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| Victorian Integrated Non-Admitted Health Minimum Data Set (VINAH MDS) manual 2025-26  Section 5a – Transmission and compliance |
| 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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Contents

[Introduction 1](#_Toc202951566)

[Intended audience 1](#_Toc202951567)

[Scope of the data set 1](#_Toc202951568)

[VINAH validations 1](#_Toc202951569)

[Scheduling 1](#_Toc202951570)

[Transmission 1](#_Toc202951571)

[Compliance 1](#_Toc202951572)

[Scope of the data set 1](#_Toc202951573)

[VINAH MDS validations 2](#_Toc202951574)

[Program reporting requirements 2](#_Toc202951575)

[Transmission 3](#_Toc202951576)

[Transmission model 3](#_Toc202951577)

[Transmission schedule 3](#_Toc202951578)

[Transmission frequency 4](#_Toc202951579)

[Transmission modes 4](#_Toc202951580)

[Transmission encoding 4](#_Toc202951581)

[Compliance 5](#_Toc202951582)

[Compliance schedule 5](#_Toc202951583)

[Exceptions and exemptions 6](#_Toc202951584)

[Data integrity 6](#_Toc202951585)

[Data retention 6](#_Toc202951586)

# Introduction

This section of the VINAH MDS manual specifies the requirements for generation and transmission of VINAH MDS data to DH for 2025-26

The following sub-sections detail:

* which agency contacts need to be captured in the VINAH transmission
* which data elements as defined in Section 3 need to be captured for each event.

# Intended audience

This section of the manual is intended for use primarily by software designers and developers responsible for implementation of the VINAH MDS in the information systems used by agencies. Submitting organisation staff should note the information on transmission scheduling.

This section is organised into the following sub-sections:

### Scope of the data set

Gives an overview of the architecture for generation and transmission of VINAH data

### VINAH validations

Explains how VINAH MDS edits are applied

### Scheduling

Outlines the key dates and requirements for transmission of VINAH MDS data

### Transmission

Explains the options available for encoding of transmitted data and modes of transmission

### Compliance

Outlines the requirements for compliance with regards to the transmission of data

# Scope of the data set

The VINAH MDS data is to be generated and transmitted on a minimum monthly basis to the Department of Health via HL7 V2.5 messages. This data is intended to capture a minimum set of data elements associated with events that relate to instances of the following (as defined in Section 2 of this manual):

* clients;
* episodes;
* contacts;
* referrals in; and
* referrals out.

Given the individual requirements of the various programs that participate in the VINAH MDS, some of the above events may or may not be required for a particular program. This is further outlined in Section 2 and Section 3 of this manual.

# VINAH MDS validations

VINAH MDS edits are applied in groups in the order listed below:

Pre-data validations

* Process validations (file)
* File-level validations (file)
* Batch-level validations (batch)
* HL7 validations (batch)

Data validations

* Data validations (batch)
* Referential integrity validations (batch)

A failure of a file or batch at any stage will prevent further validation levels running for that file or batch, as appropriate.

Data validations are further subdivided into logical groupings within this document. However, failure of a validation in one of these sub-groups does not prevent other validations at the data validation level from running.

* Note that process validations also include validations reported when a transmission roll-back file is submitted. A transmission roll-back file will generate an X~ edit, and is the only time an edit will be generated from the VINAH MDS validation engine that indicates a successful situation (X001);
  + - * 1. see Sections below in the VINAH MDS manual for more information.
* 3 - Data definitions
* 4 - Business rules
* 8 - Validations

# Program reporting requirements

Data elements defined in Section 3 collected through the VINAH MDS should be provided for each Program as per the following table:

|  |  |  |
| --- | --- | --- |
| Program | Collection of data by health services | Transmission to DH enabled |
| Contact-based data | 1/7/2010 | 1/7/2009 |
| Episode-based data | 1/7/2009 | 1/7/2009 |
| Complex Care (FCP) | 1/7/2009 | 1/7/2009 |
| Early Parenting Centres (EPC) | 1/7/2024 | 1/7/2024 |
| Home Based Dialysis (HBD) | 1/7/2009 | 1/7/2009 |
| Home Enteral Nutrition (HEN) | 1/7/2018 | 1/7/2018 |
| Hospital Admission Risk Program (HARP) | 1/7/2006 | 1/1/2007 |
| Palliative Care Consultancy (HBPCCT) | 1/7/2010 | 1/7/2010 |
| Infusion Therapy (IT) | 1/7/2024 | 1/7/2024 |
| Medi-Hotel | Optional | 1/7/2009 |
| Palliative Care (PC) | Existing | 1/7/2007 |
| Post Acute Care (PAC) | 1/7/2007 | 1/7/2008 |
| Residential In-Reach (RIR) | 1/7/2010 | 1/7/2010 |
| Specialist Clinics (Outpatients) (OP) | 1/7/2011 | 1/7/2011 |
| Subacute Ambulatory Care Services (SACS) | 1/7/2005 | 1/7/2006 |
| Total Parental Nutrition (TPN) | 1/7/2018 | 1/7/2018 |
| Transition Care Program (TCP) | 1/7/2010 | 1/7/2010 |
| Victoria Artificial Limb Program (VALP) | 1/7/2021 | 1/7/2021 |
| Victorian HIV and Sexual Health Services (VHS) | 1/7/2009 | 1/7/2009 |
| Victorian Respiratory Support Service (VRSS) | 1/7/2012 | 1/7/2012 |

# Transmission

## Transmission model

The VINAH MDS is a transactional data collection, meaning that any given transmission may contain a series of records with an associated action. These are designed to either add new data or update/remove previously submitted data from the VINAH MDS data repository held at the Department.

Once submitting organisations fall into a regular transmission pattern, it is likely that their transmissions will predominantly contain data pertaining to the previous month; however, any given transmission can change or remove previously transmitted data.

## Transmission schedule

Compliance with reporting requirements is achieved through regular transmission of data to the Department. Submitting organisations are encouraged to transmit VINAH MDS data frequently and may transmit as often as desired to meet the compliance schedule (as outlined later in this document).

Any given transmission may contain data pertaining to VINAH MDS activity from any point in time (subject to the VINAH MDS Business Rules). This allows the submitting organisation’s system to continually reflect the state of patient related activity to the Department as changes are made to the data.

Submitting organisations should take note of VINAH MDS related outages on the VINAH Production or VINAH Test tabs on the HealthCollect Portal and should be prepared to complete their required transmissions around these maintenance windows.

## Transmission frequency

The assembly and transmission of data shall be dictated, at a minimum, by the compliance and submission timing requirements outlined in this document. Within the bounds of these requirements, submissions can be sent at any point in time in line with the capabilities of the sending software and the convenience of the submitting organisation.

Even though this suggests real-time VINAH MDS data transmission is possible, submissions made through the HealthCollect Portal experience an overhead in the queuing process in the VINAH repository of around 2 minutes per file.

Larger organisations that will conceivably be submitting substantial amounts of information, a steady stream of extremely small files (i.e. one patient per file in one batch; a handful of messages) will suffer compounding delays as a result of this queuing overhead. In this case, daily submissions are the smallest feasible submission frequency; the VINAH MDS queue overhead will be proportionate to the amount of data contained within the file.

## Transmission modes

Data must be submitted electronically via the HealthCollect Portal.

The Portal is a web site dedicated to secure transmission of data files between agencies and the Department. It comprises a web-based Portal customised for an individual user and allows the transmission of multiple files for various health data collections (where applicable). The procedure for using the HealthCollect Portal is outlined in Section 5d – HealthCollect portal manual transmission process.

The Portal provides submitting organisations with both a means to submit a file, and an area on the web site that allows submitting organisations to collect files from the Department, such as error reports about the VINAH MDS transmission, and other data files. See Section 7 – Validation reports for more information on the files returned in the HealthCollect Portal.

To use the Portal, you need a web-enabled computer. You also need a username and password allocated to you and registered to submit data for the VINAH MDS.

## Transmission encoding

VINAH MDS data is transmitted in the following format:

* HL7 (Outlined in Section 5c – HL7 reference and implementation guide).

# Compliance

VINAH MDS compliance is assessed by reviewing the state, or snapshot, of the data held in the VINAH repository at a point in time during each month.

As previously transmitted data may be changed or removed, the compliance activity does not only concern the month immediately preceding but is assessed across the entire history of the organisation’s data transmission.

An organisation may, as a result of the transactions transmitted during a period of time, no longer be compliant for a period for which they were previously.

## Compliance schedule

|  |  |  |
| --- | --- | --- |
| Month | Submission date | Clean date |
| July 2025 | 10 August 2025 | 14 August 2025 |
| August 2025 | 10 September 2025 | 14 September 2025 |
| September 2025 | 10 October 2025 | 14 October 2025 |
| October 2025 | 10 November 2025 | 14 November 2025 |
| November 2025 | 10 December 2025 | 14 December 2025 |
| December 2025 | 10 January 2026 | 14 January 2026 |
| January 2026 | 10 February 2026 | 14 February 2026 |
| February 2026 | 10 March 2026 | 14 March 2026 |
| March 2026 | 10 April 2026 | 14 April 2026 |
| April 2026 | 10 May 2026 | 14 May 2026 |
| May 2026 | 10 June 2026 | 14 June 2026 |
| June 2026 | 10 July 2026 | 14 July 2026 |

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

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

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

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

## Exceptions and exemptions

If difficulties are anticipated in meeting the compliance schedule, the submitting organisation must write to the Manager, Data Collections indicating the nature of the difficulties, remedial action being taken and the expected transmission schedule.

Exemptions for late data will only be considered for circumstances beyond the control of the submitting organisation. Software problems are, of themselves, insufficient justification for late submission of data. The submitting organisation is expected to have arrangements in place with their software vendor to ensure statutory reporting requirements are met.

Note however that during the initial VINAH MDS implementation period for new agencies and program types, flexible arrangements may be negotiated with submitting organisations on a case-by-case basis.

# Data integrity

Accurate data is critical for maintaining public confidence in the health system, health service performance monitoring, and health system performance reporting, policy and planning.

Public health service boards are accountable for the accuracy of reported data. Boards are expected to make data integrity the responsibility of their Audit Committee and ensure that data accuracy is subject to appropriate controls, including regular internal audit.

# Data retention

The department maintains a permanent record of transmissions from health services for audit and data reconstruction purposes. To this end, health services should retain a copy of each transmission along with audit information such as the date of transmission, the persons undertaking and person authorising the transmission. This information should be held for a period of at least three years.

It is suggested that health services also retain acknowledgement and submission report files for the same period.