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| Specifications for revisions to the Victorian Integrated Non-Admitted Health Minimum Data Set (VINAH MDS) for 2023-24 |
| December 2022 |
| OFFICIAL |

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# Executive Summary

The revisions for the Victorian Integrated Non-Admitted Health Minimum Data Set (VINAH MDS) for 2023-24 are summarised below:

New data elements

* Patient/Client Gender. Optional reporting of Patient/Client Gender against accepted referrals where the patient/client has not attended any appointments. Mandatory reporting of Patient/Client Gender when first appointment attended.
* National Disability Insurance Scheme (NDIS) participant identifier for registered NDIS participants.

Amend existing data elements

* Amend the timing of reporting Episode Health Condition. Optional reporting against accepted referrals where the patient/client has not attended any appointments. Mandatory reporting in all other instances.
* Amend Patient/Client Sex to Patient/Client Sex at Birth. Amend definition and codeset.
* Amend the timing of reporting Patient/Client Sex at Birth. Optional reporting against accepted referrals where the patient/client has not attended any appointments. Mandatory reporting in all other instances.
* Amend Referral In Clinical Urgency categories for the Palliative Care (PC) program/stream.
* Include new concept diagrams for community palliative care.
* Amend the codeset and descriptors for Referral In/Episode Program/Stream for Palliative Care Consultancy (HBPCCT).
* Update the concept definition for the Victorian HIV and Sexual Health Services (VHS). Amend the related codeset and descriptors for Referral In/Episode Program/Stream.

Addition of new validations

* New validation to require the Episode End Date and/or Episode End Reason to be reported when a patient/client date of death is reported.
* New validation to require the Episode First Appointment Booked Date to be reported when an Episode Patient/Client Notified of First Appointed Date has been reported.
* New validation to require an Episode End Date to be reported when an Episode End Reason has been reported.

# Introduction

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

Comments provided by the health sector in response to *Proposals for revisions across multiple collections (ESIS, VAED, VEMD and VINAH) for 2023-24* and *Proposals for revisions to the Victorian Integrated Non-Admitted Health Minimum Data Set (VINAH MDS) for 2023-24* have been considered, and where possible, suggestions have been accommodated, resulting in changes to, or withdrawal of, some proposals.

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

An updated VINAH MDS manual will be published in due course. Until then, the current VINAH MDS manual and subsequent HDSS Bulletins, together with this document, form the data submission specifications for 2023-24.

Victorian health services must ensure their software can create a submission file in accordance with the revised specifications and ensure reporting capability is achieved to maintain compliance with reporting timeframes set out in the relevant Department of Health policy and funding guidelines or the *Health Services (Health Service Establishments) Regulations 2013.*

## Orientation to this document

* New data elements are marked as (new).
* Changes to existing data elements are highlighted in green
* Redundant values and definitions relating to existing elements are ~~struck through~~.
* Comments relating only to the specifications document appear in *[square brackets and italics].*
* New validations are marked ### if number has not yet been allocated
* Validations to be changed are marked \* when listed as part of a data element or below a validation table.
* Changes are shown under the appropriate manual section headings

The proposals in this document are numbered 1 through to 25 (proposals 1, 9, 10, 12, 13, 15, 23, 24 and 25 were withdrawn). Proposals 2A through to 8 apply to multiple data collections including the VINAH MDS and are available in the *Proposals for Revisions across Multiple Data Collections for 2023-24.*

# Outcome of proposals

**Proposal 1 – Extend January reporting deadline**

Proposal withdrawn

**Proposal 2A – New data element Gender**

Proposal proceeds

Note: Optional implementation for 2023-24. Mandatory implementation for 2024-25.

**Proposal 6,7 – Amend Sex to Sex at Birth**

Proposal proceeds

**Proposal 8 – Collect National Disability Insurance Scheme (NDIS) Participant Identifier**

Proposal proceeds

**Proposal 9** **–** **Episode Health Condition**

Proposal withdrawn

**Proposal 10** **–** **Episode Health Condition**

**Proposal withdrawn**

**Proposal 11 – Episode Health Condition**

Proposal proceeds

**Proposal 12 – Episode Health Condition**

Proposal withdrawn

**Proposal 13 – Change business rules for renewed referrals**

Proposal does not proceed

**Proposal 14 – Change timing of when Patient Sex at Birth is reported**

Proposal proceeds

**Proposal 15 – Episode Other Factors Affecting Health**

Proposal withdrawn

**Proposal 16 – Referral In Clinical Urgency Category**

Proposal proceeds

**Proposal 17 – Concept screening Referral conceptual model**

Proposal proceeds

**Proposal 18 – Consolidate and refine Referral In/Episode Program/Stream for specialist palliative care consultancy**

Proposal proceeds

**Proposal 19 – Amend Victorian HIV Service program and streams**

Proposal proceeds

**Proposal 20 – Validation – Client Date of Death has been reported but client has open episode(s)**

Proposal proceeds

**Proposal 21 – Validation - First appointment booked date is mandatory**

Proposal proceeds

**Proposal 22 – Validation – When an Episode has an Episode End Reason it must have an Episode End Date**

Proposal proceeds

**Proposal 23 – Filter HealthCollect reports by organisational departments**

Proposal withdrawn

**Proposal 24 – Flag changed records in VINAH**

Proposal withdrawn

**Proposal 25 – Referral to the surgical waiting list**

Proposal withdrawn

The following proposals were approved in 2021 for implementation in 2023-24.

**New Program/Stream for Geriatric Evaluation and Management (GEM)**

**Amend business rule - Contact Delivery Setting for current inpatient**

**Contact Professional Group - require duplicate codes to be reported**

# Specifications for changes from 1 July 2023

# Section 1- Introduction

## Reporting notes

**End of financial year consolidation**

All errors for 2023–24 must be corrected and resubmitted before consolidation of the VINAH MDS database on the date advised in the Victorian policy and funding guidelines.

| Data requirement | Due date |
| --- | --- |
| Submission date for client, referral, episode and contact details for the month | Must be submitted before 5.00pm on the 10th day of the following month |
| Clean date for client, referral, episode and contact details for the month | Must be submitted before the file consolidation at 5.00pm on the 14th day of the following month, or the preceding working day if the 14th falls on a weekend or public holiday |
| Corrections to data for 2023-24 | Must be corrected and submitted before final consolidation of the 2023-24 VINAH MDS database at 5pm on the date advised in thePolicy and funding guidelines |

## VINAH MDS consolidation

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

## History and development of the VINAH MDS

The VINAH MDS version will be updated to version 18 for 2023-24.

**2023-24 VINAH v18**

Introduction of new data elements Episode Patient/Client NDIS Participant Identifier and Patient/Client Gender. Revision of program/streams for the Victorian HIV and Sexual Health Services (VHS) program (formerly Victorian HIV Services (VHS) and Palliative Care Consultancy (HBPCCT) (formerly Hospital Based Palliative Care Consultancy Team (HBPCCT)

Updates to reporting of data elements Contact Delivery Setting, Contact Professional Group, Episode Health Condition, Patient/Client Sex at Birth (formerly Patient/Client Sex) and Referral In Clinical Urgency Category.

Addition of generic process diagrams for Community palliative care.

# Section 2- Concept and derived items

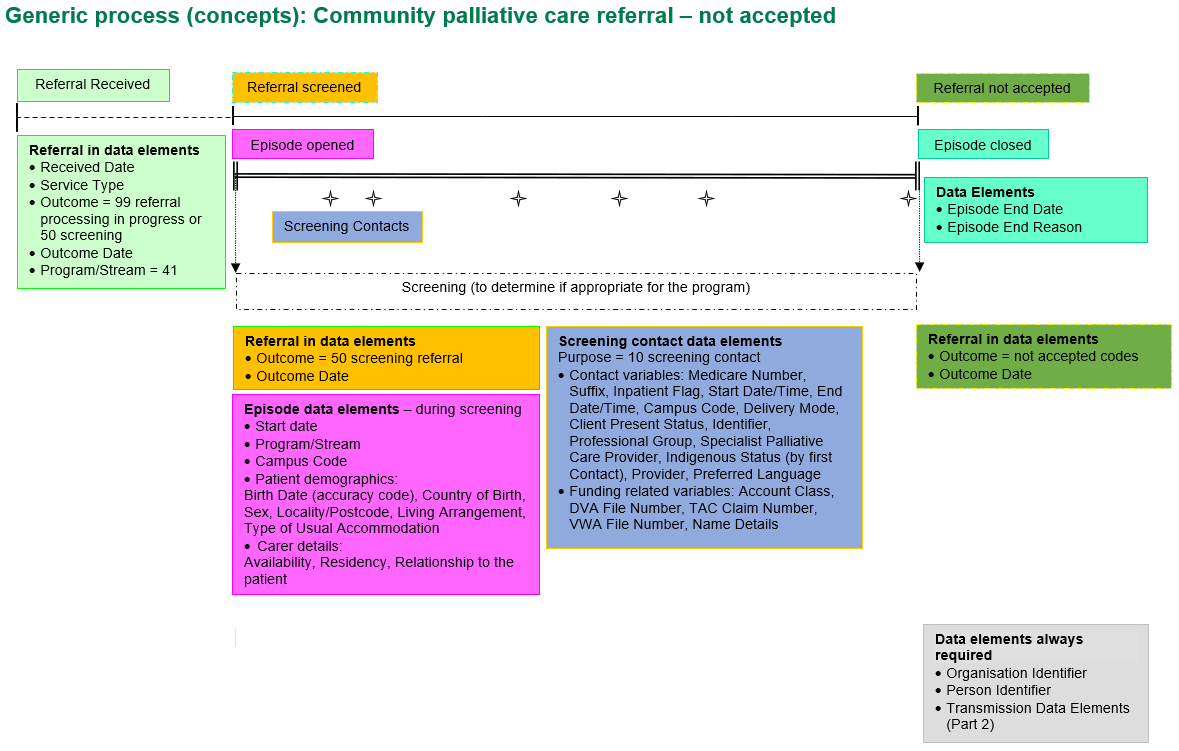
## Victorian HIV and Sexual Health Services (VHS) (amend)

|  |  |
| --- | --- |
| **Definition** | VHS provides services to people living with or at risk of HIV or sexual health conditions. This ranges from acute, subacute care and chronic illness management, ~~respite~~, to health maintenance, prevention and health promotion. The services provided are based on individually assessed needs and delivered through in-hospital, outpatient and community care services. |
| **Guide for use** | The VHS was established by the State Government to provide comprehensive care for Victorians affected by or infected with HIV.  Services are delivered by Alfred Health and include:   * HIV complex care services – inpatients, community outreach (medical, nursing and social work) * HIV outpatient clinics * HIV specialist state-wide outpatient clinics – infections disease (drug and alcohol, complex metabolic, HIV/Hep C coinfection, neurocognitive clinic) * Non-Occupational Post-Exposure Prophylaxis (NPEP) service * Pre-Exposure Prophylaxis (PEP) service * Sexual health service * State-wide specialist HIV support to community pharmacies * Training and education * Victorian HIV mental health service   VHS supports other health services across Victoria to support people living with HIV and sexual health conditions in their community.  Responsibility for reporting VHS activity lies with the health service as fundholder. |

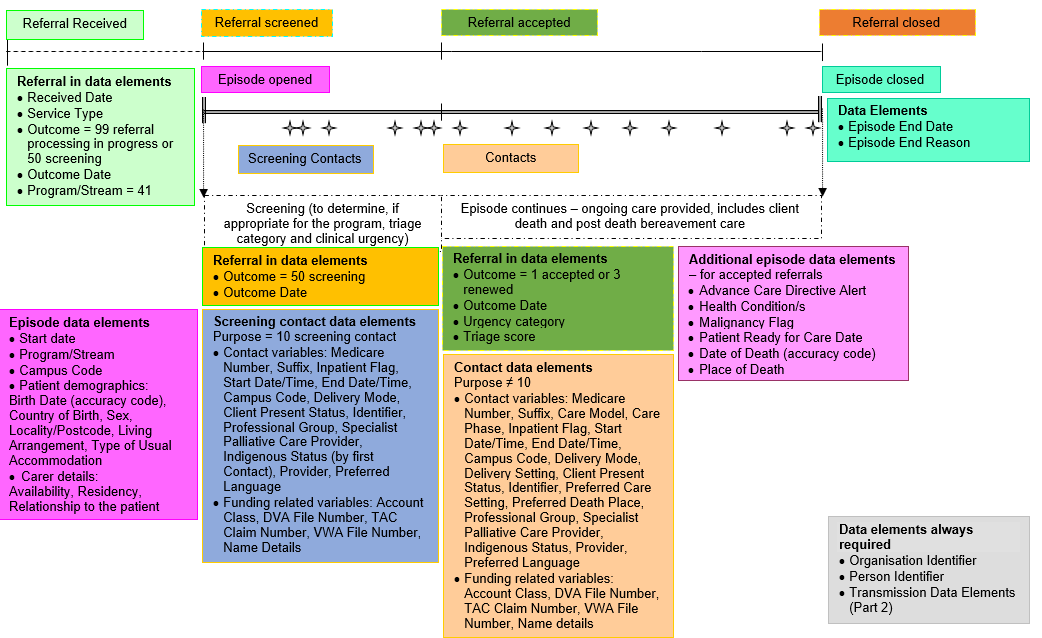
*[No change to remainder of item]*

## Generic process diagrams

**Generic process (concepts): Community palliative care referral – not accepted (new)**



**Generic process (concepts): Community palliative care referral – accepted (new)**



# 

# Section 3 Data elements

## 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** | **FCP** | **HBD** | **HEN** | **HARP** | **HBPCCT** | **Medi-Hotel** | **OP** | **PAC** | **Palliative Care** | **RIR** | **SACS** | **TCP** | **TPN** | **VALP** | **VHS** | **VRSS** |
| Contact Account Class | Y |  |  | Y |  |  | Y | Y | Y | Y | Y |  |  | Y | Y | Y |
| Contact Campus Code | 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 |
| Contact Clinic Identifier |  |  |  |  |  |  | Y |  |  |  |  |  |  |  |  |  |
| Contact Delivery Mode | 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 |
| Contact End Date/Time | 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 |
| Contact Given Name(s) | Y |  |  | Y |  |  | Y | Y | Y | Y | Y |  |  | Y | Y | Y |
| Contact Group Session Identifier |  |  |  |  |  |  | Y |  |  |  |  |  |  |  |  |  |
| Contact Indigenous Status | 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 |
| Contact Interpreter Required | 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 |
| Contact Medicare Suffix | 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 |
| Contact Professional Group | 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 |
| Contact Purpose | 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 |
| Contact Specialist Palliative Care Provider |  |  |  |  |  |  |  |  | Y |  |  |  |  |  |  |  |
| Contact Start Date/Time | 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 |
| Contact VWA File Number |  |  |  | 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 |
| Episode Campus Code | 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 | Y |
| Episode End Date | 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 Condition | Y | Y | Y | Y |  |  | Y | Y | Y | Y | Y |  | Y | Y | Y | Y |
| Episode Hospital Discharge Date |  |  |  |  |  |  |  | Y |  | Y | Y |  |  |  |  |  |
| Episode Malignancy Flag |  |  |  |  | Y |  |  |  | Y |  |  |  |  |  |  |  |
| Episode Other Factors Affecting Health | Y | Y | Y | Y |  |  |  | Y |  | Y | Y |  | Y | Y | Y | Y |
| Episode Patient/Client Notified of First Appointment Date |  |  |  |  |  |  | Y |  |  |  |  |  |  |  |  |  |
| Episode Patient/Client NDIS Participant Identifier (New) | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | 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 |
| Episode Proposed Treatment Plan Completion | 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 |
| 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 |
| Patient/Client Birth Date | 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 |
| Patient/Client Carer Availability | 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 |
| Patient/Client Death Date | 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 |
| Patient/Client Death Place |  |  |  |  |  |  |  |  | Y |  |  |  |  |  |  |  |
| Patient/Client DVA File Number | 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 |
| Patient/Client Identifier | 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 |
| Patient/Client Main Carer’s Relationship to the Patient | 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 |
| Patient/Client Usual Accommodation Type | 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 |
| Patient/Client Usual Residence Postcode | 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 |
| Referral End Reason | Y | Y | Y | Y |  |  | Y | Y |  | Y | Y | Y | Y | Y | Y | Y |
| Referral In Clinical Referral Date |  |  |  |  |  |  | Y |  |  |  |  |  |  |  |  |  |
| Referral In Clinical Urgency Category |  |  |  |  |  |  | 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 |
| Referral In Outcome Date | 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 |
| Referral In Reason | 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 |
| Referral In Received Date | 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 |
| Referral Out Date | 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 |

### 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 Data Elements to be reported by Program 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' |
| 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' 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' |
| 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’ |
| 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, HBD, HEN and TPN |
| C23 | Mandatory for programs HARP, HBPCCT, Medi-Hotel, OP, PAC, PC, RIR, SACS, TCP, VALP, VHS and VRSS |
| 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 when Referral In Outcome is ‘1 – Referral accepted’ or ‘3 – Referral accepted – Renewed referral ‘~~50 – Screening 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 acepted – 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. |

| **All programs not elsewhere specified** | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DATA ELEMENT** | **Referral In Received Date** | **Referral In Receipt Acknowledgement Date** | **Episode Start Date** | **Episode Patient/Client Notified of First Appt Date** | **Episode Care Plan Documented Date** | **Episode TCP Care Transition Date** | **First Contact Start Date/Time** | **Second and Subsequent Contact Start Date/Time** | **Episode End Date** | **Referral Out Date** | **Referral End Date** | **Patient/Client Death Date** |
| 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 |  |  |  |  |  |  | M | M |  |  |  |  |
| 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 Condition |  |  | O |  | O |  | C27 |  | ~~M~~  C27 |  |  |  |
| Episode Hospital Discharge Date |  |  | O |  |  |  |  |  | O |  |  |  |
| Episode Malignancy Flag |  |  | O |  |  |  | M |  |  |  |  |  |
| Episode Other Factors Affecting Health |  |  | O |  | O |  |  |  | C10 |  |  |  |
| Episode Patient/Client NDIS Participant Identifier (New) |  |  | O |  |  |  |  |  | M |  |  |  |
| 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 (new) | O |  | O |  |  |  | O |  | O |  |  |  |
| 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 | ~~C20~~ O |  | O |  |  |  | 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 |  |  |

# Part I Business data elements

## Contact Delivery Setting (amend)

|  |  |
| --- | --- |
| **Value domain** | Enumerated  Table identifier HL70069  **Code Descriptor** |
| **~~\*Not OP~~** | 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:   1. HITH (use code 31) 2. Emergency department (use code 13) 3. General practice clinics (use code 22) 4. Palliative care unit (use code 15)   ~~This code may not be used for Specialist Clinics (Outpatients) services, as they are not in scope for this collection.~~ |

|  |  |  |
| --- | --- | --- |
| **Validations** | E374 | Contact Delivery Setting is ’11 – Hospital setting – inpatient setting’ but Contact Inpatient Flag is not ‘I – Yes (Inpatient/Admitted)’ |

[*No change to remainder of item*]

## Contact Professional Group (amend)

|  |  |
| --- | --- |
| **Definition** | The professional group or professional(s) providing services for a contact.  ***Repeats:* Min. Max. Duplicate** |
| **Form** | Repeatable Code 1 ~~5~~ No Limit Permitted |
| **Layout** | NNNN[N][N] ***Size:*  Min. Max**.  4 6 |
| **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. ~~Do not repeat codes~~. 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, ~~only~~ report the code '252511 - Physiotherapist' twice ~~once~~. ~~If codes are repeated for contact, they will be removed for reporting purposes.~~ |

[*No change to remainder of item*]

## Episode Health Condition (amend)

|  |  |
| --- | --- |
| **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. |
| **Reported by** | All Programs |
| **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. |
| **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; ~~in technical terms this means it should have an Observation Sequence Number of 1 (see Transmission data elements)~~.  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. |

*[No change to remainder of item]*

## Episode Patient/Client NDIS Participant Identification (new)

|  |  |  |
| --- | --- | --- |
| **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** | Complex Care  Home Based Dialysis  Home Enteral Nutrition  Hospital Admission Risk Program  Medi-Hotel  Palliative Care  Palliative Care Consultancy ~~Hospital Based Palliative Care Consultancy Team~~  Post Acute Care  Residential In-Reach  Specialist Clinics (Outpatients)  Sub-Acute 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 for registered NDIS participants. | |
| **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 element fall:  Episode Start Date (Optional)  Episode End Date (Mandatory) | |
| **Value domain** | A valid NDIS Participant Indentification Number | |
| **Reporting guide** | The NDIS participant number is the unique reference number allocated to the individual by the NDIS 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**  First two characters can only be ‘43’ (in that order) or ‘99’  All numeric or blank  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 of ND – National Disability Insurance Scheme has been reported but no Patient/Client NDIS Participant Identifier number has been provided |
| **Related items** | Contact/Client 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 Program Stream (amend/new)

|  |  |  |
| --- | --- | --- |
| **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** | Complex Care  Home Based Dialysis  Home Enteral Nutrition  Hospital Admission Risk Program  Medi-Hotel  Palliative Care  Palliative Care Consultancy ~~Hospital Based Palliative Care Consultancy Team~~  Post Acute Care  Residential In-Reach  Specialist Clinics (Outpatients)  Sub-acute Ambulatory Care Services  Total Parenteral Nutrition  Transition Care Program  Victorian Artificial Limb Program  Victorian HIV and Sexual Health Services  Victorian Respiratory Support Service | |
| **Value domain** | Enumerated  Table identifier HL70069  **Code Descriptor**  **Sub-acute 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)  **Victorian HIV and Sexual Health Services (VHS)**  61 Victorian HIV consultancy  62 Victorian HIV mental health service  63 HIV outreach ambulatory care  ~~64 HIV CALD service~~  ~~65 Horizon place~~  ~~66 Chronic viral illness program~~  67 Victorian NPEP and PEP services  68 HIV ~~outreach allied health~~ complex care – community and outreach  69 Sexual health ~~and wellbeing~~ service  **Residential In-Reach (RIR)**  1201 Residential In-Reach  **Palliative Care Consultancy ~~Hospital Based Palliative Care Consultancy Team~~ (HBPCCT)**  1300 Hospital based palliative care consultancy team  ~~1301 Symptom control/Pain management~~  ~~1302 Discharge planning~~  ~~1303 Psychosocial support/Advocacy~~  ~~1304 Assessment~~  ~~1305 Terminal (end of life) care~~  ~~1306 Symptom control/Pain management/Discharge planning~~  ~~1307 Symptom control/Pain management/Psychosocial support~~  ~~1308 Symptom control/Pain management/Assessment~~  ~~1309 Symptom control/Pain management/Terminal (end of life) care~~  ~~1310 Discharge planning/Psychosocial support/Advocacy~~  ~~1311 Discharge planning/Assessment~~  ~~1312 Discharge planning/Terminal (end of life) care~~  ~~1313 Psychosocial support/Advocacy/Assessment~~  ~~1314 Psychosocial support/Advocacy/Terminal (end of life) care~~  ~~1315 Assessment/Terminal (end of life) care~~  1316 Regional specialist palliative care consultancy  1600 Statewide palliative care service | |
| **Reporting guide** | The value of this data element cannot be changed after the episode has been opened. See Section 5 of this manual for more information.  The value domain is similar to Referral In Program/Stream. The difference is that in this value domain there are no generic codes for SACS, HARP, OP and VHS.  Report the program/stream to which the patient/client has been accepted, not the intervention they are to receive. For example, do not report '313-Allied Health - Stand-alone' unless the referral is to an Allied Health Clinic. Patients/clients can access allied health in other programs/streams.  The program/stream to which the patient/client is referred may not be the same as the program/stream for which the patient/client is accepted. For example, a patient/client may be referred to rehabilitation (code '1'), but after assessment it is decided that the patient/client be seen by the specialist falls clinic (code '5'); in this instance report '5-Specialist Falls'.  **Code 61-69**  Includes the Victorian HIV and Sexual Health Services 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 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 1300-1600**  Includes the Hospital based palliative care consultancy team, Regional specialist palliative care consultancy and Statewide palliative care service Program/Streams. | |
| **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

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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 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 |

[*No change to remainder of item*]

## Patient/Client Gender (new)

|  |  |
| --- | --- |
| **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** | Complex Care  Home Based Dialysis  Home Enteral Nutrition  Hospital Admission Risk Program  Medi-Hotel  Palliative Care  Palliative Care Consultancy ~~Hospital Based Palliative Care Consultancy Team~~  Post Acute Care  Residential In-Reach  Specialist Clinics (Outpatients)  Sub-acute 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** | **All Programs, not elsewhere specified**  The current reporting period for this item is the calendar month in which the following events or data elements fall:  Referral In Outcome (Optional) |
| **Value domain** | Enumerated  Table identifier ####  **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.  Reporting Patient/Client Gender is optional for 2023-24 and mandatory for 2024-25. |
| **Validations** | General edits only, see Format |
| **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** | Person—gender, code X (METeOR 741842) |
| **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 Sex at Birth (amend)

|  |  |
| --- | --- |
| **Definition** | The sex of the person as recorded at birth or infancy.  The distinction between male, female, and others who do not have biological characteristics typically associated with either the male or female sex, as represented by a code. |
| **Reported by** | Complex Care  Home Based Dialysis  Home Enteral Nutrition  Hospital Admission Risk Program  Medi-Hotel  Palliative Care  Palliative Care Consultancy ~~Hospital Based Palliative Care Consultancy Team~~  Post Acute Care  Residential In-Reach  Specialist Clinics (Outpatients)  Sub-acute 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** | **All Programs, not elsewhere specified**  The current reporting period for this item is the calendar month in which the following events or data elements fall:  Referral In Outcome (~~Mandatory~~ Optiona~~l~~)  First contact where Contact Client Present Status is 31 or 32 (Optional)  First contact where Contact Client Present Status is 10, 11, 12, 13 or 20 (Mandatory) | |
| **Related items** | Contact Client Present Status  Episode Start Date | |
| **Reported for** | Patients/clients whose episode was opened during the current reporting period. |
| **Value domain** | Enumerated  Table identifier HL70001  **Code Descriptor**  1 Male  2 Female  ~~3 Indeterminate~~  ~~4 Other~~  5 Another term |
| **Reporting guide** | The term 'sex' refers to a person's biological characteristics such as chromosomes, hormones and reproductive organs. A person's sex is usually described as being either male or female; some people may have both male and female characteristics, or neither male nor female characteristics, or other sexual characteristics.  Sex recorded at birth refers to what was determined by sex characteristics observed at birth or infancy.  **1** **Male**  Persons whose sex at birth or infancy was recorded as male.  **2** **Female**  Persons whose sex at birth or infancy was recorded as female.  **5** **Another term**  Persons whose sex at birth or infancy was recorded as another term (not male or female).  ~~A person’s sex is usually described as either being male or female. Some people may have both male and female characteristics. Sex is assigned at birth and is relatively fixed.~~  ~~A person’s sex may change during their lifetime as a result of procedures known alternatively as sex change, gender reassignment, transsexual surgery, or transgender reassignment. Throughout this process, which may be over a considerable period of time, sex could be recorded as either Male or Female.~~  **~~3~~**  **~~Indeterminate~~**  ~~Used for infants with ambiguous genitalia, where the biological sex, even~~  ~~following genetic testing, cannot be determined. This code should not~~  ~~generally be used on data collection forms completed by the~~  ~~respondent.~~  ~~Code 3 can only be assigned for infants aged less than 90 days.~~  ~~4~~  ~~Other~~  ~~Includes:~~  ~~•~~ ~~An intersex person, who because of a genetic condition was born with reproductive organs or sex chromosomes that are not exclusively male or female~~  ~~•~~ ~~A person who identifies as neither male nor female~~  ~~Excludes:~~   * ~~Transgender, transsexual and chromosomally indeterminate~~  ~~individuals who identify with a particular sex (male or female).~~   Reporting of Patient/Client Sex at Birth should be reported as and when determined. Where a patient/client has not attended any appointments, and this has not been determined, the Patient/Client Sex at Birth is not required to be reported. |
| **Validations** | ~~E454 A message was sent to insert or update a Specialist Clinics (Outpatients) referral with an ‘Accepted’ outcome but client data is not complete.~~ |
|  | E016 The field '<FieldName>' (<HL7 Field>) is mandatory for this Program/Stream <Program/Stream> at this point in time (<Timing>), but no value was supplied |
| **Related items** | Episode Start Date |

Administration

|  |  |
| --- | --- |
| **Purpose** | To enable:   * Analyses of service utilisation and epidemiological studies * Verification of other fields (such as diagnosis and procedure codes) for consistency. * To assist in the allocation of DRGs |
| **Principal users** | Multiple internal and external data users. |
| **Version history** | **Version Previous Name Effective Date**  8 Patient/Client Sex at Birth 2023/07/01  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** | ~~Department of Health~~ Person—sex, code X (METeOR 741686) |
| **Value domain source** | ~~NHDD (Department of Health modified)~~ Person—sex, code X (METeOR 741686) |

## Referral In Clinical Urgency Category (amend)

|  |  |
| --- | --- |
| **Definition** | A categorisation of the urgency with which a patient needs to be seen. |
| **Reported by** | Specialist Clinics (Outpatients)  Palliative Care |
| **Reported for** | Referrals received during the current reporting period. |
| **Codeset** | Enumerated |
|  | Table identifier HL70280 |
|  | **Code Descriptor** |
| **\*OP & PC** | 1 Urgent |
| **\*OP & PC** | 2 Routine |
| **\*PC** | 3 Crisis |
| **\*PC** | 4 Non-urgent |
| **\*PC** | ~~A Within 24 hours~~ |
| **\*PC** | ~~B 2-5 days~~ |
| **\*PC** | ~~C 6-10 days~~ |
| **\*PC** | ~~D Within 6 weeks~~ |
| **\*PC** | ~~E Not ready for admission~~ |
| **\*PC** | 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, 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 in a Specialist Clinic (Outpatients) 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 referrals, use when a clinician determines that the patient does not need to be seen in a Specialist Clinic (Outpatients) 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.  ~~A – Within 24 hours~~  ~~Urgent. The client is to be seen by the service within 24 hours.~~  ~~B – 2-5 days~~  ~~The client is to be seen by the service within 2 to 5 days.~~  ~~C – 6-10 days~~  ~~Not urgent the client is to be seen by the service within 6 to 10 days.~~  ~~D – Within 6 weeks~~  ~~Early referral such as at the point of diagnosis. Client is to be seen by the service within 6 weeks.~~  ~~E – Not ready for admission~~  ~~Patient has not yet consented to palliative care referral and/or is an inpatient.~~ |

*[No changes to remainder of item]*

## Referral in First Triage Score (amend)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** | 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 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 | | | A Referral In First Triage Score of 999 was reported, but Clinical Urgency Category is not 99, or Clinical Urgency Category of 99 was reported and Referral In First Triage Score is not 999 | | | | | | |
| E458 | | | Referral In Outcome is ‘1 – Referral accepted’ or ‘3 – Referral acepted – Renewed referral’, but Referral In Frist Triage Score has not been provided | | | | | | |
| **Related items** | | Referral In Clinical Urgency  Referral In Outcome  Referral In Outcome Date  Episode Patient/Client Ready for Care Date | | | | | | | | |

## Referral In Program/Stream (amend/new)

|  |  |  |
| --- | --- | --- |
| **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** | Complex Care  Home Based Dialysis  Home Enteral Nutrition  Hospital Admission Risk Program  Medi-Hotel  Palliative Care  Palliative Care Consultancy ~~Hospital Based Palliative Care Consultancy Team~~  Post Acute Care  Residential In-Reach  Specialist Clinics (Outpatients)  Sub-acute 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** | 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) | |
| **Value domain** | Enumerated  Table identifier HL70069  **Code Descriptor**  **Sub-acute 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)  **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  ~~64 HIV CALD service~~  ~~65 Horizon place~~  ~~66 Chronic viral illness program~~  67 Victorian NPEP and PEP services  68 HIV ~~outreach allied health~~ complex care – community outreach  69 Sexual health ~~and wellbeing~~ service  **Palliative Care Consultancy ~~Hospital Based Palliative Care Consultancy Team~~ (HBPCCT)**  1300 Hospital based palliative care consultancy team  ~~1301 Symptom control/Pain management~~  ~~1302 Discharge planning~~  ~~1303 Psychosocial support/Advocacy~~  ~~1304 Assessment~~  ~~1305 Terminal (end of life) care~~  ~~1306 Symptom control/Pain management/Discharge planning~~  ~~1307 Symptom control/Pain management/Psychosocial support~~  ~~1308 Symptom control/Pain management/Assessment~~  ~~1309 Symptom control/Pain management/Terminal (end of life) care~~  ~~1310 Discharge planning/Psychosocial support/Advocacy~~  ~~1311 Discharge planning/Assessment~~  ~~1312 Discharge planning/Terminal (end of life) care~~  ~~1313 Psychosocial support/Advocacy/Assessment~~  ~~1314 Psychosocial support/Advocacy/Terminal (end of life) care~~  ~~1315 Assessment/Terminal (end of life) care~~  1316 Regional specialist palliative care consultancy  1600 State-wide palliative care service | |
| **Reporting guide** | Report the program/stream to which the patient/client has been referred, not the intervention they are to receive. For example, do not report '313-Allied Health - Stand-alone' unless the referral is to an Allied Health Clinic. Patients/clients can access allied health in other programs/streams.  The program/stream that the patient/client is referred to may not be the same as the program/stream that the patient/client is accepted for. For example, a patient/client may be referred to Rehabilitation (code '1'), but after assessment it is decided that the patient/client be seen by the Specialist Falls Clinics (code '5'); in this instance report code '1'.  **Code 1-19**  Includes the SACS Program/Streams.  **Code 27~~, 28~~-30**  Includes the HARP Program/Streams.  **Code 41, 1400**  Includes the Palliative Care 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 and 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 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 1300-1600**  Includes the Hospital based palliative care consultancy team, Regional specialist palliative care consultancy and the State-wide specialist palliative care service Program/Streams.  This code cannot be reported for the Specialist (Outpatient) Clinics program. | |
| **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

|  |  |
| --- | --- |
| **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**  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 |

*[No change to remainder of item]*

# Part II Transmission Data Elements

## VINAH Version (amend)

|  |  |
| --- | --- |
| **Definition** | A code that identifies the version of VINAH being reported in the current file.  ***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** | Complex Care  Home Based Dialysis  Home Enteral Nutrition  Hospital Admission Risk Program  Medi-Hotel  Palliative Care  Palliative Care Consultancy ~~Hospital Based Palliative Care Consultancy Team~~  Post Acute Care  Residential In-Reach  Specialist Clinics (Outpatients)  Sub-acute 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 file messages. |
| **Value domain** | Enumerated  Table identifier 990037 |
| **Reporting guide** | Reporting for 2023-24 ~~2022-23~~  The following rules apply for VINAH data submission after 1 July 2023 ~~2022~~:  July submissions (File Reference Period End Date of 1 July 2023 ~~2022~~ and beyond) must be reported as VINAH Version 18 ~~17~~. |

**Administration**

|  |  |
| --- | --- |
| **Version history** | **Version Previous Name Effective Date**  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 |

# Section 4 Business rules

## Episode Health Condition (new)

|  |  |
| --- | --- |
| **BR-DAT-EPS-033** | When an episode has an end date (and has contacts) and Contact Client Present Status is not 32 – Patient/Client/Carer(s)/Relative(s) not present: Scheduled appointment not attended or 31 Patient/Client/Carer(s)/Relative(s) not present: Indirect contact, Episode Health Condition must be reported |
| **Data quality objective** | Data elements are reported as a result of certain events occurring |
| **Validations** | E016 The field '<FieldName>' (<HL7 Field>) is mandatory for this Program/Stream <Program/Stream> at this point in time (<Timing>), but no value was supplied |

## Episode Patient/Client NDIS Participant Identifier (new)

|  |  |
| --- | --- |
| **BR-DAT-EPS-035** | When Contact Account Class is ND – National Disability Insurance Scheme, Episode Patient/Client NDIS Participant Identifier must be provided |
| **Data quality objective** | Related fields are consistent |
| **Validations** | E270 Contact Account Class of ND – National Disability Insurance Scheme has been reported but no Patient/Client NDIS Participant Identifier number has been provided |

## Episode End Reason (amend)

|  |  |
| --- | --- |
| **BR-DAT-EPS-027** | ~~When an Episode has an End Date it must have an Episode End Reason~~  Episode End Date and Episode End Reason must be reported together. An Episode End Date must not be reported without an Episode End Reason. An Episode End Reason must not be reported without an Episode End Date |
| **Data quality objective** | Data elements are reported as a result of certain events occurring |
| **Validations** | E015 Data Element '<FieldName>' is mandatory at this point in time (<TimingInfo>), but no value was supplied |

## First Appointment Booked Date (new)

|  |  |
| --- | --- |
| **BR-DAT-EPS-034** | When an episode has an Episode Patient/Client Notified of First Appointed Date an Episode First Appointment Booked Date must be reported |
| **Data quality objective** | Data elements are reported as a result of certain events occurring |
| **Validations** | E016 The field '<FieldName>' (<HL7 Field>) is mandatory for this Program/Stream <Program/Stream> at this point in time (<Timing>), but no value was supplied |

## Patient/Client Death Date (new)

|  |  |
| --- | --- |
| **BR-DAT-CLI-013** | Patient/Client Death Date cannot be reported without an Episode End Date |
| **Data quality objective** | Data elements cannot be repoted until related events have been reported |
| **Validations** | E017 The field '<FieldName>' (<HL7 Field>) cannot have a value before this point in time (<Timing>) |

## Patient/Client Sex at Birth (amend)

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

|  |  |
| --- | --- |
| **BR-DAT-RIN-008** | 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, Patient/Client Birth Date, ~~Sex~~, Usual Residence Locality Name and Usual Residence Postcode must be reported |
| **Data quality objective** | Data elements are reported as a result of certain events occurring |
| **Validations** | 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 |

## Referral In Clinical Urgency Category (amend)

|  |  |
| --- | --- |
| **BR-DAT-RIN-004** | For Palliative Care Program/Streams, when a Referral In Outcome has the value ‘1 – Referral accepted’ or ‘3 – Referral accepted – Renewed referral’ ~~or ’50 – Screening referral’~~, Referral In Clinical Urgency Category must be reported |
| **Data quality objective** | Data elements related to referrals are consistent |
| **Validations** | E453 Referral In Outcome is <ref\_in outcome> and program/stream is <program/stream> but Referral In Clinical Urgency Category is not provided |

## Referral In First Triage Score (new)

|  |  |
| --- | --- |
| **BR-DAT-RIN-018** | When Referral In First Triage Score is 999, Referral In Clinical Urgency Category must be 99 – Not stated or unknown and when Referral In Clinical Urgency Category is 99 – Not stated or unknown, Referral In First Triage Score must be 999 |
| **Data quality objective** | Related data elements have the correct value |
| **Validations** | E019 <field1 name> is <field1 value> but <field2 name> is not <field2 value> |

|  |  |
| --- | --- |
| **BR-DAT-RIN-019** | When Referral In Outcome is ‘1 – Referral accepted’ or ‘3 – Referral accepted – Renewed referral, Referral In Frist Triage Score must be provided |
| **Data quality objective** | Data elements are reported as a result of certain events occurring |
| **Validations** | E458 Referral In Outcome is ‘1 – Referral accepted’ or ‘3 – Referral accepted – Renewed referral’, but Referral In Frist Triage Score has not been provided |

# Section 5a Transmission and compliance

## Compliance schedule

|  |  |  |
| --- | --- | --- |
| Month | Submission date | Clean date |
| July 2023 | 10 August 2023 | 14 August 2023 |
| August 2023 | 10 September 2023 | 14 September 2023 |
| September 2023 | 10 October 2023 | 14 October 2023 |
| October 2023 | 10 November 2023 | 14 November 2023 |
| November 2023 | 10 December 2023 | 14 December 2023 |
| December 2023 | 10 January 2024 | 14 January 2024 |
| January 2024 | 10 February 2024 | 14 February 2024 |
| February 2024 | 10 March 2024 | 14 March 2024 |
| March 2024 | 10 April 2024 | 14 April 2024 |
| April 2024 | 10 May 2024 | 14 May 2024 |
| May 2024 | 10 June 2024 | 14 June 2024 |
| June 2024 | 10 July 2024 | 14 July 2024 |

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

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

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

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

# Section 8 Validations

## Episode Health Condition, First Appointment Booked Date, Episode Campus Code and Patient/Client Sex at Birth (new)

|  |  |  |  |
| --- | --- | --- | --- |
| E016 | The field '<FieldName>'(<HL7 Field>) is mandatory for this Program/Stream <Program/ Stream> at this point in time (<Timing>), but no value was supplied | A field that is required to have a value at a point in time was empty. Consult with Section 3 of this manual to determine if and when a field needs to be populated. | Ensure there is a valid value in the relevant field in your system. If the value seems correct, or you do not have access to the code list, contact your software vendor for support. |
| *BR-DAT-CLI-005* | *Where a Date of Death is reported, a Date of Death Accuracy Code and Place of Death must be provided* | |
| *BR-DAT-CLI-014* | *Patient/Client Sex at Birth must be provided at the time of the first reported Contact when Contact Client Present Status is not 32 – Patient/Client/Carer(s)/Relative(s) not present: Scheduled appointment not attended or 31 - Patient/Client/Carer(s)/Relative(s) not present: Indirect contact* | |
| *BR-DAT-EPS-033* | *When an episode has an end date and contacts and Contact Client Present Status is not 32 – Patient/Client/Carer(s)/Relative(s) not present: Scheduled appointment not attended or 31 - Patient/Client/Carer(s)/Relative(s) not present: Indirect contact), Episode Health Condition must be reported* | |
| *BR-DAT-EPS-034* | *When an episode has an Episode Patient/Client Notified of First Appointment Date an Episode First Appointment Booked Date must be reported*  *Episode Campus code must be provided at the time of the first contact* | |
| *BR-DAT-EPS-036* | *Patient/Client Sex at Birth must be provided at the time of the first reported Contact When Contact Client Present Status is not 32 – Patient/Client/Carer(s)/Relative(s) not present: Scheduled appointment not attended and is not 31 - Patient/Client/Carer(s)/Relative(s) not present: Indirect contact* | |
| *BR-DAT-RIN-014* | *A Referral In Receipt Acknowledgement Date must be provided when there is an episode* | |

## Episode Patient/Client NDIS Participant Identifier (New)

|  |  |  |  |
| --- | --- | --- | --- |
| E270 | Contact account class is ND – National Disability Insurance Scheme but Episode Patient/Client NDIS Participant Identifier has not been provided | Contact Account Class of ND – National Disability Insurance Scheme has been reported but no Patient/Client NDIS Participant Identifier number has been provided. | Ensure there is a valid value in the relevant field in your system. |
| BR-DAT-EPS-035 | *When Contact Account Class is ND – National Disability Insurance Scheme, Episode Patient/Client NDIS Participant Identifier must be provided* | |

## Episode End Reason (amend)

|  |  |  |  |
| --- | --- | --- | --- |
| E015 | Data Element '<FieldName>' is mandatory at this point in time (<TimingInfo>), but no value was supplied | Data elements are reported as a result of certain events occurring. | Ensure there is a valid value in the relevant field in your system. |
| BR-DEL-DEF-023 | *A value must be provided for data elements defined mandatory* | |
| BR-DAT-EPS-027 | *~~When an Episode has an End Date it must have an Episode End Reason~~*  *Episode End Date and Episode End Reason must be reported together. An Episode End Date must not be reported without an Episode End Reason. An Episode End Reason must not be reported without an Episode End Date* | |

## Patient/Client Death Date (new)

|  |  |  |  |
| --- | --- | --- | --- |
| E017 | The field '<FieldName>' (<HL7 Field>) cannot have a value before this point in time (<Timing>) | A Patient/Client Death Date has been reported for an open episode. | Correct the information and resubmit. |
| BR-DAT-EPS-003 | *Episode must have a Completion of Proposed Plan of Treatment only if it has an Episode End Date* | |
| BR-DAT-CLI-013 | *Patient/Client Death Date cannot be reported without an Episode End Date* | |

## Patient/Client Sex at Birth (amend)

|  |  |  |  |
| --- | --- | --- | --- |
| E454 | Referral In Outcome is ‘010 – Referral accepted – New appointment’ or ‘020 – Referral accepted – Review appointment’, ‘1 – Referral accepted’ or ‘3 – Referral accepted – Renewed referral’ but <client\_field\_list> has not been provided | A message was sent to insert or update a Specialist Clinics (Outpatients) referral with an ‘Accepted’ outcome but patient/client data is not complete. | Ensure that the missing patient/client data items are submitted. |
| BR-DAT-RIN-008 | 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 – Review appointment’, Patient/Client Birth Date, ~~Sex~~, Usual Residence Locality Name and Usual Residence Postcode must be reported | |

## Referral In Clinical Urgency Category (amend)

|  |  |  |  |
| --- | --- | --- | --- |
| E453 | Referral In Outcome is <ref\_in outcome> and program/stream is <program/stream> but Referral In Clinical Urgency Category is not provided | Referral In Outcome is‘010 – Referral accepted – New appointment’ or ‘020 – Referral accepted – Review appointment’ or ‘3 – Referral accepted – Renewed referral’ and Program/Stream is OP but Referral In Clinical Urgency Category has not been reported  Referral In Outcome is‘1 – Referral accepted’ ~~or ‘50 – Screening Referral’~~ or ‘3 – Referral accepted – Renewed referral’ and Program/Stream is PC but Referral In Clinical Urgency Category has not been reported. | Contact HDSS Helpdesk or your software vendor for support. |
| BR-DAT-RIN-004 | *For Palliative Care Program/Streams, when a Referral In Outcome has the value ‘1 – Referral accepted ‘or ‘3 – Referral accepted – Renewed referral’ ~~or ’50 – Screening referral’~~, Referral In Clinical Urgency Category must be reported* | |
| BR-DAT-RIN-005 | *For Specialist Clinics (Outpatients) Program/Streams, when a Referral In Outcome has the value ‘010 – Referral accepted – New appointment’, ‘020 – Referral accepted – Review appointment’ or ‘3 – Referral accepted – Renewed referral’, Referral In Clinical Urgency Category must be reported* | |

## Referral In First Triage Score (New)

|  |  |  |  |
| --- | --- | --- | --- |
| E019 | E019 <field1 name> is <field1 value> but <field2 name> is not <field2 value> | A Referral In First Triage Score of 999 was reported, but Referral In Clinical Urgency Category is not 99, or Referral In Clinical Urgency Category of 99 was reported and Referral In First Triage Score is not 999. | Correct the information and resubmit. |
| BR-DAT-RIN-018 | *When Referral In First Triage Score is 999, Referral In Clinical Urgency Category must be 99 – Not stated or unknown and when Referral In Clinical Urgency Category is 99 – Not stated or unknown, Referral In First Triage Score must be 999* | |

|  |  |  |  |
| --- | --- | --- | --- |
| E458 | E458 Referral In Outcome is ‘1 – Referral accepted’ or ‘3 – Referral acepted – Renewed referral’, but Referral In Frist Triage Score has not been provided | A Referral In Outcome has been provided that requires the reporting of Referral In First triage Score, but it has not been reported. | Ensure that the missing client data items are submitted. |
| BR-DAT-RIN-019 | When Referral In Outcome is ‘1 – Referral accepted’ or ‘3 – Referral accepted – Renewed referral, Referral In Frist Triage Score must be provided | |

# Section 9 Code list

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Data Element Name** | **Code Set Identifier** | **Code Set Type** | **Code** | **Descriptor** | **Program Stream Restrictions** | **Reportable Requirements** |
| Episode Program/Stream | HL70069 | Code Set | 30 | Geriatric Evaluation and Management (GEM) | HARP | Reportable as of 01/07/2023 |
| Episode Program/Stream | HL70069 | Code Set | ~~64~~ | ~~HIV CALD service~~ | ~~VHS~~ | Cease reporting as of 30/06/2023 |
| Episode Program/Stream | HL70069 | Code Set | ~~65~~ | ~~Horizon Place~~ | ~~VHS~~ | Cease reporting as of 30/06/2023 |
| Episode Program/Stream | HL70069 | Code Set | ~~66~~ | ~~Chronic Viral Illness Program~~ | ~~VHS~~ | Cease reporting as of 30/06/2023 |
| Episode Program/Stream | HL70069 | Code Set | ~~1301~~ | ~~Symptom Control / Pain Management~~ | ~~HBPCCT~~ | Cease Reporting as of 30/06/2023 |
| Episode Program/Stream | HL70069 | Code Set | ~~1302~~ | ~~Discharge Planning~~ | ~~HBPCCT~~ | Cease Reporting as of 30/06/2023 |
| Episode Program/Stream | HL70069 | Code Set | ~~1303~~ | ~~Psychosocial Support / Advocacy~~ | ~~HBPCCT~~ | Cease Reporting as of 30/06/2023 |
| Episode Program/Stream | HL70069 | Code Set | ~~1304~~ | ~~Assessment~~ | ~~HBPCCT~~ | Cease Reporting as of 30/06/2023 |
| Episode Program/Stream | HL70069 | Code Set | ~~1305~~ | ~~Terminal (end of life) Care~~ | ~~HBPCCT~~ | Cease Reporting as of 30/06/2023 |
| Episode Program/Stream | HL70069 | Code Set | ~~1306~~ | ~~Symptom Control / Pain Management / Discharge Planning~~ | ~~HBPCCT~~ | Cease Reporting as of 30/06/2023 |
| Episode Program/Stream | HL70069 | Code Set | ~~1307~~ | ~~Symptom Control / Pain Management / Psychosocial Support~~ | ~~HBPCCT~~ | Cease Reporting as of 30/06/2023 |
| Episode Program/Stream | HL70069 | Code Set | ~~1308~~ | ~~Symptom Control / Pain Management / Assessment~~ | ~~HBPCCT~~ | Cease Reporting as of 30/06/2023 |
| Episode Program/Stream | HL70069 | Code Set | ~~1309~~ | ~~Symptom Control / Pain Management / Terminal (end of life) Care~~ | ~~HBPCCT~~ | Cease Reporting as of 30/06/2023 |
| Episode Program/Stream | HL70069 | Code Set | ~~1310~~ | ~~Discharge Planning / Psychosocial Support / Advocacy~~ | ~~HBPCCT~~ | Cease Reporting as of 30/06/2023 |
| Episode Program/Stream | HL70069 | Code Set | ~~1311~~ | ~~Discharge Planning / Assessment~~ | ~~HBPCCT~~ | Cease Reporting as of 30/06/2023 |
| Episode Program/Stream | HL70069 | Code Set | ~~1312~~ | ~~Discharge Planning / Terminal (end of life) Care~~ | ~~HBPCCT~~ | Cease Reporting as of 30/06/2023 |
| Episode Program/Stream | HL70069 | Code Set | ~~1313~~ | ~~Psychosocial Support / Advocacy / Assessment~~ | ~~HBPCCT~~ | Cease Reporting as of 30/06/2023 |
| Episode Program/Stream | HL70069 | Code Set | ~~1314~~ | ~~Psychosocial Support / Advocacy / Terminal (end of life) Care~~ | ~~HBPCCT~~ | Cease Reporting as of 30/06/2023 |
| Episode Program/Stream | HL70069 | Code Set | ~~1315~~ | ~~Assessment / Terminal (end of life) Care~~ | ~~HBPCCT~~ | Cease Reporting as of 30/06/2023 |
| Episode Program/Stream | HL70069 | Code Set | 1316 | Regional specialist palliative care consultancy | HBPCCT | Reportable as of 01/07/2023 |
| Patient/Client Gender | ### | Code Set | 1 | Man, or boy, or male |  | Reportable as of 01/07/2023 |
| Patient/Client Gender | ### | Code Set | 2 | Woman, or girl, or female |  | Reportable as of 01/07/2023 |
| Patient/Client Gender | ### | Code Set | 3 | Non-binary |  | Reportable as of 01/07/2023 |
| Patient/Client Gender | ### | Code Set | 4 | Different term |  | Reportable as of 01/07/2023 |
| Patient/Client Gender | ### | Code Set | 5 | Prefer not to answer |  | Reportable as of 01/07/2023 |
| Patient/Client Gender | ### | Code Set | 9 | Not stated |  | Reportable as of 01/07/2023 |
| Patient/Client Sex at Birth | HL70001 | Code Set | ~~3~~ | ~~Indeterminate~~ |  | Cease Reporting as of 30/06/2023 |
| Patient/Client Sex at Birth | HL70001 | Code Set | ~~4~~ | ~~Other~~ |  | Cease Reporting as of 30/06/2023 |
| Patient/Client Sex at Birth | HL70001 | Code Set | 5 | Another term |  | Reportable as of 01/07/2023 |
| Referral In Clinical Urgency | HL70280 | Code Set | 3 | Crisis | Palliative Care | Reportable as of 01/07/2023 |
| Referral In Clinical Urgency | HL70280 | Code Set | 4 | Non-urgent | Palliative Care | Reportable as of 01/07/2023 |
| Referral In Clinical Urgency | HL70280 | Code Set | ~~A~~ | ~~Within 24 hours~~ | ~~Palliative Care~~ | Cease reporting as of 30/06/2023 |
| Referral In Clinical Urgency | HL70280 | Code Set | ~~B~~ | ~~2-5 days~~ | ~~Palliative Care~~ | Cease reporting as of 30/06/2023 |
| Referral In Clinical Urgency | HL70280 | Code Set | ~~C~~ | ~~6-10 days~~ | ~~Palliative Care~~ | Cease reporting as of 30/06/2023 |
| Referral In Clinical Urgency | HL70280 | Code Set | ~~D~~ | ~~Within 6 weeks~~ | ~~Palliative Care~~ | Cease reporting as of 30/06/2023 |
| Referral In Clinical Urgency | HL70280 | Code Set | ~~E~~ | ~~Not ready for admissions~~ | ~~Palliative Care~~ | Cease reporting as of 30/06/2023 |
| Referral In Program/Stream | HL70069 | Code Set | 30 | Geriatric evaluation and management (GEM) | HARP | Reportable as of 01/07/2023 |
| Referral In Program/Stream | HL70069 | Code Set | ~~64~~ | ~~HIV CALD service~~ | ~~VHS~~ | Cease reporting as of 30/06/2023 |
| Referral In Program/Stream | HL70069 | Code Set | ~~65~~ | ~~Horizon Place~~ | ~~VHS~~ | Cease reporting as of 30/06/2023 |
| Referral In Program/Stream | HL70069 | Code Set | ~~66~~ | ~~Chronic Viral Illness Program~~ | ~~VHS~~ | Cease reporting as of 30/06/2023 |
| Referral In Program/Stream | HL70069 | Code Set | ~~1301~~ | ~~Symptom Control / Pain Management~~ | ~~HBPCCT~~ | Cease Reporting as of 30/06/2023 |
| Referral In Program/Stream | HL70069 | Code Set | ~~1302~~ | ~~Discharge Planning~~ | ~~HBPCCT~~ | Cease Reporting as of 30/06/2023 |
| Referral In Program/Stream | HL70069 | Code Set | ~~1303~~ | ~~Psychosocial Support / Advocacy~~ | ~~HBPCCT~~ | Cease Reporting as of 30/06/2023 |
| Referral In Program/Stream | HL70069 | Code Set | ~~1304~~ | ~~Assessment~~ | ~~HBPCCT~~ | Cease Reporting as of 30/06/2023 |
| Referral In Program/Stream | HL70069 | Code Set | ~~1305~~ | ~~Terminal (end of life) Care~~ | ~~HBPCCT~~ | Cease Reporting as of 30/06/2023 |
| Referral In Program/Stream | HL70069 | Code Set | ~~1306~~ | ~~Symptom Control / Pain Management / Discharge Planning~~ | ~~HBPCCT~~ | Cease Reporting as of 30/06/2023 |
| Referral In Program/Stream | HL70069 | Code Set | ~~1307~~ | ~~Symptom Control / Pain Management / Psychosocial Support~~ | ~~HBPCCT~~ | Cease Reporting as of 30/06/2023 |
| Referral In Program/Stream | HL70069 | Code Set | ~~1308~~ | ~~Symptom Control / Pain Management / Assessment~~ | ~~HBPCCT~~ | Cease Reporting as of 30/06/2023 |
| Referral In Program/Stream | HL70069 | Code Set | ~~1309~~ | ~~Symptom Control / Pain Management / Terminal (end of life) Care~~ | ~~HBPCCT~~ | Cease Reporting as of 30/06/2023 |
| Referral In Program/Stream | HL70069 | Code Set | ~~1310~~ | ~~Discharge Planning / Psychosocial Support / Advocacy~~ | ~~HBPCCT~~ | Cease Reporting as of 30/06/2023 |
| Referral In Program/Stream | HL70069 | Code Set | ~~1311~~ | ~~Discharge Planning / Assessment~~ | ~~HBPCCT~~ | Cease Reporting as of 30/06/2023 |
| Referral In Program/Stream | HL70069 | Code Set | ~~1312~~ | ~~Discharge Planning / Terminal (end of life) Care~~ | ~~HBPCCT~~ | Cease Reporting as of 30/06/2023 |
| Referral In Program/Stream | HL70069 | Code Set | ~~1313~~ | ~~Psychosocial Support / Advocacy / Assessment~~ | ~~HBPCCT~~ | Cease Reporting as of 30/06/2023 |
| Referral In Program/Stream | HL70069 | Code Set | ~~1314~~ | ~~Psychosocial Support / Advocacy / Terminal (end of life) Care~~ | ~~HBPCCT~~ | Cease Reporting as of 30/06/2023 |
| Referral In Program/Stream | HL70069 | Code Set | ~~1315~~ | ~~Assessment / Terminal (end of life) Care~~ | ~~HBPCCT~~ | Cease Reporting as of 30/06/2023 |

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# Implementation notes

**Contact Delivery Setting (amend)**

For contacts scheduled from 1 July 2023, Contact Delivery Setting code 11 – Hospital setting – inpatient setting may be reported against the Specialist Clinics (Outpatients) program/stream.

Per business rule BR-DAT-CNT-026, when Contact Delivery Setting code is 11 – Hospital setting – inpatient setting, the Contact Inpatient Flag must be I – Yes (Inpatient/Admitted).

**Contact Professional Group (amend)**

For contacts scheduled from 1 July 2023, health services should report all health care providers involved, repeating codes if multiple health care providers of the same Contact Professional Group participate, in the delivery of the contact.

**Episode Patient/Client NDIS Participant Identifier (new)**

For episodes of care that are accepted on or after 1 July 2023 (Episode Start Date), reporting of Episode Patient/Client NDIS Participant Identifier should be reported as and when it becomes available. All valid identifiers will begin with the first two characters of ‘43’. Where a patient/client is not able to provide their number report 999999999.

For non-NDIS participants the field should be blank.

**Episode Health Condition (amend)**

For episodes of care that are accepted on or after 1 July 2023 (Episode Start Date), reporting of Episode Health Condition should be reported as and when they are determined. Where a patient/client has not attended any appointments, and an Episode Health Condition has not been determined, an Episode Health Condition is not required to be reported.

**Patient/Client Gender (new)**

Implementation of this data element is optional for episodes of care that are accepted on or after 1 July 2023 (Episode Start Date) and will become mandatory for episodes of care that are accepted on or after 1 July 2024 (Episode Start Date).

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

The [*Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables, 2020*](https://www.abs.gov.au/statistics/standards/standard-sex-gender-variations-sex-characteristics-and-sexual-orientation-variables/latest-release) available at <https://www.abs.gov.au/statistics/standards/standard-sex-gender-variations-sex-characteristics-and-sexual-orientation-variables/latest-release> has been developed by the Australian Bureau of Statistics (ABS) to standardise the collection and dissemination of data relating to sex, gender, variations of sex characteristics and sexual orientation. This document provides some useful advice regarding collecting Sex and Gender data.

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

Health Services are advised to cease reporting codes 3 – Indeterminate and 4 – Other for referrals received on or after 1 July 2023 (Referral In Received Date). The new code 5 – Another term is reportable on referrals received on or after 1 July 2023 (Referral In Received Date).

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

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.

**Referral In Clinical Urgency Category (amend)**

For the Palliative Care Program/Stream: cease reporting Referral In Clinical Urgency Category codes A - Within 24 hours, B – 2 5 days, C – 6 10 days, D - Within 6 weeks, and E – Not ready for admission for referrals received on or after 1 July 2023 (Referral In Received Date). Begin reporting the new codes 1 – Urgent, 2 – Routine, 3 – Crisis and 4 – Non-Urgent for referrals received on or after 1 July 2023 (Referral In Received Date).

The Referral In Clinical Urgency Category is not required to be reported unless the Referral In Outcome is 1 – Referral accepted or 3 – Referral accepted – Renewed referral.

**Referral In First Triage Score (amend)**

For the 41 Community Palliative Care program/stream code 999 is to be reported when Referral In Clinical Urgency Category code 99 – Not stated or unknown has been reported for referrals received on or after 1 July 2023 (Referral In Received Date).

The Referral In First Triage Score is not required to be reported unless the Referral In Outcome is 1 – Referral accepted or 3 – Referral accepted – Renewed referral.

**Referral In/Episode Program/Stream for Hospital Admission Risk Program**

The new HARP program/stream code 30 - HARP - Geriatric evaluation and management (GEM) may be reported for referrals received on or after 1 July 2023.

**Referral In/Episode Program/Stream for Palliative Care Consultancy**

For the Palliative Care Consultancy Program/Stream cease reporting codes 1301 through to 1315 and begin reporting the new stream code 1316 Regional specialist palliative care consultancy, for referrals received on or after 1 July 2023 (Referral In Received Date).

**Referral In/Episode Program/Stream for Victorian HIV and Sexual Health Services**

For the Victorian HIV and Sexual Health Services (VHS) Program/Stream cease reporting codes 64, 65 and 66, for referrals received on or after 1 July 2023 (Referral In Received Date).