment of the urgency with which a patient should be seen. Early referrals are to be seen within six weeks. The Referral In Clinical Urgency Category is a companion data item to the Referral In First Triage Score.  **1 – Urgent**  For Specialist Clinics (Outpatients) and Early Parenting Centres:  A referral is urgent if the patient has a condition that has the potential to deteriorate quickly with significant consequences for health and quality of life if not managed promptly. Use when a clinician determines that the patient should be seen within 30 days of the receipt of the referral.  For Palliative Care:  Referrals requiring community palliative care consultation within 72 hours.  First triage score 21 – 30.  **2 – Routine**  For Specialist Clinics (Outpatients) and Early Parenting Centres:  Use when a clinician determines that the patient does not need to be seen within 30 days of the receipt of the referral.  For Palliative Care:  Referrals requiring community palliative care consultation within 14 days.  First triage score 0 – 10.  **3 – Crisis**  For reporting by Palliative Care only. For referrals requiring community palliative care consultation within 24 hours.  First triage score 31 – 100.  **4 – Non-urgent**  For reporting by Palliative Care only. For referrals requiring community palliative care consultation within 7 days.  First triage score 11 – 20. |
| **Validations** | E453 Referral In Outcome is <ref\_in outcome> and program/stream is <program/stream> but Referral In Clinical Urgency Category is not provided |
| **Related items** | Referral In First Triage Score  Referral In Outcome  Referral In Outcome Date |

Administration

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| **Purpose** | To calculate waiting times categorised by the urgency of the referral. |
| **Principal users** | Department of Health |
| **Version history** | **Version Previous Name Effective Date**  4 Referral In Clinical Urgency Category 2024/07/01  3 Referral In Clinical Urgency Category 2023/07/01  2 Referral In Clinical Urgency Category 2020/07/01  1 Referral In Clinical Urgency Category 2012/07/01 |
| **Definition source** | Department of Health |
| **Value domain source** | Department of Health |

## Referral In First Triage Score

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| **Definition** | The score derived from use of the evidence-based palliative care tool which considers the clinical status and the person and family/carer situation.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Integer 1 1 Not applicable |
| **Layout** | N[NN] **Size: Min. Max.**  **0 100** |
| **Location** | **Transmission protocol HL7 Submission**  Referral In (insert) RRI\_I12 (OBR.20\CE.1)  Referral In (update) RRI\_I13 (OBR.20\CE.1)  Referral In (delete) RRI\_I14 (OBR.20\CE.1) |
| **Reported by** | Palliative Care – ‘41 – Community palliative care’ |
| **Reported for** | Referrals received within the reporting period |
| **Reported when** | The current reporting period for this item is the calendar month in which the following events or data elements fall: |
| Referral In Outcome (Mandatory)  Referral In Outcome Date (Mandatory) |
| **Value domain** | The triage score has a valid value domain that ranges from 0 through to 100 and 999.  Any values outside this range are invalid. |
| **Reporting guide** | Referral In First Triage Score is to be reported when the Referral In Outcome data item is reported. Following acceptance of the referral the patient/client’s clinical assessment is to be conducted according to the urgency indicated by the triage score.  After the referral is accepted there may be a period with no active care until the patient/client is ready (indicated by the ‘Episode Patient/Client Ready for Care Date). During this time the patient/client may need to be re-triaged as their readiness, clinical status, or carer/family situation changes. Only the first Triage Score is to be reported (regardless of whether the subsequent score is higher or lower).  Report code 999 when Referral In Clinical Urgency Category of ‘99 – Not stated or unknown’ is reported against palliative care program/stream ’41 – Community palliative care’ and Referral In Outcome is one of ‘1 – Referral accepted’ or ‘3 – Referral accepted – renewed referral’. |
| **Validations** | E011 Invalid layout for field ‘<FieldName>’ – value supplied ‘(<val>)’ does not meet the layout requirements for this element (<Layout>)  E019 <field1 name> is <field1 value> but <field2 name> is not <field2 value>  E458 Referral In Outcome is ‘1 – Referral accepted’ or ‘3 – Referral accepted – renewed referral’, but Referral In First Triage Score has not been provided |
| **Related items** | Referral In Clinical Urgency  Referral In Outcome  Referral In Outcome Date |

Administration

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| **Purpose** | To improve equity of access for people referred to specialist palliative care. |
| **Principle users** | Multiple internal and external data users |
| **Version history** | **Version Previous Name Effective Date**  3 Referral In First Triage Score 2023/07/01  2 Referral In First Triage Score 2022/07/01  1 Referral In First Triage Score 2020/07/01 |
| **Definition source** | Department of Health |
| **Value domain source** | Department of Health |

## Referral In Outcome

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| **Definition** | The outcome of a referral.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Repeatable Code 1 1 Not applicable |
| **Layout** | N[NN] ***Size:*  Min. Max.**  1 3 |
| **Location** | **Transmission protocol HL7 Submission**  Referral In (insert) RRI\_I12 (OBX\OBX.3\CE.1)  Referral In (update) RRI\_I13 (OBX\OBX.3\CE.1)  Referral In (delete) RRI\_I14 (OBX\OBX.3\CE.1) |
| **Reported by** | Complex Care (FCP)  Early Parenting Centres  Home Based Dialysis  Home Enteral Nutrition  Hospital Admission Risk Program  Infusion Therapy  Palliative Care  Post Acute Care  Residential In-Reach  Specialist Clinics (Outpatients)  Subacute Ambulatory Care Services  Total Parenteral Nutrition  Transition Care Program  Victorian Artificial Limb Program  Victorian HIV and Sexual Health Services  Victorian Respiratory Support Service |
| **Reported for** | All referrals resolved during the reporting period. |
| **Reported when** | The current reporting period for this item is the calendar month in which the following events or data elements fall:  Referral In Received Date (Mandatory) |
| **Value domain**  **\*OP**  **\*OP**  **\*PC** | Enumerated  Table identifier HL70283  **Code Descriptor**  ***Referral accepted***  010 Referral accepted – new appointment  020 Referral accepted – review appointment  1 Referral accepted  3 Referral accepted – renewed referral  50 Screening referral  ***Patient related reason – Medical***  21 Patient/client died  22 Patient/client safety issue  23 Patient/client not medically fit  36 Recommended to present to ED for medical reasons  ***Patient related reason – Non-medical***  24 Patient/client not contactable  25 Services declined or not required  ***Service provider related reason***  30 Patient/client out of catchment area for program  31 Clinician safety issue  32 More appropriate program/service identified  33 Patient/client does not meet the program/service criteria  34 Required services not available  35 No program/service capacity  ***Other reasons***  37 Referral does not meet statewide referral criteria  40 Other reason for cancellation  41 Referral withdrawn by referrer  ***Referral process not complete***  99 Referral processing in progress |
| **Reporting guide** | Record the main Referral In Outcome.  Each instance of a Referral In Outcome must have a corresponding Referral In Outcome Date. Multiple instances of Referral In Outcome/Referral In Outcome Date combinations must be reported as the Referral In Outcome changes during the course of a referral.  **010 – Referral accepted – new appointment**  Only in scope for Specialist Clinics (Outpatients)  Report this code if the patient has been referred to the health service for initial assessment or treatment.  **020 – Referral accepted – review appointment**  Only in scope for Specialist Clinics (Outpatients)  Report this code if the patient has been referred for the purpose of review following a previous outpatient appointment, treatment as an inpatient or day surgery patient.  **1 – Referral accepted**  Includes patients/clients who are accepted into a program and have been placed on a waiting list to receive services.  Excludes:   * the specialist clinics (outpatients) (OP) program/streams.   **3 – Referral accepted – renewed referral**  Report this code where referrals are made for administrative purposes to allow continuation of existing episodes of care.  **37 – Referral does not meet statewide referral criteria**  Report this code for referrals that do not meet published statewide referral criteria from 1 July 2021.  Excludes:   * the palliative care (PC) program/streams.   **50 – Screening referral**  Only in scope for palliative care stream ’41 – community palliative care.  Report this code for referrals in the screening phase.  **99 – Referral processing in progress**  Report this code when the referral has not been finalised. This may be because the referral is undergoing triage or further information is required from the patient. |
| **Validations** | E002 The field ‘<FieldName>’ (<Location>) is mandatory for this program/stream <Program/Stream>, but no value was supplied  E207 Referral In Outcome is 010 – Referral accepted – new appointment’ or ‘020 – Referral accepted – review appointment’ or ‘1 – Referral accepted’ or ‘3 – Referral accepted – renewed referral’ or ’50 – Screening Referral’ but no episode has been reported  E412 Referral In Outcome updated to not accepted, but one or more episodes have resulted from this referral (<episode\_details>)  E453 Referral In Outcome is <ref\_in outcome> and program/stream is <program/stream> but Referral In Clinical Urgency Category is not provided  E458 Referral In Outcome is ‘1 – Referral accepted’ or ‘3 – Referral accepted – renewed referral’, but Referral In First Triage Score has not been provided |
| **Related items** | Episode Start Date  Referral Identifier  Referral In Clinical Referral Date  Referral In Outcome Date  Referral In Received Date  Referral In Service Type  Referral Out Service Type |

Administration

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| **Purpose** | To support analyses of service provision by delivery setting. |
| **Principal users** | Department of Health |
| **Version history** | **Version Previous Name Effective Date**  10 Referral In Outcome 2021/07/01  9 Referral In Outcome 2019/07/01  8 Referral In Outcome 2015/07/01  7 Referral In Outcome 2014/07/01  4 Referral In Outcome 2013/07/01  5 Referral In Outcome 2012/07/01  4 Referral In Outcome 2010/07/01  3 Referral In Outcome 2009/07/01  2 Referral In Outcome 2008/07/01  1 Referral Outcome 2007/07/01 |
| **Definition source** | Department of Health |
| **Value domain source** | Department of Health |

## Referral In Outcome Date

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| **Definition** | The date/date stamp of an instance where a Referral In Outcome was reported or updated.  **Repeats: Min. Max. Duplicate** |
| **Form** | Repeatable Date 1 No limit Permitted |
| **Layout** | YYYYMMDD **Size: Min. Max.** |
| **Location** | **Transmission protocol HL7 Submission**  Referral In (insert) RRI\_I12 (OBX\OBX.7)  Referral In (update) RRI\_I13 (OBX\OBX.7)  Referral In (delete) RRI\_I14 (OBX\OBX.7) |
| **Reported by** | Complex Care (FCP)  Early Parenting Centres  Home Based Dialysis  Home Enteral Nutrition  Hospital Admission Risk Program  Infusion Therapy  Palliative Care  Post Acute Care  Residential In-Reach  Specialist Clinics (Outpatients)  Subacute Ambulatory Care Services  Total Parenteral Nutrition  Transition Care Program  Victorian Artificial Limb Program  Victorian HIV and Sexual Health Services  Victorian Respiratory Support Service |
| **Reported for** | All referrals received during the current reporting period. |
| **Reported when** | The current reporting period for this item is the calendar month in which the following events or data elements fall:  Referral In Received Date (Mandatory)  Referral In Outcome (Mandatory) |
| **Value domain** | Valid date |
| **Reporting guide** | The century component of the year must begin with ‘20’.  Each instance of a Referral In Outcome must have a corresponding Referral In Outcome Date. Multiple instances of Referral In Outcome/Referral In Outcome Date combinations must be reported as the Referral In Outcome changes during the course of a referral. |
| **Validations** | E020 <SucceedingEvent>(<SucceedingEventValue>) is before <Preceding Event>(<PrecedingEventValue>)  E455 Data Element '<FieldName>' is mandatory at this point in time (<Timing>) |
| **Related items** | Referral In Outcome  Referral In Program/Stream  Referral In Receipt Acknowledgment Date  Referral In Received Date  Referral In Service Type |

Administration

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| **Purpose** | Multiple internal and external data users |
| **Principal users** | Multiple internal and external data users. |
| **Version history** | **Version Previous Name Effective Date**  1 Referral in Outcome Date 2019/07/01 |
| **Definition source** | Department of Health |
| **Value domain source** | Department of Health |

## Referral In Program Stream

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| **Definition** | The program/stream to which the patient/client is referred.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Code 1 1 Not applicable |
| **Layout** | N[NNN] ***Size:*  Min. Max.**  1 4 |
| **Location** | **Transmission protocol HL7 Submission**  Referral In (insert) RRI\_I12 (PV1.10)  Referral In (update) RRI\_I13 (PV1.10)  Referral In (delete) RRI\_I14 (PV1.10) |
| **Reported by** | All programs, dependent on transmission protocol |
| **Reported for** | All referrals resolved during the reporting period. |
| **Reported when** | The current reporting period for this item is the calendar month in which the following events or data elements fall:  Referral In Received Date (Mandatory) |
| **Value domain** | Enumerated  Table identifier HL70069  **Code Descriptor**  **Subacute Ambulatory Care Services (SACS)**  1 Rehabilitation  2 Specialist continence  3 Specialist cognitive  4 Specialist pain management  5 Specialist falls  6 Specialist wound management  7 Younger adult/transition  8 Specialist paediatric rehabilitation  9 Specialist polio  11 Specialist movement disorders  12 Cardiac rehabilitation  19 Specialist other  **Hospital Admission Risk Program – (HARP)**  27 HARP – HIV  28 HARP – complex care  30 HARP – geriatric evaluation and management (GEM)  **Post Acute Care (PAC)**  31 Post acute care  **Palliative Care (PC)**  41 Community palliative care  1400 Palliative care day hospice  **Complex Care (FCP)**  52 Complex care (FCP): on ventilation, dependent  53 Complex care (FCP): on ventilation, not dependent  54 Complex care (FCP): general  55 Complex care (FCP): HARP  56 Complex care (FCP): PAC  **Victorian HIV and Sexual Health Services (VHS)**  61 Victorian HIV consultancy  62 Victorian HIV mental health service  63 HIV ambulatory care  67 Victorian NPEP and PEP services  68 HIV complex care – community outreach  69 Sexual health service  **Victorian Respiratory Support Service (VRSS)**  82 VRSS: on ventilation, dependent  83 VRSS: on ventilation, not dependent  86 VRSS: general  **Medi-Hotel**  91 Medi-hotel  **Specialist Clinics (Outpatients)**  101 General medicine  103 Cardiology  106 Gastroenterology  107 Haematology  108 Nephrology  109 Neurology  110 Oncology  111 Respiratory  112 Rheumatology  113 Dermatology  114 Infectious diseases  116 Immunology, includes allergy  117 Endocrinology, includes diabetes  118 Hepatobiliary and pancreas  119 Burns  201 General surgery  202 Cardiothoracic surgery  203 Neurosurgery  204 Ophthalmology  205 Ear, nose and throat  206 Plastic surgery  207 Urology  208 Vascular  209 Preadmission  301 Dental  310 Orthopaedics/musculoskeletal  311 Orthopaedics applications  312 Wound care  313 Allied health – stand-alone  350 Psychiatry and behavioural disorders, includes alcohol and drug  402 Obstetrics  403 Gynaecology  406 Reproductive medicine and family planning  408 Gender services  415 Adult genetics  416 Paediatric genetics  417 Familial cancer services  418 Reproductive genetics  **Home Enteral Nutrition (HEN)**  651 Home enteral nutrition  **Total Parenteral Nutrition (TPN)**  751 Total parenteral nutrition  **Home Based Dialysis (HBD)**  851 Peritoneal dialysis  852 Haemodialysis  **Infusion Therapy (IT)**  951 Subcutaneous immunoglobulin infusion therapy  **Transition Care Program (TCP)**  1101 Transition care program  **Residential In-Reach (RIR)**  1201 Residential In-reach  **Palliative Care Consultancy (HBPCCT)**  1300 Hospital based palliative care consultancy team  1316 Regional specialist palliative care consultancy  1600 State-wide palliative care service  **Victorian Artificial Limb Program (VALP)**  1700 Victorian artificial limb program  **Early Parenting Centres (EPC)**  1800 Early parenting centres |
| **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 example, a patient/client may be referred for rehabilitation (code ‘1 – Rehabilitation’), but after assessment it is decided that the patient/client be seen in the specialist falls clinic (code ‘5 – Specialist falls’); in this instance report code ‘1 – Rehabilitation’.  **Code 1-19**  Includes the subacute ambulatory care services (SACS) program/streams.  **Code 27 - 30**  Includes the hospital admission risk program (HARP) program/streams.  **Code 41, 1400**  Includes the palliative care (PC) program/streams.  **Code 52 - 56**  Includes the complex care (FCP) program/streams.  **52 - Complex care (FCP): 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.  **53 - Complex care (FCP): on ventilation, not dependent**  This code should be used for patient/clients receiving home based ventilation who are on non-invasive ventilation overnight.  **54 - Complex care (FCP): general**  This code should be used for reporting contacts within the complex care (FCP) program.  Includes:   * general contacts with the FCP clinical nurse consultant and other complex care (FCP) healthcare providers.   Excludes:   * complex care (FCP): HARP * complex care (FCP) PAC.   **55 – Complex care (FCP): HARP**  Excludes:   * HARP activity funded under the health independence program (HIP)   **56 – Complex care (FCP): PAC**  Excludes:   * PAC activity funded under the health independence program (HIP)   **Code 61- 69**  Includes:   * the Victorian HIV and sexual health services (VHS) program/streams.   **61 - Victorian HIV consultancy**  This code should be only used for patients who are part of the state-wide specialist services and community integrated services.  **62 - Victorian HIV mental health service**  This code should only be used for patients who are receiving psychiatry, psychology, neuropsychology services within the HIV program.  **63 - HIV ambulatory care**  This code should be used for patients who are participating in the specialist state-wide outpatient clinics within the HIV program.  **67 - Victorian NPEP and PEP services**  This code should be used for people accessing the NPEP and PEP Services.  **68 - HIV complex care – community and outreach**  This code should be used for HIV patients who are receiving medical, nursing and social work/allied health services within the community or as an outreach service as part of their complex care requirements.  **69 - Sexual health service**  This code should be used to report sexual health and STI testing, diagnosis and treatment services.  **Code 82 – 86**  Includes the Victorian respiratory support service (VRSS) 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.   **Code 101- 418**  Includes:   * the specialist clinics (outpatients) (OP) program/streams.   **313 - Allied health – stand-alone**  This code should only be used when the entire episode for the patient/client is constituted of one or more allied health contacts. Where the patient/client is receiving services which fall under another program/stream but is also receiving allied health services, the episode should be reported with the other program/stream, not code ‘313 – Allied health – stand alone’.  **Code 851, 852**  Includes:   * the home based dialysis (HBD) program/streams   **Code 951**  Includes:   * the infusion therapy (IT) Program/Streams. Use this code to report subcutaneous immunoglobulin (SCIg) infusion therapy.   **Code 1300 - 1600**  Includes:   * the palliative care consultancy (HBPCCT) program/streams.   **Code 1700**  Includes:   * the Victorian artificial limb program (VALP) program/stream   **Code 1800**  Includes:   * the early parenting centres (EPC) program/streams. |
| **Validations** | E267 Referral In Program/Stream is (<ref\_in program/stream>) but Episode Program/Stream is (<episode program/stream)  E452 This organisation (<OrganisationIdentifier>) is not approved to report Referrals In under this program/stream (<Referral In Program/Stream>) |
| **Related items** | Episode Program/Stream  Referral In Received Date |

Administration

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| **Purpose** | To allow national reporting requirements to be met and assist with service planning and monitoring. |
| **Principal users** | Department of health |
| **Version history** | **Version Previous Name Effective Date**  13 Referral In Program Stream 2024/07/01  12 Referral In Program Stream 2023/07/01  11 Referral In Program Stream 2022/07/01  10 Referral In Program Stream 2021/07/01  9 Referral In Program Stream 2019/07/01  8 Referral In Program Stream 2018/07/01  7 Referral In Program Stream 2015/07/01  6 Referral In Program Stream 2013/07/01  5 Referral In Program Stream 2012/07/01  4 Referral In Program Stream 2010/07/01  3 Referral In Program Stream 2009/07/01  2 Referral In Program Stream 2008/07/01  1 Referral Program Stream 2007/07/01 |
| **Definition source** | Department of Health |
| **Value domain source** | Department of Health |

## Referral In Reason

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| **Definition** | The reason given by the referring clinician for the referral request.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Code 1 1Not applicable |
| **Layout** | N[NNN] ***Size:*  Min. Max.** |
| **Location** | **Transmission protocol HL7 Submission**  Referral In (insert) RRI\_I12 (RF1.10\CE.4)  Referral In (update) RRI\_I13 (RF1.10\CE.4)  Referral In (delete) RRI\_I14 (RF1.10\CE.4) |
| **Reported by** | Complex Care (FCP)  Early Parenting Centres  Home Based Dialysis  Home Enteral Nutrition  Hospital Admission Risk Program  Infusion Therapy  Post Acute Care  Residential In-Reach  Specialist Clinics (Outpatients)  Subacute Ambulatory Care Services  Total Parenteral Nutrition  Transition Care Program  Victorian Artificial Limb Program  Victorian HIV and Sexual Health Services  Victorian Respiratory Support Service |
| **Reported for** | All referrals resolved during the reporting period. |
| **Reported when** | The current reporting period for this item is the calendar month in which the following events or data elements fall:  Referral In Outcome (Mandatory)  Referral In Received Date (Mandatory) |
| **Value domain** | Enumerated  Table identifier 990094  **Code Descriptor**  1 Diagnosis, assessment, treatment plan  2 Partnership care  3 Tests or investigation  4 Treatment or intervention  9 Emergency use |
| **Reporting guide** | Report the main reason for the referral request where the Referral In Outcome is 010- Referral accepted – new appointment, 020- Referral accepted – review appointment, 1-Referral accepted or 3- Referral accepted – renewed referral.  **1 – Diagnosis, assessment, treatment plan**  Report this code if the patient has been referred for services to establish a diagnosis, provide clinical assessment or inform a treatment plan.  **2 – Partnership care**  Report this code if the patient has been referred for partnership care between the patient, GP and the health service (such as patients with chronic or progressive conditions that require ongoing specialist advice, or services to improve and optimise people’s function and participation in activities of daily living).  **3 – Tests or investigation**  Report this code if the patient has been referred for specific tests or investigations that cannot be ordered, accessed or interpreted through the primary care system.  **4 – Treatment or intervention**  Report this code if the patient has been referred for a treatment or intervention.  **9 – Emergency use**  The department will provide reporting guidelines when an ‘emergency use’ code is enacted. |
| **Validation** | E013 Code (‘<CodeSupplied>’) for Data Element ‘<FieldName>’is for emergency use – only to be used under the direction of the department  E460 Referral In Outcome is ‘010 – Referral accepted – new appointment’ or ‘020 – Referral accepted – review appointment’, or ‘1 – Referral accepted’ or ‘3 – Referral accepted – renewed referral’ but no Referral In Reason has been provided |
| **Related items** | Referral In Received Date  Referral In Outcome  Referral In Outcome Date |

Administration

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| **Purpose** | To support analyses of service provision for reason of referral |
| **Principal users** | Multiple internal and external data users. |
| **Version history** | **Version Previous Name Effective Date**  2 Referral In Reason 2021/07/01 |
|  | 1 Referral In Reason For Request 2020/07/01 |
| **Definition source** | Department of Health |
| **Value domain source** | Department of Health |

## Referral In Receipt Acknowledgement Date

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| **Definition** | The date of initial contact with the patient/client or carer to acknowledge receipt of referral. For Specialist Clinics (Outpatients), this is the date of initial contact with the referrer.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Date 1 1 Not applicable |
| **Layout** | YYYYMMDD ***Size:*  Min. Max.** |
| **Location** | **Transmission protocol HL7 Submission**  Referral In (insert) RRI\_I12 (RF1.9\TS.1)  Referral In (update) RRI\_I13 (RF1.9\TS.1)  Referral In (delete) RRI\_I14 (RF1.9\TS.1) |
| **Reported by** | Complex Care (FCP)  Early Parenting Centres  Home Based Dialysis  Home Enteral Nutrition  Hospital Admission Risk Program  Infusion Therapy  Post Acute Care  Residential In-Reach  Specialist Clinics (Outpatients)  Subacute Ambulatory Care Services  Total Parenteral Nutrition  Transition Care Program  Victorian Artificial Limb Program  Victorian HIV and Sexual Health Services  Victorian Respiratory Support Service |
| **Reported for** | Referrals acknowledged during the current reporting period. |
| **Reported when** | The current reporting period for this item is the calendar month in which the following events or data elements fall:  Referral In Receipt Acknowledgment Date (Mandatory) |
| **Value domain** | Valid date. |
| **Reporting guide** | The century component of the year must begin with ‘19’ or ‘20’.  Each health service should maintain a single point of entry for all HARP, PAC, SACS services where an intake process is conducted. Contacting the patient/client to acknowledge receipt of the referral would constitute part of this intake process. Health services can also use this contact to further progress the intake process.  For Specialist Clinics (Outpatients), the Referral In Receipt Acknowledgement Date is the date the referrer was contacted to acknowledge receipt of the referral.  This contact may be in the form of a letter or email, a telephone contact or in person.  This item should be reported for all referrals received, even though the intake process may determine that some people referred are not appropriate patients/clients for the service, and therefore not all referrals nor referrals acknowledged need result in an episode being started. As noted elsewhere, an episode starts when a referral is accepted. |
| **Validations** | E016 Data Element ‘<FieldName>’ (<Location>) is mandatory for this program/stream <Program/Stream>, but no value was supplied  E020 <SucceedingEvent> (<SucceedingEventValue>) is before <Preceding Event> (<PrecedingEventValue>) |
| **Related items** | Contact End Date/Time  Contact Start Date/Time  Episode End Date  Episode First Appointment Booked Date  Episode Patient/Client Notified of First Appointment Date  Episode Start Date  Patient/Client Birth Date  Referral In Clinical Referral Date  Referral In Receipt Acknowledgment Date  Referral In Received Date  Referral Out Date |

Administration

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| **Purpose** | Required for referral accountability reporting to the Victorian Government. This item is used together with Referral Received Date to determine the percentage of patients/clients contacted within three working days of referral. |
| **Principal users** | Department of Health, Victorian Government, Australian Government. |
| **Version history** | **Version Previous Name Effective Date**  5 Referral In Receipt Acknowledgment Date 2010/07/01  4 Referral In Receipt Acknowledgment Date 2009/07/01  3 Referral In Receipt Acknowledgment Date 2008/07/01  2 Date of Referral Receipt Acknowledgment 2007/07/01  1 Date of Referral Receipt Acknowledgment 2005/07/01 |
| **Definition source** | Department of Health |
| **Value domain source** | ISO8601:2000 |

## Referral In Received Date

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| --- | --- |
| **Definition** | The date that a referral, either written or verbal, is received. For Specialist Clinics (Outpatients), this could be a request for a booking, where the referral will be provided at the first contact.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Date 1 1 Not applicable |
| **Layout** | YYYYMMDD ***Size:*  Min. Max.** |
| **Location** | **Transmission protocol HL7 Submission**  Referral In (insert) RRI\_I12 (RF1.7\TS.1)  Referral In (update) RRI\_I13 (RF1.7\TS.1)  Referral In (delete) RRI\_I14 (RF1.7\TS.1) |
| **Reported by** | Complex Care (FCP)  Early Parenting Centres  Home Based Dialysis  Home Enteral Nutrition  Hospital Admission Risk Program  Infusion Therapy  Palliative Care  Palliative Care Consultancy  Post Acute Care  Residential In-Reach  Specialist Clinics (Outpatients)  Subacute Ambulatory Care Services  Total Parenteral Nutrition  Transition Care Program  Victorian Artificial Limb Program  Victorian HIV and Sexual Health Services  Victorian Respiratory Support Service |
| **Reported for** | All referrals received during the current reporting period. |
| **Reported when** | The current reporting period for this item is the calendar month in which the following events or data elements fall:  Referral In Received Date (Mandatory) |
| **Value domain** | Valid date. |
| **Reporting guide** | The century component of the year must begin with ‘20’.  For Specialist Clinics (Outpatients), a patient or medical professional may contact the hospital and request a booking and provide the written referral at the first appointment. In this case, the request for booking should be reported as the Referral In Received Date.  Referrals for Specialist Clinics (Outpatients) must be reported for the period during which they were received, regardless of whether an episode has been opened or any activity has occurred.  Each health service should maintain a single point of entry for all SACS and HARP services where an intake process is conducted. Receiving the referral would constitute part of this intake process.  This item should be reported for all referrals received, even though the intake process may determine that some people referred are not appropriate patients/clients for the service, and therefore not all referrals need to result in an episode being started.  In the instance where a patient/client is identified as requiring services from a case finding process, the date of identification should be reported as the Referral In Received Date.  If the referral is updated or renewed, this date should not be changed and should reflect the original referral received date. |
| **Validations** | E020 <SucceedingEvent> (<SucceedingEventValue>) is before <Preceding Event> (<PrecedingEventValue>) |
| **Related items** | Contact End Date/Time  Contact Start Date/Time  Episode End Date  Episode First Appointment Booked Date  Episode Patient/Client Notified of First Appointment Date  Episode Start Date  Patient/Client Birth Date  Referral In Clinical Referral Date  Referral In Program/Stream  Referral In Receipt Acknowledgment Date  Referral In Received Date  Referral In Service Type  Referral Out Date |

Administration

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| **Purpose** | Monitoring access to services |
| **Principal users** | Multiple internal and external data users. |
| **Version history** | **Version Previous Name Effective Date**  6 Referral In Received Date 2013/07/01  5 Referral In Received Date 2010/07/01  4 Referral In Received Date 2009/07/01  3 Referral In Received Date 2008/07/01  2 Date Referral Received 2007/07/01  1 Date Referral Received 2005/07/01 |
| **Definition source** | Department of Health |
| **Value domain source** | ISO8601:2000 |

## Referral In Service Type

|  |  |
| --- | --- |
| **Definition** | The person who, or service which, referred the patient/client.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Code 1 1 Not applicable |
| **Layout** | NN[N] ***Size:*  Min. Max.**  2 3 |
| **Location** | **Transmission protocol HL7 Submission**  Referral In (insert) RRI\_I12 (PRD.1\CE.4)  Referral In (update) RRI\_I13 (PRD.1\CE.4)  Referral In (delete) RRI\_I14 (PRD.1\CE.4) |
| **Reported by** | Complex Care (FCP)  Early Parenting Centres  Home Based Dialysis  Home Enteral Nutrition  Hospital Admission Risk Program  Infusion Therapy  Palliative Care  Palliative Care Consultancy  Post Acute Care  Residential In-Reach  Specialist Clinics (Outpatients)  Subacute Ambulatory Care Services  Total Parenteral Nutrition  Transition Care Program  Victorian Artificial Limb Program  Victorian HIV and Sexual Health Services  Victorian Respiratory Support Service |
| **Reported for** | Referrals in during the current reporting period. |
| **Reported when** | The current reporting period for this item is the calendar month in which the following events or data elements fall:  Referral In Received Date (Mandatory) |
| **Value domain** | Enumerated |
|  | Table identifier 990082 |
|  | **Code Descriptor** |
|  | ***External referrals – self/other non-professional*** |
|  | 11 Self |
|  | 12 Relative |
|  | 13 Friend |
|  | 14 Carer |
|  | 19 Other person (includes neighbour, etc.) |
|  | ***External referrals – medical/professional service*** |
|  | 201 GP |
|  | 202 Specialist |
|  | 206 Ambulance officer/paramedic |
|  | 297 Other health practitioner |
|  | 298 Other medical/health service (Government) |
|  | 299 Other medical/health service (non-Government) |
|  | ***External referrals – mental health professional/service*** |
|  | 30 Mental health professional/service |
|  | 301 Psychiatrist |
|  | 302 Private psychiatrist |
|  | 399 Other mental health staff |
|  | ***Internal referrals – hospital-based service (this health service)*** |
|  | 701 Emergency department |
|  | 702 Specialist/outpatients – same program/stream |
|  | 703 Specialist/outpatients – different program/stream |
|  | 704 Other department/staff (e.g. inpatient ward) – same program/stream |
|  | 705 Other department/staff (e.g. inpatient ward) – different program/stream |
|  | ***External referrals – hospital-based service (another health service)*** |
|  | 801 Emergency department |
|  | 802 Specialist/outpatients – same program/stream |
|  | 803 Specialist/outpatients – different program/stream |
|  | 804 Other department/staff (e.g. inpatient ward) – same program/stream |
|  | 805 Other department/staff (e.g. inpatient ward) – different program/stream |
|  | 806 Victorian virtual emergency department |
|  | ***Correctional/justice*** |
|  | 50 Correctional/justice |
|  | 51 Police |
|  | 52 Correctional officer |
|  | 53 Juvenile justice |
|  | ***Community-based service/agency*** |
|  | 601 Post-acute care program services |
|  | 602 Community rehabilitation centre |
|  | 603 Community palliative care support |
|  | 604 Community mental health services |
|  | 605 Psychiatric disability support service |
|  | 610 Residential aged care facility (Government) |
|  | 611 Residential aged care facility (non-Government) |
|  | 612 Home nursing service (includes district nursing) |
|  | 613 Domiciliary postnatal care |
|  | 615 Transition care program |
|  | 616 Aged care assessment service |
|  | 618 Aboriginal and Torres Strait Islander (ATSI) service |
|  | 619 Child protection services |
|  | 636 Carelink centre |
|  | 637 Other community-based medical/health service (Government) |
|  | 638 Other community-based agency/service (non-Government) |
|  | 639 Other community-based agency/service (Government) |
|  | 640 Victorian HIV/AIDS service |
| **\*PC** | 650 Paediatric hospice |
|  | 660 Level 1 home care package |
|  | 661 Level 2 home care package |
|  | 662 Level 4 home care package |
|  | 663 Level 3 home care package |
|  | 665 Commonwealth home support programme (CHSP) |
|  | 666 HACC program for younger people |
|  | ***Supplementary values*** |
|  | OTH Other |
|  | NA Not applicable |
|  | UNK Unknown |
| **Reporting guide** | **206 – Ambulance officer/paramedic**  Report when Ambulance Victoria makes a referral directly to the service.  Includes:   * Clients using the telephone triaging service with a member of Ambulance Victoria being present.   Excludes:   * Ambulance Victoria making a recommendation but where the referral is made by another person/provider.   **30 – Mental health professional/service**  Report the code appropriate for the referring service where known. Code 30 may be reported if a further level of detail is unknown. |
| **Validations** | E002 The field ‘<FieldName>’ (<Location>) is mandatory for this program/stream <Program/Stream>, but no value was supplied |
| **Related items** | Referral In Clinical Referral Date  Referral In Outcome  Referral In Received Date  Referral Out Service Type |

Administration

|  |  |
| --- | --- |
| **Purpose** | To assist in the analysis of patient/client flow and service planning. |
| **Principal users** | Department of Health |
| **Version history** | **Version Previous Name Effective Date**  7 Referral In Service Type 2019/07/01  6 Referral In Service Type 2018/07/01  5 Referral In Service Type 2015/07/01  4 Referral In Service Type 2014/07/01  3 Referral In Service Type 2013/07/01  2 Referral In Service Type 2012/07/01  1 Referral In Service Type 2010/07/01 |
| **Definition source** | Department of Health |
| **Value domain source** | Department of Health |

## Referral Out Date

|  |  |
| --- | --- |
| **Definition** | The date that a Referral Out was made.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Date 1 1 Not applicable |
| **Layout** | YYYYMMDD ***Size:*  Min. Max.** |
| **Location** | **Transmission protocol HL7 Submission**  Referral Out (insert) REF\_I12 (RF1.7\TS.1)  Referral Out (update) REF\_I13 (RF1.7\TS.1)  Referral Out (delete) REF\_I14 (RF1.7\TS.1) |
| **Reported by** | Complex Care (FCP)  Early Parenting Centres  Home Based Dialysis  Home Enteral Nutrition  Hospital Admission Risk Program  Infusion Therapy  Post Acute Care  Residential In-Reach  Specialist Clinics (Outpatients)  Subacute Ambulatory Care Services  Total Parenteral Nutrition  Victorian Artificial Limb Program  Victorian HIV and Sexual Health Services  Victorian Respiratory Support Service |
| **Reported for** | All referrals out made during the current reporting period. |
| **Reported when** | The current reporting period for this item is the calendar month in which the following events or data elements fall:  Referral Out Date (Mandatory) |
| **Value domain** | Valid date. |
| **Reporting guide** | The Referral Out Date must fall within the start and end dates of the Episode from which the Referral Out originated.  Referrals Out can occur at any time during the episode. |
| **Validations** | E020 <SucceedingEvent> (<SucceedingEventValue>) is before <Preceding Event> (<PrecedingEventValue>) |
| **Related items** | Contact End Date/Time  Contact Start Date/Time  Episode End Date  Episode First Appointment Booked Date  Episode Patient/Client Notified of First Appointment Date  Episode Start Date  Patient/Client Birth Date  Referral In Clinical Referral Date  Referral In Receipt Acknowledgment Date  Referral In Received Date  Referral Out Date |

Administration

|  |  |
| --- | --- |
| **Purpose** | To assist in service planning. |
| **Principal users** | Department of Health |
| **Version history** | **Version Previous Name Effective Date**  4 Referral Out Date 2019/07/01  3 Referral Out Date 2010/07/01  2 Referral Out Date 2010/07/01  1 Referral Out Date 2009/07/01 |
| **Definition source** | Department of Health |
| **Value domain source** | ISO8601:2000 |

## Referral Out Service Type

|  |  |
| --- | --- |
| **Definition** | The person or services to which the patient/client is referred for ongoing care at the episode end.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Code 1 1 Not applicable |
| **Layout** | NN[N] or UU[U] ***Size:*  Min. Max.**  2 3 |
| **Location** | **Transmission protocol HL7 Submission**  Referral Out (insert) REF\_I12 (PRD.1\CE.4)  Referral Out (update) REF\_I13 (PRD.1\CE.4)  Referral Out (delete) REF\_I14 (PRD.1\CE.4) |
| **Reported by** | Complex Care (FCP)  Early Parenting Centres  Home Based Dialysis  Home Enteral Nutrition  Hospital Admission Risk Program  Infusion Therapy  Post Acute Care  Residential In-Reach  Specialist Clinics (Outpatients)  Subacute Ambulatory Care Services  Total Parenteral Nutrition  Victorian Artificial Limb Program  Victorian HIV and Sexual Health Services  Victorian Respiratory Support Service |
| **Reported for** | Referrals out during the current reporting period. |
| **Reported when** | The current reporting period for this item is the calendar month in which the following events or data elements fall:  Referral Out Date (Mandatory) |
| **Value domain** | Enumerated |
|  | Table identifier 990083 |
|  | **Code Descriptor** |
|  | ***External referrals – self/other non-professional*** |
|  | 11 No support services |
|  | 12 Relative |
|  | 13 Friend |
|  | 14 Carer |
|  | 19 Other person (includes neighbour, etc.) |
|  | ***External referrals – medical/professional service*** |
|  | 201 GP |
|  | 202 Specialist |
|  | 297 Other health practitioner |
|  | 298 Other medical/health service (Government) |
|  | 299 Other medical/health service (non-Government) |
|  | ***External referrals – mental health professional/service*** |
|  | 30 Mental health professional/service |
|  | 301 Psychiatrist |
|  | 302 Private psychiatrist |
|  | 399 Other mental health staff |
|  | ***Internal referrals – hospital-based service (this health service)*** |
|  | 701 Emergency department |
|  | 702 Specialist/outpatients – same program/stream |
|  | 703 Specialist/outpatients – different program/stream |
|  | 704 Other department/staff (e.g. inpatient ward) – same program/stream |
|  | 705 Other department/staff (e.g. inpatient ward) – different program/stream |
|  | ***External referrals – hospital-based service (another health service)*** |
|  | 801 Emergency department |
|  | 802 Specialist/outpatients – same program/stream |
|  | 803 Specialist/outpatients – different program/stream |
|  | 804 Other department/staff (e.g. inpatient ward) – same program/stream |
|  | 805 Other department/staff (e.g. inpatient ward) – different program/stream |
|  | 806 Victorian virtual emergency department |
|  | ***Correctional/justice*** |
|  | 50 Correctional/justice |
|  | ***Community-based service/agency*** |
|  | 601 Post-acute care program services |
|  | 602 Community rehabilitation centre |
|  | 603 Community palliative care support |
|  | 604 Community mental health services |
|  | 605 Psychiatric disability support service |
|  | 610 Residential aged care facility (Government) |
|  | 611 Residential aged care facility (non-Government) |
|  | 612 Home nursing service (includes district nursing) |
|  | 613 Domiciliary postnatal care |
|  | 615 Transition care program |
|  | 616 Aged care assessment service |
|  | 618 Aboriginal and Torres Strait Islander (ATSI) service |
|  | 619 Child protection services |
|  | 626 Accommodation service |
|  | 636 Carelink centre |
|  | 637 Other community-based medical/health service (Government) |
|  | 638 Other community-based agency/service (non-Government) |
|  | 639 Other community-based agency/service (Government) |
|  | 640 Victorian HIV/AIDS service |
|  | 641 Other infectious disease clinic |
|  | 642 HIV community health service |
|  | 643 HIV support service |
|  | 644 HIV community nursing |
|  | 645 CALD services |
|  | 660 Level 1 home care package |
|  | 661 Level 2 home care package |
|  | 662 Level 4 home care package |
|  | 663 Level 3 home care package |
|  | 665 Commonwealth home support programme (CHSP) |
|  | 666 HACC program for younger people |
|  | ***Supplementary values***  OTH Other  NA Not applicable  UNK Unknown |
| **Reporting guide** | Referral Out Service Type indicates the type of clinical care and support services the program/stream has initiated, to meet the patient’s/client’s ongoing health care needs during or at the end of an episode. Whilst the referral out can be made at any point in time during the episode, it refers to services that are required after episode end to continue to meet the client’s identified care needs.  Where an episode is reported with an Episode End Reason code of ‘1 – Patient/client death or bereavement phase end’, Referral Out – Service Type must be reported as ‘NA – Not applicable’.  **30 – Mental health professional/service**  Report the code appropriate for the referral service where known. Code 30 may be reported if a further level of detail is unknown. |
| **Validations** | E002 The field ‘<FieldName>’ (<Location>) is mandatory for this program/stream <Program/Stream>, but no value was supplied |
| **Related items** | Referral In Clinical Referral Date  Referral In Outcome  Referral In Service Type  Referral Out Date |

Administration

|  |  |
| --- | --- |
| **Purpose** | To assist in the analysis of patient/client flow and service planning. |
| **Principal users** | Department of Health |
| **Version history** | **Version Previous Name Effective Date**  7 Referral Out Service Type 2021/07/01  6 Referral Out Service Type 2018/07/01  5 Referral Out Service Type 2015/07/01  4 Referral Out Service Type 2014/07/01  3 Referral Out Service Type 2013/07/01  2 Referral Out Service Type 2012/07/01  1 Referral Out Service Type 2010/07/01 |
| **Definition source** | Department of Health |
| **Value domain source** | Department of Health |

# PART II: Transmission Data Elements

## Batch Control Identifier

|  |  |
| --- | --- |
| **Definition** | The mode of provision of the service during the contact.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Identifier 1 1 Not applicable |
| **Layout** | X(1-20) ***Size:*  Min. Max.**  1 20 |
| **Location** | **Transmission protocol HL7 Submission**  Send Batch BATCH (BHS.11) |
| **Reported by** | All programs, dependent on transmission protocol. |
| **Reported for** | Required for all HL7 Batches |
| **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:  Message Date/Time (All batch messages) |
| **Value domain** | Organisation generated. Individual sites may use their own alphabetic, numeric or alphanumeric coding system. |
| **Reporting guide** | It is permissible to utilise upper case or lower case ASCII alpha characters, digits 0 to 9, dashes, spaces or apostrophes. That is, ASCII hexadecimal values 20, 27, 2D, 41 through 5A inclusive, 61 through 7A inclusive. Identifiers are case-sensitive. |
| **Validations** | B004 Supplied Batch Control Identifier (<Batch Control ID> has been used previously (<PreviousSubmissionInfo>) |
| **Related items** | Message Date/Time |

Administration

|  |  |
| --- | --- |
| **Purpose** | To enable management of the VINAH MDS transmissions. |
| **Principal users** | VINAH MDS processing |
| **Version history** | **Version Previous Name Effective Date**  3 Batch Control Identifier 2010/07/01  2 Batch Control Identifier 2007/07/01  1 Batch Control Identifier 2005/07/01 |
| **Definition source** | Department of Health |
| **Value domain source** | Organisations |

## Contact Identifier

|  |  |
| --- | --- |
| **Definition** | An identifier, unique to a Contact across all programs within an organisation.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Identifer 1 1 Not applicable |
| **Layout** | X(1-15) ***Size:*  Min. Max.**  1 15 |
| **Location** | **Transmission protocol HL7 Submission**  Contact (insert) ADT\_A03 (PV1\PV1.19\CX.1)  Contact (update) ADT\_A08 (PV1\PV1.19\CX.1)  Contact (delete) ADT\_A13 (PV1\PV1.19\CX.1) |
| **Reported by** | All programs, dependent on transmission protocol. |
| **Reported for** | All contact 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:  Message Date/Time (All Contact messages) |
| **Value domain** | Organisation-generated. Individual sites may use their own alphabetic, numeric or alphanumeric coding system. |
| **Reporting guide** | It is permissible to utilise upper case or lower case ASCII alpha characters, digits 0 to 9, dashes, spaces or apostrophes. That is, ASCII hexadecimal values 20, 27, 2D, 41 through 5A inclusive, 61 through 7A inclusive. Identifiers are case-sensitive.  It is assumed that Contact Identifier has the same scope as Patient/Client Identifier.**Primary Key**  This data element is the Primary Key for the Contact.  **Use in Delete Messages**  Refer to Section 5 of this manual for further guidance on delete messages. |
| **Validations** | E050 Data Element ‘<element\_name>’ (<hl7\_location>) has no value but is part of the primary key for the <structure> record  E051 Cannot insert record, same Primary Key for data structure “<structure>” already exists (<conflict\_location>). Key fields: <pk\_expanded\_val>  E052 A <pk\_structure> message (<hl7\_message>) has been sent containing a reference to a “<fk\_structure>” record that has not been previously received and accepted. Key fields: <fk\_expanded>  E061 A <pk\_structure> message (<hl7\_message\_type>) was sent to either update or delete a record that has not been previously received and accepted. Key fields: <key\_expanded> |
| **Related items** | Episode Identifier  Local Identifier Assigning Authority  Message Date/Time  Patient/Client Identifier  Referral Identifier |

Administration

|  |  |
| --- | --- |
| **Purpose** | To enable management of the VINAH MDS transmissions. |
| **Principal users** | Department of Health |
| **Version history** | **Version Previous Name Effective Date**  4 Contact Identifier 2010/07/01  3 Contact/Client Service Event Identifier 2009/07/01  2 Contact/Client Service Event Identifier 2007/07/01  1 Contact/Client Service Event 2005/07/01 |
| **Definition source** | Department of Health |
| **Value domain source** | Health Services |

## Contact Person Name Type

|  |  |
| --- | --- |
| **Definition** | A code that represents the type of name.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Code 1 1 Not applicable |
| **Layout** | U ***Size:*  Min. Max.**  1 1 |
| **Location** | **Transmission protocol HL7 Submission**  Contact (insert) ADT\_A03 (PID.5\XPN.7)  Patient/Client (insert) ADT\_A04 (PID.5\XPN.7)  Contact (update) ADT\_A08 (PID.5\XPN.7)  Patient/Client (update) ADT\_A08 (PID.5\XPN.7)  Contact (delete) ADT\_A13 (PID.5\XPN.7)  Patient/Client (merge) ADT\_A40 (PID.5\XPN.7)  Episode (insert) PPP\_PCB (PID.5\XPN.7)  Episode (update) PPP\_PCC (PID.5\XPN.7)  Episode (delete) PPP\_PCD (PID.5\XPN.7)  Referral Out (insert) REF\_I12 (PID.5\XPN.7)  Referral Out (update) REF\_I13 (PID.5\XPN.7)  Referral Out (delete) REF\_I14 (PID.5\XPN.7)  Referral In (insert) RRI\_I12 (PID.5\XPN.7)  Referral In (update) RRI\_I13 (PID.5\XPN.7)  Referral In (delete) RRI\_I14 (PID.5\XPN.7) |
| **Reported by** | Complex Care (FCP)  Early Parenting Centre  Hospital Admission Risk Program  Infusion Therapy  Palliative Care  Palliative Care Consultancy  Post Acute Care  Residential In-Reach  Specialist Clinics (Outpatients)  Subacute Ambulatory Care Services  Transition Care Program  Victorian Artificial Limb Program  Victorian HIV and Sexual Health Services  Victorian Respiratory Support Service |
| **Reported for** | All 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:  Message Date/Time (All messages)  Referral In Received Date (Mandatory)  Referral In Receipt Acknowledgment Date (Mandatory)  Episode Start Date (Mandatory)  Episode Care Plan Documented Date (Mandatory)  First Contact Start Date/Time (Mandatory)  Second and Subsequent Contact Start Date/Time (Mandatory)  Episode End Date (Mandatory)  Patient/Client Death Date (Mandatory) |
| **Value domain** | Enumerated  Table identifier HL70200  **Code Descriptor**  L Legal Name  S Coded pseudo-name to ensure anonymity |
| **Reporting guide** | ‘L – Legal Name’ must only be reported when Contact Account Class is ‘VX – Department of Veterans’ Affairs (DVA)’ or ‘WC – WorkSafe Victoria’ or ‘TA – Transport Accident Commission (TAC)’. Otherwise report code ‘S – Coded pseudo-name to ensure anonymity’.  **Use in Delete Messages**  Refer to Section 5 of this manual for further guidance on delete messages. |
| **Validations** | General edits only, see Format. |
| **Related items** | Contact End Date/Time  Contact Start Date/Time  Episode Care Plan Documented Date  Episode End Date  Episode Start Date  Message Date/Time  Patient/Client Death Date  Referral In Receipt Acknowledgment Date  Referral In Received Date |

Administration

|  |  |
| --- | --- |
| **Purpose** | To enable analysis of data for utilisation patterns and funding purposes. |
| **Principal users** | Department of Health |
| **Version history** | **Version Previous Name Effective Date**  5 Contact Person Name Type 2010/07/01  4 Contact/Client Service Event Person Name Type 2009/07/01  3 Contact/Client Service Event Person Name Type 2008/07/01  2 Person Name Type 2007/07/01  1 Person Name Type Mode 2005/07/01 |
| **Definition source** | HL7 (Department of Health modified) |
| **Value domain source** | HL7 (Department of Health modified) |

## Contact Professional Group Sequence Number

|  |  |
| --- | --- |
| **Definition** | A number that identifies the Contact Professional Group transaction segment.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Repeatable Integer 1 1 Not applicable |
| **Layout** | N ***Size:*  Min. Max.** |
|  | 1 1 |
| **Location** | **Transmission protocol HL7 Submission**  Contact (insert) ADT\_A03 (ROL\ROL.1\EI.1)  Contact (update) ADT\_A08 (ROL\ROL.1\EI.1)  Contact (delete) ADT\_A13 (ROL\ROL.1\EI.1) |
| **Reported by** | Complex Care (FCP)  Early Parenting Centre  Hospital Admission Risk Program  Infusion Therapy  Palliative Care  Palliative Care Consultancy  Post Acute Care  Residential In-Reach  Specialist Clinics (Outpatients)  Subacute Ambulatory Care Services  Transition Care Program  Victorian Artificial Limb Program  Victorian HIV and Sexual Health Services  Victorian Respiratory Support Service |
| **Reported for** | All contacts completed in the current reporting period. |
| **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:  Message Date/Time (All Contact messages) |
| **Value domain** | A positive integer. |
| **Reporting guide** | For the first occurrence of the segment the sequence number shall be 1, for the second occurrence it shall be 2, etc.  Contact Professional Group (multiple values possible) is reported in the same repeatable segment (the ROL) as Contact Delivery Mode (only a single value possible). Contact Delivery Mode should take the same value in each repeating segment.  **Use in Delete Messages**  Refer to Section 5 of this manual for further guidance on delete messages. |
| **Validations** | General edits only, see Format. |
| **Related items** | Message Date/Time |

Administration

|  |  |
| --- | --- |
| **Purpose** | To enable management of the VINAH MDS transmissions. |
| **Principal users** | VINAH MDS processing. |
| **Version history** | **Version Previous Name Effective Date**  2 Contact Professional Group Sequence 2009/07/01  Number  1 Contact/Client Service Event Professional 2008/07/01  Group Sequence Number |
| **Definition source** | HL7 (Department of Health modified) |
| **Value domain source** | HL7 |

## Episode Identifier

|  |  |
| --- | --- |
| **Definition** | An identifier, unique to an Episode across all services within an organisation  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Identifier 1 1 Not applicable |
| **Layout** | X(1-15) ***Size:*  Min. Max.**  1 15 |
| **Location** | **Transmission protocol HL7 Submission**  Contact (insert) ADT\_A03 (PV1\PV1.5\CX.1)  Contact (update) ADT\_A08 (PV1\PV1.5\CX.1)  Contact (delete) ADT\_A13 (PV1\PV1.5\CX.1)  Episode (insert) PPP\_PCB (PV1\PV1.19\CX.1)  Episode (update) PPP\_PCC (PV1\PV1.19\CX.1)  Episode (delete) PPP\_PCD (PV1\PV1.19\CX.1)  Referral Out (insert) REF\_I12 (RF1\RF1.11\EI.1)  Referral Out (update) REF\_I13 (RF1\RF1.11\EI.1)  Referral Out (delete) REF\_I14 (RF1\RF1.11\EI.1) |
| **Reported by** | All programs, dependent on transmission protocol |
| **Reported for** | All episodes (primary key); all HL7 Referral Out messages (foreign key); all HL7 Contact messages (foreign key). |
| **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:  Message Date/Time (All Episode, Referral Out and Contact messages) |
| **Value domain** | Organisation generated. Individual sites may use their own alphabetic, numeric or alphanumeric coding system. |
| **Reporting guide** | It is permissible to utilise upper case or lower case ASCII alpha characters, digits 0 to 9, dashes, spaces or apostrophes. That is, ASCII hexadecimal values 20, 27, 2D, 41 through 5A inclusive, 61 through 7A inclusive. Identifiers are case-sensitive.  **Use in Delete Messages**  Refer to Section 5 of this manual for further guidance on delete messages.  **Primary Key**  This data element is the Primary Key for the Episode.  When reported using HL7 the primary key is reported in PV1.19\CX.1.  **Foreign Key – Contact**  This data element is used as a Foreign Key on the Contact.  When reported using HL7 the foreign key is reported in PV1.5\CX.  **Foreign Key – Referral Out**  This data element is used as a Foreign Key on the Referral Out.  When reported using HL7 the foreign key is reported in RF1.11\EI.1. |
| **Validations** | E050 Data Element ‘<element\_name>’ (<hl7\_location>) has no value but is part of the primary key for the <structure> record |
| **Related items** | Contact Identifier  Identifier Type  Local Identifier Assigning Authority  Message Date/Time  Patient/Client Identifier  Referral Identifier |

Administration

|  |  |
| --- | --- |
| **Purpose** | To enable management of the VINAH MDS transmissions. |
| **Principal users** | VINAH MDS processing. |
| **Version history** | **Version Previous Name Effective Date**  4 Episode Identifier 2010/07/01  3 Episode Identifier 2009/07/01  2 Episode Identifier 2007/07/01  1 Episode Identifier 2005/07/01 |
| **Definition source** | Department of Health |
| **Value domain source** | Organisation |

## Episode Pathway Type

|  |  |
| --- | --- |
| **Definition** | The nature of an event described by a date on a goal-oriented care pathway.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Repeatable code 1 No Limit Permitted |
| **Layout** | X(…) ***Size:*  Min. Max.**  2 5 |
| **Location** | **Transmission protocol HL7 Submission**  Episode (insert) PPP\_PCB (PTH\PTH.2\CE.1)  Episode (update) PPP\_PCC (PTH\PTH.2\CE.1)  Episode (delete) PPP\_PCD (PTH\PTH.2\CE.1) |
| **Reported by** | All programs, when required to bind part of a transmission to a specific data element |
| **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:  Message Date/Time (All Episode messages) |
| **Value domain** | Enumerated  Table identifier 990078  **Code Descriptor**  AB1 Episode First Appointment Booked Date  ACPA Episode Advance Care Directive Alert  CPD Episode Care Plan Documented Date  HD Episode Hospital Discharge Date  PNAB1 Episode Patient/Client Notified of First Appointment Date  RCD Episode Patient/Client Ready for Care Date  TCPTB Episode TCP Transition to Bed Based Care  TCPTH Episode TCP Transition to Home Based Care |
| **Reporting guide** | The same HL7 message segment field is used to send several different dates. This data element identifies which data element the field contains in a given message segment, binding the transmission field to the data element.  For backward compatibility purposes, if the value of this data element is Null, it will be assumed to mean “Episode Care Plan Documented Date”.  **AB1 – Episode First Appointment Booked Date**  Report this value when the date being transmitted is the date on which a patient/client was notified of the date of their first appointment.  **ACPA – Episode Advance Care Directive Alert**  Report this value when an advance care directive and/or medical treatment decision make has been recorded.  **CPD – Episode Care Plan Documented Date**  Report this value when the date being transmitted is the date on which a care plan was documented.  **PNAB1 – Episode Patient/Client Notified of First Appointment Date**  Report this value when the date being transmitted is the date for which a patient’s/client’s first appointment is booked.  **RCD – Episode Patient/Client Ready for Care Date**  Report this value when the date being transmitted is the date for which the patient client is ready for care  **TCPTB – Episode TCP Transition to Bed Based Care**  Report this value when the date being transmitted is an Episode TCP Care Transition Date on which a patient/client transitioned to bed-based care.  **TCPTH – Episode TCP Transition to Home Based Care**  Report this value when the date being transmitted is an Episode TCP Care Transition Date on which a patient/client transitioned to home-based care.  **Use in Delete Messages**  Refer to Section 5 of this manual for further guidance on delete messages. |
| **Validations** | General edits only, see Format. |
| **Related items** | Message Date/Time |

Administration

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| **Purpose** | To enable management of the VINAH MDS transmissions. |
| **Principal users** | Department of Health |
| **Version history** | **Version Previous Name Effective Date**  2 Episode Pathway Type 2019/07/01  1 Episode Pathway Type 2010/07/01 |
| **Definition source** | HL7 (Department of Health modified) |
| **Value domain source** | Department of Health |

## File Processing Directive

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| **Definition** | A string of text that instructs the VINAH MDS validation engine to process a submission file in a particular fashion.  **Repeats: Min. Max. Duplicate** |
| **Form** | Repeatable Structured List 1 No limit Not allowed |
| **Layout** | X(...) ***Size:*  Min. Max.**  0 64 |
| **Location** | **Transmission protocol HL7 Submission**  Send File FILE (FHS.10) |
| **Reported by** | All programs, dependent on transmission protocol. |
| **Reported for** | All file 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:  Message Date/Time (All file messages) |
| **Value domain** | The processing hint list items are described in the Reporting Guide.  Table identifier 990040  **List Item**  GetEpisodeContactAudit=True;  HTMLReport=True;  PurgeAfterLoad=True;  PurgeKey=<purge\_key>;  PurgeSubID=<sub\_id>;  StopOnFirstFailedBatch=True;  SubmissionHistory=True;  OrgMsgHistoryReport=True;  OrgSubHistoryReport=True;  RecordTransactionReport=True; |
| **Reporting guide** | If submitting multiple processing hints, concatenate the list items together without spaces or HL7 repeating delimiters.  **GetEpisodeContactAudit=True;**  This option returns an XML document providing a list, for data that has been accepted into the VINAH MDS, of patient identifiers, the earliest and most recent contact dates and the number of contacts for each patient identifier and episode identifier.  **HTMLReport=True;**  This option returns an additional submission report containing the same data as the XML submission report, but transformed into an HTML document that can be read more easily by a user.  **PurgeAfterLoad=True;**  This option allows immediate deletion of a submission from the VINAH MDS data store.  **PurgeKey=<purge\_key>;**  Contains the Purge Key to be used when submitting a roll-back transmission. Must be used with PurgeSubID.  **PurgeSubID=<sub\_id>;**  Contains the Purge Sub ID to be used when submitting a roll-back transmission. Must be used with PurgeKey.  **StopOnFirstFailedBatch=True;**  This option will cause the termination of the VINAH MDS validation process for a file at the first instance of a validation being triggered within a batch. Note that the failed batch will be processed in its entirety, meaning there may be more than one error returned. However subsequent batches will not be validated or acknowledged. As a result, the validation report will not include any acceptance information for batches beyond the first failed batch. The use of this option automatically implies the PurgeAfterLoad directive; no data will be committed regardless of the validity of the file. This option is only for use when testing VINAH MDS submissions during change cycles, or by prior arrangement with the Department.  **SubmissionHistory=True;**  This option returns an XML document which provides a history of submissions that were processed by the VINAH MDS Validation Engine for the current user account. |
| **Validations** | X001 Submission <filename> was successfully purged from the VINAH System  X002 Submission <filename> was not successfully purged – incorrect TargetEnvironment/Filename/SubID/HealthService/UserName/PurgeKey combination  X003 Submission <filename> has already been purged after the initial load, due to the PurgeAfterLoad=True instruction on the original submission  X004 Submission <filename> could not be purged as it is not the last file submitted for this health service. Only the last existing file for a health service can be purged. |
| **Related items** | File Identifier  File Name  File Purge Key  File Purged After Processing Indicator  Message Date/Time |

Administration

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| **Purpose** | To enable management of the VINAH MDS transmissions. |
| **Principal users** | Department of Health |
| **Version history** | **Version Previous Name Effective Date**  2 File Processing Directive 2010/07/01 |
| **Definition source** | Department of Health |
| **Value domain source** | Department of Health |

## File Reference Period End Date

|  |  |
| --- | --- |
| **Definition** | A date indicating the end of the period for which the data is being reported.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Date 1 1 Not applicable |
| **Layout** | YYYYMMDD ***Size:*  Min. Max.** |
| **Location** | **Transmission protocol HL7 Submission**  Send file FILE (FHS.11) |
| **Reported by** | All VINAH MDS transmissions. |
| **Reported for** | All file 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:  File Processing End Date/Time (Mandatory) |
| **Value domain** | Valid date. |
| **Reporting guide** | The File Reference Period End Date indicates the end date for the period of data included in the submission file. This will generally be the end date used when data is extracted from the vendor system.  Where the submission file is a resubmission of the same date range as a previous file, the File Reference Period End Date may be the same as the File Reference Period End Date in the previous file. The File Reference Period End Date cannot be a date prior to a File Reference Period End Date previously reported (and not subsequently purged).  If the submission is a purge file, the File Reference Period End Date should be the same as the value submitted in the file that is being purged. |
| **Validations** | E005 Invalid Code Supplied (‘<CodeSupplied>’) for field ‘<FieldName>’ (<Location>). Value must exist in code table <CodeTable> and be valid for this program/stream <ProgramStream> |
| **Related items** | File Processing End Date/Time |

Administration

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| **Purpose** | To enable management of the VINAH MDS transmissions. |
| **Principal users** | VINAH MDS processing Department of Health. |
| **Version history** | **Version Previous Name Effective Date**  2 File Reference Period End Date 2010/07/01  1 File Reference Period End Date 2008/07/01 |
| **Definition source** | Department of Health |
| **Value domain source** | ISO8601:2000 |

## File Sending Application

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| --- | --- |
| **Definition** | A code that identifies the application used to generate the VINAH MDS submission.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Code 1 1 Not applicable |
| **Layout** | XXX[XX] ***Size:*  Min. Max.**  3 5 |
| **Location** | **Transmission protocol HL7 Submission**  Send File FILE (FHS.3) |
| **Reported by** | All programs, dependent on transmission protocol |
| **Reported for** | All file 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:  Message Date/Time (All file messages) |
| **Value domain** | Enumerated  Table identifier HL70361  **Code Descriptor**  ACARS Dedalus  ADC Ascribe  CERN Cerner  DAVEM Data Agility VINAH Extract Manager  DC2VUE Data Capture Experts  DEQ Dynamic Equilibrium  ECP eClinic PalCare  EPIC EPIC  EPS episoft  FIXUS FIXUS  GLH Global Health  HMS Health Management Systems  HOM CSC HOMER  HRA Health service internal repository A  i.PM DXC  IBA DXC  IPM iSoft iPatient Manager  MTE Medtech  PJB PJB Data Manager  TCM Database Consultants Australia The Care Manager  TKC TrakHealth TrakCare  UNITI Uniti |
| **Reporting guide** | If there is no appropriate code for your extraction or submission application, please contact the HDSS Help Desk to discuss an appropriate code allocation.  HRA – Health service internal repository A  Code HRA should be reported in situations where a health service has an internally developed data repository that accepts data feeds from multiple source systems and then generates a VINAH MDS data transmission. In the event that a health service has multiple repositories that fit this definition, please contact the HDSS Help Desk for additional code assignments. |
| **Validations** | F007 Code '<CodeSupplied>' for field '<Field Sending Application>' does not exist in the code table 'HL70361 |
| **Related items** | Identifier Type  Local Identifier Assigning Authority  Message Date/Time |

Administration

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| **Purpose** | To assist with the management of the VINAH MDS transmissions and data compliance. |
| **Principal users** | VINAH MDS processing. |
| **Version history** | **Version Previous Name Effective Date**  2 File Sending Application 2010/07/01 |
| **Definition source** | Department of Health |
| **Value domain source** | Department of Health |

## Identifier Type

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| **Definition** | A code corresponding to the type of identifier. In some episodes, this code may be used as a qualifier to the 'Assigning authority' component.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Code 1 1 Not applicable |
| **Layout** | U[U] ***Size:*  Min. Max.**  1 2 |
| **Location** | **Transmission protocol HL7 Submission**  Contact Identifier  Contact (insert) ADT\_A03 (PV1\PV1.19\CX.5)  Contact (update) ADT\_A08 (PV1\PV1.19\CX.5)  Contact (delete) ADT\_A13 (PV1\PV1.19\CX.5)  Patient/Client Identifier  Contact (insert) ADT\_A03 (PID\PID.3\CX.5)  Patient/Client (insert) ADT\_A04 (PID\PID.3\CX.5)  Contact (update) ADT\_A08 (PID\PID.3\CX.5)  Patient/Client (update) ADT\_A08 (PID\PID.3\CX.5)  Contact (delete) ADT\_A13 (PID\PID.3\CX.5)  Patient/Client (merge) ADT\_A40 (PID\PID.3\CX.5)  Episode (insert) PPP\_PCB (PID\PID.3\CX.5  Episode (update) PPP\_PCC (PID\PID.3\CX.5  Episode (delete) PPP\_PCD (PID\PID.3\CX.5)  Referral Out (insert) REF\_I12 (PID\PID.3\CX.5)  Referral Out (update) REF\_I13 (PID\PID.3\CX.5)  Referral Out (delete) REF\_I14 (PID\PID.3\CX.5)  Referral In (insert) RRI\_I12 (PID\PID.3\CX.5)  Referral In (update) RRI\_I13 (PID\PID.3\CX.5)  Referral In (delete) RRI\_I14 (PID\PID.3\CX.5)  Episode Identifier  Episode (insert) PPP\_PCB (PV1\PV1.19\CX.5)  Episode (update) PPP\_PCC (PV1\PV1.19\CX.5)  Episode (delete) PPP\_PCD (PV1\PV1.19\CX.5) |
| **Reported by** | All programs, dependent on transmission protocol |
| **Reported for** | All patient/client 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:  Message Date/Time (All messages except Referral In messages that do not lead to an Episode) |
| **Value domain** | Enumerated  Table identifier HL70203  **Code Descriptor**  A Area/region/district  E Externally assigned identifier  L Local  VN Visit number |
| **Reporting guide** | Identifier Type appears in the VINAH MDS transmissions whenever a CX composite field is called for in a PID or MRG message segment, specifically in CX.5 (IdentifierTypeCode), in order to give context to the value transmitted in CX.1 (ID).  The CX is used in the PID and MRG Message Segments.  In the PID it is used to transmit the Person Identifier, DVA File Number, TAC Claim Number and VWA File Number.  In the MRG it appears in MRG.1 to transmit the list of Patient Prior Identifiers to be merged with the Patient Identifier being specified in the ADTA40 message.  For a complete picture, it is worth noting that the CX.4 (AssigningAuthority) field will take its value from one of three different reference tables, depending on the value of the Identifier Type in CX.5, as noted below.  **Interaction between Identifier Type and Local Identifier Assigning Authority**  Message Segment = PID.3 (Patient/Client) or MRG.1 (Patient/Client)  If Identifier Type (CX.5) value = E (Externally assigned identifier such as TAC Claim Number, Medicare Number, etc.)  Then  Assigning Authority (CX.4) contains value from table = HL70363  Identifier Type (CX.5) value = A (Indicates identifier is unique within the organisation)  Then  Assigning Authority (CX.4) contains value from table = HL70363 Organisation Identifier.  If Identifier Type (CX.5) value = L (Indicates identifier is NOT unique within the organisation)  Then  Assigning Authority (CX.4) contains value from table = HL70300 or HL70361 ( or both, concatenated)  **Use in Referral In Messages**  Patient/Client Identifier and the associated values of Identifier Type and Local Identifier Assigning Authority may be left null in Referral In messages. However, if transmitted, they must identify a registered patient or client.  **Prefixing Identifiers**  The Identifier Type is relevant only to Patient Identifiers. To uniquely identify other Identifiers across campuses and/or vendor systems, services may choose to prefix identifiers with a unique code. The code may indicate the vendor system, or program area, or other assigner or combination of assigners.  Codes can be created according to the requirements of the service and are not validated.  Prefixing identifiers ensures that data will not be overwritten or interfere with identifiers sent from other vendor systems or campuses if identifiers are not unique across all systems in the service.  **Use in Delete Messages**  Refer to Section 5 of this manual for further guidance on delete messages. |
| **Validations** | E001 The field '<FieldName>' (<Location>) is mandatory, but no value was supplied  E050 Data Element ‘<element\_name>’ (<hl7\_location>) has no value but is part of the primary key for the <structure> record  E051 Cannot insert record, same Primary Key for data structure "<structure>" already exists (<conflict\_location>). Key fields: <pk\_expanded\_val> |
| **Related items** | Batch Control Identifier  Contact Identifier  Contact TAC Claim Number  Contact VWA File Number  Episode Identifier  File Sending Application  Local Identifier Assigning Authority  Message Date/Time  Organisation Identifier  Patient/Client DVA File Number  Patient/Client Identifier  Patient/Client Prior Identifier  Referral Identifier |

Administration

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| **Purpose** | To enable management of the VINAH MDS transmissions. |
| **Principal users** | VINAH MDS processing Department of Health |
| **Version history** | **Version Previous Name Effective Date**  6 Identifier Type 2012/07/01  5 Identifier Type 2009/11/01  4 Identifier Type 2010/07/01  3 Identifier Type 2009/07/01  2 Identifier Type 2008/07/01 |
| **Definition source** | HL7, NHDD, Department of Health |
| **Value domain source** | HL7, NHDD 000841, Department of Health |

## Local Identifier Assigning Authority

|  |  |
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| **Definition** | The assigning authority is a unique code identifying the system (or organisation or agency or department) that created the local identifier.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Structured Code 1 1 Not applicable |
| **Layout** | [UUU]XXX ***Size:*  Min. Max.**  3 6 |
| **Location** | **Transmission protocol HL7 Submission**  Contact (insert) ADT\_A03 (PID\PID.3\CX.4\HD.1)  Patient/Client (insert) ADT\_A04 (PID\PID.3\CX.4\HD.1)  Contact (update) ADT\_A08 (PID\PID.3\CX.4\HD.1)  Patient/Client (update) ADT\_A08 (PID\PID.3\CX.4\HD.1)  Contact (delete) ADT\_A13 (PID\PID.3\CX.4\HD.1)  Patient/Client (merge) ADT\_A40 (PID\PID.3\CX.4\HD.1)  Episode (insert) PPP\_PCB (PID\PID.3\CX.4\HD.1)  Episode (update) PPP\_PCC (PID\PID.3\CX.4\HD.1)  Episode (delete) PPP\_PCD (PID\PID.3\CX.4\HD.1)  Referral Out (insert) REF\_I12 (PID\PID.3\CX.4\HD.1)  Referral Out (update) REF\_I13 (PID\PID.3\CX.4\HD.1)  Referral Out (delete) REF\_I14 (PID\PID.3\CX.4\HD.1)  Referral In (insert) RRI\_I12 (PID\PID.3\CX.4\HD.1)  Referral In (update) RRI\_I13 (PID\PID.3\CX.4\HD.1)  Referral In (delete) RRI\_I14 (PID\PID.3\CX.4\HD.1) |
| **Reported by** | All programs, dependent on transmission protocol |
| **Reported for** | All 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:  Message Date/Time (All messages) |
| **Value domain** | See reporting guide, below. Refer to Table HL70300 in Section 9: Code Lists for Local Assigning Authority codes based on Geographic or Organisational bases.  Refer to Table HL70361, below for prefix codes based on software system. Refer to Table HL70363 for codes based on external assigning authorities. |
| **Reporting guide** | When included as part of the identifier for a person this code should identify the establishment assigning the Person Identifier to the client. For example, if a care provider uses identifiers generated by the Patient Master Index of a particular establishment, the code reported in this data element should be the identifier allocated to that establishment.  The Identifier Type indicates the level at which the indicator has been assigned. If the Identifier Type is ‘A’ (the identifier is unique to the organisation), the Local Identifier Assigning Authority takes the value of the Organisation Identifier (table HL70362). If the Identifier Type is ‘L’ (the identifier is not unique to the organisation), the Local Assigning Authority identifies the party who allocated the Identifier.  A value from the Local Identifier Assigning Authority codeset (table HL70300 or HL70361, or both concatenated). If the Identifier has been allocated by an external organisation (Identifier Type = ‘E’) the Local Assigning Authority is an appropriate value from table HL70363.  The value domain for this data element was generated on the assumption that values would be assigned at a local establishment level, that is, on a geographic or organisational basis. However, in the event that this is not an accurate reflection of the situation at a given organisation, for example where there are multiple systems that use common identifiers across multiple establishments but do not share the identifiers between systems.  To this end additional codes have been created for this data element allowing vendors to specify their system as the assigning authority by prefixing or replacing the geographic/organisationally-based code with a 3-character code. If you are a software vendor and wish to take up this option, but there is no appropriate code, please contact the HDSS Help Desk to discuss an appropriate code allocation.  **Layout**  Part 1: Three character software system code.  Layout: AAA  Part 2: Geographic or organisationally-based code  Layout: XXX  For example, valid codes for Test Hospital (code '500') reporting a local identifier from Test System (code 'XXX') could be XXX, XXX500 or 500.  This supports a situation where separate systems are in place in different locations (for example system AAA for HARP programs at locations 111 and 222 and system BBB for SACS programs also at locations 111 and 222) and the systems can neither communicate common identifiers between different sites or each other.  **Use in Referral In Messages**  Patient/Client Identifier and the associated values of Identifier Type and Local Identifier Assigning Authority may be left null in Referral In messages. However, if transmitted, they must identify a registered patient or client.  **Use in Delete Messages**  Refer to Section 5 of this manual for further guidance on delete messages. |
| **Validations** | E001 The field '<FieldName>' (<Location>) is mandatory, but no value was supplied  E050 Data Element ‘<element\_name>’ (<hl7\_location>) has no value but is part of the primary key for the <structure> record  E051 Cannot insert record, same Primary Key for data structure "<structure>" already exists (<conflict\_location>). Key fields: <pk\_expanded\_val> |
| **Related items** | Contact Identifier  Episode Identifier  File Sending Application  Identifier Type  Message Date/Time  Organisation Identifier  Patient/Client Identifier  Referral Identifier |

Administration

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| **Purpose** | To enable management of the VINAH MDS transmissions. |
| **Principal users** | Department of Health |
| **Version history** | **Version Previous Name Effective Date**  5 Local Identifier Assigning Authority 2012/07/01  4 Local Identifier Assigning Authority 2010/07/01  3 Local Identifier Assigning Authority 2009/07/01  2 Local Identifier Assigning Authority 2007/07/01  1 Local Identifier Assigning Authority 2005/07/01 |
| **Definition source** | HL7 (Department of Health modified) |
| **Value domain source** | Department of Health |

## Message Accept Acknowledgement Code

|  |  |
| --- | --- |
| **Definition** | A code that identifies the conditions under which accept or application acknowledgments are required to be returned in response to this message.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Code 1 1 Not applicable |
| **Layout** | UU ***Size:*  Min. Max.**  2 2 |
| **Location** | **Transmission protocol HL7 Submission**  Contact (insert) ADT\_A03 (MSH.15)  Patient/Client (insert) ADT\_A04 (MSH.15)  Contact (update) ADT\_A08 (MSH.15)  Patient/Client (update) ADT\_A08 (MSH.15)  Contact (delete) ADT\_A13 (MSH.15)  Patient/Client (merge) ADT\_A40 (MSH.15)  Episode (insert) PPP\_PCB (MSH.15)  Episode (update) PPP\_PCC (MSH.15)  Episode (delete) PPP\_PCD (MSH.15)  Referral Out (insert) REF\_I12 (MSH.15)  Referral Out (update) REF\_I13 (MSH.15)  Referral Out (delete) REF\_I14 (MSH.15)  Referral In (insert) RRI\_I12 (MSH.15)  Referral In (update) RRI\_I13 (MSH.15)  Referral In (delete) RRI\_I14 (MSH.15) |
| **Reported by** | All programs, dependent on transmission protocol |
| **Reported for** | All 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:  Message Date/Time (All messages) |
| **Value domain** | Enumerated  Table identifier HL70155  **Code Descriptor**  NE Never |
| **Reporting guide** | 'NE - Never' is the only value from the HL7 data definition table accepted by the VINAH MDS validation engine.  **Use in Delete Messages**  Refer to Section 5 of this manual for further guidance on delete messages. |
| **Validations** | General edits only, see Format. |
| **Related items** | Message Date/Time |

Administration

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| **Purpose** | VINAH processing Department of Health |
| **Principal users** | Department of Health |
| **Version history** | **Version Previous Name Effective Date**  4 Message Accept Acknowledgement Code 2010/07/01  3 Message Accept Acknowledgement Code 2009/07/01  2 Message Accept Acknowledgement Code 2007/07/01  1 Message Accept Acknowledgement Code 2005/07/01 |
| **Definition source** | HL7, Department of Health |
| **Value domain source** | HL7 |

## Message Action Code

|  |  |
| --- | --- |
| **Definition** | A code identifying the intent of the message; whether to add, update, correct, and delete from the record pathways that are utilised to address an individual’s health care  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Code 1 1 Not applicable |
| **Layout** | UU ***Size:*  Min. Max.**  2 2 |
| **Location** | **Transmission protocol HL7 Submission**  Episode (insert) PPP\_PCB (PTH.1)  Episode (update) PPP\_PCC (PTH.1)  Episode (delete) PPP\_PCD (PTH.1) |
| **Reported by** | All programs, dependent on transmission protocol |
| **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:  Message Date/Time (All Episode messages) |
| **Value domain** | Enumerated  Table identifier HL70287  **Code Descriptor**  AD Add  DE Delete  UP Update |
| **Reporting guide** | The VINAH MDS update protocols are implemented at message level so the value of this item is implicit in the message type being sent, as described below.  These codes are the only values from the HL7 data definition table accepted by the VINAH MDS Validation Engine.  Note that this value will not instruct the VINAH MDS Validation Engine on how to process a record; it is used only to audit the intended action the record will have on the VINAH MDS system.  **AD - Add**  Report code 'AD' when opening an Episode or reporting a completed Contact, that is: in the PPPPCB and ADTA03 messages.  **DE - Delete**  Report code 'DE' when deleting an Episode or Contact, that is: PPPPCD or ADTA13.  **UP - Update**  Report code 'UP' when updating or closing an Episode, that is: in the PPPPCC and in the Contact messages ADTA03, ADTA13.  **Use in Delete Messages**  Refer to Section 5 of this manual for further guidance on delete messages. |
| **Validations** | General edits only, see Format. |
| **Related items** | Message Date/Time |

Administration

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| --- | --- |
| **Purpose** | To enable management of the VINAH MDS transmissions. |
| **Principal users** | VINAH MDS processing Department of Health |
| **Version history** | **Version Previous Name Effective Date**  4 Message Action Code 2010/07/01  3 Message Action Code 2009/07/01  2 Message Action Code 2007/07/01  1 Message Action Code 2005/07/01 |
| **Definition source** | HL7, Department of Health |
| **Value domain source** | HL7 |

## Message Character Set Code

|  |  |
| --- | --- |
| **Definition** | A code that specifies the character set used for the entire HL7 message  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Code 1 1 Not applicable |
| **Layout** | UUUUU ***Size:*  Min. Max.**  5 5 |
| **Location** | **Transmission protocol HL7 Submission**  Contact (insert) ADT\_A03 (MSH.18)  Patient/Client (insert) ADT\_A04 (MSH.18)  Contact (update) ADT\_A08 (MSH.18)  Patient/Client (update) ADT\_A08 (MSH.18)  Contact (delete) ADT\_A13 (MSH.18)  Patient/Client (merge) ADT\_A40 (MSH.18)  Episode (insert) PPP\_PCB (MSH.18)  Episode (update) PPP\_PCC (MSH.18)  Episode (delete) PPP\_PCD (MSH.18)  Referral Out (insert) REF\_I12 (MSH.18)  Referral Out (update) REF\_I13 (MSH.18)  Referral Out (delete) REF\_I14 (MSH.18)  Referral In (insert) RRI\_I12 (MSH.18)  Referral In (update) RRI\_I13 (MSH.18)  Referral In (delete) RRI\_I14 (MSH.18) |
| **Reported by** | All programs, dependent on transmission protocol |
| **Reported for** | All 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:  Message Date/Time (All messages) |
| **Value domain** | Enumerated  Table identifier HL70211 |
| **Reporting guide** | All transmissions to the VINAH MDS must use the 7-bit ASCII character set.  **Use in Delete Messages**  Refer to Section 5 of this manual for further guidance on delete messages. |
| **Validations** | F005 Illegal extended ASCII Character supplied (Code <ASCIICode>) at position <Position> in File. File may only contain 7-bit ASCII characters. |
| **Related items** | Message Date/Time |

Administration

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| --- | --- |
| **Purpose** | To enable management of the VINAH MDS transmissions. |
| **Principal users** | VINAH MDS processing |
| **Version history** | **Version Previous Name Effective Date**  4 Message Character Set Code 2010/07/01  3 Message Character Set Code 2009/07/01  2 Message Character Set Code 2007/07/01  1 Message Character Set Code 2005/07/01 |
| **Definition source** | HL7 |
| **Value domain source** | HL7 |

## Message Control Identifier

|  |  |
| --- | --- |
| **Definition** | A unique message identifier for a message across applications within an organisation.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Identifier 1 1 Not applicable |
| **Layout** | X(1-20) ***Size:*  Min. Max.**  1 20 |
| **Location** | **Transmission protocol HL7 Submission**  Contact (insert) ADT\_A03 (MSH.10)  Patient/Client (insert) ADT\_A04 (MSH.10)  Contact (update) ADT\_A08 (MSH.10)  Patient/Client (update) ADT\_A08 (MSH.10)  Contact (delete) ADT\_A13 (MSH.10)  Patient/Client (merge) ADT\_A40 (MSH.10)  Episode (insert) PPP\_PCB (MSH.10)  Episode (update) PPP\_PCC (MSH.10)  Episode (delete) PPP\_PCD (MSH.10)  Referral Out (insert) REF\_I12 (MSH.10)  Referral Out (update) REF\_I13 (MSH.10)  Referral Out (delete) REF\_I14 (MSH.10)  Referral In (insert) RRI\_I12 (MSH.10)  Referral In (update) RRI\_I13 (MSH.10)  Referral In (delete) RRI\_I14 (MSH.10) |
| **Reported by** | All programs, dependent on transmission protocol |
| **Reported for** | All HL7 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:  Message Date/Time (All messages) |
| **Value domain** | Organisation generated. Individual sites may use their own alphabetic, numeric or alphanumeric coding system. |
| **Reporting guide** | It is permissible to utilise upper case or lower case ASCII alpha characters, digits 0 to 9, dashes, spaces or apostrophes. That is, ASCII hexadecimal values 20, 27, 2D, 41 through 5A inclusive, 61 through 7A inclusive. Identifiers are case-sensitive.  **Use in Delete Messages**  Refer to Section 5 of this manual for further guidance on delete messages. |
| **Validations** | HL7011 Message Control Identifier <MCID> has already been allocated to a previous message |
| **Related items** | Message Date/Time |

Administration

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| --- | --- |
| **Purpose** | To enable management of the VINAH MDS transmissions. |
| **Principal users** | VINAH MDS processing. |
| **Version history** | **Version Previous Name Effective Date**  4 Message Control Identifier 2010/07/01  3 Message Control Identifier 2009/07/01  2 Message Control Identifier 2007/07/01  1 Message Control Identifier 2005/07/01 |
| **Definition source** | Department of Health |
| **Value domain source** | Organisation |

## Message Date/Time

|  |  |
| --- | --- |
| **Definition** | The date and time that the sending system created the HL7 message. If the time zone is specified, it will be used throughout the message as the default time zone*.*  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Date and Time 1 1 Not applicable |
| **Layout** | YYYYMMDD[hhmmss] ***Size:*  Min. Max.** |
| **Location** | **Transmission protocol HL7 Submission**  Contact (insert) ADT\_A03 (MSH.7\TS.1)  Patient/Client (insert) ADT\_A04 (MSH.7\TS.1)  Contact (update) ADT\_A08 (MSH.7\TS.1)  Patient/Client (update) ADT\_A08 (MSH.7\TS.1)  Contact (delete) ADT\_A13 (MSH.7\TS.1)  Patient/Client (merge) ADT\_A40 (MSH.7\TS.1)  Episode (insert) PPP\_PCB (MSH.7\TS.1)  Episode (update) PPP\_PCC (MSH.7\TS.1)  Episode (delete) PPP\_PCD (MSH.7\TS.1)  Referral Out (insert) REF\_I12 (MSH.7\TS.1)  Referral Out (update) REF\_I13 (MSH.7\TS.1)  Referral Out (delete) REF\_I14 (MSH.7\TS.1)  Referral In (insert) RRI\_I12 (MSH.7\TS.1)  Referral In (update) RRI\_I13 (MSH.7\TS.1)  Referral In (delete) RRI\_I14 (MSH.7\TS.1) |
| **Reported by** | All programs, dependent on transmission protocol |
| **Reported for** | All HL7 messages |
| **Reported when** | All programs, not elsewhere specified |
| **Value domain** | A valid date and time. |
| **Reporting guide** | See Message Set Representation in Section 5 of this manual for more details on specification of dates and times.  **Use in Delete Messages**  Refer to Section 5 of this manual for further guidance on delete messages. |
| **Validations** | General edits only, see Format. |
| **Related items** | Message Control Identifier |

Administration

|  |  |
| --- | --- |
| **Purpose** | To enable management of the VINAH MDS transmissions. |
| **Principal users** | VINAH MDS processing Department of Health. |
| **Version history** | **Version Previous Name Effective Date**  4 Message Date/Time 2010/07/01  3 Message Date and Time 2009/07/01  2 Message Date and Time 2007/07/01  1 Message Date and Time 2005/07/01 |
| **Definition source** | HL7 |
| **Value domain source** | ISO8601:2000 |

## Message Origin Country Code

|  |  |
| --- | --- |
| **Definition** | A code that identifies the country of origin for the message.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Code 1 1 Not applicable |
| **Layout** | UU[U] ***Size:*  Min. Max.**  2 3 |
| **Location** | **Transmission protocol HL7 Submission**  Contact (insert) ADT\_A03 (MSH.17)  Patient/Client (insert) ADT\_A04 (MSH.17)  Contact (update) ADT\_A08 (MSH.17)  Patient/Client (update) ADT\_A08 (MSH.17)  Contact (delete) ADT\_A13 (MSH.17)  Patient/Client (merge) ADT\_A40 (MSH.17)  Episode (insert) PPP\_PCB (MSH.17)  Episode (update) PPP\_PCC (MSH.17)  Episode (delete) PPP\_PCD (MSH.17)  Referral Out (insert) REF\_I12 (MSH.17)  Referral Out (update) REF\_I13 (MSH.17)  Referral Out (delete) REF\_I14 (MSH.17)  Referral In (insert) RRI\_I12 (MSH.17)  Referral In (update) RRI\_I13 (MSH.17)  Referral In (delete) RRI\_I14 (MSH.17) |
| **Reported by** | All programs, dependent on transmission protocol |
| **Reported for** | All HL7 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:  Message Date/Time (All messages) |
| **Value domain** | Enumerated  Table identifier HL70399  **Code Descriptor**  AU Australia (two character form)  AUS Australia (three character form) |
| **Reporting guide** | HL7 specifies that the three-character (alphabetic) form be used for the country code. The VINAH MDS also accepts the two-character alphabetic form. Australia (code 'AU' or code 'AUS') is the only acceptable value.  This data element should not be confused with Patient/Client Birth Country, which uses the ABS SACC code set.  **Use in Delete Messages**  Refer to Section 5 of this manual for further guidance on delete messages. |
| **Validations** | General edits only, see Format. |
| **Related items** | Message Date/Time |

Administration

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| --- | --- |
| **Purpose** | To enable management of the VINAH MDS transmissions. |
| **Principal users** | VINAH MDS processing. |
| **Version history** | **Version Previous Name Effective Date**  4 Message Origin Country Code 2010/07/01  3 Message Origin Country Code 2009/07/01  2 Message Origin Country Code 2007/07/01  1 Message Origin Country Code 2005/07/01 |
| **Definition source** | HL7 |
| **Value domain source** | ISO 3166 |

## Message Processing Identifier

|  |  |
| --- | --- |
| **Definition** | A code indicating whether to process the message as defined in HL7 Application (level 7) processing rules; it defines whether the message is part of a production, training, or debugging system.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Code 1 1 Not applicable |
| **Layout** | U ***Size:*  Min. Max.**  1 1 |
| **Location** | **Transmission protocol HL7 Submission**  Contact (insert) ADT\_A03 (MSH.11\PT.1)  Patient/Client (insert) ADT\_A04 (MSH.11\PT.1)  Contact (update) ADT\_A08 (MSH.11\PT.1)  Patient/Client (update) ADT\_A08 (MSH.11\PT.1)  Contact (delete) ADT\_A13 (MSH.11\PT.1)  Patient/Client (merge) ADT\_A40 (MSH.11\PT.1)  Episode (insert) PPP\_PCB (MSH.11\PT.1)  Episode (update) PPP\_PCC (MSH.11\PT.1)  Episode (delete) PPP\_PCD (MSH.11\PT.1)  Referral Out (insert) REF\_I12 (MSH.11\PT.1)  Referral Out (update) REF\_I13 (MSH.11\PT.1)  Referral Out (delete) REF\_I14 (MSH.11\PT.1)  Referral In (insert) RRI\_I12 (MSH.11\PT.1)  Referral In (update) RRI\_I13 (MSH.11\PT.1)  Referral In (delete) RRI\_I14 (MSH.11\PT.1) |
| **Reported by** | All programs, dependent on transmission protocol |
| **Reported for** | All 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:  Message Date/Time (All messages) |
| **Value domain** | Enumerated  Table identifier HL70103  **Code Descriptor**  D Debugging  P Production  T Training |
| **Reporting guide** | This value should vary depending on whether the interface is in development, test or production mode. However validation will not fail if, for example, Processing Identifier is set to 'P' when a message is sent to the test environment.  **Use in Delete Messages**  Refer to Section 5 of this manual for further guidance on delete messages. |
| **Validations** | General edits only, see Format. |
| **Related items** | Message Date/Time |

Administration

|  |  |
| --- | --- |
| **Purpose** | To enable management of the VINAH MDS transmissions |
| **Principal users** | VINAH MDS processing. |
| **Version history** | **Version Previous Name Effective Date**  4 Message Processing Identifier 2010/07/01  3 Processing Identifier 2009/07/01  2 Processing Identifier 2007/07/01  1 Processing Identifier 2005/07/01 |
| **Definition source** | HL7, Department of Health |
| **Value domain source** | HL7 |

## Message Type

|  |  |
| --- | --- |
| **Definition** | A HL7 message is the atomic unit of data transferred between systems.  Each message has a message type that defines its purpose, a real-world trigger event that initiates an exchange of messages, and an abstract internal structure of segments and fields that define how the message is assembled.  This data element is composed of these three components that define the type of message.  The first component is the message type code defined by HL7 Table 0076 - Message type.  The second component is the trigger event code defined by HL7 Table 0003 - Event type.  The third component is the abstract message structure code defined by HL7 Table 0354 - Message structure.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Structured Code 1 1 Not applicable |
| **Layout** | UUU ***Size:*  Min. Max.**   1. 3 |
| **Location** | **Transmission protocol HL7 Submission**  Contact (insert) ADT\_A03 (MSH.9\MSG.1)  Contact (insert) ADT\_A03 (MSH.9\MSG.2)  Contact (insert) ADT\_A03 (MSH.9\MSG.3)  Patient/Client (insert) ADT\_A04 (MSH.9\MSG.1)  Patient/Client (insert) ADT\_A04 (MSH.9\MSG.2)  Patient/Client (insert) ADT\_A04 (MSH.9\MSG.3)  Contact (update) ADT\_A08 (MSH.9\MSG.1)  Contact (update) ADT\_A08 (MSH.9\MSG.2)  Contact (update) ADT\_A08 (MSH.9\MSG.3)  Patient/Client (update) ADT\_A08 (MSH.9\MSG.1)  Patient/Client (update) ADT\_A08 (MSH.9\MSG.2)  Patient/Client (update) ADT\_A08 (MSH.9\MSG.3)  Contact (delete) ADT\_A13 (MSH.9\MSG.1)  Contact (delete) ADT\_A13 (MSH.9\MSG.2)  Contact (delete) ADT\_A13 (MSH.9\MSG.3)  Patient/Client (merge) ADT\_A40 (MSH.9\MSG.1)  Patient/Client (merge) ADT\_A40 (MSH.9\MSG.2)  Patient/Client (merge) ADT\_A40 (MSH.9\MSG.3)  Episode (insert) PPP\_PCB (MSH.9\MSG.1)  Episode (insert) PPP\_PCB (MSH.9\MSG.2)  Episode (insert) PPP\_PCB (MSH.9\MSG.3)  Episode (update) PPP\_PCC (MSH.9\MSG.1)  Episode (update) PPP\_PCC (MSH.9\MSG.2)  Episode (update) PPP\_PCC (MSH.9\MSG.3)  Episode (delete) PPP\_PCD (MSH.9\MSG.1)  Episode (delete) PPP\_PCD (MSH.9\MSG.2)  Episode (delete) PPP\_PCD (MSH.9\MSG.3)  Referral Out (insert) REF\_I12 (MSH.9\MSG.1)  Referral Out (insert) REF\_I12 (MSH.9\MSG.2)  Referral Out (insert) REF\_I12 (MSH.9\MSG.3)  Referral Out (update) REF\_I13 (MSH.9\MSG.1)  Referral Out (update) REF\_I13 (MSH.9\MSG.2)  Referral Out (update) REF\_I13 (MSH.9\MSG.3)  Referral Out (delete) REF\_I14 (MSH.9\MSG.1)  Referral Out (delete) REF\_I14 (MSH.9\MSG.2)  Referral Out (delete) REF\_I14 (MSH.9\MSG.3)  Referral In (insert) RRI\_I12 (MSH.9\MSG.1)  Referral In (insert) RRI\_I12 (MSH.9\MSG.2)  Referral In (insert) RRI\_I12 (MSH.9\MSG.3)  Referral In (update) RRI\_I13 (MSH.9\MSG.1)  Referral In (update) RRI\_I13 (MSH.9\MSG.2)  Referral In (update) RRI\_I13 (MSH.9\MSG.3)  Referral In (delete) RRI\_I14 (MSH.9\MSG.1)  Referral In (delete) RRI\_I14 (MSH.9\MSG.2)  Referral In (delete) RRI\_I14 (MSH.9\MSG.3) |
| **Reported by** | All programs, dependent on transmission protocol |
| **Reported for** | All 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:  Message Date/Time (All messages) |
| **Value domain** | Table identifier HL70003  **Code Descriptor**  A03 Discharge/end visit event  A04 Register a patient event  A08 Update patient information event  A13 Cancel discharge / end visit event  A40 Merge patient - patient identifier list  I12 Patient referral  I13 Modify patient referral  I14 Cancel patient referral  PCB Pathway (Problem-Oriented) Add  PCC Pathway (Problem-Oriented) Update  PCD Pathway (Problem-Oriented) Delete  Table Identifier HL70076  **Code Descriptor**  ADT Patient administration unsolicited update  PPP Patient pathway (problem-oriented) message  REF Patient referral  RRI Return referral information  Table Identifier HL70354  **Code Descriptor**  ADT\_A01 A01 message structure  ADT\_A39 A39 message structure  PPP\_PCB PCB message structure  PPP\_PCG PCG message structure  REF\_I12 I12 message structure |
| **Reporting guide** | Valid combinations for transaction types are:  Patient/Client (insert): ADT^A04^ADT\_A01  Patient/Client (update): ADT^A08^ADT\_A01  Patient/Client (merge): ADT^A40^ADT\_A39  Referral In (insert): RRI^I12^REF\_I12  Referral In (update): RRI^I13^REF\_I12  Referral In (delete): RRI^I14^REF\_I12  Episode (insert): PPP^PCB^PPP\_PCB  Episode (update): PPP^PCC^PPP\_PCB  Episode (delete): PPP^PCD^PPP\_PCB  Contact (insert): ADT^A03^ADT\_A01  Contact (update): ADT^A08^ADT\_A01  Contact (delete): ADT^A13^ADT\_A01  Referral Out (insert): REF^I12^REF\_I12  Referral Out (update): REF^I13^REF\_I12  Referral Out (delete): REF^I14^REF\_I12 |
| **Validations** | HL7010 Invalid Message Type <MessageType> |

Administration

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| --- | --- |
| **Purpose** | To enable management of the VINAH MDS transmissions. |
| **Principal users** | VINAH MDS processing Department of Health. |
| **Version history** | **Version Previous Name Effective Date**  4 Message Type 2010/07/01  3 Message Type 2009/07/01  2 Message Type 2007/07/01  1 Message Type 2005/07/01 |
| **Definition source** | HL7, Department of Health |
| **Value domain source** | HL7 |

## Message Version Code

|  |  |
| --- | --- |
| **Definition** | A code that identifies the HL7 version of a message.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Code 1 1 Not applicable |
| **Layout** | N.N ***Size:*  Min. Max.**  3 3 |
| **Location** | **Transmission protocol HL7 Submission**  Contact (insert) ADT\_A03 (MSH.12)  Patient/Client (insert) ADT\_A04 (MSH.12)  Contact (update) ADT\_A08 (MSH.12)  Patient/Client (update) ADT\_A08 (MSH.12)  Contact (delete) ADT\_A13 (MSH.12)  Patient/Client (merge) ADT\_A40 (MSH.12)  Episode (insert) PPP\_PCB (MSH.12)  Episode (update) PPP\_PCC (MSH.12)  Episode (delete) PPP\_PCD (MSH.12)  Referral Out (insert) REF\_I12 (MSH.12)  Referral Out (update) REF\_I13 (MSH.12)  Referral Out (delete) REF\_I14 (MSH.12)  Referral In (insert) RRI\_I12 (MSH.12)  Referral In (update) RRI\_I13 (MSH.12)  Referral In (delete) RRI\_I14 (MSH.12) |
| **Reported by** | All programs, dependent on transmission protocol |
| **Reported for** | All 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:  Message Date/Time (All messages) |
| **Value domain** | Enumerated  Table identifier HL70104  **Code Descriptor**  2.5 Release 2.5 |
| **Reporting guide** | '2.5-Release 2.5' is the only value from the HL7 data definition table accepted by the VINAH MDS Validation Engine.  **Use in Delete Messages**  Refer to Section 5 of this manual for further guidance on delete messages. |
| **Validations** | General edits only, see Format. |
| **Related items** | Message Date/Time |

Administration

|  |  |
| --- | --- |
| **Purpose** | To enable management of the VINAH MDS transmissions. |
| **Principal users** | VINAH MDS processing Department of Health. |
| **Version history** | **Version Previous Name Effective Date**  4 Message Version Code 2010/07/01  3 Message Version Code 2009/07/01  2 Message Version Code 2007/07/01  1 Message Version Code 2005/07/01 |
| **Definition source** | HL7 |
| **Value domain source** | HL7 |

## Message Visit Indicator Code

|  |  |
| --- | --- |
| **Definition** | A code indicating the conceptual level on which data are being sent.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Code 1 1 Not applicable |
| **Layout** | U ***Size:*  Min. Max.**  1 1 |
| **Location** | **Transmission protocol HL7 Submission**  Contact (insert) ADT\_A03 (PV1.51)  Contact (update) ADT\_A08 (PV1.51)  Contact (delete) ADT\_A13 (PV1.51)  Episode (insert) PPP\_PCB (PV1.51)  Episode (update) PPP\_PCC (PV1.51)  Episode (delete) PPP\_PCD (PV1.51)  Referral Out (insert) REF\_I12 (PV1.51)  Referral Out (update) REF\_I13 (PV1.51)  Referral Out (delete) REF\_I14 (PV1.51)  Referral In (insert) RRI\_I12 (PV1.51)  Referral In (update) RRI\_I13 (PV1.51)  Referral In (delete) RRI\_I14 (PV1.51) |
| **Reported by** | All programs, dependent on transmission protocol |
| **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:  Message Date/Time (All Episode, Referral and Contact messages) |
| **Value domain** | Enumerated  Table identifier HL70326  **Code Descriptor**  E Episode  O Contact |
| **Reporting guide** | **E – Episode**  'E' in the Episode and Referral messages that is: PPPPCB, PPPPCC, PPPPCD, RRII12, RRII13, RRII14, REFI12, REFI13, REFI14.  **O - Contact**  Report code 'O' in the Contact messages (ADTA03, ADTA08, ADTA13) when the reporting level is Contact.  **Use in Delete Messages**  Refer to Section 5 of this manual for further guidance on delete messages. |
| **Validations** | General edits only, see Format. |
| **Related items** | Message Date/Time |

Administration

|  |  |
| --- | --- |
| **Purpose** | To enable management of the VINAH MDS transmissions. |
| **Principal users** | VINAH MDS processing. |
| **Version history** | **Version Previous Name Effective Date**  4 Message Visit Indicator Code 2010/07/01  3 Message Visit Indicator Code 2009/07/01  2 Message Visit Indicator Code 2007/07/01  1 Message Visit Indicator Code 2005/07/01 |
| **Definition source** | HL7, Department of Health |
| **Value domain source** | HL7, Department of Health |

## Observation Bound Data Element

|  |  |
| --- | --- |
| **Definition** | A code that identifies the data element being transmitted in the HL7 observation code field.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Repeatable Code 1 No limit Permitted |
| **Layout** | XXX[X][X][X][X][X] ***Size:*  Min. Max.**  3 8 |
| **Location** | **Transmission protocol HL7 Submission**  Episode (insert) PPP\_PCB (OBX\OBX.3\CE.3)  Episode (update) PPP\_PCC (OBX\OBX.3\CE.3)  Episode (delete) PPP\_PCD (OBX\OBX.3\CE.3)  Referral In (insert) RRI\_I12 (OBX\OBX.3\CE.3)  Referral In (update) RRI\_I13 (OBX\OBX.3\CE.3)  Referral In (delete) RRI\_I14 (OBX\OBX.3\CE.3) |
| **Reported by** | All programs, when required to bind part of a transmission to a specific data element. |
| **Reported for** | All episode messages.  All referral in 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:  Message Date/Time (All Episode messages) |
| **Value domain** | Enumerated  Table identifier HL70396  **Code Descriptor**  990033 Malignancy Flag  990036 Other Factors Affecting Health  990080 Episode Health Condition(s)  HL70283 Referral In Outcome |
| **Reporting guide** | **HL7 application**  The same HL7 message segment field is used to send the Episode Malignancy Flag, Episode Other Factors Affecting Health, Episode Health Conditions and Referral In Outcome. This data element identifies which data element the field contains in a given message segment.  This data element identifies which data element the CE.1 field contains in a given message segment.  The specified values are the only values from the HL7 data definition table accepted by the VINAH MDS.  **Use in Delete Messages**  Refer to Section 5 of this manual for further guidance on delete messages. |
| **Validations** | General edits only, see Format. |
| **Related items** | Message Date/Time |

Administration

|  |  |
| --- | --- |
| **Purpose** | To enable management of the VINAH MDS transmissions. |
| **Principal users** | VINAH MDS processing. |
| **Version history** | **Version Previous Name Effective Date**  6 Observation Bound Data Element 2011/07/01  5 Observation Bound Data Element 2010/07/01  4 Observation Code Table 2009/07/01  3 Observation Code Table 2008/07/01  2 Observation Code Table 2007/07/01  1 Observation Code Table 2005/07/01 |
| **Definition source** | Department of Health |
| **Value domain source** | HL7 (Department of Health modified) |

## Observation Sequence Number

|  |  |
| --- | --- |
| **Definition** | A number that identifies the Observation transaction segment.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Repeatable Integer 1 No limit Not allowed |
| **Layout** | N(...) ***Size:*  Min. Max.**  1 No limit |
| **Location** | **Transmission protocol HL7 Submission**  Episode (insert) PPP\_PCB (OBX\OBX.1)  Episode (update) PPP\_PCC (OBX\OBX.1)  Episode (delete) PPP\_PCD (OBX\OBX.1)  Referral In (insert) RRI\_I12 (OBX\OBX.1)  Referral In (update) RRI\_I13 (OBX\OBX.1)  Referral In (delete) RRI\_I14 (OBX\OBX.1) |
| **Reported by** | All programs, when required to sequence part of a transmission to a specific data element. |
| **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:  Message Date/Time (All Episode messages) |
| **Value domain** | A positive integer |
| **Reporting guide** | For the first occurrence of the segment the sequence number shall be 1, for the second occurrence it shall be 2, etc.  There can be multiple OBX segments in this message - one for the Malignancy Flag and one or more for the Episode Health Condition(s), Episode Other Factors Affecting Health and Referral In Outcome/Outcome Date.  **Use in Delete Messages**  Refer to Section 5 of this manual for further guidance on delete messages. |
| **Validations** | General edits only, see Format. |
| **Related items** | Episode Health Conditions  Episode Malignancy Flag  Episode Other Factors Affecting Health  Referral In Outcome  Referral In Outcome Date  Message Date/Time  Observation Bound Data Element |

Administration

|  |  |
| --- | --- |
| **Purpose** | To enable management of the VINAH MDS transmissions. |
| **Principal users** | VINAH MDS processing. |
| **Version history** | **Version Previous Name Effective Date**  6 Observation Sequence Number 2021/07/01  5 Observation Sequence Number 2019/07/01  4 Observation Sequence Number 2010/07/01  3 Observation Sequence Number 2009/07/01  2 Observation Sequence Number 2007/07/01  1 Observation Sequence Number 2005/07/01 |
| **Definition source** | HL7, Department of Health |
| **Value domain source** | HL7 |

## Organisation Identifier

|  |  |
| --- | --- |
| **Definition** | An identifier for an organisation, unique within the State or Territory.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Code 1 1 Not applicable |
| **Layout** | X(1-226) ***Size:*  Min. Max.**  1 226 |
| **Location** | **Transmission protocol HL7 Submission**  Contact (insert) ADT\_A03 (MSH\MSH.4\HD.1)  Patient/Client (insert) ADT\_A04 (MSH\MSH.4\HD.1)  Contact (update) ADT\_A08 (MSH\MSH.4\HD.1)  Patient/Client (update) ADT\_A08 (MSH\MSH.4\HD.1)  Contact (delete) ADT\_A13 (MSH\MSH.4\HD.1)  Patient/Client (merge) ADT\_A40 (MSH\MSH.4\HD.1)  Send Batch BATCH (BHS.4\HD.1)  Send File FILE (FHS.4\HD.1)  Episode (insert) PPP\_PCB (MSH\MSH.4\HD.1)  Episode (update) PPP\_PCC (MSH\MSH.4\HD.1)  Episode (delete) PPP\_PCD (MSH\MSH.4\HD.1)  Referral Out (insert) REF\_I12 (MSH\MSH.4\HD.1)  Referral Out (update) REF\_I13 (MSH\MSH.4\HD.1)  Referral Out (delete) REF\_I14 (MSH\MSH.4\HD.1)  Referral In (insert) RRI\_I12 (MSH\MSH.4\HD.1)  Referral In (update) RRI\_I13 (MSH\MSH.4\HD.1)  Referral In (delete) RRI\_I14 (MSH\MSH.4\HD.1) |
| **Reported by** | All programs, dependent on transmission protocol |
| **Reported for** | All VINAH MDS transmissions including File and Batch headers. |
| **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 Received Date (Mandatory)  Referral In Receipt Acknowledgment Date (Mandatory)  Episode Start Date (Mandatory)  Episode Care Plan Documented Date (Mandatory)  First Contact Start Date/Time (Mandatory)  Second and Subsequent Contact Start Date/Time (Mandatory)  Episode End Date (Mandatory)  Patient/Client Death Date (Mandatory)  Message Date and Time (All Patient/Client, Episode)  Message Date and Time (All messages) |
| **Value domain** | Refer to Section 9: Code Lists  Table identifier HL70362  **For full code set see Section 9 of this manual** |
| **Reporting guide** | When used in the FILE message this code should identify the organisation that is the sending facility of the file.  When used in the BATCH message this code should identify the organisation funding the care.  Where a care providing organisation is funded by multiple fund-holding organisations the funding organisation should be identified in the Batch Message. The implication from this is that patients should be clearly aligned with one funding organisation so that they may be appropriately and completely reported by the responsible fund-holding organisation. For example, where a Community Health Service is a member of multiple HARP alliances, patients/clients of the Health Centre should be identified as being with the appropriate HARP alliance for the care received and reported to that alliance accordingly. Care within a single episode should not be split between funding organisations.  The organisation identified in the FILE and BATCH message will often be the same organisation.  In all other messages this code should match that used in the parent BATCH message.  Organisation Identifier also includes a code for Department of Health ('AUSDHV') and is used in the HL7 messages as the receiving facility for transmissions to the VINAH MDS. HL7 ACK messages will have the sending and receiving facility codes reversed.  Also see Episode Provider.  **Use in Delete Messages**  Refer to Section 5 of this manual for further guidance on delete messages. |
| **Validations** | General edits only, see Format. |
| **Related items** | Contact Start Date/Time  Episode Care Plan Documented Date  Episode End Date  Episode Start Date  Message Date and Time  Patient/Client Death Date  Referral In Receipt Acknowledgment Date  Referral In Received Date |

Administration

|  |  |
| --- | --- |
| **Purpose** | For use in policy development and planning. To enable management of the VINAH MDS transmissions. |
| **Principal users** | Department of Health |
| **Version history** | **Version Previous Name Effective Date**  5 Organisation Identifier 2010/07/01  4 Organisation Identifier 2009/07/01  3 Organisation Identifier 2007/07/01  2 Organisation Identifier 2006/07/01  1 Health Service Identifier 2005/07/01 |
| **Definition source** | Department of Health |
| **Value domain source** | Department of Health |

## Patient/Client Prior Identifier

|  |  |
| --- | --- |
| **Definition** | The person identifier to be merged into the new patient identifier. That is: The 'old' identifier.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Identifier 1 1 Not applicable |
| **Layout** | XXXXXXXXXX ***Size:*  Min. Max.**  10 10 |
| **Location** | **Transmission protocol HL7 Submission**  Patient/Client (merge) ADT\_A40 (MRG.1\CX.1) |
| **Reported by** | All programs, dependent on transmission protocol |
| **Reported for** | Merge patient/client identifier 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:  Message Date and Time (Ad hoc; this item is transmitted when the Submitting Organisation determines a need to merge person identifiers) |
| **Value domain** | Organisation generated. Individual sites may use their own alphabetic, numeric or alphanumeric coding system. |
| **Reporting guide** | Currently, the VINAH MDS only supports Patient/Client merges. |
| **Validations** | General edits only, see Format |
| **Related items** | Message Date/Time |

Administration

|  |  |
| --- | --- |
| **Purpose** | To enable management of the VINAH MDS transmissions. |
| **Principal users** | VINAH MDS processing. |
| **Version history** | **Version Previous Name Effective Date**  4 Patient/Client Prior Identifier 2009/07/01  3 Patient/Client Prior Identifier 2008/07/01  2 Prior Person Identifier 2007/07/01  1 Prior Person Identifier 2005/07/01 |
| **Definition source** | HL7 (Department of Health modified) |

## Procedure Bound Data Element

|  |  |
| --- | --- |
| **Definition** | A code that identifies the data element being transmitted in the HL7 procedure code field.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Repeatable Code 1 No limit Permitted |
| **Layout** | NNNNNN[N] ***Size:*  Min. Max.**  6 7 |
| **Location** | **Transmission protocol HL7 Submission**  Contact (insert) ADT\_A03 (PR1\PR1.3\CE.3)  Contact (update) ADT\_A08 (PR1\PR1.3\CE.3)  Contact (delete) ADT\_A13 (PR1\PR1.3\CE.3) |
| **Reported by** | All programs, when required to bind part of a transmission to a specific data element. |
| **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:  Message Date/Time (All Contact messages) |
| **Value domain** | Enumerated  Table identifier 990085  **Code Descriptor**  HL70230 Contact Main Purpose  990084 Medicare Benefits Schedule Item Number |
| **Reporting guide** | The same HL7 message segment field is used to send the Contact Purpose and Contact Medicare Benefits Schedule Number. This data element identifies which data element the field contains in a given message segment.  This data element identifies which data element the CE.1 field contains in a given message segment.  The specified values are the only values from the HL7 data definition table accepted by the VINAH MDS.  For backwards compatibility purposes, if this value may be left NULL, in which case it will be interpreted to mean 'HL70230 - Contact Purpose'.  **Use in Delete Messages**  Refer to Section 5 of this manual for further guidance on delete messages. |
| **Validations** | General edits only, see Format. |
| **Related items** | Message Date/Time |

Administration

|  |  |
| --- | --- |
| **Purpose** | To enable management of the VINAH MDS transmissions. |
| **Principal users** | VINAH MDS processing |
| **Version history** | **Version Previous Name Effective Date**  1 Procedure Bound Data Element 2011/07/01 |
| **Definition source** | Department of Health |
| **Value domain source** | HL7, Department of Health |

## Procedure Sequence Number

|  |  |
| --- | --- |
| **Definition** | A number that identifies the Procedure transaction segment.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Repeatable Integer 1 No limit Not allowed |
| **Layout** | N[N] ***Size:*  Min. Max.**  1 2 |
| **Location** | **Transmission protocol HL7 Submission**  Contact (insert) ADT\_A03 (PR1\PR1.1)  Contact (update) ADT\_A08 (PR1\PR1.1)  Contact (delete) ADT\_A13 (PR1\PR1.1) |
| **Reported by** | All programs, when required to sequence part of a transmission to a specific data element. |
| **Reported for** | All contacts completed in the current reporting period |
| **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:  Message Date/Time (All Contact messages) |
| **Value domain** | A positive integer. |
| **Reporting guide** | For the first occurrence of the segment the sequence number shall be 1, for the second occurrence it shall be 2, etc.  **Contact Main Purpose**  For Palliative Care, more than one purpose may be optionally reported, even at contact level. The main purpose must be reported with a Contact Purpose Sequence Number of '1', additional purposes reported with values of '2', '3', '4'... and so on.  For backwards compatibility reasons, all Contact Purposes must be reported in repeating instances of this segment before any Contact Medicare Benefits Schedule Numbers.  **Use in Delete Messages**  Refer to Section 5 of this manual for further guidance on delete messages. |
| **Validations** | General edits only, see Format. |
| **Related items** | Message Date/Time |

Administration

|  |  |
| --- | --- |
| **Purpose** | To enable management of the VINAH MDS transmissions. |
| **Principal users** | VINAH MDS processing. |
| **Version history** | **Version Previous Name Effective Date**  4 Procedure Sequence Number 2010/07/01  3 Contact/Client Service Event Main Purpose 2009/07/01  Sequence Number  2 Contact/Client Service Event Main Purpose 2007/07/01  Sequence Number  1 Client Service Event Type Sequence Number 2005/07/01 |
| **Definition source** | HL7, Department of Health |
| **Value domain source** | HL7 |

## Referral Identifier

|  |  |
| --- | --- |
| **Definition** | An identifier, unique to a Referral across all programs within an organisation. A referral includes referrals in and out.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Identifier 1 1 Not applicable |
| **Layout** | X(1-30) ***Size:*  Min. Max.**  1 30 |
| **Location** | **Transmission protocol HL7 Submission**  Episode (insert) PPP\_PCB (PV1\PV1.5\CX.1)  Episode (update) PPP\_PCC (PV1\PV1.5\CX.1)  Episode (delete) PPP\_PCD (PV1\PV1.5\CX.1)  Referral Out (insert) REF\_I12 (RF1\RF1.6\E1.1)  Referral Out (update) REF\_I13 (RF1\RF1.6\E1.1)  Referral Out (delete) REF\_I14 (RF1\RF1.6\E1.1)  Referral In (insert) RRI\_I12 (RF1\RF1.6\E1.1)  Referral In (update) RRI\_I13 (RF1\RF1.6\E1.1)  Referral In (delete) RRI\_I14 (RF1\RF1.6\E1.1) |
| **Reported by** | All programs, dependent on transmission protocol |
| **Reported for** | All referrals. |
| **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:  Message Date/Time (All Contact messages) |
| **Value domain** | Organisation generated. Individual sites may use their own alphabetic, numeric or alphanumeric coding system. |
| **Reporting guide** | It is permissible to utilise upper case or lower case ASCII alpha characters, digits 0 to 9, dashes, spaces or apostrophes. That is, ASCII hexadecimal values 20, 27, 2D, 41 through 5A inclusive, 61 through 7A inclusive. Identifiers are case-sensitive.  A Received Source (that may lead to an Episode being opened) and a Referral Destination (made from within an episode to another service) must not share the same Referral Identifier within an organisation.  **Primary Key**  This data element is the Primary Key for the Referral In and the Referral Out.  When reported using HL7 the primary key is reported in RF1.6\EI.1.  **Foreign Key - Episode**  This data element is used as a Foreign Key on the Episode.  When reported using HL7 the foreign key is reported in PV1.5\CX.1.  **Use in Delete Messages**  Refer to Section 5 of this manual for further guidance on delete messages. |
| **Validations** | E050 Data Element ‘<element\_name>’ (<hl7\_location>) has no value but is part of the primary key for the <structure> record  E051 Cannot insert record, same Primary Key for data structure "<structure>" already exists (<conflict\_location>). Key fields: <pk\_expanded\_val>  E052 A <pk\_structure> message (<hl7\_message>) has been sent containing a reference to a "<fk\_structure>" record that has not been previouslyreceived and accepted. Key fields: <fk\_expanded>  E061 A <pk\_structure> message (<hl7\_message\_type>) was sent to either update or delete a record that has not been previously received and accepted. Key fields: <key\_expanded>  E206 Open episode sent for a referral with outcome specified as not accepted (<ref\_details>) |
| **Related items** | Contact Identifier  Episode Identifier  Episode Start Date  Identifier Type  Local Identifier Assigning Authority  Message Date/Time  Patient/Client Identifier |

Administration

|  |  |
| --- | --- |
| **Purpose** | To enable management of the VINAH MDS transmissions. |
| **Principal users** | VINAH MDS processing |
| **Version history** | **Version Previous Name Effective Date**  4 Referral Identifier 2010/07/01  3 Referral Identifier 2009/07/01  2 Referral Identifier 2007/07/01  1 Referral Identifier 2005/07/01 |
| **Definition source** | Department of Health |
| **Value domain source** | Health Services |

## VINAH MDS Version

|  |  |
| --- | --- |
| **Definition** | A code that identifies the version of the VINAH MDS being reported in the current file.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Code 1 1 Not applicable |
| **Layout** | X(0-10) ***Size:*  Min. Max.**  0 10 |
| **Location** | **Transmission protocol HL7 Submission**  Send File FILE (FHS.5) |
| **Reported by** | All programs, not elsewhere specified |
| **Reported for** | All file messages. |
| **Value domain** | Enumerated  Table identifier 990037 |
| **Reporting guide** | Reporting for 2025-26  The following rules apply for the VINAH MDS submission after 1 July 2025:  July submissions (File Reference Period End Date of 1 July 2025 and beyond) must be reported as VINAH Version 20. |
| **Validations** | F015 VINAH MDS version <VINAH\_version> is not a valid version for the period reported in this submission |
| **Related items** | Message Date/Time |

Administration

|  |  |
| --- | --- |
| **Purpose** | To enable management of the VINAH MDS transmissions |
| **Principal users** | VINAH MDS processing. |
|  | **Version Previous Name Effective Date**  20 VINAH Version 2025/07/01  19 VINAH Version 2024/07/01  18 VINAH Version 2023/07/01  17 VINAH Version 2022/07/01  16 VINAH Version 2021/07/01  15 VINAH Version 2019/07/01  14 VINAH Version 2018/07/01  13 VINAH Version 2017/07/01  10 VINAH Version 2014/07/01  6 VINAH Version 2012/07/01  5 VINAH Version 2011/07/01  4 VINAH Version 2010/07/01  3 VINAH Version 2009/07/01  2 VINAH Version 2008/07/01  1 VINAH Version 2007/07/01 |
| **Definition source** | Department of Health |
| **Value domain source** | Department of Health |

# PART III: Processing Data Elements

## File Batch Accepted Indicator

|  |  |
| --- | --- |
| **Definition** | A boolean value indicating if the batch in its entirety was accepted.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Code 1 1 Not applicable |
| **Layout** | N ***Size:*  Min. Max.**  1 1 |
| **Location** | **Transmission protocol XML Validation Report**  Submission Summary /Submission/Acceptance/Batch/Accepted |
| **Reported by** | VINAH MDS Validation Engine |
| **Reported for** | All VINAH MDS submissions where no validation events were raised at the File, HL7 or Batch Levels. |
| **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:  File Processing End Date/Time (Optional) |
| **Value domain** | Enumerated  Table identifier VVE0002  **Code Descriptor**  0 Batch not accepted  1 Batch accepted |
| **Reporting guide** | THIS DATA ELEMENT IS NOT REPORTED BY HEALTH SERVICES. IT DEFINES CONTENT IN THE VALIDATION REPORT RETURNED BY THE VINAH MDS VALIDATION ENGINE.  This element reflects if all the messages within a batch have been accepted.  Where the value of any File Batch Message Accepted Indicator within a batch is equal to ‘0 – Message not Accepted’, the value of this data element will always be ‘0 – Batch not Accepted’.  Where the value of all File Batch Message Accepted Indicators within a batch are equal to ‘1 – Message Accepted’, the value of this data element will always be ‘1 – Batch Accepted’. |
| **Validations** | None. |
| **Related items** | File Batch Identifier  File Batch Message Accepted Indicator  File Batch Message Count  File Batch Message Implied Program  File Batch Message Sequence Number  File Batch Message Valid Indicator  File Batch Sequence Number  File Processing End Date/Time  File Processing Start Date/Time  File Submission Date/Time  File Validation Event Code  File Validation Event Date/Time  File Validation Event Identifier  File Validation Event Message  File Validation Event Record Identifier  File Validation Event Record Identifier Type |

Administration

|  |  |
| --- | --- |
| **Purpose** | To enable management of the VINAH MDS transmissions. |
| **Principal users** | VINAH MDS Validation Engine, VINAH MDS data submitters. |
| **Version history** | **Version Previous Name Effective Date**  1 File Batch Accepted Indicator 2010/07/01 |
| **Definition source** | Department of Health |
| **Value domain source** | Department of Health |

## File Batch Identifier

|  |  |
| --- | --- |
| **Definition** | A boolean value indicating if a message was accepted by the VINAH MDS Validation Engine. A unique value generated by the VINAH Validation Engine to uniquely identify a batch of records.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Identifier 1 1 Not applicable |
| **Layout** | N(1-10) ***Size:*  Min. Max.** |
| **Location** | **Transmission protocol XML Validation Report**  Submission Summary /Submission/Acceptance/Batch/  sub\_batch\_id |
| **Reported by** | VINAH Validation Engine |
| **Reported for** | All VINAH MDS submissions where no validation events were raised at the File, HL7 or Batch Levels. |
| **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:  File Processing End Date/Time (Optional) |
| **Value domain** | Enumerated |
| **Reporting guide** | THIS DATA ELEMENT IS NOT REPORTED BY HEALTH SERVICES. IT DEFINES CONTENT IN THE VALIDATION REPORT RETURNED BY THE VINAH MDS VALIDATION ENGINE.  This data element differs from the Batch Control Identifier and is used for internal reference in the VINAH MDS Validation Engine. |
| **Validations** | None |
| **Related items** | File Batch Accepted Indicator  File Batch Message Accepted Indicator  File Batch Message Count  File Batch Message Implied Program  File Batch Message Sequence Number  File Batch Message Valid Indicator  File Batch Sequence Number  File Processing End Date/Time  File Processing Start Date/Time  File Submission Date/Time  File Validation Event Code  File Validation Event Date/Time  File Validation Event Identifier  File Validation Event Message  File Validation Event Record Identifier  File Validation Event Record Identifier Type |

Administration

|  |  |
| --- | --- |
| **Purpose** | To enable management of the VINAH MDS transmissions. |
| **Principal users** | VINAH MDS Validation Engine, VINAH MDS data submitters |
| **Version history** | **Version Previous Name Effective Date**  1 File Batch Identifier 2010/07/01 |
| **Definition source** | Department of Health |
| **Value domain source** | Department of Health |

## File Batch Message Accepted Indicator

|  |  |
| --- | --- |
| **Definition** | A boolean value indicating if a message was accepted by the VINAH MDS Validation Engine.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Code 1 1 Not applicable |
| **Layout** | N ***Size:*  Min. Max.**  1 1 |
| **Location** | **Transmission protocol XML Validation Report**  Submission Summary /Submission/Acceptance/Batch/ Message/Accepted |
| **Reported by** | VINAH MDS Validation Engine |
| **Reported for** | All VINAH MDS submissions where no validation events were raised at the File, HL7 or Batch Levels. |
| **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:  File Processing End Date/Time (Optional) |
| **Value domain** | Enumerated  Table identifier VVE0004  **Code Descriptor**  0 Message not accepted  1 Message accepted |
| **Reporting guide** | THIS DATA ELEMENT IS NOT REPORTED BY HEALTH SERVICES. IT DEFINES CONTENT IN THE VALIDATION REPORT RETURNED BY THE VINAH MDS VALIDATION ENGINE.  Where the value of the element File Batch Message Valid Indicator is ‘0 - The message caused one or more validation events’, the value of this element will always be ‘0 - Message Not Accepted’.  Where the value of the File Batch Message Valid Indicator is ‘1 - The message did not cause any validation events’, the value of this element may either be ‘1 – Message Accepted’ or ‘0 – Message Not Accepted’.  The value of this data element will only be ‘1 – Message Accepted’ if all messages with the same batch have a File Batch Message Valid Indicator of ‘1 – The message did not cause any validation events’.  It is possible for all message to have a File Batch Message Valid Indicator of ‘1 – The message did not cause any validation events’ and for all messages to have a File Batch Message Accepted Indicator of ‘0 – Not Accepted’. |
| **Validations** | None. |
| **Related items** | File Batch Accepted Indicator  File Batch Identifier  File Batch Message Count  File Batch Message Implied Program  File Batch Message Sequence Number  File Batch Message Valid Indicator  File Batch Sequence Number  File Processing End Date/Time  File Processing Start Date/Time  File Submission Date/Time  File Validation Event Code  File Validation Event Date/Time  File Validation Event Identifier  File Validation Event Message  File Validation Event Record Identifier  File Validation Event Record Identifier Type |

Administration

|  |  |
| --- | --- |
| **Purpose** | To enable management of the VINAH MDS transmissions |
| **Principal users** | VINAH MDS Validation Engine, VINAH MDS submitters. |
| **Version history** | **Version Previous Name Effective Date**  1 File Batch Message Accepted Indicator 2010/07/01 |
| **Definition source** | Department of Health |
| **Value domain source** | Department of Health |

## File Batch Message Count

|  |  |
| --- | --- |
| **Definition** | The total number of messages contained within a batch.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Integer 1 1 Not applicable |
| **Layout** | N[NNNN] ***Size:*  Min. Max.** |
| **Location** | **Transmission protocol XML Validation Report**  Submission Summary /Submission/Acceptance/Batch/Message\_Count |
| **Reported by** | VINAH MDS Validation engine. |
| **Reported for** | All VINAH MDS submissions where no validation events were raised at the File, HL7 or Batch Levels. |
| **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:  File Processing End Date/Time (Optional) |
| **Value domain** | Positive Integer equal to the count of messages in the batch |
| **Reporting guide** | THIS DATA ELEMENT IS NOT REPORTED BY HEALTH SERVICES. IT DEFINES CONTENT IN THE VALIDATION REPORT RETURNED BY THE VINAH MDS VALIDATION ENGINE. |
| **Validations** | None. |
| **Related items** | File Batch Accepted Indicator  File Batch Identifier  File Batch Message Accepted Indicator  File Batch Message Implied Program  File Batch Message Sequence Number  File Batch Message Valid Indicator  File Batch Sequence Number  File Processing End Date/Time  File Processing Start Date/Time  File Submission Date/Time  File Validation Event Code  File Validation Event Date/Time  File Validation Event Identifier  File Validation Event Message  File Validation Event Record Identifier  File Validation Event Record Identifier Type |

Administration

|  |  |
| --- | --- |
| **Purpose** | To enable management of the VINAH MDS transmissions. |
| **Principal users** | VINAH MDS Validation Engine, VINAH MDS submitters. |
| **Version history** | **Version Previous Name Effective Date**  1 File Batch Message Count 2010/07/01 |
| **Definition source** | Department of Health |
| **Value domain source** | HL7, Department of Health |

## File Batch Message Implied Program

|  |  |
| --- | --- |
| **Definition** | A value indicating the program under which the activity data was being reported.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | List 1 1 Not applicable |
| **Layout** | N ***Size:*  Min. Max.** |
| **Location** | **Transmission protocol XML Validation Report**  Submission Summary /Submission/Acceptance/Batch/  Message/Implied\_Context |
| **Reported by** | VINAH MDS Validation Engine |
| **Reported for** | All VINAH MDS submissions where no validation events were raised at the File, HL7 or Batch Levels. |
| **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:  File Processing End Date/Time (Optional) |
| **Value domain** | Enumerated  Table identifier VVE0005  List Item  Neutral  EPC  FCP  HARP  HBD  HEN  HBPCCT  IT  MEDIHOTEL  OP  PAC  PC  RIR  SACS  TCP  TPN  VALP  VHS  VRSS |
| **Reporting guide** | THIS DATA ELEMENT IS NOT REPORTED BY HEALTH SERVICES. IT DEFINES CONTENT IN THE VALIDATION REPORT RETURNED BY THE VINAH VALIDATION ENGINE.  This data element will reflect which Program-specific validations were applied to the message. For Episode messages and messages attached to the episode such as Contacts and Referrals Out, the Program is explicitly derived from the Program/Stream Value. For records above the Episode such as Patient, the Program/Stream may be implied in order to validate required data elements.  **NEUTRAL**  This indicates that no data was collected at episode level, or the Program is not determinable. |
| **Validations** |  |
| **Related items** | File Batch Accepted Indicator  File Batch Identifier  File Batch Message Accepted Indicator  File Batch Message Count  File Batch Message Sequence Number  File Batch Message Valid Indicator  File Batch Sequence Number  File Processing End Date/Time  File Processing Start Date/Time  File Submission Date/Time  File Validation Event Code  File Validation Event Date/Time  File Validation Event Identifier  File Validation Event Message  File Validation Event Record Identifier  File Validation Event Record Identifier Type |

Administration

|  |  |
| --- | --- |
| **Purpose** | To enable management of the VINAH MDS transmissions. |
| **Principal users** | VINAH MDS Validation Engine, VINAH MDS submitters. |
| **Version history** | **Version Previous Name Effective Date**  1 File Batch Message Implied Program 2010/07/01 |
| **Definition source** | Department of Health |
| **Value domain source** | Department of Health |

## File Batch Message Sequence Number

|  |  |
| --- | --- |
| **Definition** | A value indicating the sequence of a particular message with a batch.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Integer 1 1 Not applicable |
| **Layout** | N(1-5) ***Size:*  Min. Max.** |
| **Location** | **Transmission protocol XML Validation Report**  Submission Summary /Submission/Acceptance/Batch/Message/ msg\_batch\_seq\_no |
| **Reported by** | VINAH MDS Validation Engine |
| **Reported for** | All VINAH MDS submissions where no validation events were raised at the File, HL7 or Batch Levels. |
| **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:  File Processing End Date/Time (Optional) |
| **Value domain** | Integer |
| **Reporting guide** | THIS DATA ELEMENT IS NOT REPORTED BY HEALTH SERVICES. IT DEFINES CONTENT IN THE VALIDATION REPORT RETURNED BY THE VINAH VALIDATION ENGINE. |
| **Validations** | None |
| **Related items** | File Batch Accepted Indicator  File Batch Identifier  File Batch Message Accepted Indicator  File Batch Message Count  File Batch Message Implied Program  File Batch Message Valid Indicator  File Batch Sequence Number  File Processing End Date/Time  File Processing Start Date/Time  File Submission Date/Time  File Validation Event Code  File Validation Event Date/Time  File Validation Event Identifier  File Validation Event Message  File Validation Event Record Identifier  File Validation Event Record Identifier Type |

Administration

|  |  |
| --- | --- |
| **Purpose** | To enable management of the VINAH MDS transmissions |
| **Principal users** | VINAH MDS Validation Engine, VINAH MDS submitters. |
| **Version history** | **Version Previous Name Effective Date**  1 File Batch Message Sequence Number 2010/07/01 |
| **Definition source** | Department of Health |
| **Value domain source** | Department of Health |

## File Batch Message Valid Indicator

|  |  |
| --- | --- |
| **Definition** | A boolean value indicating if a message caused any validations events to be raised  ***Repeats:* Min. Max. Duplicate** |
| **Form** | CODE 1 1 Not applicable |
| **Layout** | N ***Size:*  Min. Max.**  1 1 |
| **Location** | **Transmission protocol XML Validation Report**  Submission Summary /Submission/Acceptance/Batch/Message/ok\_br |
| **Reported by** | VINAH MDS Validation Engine |
| **Reported for** | All VINAH MD submissions where no validation events were raised at the File, HL7 or Batch Levels. |
| **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:  File Processing End Date/Time (Optional) |
| **Value domain** | Enumerated  Table identifier VVE0003  **Code Descriptor**  0 The message caused one or more validation events  1 The message did not cause any validation events |
| **Reporting guide** | THIS DATA ELEMENT IS NOT REPORTED BY HEALTH SERVICES. IT DEFINES CONTENT IN THE VALIDATION REPORT RETURNED BY THE VINAH VALIDATION ENGINE.  Where the value of this element is ‘0 - The message caused one or more validation events’, the value of the element File Batch Message Accepted Indicator will always be ’0 – Message Not accepted’.  The specific validation events that were caused are listed in the Validations section of the submission report. |
| **Related items** | File Batch Accepted Indicator  File Batch Identifier  File Batch Message Accepted Indicator  File Batch Message Count  File Batch Message Implied Program  File Batch Message Sequence Number  File Batch Sequence Number  File Processing End Date/Time  File Processing Start Date/Time  File Submission Date/Time  File Validation Event Code  File Validation Event Date/Time  File Validation Event Identifier  File Validation Event Message  File Validation Event Record Identifier  File Validation Event Record Identifier Type |

Administration

|  |  |
| --- | --- |
| **Purpose** | To enable management of the VINAH MDS transmissions. |
| **Principal users** | VINAH MDS Validation Engine, VINAH MDS submitters. |
| **Version history** | **Version Previous Name Effective Date**  1 File Batch Message Valid Indicator 2010/07/01 |
| **Definition source** | Department of Health |
| **Value domain source** | Department of Health |

## File Batch Sequence Number

|  |  |
| --- | --- |
| **Definition** | A value indicating the sequence of a particular batch within a file.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Integer 1 1 Not applicable |
| **Layout** | N(1-5) ***Size:*  Min. Max.** |
| **Location** | **Transmission protocol XML Validation Report**  Submission Summary /Submission/Acceptance/Batch/batch\_no |
| **Reported by** | VINAH MDS Validation Engine |
| **Reported for** | All VINAH MDS submissions where no validation events were raised at the File, HL7 or Batch Levels. |
| **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:  File Processing End Date/Time (Optional) |
| **Value domain** | Integer |
| **Reporting guide** | THIS DATA ELEMENT IS NOT REPORTED BY HEALTH SERVICES. IT DEFINES CONTENT IN THE VALIDATION REPORT RETURNED BY THE VINAH MDS VALIDATION ENGINE. |
| **Validations** |  |
| **Related items** | File Batch Accepted Indicator  File Batch Identifier  File Batch Message Accepted Indicator  File Batch Message Count  File Batch Message Implied Program  File Batch Message Sequence Number  File Batch Message Valid Indicator  File Processing End Date/Time  File Processing Start Date/Time  File Submission Date/Time  File Validation Event Code  File Validation Event Date/Time  File Validation Event Identifier  File Validation Event Message  File Validation Event Record Identifier  File Validation Event Record Identifier Type |

Administration

|  |  |
| --- | --- |
| **Purpose** | To enable management of the VINAH MDS transmissions |
| **Principal users** | VINAH MDS Validation Engine, VINAH MDS submitters |
| **Version history** | **Version Previous Name Effective Date**  1 File Batch Sequence Number 2010/07/01 |
| **Definition source** | Department of Health |
| **Value domain source** | Department of Health |

## File Identifier

|  |  |
| --- | --- |
| **Definition** | An identifier generated by the VINAH MDS Validation Engine to identify a submission file received and processed by the Department.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Identifier 1 1 Not applicable |
| **Layout** | N[…..] ***Size:*  Min. Max.**  1 No limit |
| **Location** | **Transmission protocol XML Validation Report**  Batch Summary /Submission/Acceptance/Batch/sub\_id  Submission Summary /Submission//sub\_id  Validations Summary /Submission/Validations/sub\_id  Validation Instance /Submission/Validations/Validation/sub\_id  Acceptance Summary /Submission/Validations/Validation/sub\_id |
| **Reported by** | VINAH MDS Validation Engine |
| **Reported for** | All processed VINAH MDS submissions |
| **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:  File Processing End Date/Time (Mandatory) |
| **Value domain** | Integer |
| **Reporting guide** | THIS DATA ELEMENT IS NOT REPORTED BY HEALTH SERVICES. IT DEFINES CONTENT IN THE VALIDATION REPORT RETURNED BY THE VINAH VALIDATION ENGINE.  The data element will increment by 1 for each VINAH MDS submission processed. |
| **Validations** | X002 Submission <filename> was not successfully purged – incorrect TargetEnvironment/Filename/SubID/HealthService/UserName/PurgeKey combination. |
| **Related items** | File Name  File Processing Directive  File Processing Start Date/Time  File Purge Key |

Administration

|  |  |
| --- | --- |
| **Purpose** | To enable management of the VINAH MDS transmissions |
| **Principal users** | VINAH MDS Validation Engine, VINAH MDS submitters |
| **Version history** | **Version Previous Name Effective Date**  1 File Identifier 2010/07/01 |
| **Definition source** | Department of Health |
| **Value domain source** | Department of Health |

## File Name

|  |  |
| --- | --- |
| **Definition** | The name of the submission file, as accorded by the system that generated the submission file.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Structured Text 1 1 Not applicable |
| **Layout** | NNNNNNNN ***Size:*  Min. Max.** |
| **Location** | **Transmission protocol XML Validation Report**  Submission Summary /Submission/Filename |
| **Reported by** | All VINAH MDS transmissions |
| **Reported for** | All VINAH MDS submissions |
| **Reported when** |  |
| **Value domain** | String |
| **Reporting guide** | THIS DATA ELEMENT IS NOT REPORTED BY HEALTH SERVICES. IT DEFINES CONTENT IN THE VALIDATION REPORT RETURNED BY THE VINAH VALIDATION ENGINE.  The file name is defined and tested by the defined regular expression.  The file extension must be .hl7 for an HL7 file.  The file extension must be .zip for Flat Files.  A valid Organisation Identifier must be the first characters in the file name.  The Organisation Identifier must exist in the code table HL70362.  The file name must be unique in time. File names may only be re-used if the original file was not acknowledged by the HealthCollect Portal.  Example:  hs\_20100601\_01.hl7  In the example, the Organisation Identifier is the first two characters (‘hs’) and the date of submission (01 June 2009) has been used along with a sequence number (‘01’) to provide a unique file name. The structure of the filename should reflect the time of generation of the file and should not attempt to reflect a time period of the data contained within. It is acceptable to include in the filename other metadata such as the system or application that generated the file, to avoid the possibility that two different systems at the same health service produce the same filename. It is important that the system that generates the VINAH MDS submission file also generates the filename. Users should be instructed not to alter the filename unless advised otherwise.  File names must be unique for each submission across the life of the data collection. A file name must never be reused if it has been received by the VINAH MDS system. This holds even if the file is empty, corrupt, contains numerous errors and is subsequently resubmitted.  **Regular Expression**  The content of this data element is validated against the following regular expression.  [0-9\_a-zA-Z]{1,30}[.](hl7||zip) |
| **Validations** | X001 Submission <filename> was successfully purged from the VINAH System  X002 Submission <filename> was not successfully purged – incorrect TargetEnvironment/Filename/SubID/HealthService/UserName/PurgeKey combination  X003 Submission <filename> has already been purged after the initial load, due to the PurgeAfterLoad=True instruction on the original submission  X004 Submission <filename> could not be purged as it is not the last file submitted for this health service. Only the last existing file for a healthservice can be purged |
| **Related items** | File Identifier  File Processing Directive  File Purge Key  File Purged After Processing Indicator |

Administration

|  |  |
| --- | --- |
| **Purpose** | To enable management of the VINAH MDS transmissions |
| **Principal users** | VINAH MDS Validation Engine, VINAH MDS submitters |
| **Version history** | **Version Previous Name Effective Date**  1 File Name 2010/07/01 |
| **Definition source** | Department of Health |
| **Value domain source** | Department of Health |

## File Processing End Date/Time

|  |  |
| --- | --- |
| **Definition** | The date and time that the VINAH MDS Validation Engine completed processing the file.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Date and Time 1 1 Not applicable |
| **Layout** | YYYYMMDD[hhmmss ***Size:*  Min. Max.** |
| **Location** | **Transmission protocol XML Validation Report**  Submission Summary /Submission/process\_end\_date |
| **Reported by** | VINAH MDS Validation Engine |
| **Reported for** | All VINAH MDS submission |
| **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:  File Processing End Date/Time (Mandatory) |
| **Value domain** | Valid date. |
| **Reporting guide** | THIS DATA ELEMENT IS NOT REPORTED BY HEALTH SERVICES. IT DEFINES CONTENT IN THE VALIDATION REPORT RETURNED BY THE VINAH VALIDATION ENGINE. |
| **Validations** |  |
| **Related items** | File Batch Accepted Indicator  File Batch Identifier  File Batch Message Accepted Indicator  File Batch Message Count  File Batch Message Implied Program  File Batch Message Sequence Number  File Batch Message Valid Indicator  File Batch Sequence Number  File Processing End Date/Time  File Processing Start Date/Time  File Submission Date/Time  File Validation Event Code  File Validation Event Date/Time  File Validation Event Identifier  File Validation Event Message  File Validation Event Record Identifier  File Validation Event Record Identifier Type |

Administration

|  |  |
| --- | --- |
| **Purpose** | To enable management of the VINAH MDS transmissions |
| **Principal users** | VINAH MDS Validation Engine, VINAH MDS submitters. |
| **Version history** | **Version Previous Name Effective Date**  1 File Processing End Date/Time 2010/07/01 |
| **Definition source** | Department of Health |
| **Value domain source** | Department of Health |

## File Processing Start Date/Time

|  |  |
| --- | --- |
| **Definition** | The date and time that the VINAH MDS Validation Engine commenced processing the file.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Date and Time 1 1 Not applicable |
| **Layout** | [YYYY] [MM] [DD]T[HH]:[NN]:***Size:*  Min. Max.** |
| **Location** | **Transmission protocol XML Validation Report**  Submission Summary /Submission/process\_start\_date |
| **Reported by** | VINAH MDS Validation Engine |
| **Reported for** | All VINAH MDS submission |
| **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:  File Processing Start Date/Time (Mandatory) |
| **Value domain** | Valid date. |
| **Reporting guide** | THIS DATA ELEMENT IS NOT REPORTED BY HEALTH SERVICES. IT DEFINES CONTENT IN THE VALIDATION REPORT RETURNED BY THE VINAH VALIDATION ENGINE. |
| **Validations** |  |
| **Related items** | File Batch Accepted Indicator  File Batch Identifier  File Batch Message Accepted Indicator  File Batch Message Count  File Batch Message Implied Program  File Batch Message Sequence Number  File Batch Message Valid Indicator  File Batch Sequence Number  File Processing End Date/Time  File Processing Start Date/Time  File Submission Date/Time  File Validation Event Code  File Validation Event Date/Time  File Validation Event Identifier  File Validation Event Message  File Validation Event Record Identifier  File Validation Event Record Identifier Type |

Administration

|  |  |
| --- | --- |
| **Purpose** | To enable management of the VINAH MDS transmissions |
| **Principal users** | VINAH MDS Validation Engine, VINAH MDS submitters. |
| **Version history** | **Version Previous Name Effective Date**  1 File Processing Start Date/Time 2010/07/01 |
| **Definition source** | Department of Health |
| **Value domain source** | Department of Health |

## File Purge Key

|  |  |
| --- | --- |
| **Definition** | A Universally Unique Identifier (UUID) that acts as a key which can be used at a later date to authorise the purge of Submission File from the VINAH MDS Repository.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Identifier 1 1 Not applicable |
| **Layout** | X(8)-X(4)-x(4)-X(4)–X(12)***Size:* Min. Max.** |
| **Location** | **Transmission protocol XML Validation Report**  Submission Summary /Submission/purge\_key |
| **Reported by** | All VINAH MDS transmissions |
| **Reported for** | All VINAH MDS submissions |
| **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:  File Processing Start Date/Time (Mandatory) |
| **Value domain** | Valid UUID - Refer ISO 11578:1996 |
| **Reporting guide** | THIS DATA ELEMENT IS NOT REPORTED BY HEALTH SERVICES. IT DEFINES CONTENT IN THE VALIDATION REPORT RETURNED BY THE VINAH VALIDATION ENGINE.  See Section 5 of this manual. |
| **Validations** | X002 Submission <filename> was not successfully purged – incorrect TargetEnvironment/Filename/SubID/HealthService/UserName/ PurgeKey combination |
| **Related items** | File Identifier  File Name  File Processing Directive  File Processing End Date/Time |

Administration

|  |  |
| --- | --- |
| **Purpose** | To enable management of the VINAH MDS transmissions. |
| **Principal users** | VINAH MDS Validation Engine, VINAH MDS submitters. |
| **Version history** | **Version Previous Name Effective Date**  1 File Purge Key 2010/07/01 |
| **Definition source** | Department of Health |
| **Value domain source** | Department of Health |

## File Purged After Processing Indicator

|  |  |
| --- | --- |
| **Definition** | Indicates if the submission was purged immediately after processing had completed as a result of the File Processing Directive ‘PurgeAfterLoad=True’ being present in the File Header Segment.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Code 1 1 Not applicable |
| **Layout** | N ***Size:*  Min. Max.** |
| **Location** | **Transmission protocol XML Validation Report**  Submission Summary /Submission/purged\_after\_load  Submission Summary /Submission/Validations/Validation /val\_event\_id |
| **Reported by** | All VINAH MDS transmissions |
| **Reported for** | All VINAH MDS submissions |
| **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:  File Processing Start Date/Time (Mandatory) |
| **Value domain** | Enumerated. |
| **Reporting guide** | THIS DATA ELEMENT IS NOT REPORTED BY HEALTH SERVICES. IT DEFINES CONTENT IN THE VALIDATION REPORT RETURNED BY THE VINAH VALIDATION ENGINE.  This element can be used to determine if the File Processing Directive to Purge the file after the completion of processing was carried out successfully. |
| **Validations** | X003 Submission <filename> has already been purged after the initial load, due to the PurgeAfterLoad=True instruction on the original submission |
| **Related items** | File Name  File Processing Directive  File Processing End Date/Time  File Validation Event Identifier |

Administration

|  |  |
| --- | --- |
| **Purpose** | To enable management of VINAH MDS transmissions |
| **Principal users** | VINAH MDS Validation Engine, VINAH MDS submitters |
| **Version history** | **Version Previous Name Effective Date**  1 File Purged After Processing Indicator 2010/07/01 |
| **Definition source** | Department of Health |
| **Value domain source** | Department of Health |

## File Submission Date/Time

|  |  |
| --- | --- |
| **Definition** | The date and time that the submission was first received by a relevant acquisition method at the department (i.e. the HealthCollect Portal).  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Date and Time 1 1 NA |
| **Layout** | [YYYY] [MM] [DD]T[HH]:[NN]: ***Size:*  Min. Max.** |
| **Location** | **Transmission protocol XML Validation Report**  Submission Summary /Submission/submission\_date |
| **Reported by** | VINAH MDS Validation Engine |
| **Reported for** | All VINAH MDS submissions |
| **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:  File Submission Date/Time (Mandatory) |
| **Value domain** | Valid date |
| **Reporting guide** | THIS DATA ELEMENT IS NOT REPORTED BY HEALTH SERVICES. IT DEFINES CONTENT IN THE VALIDATION REPORT RETURNED BY THE VINAH VALIDATION ENGINE |
| **Validations** | None |
| **Related items** | File Batch Accepted Indicator  File Batch Identifier  File Batch Message Accepted Indicator  File Batch Message Count  File Batch Message Implied Program  File Batch Message Sequence Number  File Batch Message Valid Indicator  File Batch Sequence Number  File Processing End Date/Time  File Processing Start Date/Time  File Submission Date/Time  File Validation Event Code  File Validation Event Date/Time  File Validation Event Identifier  File Validation Event Message  File Validation Event Record Identifier  File Validation Event Record Identifier Type |

Administration

|  |  |
| --- | --- |
| **Purpose** | To enable management of the VINAH MDS transmissions |
| **Principal users** | VINAH MDS Validation Engine, VINAH MDS submitters |
| **Version history** | **Version Previous Name Effective Date**  1 File Submission Date/Time 2010/07/01 |
| **Definition source** | Department of Health |
| **Value domain source** | Department of Health |

## File Validation Event Code

|  |  |
| --- | --- |
| **Definition** | The Validation Code of a specific instance of a validation event occurring on a message.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Code 1 1 Not applicable |
| **Layout** | ANN ***Size:*  Min. Max.** |
| **Location** | **Transmission protocol XML Validation Report**  Submission Summary /Submission/Validations/Validation /edit\_code |
| **Reported by** | VINAH MDS Validation Engine |
| **Reported for** | All VINAH MDS submissions where a validation event is generated |
| **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:  File Validation Event Date/Time (Mandatory) |
| **Value domain** | See Section 8 – Validations for a list of validation codes |
| **Reporting guide** | THIS DATA ELEMENT IS NOT REPORTED BY HEALTH SERVICES. IT DEFINES CONTENT IN THE VALIDATION REPORT RETURNED BY THE VINAH MDS VALIDATION ENGINE.  This element can be used in conjunction with the Submission Validation Event Message to analyse the type of data quality problem identified by the VINAH MDS Validation Engine. |
| **Validations** | None |
| **Related items** | File Batch Accepted Indicator  File Batch Identifier  File Batch Message Accepted Indicator  File Batch Message Count  File Batch Message Implied Program  File Batch Message Sequence Number  File Batch Message Valid Indicator  File Batch Sequence Number  File Processing End Date/Time  File Processing Start Date/Time  File Submission Date/Time  File Validation Event Date/Time  File Validation Event Identifier  File Validation Event Message  File Validation Event Record Identifier  File Validation Event Record Identifier Type |

Administration

|  |  |
| --- | --- |
| **Purpose** | To enable management of the VINAH MDS transmissions. |
| **Principal users** | VINAH MDS Validation Engine, VINAH MDS submitters |
| **Version history** | **Version Previous Name Effective Date**  1 File Validation Event Code 2010/07/01 |
| **Definition source** | Department of Health |
| **Value domain source** | Department of Health |

## File Validation Event Date/Time

|  |  |
| --- | --- |
| **Definition** | The date and time when the validation event occurred  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Date and time 1 1 Not applicable |
| **Layout** | [YYYY] [MM] [DD]T[HH]:[NN]:***Size:*  Min. Max.** |
| **Location** | **Transmission protocol XML Validation Report**  Submission Summary /Submission/Validations/Validation/identifier\_type |
| **Reported by** | VINAH MDS Validation Engine |
| **Reported for** | All VINAH MDS Submissions where a validation event is generated with relation to a data structure. |
| **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:  File Validation Event Date/Time (Mandatory) |
| **Value domain** | Valid date |
| **Reporting guide** | THIS DATA ELEMENT IS NOT REPORTED BY HEALTH SERVICES. IT DEFINES CONTENT IN THE VALIDATION REPORT RETURNED BY THE VINAH MDS VALIDATION ENGINE.  This element represents the exact date/time that the VINAH MDS Validation Engine detected and raised the validation event. |
| **Validations** | None |
| **Related items** | File Batch Accepted Indicator  File Batch Identifier  File Batch Message Accepted Indicator  File Batch Message Count  File Batch Message Implied Program  File Batch Message Sequence Number  File Batch Message Valid Indicator  File Batch Sequence Number  File Processing End Date/Time  File Processing Start Date/Time  File Submission Date/Time  File Validation Event Code  File Validation Event Date/Time  File Validation Event Identifier  File Validation Event Message  File Validation Event Record Identifier  File Validation Event Record Identifier Type |

Administration

|  |  |
| --- | --- |
| **Purpose** | To enable management of the VINAH MDS transmissions |
| **Principal users** | VINAH MDS Validation Engine, VINAH MDS submitters |
| **Version history** | **Version Previous Name Effective Date**  1 File Validation Event Date/Time 2010/07/01 |
| **Definition source** | Department of Health |
| **Value domain source** | Department of Health |

## File Validation Event Identifier

|  |  |
| --- | --- |
| **Definition** | A value generated by the VINAH MDS Validation Engine to identify a specific instance of a validation event occurring on a message.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Identifier 1 1 Not applicable |
| **Layout** | N ***Size:*  Min. Max.** |
| **Location** | **Transmission protocol XML Validation Report**  Submission Summary /Submission/Validations/Validation /val\_event\_id |
| **Reported by** | VINAH MDS Validation Engine |
| **Reported for** | All VINAH MDS submissions where a validation event is generated |
| **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:  File Validation Event Date/Time (Mandatory) |
| **Value domain** | Positive Integer |
| **Reporting guide** | THIS DATA ELEMENT IS NOT REPORTED BY HEALTH SERVICES. IT DEFINES CONTENT IN THE VALIDATION REPORT RETURNED BY THE VINAH MDS VALIDATION ENGINE.  This element can be used as a reference for specific instance of a validation event occurring on a message. |
| **Validations** | None |
| **Related items** | File Batch Accepted Indicator  File Batch Identifier  File Batch Message Accepted Indicator  File Batch Message Count  File Batch Message Implied Program  File Batch Message Sequence Number  File Batch Message Valid Indicator  File Batch Sequence Number  File Processing End Date/Time  File Processing Start Date/Time  File Purged After Processing Indicator  File Submission Date/Time  File Validation Event Code  File Validation Event Date/Time  File Validation Event Message  File Validation Event Record Identifier  File Validation Event Record Identifier Type |

Administration

|  |  |
| --- | --- |
| **Purpose** | To enable management of the VINAH MDS transmissions. |
| **Principal users** | VINAH MDS Validation Engine, VINAH MDS submitters. |
| **Version history** | **Version Previous Name Effective Date**  1 File Validation Event Identifier 2010/07/01 |
| **Definition source** | Department of Health |
| **Value domain source** | Department of Health |

## File Validation Event Message

|  |  |
| --- | --- |
| **Definition** | The Validation Message a specific instance of a validation event occurring on a message.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Text 1 1 Not applicable |
| **Layout** | ANNN ***Size:*  Min. Max.** |
| **Location** | **Transmission protocol XML Validation Report**  Submission Summary /Submission/Validations/Validation /edit\_text |
| **Reported by** | VINAH MDS Validation Engine |
| **Reported for** | All VINAH MDS submissions where a validation event is generated. |
| **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:  File Validation Event Date/Time (Mandatory) |
| **Value domain** | See Section 8 – Validations for a list of validation messages. |
| **Reporting guide** | THIS DATA ELEMENT IS NOT REPORTED BY HEALTH SERVICES. IT DEFINES CONTENT IN THE VALIDATION REPORT RETURNED BY THE VINAH MDS VALIDATION ENGINE.  This element can be used in conjunction with the File Validation Event Code to analyse the type of data quality problem identified by the VINAH MDS Validation Engine.  The value of this data element will be based on the message templates outlined for each validation in Section 8 of this manual. Any parameters embedded in the template (values surrounded by inequality signs (< >) will be substituted with values specific to the instance of the validation event. Note that the inequality signs will also be replaced when the template substitution occurs. |
| **Validations** | None |
| **Related items** | File Batch Accepted Indicator  File Batch Identifier  File Batch Message Accepted Indicator  File Batch Message Count  File Batch Message Implied Program  File Batch Message Sequence Number  File Batch Message Valid Indicator  File Batch Sequence Number  File Processing End Date/Time  File Processing Start Date/Time  File Submission Date/Time  File Validation Event Code  File Validation Event Date/Time  File Validation Event Identifier  File Validation Event Record Identifier  File Validation Event Record Identifier Type |

Administration

|  |  |
| --- | --- |
| **Purpose** | To enable management of the VINAH MDS transmissions. |
| **Principal users** | VINAH MDS Validation Engine, VINAH MDS submitters. |
| **Version history** | **Version Previous Name Effective Date**  1 File Validation Event Message 2010/07/01 |
| **Definition source** | Department of Health |
| **Value domain source** | Department of Health |

## File Validation Event Record Identifier

|  |  |
| --- | --- |
| **Definition** | A value that identifies the primary key of the data record upon which the validation event was applied.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Identifier 1 1 Not applicable |
| **Layout** | X(1-50) ***Size:*  Min. Max.** |
| **Location** | **Transmission protocol XML Validation Report**  Submission Summary /Submission/Validations/Validation /identifier |
| **Reported by** | VINAH MDS Validation Engine |
| **Reported for** | All VINAH MDS submissions where a validation event is generated with relation to a data structure. |
| **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:  File Validation Event Date/Time (Optional) |
| **Value domain** | Any value as submitted by the Organisation, with relation to the File Validation Event Record Identifier Type. |
| **Reporting guide** | THIS DATA ELEMENT IS NOT REPORTED BY HEALTH SERVICES. IT DEFINES CONTENT IN THE VALIDATION REPORT RETURNED BY THE VINAH VALIDATION ENGINE.  This element can be used in conjunction with the File Validation Event Record Identifier Type to identify the data record upon which the validation event was applied.  Example:  File Validation Event Record Identifier = 03441  File Validation Event Record Identifier Type = Episode Identifier |
| **Validations** | None |
| **Related items** | File Batch Accepted Indicator  File Batch Identifier  File Batch Message Accepted Indicator  File Batch Message Count  File Batch Message Implied Program  File Batch Message Sequence Number  File Batch Message Valid Indicator  File Batch Sequence Number  File Processing End Date/Time  File Processing Start Date/Time  File Submission Date/Time  File Validation Event Code  File Validation Event Date/Time  File Validation Event Identifier  File Validation Event Message  File Validation Event Record Identifier Type |

Administration

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| --- | --- |
| **Purpose** | To enable management of the VINAHMDS transmissions. |
| **Principal users** | VINAH MDS Validation Engine, VINAH MDS submitters |
| **Version history** | **Version Previous Name Effective Date**  1 File Validation Event Record Identifier 2010/07/01 |
| **Definition source** | Department of Health |
| **Value domain source** | Department of Health |

## File Validation Event Record Identifier Type

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| **Definition** | The type of record upon which the validation event was applied.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | 1 1 Not applicable |
| **Layout** | ***Size:*  Min. Max.** |
| **Location** | **Transmission protocol XML Validation Report**  Submission Summary /Submission/Validations/Validation /identifier\_type |
| **Reported by** | VINAH MDS Validation Engine |
| **Reported for** | All VINAH MDS submissions where a validation event is generated with relation to a data structure. |
| **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:  File Validation Event Date/Time (Optional) |
| **Value domain** | Enumerated  Table identifier VVE0001  **List Item**  Batch Control Identifier  Contact Identifier  Episode Identifier  Inbound Referral Identifier  Message Control Identifier  NULL  Patient Identifier  Referral Out Identifier |
| **Reporting guide** | THIS DATA ELEMENT IS NOT REPORTED BY HEALTH SERVICES. IT DEFINES CONTENT IN THE VALIDATION REPORT RETURNED BY THE VINAH MDS VALIDATION ENGINE.  This element can be used in can be used in conjunction with the File Validation Event Record Identifier to identify the data record upon which the validation event was applied.  Example:  File Validation Event Record Identifier = 03441  File Validation Event Record Identifier Type = Episode Identifier |
| **Validations** | None. |
| **Related items** | File Batch Accepted Indicator  File Batch Identifier  File Batch Message Accepted Indicator  File Batch Message Count  File Batch Message Implied Program  File Batch Message Sequence Number  File Batch Message Valid Indicator  File Batch Sequence Number  File Processing End Date/Time  File Processing Start Date/Time  File Submission Date/Time  File Validation Event Code  File Validation Event Date/Time  File Validation Event Identifier  File Validation Event Message  File Validation Event Record Identifier |

Administration

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| --- | --- |
| **Purpose** | To enable management of the VINAH MDS transmissions. |
| **Principal users** | VINAH MDS Validation Engine, VINAH MDS submitters. |
| **Version history** | **Version Previous Name Effective Date**  1 File Validation Event Record Identifier Type 2010/07/01 |
| **Definition source** | Department of Health |
| **Value domain source** | Department of Health |