Section 3 – Data elements

Victorian Integrated Non-Admitted Health (VINAH) minimum dataset manual

14th edition, July 2018

Version 1.0
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Contents

Part I: Business data elements ................................................................. 14
Contact Account Class ........................................................................ 14
Contact Care Model ........................................................................... 18
Contact Care Phase ........................................................................... 20
Contact Client Present Status .............................................................. 22
Contact Clinic Identifier .................................................................... 25
Contact Date/Time ............................................................................. 27
Contact Delivery Mode ....................................................................... 29
Contact Delivery Setting .................................................................... 32
Contact Family Name ......................................................................... 35
Contact Given Name(s) ....................................................................... 37
Contact Group Session Identifier ......................................................... 39
Contact Indigenous Status ................................................................ 40
Contact Inpatient Flag ....................................................................... 42
Contact Interpreter Required ............................................................... 44
Contact Medicare Benefits Schedule Item Number ................................ 46
Contact Medicare Number ................................................................ 47
Contact Medicare Suffix .................................................................... 49
Contact Preferred Care Setting ............................................................ 51
Contact Preferred Death Place ............................................................. 53
Contact Preferred Language ................................................................. 55
Contact Professional Group ................................................................. 57
Contact Program Stream .................................................................... 61
Contact Provider ............................................................................... 63
Contact Purpose ............................................................................... 65
Contact Session Type ......................................................................... 67
Contact Specialist Palliative Care Provider ........................................ 72
Contact TAC Claim Number ................................................................. 74
Contact VWA File Number ................................................................ 75
Episode Advance Care Directive Alert ................................................... 77
Episode Assessment – Barthel Index – Date/Time ................................... 79
Episode Campus Code ......................................................................... 81
Episode Care Plan Documented Date ..................................................... 82
Episode Care Plan Documented Date ..................................................... 84

Part I: Business data elements ................................................................. 14

Format .................................................................................................. 1
Data element name ............................................................................. 1
Summary tables for data elements ......................................................... 4
Business data element timing summary ................................................. 7
Data element obligation by transmission protocol ................................... 12

Contact Account Class ........................................................................ 14
Contact Care Model ........................................................................... 18
Contact Care Phase ........................................................................... 20
Contact Client Present Status .............................................................. 22
Contact Clinic Identifier .................................................................... 25
Contact Date/Time ............................................................................. 27
Contact Delivery Mode ....................................................................... 29
Contact Delivery Setting .................................................................... 32
Contact Family Name ......................................................................... 35
Contact Given Name(s) ....................................................................... 37
Contact Group Session Identifier ......................................................... 39
Contact Indigenous Status ................................................................ 40
Contact Inpatient Flag ....................................................................... 42
Contact Interpreter Required ............................................................... 44
Contact Medicare Benefits Schedule Item Number ................................ 46
Contact Medicare Number ................................................................ 47
Contact Medicare Suffix .................................................................... 49
Contact Preferred Care Setting ............................................................ 51
Contact Preferred Death Place ............................................................. 53
Contact Preferred Language ................................................................. 55
Contact Professional Group ................................................................. 57
Contact Program Stream .................................................................... 61
Contact Provider ............................................................................... 63
Contact Purpose ............................................................................... 65
Contact Session Type ......................................................................... 67
Contact Specialist Palliative Care Provider ........................................ 72
Contact TAC Claim Number ................................................................. 74
Contact VWA File Number ................................................................ 75
Episode Advance Care Directive Alert ................................................... 77
Episode Assessment – Barthel Index – Date/Time ................................... 79
Episode Campus Code ......................................................................... 81
Episode Care Plan Documented Date ..................................................... 82
Episode Care Plan Documented Date ..................................................... 84
Episode End Date
Episode End Reason
Episode First Appointment Booked Date
Episode Health Conditions
Episode Hospital Discharge Date
Episode Malignancy Flag
Episode Other Factors Affecting Health
Episode Patient/Client Notified of First Appointment Date
Episode Program/Stream
Episode Proposed Treatment Plan Completion
Episode Special Purpose Flag
Episode Start Date
Episode TCP Bed-Based Care Transition Date
Episode TCP Home-Based Care Transition Date
Patient/Client Birth Country
Patient/Client Birth Date
Patient/Client Birth Date Accuracy
Patient/Client Carer Availability
Patient/Client Carer Residency Status
Patient/Client Death Date
Patient/Client Death Date Accuracy
Patient/Client Death Date Place
Patient/Client DVA File Number
Patient/Client Identifier
Patient/Client Living Arrangement
Patient/Client Main Carer's Relationship to Patient
Patient/Client Sex
Patient/Client Usual Accommodation Type
Patient/Client Usual Residence Locality Name
Patient/Client Usual Residence Postcode
Referral End Reason
Referral In Clinical Referral Date
Referral In Clinical Urgency Category
Referral In Outcome
Referral In Program Stream
Referral In Receipt Acknowledgement Date
Referral In Received Date
Referral In Service Type
Referral Out Date
Referral Out Place
Referral Out Service Type

PART II: Transmission Data Elements
Batch Control Identifier ........................................................................................................... 178
Contact Identifier .................................................................................................................... 179
Contact Person Name Type ....................................................................................................... 181
Contact Professional Group Sequence Number ......................................................................... 183
Episode Identifier .................................................................................................................... 185
Episode Pathway Type .............................................................................................................. 187
File Processing Directive ........................................................................................................ 189
File Reference Period End Date ............................................................................................... 191
File Sending Application ........................................................................................................ 192
Identifier Type ......................................................................................................................... 194
Local Identifier Assigning Authority ....................................................................................... 197
Message Accept Acknowledgement Code .................................................................................. 200
Message Action Code ............................................................................................................... 202
Message Character Set Code ..................................................................................................... 204
Message Control Identifier ....................................................................................................... 205
Message Date/Time .................................................................................................................... 207
Message Origin Country Code ................................................................................................... 208
Message Processing Identifier .................................................................................................. 210
Message Type ............................................................................................................................ 212
Message Version Code ............................................................................................................... 215
Message Visit Indicator Code .................................................................................................... 216
Observation Bound Data Element ............................................................................................ 218
Observation Sequence Number ................................................................................................. 220
Organisation Identifier ............................................................................................................. 221
Patient/Client Prior Identifier .................................................................................................... 223
Procedure Bound Data Element ............................................................................................... 224
Procedure Sequence Number .................................................................................................... 225
Referral Identifier ..................................................................................................................... 226
VINAH Version .......................................................................................................................... 228

PART III: Processing Data Elements ......................................................................................... 229
File Batch Accepted Indicator .................................................................................................. 229
File Batch Identifier ................................................................................................................ 231
File Batch Message Accepted Indicator ................................................................................... 232
File Batch Message Count ....................................................................................................... 234
File Batch Message Implied Program ....................................................................................... 235
File Batch Message Sequence Number .................................................................................... 237
File Batch Message Valid Indicator .......................................................................................... 238
File Batch Sequence Number ................................................................................................... 240
File Identifier ............................................................................................................................. 241
File Name .................................................................................................................................. 242
File Processing End Date/Time ................................................................................................. 244
File Processing Start Date/Time ................................................................................................ 245
File Purge Key ........................................................................................................................................246
File Purged After Processing Indicator ..................................................................................................247
File Submission Date/Time .........................................................................................................................248
File Validation Event Code .........................................................................................................................249
File Validation Event Date/Time ...................................................................................................................251
File Validation Event Identifier ..................................................................................................................252
File Validation Event Message .....................................................................................................................254
File Validation Event Record Identifier ......................................................................................................256
File Validation Event Record Identifier Type .................................................................................................258
**Format**

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

### Data element name

Valid values include:

<table>
<thead>
<tr>
<th><strong>Definition</strong></th>
<th>A statement that expresses the essential nature of a data element and its differentiation from all other data elements.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Form</strong></td>
<td>The name of the form of representation for the data element.</td>
</tr>
<tr>
<td><strong>Valid values include:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Temporal forms</strong></td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>A date value. A date value must never have a time component.</td>
</tr>
<tr>
<td>Time</td>
<td>A time value. A time value must never have a date component.</td>
</tr>
<tr>
<td>Date and Time</td>
<td>A combined date and time value. A combined date and time value. Note that a Date/Time may be provided with a lower precision, for example, if business rules permit a Date/Time value may omit the time component.</td>
</tr>
<tr>
<td><strong>Numeric forms</strong></td>
<td></td>
</tr>
<tr>
<td>Integer</td>
<td>A quantitative value that must be reported as a whole number.</td>
</tr>
<tr>
<td>Real</td>
<td>A quantitative value that must be reported as a real number. The Layout attribute will provide details on required precision.</td>
</tr>
<tr>
<td><strong>Character forms</strong></td>
<td></td>
</tr>
<tr>
<td>Identifier</td>
<td>A number or set of characters that identifies something or someone.</td>
</tr>
<tr>
<td>Text</td>
<td>A string of text, not further defined.</td>
</tr>
<tr>
<td>Name</td>
<td>A name of something or someone.</td>
</tr>
<tr>
<td>Code</td>
<td>A name of something or someone.</td>
</tr>
<tr>
<td>List</td>
<td>A pre-defined set of values that have meaning in their own right.</td>
</tr>
</tbody>
</table>

The qualifier ‘Structured’ may be added to indicate data structure.

The qualifier ‘Repeatable’ may be added to indicate that multiple values may be provided.

*Note: This section should be read in conjunction with Section 5 for information on implementation of repeatable values for transmission.*

### Repeats

The minimum and maximum number of times that a data element may have repeating values, and whether or not duplicate values are permitted.

If there is no enforced maximum value, this will state ‘No limit’.

*Note: A data element with an enumerated form (code or list) that is not allowed to have duplicates has a practical upper limit of the number of codes or list items in its value domain, even if no upper limit is enforced.*

### Size

For Character forms, the minimum and maximum number of characters used to represent this data element.

For Numeric forms, the minimum and maximum values which the data element may take.

Where this is a temporal form this will be blank.
Where there is no defined minimum or maximum this will state 'No limit'.

*Note:* The Section 3 data elements may restrict the field size to a tighter specification than that allowed by the transmission protocol rules.

**Layout**

The layout of characters for the data element, expressed by a character string representation.

*Note:* In some episodes the Section 3 data elements may restrict the layout to a tighter specification than that allowed by the transmission protocol.

<table>
<thead>
<tr>
<th>Character</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Year</td>
</tr>
<tr>
<td>M</td>
<td>Month</td>
</tr>
<tr>
<td>D</td>
<td>Day date</td>
</tr>
<tr>
<td>H</td>
<td>Hour</td>
</tr>
<tr>
<td>M</td>
<td>Minute</td>
</tr>
<tr>
<td>S</td>
<td>Second</td>
</tr>
<tr>
<td>±</td>
<td>Plus or Minus</td>
</tr>
<tr>
<td>Z</td>
<td>Time zone</td>
</tr>
</tbody>
</table>

**Numeric and Character Forms**

<table>
<thead>
<tr>
<th>Character</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>A numeric digit (0,1,2,3,4,5,6,7,8,9)</td>
</tr>
<tr>
<td>.</td>
<td>A decimal point</td>
</tr>
<tr>
<td>A</td>
<td>A letter of the alphabet (A-Z, a-z)</td>
</tr>
<tr>
<td>U</td>
<td>A letter of the alphabet, upper case only (A-Z)</td>
</tr>
<tr>
<td>L</td>
<td>Letter of the alphabet, lower case only (a-z)</td>
</tr>
<tr>
<td>X</td>
<td>Any alpha, numeric or other character such as spaces, apostrophes and hyphens</td>
</tr>
</tbody>
</table>

**Other Conventions**

Square brackets ‘[]’ indicate optional components.

Parentheses ‘( )’ enclosing a number indicate the number of repeats of the character immediately preceding the parentheses. Two numbers separated by a dash indicates the maximum and minimum number of repeats.

Parentheses enclosing ellipses ‘(...)’ indicate that the character immediately preceding the parentheses may repeat an unspecified number of times, this may be combined with a number and dash, for example the layout attribute string ‘A(5-...)’ indicates a minimum of 5 alpha characters with no maximum.

Double quotes “””enclosing a string of characters indicates those characters are to be treated as literals within the layout string.

**Location**

The location in the relevant transmission protocol where this data element is transmitted to the VINAH MDS and the associated transaction. See Section 5.

**HL7**

For HL7, the location is presented in the format: <Message> (<Segment><Field Location>).

Field Location will include as many composite data types as needed to specify the final location.

Note that only authorised submitters may transmit this format. The department is phasing out support for this format and vendors and health services should not assume any further health services will be authorised to transmit flat files.

Further, as this format does not fully support all VINAH functionality, it is
unsuited to ongoing reporting and would only be authorised in situations where a health service has a need to 'catch up' on reporting a substantial amount of historical data.

**Reported by**
The programs required to collect and report this data element.

**Reported for**
The specified circumstances in which this item must be reported.

**Reported when**
The stage in the data submission cycle when this data element is to be reported to VINAH.

**Value domain**
All data transmission must be in accordance with the transmission schedule specified in Section 5 and the Policy and funding guidelines.

**Reporting guide**
Section 5 and the Policy and funding guidelines.

**Validations**
Where a validation rule relates specifically to the data element, it will be listed here.

General validation rules that may be applied to the data element but do not relate specifically to it are not listed. These include:

- E001, E002, E003 - which relate to whether the data element is mandatory or prohibited within the context of VINAH or a specific Episode Program/Stream;
- E004 - which is applied to all data elements with an enumerated code set;
- E005 - which applies when a specific code is prohibited within an Episode Program/Stream;
- E006 - which indicates that the data element is of the wrong data type and is particularly relevant to dates.
- E007, E008 - which indicate that a date is in the future.
- E011 - which indicate that the data supplied does not match the required layout.
- E012 - which indicates that the data repeats a number of times that is not permitted.

There are a number of validation rules that may be applied to a VINAH transmission that do not relate to any data elements, for example, edit HL7006-File must have equal number of BHS/BTS segments.

**Related items**
A list of related data elements Business Rules Tables, Concept Definitions and Supplementary Code lists that affect the assignment of a value for this data element.

**Administration**

**Purpose**
The main reason/s for the collection of this data element.

**Principal users**
Identifies the primary user/s of the data collected.

**Version history**
Provides information regarding modifications made to the data element. Listed are a version number, beginning with 1 and incremented by 1 for each subsequent revision as well as an effective date, describing the date the modification came into effect.

**Definition source**
Identifies the authority that defined this data element.

**Value domain source**
Identifies the authority that developed the value domain for this data element.
Summary tables for data elements

Data Elements to be reported by Program

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

<table>
<thead>
<tr>
<th>DATA ELEMENT</th>
<th>PROGRAMS REPORTING TO VINAH</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FCP</td>
</tr>
<tr>
<td>Contact Account Class</td>
<td>Y</td>
</tr>
<tr>
<td>Contact Care Model</td>
<td></td>
</tr>
<tr>
<td>Contact Care Phase</td>
<td></td>
</tr>
<tr>
<td>Contact Client Present Status</td>
<td>Y</td>
</tr>
<tr>
<td>Contact Clinic Identifier</td>
<td></td>
</tr>
<tr>
<td>Contact Date/Time</td>
<td>Y</td>
</tr>
<tr>
<td>Contact Delivery Mode</td>
<td>Y</td>
</tr>
<tr>
<td>Contact Delivery Setting</td>
<td>Y</td>
</tr>
<tr>
<td>Contact Family Name</td>
<td>Y</td>
</tr>
<tr>
<td>Contact Given Name(s)</td>
<td>Y</td>
</tr>
<tr>
<td>Contact Group Session Identifier</td>
<td></td>
</tr>
<tr>
<td>Contact Indigenous Status</td>
<td>Y</td>
</tr>
<tr>
<td>Contact Inpatient Flag</td>
<td>Y</td>
</tr>
<tr>
<td>Contact Interpreter Required</td>
<td>Y</td>
</tr>
<tr>
<td>Contact Medicare Benefits Schedule Item Number</td>
<td></td>
</tr>
<tr>
<td>Contact Medicare Number</td>
<td>Y</td>
</tr>
<tr>
<td>Contact Medicare Suffix</td>
<td>Y</td>
</tr>
<tr>
<td>Contact Preferred Care Setting</td>
<td>Y</td>
</tr>
<tr>
<td>Contact Preferred Death Place</td>
<td></td>
</tr>
<tr>
<td>Contact Preferred Language</td>
<td>Y</td>
</tr>
<tr>
<td>Contact Professional Group</td>
<td>Y</td>
</tr>
<tr>
<td>Contact Program Stream</td>
<td></td>
</tr>
<tr>
<td>DATA ELEMENT</td>
<td>FCP</td>
</tr>
<tr>
<td>---------------------------------------------------------</td>
<td>-----</td>
</tr>
<tr>
<td>Contact Provider</td>
<td>Y</td>
</tr>
<tr>
<td>Contact Purpose</td>
<td>Y</td>
</tr>
<tr>
<td>Contact Session Type</td>
<td>Y</td>
</tr>
<tr>
<td>Contact Specialist Palliative Care Provider</td>
<td></td>
</tr>
<tr>
<td>Contact TAC Claim Number</td>
<td>Y</td>
</tr>
<tr>
<td>Contact VWA File Number</td>
<td>Y</td>
</tr>
<tr>
<td>Episode Advance Care Directive Alert</td>
<td>Y</td>
</tr>
<tr>
<td>Episode Assessment – Barthel Index – Date/Time</td>
<td></td>
</tr>
<tr>
<td>Episode Campus Code</td>
<td>Y</td>
</tr>
<tr>
<td>Episode Care Plan Documented Date</td>
<td>Y</td>
</tr>
<tr>
<td>Episode End Date</td>
<td>Y</td>
</tr>
<tr>
<td>Episode End Reason</td>
<td></td>
</tr>
<tr>
<td>Episode First Appointment Booked Date</td>
<td></td>
</tr>
<tr>
<td>Episode Health Conditions</td>
<td>Y</td>
</tr>
<tr>
<td>Episode Hospital Discharge Date</td>
<td></td>
</tr>
<tr>
<td>Episode Malignancy Flag</td>
<td></td>
</tr>
<tr>
<td>Episode Other Factors Affecting Health</td>
<td>Y</td>
</tr>
<tr>
<td>Episode Patient/Client Notified of First Appointment Date</td>
<td></td>
</tr>
<tr>
<td>Episode Program/Stream</td>
<td>Y</td>
</tr>
<tr>
<td>Episode Proposed Treatment Plan Completion</td>
<td>Y</td>
</tr>
<tr>
<td>Episode Special Purpose Flag</td>
<td>Y</td>
</tr>
<tr>
<td>Episode Start Date</td>
<td>Y</td>
</tr>
<tr>
<td>Episode TCP Bed-Based Care Transition Date</td>
<td></td>
</tr>
<tr>
<td>Episode TCP Home-Based Care Transition Date</td>
<td></td>
</tr>
<tr>
<td>Patient/Client Birth Country</td>
<td>Y</td>
</tr>
<tr>
<td>Patient/Client Birth Date</td>
<td>Y</td>
</tr>
<tr>
<td>DATA ELEMENT</td>
<td>FCP</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>-----</td>
</tr>
<tr>
<td>Patient/Client Birth Date Accuracy</td>
<td>Y</td>
</tr>
<tr>
<td>Patient/Client Carer Availability</td>
<td>Y</td>
</tr>
<tr>
<td>Patient/Client Carer Residency Status</td>
<td>Y</td>
</tr>
<tr>
<td>Patient/Client Death Date</td>
<td>Y</td>
</tr>
<tr>
<td>Patient/Client Death Date Accuracy</td>
<td>Y</td>
</tr>
<tr>
<td>Patient/Client Death Place</td>
<td></td>
</tr>
<tr>
<td>Patient/Client DVA File Number</td>
<td>Y</td>
</tr>
<tr>
<td>Patient/Client Identifier</td>
<td>Y</td>
</tr>
<tr>
<td>Patient/Client Living Arrangement</td>
<td>Y</td>
</tr>
<tr>
<td>Patient/Client Main Carer’s Relationship to the Patient</td>
<td>Y</td>
</tr>
<tr>
<td>Patient/Client Sex</td>
<td>Y</td>
</tr>
<tr>
<td>Patient/Client Usual Accommodation Type</td>
<td>Y</td>
</tr>
<tr>
<td>Patient/Client Usual Residence Locality Name</td>
<td>Y</td>
</tr>
<tr>
<td>Patient/Client Usual Residence Postcode</td>
<td>Y</td>
</tr>
<tr>
<td>Referral End Reason</td>
<td></td>
</tr>
<tr>
<td>Referral In Clinical Referral Date</td>
<td></td>
</tr>
<tr>
<td>Referral In Clinical Urgency Category</td>
<td></td>
</tr>
<tr>
<td>Referral In Outcome</td>
<td>Y</td>
</tr>
<tr>
<td>Referral In Program/Stream</td>
<td>Y</td>
</tr>
<tr>
<td>Referral In Receipt Acknowledgment Date</td>
<td>Y</td>
</tr>
<tr>
<td>Referral In Received Date</td>
<td>Y</td>
</tr>
<tr>
<td>Referral In Service Type</td>
<td>Y</td>
</tr>
<tr>
<td>Referral Out Date</td>
<td>Y</td>
</tr>
<tr>
<td>Referral Out Place</td>
<td></td>
</tr>
<tr>
<td>Referral Out Service Type</td>
<td>Y</td>
</tr>
</tbody>
</table>
Business data element timing summary

The following table provides a summary, for each business data element, of 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 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’.

<table>
<thead>
<tr>
<th>Key Symbol</th>
<th>Reporting Obligation</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td>Mandatory</td>
</tr>
<tr>
<td>O</td>
<td>Optional</td>
</tr>
<tr>
<td>C1</td>
<td>Report when Patient/Client Carer Availability = '1'</td>
</tr>
<tr>
<td>C2</td>
<td>Report when and only when Contact Account Class = 'VX', 'TA' or 'WC'</td>
</tr>
<tr>
<td>C3</td>
<td>Report when and only when Contact Account Class = 'VX'</td>
</tr>
<tr>
<td>C4</td>
<td>Report when and only when Account Contact Class = 'TA'</td>
</tr>
<tr>
<td>C5</td>
<td>Report when and only when Account Contact Class = 'WC'</td>
</tr>
<tr>
<td>C6</td>
<td>Report when Contact Client Present Status = '10', '11' or '12' (patient/client present)</td>
</tr>
<tr>
<td>C7</td>
<td>Must be specified if a care plan was documented during the course of the Episode</td>
</tr>
<tr>
<td>C9</td>
<td>Must be reported if Episode Proposed Treatment Plan Completion = '27' or Program is Palliative Care</td>
</tr>
<tr>
<td>C10</td>
<td>Must be specified for HARP programs, optional for all others</td>
</tr>
<tr>
<td>C11</td>
<td>Must be specified if an advance care plan was documented previously or during the course of the Episode</td>
</tr>
<tr>
<td>C12</td>
<td>Either TCP Bed-Based Care Transition Date or TCP Home-Based Care Transition Date must be reported</td>
</tr>
<tr>
<td>C13</td>
<td>Must be specified if Contact Session Type = '2'</td>
</tr>
<tr>
<td>C16</td>
<td>Mandatory for Specialist Clinics when Referral In Outcome has the value ‘010 – Referral accepted – New appointment’ or ‘020 – Referral accepted – Review appointment’ or ‘3 – Referral accepted – Renewed referral’</td>
</tr>
<tr>
<td>C18</td>
<td>Mandatory for TCP when episode has an end date</td>
</tr>
<tr>
<td>C19</td>
<td>Optional for Specialist (Outpatient) Clinics where Contact Account Class = ‘QM’</td>
</tr>
<tr>
<td>C20</td>
<td>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’</td>
</tr>
<tr>
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## All Programs, not elsewhere specified

| DATA ELEMENT                                      | Referral In Received Date | Referral In Acknowledgement Date | Episode Start Date | Episode Patient/Client Notified of First Appointment Date | Episode Care Plan Documented Date | Episode TCP Care Transition Date | First Contact Date/Time | Second and Subsequent Contact Date/Time | Episode End Date | Refferal Out Date | Episode End Reason | Episode First Appointment Booked Date | Episode Program/Stream | Episode Proposed Treatment Plan Completion | Episode Advance Care Directive Alert | Episode Assessment - Barthel Index - Date/Time | Episode Campus Code | Episode Care Plan Documented Date | Episode End Date | Episode End Reason | Episode Health Conditions | Episode Hospital Discharge Date | Episode Malignancy Flag | Episode Other Factors Affecting Health | Episode Patient/Client Notified of First Appointment Date | Episode Program/Stream | Episode Proposed Treatment Plan Completion |
|--------------------------------------------------|---------------------------|----------------------------------|-------------------|-----------------------------------------------------------|----------------------------------|---------------------------------|--------------------------|----------------------------------------|-----------------------------|----------------------------------|--------------------------|----------------------------------------|---------------------------------|-------------------------------------------------|---------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Contact Program Stream                           |                           |                                  |                   |                                                           |                                  |                                 |                          |                                        |                             |                                  |                          |                                        |                                 |                                                 |                                |                              |                             |                                |                                 |                                |                                 |
| Contact Provider                                 |                           |                                  |                   |                                                           |                                  |                                 |                          |                                        |                             |                                  |                          |                                        |                                 |                                                 |                                |                              |                             |                                |                                 |                                |                                 |
| Contact Purpose                                  |                           |                                  |                   |                                                           |                                  |                                 |                          |                                        |                             |                                  |                          |                                        |                                 |                                                 |                                |                              |                             |                                |                                 |                                |                                 |
| Contact Session Type                             |                           |                                  |                   |                                                           |                                  |                                 |                          |                                        |                             |                                  |                          |                                        |                                 |                                                 |                                |                              |                             |                                |                                 |                                |                                 |
| Contact Specialist Palliative Care Provider      |                           |                                  |                   |                                                           |                                  |                                 |                          |                                        |                             |                                  |                          |                                        |                                 |                                                 |                                |                              |                             |                                |                                 |                                |                                 |
| Contact TAC Claim Number                         |                           |                                  |                   |                                                           |                                  |                                 |                          |                                        |                             |                                  |                          |                                        |                                 |                                                 |                                |                              |                             |                                |                                 |                                |                                 |
| Contact VWA File Number                          |                           |                                  |                   |                                                           |                                  |                                 |                          |                                        |                             |                                  |                          |                                        |                                 |                                                 |                                |                              |                             |                                |                                 |                                |                                 |
| Episode Advance Care Directive Alert             |                           |                                  |                   |                                                           |                                  |                                 |                          |                                        |                             |                                  |                          |                                        |                                 |                                                 |                                |                              |                             |                                |                                 |                                |                                 |
| Episode Assessment - Barthel Index - Date/Time   |                           |                                  |                   |                                                           |                                  |                                 |                          |                                        |                             |                                  |                          |                                        |                                 |                                                 |                                |                              |                             |                                |                                 |                                |                                 |
| Episode Campus Code                              | C22                       |                                  |                   |                                                           |                                  |                                 |                          |                                        |                             |                                  |                          |                                        |                                 |                                                 |                                |                              |                             |                                |                                 |                                |                                 |
| Episode Care Plan Documented Date                |                           |                                  |                   |                                                           |                                  |                                 |                          |                                        |                             |                                  |                          |                                        |                                 |                                                 |                                |                              |                             |                                |                                 |                                |                                 |
| Episode End Date                                 |                           |                                  |                   |                                                           |                                  |                                 |                          |                                        |                             |                                  |                          |                                        |                                 |                                                 |                                |                              |                             |                                |                                 |                                |                                 |
| Episode End Reason                               |                           |                                  |                   |                                                           |                                  |                                 |                          |                                        |                             |                                  |                          |                                        |                                 |                                                 |                                |                              |                             |                                |                                 |                                |                                 |
| Episode First Appointment Booked Date            |                           |                                  |                   |                                                           |                                  |                                 |                          |                                        |                             |                                  |                          |                                        |                                 |                                                 |                                |                              |                             |                                |                                 |                                |                                 |
| Episode Health Conditions                        |                           |                                  |                   |                                                           |                                  |                                 |                          |                                        |                             |                                  |                          |                                        |                                 |                                                 |                                |                              |                             |                                |                                 |                                |                                 |
| Episode Hospital Discharge Date                  |                           |                                  |                   |                                                           |                                  |                                 |                          |                                        |                             |                                  |                          |                                        |                                 |                                                 |                                |                              |                             |                                |                                 |                                |                                 |
| Episode Malignancy Flag                          |                           |                                  |                   |                                                           |                                  |                                 |                          |                                        |                             |                                  |                          |                                        |                                 |                                                 |                                |                              |                             |                                |                                 |                                |                                 |
| Episode Other Factors Affecting Health           |                           |                                  |                   |                                                           |                                  |                                 |                          |                                        |                             |                                  |                          |                                        |                                 |                                                 |                                |                              |                             |                                |                                 |                                |                                 |
| Episode Patient/Client Notified of First Appointment Date |               |                                  |                   |                                                           |                                  |                                 |                          |                                        |                             |                                  |                          |                                        |                                 |                                                 |                                |                              |                             |                                |                                 |                                |                                 |
| Episode Program/Stream                           |                           |                                  |                   |                                                           |                                  |                                 |                          |                                        |                             |                                  |                          |                                        |                                 |                                                 |                                |                              |                             |                                |                                 |                                |                                 |
| Episode Proposed Treatment Plan Completion       |                           |                                  |                   |                                                           |                                  |                                 |                          |                                        |                             |                                  |                          |                                        |                                 |                                                 |                                |                              |                             |                                |                                 |                                |                                 |
### All Programs, not elsewhere specified

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Section 3 – Data elements, VINAH manual, 14th edition, July 2018
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Note: M indicates mandatory, C indicates comment.
Data element obligation by transmission protocol

The table below provides a summary, for each transition or other affected data element, of whether it must be reported to the VINAH MDS based on the transmission protocol in use.

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**Part I: Business data elements**

**Contact Account Class**

**Definition**

The agency/individual chargeable for this contact and associated sub categories.

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**Location**

**Transmission protocol**

- Contact (insert) ADT_A03 (PV1\PV1.20\FC.1)
- Contact (update) ADT_A08 (PV1\PV1.20\FC.1)
- Contact (delete) ADT_A13 (PV1\PV1.20\FC.1)

**Reported by**

- Family Choice Program
- Hospital Admission Risk Program
- Home Enteral Nutrition
- Palliative Care
- Post Acute Care
- Residential In-Reach
- Specialist Clinics (Outpatients)
- Sub-acute Ambulatory Care Services
- Total Parenteral Nutrition
- Transition Care Program
- Victorian HIV Service
- Victorian Respiratory Support Service

**Reported for**

All contacts completed in the current reporting period.

**Reported when**

All Programs, not elsewhere specified

The current reporting period for this item is the calendar month in which the following events or data elements fall:

- First Contact Date/Time (Mandatory)
- Second and Subsequent Contact Date/Time (Mandatory)

**Value domain**

Enumerated

| Table identifier | HL70064 |

**Code**

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</tr>
<tr>
<td>Ineligible: asylum seeker</td>
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<tr>
<td>Reciprocal health care agreement</td>
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</table>

- National Disability Insurance Scheme
- Private patient: insured
- Private patient: other payer
- Private patient: self-funded
- Private clinic: MBS funded
- Commonwealth funded: TCP
- Department of Veterans' Affairs (DVA)
- Armed services
- Other compensable
- WorkSafe Victoria

*not OP*
TA  Transport Accident Commission (TAC)
SS  Seamen
CL  Common law recoveries
JP  Prisoner
XX  Other non-compensable

**Reporting guide**

**MP - Public eligible**
An eligible person who elects to be treated as a public patient. The hospital provides comprehensive care including all necessary medical, nursing and diagnostic services and, if available, dental and paramedical services, by means of its own staff or by other agreed arrangements, without charge to the patient.

Includes:
- Persons holding a current Interim Medicare card.
- Persons treated in a specialist public outpatient clinic not funded through VACS or a Specified Grant.
- Persons treated under the Transition Care Program who have exceeded the Commonwealth-funded care period and are now funded by the Victorian government.

Excludes:
- Persons holding an expired Interim Medicare card (report 'XX-Ineligible')
- A person where the clinician bulk bills Medicare for the patient’s treatment (report QM-Private Clinic: MBS funded').
- Persons treated under the Transition Care Program who are funded by the Commonwealth government (Use code 'QT').

**ME - Ineligible: hospital exempt**
An ineligible non Australian resident:
- Specifically referred to Australia for hospital services not available in the patient’s own country and for whom the Secretary of the department has determined that no fee be charged; or
- Who has been declared a safe haven resident and whose treatment is provided or arranged by a designated hospital.

**MF - Ineligible: asylum seeker**
A Medicare ineligible asylum seeker.

**MA - Reciprocal health care agreement**
A visitor to Australia who is ordinarily resident in a country with which Australia has a Reciprocal Health Care Agreement (RHCA), who receives a non-admitted service for necessary medical treatment (but only as a public patient), as is clinically necessary for the diagnosis, alleviation or care of the condition requiring attention, on terms no less favourable than would apply to a resident.

**ND – National Disability Insurance Scheme**
Not reportable for Specialist Clinics (Outpatients).

An eligible person whose charges for this contact is met by the National Disability Insurance Scheme and the Episode Special Purpose Flag – ND is reported.

**PI - Private patient: insured**
A patient/client who holds an insurance policy with an Australian Registered Health Fund, and where the intended treatment of the patient is wholly or partly covered by that fund.

**PO - Private patient: other payer**
A patient/client who elects to be treated as a private patient but a third party is wholly or partly funding the intended treatment of the patient.
Includes:
- Travel insurance
- Insurance with a non-Australian Registered Health Fund
- Pharmaceutical company

**PS - Private patient: self-funded**
A patient/client who elects to be treated as a private patient but who does not hold an insurance policy with an Australian Registered Health Fund or other external payer, and therefore is personally responsible for paying the charges referred to in the Australian Healthcare Agreement (2017).

**QM - Private clinic: MBS funded**
Includes:
- Persons in-scope for reporting whose treatment is funded through Medicare under a right-of-private-practice arrangement.

**VX - Department of Veterans’ Affairs**
An eligible person whose charges for this episode of care are met by the Department of Veterans’ Affairs (DVA). A gold card holder is automatically eligible as a veteran, but a white card holder’s eligibility must be established at the time of the contact. If DVA does not accept responsibility, then normal patient election applies.

**AS - Armed services**
An eligible person whose charges for this contact are met by the Department of Defence.

**OO - Other compensable**
An eligible person who is entitled under a law that is or was in force in Victoria, other than Veterans’ Affairs legislation, Transport Accident Commission, WorkSafe Victoria, Armed Services, Seamen, or Common Law Recoveries, to the payment of, or who has been paid compensation for, damages, or other benefits (including a payment in settlement of a claim for compensation, damages, or other benefits) in respect of the injury, illness or disease for which he/she is receiving hospital services.

**WC - WorkSafe Victoria**
An eligible person who is entitled under a law that is or was in force in Victoria to the payment of, or who has been paid compensation for, damages or other benefits in respect of an injury by the WorkSafe Victoria (Victorian WorkCover Authority).

**TA - Transport Accident Commission (TAC)**
An eligible person who is entitled under a law that is or was in force in Victoria to the payment of, or who has been paid compensation for, damages or other benefits in respect of an injury by the Transport Accident Commission.
JP - Prisoner
A person who is currently in the custody of Correctional Services in Victoria.
Prisoners are treated and funded as public patients.

XX - Other non-compensable
A person who is not eligible for Medicare and therefore not exempted from fees.
Includes:
- Persons holding expired interim Medicare cards (these patients should be billed for services).

Validations

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>E356</td>
<td>Contact is Compensable (&lt;AccountClass&gt;) but there is no client identifier</td>
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<tr>
<td>E357</td>
<td>A Patient/Client's Legal Family Name or Given Names are provided but Account Class is not VX (DVA) or TA (TAC) or WC (VWA)</td>
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<tr>
<td>E358</td>
<td>Account Class is VX (DVA) or TA (TAC) or WC (VWA), but the Patient's Legal Name or Given Names are not provided</td>
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<tr>
<td>E368</td>
<td>Contact Account Class (AccountClass) is incompatible with Contact Medicare Suffix(&lt;medicare_sufffix&gt;).</td>
</tr>
<tr>
<td>E372</td>
<td>Contact Account Class is ‘ND – National Disability Insurance Scheme’ but Episode Special Purpose Flag is not ‘ND – NDIS Participant’</td>
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</table>

Related items
Contact Date/Time
Contact Family Name
Contact Given Name(s)
Contact Medicare Number
Contact TAC Claim Number
Contact VWA File Number
Episode Special Purpose Flag
Patient/Client DVA File Number

Administration

Purpose
To assist in analyses of utilisation to facilitate reimbursement by third party paying organisations for patients/clients with entitlements.

Principal users
Department of Health and Human Services, DVA, TAC, WorkSafe Victoria

Version history

<table>
<thead>
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<td>6</td>
<td>Contact Account Class</td>
<td>2011/07/01</td>
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<td>5</td>
<td>Contact Account Class</td>
<td>2010/07/01</td>
</tr>
<tr>
<td>4</td>
<td>Contact/Client Service Event Account Class</td>
<td>2009/07/01</td>
</tr>
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<td>3</td>
<td>Contact/Client Service Event Account Class</td>
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<td>Account Class</td>
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</table>

Definition source
DHHS

Value domain source
DHHS
Contact Care Model

**Definition**
The model of care in use when the palliative care contact takes place.

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<tr>
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<th>Min.</th>
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**Form**
Code

**Layout**
N

**Location**

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<th>Transmission protocol</th>
<th>Value</th>
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<tbody>
<tr>
<td>Contact (insert)</td>
<td>ADT_A03 (PV2/PV2.18)</td>
</tr>
<tr>
<td>Contact (update)</td>
<td>ADT_A08 (PV2/PV2.18)</td>
</tr>
<tr>
<td>Contact (delete)</td>
<td>ADT_A13 (PV2/PV2.18)</td>
</tr>
</tbody>
</table>

**Reported by**
Palliative Care

**Reported for**
All contacts completed in the current reporting period.

**Reported when**
All Programs, not elsewhere specified

The current reporting period for this item is the calendar month in which the following events or data elements fall:
- First Contact Date/Time (Mandatory)
- Second and Subsequent Contact Date/Time (Mandatory)

**Value domain**
Enumerated

**Code**
- 1: Direct care/complete care
- 2: Shared care
- 3: Consultancy care with ongoing patient/client follow-up
- 4: Consultancy care with no further planned follow-up
- 8: Unknown, not stated or question not asked
- 9: Not applicable – patient/client not present

**Reporting guide**
This data item refers to the model of care being used to meet the patient/client’s palliative care needs.

1 - Direct care/complete care
The patient/client or carer/family/friend identifies this service as the service that is responsible for meeting their palliative care needs at this time. While other services or health professionals may be involved, the patient/client does not identify them as being responsible for meeting their palliative care needs at this time.

2 - Shared care
The patient/carer identifies this service as one of at least two services or health professionals that are sharing responsibility for meeting their palliative care needs at this time. Partners in the patient’s/client’s care may include their general practitioner, primary care nurses or other specialist services.

3 - Consultancy care with ongoing patient/client follow-up
The patient/client identifies another service or health professional (e.g. general practitioner, hospital, primary care nurse) as the service that is responsible for meeting their palliative care needs at this time. The community palliative care service is providing advice, back-up and/or support. The community palliative care service has ongoing planned involvement with a patient/client and/or their treating clinicians.
4 - Consultancy care with no further planned follow-up
The patient/client identifies another service or health professional (e.g. general practitioner, hospital, primary care nurse) as the service that is responsible for meeting their palliative care needs at this time. The community palliative care service is providing advice, back-up and/or support. The community palliative care service undertakes a comprehensive palliative care assessment and there is no planned review or involvement with the patient/client and/or their treating clinicians.

8 - Unknown, not stated or question not asked
Report this code in the instance where a clinician is unavailable or it is not possible to determine the phase of care.

9 - Not applicable - patient/client not present
Report this code when the value of Contact Client Present Status is not ‘11’ and not ‘12’ or ‘13’.

Validations
E363 Where Contact Care Model is ‘9 - Not Applicable - Patient/Client not present’, the Contact Client Present Status must not be ‘11 - Patient/Client present only’, ‘12 - Patient/Client present with carer(s)/relative(s)’ or ‘13 - Patient/Client via telehealth’
E364 Contact Client Present Status is ‘20 - Carer(s)/Relative(s) of the patient/client only’ or ‘31 - Patient/Client/Carer(s)/Relative(s) not present: Indirect Contact’, Contact Care Model must be ‘9 - Not Applicable - Patient/Client not present’

Related items
Contact Care Phase
Contact Date/Time
Contact Preferred Care Setting
Contact Preferred Death Place

Administration
Purpose
To assist with outcome analyses and service planning, and meeting national reporting requirements.

Principal users
Department of Health and Human Services

Version history
<table>
<thead>
<tr>
<th>Version</th>
<th>Previous Name</th>
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<td>Contact Care Model</td>
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<tr>
<td>1</td>
<td>Contact/Client Service Event Model of Care</td>
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Definition source
DHHS

Value domain source
DHHS
Contact Care Phase

Definition
The phase of care when the palliative care contact takes place.

<table>
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Location

Transmission protocol  
HL7 Submission  
Contact (insert)  
ADT_A03 (PV2\PV2.40\CE.1)  
Contact (update)  
ADT_A08 (PV2\PV2.40\CE.1)  
Contact (delete)  
ADT_A13 (PV2\PV2.40\CE.1)

Reported by  
Palliative Care

Reported for  
All contacts completed in the current reporting period.

Reported when  
All Programs, not elsewhere specified

The current reporting period for this item is the calendar month in which the following events or data elements fall:
First Contact Date/Time (Mandatory)  
Second and Subsequent Contact Date/Time (Mandatory)

Value domain

Enumetated  
Table identifier  
HL70432

Code  
Descriptor
1  
Stable phase
2  
Unstable phase
3  
Deteriorating phase
4  
Terminal phase
5  
Bereavement phase
8  
Unknown, not stated or question not asked
9  
Not applicable – patient/client not present

Reporting guide

1 - Stable phase
The patient's/client’s symptoms are adequately controlled by established management. The situation of the carer(s)/family/friends is relatively stable and no new issues are apparent. Any needs are met by the established plan of care.

2 - Unstable phase
The patient/client experiences the development of a new problem or a rapid increase in the severity of existing problems, either of which requires an urgent change in management or emergency treatment. The carer(s)/family/friends experience a sudden change in their situation requiring urgent intervention by members of the multidisciplinary team.

3 - Deteriorating phase
The patient/client experiences a gradual worsening of existing symptoms or the development of new but expected problems. The carer(s)/family/friends experience gradually worsening distress and other difficulties, including social and practical difficulties, as a result of the illness of the patient.
4 - Terminal phase
Death of patient/client with life-limiting illness is likely in a matter of days and no acute intervention is planned or required. The carer(s)/family/friends recognise that death is imminent and care is focussed on emotional and spiritual issues as a prelude to bereavement.

5 - Bereavement phase
The bereavement phase can only be entered once the patient has deceased. The carer(s)/family/friends can only receive grief and bereavement support during this phase. Report this code when the value of Contact Client Present is ‘20’ (Carer(s)/Relative(s) of the patient/client is deceased).

8 - Unknown, not stated or question not asked
Report this code in the instance where a clinician is unavailable or it is not possible to determine the phase of care.

9 - Not applicable – patient/client not present
Report this code when the value of Contact Client Present Status is not ‘11’ and not ‘12’ or ‘13’.

Validations
E363 Where Contact Care Phase is ‘9 - Not Applicable - Patient/Client not present’ or ‘5 – Bereavement Phase’, the Contact Client Present Status must not be ‘11 - Patient/Client present only’, ‘12 - Patient/Client present with carer(s)/relative(s)’ or ‘13 - Patient/Client via telehealth’

E364 Contact Client Present Status must be ‘20 - Carer(s)/Relative(s) of the patient/client not present: Indirect Contact’, Contact Care Phase must be ‘9 - Not Applicable - Patient/Client not present’ or ‘5 – Bereavement Phase’

Related items
Contact Care Phase
Contact Date/Time
Contact Preferred Care Setting
Contact Preferred Death Place

Administration

Purpose
To assist with outcome analyses and service planning, and meeting national reporting requirements.

Principal users
Department of Health and Human Services

Version history

<table>
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<th>Version</th>
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<td>Contact/Client Service Event Phase of Care</td>
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Definition source
Proposed Palliative Care NMDS

Value domain source
Proposed Palliative Care NMDS (DHHS modified)
Contact Client Present Status

Definition
An indicator of the presence or absence of a patient/client at a contact.

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Location

Transmission protocol | HL7 Submission
Contact (insert) | ADT_A03 (PV2\PV2.7)
Contact (update) | ADT_A08 (PV2\PV2.7)
Contact (delete) | ADT_A13 (PV2\PV2.7)

Reported by
Family Choice Program
Home Enteral Nutrition
Hospital Admission Risk Program
Hospital Based Palliative Care Consultancy Team
Palliative Care
Post Acute Care
Residential In-Reach
Specialist Clinics (Outpatients)
Sub-acute Ambulatory Care Services
Total Parenteral Nutrition
Victorian HIV Service
Victorian Respiratory Support Service

Reported for
All contacts completed in the current reporting period.

Reported when
All Programs, not elsewhere specified
The current reporting period for this item is the calendar month in which the following events or data elements fall:
First Contact Date/Time (Mandatory)
Second and Subsequent Contact Date/Time (Mandatory)

Value domain
Enumerated
Table identifier | HL70130

Code | Description
--- | ---
10 | *Not PC Patient/Client present with or without carer(s)/relative(s)
11 | *Not PC Patient/Client present only
12 | *Not PC Patient/Client present with carer(s)/relative(s)
13 | *Not PC Patient/Client via telehealth
20 | *Not PC Carer(s)/Relative(s) of the patient/client only

Reporting guide
Providing care to a patient/client can encompass the provision of services (for example counselling, education) to the patient's/client's carer(s) and/or family, whether or not the patient/client is present when these services are delivered. The carers and family members are not, in these situations, considered to be patients/clients in their own right.
10 – Patient/Client present with or without carer(s)/relative(s)
Code not to be used by Palliative Care; this program must provide the more specific information in codes 11 and 12.
Use this code when Contact Delivery Mode is ‘telehealth’ and the patient is physically present at this health service.

11 – Patient/Client present only
For Palliative Care only, this may include contacts up to 24 hours post patient/client death. Use this code when Contact Delivery Mode is ‘telehealth’ and the patient/client is physically present at this health service.

12 – Patient/Client present with carer(s)/relative(s)
For Palliative Care only, this may include contacts up to 24 hours post patient/client death. Use this code when Contact Delivery Mode is ‘telehealth’ and the patient/client is physically present at this health service.

13 – Patient/Client via telehealth
Use this code when Contact Delivery Mode is ‘telehealth’ and the patient is not physically present at the health service.

20 - Carer(s)/Relative(s) of the patient/client only
For Residential In-Reach (RIR) only, this may include a paid carer. For all other programs, this refers to unpaid carers or family members.

31 - Patient/Client/Carer(s)/Relative(s) not present: Indirect contact
Includes contacts between a service provider and another person who is not the patient/client/carera/relative; for example, another service provider.
Mandatory for Palliative Care.

32 - Patient/Client/Carer(s)/Relative(s) not present: Scheduled appointment not attended
Includes contacts where the health service was expecting the patient/client to attend the contact on the scheduled date at the scheduled time. This therefore excludes instances where the patient/carer provided notice that they would not be attending the scheduled contact.
Not in scope for Palliative Care.

Validations
E373 Indirect contacts must be reported with Contact Session Type = ‘3 – Not applicable: Indirect Contact’ and with Contact Client Present Status = ‘31 – Patient/Client Carer(s)/Relative(s) not present: Indirect Contact’

Related items
Contact Date/Time
Patient/Client Death Date

Administration
Purpose To monitor and plan resource utilisation.
Principal users Department of Health and Human Services
<table>
<thead>
<tr>
<th>Version history</th>
<th>Version</th>
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**Definition source**: NHDD

**Value domain source**: NHDD 000436
Contact Clinic Identifier

Definition
A health-service assigned identifier for the Specialist Clinic (Outpatient) that is providing services for a particular contact.

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<thead>
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Location
Transmission protocol: HL7 Submission
- Contact (insert) ADT_A03 (PV2:PV2.23:XON.1)
- Contact (update) ADT_A08 (PV2:PV2.23:XON.1)
- Contact (delete) ADT_A13 (PV2:PV2.23:XON.1)

Reported by
Specialist Clinics (Outpatients)

Reported for
All contacts completed in the current reporting period.

Reported when
All Programs, not elsewhere specified

The current reporting period for this item is the calendar month in which the following events or data elements fall:
- First Contact Date/Time (Mandatory)
- Second and Subsequent Contact Date/Time (Mandatory)

Value domain
Organisation generated. Individual sites may use their own alphabetic, numeric or alphanumeric coding system.

Reporting guide
Reporting this data element is mandatory. If supplied it should match the clinic identifier used in the Non-admitted Clinic Management System. The identifier may contain any ASCII or ASCII-equivalent Unicode characters with an ASCII code value greater than 31, except for those used as delimiters by the transmitting protocol.

That is, for HL7: | ~ ^ &

Validations
E159 Code (<CodeSupplied>) for Data Element (<FieldName>) is not valid as the Contact Date

Related items
Contact Date/Time
- Patient/Client Birth Country
- Patient/Client Carer Availability
- Patient/Client Death Place
- Patient/Client Living Arrangement
- Patient/Client Main Carer’s Relationship to the Patient
- Patient/Client Usual Accommodation Type
- Patient/Client Usual Residence Locality Name
- Patient/Client Usual Residence Postcode

Administration
Purpose
To assist linking patient-level data to a Tier 2 class for national reporting requirements and to assist in developing clinical costing models for specialist clinic services.
**Principal users**  
Department of Health and Human Services

**Version history**

<table>
<thead>
<tr>
<th>Version</th>
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<tbody>
<tr>
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**Definition source**  
DHHS

**Value domain source**  
Health Services
**Contact Date/Time**

**Definition**
The date and start time of the contact.

**Repeats:**

**Form**
Text

**Layout**
YYYYMMDDhhmm

**Size:**
Min. 1
Max. 1

**Duplicate**
Not applicable

**Transmission protocol**
HL7 Submission

**Location**
Contact (insert) ADT_A03 (PV1\PV1.44\TS.1)
Contact (update) ADT_A08 (PV1\PV1.44\TS.1)
Contact (delete) ADT_A13 (PV1\PV1.44\TS.1)

**Reported by**
Family Choice Program
Home Enteral Nutrition
Hospital Admission Risk Program
Hospital Based Palliative Care Consultancy Team
Palliative Care
Post Acute Care
Residential In-Reach
Specialist Clinics (Outpatients)
Sub-acute Ambulatory Care Services
Total Parenteral Nutrition
Transition Care Program
Victorian HIV Service
Victorian Respiratory Support Service

**Reported for**
All contacts completed in the current reporting period.

**Reported when**
All Programs, not elsewhere specified

The current reporting period for this item is the calendar month in which the following events or data elements fall:
First Contact Date/Time (Mandatory)
Second and Subsequent Contact Date/Time (Mandatory)

**Value domain**
Valid date and time.

**Reporting guide**
Contacts may be of any duration.

**Validations**
E020 <SucceedingEvent> (<SucceedingEventValue>) is before <Preceding Event> (<PrecedingEventValue>)

E361 Contact Date (<ccsedate>) is after Date of Death (<dod>), but Client Present Status (<val>) is not '20 - Carer(s)/Relative(s) of the patient/client only' or '31 - Patient/Client/Carer(s)/Relative(s) not present: Indirect Contact'

**Related items**
Contact Client Present Status
Contact Date/Time
Episode End Date
Episode First Appointment Booked Date
Episode Malignancy Flag
Episode Patient/Client Notified of First Appointment Date
Episode Start Date
Patient/Client Birth Country
Patient/Client Birth Date
Patient/Client Carer Availability
Patient/Client Death Date
Patient/Client Living Arrangement
Patient/Client Usual Accommodation Type
Referral In Clinical Referral Date
Referral In Receipt Acknowledgment Date
Referral In Received Date
Referral Out Date
Patient/Client Usual Residence Locality Name
Patient/Client Usual Residence Postcode

Administration

Purpose
To enable occasions of service and group sessions to be derived for accountability reporting.

Principal users
Multiple internal and external data users

Version history

<table>
<thead>
<tr>
<th>Version</th>
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Definition source
NHDD

Value domain source
DHHS
Contact Delivery Mode

**Definition**
The mode of provision of the service during the contact.

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<th>Repeats:</th>
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<tr>
<td>Contact (delete)</td>
<td>ADT_A13 (ROL\ROL.10\CE.1)</td>
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**Reported by**

- Family Choice Program
- Home Enteral Nutrition
- Hospital Admission Risk Program
- Hospital Based Palliative Care Consultancy Team
- Palliative Care
- Post Acute Care
- Residential In-Reach
- Specialist Clinics (Outpatients)
- Sub-acute Ambulatory Care Services
- Total Parenteral Nutrition
- Transition Care Program
- Victorian HIV Service
- Victorian Respiratory Support Service

**Reported for**
All contacts completed in the current reporting period.

**Reported when**
All Programs, not elsewhere specified

The current reporting period for this item is the calendar month in which the following events or data elements fall:
- First Contact Date/Time (Mandatory)
- Second and Subsequent Contact Date/Time (Mandatory)

**Value domain**
Enumerated

**Table identifier**
HL70406

<table>
<thead>
<tr>
<th>Code</th>
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<tbody>
<tr>
<td>1</td>
<td>In person (face-to-face)</td>
</tr>
<tr>
<td>2</td>
<td>Telephone</td>
</tr>
<tr>
<td>3</td>
<td>Telehealth</td>
</tr>
<tr>
<td>4</td>
<td>Written (postal/courier)</td>
</tr>
<tr>
<td>5</td>
<td>Electronic mail</td>
</tr>
<tr>
<td>9</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

*Not PC

**Reporting guide**
Patient/client includes carer and/or relative, except where the patient/client and carer and/or relative have a different delivery mode, in which case the delivery mode of the patient/client should be reported.

The existence of a code in this value domain does not in itself mean that a contact delivered by one of these modes can be reported. Refer to Section 2: Contact to determine whether the contact meets the criteria to be reported to VINAH.
1 - In person - Face-to-face
The healthcare provider delivers the service in the physical presence of the patient (i.e., in the same room).

2 - Telephone
Telephone contacts must be a substitute for a face to face contact and verified by documentation in the patient/client’s medical record. This code is not to be used to record administrative contact with a patient/client. Telephone contacts cannot be reported where the patient/client is located in the non-admitted clinic of the health service providing the contact.

3 - Telehealth
The healthcare provider delivers the service to a patient using videoconference. Where a patient is in the physical presence of a health care provider(s) at one health service and care delivery involves the participation of a health care provider from another health service via Telehealth, the contact should be reported by both health services using a contact delivery mode of (3) Telehealth.

4 - Written - Postal/courier
Written communication that is clinical in nature.
Includes the following formats:
• Fax
• Paper - Postal/courier service
Excludes written information provided as part of a Contact with a different Delivery Mode.

5 - Electronic mail
Written communication that is clinical in nature delivered via electronic mail.
Excludes written information provided as part of a Contact with a different Delivery Mode.

9 - Not applicable
Use when the patient/client does not attend a scheduled appointment. Not in scope for Palliative Care.

Validations
E369 Contact Delivery Mode is ‘9 - Not applicable’ but Contact Client Present is not ‘32 - Patient/Client/Carer(s)/Relative(s) not present: Scheduled appointment not attended’

Related items
Contact Date/Time
Contact/Client Present Status

Administration
Purpose
To monitor and plan resource utilisation.

Principal users
Department of Health and Human Services
<table>
<thead>
<tr>
<th>Version</th>
<th>Previous Name</th>
<th>Effective Date</th>
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<tbody>
<tr>
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<tr>
<td>6</td>
<td>Contact Delivery Mode</td>
<td>2014/07/01</td>
</tr>
<tr>
<td>5</td>
<td>Contact Delivery Mode</td>
<td>2013/07/01</td>
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<tr>
<td>4</td>
<td>Contact Delivery Mode</td>
<td>2010/07/01</td>
</tr>
<tr>
<td>3</td>
<td>Contact/Client Service Event Delivery Mode</td>
<td>2009/07/01</td>
</tr>
<tr>
<td>2</td>
<td>Contact/Client Service Event Delivery Mode</td>
<td>2007/07/01</td>
</tr>
<tr>
<td>1</td>
<td>Client Service Event Delivery Mode</td>
<td>2005/07/01</td>
</tr>
</tbody>
</table>

**Definition source**: NHDD

**Value domain source**: NHDD 000439 (DHHS modified)
Contact Delivery Setting

**Definition**
The type of setting in which the contact is experienced by the patient/client.

**Repeats:**

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<thead>
<tr>
<th>Code</th>
<th>Min.</th>
<th>Max.</th>
<th>Duplicate</th>
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<tbody>
<tr>
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<td>1</td>
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**Location**

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<tr>
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<th>HL7 Submission</th>
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</thead>
<tbody>
<tr>
<td>Contact (insert)</td>
<td>ADT_A03 (PV1\PV1.3\PL.6)</td>
</tr>
<tr>
<td>Contact (update)</td>
<td>ADT_A08 (PV1\PV1.3\PL.6)</td>
</tr>
<tr>
<td>Contact (delete)</td>
<td>ADT_A13 (PV1\PV1.3\PL.6)</td>
</tr>
</tbody>
</table>

**Reported by**

- Family Choice Program
- Home Enteral Nutrition
- Hospital Admission Risk Program
- Hospital Based Palliative Care Consultancy Team
- Palliative Care
- Post Acute Care
- Residential In-Reach
- Specialist Clinics (Outpatients)
- Sub-acute Ambulatory Care Services
- Total Parenteral Nutrition
- Victorian HIV Service
- Victorian Respiratory Support Service

**Reported for**

All contacts completed in the current reporting period.

**Reported when**

**All Programs, not elsewhere specified**

The current reporting period for this item is the calendar month in which the following events or data elements fall:
- First Contact Date/Time (Mandatory)
- Second and Subsequent Contact Date/Time (Mandatory)

**Value domain**

Enumerated

**Table identifier**

HL70305

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<th>Code</th>
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<td>11</td>
<td>Hospital setting - inpatient setting</td>
</tr>
<tr>
<td>12</td>
<td>Hospital setting - clinic/centre</td>
</tr>
<tr>
<td>13</td>
<td>Hospital setting - emergency department</td>
</tr>
<tr>
<td>14</td>
<td>Hospital setting - other non-inpatient setting</td>
</tr>
<tr>
<td>15</td>
<td>Hospital setting – inpatient palliative care unit</td>
</tr>
<tr>
<td>18</td>
<td>Hospital setting – urgent care centre</td>
</tr>
<tr>
<td>21</td>
<td>Community based health facility</td>
</tr>
<tr>
<td>22</td>
<td>General practice setting</td>
</tr>
<tr>
<td>23</td>
<td>Residential care</td>
</tr>
<tr>
<td>24</td>
<td>Supported accommodation setting</td>
</tr>
<tr>
<td>31</td>
<td>Home</td>
</tr>
<tr>
<td>41</td>
<td>Educational institution setting</td>
</tr>
<tr>
<td>98</td>
<td>Not applicable</td>
</tr>
<tr>
<td>99</td>
<td>Other</td>
</tr>
</tbody>
</table>

*Not OP*
**Reporting guide**

This item should be coded to reflect the delivery location from the patient's/client's perspective, not the location of the health service professional(s).

11 – **Hospital setting – inpatient setting**  
This code should be used where a patient/client is an admitted patient and physically present in the hospital at the time of the contact.

Excludes:  
- HITH (use code 31)  
- Emergency department (use code 13)  
- General practice clinics (use code 22)  
- Palliative care unit (use code 15)  
- This code may not be used for Specialist Clinics (Outpatients) services, as they are not in scope for this collection.

12 - **Hospital setting - clinic/centre**  
Includes:  
- Specialist Clinics (Outpatients)  
- CRC within a hospital

Excludes:  
- Palliative care unit (use code 15)

13 – **Hospital setting – emergency department**  
To be used by health services who report VEMD and the patient/client receives their entire care within the emergency department.

14 - **Hospital setting - other non-inpatient setting**  
Includes:  
- Bed-based TCP patients

18 - **Hospital setting – urgent care centre**  
This code should be used by health services exempt from reporting VEMD and the patient/client receives their entire care within the urgent care centre.

21 - **Community based health facility**  
Includes:  
- Community based palliative care facility  
- Community health centres  
- CRCs not within a hospital

23 - **Residential care**  
Includes when this is where the patient/client usually resides.

24 - **Supported accommodation setting**  
Includes when this is where the patient/client usually resides.

31 - **Home**  
Includes:  
- Patients/clients receiving an intervention by telephone or telemedicine in their home  
- Patients/clients concurrently HITH patients  
- Patients/clients on the TCP home-based program
Excludes patients living in a:
- Nursing home (use code 23)
- Supported Residential Service (SRS) (use code 24, 241 or 242)

41 - Educational Institution Setting
Includes:
- Preschool/kindergarten
- School
- College
- TAFE
- Training centre/institute setting
- University

98 - Not applicable
Includes:
- Indirect contacts
- Direct contacts: scheduled appointment not attended

99 - Other
This code should be used for situations not covered by the other options, for example where a contact is delivered to a patient/client in another community setting such as a leisure centre, shopping centre or temporary accommodation shelter.

Validations
General edits only, see Format.

Related items
Contact Date/Time

Administration

Purpose
To monitor and plan resource utilisation.

Principal users
Department of Health and Human Services

Version history

<table>
<thead>
<tr>
<th>Version</th>
<th>Previous Name</th>
<th>Effective Date</th>
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<td>6</td>
<td>Contact Delivery Setting</td>
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<td>5</td>
<td>Contact Delivery Setting</td>
<td>2010/07/01</td>
</tr>
<tr>
<td>4</td>
<td>Contact/Client Service Event Delivery Setting</td>
<td>2009/07/01</td>
</tr>
<tr>
<td>3</td>
<td>Contact/Client Service Event Delivery Setting</td>
<td>2007/07/01</td>
</tr>
<tr>
<td>2</td>
<td>Client Service Event Delivery Setting</td>
<td>2006/07/01</td>
</tr>
<tr>
<td>1</td>
<td>Client Service Event Delivery Setting</td>
<td>2005/07/01</td>
</tr>
</tbody>
</table>

Definition source
DHHS

Value domain source
CATCH (DHHS modified)
Contact Family Name

Definition
The family name(s) of the patient/client.

Repeats: | Min. | Max. | Duplicate
---|---|---|---
Name | 1 | 1 | Not applicable

Form

<table>
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<tr>
<th>Layout</th>
<th>Size:</th>
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<td>UX (0-23)</td>
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Location
Transmission protocol
Contact (insert) | ADT_A03 (PID\PID.5\XPN.1\FN.1)
Contact (update) | ADT_A08 (PID\PID.5\XPN.1\FN.1)
Contact (delete) | ADT_A13 (PID\PID.5\XPN.1\FN.1)

Reported by
Family Choice Program
Hospital Admission Risk Program
Palliative Care
Post Acute Care
Residential In-Reach
Specialist Clinics (Outpatients)
Sub-acute Ambulatory Care Services
Total Parenteral Nutrition
Victorian HIV Service
Victorian Respiratory Support Service

Reported for
Contacts in the current reporting period where, and only where, Account Class is 'VX - Department of Veterans' Affairs (DVA)' or 'WC - WorkSafe Victoria' or 'TA - Transport Accident Commission (TAC)'.

Reported when
All Programs, not elsewhere specified
The current reporting period for this item is the calendar month in which the following events or data elements fall:
First Contact Date/Time (Report when and only when Contact Account Class = 'VX', 'TA' or 'WC')
Second and Subsequent Contact Date/Time (Report when and only when Contact Account Class = 'VX', 'TA' or 'WC').

Value domain
A person’s name.

Reporting guide
The family name(s) of the patient/client.
Permitted characters: A to Z (uppercase), space, apostrophe, hyphen.
The first character must be an alpha character.
Where not required by the value of Account Class, must be left blank.

Note that VINAH requires only 24 characters of the family name to be reported, organisations may collect names longer than 24 characters in full, for their own purposes.
When instructed to leave or report blank, in VINAH this means that the corresponding field in the transmission file must be transmitted as a null or empty field.
Validations

E357  A Patient/Client's Legal Family Name or Given Names are provided but Account Class is not VX (DVA) or TA (TAC) or WC (VWA)

E358  Account Class is VX (DVA) or TA (TAC) or WC (VWA), but the Patient's Legal Name or Given Names are not provided

Related items

Contact Account Class
Contact Date/Time
Contact Given Name(s)

Administration

Purpose

To facilitate reimbursement by DVA, TAC and WC for patients/clients with entitlements. These data are processed differently from other VINAH data to ensure that personal information remains confidential.

Principal users

Department of Veterans’ Affairs, Transport Accident Commission and WorkSafe Victoria

Version history

<table>
<thead>
<tr>
<th>Version</th>
<th>Previous Name</th>
<th>Effective Date</th>
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<tbody>
<tr>
<td>5</td>
<td>Contact Family Name</td>
<td>2010/07/01</td>
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<td>4</td>
<td>Contact/Client Service Event Family Name</td>
<td>2009/07/01</td>
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<td>3</td>
<td>Contact/Client Service Event Family Name</td>
<td>2008/07/01</td>
</tr>
<tr>
<td>2</td>
<td>Family Name</td>
<td>2007/07/01</td>
</tr>
<tr>
<td>1</td>
<td>Family Name</td>
<td>2005/07/01</td>
</tr>
</tbody>
</table>

Definition source

DHHS

Value domain source
**Contact Given Name(s)**

**Definition**
The given name/s of the DVA, TAC or WC patient.

<table>
<thead>
<tr>
<th>Repeats</th>
<th>Min.</th>
<th>Max.</th>
<th>Duplicate</th>
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</thead>
<tbody>
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**Form**
Name

**Layout**
UX (0-14)  Size:  Min.  Max.
1  15

**Location**

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</tr>
<tr>
<td>Contact (delete)</td>
<td>ADT_A13 (PID\PID.5\XPN.2)</td>
</tr>
</tbody>
</table>

**Reported by**
Family Choice Program
Home Enteral Nutrition
Hospital Admission Risk Program
Palliative Care
Post Acute Care
Residential In-Reach
Specialist Clinics (Outpatients)
Sub-acute Ambulatory Care Services
Total Parenteral Nutrition
Victorian HIV Service
Victorian Respiratory Support Service

**Reported for**
Contacts in the current reporting period where and only where Account Class is 'VX - Department of Veterans’ Affairs (DVA)', 'TA - Transport Accident Commission (TAC)' or 'WC - WorkSafe Victoria'.

**Reported when**
All Programs, not elsewhere specified

The current reporting period for this item is the calendar month in which the following events or data elements fall:
First Contact Date/Time (Report when and only when Contact Account Class = 'VX', 'TA' or 'WC')
Second and Subsequent Contact Date/Time (Report when and only when Contact Account Class = 'VX', 'TA' or 'WC').

**Value domain**
A person’s name.

**Reporting guide**
The family name(s) of the patient/client.

Permitted characters: A to Z (uppercase), space, apostrophe, hyphen.

The first character must be an alpha character.

Where not required by the value of Account Class, must be left blank.

Note that VINAH requires only 15 characters of the given name to be reported, organisations may collect names longer than 15 characters in full, for their own purposes.

When instructed to leave or report blank, in VINAH this means that the corresponding field in the transmission file must be transmitted as a null or empty field.
Validations

E357 A Patient/Client's Legal Family Name or Given Names are provided but Account Class is not VX (DVA) or TA (TAC) or WC (VWA)

E358 Account Class is VX (DVA) or TA (TAC) or WC (VWA), but the Patient's Legal Name or Given Names are not provided

Related items

Contact Account Class
Contact Date/Time
Contact Family Name

Administration

Purpose

To facilitate reimbursement by DVA, TAC and WC for patients/clients with entitlements. These data are processed differently from other VINAH data to ensure that personal information remains confidential.

Principal users

Department of Veterans' Affairs, Transport Accident Commission and WorkSafe Victoria

Version history

<table>
<thead>
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<td>Contact Given Name</td>
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<td>4</td>
<td>Contact/Client Service Event Given Name</td>
<td>2009/07/01</td>
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<td>3</td>
<td>Contact/Client Service Event Given Name</td>
<td>2008/07/01</td>
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Definition source

DHHS

Value domain source
Contact Group Session Identifier

**Definition**
An identifier, unique to a Group Session within an organisation.

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<thead>
<tr>
<th><strong>Repeats</strong></th>
<th><strong>Min.</strong></th>
<th><strong>Max.</strong></th>
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**Form**

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**Location**

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<tr>
<th><strong>Transmission protocol</strong></th>
<th><strong>HL7 Submission</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact (insert)</td>
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</tr>
<tr>
<td>Contact (update)</td>
<td>ADT_A08 (PV1\PV1.50\CX.1)</td>
</tr>
<tr>
<td>Contact (delete)</td>
<td>ADT_A13 (PV1\PV1.50\CX.1)</td>
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</table>

**Reported by**
Specialist Clinics (Outpatients)

**Reported for**
Contacts in the current reporting period where, and only where, Account Class is 'VX - Department of Veterans’ Affairs (DVA)' or 'WC - WorkSafe Victoria' or 'TA - Transport Accident Commission (TAC)'.

**Reported when**
All Programs, not elsewhere specified

The current reporting period for this item is the calendar month in which the following events or data elements fall:
- First Contact Date/Time (Must be specified of Contact Session Type = '2')
- Second and Subsequent Contact Date/Time (Must be specified of Contact Session Type = '2')

**Value domain**
Organisation generated. Individual sites may use their own alphabetic, numeric or alphanumeric coding system.

**Reporting guide**
This data element is used to determine which patients/clients were present in a given group session. The same value must be reported in this data element for all patients/clients that were present in the same group session.

**Validations**
It is strongly recommended that submitters ensure that the same Contact Professional Group and Contact Date is reported for all group session contacts submitted with the same Contact Group Session Identifier.

- E365 Contact Session Type = '2-Group session' but Contact Group Session Identifier has not been reported
- E366 A Contact Group Session Identifier has been reported but the Contact Session Type <> '2-Group session'

**Related items**
Contact Account Class
Contact Session Type

**Administration**

**Purpose**
To enable identification of unique group sessions across different patients/clients.

**Principal users**
Department of Health and Human Services, Commonwealth Government.

**Version history**

<table>
<thead>
<tr>
<th><strong>Version</strong></th>
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</table>

**Definition source**
DHHS

**Value domain source**
Health services
Contact Indigenous Status

**Definition**
An Aboriginal or Torres Strait Islander is a person of Aboriginal or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander and is accepted as such by the community in which he or she lives.

**Repeats:**

<table>
<thead>
<tr>
<th></th>
<th>Min.</th>
<th>Max.</th>
<th>Duplicate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code</td>
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<td>1</td>
<td>Not applicable</td>
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</table>

**Location**

<table>
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<tr>
<th>Transmission protocol</th>
<th>HL7 Submission</th>
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<tbody>
<tr>
<td>Contact (insert)</td>
<td>ADT_A03 (PID\PID.10\CE.1)</td>
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</tr>
<tr>
<td>Contact (delete)</td>
<td>ADT_A13 (PID\PID.10\CE.1)</td>
</tr>
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</table>

**Reported by**
Family Choice Program
Home Enteral Nutrition
Hospital Admission Risk Program
Hospital Based Palliative Care Consultancy Team
Palliative Care
Post Acute Care
Residential In-Reach
Specialist Clinics (Outpatients)
Sub-acute Ambulatory Care Services
Total Parenteral Nutrition
Transition Care Program
Victorian HIV Service
Victorian Respiratory Support Service

**Reported for**
Optional for patients/clients whose episode opened during the current reporting period; mandatory for patients/clients whose first contact occurred during the current reporting period.

**Reported when**
All Programs, not elsewhere specified

The current reporting period for this item is the calendar month in which the following events or data elements fall:
First Contact Date/Time (Mandatory)
Second and Subsequent Contact Date/Time (Mandatory)

**Value domain**
Enumerated

**Table identifier**
HL70005

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<tr>
<th>Code</th>
<th>Descriptor</th>
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<tbody>
<tr>
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<td>Indigenous - Aboriginal but not Torres Strait Islander origin</td>
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<tr>
<td>2</td>
<td>Indigenous - Torres Strait Islander but not Aboriginal origin</td>
</tr>
<tr>
<td>3</td>
<td>Indigenous – Both Aboriginal and Torres Strait Islander origin</td>
</tr>
<tr>
<td>4</td>
<td>Not indigenous – Neither Aboriginal or Torres Strait Islander origin</td>
</tr>
<tr>
<td>8</td>
<td>Question unable to be answered</td>
</tr>
<tr>
<td>9</td>
<td>Client refused to answer</td>
</tr>
</tbody>
</table>

**Reporting guide**
In Victoria, the community of Torres Strait Island people is small and the community of people of Aboriginal and Torres Strait Island people is smaller again, therefore code 2 Indigenous-Torres Strait Islander but not Aboriginal origin and code 3 Indigenous-Aboriginal and Torres Strait Islander origin would not be widely used.
**Code 8 Question unable to be answered** should only be used under the following circumstances:

- When the patient’s medical condition prevents the question of Indigenous Status being asked; or
- In the case of an unaccompanied child who is too young to be asked their Indigenous Status.

**Collect for every patient episode**

This information must be collected for every patient episode and updated each time the patient represents to the hospital.

Systems must not be set up to input a default code.


**Validations**

General edits only, see Format.

**Related items**

Contact Date/Time

**Administration**

**Purpose**

To enable planning and service delivery, and monitoring of indigenous health at state and national level.

**Principal users**

Department of Health and Human Services

**Version history**

<table>
<thead>
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<th>Version</th>
<th>Previous Name</th>
<th>Effective Date</th>
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<tbody>
<tr>
<td>6</td>
<td>Contact Indigenous Status</td>
<td>2014/07/01</td>
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<tr>
<td>5</td>
<td>Contact Indigenous Status</td>
<td>2010/07/01</td>
</tr>
<tr>
<td>4</td>
<td>Contact/Client Service Event Indigenous Status</td>
<td>2009/07/01</td>
</tr>
<tr>
<td>3</td>
<td>Contact/Client Service Event Indigenous Status</td>
<td>2008/07/01</td>
</tr>
<tr>
<td>2</td>
<td>Indigenous Status</td>
<td>2007/07/01</td>
</tr>
<tr>
<td>1</td>
<td>Indigenous Status</td>
<td>2005/07/01</td>
</tr>
</tbody>
</table>

**Definition source**

NHDD

**Value domain source**

NHDD (DHHS modified)
Contact Inpatient Flag

**Definition**
An indication of whether the patient/client is an inpatient at the time of the contact.

**Repeats:**

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<th>Min.</th>
<th>Max.</th>
<th>Duplicate</th>
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**Form**
Code

**Layout**
X

**Size:**

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<tbody>
<tr>
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</tr>
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</table>

**Location**
Transmission protocol
HL7 Submission

- Contact (insert) ADT_A03 (PV1\PV1.2)
- Contact (update) ADT_A08 (PV1\PV1.2)
- Contact (delete) ADT_A13 (PV1\PV1.2)

**Reported by**
Family Choice Program
Home Enteral Nutrition
Hospital Admission Risk Program
Palliative Care
Post Acute Care
Residential In-Reach
Specialist Clinics (Outpatients)
Sub-acute Ambulatory Care Services
Total Parenteral Nutrition
Victorian HIV Service
Victorian Respiratory Support Service

**Reported for**
All contacts where the Contact Client Present Status indicates that the patient/client is present (values 10, 11 and 12).

**Reported when**
All Programs, not elsewhere specified

The current reporting period for this item is the calendar month in which the following events or data elements fall:
- First Contact Date/Time (Report when Contact Client Present Status = ‘10’, ‘11’ or ‘12’ (patient/client present))
- Second and Subsequent Contact Date/Time (Report when Contact Client Present Status = ‘10’, ‘11’ or ‘12’ (patient/client present))

**Value domain**
Enumerated

**Table identifier**
HL70004

**Code**

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<th>Code</th>
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<tbody>
<tr>
<td>I</td>
<td>Yes (Inpatient/ Admitted)</td>
</tr>
<tr>
<td>O</td>
<td>No (Outpatients/Non-admitted)</td>
</tr>
</tbody>
</table>

**Reporting guide**
This item should be used to indicate whether the patient/client is an inpatient/admitted patient at the time of the contact. This includes a patient in Hospital in the Home (HITH).

For Specialist Clinics (Outpatients), all services in scope should be reported to this collection. The reporting of Inpatient Flag 'I' indicates that the outpatient service has been provided as part of the Inpatient service and therefore will not be funded separately.

Note: AIMS reporting has a different scope to this collection and the same business rules may not apply. Refer to the AIMS Manual or the HDSS Helpdesk for further information.
Validations
General edits only, see Format.

Related items
Contact Date/Time

Administration

Purpose
To allow national reporting requirements to be met and assist with outcome analyses and service planning.

Principal users
Department of Health and Human Services

Version history

<table>
<thead>
<tr>
<th>Version</th>
<th>Previous Name</th>
<th>Effective Date</th>
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<tbody>
<tr>
<td>4</td>
<td>Contact Inpatient Flag</td>
<td>2011/07/01</td>
</tr>
<tr>
<td>3</td>
<td>Contact Inpatient Flag</td>
<td>2010/07/01</td>
</tr>
<tr>
<td>2</td>
<td>Contact/Client Service Event Inpatient Flag</td>
<td>2009/07/01</td>
</tr>
<tr>
<td>1</td>
<td>Contact/Client Service Event Inpatient Flag</td>
<td>2007/07/01</td>
</tr>
</tbody>
</table>

Definition source
DHHS

Value domain source
DHHS
Contact Interpreter Required

**Definition**
The patient's/client's need for an interpreter, as perceived by the patient/client or person consenting for the patient/client.

**Repeats:** Min. | Max. | Duplicate
---|---|---
1 | 1 | Not applicable

**Form**

<table>
<thead>
<tr>
<th></th>
<th>Code</th>
<th>Size:</th>
<th>Min.</th>
<th>Max.</th>
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**Layout**

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Contact (insert)</td>
<td>ADT_A03 (PV1\PV1.15)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contact (update)</td>
<td>ADT_A08 (PV1\PV1.15)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contact (delete)</td>
<td>ADT_A13 (PV1\PV1.15)</td>
<td></td>
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</tr>
</tbody>
</table>

**Location**

Reported by
- Family Choice Program
- Hospital Admission Risk Program
- Hospital Based Palliative Care Consultancy Team
- Post Acute Care
- Residential In-Reach
- Specialist Clinics (Outpatients)
- Sub-acute Ambulatory Care Services
- Victorian HIV Service
- Victorian Respiratory Support Service

Reported for
- All contacts completed in the current reporting period.

Reported when
- **All Programs, not elsewhere specified**
The current reporting period for this item is the calendar month in which the following events or data elements fall:
  - First Contact Date/Time (Mandatory)
  - Second and Subsequent Contact Date/Time (Mandatory)

**Value domain**

Enumerated

| Table identifier | HL70009 |

<table>
<thead>
<tr>
<th>Code</th>
<th>Descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Interpreter needed</td>
</tr>
<tr>
<td>2</td>
<td>Interpreter not needed</td>
</tr>
<tr>
<td>3</td>
<td>Not Stated/inadequately described</td>
</tr>
</tbody>
</table>

**Reporting guide**

Contact Preferred Language to be asked before Contact Interpreter Required.

If the preferred language is English, Contact Interpreter Required can be assumed to be '2 - Interpreter not needed'.

This data element must:
- Be checked for every contact.
- Not be set up to input a default code on computer systems.

The standard question is: Do you] [Does the person] [Does (name)] require an interpreter?

The provision of the question ‘Do you require an interpreter?’ is asked to determine patient need for an interpreter, not the capacity of the hospital to provide an interpreter.

Patient is unable to consent (e.g. baby, child or elderly):
Where a person is not able to consent for themselves (e.g. baby, child or elderly) then the need for an interpreter is recorded for the person who is consenting. For example a guardian or someone with enduring power of attorney.

Validations

E360 Contact Preferred Language is ‘1201 - English’ but Contact Interpreter Required (<val>) is not ‘2 – Interpreter Not Needed’

Related items

Contact Date/Time
Contact Preferred Language

Administration

Purpose

For planning and to form the basis for future funding allocation for Culturally and Linguistically Diverse (CALD) hospital service provision.

Principal users

Multiple internal and external data users

Version history

<table>
<thead>
<tr>
<th>Version</th>
<th>Previous Name</th>
<th>Effective Date</th>
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<tbody>
<tr>
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<td>Contact Interpreter Required</td>
<td>2010/07/01</td>
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<td>4</td>
<td>Contact/Client Service Event Interpreter Required</td>
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<tr>
<td>1</td>
<td>Interpreter Required</td>
<td>2005/07/01</td>
</tr>
</tbody>
</table>

Definition source

DHHS

Value domain source

DHHS
**Contact Medicare Benefits Schedule Item Number**

**Definition**
The Medicare Benefits Schedule Item Numbers charged during this contact, or their uncharged equivalents for non-MBS-funded contacts.

**Repeats:**

<table>
<thead>
<tr>
<th>Repeats</th>
<th>Min.</th>
<th>Max.</th>
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<tbody>
<tr>
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**Form**
Repeatable Code

**Layout**
N[N][N][N][N][N]

**Size:**

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**Location**

<table>
<thead>
<tr>
<th>Transmission protocol</th>
<th>HL7 Submission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact (insert)</td>
<td>ADT_A03 (PR1\PR1.3\CE.1)</td>
</tr>
<tr>
<td>Contact (update)</td>
<td>ADT_A08 (PR1\PR1.3\CE.1)</td>
</tr>
<tr>
<td>Contact (delete)</td>
<td>ADT_A13 (PR1\PR1.3\CE.1)</td>
</tr>
</tbody>
</table>

**Reported by**
Specialist Clinics (Outpatients)

**Reported for**
Optional where Contact Account Class = “QM”.

**Reported when**
All Programs, not elsewhere specified

- The current reporting period for this item is the calendar month in which the following events or data elements fall:
  - First Contact Date/Time (Optional if Contact Account Class = ‘QM’)
  - Second and Subsequent Contact Date/Time (Optional if Contact Account Class = ‘QM’)

**Value domain**
Enumerated

<table>
<thead>
<tr>
<th>Code</th>
<th>Descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For full code set visit the Australian Government ‘MBS Online’ website.

**Reporting guide**
When reporting this data element for Contacts with Contact Account Class <> "QM", the MBS item numbers for the equivalent service should be reported.

**Validations**
General edits only, see Format.

**Related items**
Contact Date/Time
Contact Purpose

**Administration**

**Purpose**
To inform cost-weight setting for activity-based funding.

**Principal users**
Department of Health and Human Services

**Version history**

<table>
<thead>
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<th>Previous Name</th>
<th>Effective Date</th>
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<tbody>
<tr>
<td>1</td>
<td>Contact Medicare Benefits Schedule Item Number</td>
<td>2011/07/01</td>
</tr>
</tbody>
</table>

**Definition source**
DHHS

**Value domain source**
Medicare Australia
Contact Medicare Number

Definition
Personal identifier allocated by Medicare Australia to eligible persons under the Medicare scheme.

Repeats:  Min.  Max.  Duplicate
Identifier  1     1     Not applicable

Form

Layout
N(11)  Size:  Min.  Max.
3     11

Location
Transmission protocol  HL7 Submission
Contact (insert)  ADT_A03 (PID:PID.3:CX.1)
Contact (update)  ADT_A08 (PID:PID.3:CX.1)
Contact (delete)  ADT_A13 (PID:PID.3:CX.1)

Reported by
All programs, dependent on transmission protocol
Family Choice Program
Home Enteral Nutrition
Hospital Admission Risk Program
Hospital Based Palliative Care Consultancy Team
Medi-Hotel
Palliative Care
Post Acute Care
Residential In-Reach
Specialist Clinics (Outpatients)
Sub-acute Ambulatory Care Services
Total Parenteral Nutrition
Victorian HIV Service
Victorian Respiratory Support Service

Reported for
All contacts completed in the current reporting period.

Reported when
All Programs, not elsewhere specified
The current reporting period for this item is the calendar month in which the following events or data elements fall:
First Contact Date/Time (Mandatory)
Second and Subsequent Contact Date/Time (Optional)

Value domain
The patient's/client's Medicare number and IRN, issued by Medicare Australia.

Reporting guide
The Medicare number is printed in the centre of the Medicare card. The individual reference number (IRN) is also called the ‘eleventh character’ of the number. It is the number printed to the left of the name of the patient.

Neonates
For neonates who have not yet been added to the family Medicare card, and therefore have no IRN, there are two reporting options:
- Mother's/family's Medicare number in the first ten characters and a zero (0) as the eleventh character
- Mother's/family's Medicare number in the first ten characters and the mother's IRN as the eleventh character.
Valid Medicare numbers are:
- First character can only be: 2, 3, 4, 5, or 6
- Numeric or all blanks
- Check digit (ninth character) is the remainder of the following equation: 
  \[ \frac{(1st \ digit \times 1) + (2nd \ digit \times 3) + (3rd \ digit \times 7) + (4th \ digit \times 9) + (5th \ digit \times 1) + (6th \ digit \times 3) + (7th \ digit \times 7) + (8th \ digit \times 9)}{10} \]

Invalid Medicare Numbers are:
- Special characters (for example, $, #)
- Alphabetic characters
- Zero-filled (if the Medicare number is not available or not applicable, the Medicare number must be left blank)

When reporting Contact Medicare Number, a value of 'AUSHIC' must be reported as the Local Identifier Assigning Authority (Table Identifier HL70363, (PID/PID.3/CX.4)).

Validations
E368 Contact Account Class (AccountClass) is incompatible with Contact Medicare Suffix (<medicare_suffix>).

Related items
Contact Account Class
Contact Date/Time
Contact Medicare Suffix
Contact TAC Claim Number
Contact VWA File Number
Patient/Client DVA File Number
Patient/Client Identifier

Administration
Purpose
To assist in monitoring continuity of care across hospitals and ensure eligibility for publicly-funded health care.

Principal users
Department of Health and Human Services

Version history

<table>
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<th>Version</th>
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<td>Contact Client Medicare Number</td>
<td>2012/07/01</td>
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Definition source
NHDD

Value domain source
Medicare Australia
Contact Medicare Suffix

Definition
First three characters of a patient’s given name (as it appears on the person’s Medicare card).

<table>
<thead>
<tr>
<th>Repeats:</th>
<th>Min.</th>
<th>Max.</th>
<th>Duplicate</th>
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<tr>
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Location

Transmission protocol
HL7 Submission
Contact (insert)  ADT_A03 (PID.PID.3.CX.2)
Contact (update) ADT_A08 (PID.PID.3.CX.2)
Contact (delete) ADT_A13 (PID.PID.3.CX.2)

Reported by
Family Choice Program
Home Enteral Nutrition
Hospital Admission Risk Program
Hospital Based Palliative Care Consultancy Team
Palliative Care
Post Acute Care
Residential In-Reach
Specialist Clinics (Outpatients)
Sub-acute Ambulatory Care Services
Total Parenteral Nutrition
Victorian HIV Service
Victorian Respiratory Support Service

Reported for
All contacts completed in the current reporting period.

Reported when
All Programs, not elsewhere specified
The current reporting period for this item is the calendar month in which the following events or data elements fall:
First Contact Date/Time (Mandatory)
Second and Subsequent Contact Date/Time (Optional)

Reporting guide
The first 3 characters of the patient’s first given name.

Characters permitted:
• Upper case alphas
• Space as second and third characters
• Space as third character
• Hyphen or apostrophe as second character or hyphen or apostrophe as third character

If Medicare is unavailable or the patient is not eligible for a Medicare number, leave the Medicare number blank (not zero-filled) and enter the appropriate suffix:

<table>
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<tr>
<th>Code</th>
<th>Descriptor</th>
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<tbody>
<tr>
<td>C-U</td>
<td>Card unavailable/Not applicable</td>
</tr>
<tr>
<td>N-E</td>
<td>Not eligible for Medicare</td>
</tr>
<tr>
<td>P-N</td>
<td>Prisoner</td>
</tr>
</tbody>
</table>

RCHA
For patients with Account Class MA Reciprocal Health Care Agreement, report C-U.
**Unnamed neonate**
For unnamed neonates where the family has a Medicare number, report a Medicare suffix of ‘BAB’. The Medicare number issued to the mother/family must also be reported with a Medicare individual reference number (IRN) (‘eleventh character’) of zero (0), OR the Medicare IRN of the mother.

**Validations**
E371 Data Element (<FieldName>) is mandatory (<Timing>) but no value was supplied

**Related items**
Contact Medicare Number

**Administration**

**Purpose**
To assist in monitoring continuity of care across hospitals and ensure eligibility for publicly funded health care.

**Principal users**
Department of Health and Human Services

**Version history**

<table>
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<tbody>
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<td>Contact Medicare Suffix</td>
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</tbody>
</table>

**Definition source**
DHHS

**Value domain source**
Medicare Australia
Contact Preferred Care Setting

**Definition**
The setting identified by the patient/client at the time of the contact as their preferred place of care.

<table>
<thead>
<tr>
<th>Repeats</th>
<th>Min.</th>
<th>Max.</th>
<th>Duplicate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code</td>
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**Form**

**Layout**

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**Location**

**Transmission protocol**

<table>
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<tbody>
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<td>Contact (update)</td>
<td>ADT_A08 (PV1\PV1.42\PL.6)</td>
</tr>
<tr>
<td>Contact (delete)</td>
<td>ADT_A13 (PV1\PV1.42\PL.6)</td>
</tr>
</tbody>
</table>

**Reported by**
Palliative Care

**Reported for**
All contacts completed in the current reporting period.

**Reported when**
All Programs, not elsewhere specified

The current reporting period for this item is the calendar month in which the following events or data elements fall:

- First Contact Date/Time (Mandatory)
- Second and Subsequent Contact Date/Time (Mandatory)

**Value domain**
Enumerated

This value domain is similar to that used for Contact Delivery Setting (HL70305) but has the additional code 97.

**Table identifier**
990039

**Code**

- 11 Hospital setting - inpatient setting
- 12 Hospital setting - clinic/centre
- 13 Hospital setting - emergency department
- 14 Hospital setting - other non-inpatient setting
- 15 Hospital setting - palliative care unit
- 21 Community based health facility
- 22 General practice setting
- 23 Residential care
- 24 Supported accommodation setting
- 31 Home
- 41 Educational institution setting
- 97 Unknown, not stated or question not asked
- 98 Not applicable - patient/client not present
- 99 Other

**Reporting guide**
Asking a patient/client about their preferred setting of care is a means to gather information about the location of service delivery that best meets the patient’s/client’s current needs.

- **97 - Unknown, not stated or question not asked**
  Includes:
  - Where it was inappropriate to ask the question
  - Where the patient/client did not, or was not able to answer the question
  - Where the answer is otherwise unknown
98 - Not applicable - patient/client not present

Report this code when the value of Contact Client Present Status is not ‘11’ and not ‘12’.

**Validations**

E363 Where Contact Preferred Care Setting is ‘98 - Not Applicable - Patient/Client not present’, the Contact Client Present Status must not be ‘11 - Patient/Client present only’, ‘12 - Patient/Client present with carer(s)/relative(s)’ or ‘13 - Patient/Client via telehealth’

E364 Contact Client Present Status is ‘20 - Carer(s)/Relative(s) of the patient/client only’ or ‘31 - Patient/Client/Carer(s)/Relative(s) not present: Indirect Contact, Contact Preferred Care Setting must be ‘98 - Not Applicable - Patient/Client not present’

**Related items**

- Contact Care Model
- Contact Care Phase
- Contact Date/Time
- Contact Preferred Death Place

**Administration**

**Purpose**

To assist with outcome analyses and service planning, and meeting state government reporting requirements.

**Principal users**

Department of Health and Human Services

<table>
<thead>
<tr>
<th>Version</th>
<th>Previous Name</th>
<th>Effective</th>
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</thead>
<tbody>
<tr>
<td>2</td>
<td>Contact Preferred Care Setting</td>
<td>2010/07/01</td>
</tr>
<tr>
<td>1</td>
<td>Contact/Client Service Event Preferred Setting of Care</td>
<td>2009/07/01</td>
</tr>
</tbody>
</table>

**Definition source**

DHHS

**Value domain source**

DHHS
Contact Preferred Death Place

Definition
The place identified by the patient/client at the time of the contact as their preferred place to die.

<table>
<thead>
<tr>
<th>Repeats</th>
<th>Min.</th>
<th>Max.</th>
<th>Duplicate</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
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Form
Code

Layout
NN

Size:

Location
Transmission protocol
HL7 Submission
Contact (insert)  ADT_A03 (PD1\PD1.15\CE.1)
Contact (update)  ADT_A08 (PD1\PD1.15\CE.1)
Contact (delete)  ADT_A13 (PD1\PD1.15\CE.1)

Reported by
Palliative Care

Reported for
All contacts completed in the current reporting period.

Reported when
All Programs, not elsewhere specified
The current reporting period for this item is the calendar month in which the following events or data elements fall:
First Contact Date/Time (Mandatory)
Second and Subsequent Contact Date/Time (Mandatory)

Value domain
Enumerated
This value domain is similar to that used for Episode Place of Death (990034) but has the additional codes 97 and 98.
Table identifier  HL70435

<table>
<thead>
<tr>
<th>Code</th>
<th>Descriptor</th>
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</thead>
<tbody>
<tr>
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<td>Private residence</td>
</tr>
<tr>
<td>21</td>
<td>Residential – aged care setting</td>
</tr>
<tr>
<td>22</td>
<td>Residential – other setting</td>
</tr>
<tr>
<td>30</td>
<td>Non-residential setting</td>
</tr>
<tr>
<td>41</td>
<td>Inpatient setting – designated palliative care unit</td>
</tr>
<tr>
<td>42</td>
<td>Inpatient setting – other than designated palliative care unit</td>
</tr>
<tr>
<td>97</td>
<td>Unknown, not stated or question not asked</td>
</tr>
<tr>
<td>98</td>
<td>Not applicable – patient/client not present</td>
</tr>
<tr>
<td>99</td>
<td>Other location</td>
</tr>
</tbody>
</table>

Reporting guide
This topic needs to be addressed sensitively as part of a developing relationship of trust between patient/client, family and care provider. While it is expected that this question would be addressed during a service contact, it may be insensitive to broach this topic during early contacts and sometimes at all. In these instances, reporting code 97 is appropriate.

97 - Unknown, not stated or question not asked
Includes:
• Where it was inappropriate to ask the question
• Where the patient/client did not, or was not able to answer the question
• Where the answer is otherwise unknown

98 - Not applicable - patient/client not present
Report this code when the value of Contact Client Present Status is not ‘11’ and not ‘12’.
**Validations**

E363  Where Contact Preferred Death Place is ‘98 - Not Applicable - Patient/Client not present’, the Contact Client Present Status must not be ‘11 - Patient/Client present only’, ‘12 - Patient/Client present with carer(s)/relative(s)’ or ‘13 - Patient/Client via telehealth’

E364  Contact Client Present Status is ‘20 - Carer(s)/Relative(s) of the patient/client only’ or ‘31 - Patient/Client/Carer(s)/Relative(s) not present: Indirect, Contact Preferred Death Place must be ‘98 - Not Applicable - Patient/Client not present’

**Related items**

Contact Care Model
Contact Care Phase
Contact Date/Time
Contact Preferred Care Setting

**Administration**

**Purpose**
To assist with outcome analyses and service planning, and meeting state government reporting requirements.

**Principal users**
Department of Health and Human Services

**Version history**

<table>
<thead>
<tr>
<th>Version</th>
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<th>Effective Date</th>
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<tr>
<td>2</td>
<td>Contact Preferred Death Place</td>
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</tr>
<tr>
<td>1</td>
<td>Contact/Client Service Event Preferred Place of Death</td>
<td>2009/07/01</td>
</tr>
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</table>

**Definition source**
DHHS

**Value domain source**
DHHS
Contact Preferred Language

Definition
The language (including sign language) most preferred by the patient/client for communication during the provision of care. This may be a language other than English even where the person can speak fluent English.

<table>
<thead>
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<th>Min.</th>
<th>Max.</th>
<th>Duplicate</th>
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<tr>
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<td>Layout</td>
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<td>Min.</td>
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<td>Location</td>
<td>Transmission protocol</td>
<td>HL7 Submission</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Contact (insert)</td>
<td>ADT_A03 (PID\PID.15\CE.1)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Contact (update)</td>
<td>ADT_A08 (PID\PID.15\CE.1)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Contact (delete)</td>
<td>ADT_A13 (PID\PID.15\CE.1)</td>
<td></td>
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</table>

Location
Transmission protocol
Contact (insert) ADT_A03 (PID\PID.15\CE.1)
Contact (update) ADT_A08 (PID\PID.15\CE.1)
Contact (delete) ADT_A13 (PID\PID.15\CE.1)

Reported by
- Family Choice Program
- Home Enteral Nutrition
- Hospital Admission Risk Program
- Hospital Based Palliative Care Consultancy Team
- Palliative Care
- Post Acute Care
- Residential In-Reach
- Specialist Clinics (Outpatients)
- Sub-acute Ambulatory Care Services
- Total Parenteral Nutrition
- Victorian HIV Service
- Victorian Respiratory Support Service

Reported for
Patients/clients whose episodes 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:
First Contact Date/Time (Mandatory)
Second and Subsequent Contact Date/Time (Mandatory)

Value domain

Reporting guide
This information must:
- Be ascertained for each contact
- Not be set up to a default code on computer systems

The standard question is: "What is [your] [the person's] preferred language?"

Patient/Client is unable to consent (for example child or cognitively impaired)
Where a patient/client is not able to consent for themselves then the language of the person who is consenting will be recorded. For example a guardian or someone with enduring power of attorney.
One of the following supplementary codes should be used where a patient's/client's preferred language is not stated or inadequately described:

'0000 - Inadequately described'
'0002 - Not stated'.

Valuations

E360 <Contact Phase of Contact Preferred Language is ‘1201-English’ but Contact Interpreter Required (<val>) is not ‘2 – Interpreter Not Needed’ present with carer(s)/relative(s)’ or ‘13 - Patient/Client via telehealth’

Related items

Contact Date/Time
Contact Interpreter Required

Administration

Purpose
For planning and to form the basis for future funding allocation for Culturally And Linguistically Diverse (CALD) hospital service provision.

Principal users
Department of Health and Human Services

Version history

<table>
<thead>
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<th>Version</th>
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<td>Contact Preferred Language</td>
<td>2010/07/01</td>
</tr>
<tr>
<td>4</td>
<td>Contact/Client Service Event Preferred Language</td>
<td>2009/07/01</td>
</tr>
<tr>
<td>3</td>
<td>Contact/Client Service Event Preferred Language</td>
<td>2008/07/01</td>
</tr>
<tr>
<td>2</td>
<td>Preferred Language</td>
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<td>1</td>
<td>Preferred Language</td>
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</tr>
</tbody>
</table>

Definition source
NHDD

Value domain source
ABS Australian Standard Classification of Languages (ASCL)
Contact Professional Group

Definition: The professional group or professional(s) providing services for a contact.

**Repeats:**
- **Min.:** 1
- **Max.:** No limit
- **Duplicate:** Permitted

**Form:** Repeatable Code

**Layout:** NNNN[\N][\N]

**Size:**
- **Min.:** 4
- **Max.:** 6

**Location:**
- **Transmission protocol:** HL7 Submission
  - Contact (insert): ADT_A03 (ROL:ROL.9:CE.1)
  - Contact (update): ADT_A08 (ROL:ROL.9:CE.1)
  - Contact (delete): ADT_A13 (ROL:ROL.9:CE.1)

**Reported by:**
- Family Choice Program
- Home Enteral Nutrition
- Hospital Admission Risk Program
- Hospital Based Palliative Care Consultancy Team
- Palliative Care
- Post Acute Care
- Residential In-Reach
- Specialist Clinics (Outpatients)
- Sub-acute Ambulatory Care Services
- Total Parenteral Nutrition
- Transition Care Program
- Victorian HIV Service
- Victorian Respiratory Support Service

**Reported for:** All contacts completed in the current reporting period.

**Reported when:**
- The current reporting period for this item is the calendar month in which the following events or data elements fall:
  - First Contact Date/Time (Mandatory)
  - Second and Subsequent Contact Date/Time (Mandatory)

**Value domain:** Enumerated

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<tr>
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<td>099710</td>
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<tr>
<td>099800</td>
<td>Not applicable: voluntary worker</td>
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<tr>
<td>099893</td>
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</tr>
<tr>
<td>099894</td>
<td>Visiting medical officer</td>
</tr>
<tr>
<td>099895</td>
<td>Registrar</td>
</tr>
<tr>
<td>099896</td>
<td>Resident medical practitioner</td>
</tr>
<tr>
<td>099897</td>
<td>Other health professional</td>
</tr>
<tr>
<td>099898</td>
<td>Other discipline service provider</td>
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<td>Discipline not stated</td>
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<td>251111</td>
<td>Dietician/nutritionist</td>
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<td>2512</td>
<td>Medical imaging professionals</td>
</tr>
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<td>251212</td>
<td>Medical radiation therapist</td>
</tr>
<tr>
<td>251213</td>
<td>Diagnostic &amp; Interventional Radiologist</td>
</tr>
<tr>
<td>251411</td>
<td>Optometrist</td>
</tr>
</tbody>
</table>
251412 Orthoptist
2515 Pharmacist
251912 Orthotist/Prosthetist
251999 Health diagnostic and promotion professionals NEC
252299 Other complementary medicine service provider
2523 Dentist
252311 Dental specialist
252411 Occupational therapist
252511 Physiotherapist
252611 Podiatrist
252711 Audiologist
252712 Speech pathologist/therapist
252900 Allied health assistant
252999 Other allied health
2531 General practitioner (GP)
253211 Anaesthetist
2533 Intern medicine specialist
253311 Specialist physician (general medicine)
253312 Cardiologist
253313 Clinical haematologist
253314 Clinical oncologist
253315 Endocrinologist
253316 Gastroenterologist
253317 Intensive care specialist
253318 Neurologist
253321 Paediatrician
253322 Renal medicine specialist
253323 Rheumatologist
253324 Thoracic medicine specialist
253399 Geneticist
253411 Psychiatrist
253511 Surgeon (general)
253512 Cardiothoracic surgeon
253513 Neurosurgeon
253514 Orthopaedic surgeon
253515 Otorhinolaryngologist
253516 Paediatric surgeon
253517 Plastic and reconstructive surgeon
253518 Urologist
253521 Vascular surgeon
253522 Geriatrician
253621 Palliative medicine specialist
253721 Pain medicine specialist
253911 Dermatologist
253912 Emergency medicine specialist
253913 Obstetrician and gynaecologist, not further defined
253914 Ophthalmologist
253915 Pathologist
253918  Radiation oncologist
253920  Gynaecologist
253921  Obstetrician
253999  Medical practitioners, not elsewhere classified
254111  Midwife
254211  Nurse educator
254400  Nurse - Division 1
254411  Nurse practitioner
254412  Clinical nurse specialist
254413  Nurse Manager
254414  Registered Nurse – Aged Care
254415  Registered Nurse – Critical Care & Emergency
254416  Registered Nurse – Medical
254417  Registered Nurse – Mental Health
254418  Registered Nurse – Perioperative
254419  Registered Nurse – Surgical
254420  Registered Nurse, not elsewhere classified
272100  Counsellor, not elsewhere classified
272101  Drug & Alcohol Counsellor
272102  Family & Marriage Counsellor
272103  Rehabilitation Counsellor
272199  Spiritual carer
272313  Clinical psychologist
272389  Neuropsychologist
272399  Psychologist, not elsewhere classified
272400  Educational Psychologist
272401  Psychotherapist
272511  Social worker
300010  Student
411311  Diversional therapist
411411  Nurse - Division 2
4115  Indigenous health worker
4116  Aboriginal Health Practitioner
4117  Principal Aboriginal Health Worker
423111  Aged or disabled carer
423312  Nursing support worker
434999  Exercise physiologist
435010  Non-professional healthcare provider

**Reporting guide**

Use as many codes as necessary to report each professional and professional group involved in the contact.

At the contact level, report one code for each participating clinician. Do not repeat codes. For example, if two physiotherapists are involved in a single contact, only report the code ‘252511 - Physiotherapist’ once. If codes are repeated for contact, they will be removed for reporting purposes.

**099893 - Medical research fellow**

A Medical Research Fellow is a post-graduate medical practitioner in receipt of a recognised Australian or international Research Fellowship. Note that reportable
VINAH contacts must be clinically significant in nature and result in a dated entry being made in the patient/client record.

099894 - Visiting medical officer
A visiting medical officer is a medical practitioner appointed by the hospital board to provide medical services for hospital (public) patients on an honorary, sessionally paid, or fee for service basis.

099895 - Registrar
A Registrar is a medical practitioner admitted to an Australian Medical Council accredited vocational training program leading to a fellowship of a Medical College including those of General Practice and Rural and Remote Medicine.

099896 - Resident medical practitioner
A Resident Medical Practitioner is a medical practitioner in the second or subsequent post-graduate year of clinical experience. An RMP must complete 12 months of clinical experience to advance to the next pay point.

2533 - Intern medicine specialist
An Intern is a medical practitioner in the first post-graduate year of clinical experience.

300010 – Student
Record this code for students participating in clinical placements.

Validations
General edits only, see Format.

Related items
Contact Date/Time

Administration
Purpose
To monitor and plan resource utilisation.

Principal users
Department of Health and Human Services

Version history

<table>
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<td>Contact Professional Group</td>
<td>2017/07/01</td>
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<td>8</td>
<td>Contact Professional Group</td>
<td>2015/07/01</td>
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<td>Contact Professional Group</td>
<td>2014/07/01</td>
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<td>Contact/Client Service Event Professional Group</td>
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<td>Client Service Event Professional Group</td>
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Definition source
DHHS

Value domain source
Contact Program Stream

**Definition**
The program/stream for the Specialist Clinic (Outpatient) that is providing services for a particular contact.

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<tr>
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<th>Max.</th>
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**Location**

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<tr>
<td>Contact (insert)</td>
<td>ADT_A03 (PV1\PV1.10)</td>
</tr>
<tr>
<td>Contact (update)</td>
<td>ADT_A08 (PV1\PV1.10)</td>
</tr>
<tr>
<td>Contact (delete)</td>
<td>ADT_A13 (PV1\PV1.10)</td>
</tr>
</tbody>
</table>

**Reported by**
Specialist Clinics (Outpatients)

**Reported for**
All contacts during the current reporting period.

**Reported when**
The current reporting period for this item is the calendar month in which the following events or data elements fall:
- Contact Clinic Identifier (Mandatory)

**Value domain**
Enumerated

**Table identifier**
HL70069_CCSE

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<td>Gastroenterology</td>
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<td>Haematology</td>
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<td>108</td>
<td>Nephrology</td>
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<td>109</td>
<td>Neurology</td>
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<td>110</td>
<td>Oncology</td>
</tr>
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<td>111</td>
<td>Respiratory</td>
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<td>112</td>
<td>Rheumatology</td>
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<td>113</td>
<td>Dermatology</td>
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<td>114</td>
<td>Infectious diseases</td>
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<tr>
<td>116</td>
<td>Immunology, includes Allergy</td>
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<tr>
<td>117</td>
<td>Endocrinology, includes Diabetes</td>
</tr>
<tr>
<td>118</td>
<td>Hepatobiliary and pancreas</td>
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<tr>
<td>119</td>
<td>Burns</td>
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<td>201</td>
<td>General surgery</td>
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<td>202</td>
<td>Cardiothoracic surgery</td>
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<td>203</td>
<td>Neurosurgery</td>
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<td>204</td>
<td>Ophthalmology</td>
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<td>205</td>
<td>Ear, nose and throat</td>
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<tr>
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<td>Urology</td>
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<td>Dental</td>
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<td>310</td>
<td>Orthopaedics/Musculoskeletal</td>
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<tr>
<td>311</td>
<td>Orthopaedic applications</td>
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</tbody>
</table>
312  Wound care
313  Allied health – stand-alone
350  Psychiatry and behavioural disorders, includes Alcohol and drug
402  Obstetrics
403  Gynaecology
406  Reproductive medicine and family planning

**Reporting guide**  
The value domain is similar to Referral in and Episode Program/Stream. The difference is the program/stream is assigned at the clinic template level.

**Validations**  
E370  Data Element (<FieldName>) is mandatory (<Timing>) but no value was supplied. The (<FieldName>) for this (<FieldTypes>) is (<FieldValue>)

**Related items**  
Contact Date/Time
Contact Clinic Identifier

**Administration**  

**Purpose**  
To monitor activity and assist with service planning.

**Principal users**  
Department of Health and Human Services

**Version history**  

<table>
<thead>
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**Definition source**  
DHHS

**Value domain source**  
DHHS
Contact Provider

Definition
An identifier, unique within the state, for the organisational unit providing services that are reportable to the VINAH MDS, for a particular contact.

<table>
<thead>
<tr>
<th>Repeats</th>
<th>Min.</th>
<th>Max.</th>
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Location
 Transmission protocol | HL7 Submission
 Contact (insert) | ADT_A03 (PV2:PV2.23:XON.10)
 Contact (update) | ADT_A08 (PV2:PV2.23:XON.10)
 Contact (delete) | ADT_A13 (PV2:PV2.23:XON.10)

Reported by
Family Choice Program
Home Enteral Nutrition
Hospital Admission Risk Program
Palliative Care
Post Acute Care
Residential In-Reach
Specialist Clinics (Outpatients)
Sub-acute Ambulatory Care Services
Total Parenteral Nutrition
Transition Care Program
Victorian HIV Service
Victorian Respiratory Support Service

Reported for
All contacts during the current reporting period.

Reported when
The current reporting period for this item is the calendar month in which the following events or data elements fall:
First Contact Date/Time (Mandatory)
Second and Subsequent Contact Date/Time (Mandatory)

Value domain
Refer to Section 9: Code lists
Table identifier 990012
For full code set see Section 9.

Reporting guide
The Contact Provider identifies the specific unit providing the care for a particular contact.

The Contact Provider may be, for example, a hospital campus (including the Emergency Department), Community Health Service, CRC or some other organisational unit providing HARP services or SACS.

If a contact:
- Occurs in a patient’s/client’s home or some other location, this item should indicate the unit from which the health care professional/s originate.
- Is provided through a brokered service, this item should be reported as 'BROKER'

It must be distinguished from the Local Identifier Assigning Authority, which indicates the facility responsible for assigning an identifier to the patient/client. For example, a particular stand-alone CRC is the Contact Provider when it delivers a contact to a patient/client. That patient’s/client’s identifier may have
been assigned by a hospital campus within the same Health Service, and the
Local Identifier Assigning Authority would identify that hospital campus.

Where leading zeros are specified as part of a Contact Provider code they must
be transmitted.

Validations
General edits only, see Format.

Related items
Contact Date/Time

Administration

Purpose
To monitor and plan resource utilisation.

Principal users
Department of Health and Human Services

Version history

<table>
<thead>
<tr>
<th>Version</th>
<th>Previous Name</th>
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<td>Contact/Client Service Event Provider</td>
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<td>Contact/Client Service Event Provider</td>
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<td>Contact/Client Service Event Provider</td>
<td>2006/07/01</td>
</tr>
<tr>
<td>1</td>
<td>Client Service Event Provider</td>
<td>2005/07/01</td>
</tr>
</tbody>
</table>

Definition source
DHHS

Value domain source
DHHS
Contact Purpose

Definition
The purpose of the service provided within the contact.

<table>
<thead>
<tr>
<th>Repeats</th>
<th>Min.</th>
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<th>Duplicate</th>
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Location
Transmission protocol
- HL7 Submission
- Contact (insert): ADT_A03 (PR1\PR1.3\CE.1)
- Contact (update): ADT_A08 (PR1\PR1.3\CE.1)
- Contact (delete): ADT_A13 (PR1\PR1.3\CE.1)

Reported by
Family Choice Program
Home Enteral Nutrition
Hospital Admission Risk Program
Hospital Based Palliative Care Consultancy Team
Palliative Care
Post Acute Care
Residential In-Reach
Specialist Clinics (Outpatients)
Sub-acute Ambulatory Care Services
Total Parenteral Nutrition
Transition Care Program
Victorian HIV Service
Victorian Respiratory Support Service

Reported for
All contacts completed during the current reporting period.

Reported when
The current reporting period for this item is the calendar month in which the following events or data elements fall:
- First Contact Date/Time (Mandatory)
- Second and Subsequent Contact Date/Time (Mandatory)

Value domain
Enumerated

Table identifier: HL70230

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<thead>
<tr>
<th>Code</th>
<th>Descriptor</th>
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<tbody>
<tr>
<td>11</td>
<td>Initial Needs Identification (INI)</td>
</tr>
<tr>
<td>12</td>
<td>Comprehensive assessment</td>
</tr>
<tr>
<td>13</td>
<td>Specialist assessment</td>
</tr>
<tr>
<td>21</td>
<td>Education/Self-management</td>
</tr>
<tr>
<td>22</td>
<td>Therapy/Clinical intervention not further specified</td>
</tr>
<tr>
<td>23</td>
<td>Symptom control/Pain management</td>
</tr>
<tr>
<td>24</td>
<td>Spiritual care</td>
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<tr>
<td>25</td>
<td>Personal care</td>
</tr>
<tr>
<td>26</td>
<td>Bereavement support</td>
</tr>
<tr>
<td>27</td>
<td>Social support</td>
</tr>
<tr>
<td>28</td>
<td>Supported accommodation</td>
</tr>
<tr>
<td>29</td>
<td>Formal family meeting</td>
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<td>31</td>
<td>Terminal care</td>
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<td>32</td>
<td>Respite</td>
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<tr>
<td>41</td>
<td>Case conference</td>
</tr>
<tr>
<td>42</td>
<td>Case management and/or Care co-ordination</td>
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</table>

*HBPCCT
*HBPCCT, PC

Section 3 – Data elements, VINAH manual, 14th edition, July 2018
**OP 61** Research/Medical trial

71 Follow up/Monitoring/Evaluation/Review

**OP 72** New patient consultation

99 Other

**Reporting guide**

Where there is more than one service provided in a single contact, choose as the main purpose the value that was most significant. (Except Specialist Clinics - see below).

More than one purpose may be optionally reported. The main purpose must be reported with a Procedure Sequence Number of ‘1’, additional purposes reported with values of ‘2’, ‘3’, ‘4’... and so on.

For Specialist Clinics (Outpatients), one of 71-Follow Up/Monitoring/Evaluation/Review or 72-New Patient Consultation must be reported for each Contact. Other appropriate codes may also be reported.

**11 - Initial Needs Identification (INI)**

Initial needs identification is an initial screening for risk and service requirements. The practitioner undertaking initial needs identification looks beyond the presenting issue to what underlying issues may exist. Initial needs identification is not a diagnostic process but is a determination of the patient's/client's risk, eligibility and priority for service.

Includes:
- Service Coordination Template Tool (SCTT)
- Other tools incorporating initial needs identification principles

**12 - Comprehensive assessment**

Comprehensive Assessment involves the most intense level of inquiry, and incorporates an advanced dimension of history taking, examination, observation and measurement/testing about medical, physical, social, cultural and psychological dimensions of need.

Includes:
- Tools (or combination of tools) used to support the comprehensive assessment process
- Common assessment

For Palliative Care, this will usually be the admission visit.

**13 - Specialist assessment**

The means by which services determine the patient's/client's particular service requirement and adapt their service provision to the patient's/clients' assessed need. It must be undertaken by a provider who has specialist skills knowledge and expertise.

For example, in palliative care this could include the initial bereavement risk assessment and assessment of a single and specific symptom, such as nausea.

Excludes:
- Specialist Clinics (Outpatients) contacts where the clinician is seeing a new patient for initial assessment or treatment. (Use code 72).
21 - Education/Self-management
Education and feedback provided to the patient/client. This can include self-management education where education and empowerment are the main intent.

Includes:
- Health coaching
- Motivational interviewing
- Development of self-management skills
- Decision-based counselling

Excludes staff training.

This could also include:
- Education regarding the role of Palliative Care and services provided
- Education regarding the disease process and/or treatment/symptom variants
- Education regarding the interventions/prescribed medications
- Education regarding the use of domiciliary oxygen
- Education regarding other supports/services in the community
- Education regarding medication side-effects and how they work
- Education regarding transferring, using and caring for equipment such as shower aids
- Education regarding bowel management
- Education regarding depression/anxiety

22 - Therapy/Clinical intervention not further specified
This could include the following:
- Wound care/dressing
- Bowel management/ enemas/ suppositories
- Catheter care/ insertion
- Care of naso-gastric tube
- Oedema/lymphoedema management/ bandaging
- Pathology specimen collection
- Parenteral medications other than for symptom management, for example, Clexane
- Initiation of webster packs/dosette
- Pressure care
- PICC flush
- Subcutaneous fluids
- Stomal care
- Counselling
- Care at time of death
- Accessing port
- Cleaning of and caring for the body of a deceased person
- Music therapy

Excludes:
- Bereavement (26)
- Personal care (25)
- Social support (27)
- Spiritual care (24)
- Symptom control/pain management (23)
23 - Symptom control/Pain management

Where medications relate to pain management or symptom control, this could also include the following:
- Monitor medication regimens/monitor effectiveness of interventions/alteration of doses
- Administer parenteral medications
- Domiciliary oxygen/nebulised medications
- Insertion of delivery system for a syringe driver, for example, saf-t-intima
- Filling of syringe driver
- Instigation of new medications or altering medications

24 - Spiritual care

This could also include:
- Discussions relating to death and dying
- Discussions relating to religion/beliefs/spirituality
- Contact with religious ministers on behalf of the client
- Discussions relating to funerals/special rites
- Discussions relating to the meaning of life and death

25 - Personal care

Refers to assistance with daily self-care tasks such as eating, bathing, toileting and grooming.

Includes:
- Hygiene - bathing/showering/sponge
- Teeth/hair/shaving
- Personal Care Assistance
- Mouth care
- Ambulation
- Assist with food/fluids
- Toileting
- Assistance with or training in meal preparation

26 - Bereavement support

Includes:
- Grief and bereavement support for patients/clients not yet deceased
- Ongoing bereavement risk assessment
- If appropriate, attendance at funeral
- Bereavement follow-up visits
- Phone call with carer post-death
- Support to family pre- and post-death
- Pre- and post-death contacts by counsellor for the purpose of bereavement support

27 - Social support

Intervention to offer support for a patient's/client's participation and functioning in their community.

Includes:
- Emotional/psychosocial support for patients and care-givers
- Biography service
- Social work visits/contacts
- Centrelink contacts if not administrative, for example, assisting clients with disability payments or carer allowance application paperwork
• Talking / reading / sharing a game / watching TV / shopping / home maintenance / respite
• Provision of childcare
• Purchase or provision of meals

28 - Supported accommodation
Provision of housing, with staff on-site for:
• Clients with high care needs and complex health and psychosocial issues who would otherwise require admission to an acute hospital due to lack of other more appropriate options.
• Continuity of care from acute hospital services to the community for clients with complex issues who would otherwise remain in acute care.
• Social and carer respite, to provide a break for clients because of health or psychosocial stressors, or when their carer requires respite from their caring responsibility.
• People from rural and regional Victoria accessing HIV specialist medical care in Melbourne.
• Clients who are homeless, while emergency accommodation is secured.
• Clients who are homeless with complex health and psychosocial issues, while longer term sustainable accommodation is secured.

29 - Formal family meeting
This code reportable by Hospital Based Palliative Care Consultancy Team only.
Formal Family meetings take place between the patient, their family and health care professionals for multiple purposes, including: the sharing of information and concerns, clarifying the goals of care, discussing diagnosis, treatment, prognosis and developing a plan of care for the patient and family carers.

31- Terminal care
Care in the hours or days immediately preceding death that is focussed on emotional and spiritual issues as a prelude to bereavement.

32- Respite
Short term care of the client to provide client and/or carer support.

41 - Case conference
An inclusive process for making decisions about the care of a patient/client. Assessment findings and options for ongoing care and support are presented or other practitioners/clinicians, who can be from the same or different organisations. The presentation includes conclusions of the assessment that are supported by a range of information sources. Case Conferences are often multi-disciplinary and incorporate the views and preferences of the patient/client and their carers.

For Palliative Care this could include:
• Family meetings/conferences
• Liaison with other health professionals/multi-disciplinary team meetings / palliative care physician/GPs/LMOs/inpatient service liaison
• Client review
• Handover

42 - Case management and/or Care co-ordination
Care Coordination: The range of services required by the patient/client is coordinated so that they are delivered in the most efficient and effective way to meet individual patient's/client's needs. Care co-ordination enables continuity of
care, avoids duplication of services and ensures that meeting patient/client needs is paramount over the needs of individual service providers and is not hampered unnecessarily by program boundaries.

Case Management: The activities undertaken by one central person who assumes overall responsibility for the care plan, in order to streamline the interface between the service system and the patient/client and carer.

The terms 'care co-ordination' and 'case management' may be used interchangeably in some services.

Excludes Case Conference (41)

This could include:
- Liaison with other health professionals
- Referrals to other agencies, eg.CHSP/HACC Program for Younger People/respite
- Organising provision and delivery of equipment
- Medication organisation/request for scripts to be written and sent to pharmacy
- Liaison with nursing services
- Contact with GPs, specialists, community services or PC nurse liaison
- Funding application for equipment / services
- Referrals within service to other professional groups, such as volunteers
- Team discussion and care plan determination
- Goal setting
- Exploration of service options
- Facilitated service linkage (with patient present)

61 - Research/Medical trial
Report this code when the contact occurs due to the patient's/client's participation in a research/trial.

Only in scope for Specialist Clinics (Outpatients).

Includes:
- Testing of a drug or other intervention
- Assessment or testing associated with research/medical trial

71 - Follow up/Monitoring/Evaluation/Review
For Specialist Clinics (Outpatients): Report this code if the appointment has the primary purpose of reviewing the patient following a previous outpatient appointment or treatment as an inpatient or day surgery patient.

Includes:
- Post-operative review
- Routine review of chronic condition
- Monitoring results of interventions
- Evaluation of action plans
- Re-assessing client needs are being met

72 - New patient consultation
Report this code if the clinician is seeing a new patient for initial assessment or treatment.

Only in scope for Specialist Clinics (Outpatients).
Validations

E367 The Episode Program/Stream is Specialist Clinics (Outpatients) but a Contact Purpose of either ‘71-Follow up/Monitoring/Evaluation/Review’ or ‘72-New Patient Consultation’ has not been reported.

Related items

Contact Date/Time
Contact Medicare Benefits Schedule Item Number

Administration

Purpose
To allow national reporting requirements to be met and to monitor and plan resource utilisation.

Principal users
Department of Health and Human Services

Version history

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Definition source

DHHS

Value domain source

DHHS
**Contact Session Type**

**Definition**
The type of session in which the contact was provided to the patient/client.

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**Location**

- Transmission protocol
  - Contact (insert) ADT_A03 (PR1\PR1.6)
  - Contact (update) ADT_A08 (PR1\PR1.6)
  - Contact (delete) ADT_A13 (PR1\PR1.6)

**Reported by**
- Family Choice Program
- Home Enteral Nutrition
- Hospital Admission Risk Program
- Palliative Care
- Post Acute Care
- Residential In-Reach
- Specialist Clinics (Outpatients)
- Sub-acute Ambulatory Care Services
- Total Parenteral Nutrition
- Victorian HIV Service
- Victorian Respiratory Support Service

**Reported for**
- All contacts completed in the current reporting period.

**Reported when**
- **All Programs, not elsewhere specified**
  - The current reporting period for this item is the calendar month in which the following events or data elements fall:
    - First Contact Date/Time (Mandatory)
    - Second and Subsequent Contact Date/Time (Mandatory)

**Value domain**
- Enumerated
  - Table identifier: 990024

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<td>Not applicable - indirect contact</td>
</tr>
<tr>
<td>4</td>
<td>Group - individual program</td>
</tr>
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</table>

**Reporting guide**

**Group – group program**
A ‘Group – group program’ is defined as two or more patients/clients receiving the same services on the same date from the same clinician/s at the same location. For example, a movement class or a chronic disease education class, where all participants are following the same intervention at the same time and/or where the group nature of the activity is conceived as part of the benefit to the patient/client.

**Group – individual program**
A ‘Group – individual program’ is defined as two or more patient/clients receiving their own personalised program (for example, in a physio gym in a CRC), from the same clinician/s at the same location and same date. Each of these clients should be coded as having a Contact Session Type of ‘4 - Group - individual program’.
program’ as the services provided to each patient/client are not the ‘same’ but rather individualised programs.

Note that providing care to a patient/client can encompass the provision of services (for example, counselling, education) to the patient/client’s carer(s) and family, whether or not the patient/client is present when these services are delivered. The carer/family member is not, in these situations, considered to be a patient/client in their own right.

Thus, for example, if a single patient/client and several members of their family were the only attendees at a centre-based contact, the Contact Session Type coded for that contact would still be ‘1 - Individual’.

**Only one Contact Session Type can be reported for a single contact.**

Should a patient/client receive care in both individual and group settings within a single attendance, this must be reported as two separate contacts. E.g. One contact for ‘Group – group program’ and one contact for ‘Group – individual program’. Multiple session types cannot be reported within a single contact.

**Validations**

- E365 Contact Session Type = '2-Group session' but Contact Group Session Identifier has not been reported.
- E366 A Contact Group Session Identifier has been reported but the Contact Session Type <> '2-Group session'.

**Related items**

- Contact Date/Time
- Contact Group Session Identifier

**Administration**

**Purpose**

To monitor and plan resource utilisation, and for reporting to the Australian Government.

**Principal users**

Department of Health and Human Services

**Version history**

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**Definition source**

NHDD

**Value domain source**

NHDD 000235 (DHHS modified)
Contact Specialist Palliative Care Provider

**Definition**
Indicates if the person providing the contact is a specialist palliative care provider.

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**Location**

Transmission protocol: HL7 Submission
- Contact (insert): ADT_A03 (PV1\PV1.7\XCN.1)
- Contact (update): ADT_A08 (PV1\PV1.7\XCN.1)
- Contact (delete): ADT_A13 (PV1\PV1.7\XCN.1)

**Reported by**
Palliative Care

**Reported for**
All contacts completed in the current reporting period.

**Reported when**
All Programs, not elsewhere specified

The current reporting period for this item is the calendar month in which the following events or data elements fall:
- First Contact Date/Time (Mandatory)
- Second and Subsequent Contact Date/Time (Mandatory)

**Value domain**
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**Reporting guide**
This item should be used to indicate whether or not during their case a patient/client is receiving specialist palliative care. A specialist palliative care provider is a provider who has completed training or has qualifications in providing care specifically to palliative care clients. Professionals who are not specialist palliative care providers should be coded as ‘2-No’.

**Validations**
General edits only, see Format.

**Related items**
Contact Date/Time

**Administration**

**Purpose**
To assist with outcome analyses and service planning, and to meet national reporting requirements.

**Principal users**
Department of Health and Human Services

**Version history**

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**Definition source**
Proposed Palliative Care NMDS

**Value domain source**
Proposed Palliative Care NMDS
**Contact TAC Claim Number**

**Definition**

The Transport Accident Commission Claim Number of the patient/client, relating to this contact.

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**Location**

Transmission protocol

- Contact (insert) ADT_A03 (PID\:PID.3\:CX.1)
- Contact (update) ADT_A08 (PID\:PID.3\:CX.1)
- Contact (delete) ADT_A13 (PID\:PID.3\:CX.1)

**Reported by**

- Family Choice Program
- Home Enteral Nutrition
- Hospital Admission Risk Program
- Palliative Care
- Post Acute Care
- Residential In-Reach
- Specialist Clinics (Outpatients)
- Sub-acute Ambulatory Care Services
- Total Parenteral Nutrition
- Victorian HIV Service
- Victorian Respiratory Support Service

**Reported for**

Contacts in the current reporting period where, and only where, Contact Account Class is ‘TA - Transport Accident Commission (TAC)’.

**Reported when**

All Programs, not elsewhere specified

The current reporting period for this item is the calendar month in which the following events or data elements fall:

First Contact Date/Time (Report when and only when Account Contact Class = ‘TA’)

Second and Subsequent Contact Date/Time (Report when and only when Account Contact Class = ‘TA’)

**Value domain**

A valid TAC Claim Number.

**Reporting guide**

Patient/client includes carer and/or relative, except where the patient/client and carer and/or relative have a different delivery mode, in which case the delivery mode of the patient/client should be reported.

**Layout**

- Characters 1-2: Financial year of claim acceptance.
- Characters 3-7: Numeric characters allocated by TAC.
- Characters C-U: Claim number unavailable. Reported where a TAC Claim Number is not known by the health service.

Where a TAC Claim Number is not applicable, leave the field blank.

Note that when instructed to leave or report blank, in VINAH this means that the corresponding field in the transmission file must be transmitted as a null or empty field.
Examples
9812345, 5412345, C-U
Organisations wishing to obtain TAC Claim Numbers can contact TAC on: 1300 654 329 (Choose option 2: Service Provider to a TAC Customer).

Validations
E356 Contact is Compensable (<AccountClass>) but there is no client identifier provided relevant to this compensable agency

Related items
Contact Account Class
Contact Medicare Number
Contact Date/Time
Contact VWA File Number
Patient/Client DVA File Number
Patient/Client Identifier

Administration
Purpose
To facilitate payment by TAC for TAC patients.

Principal users
Transport Accident Commission

Version history

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Definition source
TAC

Value domain source
TAC
Contact VWA File Number

**Definition**

The WorkSafe Victoria (Victorian WorkCover Authority) file number applicable to the patient/client and a unique identifier for a claim.

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**Reported by**

Hospital Admission Risk Program
Palliative Care
Post Acute Care
Residential In-Reach
Specialist Clinics (Outpatients)
Sub-acute Ambulatory Care Services
Victorian HIV Service
Victorian Respiratory Support Service

**Reported for**

Contacts in the current reporting period where, and only where, Contact Account Class is 'WC - WorkSafe Victoria'.

**Reported when**

*All Programs, not elsewhere specified*

The current reporting period for this item is the calendar month in which the following events or data elements fall:

- First Contact Date/Time (Report when and only when Account Contact Class = 'WC')
- Second and Subsequent Contact Date/Time (Report when and only when Account Contact Class = 'WC')

**Value domain**

A valid VWA file number (see reporting guide).

**Reporting guide**

This number must be recorded at each contact where a service is provided to a person who holds the entitlement for reimbursement purposes.

The VWA file number is obtained from the patient/client.

**Layout**

- Part 1: Two digit claim agent code
  - Layout: XX
- Part 2: Two digit year
  - Layout: YY
- Part 3: Seven digit field with the unique ID
  - Layout: XXXXXXX

**Valid format**

- Only numeric characters are permitted:
- Made up of a two digit claim agent code
- Two digit year
- Then a seven digit field with the unique ID
- Characters C-U: Reported where a VWA File number is not known by the Health service
Examples
‘12078706489’ ‘08060087098’ C-U
Where a VWA File Number is not applicable, leave the field blank

Note that when instructed to leave or report blank, in VINAH this means that the corresponding field in the transmission file must be transmitted as a null or empty field.

Validations
E356 Contact is Compensable (<AccountClass>) but there is no client identifier provided relevant to this compensable agency

Related items
Contact Account Class
Contact Medicare Number
Contact Date/Time
Contact TAC File Number
Patient/Client DVA File Number
Patient/Client Identifier

Administration

Purpose
To reimbursement by VWA for patients/clients with entitlements. These data are processed differently from other VINAH data to ensure that personal information remains confidential.

Principal users
Victorian Work Cover

Version history

<table>
<thead>
<tr>
<th>Version</th>
<th>Previous Name</th>
<th>Effective Date</th>
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</thead>
<tbody>
<tr>
<td>4</td>
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<tr>
<td>3</td>
<td>Contact/Client Service Event VWA File Number</td>
<td>2009/07/01</td>
</tr>
<tr>
<td>2</td>
<td>Contact/Client Service Event VWA File Number</td>
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</tr>
<tr>
<td>1</td>
<td>VWA File Number</td>
<td>2007/07/01</td>
</tr>
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</table>

Definition source
WorkSafe Victoria

Value domain source
WorkSafe Victoria
**Episode Advance Care Directive Alert**

**Definition**
An alert, flag or similar that is obvious to any treating team across the health service that indicates:

- an advance care directive is on file, and/or
- medical treatment decision maker has been recorded.

**Repeats:**

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<thead>
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<th>Code</th>
<th>Min.</th>
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<th>Duplicate</th>
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**Form**
- Code

**Layout**
- N

**Size:**
- Min. 1
- Max. 1

**Location**

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<tr>
<td>Episode (update)</td>
<td>PPP_PCC (PTH\PTH.5)</td>
</tr>
<tr>
<td>Episode (delete)</td>
<td>PPP_PCD (PTH\PTH.5)</td>
</tr>
</tbody>
</table>

**Reported by**
- Family Choice Program
- Home Enteral Nutrition
- Hospital Admission Risk Program
- Palliative Care
- Post Acute Care
- Residential In-Reach
- Specialist Clinics (Outpatients)
- Sub-acute Ambulatory Care Services
- Total Parenteral Nutrition
- Transition Care Program
- Victorian HIV Service
- Victorian Respiratory Support Service

**Reported for**
- All episodes started 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:
- Episode Start Date
- Episode End Date

**Value domain**
- Enumerated

**Table identifier**
- 990050

**Code**

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<tr>
<th>Code</th>
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<tr>
<td>1</td>
<td>No advance care directive alert</td>
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<tr>
<td>2</td>
<td>Presence of an advance care directive alert</td>
</tr>
<tr>
<td>3</td>
<td>Presence of a medical treatment decision maker alert</td>
</tr>
<tr>
<td>4</td>
<td>Presence of both an advance care directive alert and a medical treatment decision maker alert</td>
</tr>
</tbody>
</table>

**Reporting guide**
An advance care directive alert will be identified by an alert identifying any of the following:

- A completed Refusal of Treatment Certificate
- An advance care directive formally documented advance care plan
- Other advance care planning documentation (documentation of a person’s future wishes such as a written letter, use of varying forms, or advance care planning discussion record)
- Advance Statement under the Mental Health Act (Vic) 2014
* A resuscitation plan, limitation of treatment order or goals of patient care form alone do not meet the requirements for this data item.

A medical treatment decision maker alert will be identified by an alert, flag or similar identifying any of the following:
- Medical treatment decision maker appointment
- Guardian appointed by VCAT with powers to consent to health care
- Identification of the medical treatment decision maker as per the 'medical treatment decision maker hierarchy'
- Nominated Person under the Mental Health Act (Vic) 2014
- Support person appointment


**Validations**

E371 Data Element (<FieldName>) is mandatory (<Timing>) but no value was supplied

**Related items**
- Contact Date/Time
- Episode End Date
- Episode Hospital Discharge Date
- Episode Patient/Client Notified of First Appointment Date
- Episode Start Date

**Administration**

**Purpose**
To provide data on advance care planning that will quantify activity and enable benchmarking across the service system.

**Principal users**
Department of Health and Human Services

**Version history**

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<thead>
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<tr>
<td>2</td>
<td>Episode Advance Care Plan Alert</td>
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<tr>
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<td>Episode Advance Care Plan Alert</td>
<td>2016/07/01</td>
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</table>

**Definition source**
DHHS

**Value domain source**
DHHS
**Episode Assessment – Barthel Index – Date/Time**

**Definition**
The date (and optionally, time) that the Episode Assessment Score - Barthel Index was determined for a given patient/client.

**Repeats:**

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<th>Min.</th>
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- YYYYMMDD[hhmmss]

**Size:**

- Min.
- Max.

**Location**

- Transmission protocol: HL7 Submission
  - Episode (insert) PPP_PCB (OBX\OBX.14\TS.1)
  - Episode (update) PPP_PCC (OBX\OBX.14\TS.1)
  - Episode (delete) PPP_PCD (OBX\OBX.14\TS.1)

**Reported by**

Transition Care Program

**Reported for**

All episodes reported in the current reporting period.

**Reported when**

All Programs, not elsewhere specified

The current reporting period for this item is the calendar month in which the following events or data elements fall:
- Episode Start Date (Optional)
- Episode End Date (Mandatory)

**Value domain**

Valid date and optional time.

**Reporting guide**

The century component of this data element must begin with a ‘20’.

**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

**Related items**

- Episode End Date
- Episode Start Date Observation
- Sequence Number

**Administration**

**Purpose**

To assist in service planning.

**Principal users**

Department of Health and Human Services

**Version history**

<table>
<thead>
<tr>
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<th>Previous Name</th>
<th>Effective Date</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Episode Assessment - Barthel Index - Date/Time</td>
<td>2010/07/01</td>
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</table>

**Definition source**

DHHS

**Value domain source**

ISO8601:2000
**Episode Campus Code**

**Definition**
Indicates the hospital campus where the episode of care was provided. Patient/client activity must be reported under the campus code at which it occurred.

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<th>Min.</th>
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**Layout**

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<td>Episode (delete)</td>
<td>PPP_PCD (PV1:PV1.39:IS.1)</td>
</tr>
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**Reported by**

All programs, dependent on transmission protocol

- Family Choice Program
- Home Enteral Nutrition
- Hospital Admission Risk Program
- Hospital Based Palliative Care Consultancy Team
- Medi-Hotel
- Palliative Care
- Post Acute Care
- Residential In-Reach
- Specialist Clinics (Outpatients)
- Sub-acute Ambulatory Care Services
- Total Parenteral Nutrition
- Transition Care Program
- Victorian HIV Service
- Victorian Respiratory Support Service

**Reported for**
All Episode messages.

**Reported when**
All Programs, not elsewhere specified

The current reporting period for this item is the calendar month in which the following events or data elements fall:
- Episode Start Date (Mandatory for FCP, HEN, TPN)
- First Contact Date/Time (Mandatory for HARP, HBPCCT, Medi-Hotel, OP, PAC, PC, RIR, SACS, TCP, VHS and VRSS)

**Value domain**
Table identifier  
HL70115  
For full code set refer to Section 9: Code list.

**Reporting guide**
Report the campus of the organisation responsible for the provision of services to a patient/client within the episode. The actual service may be delivered by another organisation or party, the identifier of which is reported in the Contact Provider.

Where a service is provided at the responsible campus, both the Episode Campus Code and the Contact Provider will indicate the same entity (although the code values may be different).

For reporting organisations with only one campus, a single Episode Campus Code for the organisation has been issued.
Validations
E265 This Organisation (<OrganisationIdentifier>) is not approved to report Episodes under this campus (<EpisodeCampusIdentifier>)

Related items
Episode Start Date

Administration

Purpose
To identify the specific campus of a hospital providing the episode of care, for use in policy and planning development.

Principal users
Department of Health and Human Services

Version history

<table>
<thead>
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<th>Version</th>
<th>Previous Name</th>
<th>Effective Date</th>
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<tbody>
<tr>
<td>2</td>
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Definition source
DHHS

Value domain source
DHHS
**Episode Care Plan Documented Date**

**Definition**  
The date of documentation that an interdisciplinary care plan was first agreed.

<table>
<thead>
<tr>
<th>Repeats</th>
<th>Min.</th>
<th>Max.</th>
<th>Duplicate</th>
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**Form**  
Date

**Layout**  
YYYYMMDD

**Location**  
Transmission protocol | HL7 Submission
---|---
Episode (insert) | PPP_PCB (PTH\PTH.4)
Episode (update) | PPP_PCC (PTH\PTH.4)
Episode (delete) | PPP_PCD (PTH\PTH.4)

**Reported by**  
Family Choice Program
Home Enteral Nutrition
Hospital Admission Risk Program
Post Acute Care
Residential In-Reach
Sub-acute Ambulatory Care Services
Total Parenteral Nutrition
Transition Care Program
Victorian HIV Service
Victorian Respiratory Support Service

**Reported for**  
Episode with a documented care plan and where Episode End Date falls within the current reporting period.

**Reported when**  
All Programs, not elsewhere specified

The current reporting period for this item is the calendar month in which the following events or data elements fall:
Episode Care Plan Documented Date (Optional)
Episode End Date (Must be specified if a care plan was documented during the course of the Episode)

**Value domain**  
Valid date

**Reporting guide**  
The century component of the year must begin with '20'.

The outcome of a patient’s/client’s entry assessment should be the development of a goal-oriented care plan that has been negotiated with the patient/client and discussed with the patient’s/client’s carer and/or family. This item should be used to report the date that it is documented that the care plan has been first agreed with the patient/client and/or their carer.

For further guidance on what the care plan should include, refer to the appropriate guidelines.

If the care plan has not yet been documented, do not report this item.

**Transmission binding data element**  
When this item is transmitted via HL7, the value "CPD" should also be transmitted in Episode Pathway Type. However, for backward compatibility if that item is left null it will be assumed to mean a Care Plan Documented Date.
Validations
General edits only, see Format.

Related items
Episode Advance Care Directive Alert
Episode Care Plan Documented Date
Episode End Date
Episode First Appointment Booked Date
Episode Hospital Discharge Date
Episode Patient/Client Notified of First Appointment Date
Episode TCP Bed-Based Care Transition Date
Episode TCP Home-Based Care Transition Date

Administration
Purpose
To monitor and plan resource utilisation. Required for accountability reporting regarding SACS to the Victorian Government and Australian Government. This item is used determine the proportion of sub-acute ambulatory care service patients/clients for whom there is no documented established multidisciplinary care plan within the first three visits.

Used for service planning and quality analysis for both HARP-CDM and SACS services.

Principal users
Victorian and Australian Governments

Version history

<table>
<thead>
<tr>
<th>Version</th>
<th>Previous Name</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Episode Care Plan Documented Date</td>
<td>2010/07/01</td>
</tr>
<tr>
<td>4</td>
<td>Episode Care Plan Documented Date</td>
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</tr>
<tr>
<td>3</td>
<td>Episode Care Plan Documented Date</td>
<td>2008/07/01</td>
</tr>
<tr>
<td>2</td>
<td>Date Care Plan Documented</td>
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</tr>
<tr>
<td>1</td>
<td>Date Care Plan Documented</td>
<td>2005/07/01</td>
</tr>
</tbody>
</table>

Definition source
DHHS

Value domain source
ISO8601:2000
**Episode End Date**

**Definition**
The date when a patient/client no longer meets the criteria for a program/stream, and they cease to be a patient/client of the program/stream.

<table>
<thead>
<tr>
<th><strong>Repeats:</strong></th>
<th><strong>Min.</strong></th>
<th><strong>Max.</strong></th>
<th><strong>Duplicate</strong></th>
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<tbody>
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**Form**

- **Layout**: YYYYMMDD
- **Size**: Min. Max.

**Location**

- **Transmission protocol**: HL7 Submission
  - Episode (insert): PPP_PCB (PV1:PV1.45\TS.1)
  - Episode (update): PPP_PCC (PV1:PV1.45\TS.1)
  - Episode (delete): PPP_PCD (PV1:PV1.45\TS.1)

**Reported by**

- All programs, dependent on transmission protocol
  - Family Choice Program
  - Home Enteral Nutrition
  - Hospital Admission Risk Program
  - Hospital Based Palliative Care Consultancy Team
  - Medi-Hotel
  - Palliative Care
  - Post Acute Care
  - Residential In-Reach
  - Specialist Clinics (Outpatients)
  - Sub-acute Ambulatory Care Services
  - Total Parenteral Nutrition
  - Transition Care Program
  - Victorian HIV Service
  - Victorian Respiratory Support Service

**Reported for**

- All contacts completed in the current reporting period.

**Reported when**

- **All Programs, not elsewhere specified**
  - The current reporting period for this item is the calendar month in which the following events or data elements fall:
    - Episode End Date (Mandatory)

**Value domain**

- Valid date

**Reporting guide**

- The date on which a patient/client formally ceases receiving ongoing services from the program/stream. The criteria for this may differ between programs/streams.

  An episode should not be closed simply because there is a waiting period for the specific service a patient/client requires.

  For all programs except Palliative Care if a patient/client with an open episode dies the Episode End Date should be recorded as the date of death. Where the date of death is unknown, report the date that the program/stream found out that the patient/client was deceased. For Palliative Care, the usual criteria for ending an episode applies irrespective of the patient's death, that is, if the family or carers are still in need of services the episode should be kept open.

  If a patient/client returns after the Episode End Date requiring further assessment or care, a new episode should be opened.
Where a patient/client receives a time-limited period of therapy or assessment with the understanding that there will need to be further periods of assessment in the future (for example, patients/clients with degenerative diseases), it is appropriate to start and end an episode for each period of therapy or assessment.

**Validations**

E020  \(<\text{SucceedingEvent}>(<\text{SucceedingEventValue}>)\) is before \(<\text{PrecedingEvent}>(<\text{PrecedingEventValue}>)\)

**Related items**

- Contact Date/Time
- Episode End Date
- Episode End Reason
- Episode First Appointment Booked Date
- Episode Patient/Client Notified of First Appointment Date
- Episode Proposed Treatment Plan Completion
- Episode Start Date
- Patient/Client Birth Date
- Referral In Clinical Referral Date
- Referral In Receipt Acknowledgment Date
- Referral In Received Date
- Referral Out Date

**Administration**

**Purpose**

To allow calculation of the period for which a person is a patient/client of a program/stream.

**Principal users**

Victorian and Australian Governments

**Version history**

<table>
<thead>
<tr>
<th>Version</th>
<th>Previous Name</th>
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<tbody>
<tr>
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<td>2</td>
<td>Episode End Date</td>
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</tr>
<tr>
<td>1</td>
<td>Episode End Date</td>
<td>2007/07/01</td>
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</table>

**Definition source**

NHDD

**Value domain source**

NHDD
Episode End Reason

Definition
The reason the palliative care episode ended.

<table>
<thead>
<tr>
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<th>Duplicate</th>
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Location
Transmission protocol
HL7 Submission
Episode (insert) PPP_PCB (PV1:PV1.36)
Episode (update) PPP_PCC (PV1:PV1.36)
Episode (delete) PPP_PCD (PV1:PV1.36)

Reported by
Hospital Based Palliative Care Consultancy Team
Palliative Care

Reported for
Episodes closed 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:
Episode End Date (Mandatory)

Value domain
Enumerated
Table identifier HL70112

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<td>Patient/client death or bereavement phase end</td>
</tr>
<tr>
<td>2</td>
<td>Discharged to speciality palliative care provider</td>
</tr>
<tr>
<td>3</td>
<td>Discharged to other health care provider</td>
</tr>
<tr>
<td>4</td>
<td>Other reason</td>
</tr>
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</table>

Reporting guide
Leave blank if an episode of care has not ended.

Validations
E015 When an Episode has an End Date it must have an Episode End Reason.

Related items
Episode End Date

Administration
Purpose
To assist with outcome analyses and service planning, and meeting national reporting requirements.

Principal users
Department of Health and Human Services

Version history

<table>
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<tr>
<td>1</td>
<td>Reason for Ending Episode</td>
<td>2007/07/01</td>
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Definition source
Proposed Palliative Care NMDS

Value domain source
Proposed Palliative Care NMDS
**Episode First Appointment Booked Date**

**Definition**  
The date of the patient's/client's first appointment booking.

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**Location**  
Transmission protocol: HL7 Submission
Episode (insert) PPP_PCB (PTH\PTH.4)
Episode (update) PPP_PCC (PTH\PTH.4)
Episode (delete) PPP_PCD (PTH\PTH.4)

**Reported by**  
Specialist Clinics (Outpatients)

**Reported for**  
Episodes where the patient/client was first notified of the date of their first appointment.

**Reported when**  
**All Programs, not elsewhere specified**
The current reporting period for this item is the calendar month in which the following events or data elements fall:
Episode Patient/Client Notified of First Appointment Date (Mandatory)

**Value domain**  
Valid date

**Reporting guide**  
Record the first booking date for the first appointment. This is not the date on which that booking was entered into the booking system. Subsequent changes to the date of the first appointment date must not be submitted.

**Transmission binding data element**
When this data element is transmitted via HL7, the value "AB1" must be transmitted in Episode Pathway Type.

**Validations**
E020 `<SucceedingEvent> (<SucceedingEventValue>) is before <Preceding Event> (<PrecedingEventValue>)`

**Related items**
Contact Date/Time
Episode End Date
Episode End Reason
Episode First Appointment Booked Date
Episode Patient/Client Notified of First Appointment Date
Episode Proposed Treatment Plan Completion
Episode Start Date
Patient/Client Birth Date
Referral In Clinical Referral Date
Referral In Receipt Acknowledgment Date
Referral In Received Date
Referral Out Date
Administration

Purpose
To assist in measuring access to Specialist Clinic (Outpatients) services.

Principal users
Department of Health and Human Services

Version history

<table>
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<td>2011/07/01</td>
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Definition source
DHHS

Value domain source
ISO8601:2000
**Episode Health Conditions**

**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.

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<table>
<thead>
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<th>Location</th>
<th>Transmission protocol</th>
<th>HL7 Submission</th>
</tr>
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<tbody>
<tr>
<td>Episode (insert)</td>
<td>PPP_PCB (OBX\OBX.3\CE.1)</td>
<td></td>
</tr>
<tr>
<td>Episode (update)</td>
<td>PPP_PCC (OBX\OBX.3\CE.1)</td>
<td></td>
</tr>
<tr>
<td>Episode (delete)</td>
<td>PPP_PCD (OBX\OBX.3\CE.1)</td>
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</table>

**Reported by**
- Family Choice Program
- Home Enteral Nutrition
- Hospital Admission Risk Program
- Palliative Care
- Post Acute Care
- Residential In-Reach
- Specialist Clinics (Outpatients)
- Sub-acute Ambulatory Care Services
- Total Parenteral Nutrition
- Victorian HIV Service
- Victorian Respiratory Support Service

**Reported for**
Optional for episodes open during the current reporting period. Must be reported for episodes where Episode End Date falls within the current reporting period.

**Reported when**
**All Programs, not elsewhere specified**

The current reporting period for this item is the calendar month in which the following events or data elements fall:
- Episode Start Date (Optional)
- Episode Care Plan Documented Date (Optional)

**Value domain**
Enumerated

**Table identifier** 990080

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<td>Other chronic viral hepatitis</td>
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<td>0120</td>
<td>HIV</td>
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<td>0191</td>
<td>Sequelae of poliomyelitis</td>
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<tr>
<td>0199</td>
<td>Other infectious diseases</td>
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<td>0200</td>
<td>Head and neck cancer</td>
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<td>0218</td>
<td>Colorectal cancer</td>
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<td>0230</td>
<td>Lung cancer</td>
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<td>0250</td>
<td>Breast cancer</td>
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<td>0269</td>
<td>Central nervous system cancer</td>
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<td>0370</td>
<td>Other diseases of blood</td>
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<td>Immunodeficiency disorder</td>
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<tr>
<td>0440</td>
<td>Malnutrition</td>
</tr>
<tr>
<td>0484</td>
<td>Cystic fibrosis</td>
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</table>
0486 Dehydration
0490 Other endocrine, nutritional and metabolic disorders
0493 Diabetes with other complication
0500 Dementia
0511 Drug and/or alcohol use causing mental and behavioural disorders
0512 Drug and alcohol dependence/misuse
0533 Depression
0540 Anxiety related disorder
0570 Intellectual disability
0580 Other developmental disability
0598 Speech impediment
0612 Motor neurone disease
0620 Parkinson's disease
0630 Alzheimer's disease
0635 Multiple sclerosis
0640 Epilepsy
0645 Transient cerebral ischaemic attacks
0662 Guillain-Barre syndrome
0680 Cerebral palsy
0693 Chronic/post-viral fatigue syndrome
0699 Other disease of the nervous system
0810 Hypertension
0820 Angina
0821 Acute myocardial infarction
0825 Chronic ischaemic heart disease
0850 Congestive heart failure
0864 Stroke
0899 Other heart diseases
0900 Acute upper respiratory infections
0909 Influenza and pneumonia
0920 Acute lower respiratory infections
0945 Asthma
0947 Bronchiectasis
0950 Lymphedema
0999 Other pulmonary
1078 Liver disease
1090 Other diseases of the digestive system
1100 Skin and subcutaneous tissue infections
1180 Pressure ulcer
1199 Other diseases of the skin and subcutaneous tissue
1205 Rheumatoid arthritis
1215 Other arthritis and related disorders
1279 Fibromyalgia
1280 Osteoporosis with pathological fracture
1281 Osteoporosis without pathological fracture
1285 Other disorders of bone density and structure
1299 Other disorders of the musculoskeletal system and connective tissue
1300 Kidney and urinary system (bladder) disorders
1338 Urinary tract infection
1339 Urinary incontinence
1340 Other diseases of the genitourinary system
1377 Gynaecological issues, not otherwise specified
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<thead>
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<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
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<td>Birth without complication</td>
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<td>Birth by caesarean section</td>
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<td>1485</td>
<td>Birth with complications</td>
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<td>1605</td>
<td>Spina bifida</td>
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<td>1680</td>
<td>Other congenital malformations</td>
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<td>Bowel/faecal incontinence</td>
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<tr>
<td>1742</td>
<td>Dizziness</td>
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<tr>
<td>1743</td>
<td>Short-term memory loss</td>
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<tr>
<td>1751</td>
<td>Headache</td>
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<tr>
<td>1752</td>
<td>Pain, not elsewhere classified</td>
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<tr>
<td>1755</td>
<td>Collapse</td>
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<tr>
<td>1800</td>
<td>Injuries to the head</td>
</tr>
<tr>
<td>1802</td>
<td>Fracture of skull</td>
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<tr>
<td>1806</td>
<td>Intracranial injury</td>
</tr>
<tr>
<td>1810</td>
<td>Injuries to the neck</td>
</tr>
<tr>
<td>1812</td>
<td>Fracture of neck</td>
</tr>
<tr>
<td>1816</td>
<td>Injury of muscle and tendon at neck level</td>
</tr>
<tr>
<td>1820</td>
<td>Injuries to the thorax, abdomen, lower back, lumbar spine and pelvis</td>
</tr>
<tr>
<td>1822</td>
<td>Fracture in thoracic region</td>
</tr>
<tr>
<td>1840</td>
<td>Injuries to the shoulder and upper arm</td>
</tr>
<tr>
<td>1848</td>
<td>Amputation of shoulder and upper arm</td>
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<tr>
<td>1850</td>
<td>Injuries to the elbow, forearm, wrist and hand</td>
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<tr>
<td>1858</td>
<td>Amputation of elbow, forearm, wrist and hand</td>
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<tr>
<td>1870</td>
<td>Injuries of the hip and thigh</td>
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<tr>
<td>1878</td>
<td>Amputation of hip and thigh</td>
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<tr>
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<td>Injuries to the knee, lower leg, ankle and foot</td>
</tr>
<tr>
<td>1882</td>
<td>Fracture of knee, lower leg, ankle and foot</td>
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<tr>
<td>1888</td>
<td>Amputation of lower leg, foot</td>
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<tr>
<td>1899</td>
<td>Spinal cord injury</td>
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<tr>
<td>1920</td>
<td>Burns</td>
</tr>
<tr>
<td>2219</td>
<td>Unspecified fall</td>
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<tr>
<td>2301</td>
<td>Acquired brain injury</td>
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<tr>
<td>9998</td>
<td>Diagnosis unclear</td>
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<tr>
<td>A38</td>
<td>Other cognitive impairment</td>
</tr>
<tr>
<td>A41</td>
<td>Paraplegia incomplete</td>
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<tr>
<td>A42</td>
<td>Paraplegia complete</td>
</tr>
<tr>
<td>A43</td>
<td>Quadriplegia incomplete C1-4</td>
</tr>
<tr>
<td>A44</td>
<td>Quadriplegia incomplete C5-8</td>
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<td>A45</td>
<td>Quadriplegia complete C1-4</td>
</tr>
<tr>
<td>A46</td>
<td>Quadriplegia complete C5-8</td>
</tr>
<tr>
<td>A55</td>
<td>Amputation - double lower extremity above knee</td>
</tr>
<tr>
<td>A57</td>
<td>Amputation - double lower extremity below knee</td>
</tr>
<tr>
<td>A62</td>
<td>Osteoarthritis</td>
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<tr>
<td>A71</td>
<td>Neck pain</td>
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<td>Back pain</td>
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<tr>
<td>A73</td>
<td>Extremity pain</td>
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<tr>
<td>A81</td>
<td>Post hip fracture</td>
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<tr>
<td>A82</td>
<td>Post femur (shaft) fracture</td>
</tr>
<tr>
<td>A83</td>
<td>Post pelvic fracture</td>
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<tr>
<td>A84</td>
<td>Post major multiple fracture</td>
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<td>A85</td>
<td>Pre/Post hip replacement</td>
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<td>A86</td>
<td>Pre/Post knee replacement</td>
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<td>Description</td>
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<td>--------------------------------------------------</td>
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<tr>
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<tr>
<td>A89</td>
<td>Other orthopaedic</td>
</tr>
<tr>
<td>A99</td>
<td>Other cardiovascular</td>
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<td>A101</td>
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<td>A104</td>
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<td>Obesity</td>
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<td>Post-operative (non-orthopaedic)</td>
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<td>Other disabling impairment</td>
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<td>A141</td>
<td>Brain and spinal cord trauma</td>
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<td>A149</td>
<td>Other major multiple trauma</td>
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<td>A160</td>
<td>Debility</td>
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<td>Urinary and faecal incontinence</td>
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<td>A174</td>
<td>Voiding dysfunction</td>
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<td>A179</td>
<td>Other continence issues</td>
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<td>A189</td>
<td>Other mental health</td>
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<td>A191</td>
<td>Venous leg ulcers</td>
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<td>A192</td>
<td>Arterial leg ulcers</td>
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<td>A199</td>
<td>Other wounds</td>
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<td>A200</td>
<td>Other geriatric management</td>
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<td>A212</td>
<td>Chronic renal disease</td>
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</table>

### 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.

At least one health condition must be reported in order for an episode to be ended (note that this may be ‘9998-Diagnosis unclear’).

For Specialist Clinics the reporting of patients/clients with a condition/diagnosis of ‘A85 – Pre/Post hip replacement’ or ‘A86 – Pre/Post knee replacement’ or ‘0864 – Stroke’ is mandatory. Reporting is optional for all other health conditions.

### Validations

General edits only, see Format.

### Related items

- Episode Care Plan Documented Date
- Episode End Date
- Episode Malignancy Flag
- Episode Other Factors Affecting Health
- Episode Start Date
Administration

Purpose
To support analysis for service planning.

Principal users
Department of Health and Human Services

Version history

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<th>Effective Date</th>
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Definition source
DHHS

Value domain source
Australian Rehabilitation Outcomes Centre (modified)
**Episode Hospital Discharge Date**

**Definition**
The date the patient/client was separated from hospital, including departure from ED prior to the start of their VINAH episode.

**Repeats:**

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<th>Duplicate</th>
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**Form**

Date

**Layout**

YYYYMMDD

**Size:**

Min. Max.

**Location**

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<th>HL7 Submission</th>
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<tr>
<td>Episode (insert)</td>
<td>PPP_PCB (PTH\PTH.4)</td>
</tr>
<tr>
<td>Episode (update)</td>
<td>PPP_PCC (PTH\PTH.4)</td>
</tr>
<tr>
<td>Episode (delete)</td>
<td>PPP_PCD (PTH\PTH.4)</td>
</tr>
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</table>

**Reported by**

Post Acute Care

Residential In-Reach

Sub-acute Ambulatory Care Services

Transition Care Program

**Reported for**

Episodes opened during the current reporting period (optional for PAC and TCP, SACS and RIR programs).

**Reported when**

All Programs, not elsewhere specified

The current reporting period for this item is the calendar month in which the following events or data elements fall:

- Episode Start Date (Optional)
- Episode End Date (Optional)

**Value domain**

Valid date

**Reporting guide**

The century component of the year must begin with ‘20’.

This item should be reported for all VINAH episodes associated with an admitted episode of care or ED presentation. This will frequently occur prior to the VINAH episode, especially for the PAC and TCP programs.

**Transmission binding data element**

When this data element is transmitted via HL7, the value "HD" must be transmitted in Episode Pathway Type.

**Validations**

General edits only, see Format.

**Related Items**

- Episode Care Plan Documented Date
- Episode End Date
- Episode First Appointment Booked Date
- Episode Patient/Client Notified of First Appointment Date
- Episode Start Date
- Episode TCP Bed-Based Care Transition Date
- Episode TCP Home-Based Care Transition Date
Administration

**Purpose**
To support analysis for service planning.

**Principal users**
Department of Health and Human Services

**Version history**

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</table>

**Definition source**
DHHS

**Value domain source**
ISO8601:2000
**Episode Malignancy Flag**

**Definition**
Whether the patient's/client's principal diagnosis is a malignant condition.

**Repeats:**
- **Min.:** 1
- **Max.:** 1
- **Duplicate:** Not applicable

**Form**
- **Code:**

**Layout**
- **N**
- **Size:**
  - **Min.:** 1
  - **Max.:** 1

**Location**
- **Transmission protocol**
  - Episode (insert): PPP_PCB (OBX\OBX.3\CE.1)
  - Episode (update): PPP_PCC (OBX\OBX.3\CE.1)
  - Episode (delete): PPP_PCD (OBX\OBX.3\CE.1)

**Reported by**
- Hospital Based Palliative Care Consultancy Team
- Palliative Care

**Reported for**
Optional for patients/clients whose episode opened during the current reporting period; mandatory for patients/clients whose first contact occurred during the current reporting period.

**Reported when**
- **All Programs, not elsewhere specified**
  - The current reporting period for this item is the calendar month in which the following events or data elements fall:
    - Episode Start Date (Optional)
    - First Contact Date/Time (Mandatory)

**Value domain**
- Enumerated
- **Table identifier:** 990033
- **Code**
  - 1: Yes
  - 2: No

**Reporting guide**
- If the principal diagnosis is not a malignant condition, report '2-No'.

**Validations**
- E016 The field 'Episode Malignancy Flag' is mandatory for Palliative Care at this point in time (Contact Date/Time) but no value was supplied

**Related items**
- Contact Date/Time
- Episode Health Conditions
- Episode Other Factors Affecting Health
- Episode Start Date
- Patient/Client Birth Country
- Patient/Client Carer Availability
- Patient/Client Living Arrangement
- Patient/Client Usual Accommodation Type

**Administration**

**Purpose**
To assist with outcome analyses and service planning, and meeting national reporting requirements.

**Principal users**
Department of Health and Human Services
<table>
<thead>
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<th>Version</th>
<th>Previous Name</th>
<th>Effective Date</th>
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<td>1</td>
<td>Malignancy Flag</td>
<td>2007/07/01</td>
</tr>
</tbody>
</table>

**Definition source**: Proposed Palliative Care NMDS

**Value domain source**: DHHS
**Episode Other Factors Affecting Health**

**Definition**
An indication of the other factors affecting health to accurately reflect the complexity of patients/clients.

<table>
<thead>
<tr>
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<th>Min.</th>
<th>Max.</th>
<th>Duplicate</th>
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**Location**
Transmission protocol
- HL7 Submission
  - Episode (insert): PPP_PCB (OBX\OBX.3\CE.1)
  - Episode (update): PPP_PCC (OBX\OBX.3\CE.1)
  - Episode (delete): PPP_PCD (OBX\OBX.3\CE.1)

**Reported by**
- Family Choice Program
- Home Enteral Nutrition
- Hospital Admission Risk Program
- Post Acute Care
- Residential In-Reach
- Sub-acute Ambulatory Care Services
- Total Parenteral Nutrition
- Victorian HIV Service
- Victorian Respiratory Support Service

**Reported for**
Mandatory for episodes with HARP Program/Stream closed during the current reporting period. Optional for all other episodes opened or closed during the current reporting period.

**Reported when**
All Programs, not elsewhere specified

The current reporting period for this item is the calendar month in which the following events or data elements fall:
- Episode Start Date (Optional)
- Episode Care Plan Documented Date (Optional)
- Episode End Date (Must be specified for HARP programs, optional for all others)

**Value domain**
Enumerated

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<th>Descriptor</th>
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<td>Carer issue</td>
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<tr>
<td>1200</td>
<td>Child care and education issue</td>
</tr>
<tr>
<td>1300</td>
<td>Concern about intervention/treatment</td>
</tr>
<tr>
<td>1400</td>
<td>Cultural and language spoken issue</td>
</tr>
<tr>
<td>1500</td>
<td>Daily living issue</td>
</tr>
<tr>
<td>1600</td>
<td>Disease management issue</td>
</tr>
<tr>
<td>1601</td>
<td>Issues in self-management</td>
</tr>
<tr>
<td>1602</td>
<td>Health literacy</td>
</tr>
<tr>
<td>1700</td>
<td>Emotional/behavioural/mental health issue</td>
</tr>
<tr>
<td>1800</td>
<td>Employment issue</td>
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<tr>
<td>1900</td>
<td>Environmental issue</td>
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<tr>
<td>2000</td>
<td>Ethical/Professional issue</td>
</tr>
<tr>
<td>2100</td>
<td>Family &amp; other relationships issue</td>
</tr>
<tr>
<td>2115</td>
<td>Family violence</td>
</tr>
<tr>
<td>2200</td>
<td>Foetal, infant, child and adolescent development issue</td>
</tr>
<tr>
<td>2300</td>
<td>Financial issue</td>
</tr>
</tbody>
</table>
2401   Eviction Issue  
2402   Homelessness 
2403   Need for emergency accommodation  
2404   Need for sheltered accommodation  
2405   Need for supported accommodation  
2406   Tenancy issues  
2407   Unsuitable accommodation  
2408   Other housing issue  
2500   Immigration issue  
2600   Immunisation required  
2700   Isolation issue  
2800   Issue due to other misadventure  
2801   Issue due to falling  
2802   Issues due to medication  
2803   Impaired mobility  
2900   Learning issue  
3000   Legal issue  
3100   Maltreatment issue  
3200   Negligence/Adverse result issue  
3300   Nutrition & eating issue  
3500   Promotion/Prevention required  
3600   Public safety issue  
3700   Sexuality issue  
3800   Spiritual/Religious issue  
3900   Verbal communication issue  
4001   Other psychosocial issue  
4100   Palliative  
4101   Non-weight bearing  
4102   Functional decline  
4103   Patient/Client utilises home oxygen  
4104   Presence of PEG  
4105   Presence of catheter  
4106   Presence of stoma  
9998   Not stated/inadequately described  
9999   No issue identified  

**Reporting guide**  
**2800 - Issue due to other misadventure**  
Excludes:  
- Falling  
- Medication issues  

**Validations**  
General edits only, see Format.  

**Related items**  
Episode Care Plan Documented Date  
Episode End date  
Episode Health Conditions  
Episode Malignancy Flag  
Episode Start Date
Administration

**Purpose**
To facilitate service planning.

**Principal users**
Multiple internal and external research users

**Version history**

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<thead>
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<th>Effective Date</th>
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**Definition source**
DHHS

**Value domain source**
CATCH (Issue Type: DHHS modified across hierarchies)
**Episode Patient/Client Notified of First Appointment Date**

**Definition**
The date the patient/client was first advised of their first appointment booking.

**Repeats:**

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<th>Min.</th>
<th>Max.</th>
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**Form**
Date

**Layout**
YYYYMMDD

**Location**

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<th>Transmission protocol</th>
<th>HL7 Submission</th>
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<tr>
<td>Episode (insert)</td>
<td>PPP_PCB (PTH\PTH.4)</td>
</tr>
<tr>
<td>Episode (update)</td>
<td>PPP_PCC (PTH\PTH.4)</td>
</tr>
<tr>
<td>Episode (delete)</td>
<td>PPP_PCD (PTH\PTH.4)</td>
</tr>
</tbody>
</table>

**Reported by**
Specialist Clinics (Outpatients)

**Reported for**
Episodes where the patient/client was first notified of the date of their first appointment.

**Reported when**
The current reporting period for this item is the calendar month in which the following events or data elements fall:
Episode Patient/Client Notified of First Appointment Date (Optional)

**Value domain**
A valid date

**Reporting guide**
Record the date on which the patient was first notified of the first booking date for the first appointment. The dates of notification of any subsequent changes to the date of the first appointment must not be submitted.

**Transmission binding data element**
When this data element is transmitted via HL7, the value “PNAB1” must be transmitted in Episode Pathway Type.

**Validations**
E020  <SucceedingEvent> (<SucceedingEventValue>) is before <Preceding Event> (<PrecedingEventValue>)

**Related items**
Contact Date/Time
Episode Care Plan Documented Date
Episode End Date
Episode First Appointment Booked Date
Episode Hospital Discharge Date
Episode Patient/Client Notified of First Appointment Date
Episode Start Date
Episode TCP Bed-Based Care Transition Date
Episode TCP Home-Based Care Transition Date
Patient/Client Birth Date
Referral In Clinical Referral Date
Referral In Receipt Acknowledgment Date
Referral In Received Date
Referral Out Date
Administration

Purpose
To assist in measuring access to Specialist Clinic (Outpatients) services.

Principal users
Department of Health and Human Services

Version history

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Definition source
DHHS

Value domain source
ISO8601:2000
**Episode Program/Stream**

**Definition**
The program/stream to which the patient’s/client’s episode relates.

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**Form**

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</tr>
<tr>
<td>Episode (update)</td>
<td>PPP_PCC (PV1\PV1.10)</td>
</tr>
<tr>
<td>Episode (delete)</td>
<td>PPP_PCD (PV1\PV1.10)</td>
</tr>
</tbody>
</table>

**Reported by**

- Family Choice Program
- Home Enteral Nutrition
- Hospital Admission Risk Program
- Hospital Based Palliative Care Consultancy Team
- Medi-Hotel
- Palliative Care
- Post Acute Care
- Residential In-Reach
- Specialist Clinics (Outpatients)
- Sub-acute Ambulatory Care Services
- Total Parenteral Nutrition
- Transition Care Program
- Victorian HIV Service
- Victorian Respiratory Support Service

**Reported for**

All episodes started 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:

**Episode Start Date (Mandatory)**

**Value domain**

Enumerated

Table identifier HL70069

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<th>Descriptor</th>
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<td>2</td>
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<td>3</td>
<td>Specialist cognitive</td>
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<tr>
<td>4</td>
<td>Specialist pain management</td>
</tr>
<tr>
<td>5</td>
<td>Specialist falls</td>
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<tr>
<td>6</td>
<td>Specialist wound management</td>
</tr>
<tr>
<td>7</td>
<td>Younger adult/transition</td>
</tr>
<tr>
<td>8</td>
<td>Specialist paediatric rehabilitation</td>
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<tr>
<td>9</td>
<td>Specialist polio</td>
</tr>
<tr>
<td>11</td>
<td>Specialist movement disorders</td>
</tr>
<tr>
<td>12</td>
<td>Cardiac rehabilitation</td>
</tr>
<tr>
<td>19</td>
<td>Specialist other</td>
</tr>
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</table>
Hospital Admission Risk Program (HARP)
27 HARP – HIV
28 HARP – Complex care

Post Acute Care (PAC)
31 Post Acute Care

Community-based Palliative Care
41 Community Palliative Care

Family Choice Program (FCP)
52 FCP: On ventilation, dependent
53 FCP: On ventilation, not dependent
54 FCP: Not on ventilation

Victorian HIV Service (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 service
68 HIV outreach allied health
69 Sexual health and wellbeing service

Victorian Respiratory Support Service (VRSS)
81 Victorian Respiratory Support Service

Medi-Hotel
91 Medi-Hotel

Specialist Clinics (Outpatients) (OP)
101 General Medicine
103 Cardiology
106 Gastroenterology
107 Haematology
108 Nephrology
109 Neurology
110 Oncology
111 Respiratory
112 Rheumatology
113 Dermatology
114 Infectious diseases
116 Immunology, includes Allergy
117 Endocrinology, includes Diabetes
118 Hepatobiliary and pancreas
119 Burns
201 General surgery
202 Cardiothoracic surgery
203 Neurosurgery
204 Ophthalmology
205 Ear, nose and throat
206 Plastic surgery
207  Urology
208  Vascular
209  Pre-admission
301  Dental
310  Orthopaedics/musculoskeletal
311  Orthopaedic applications
312  Wound care
313  Allied Health - stand-alone
350  Psychiatry and behavioural disorders, includes Alcohol and drug
402  Obstetrics
403  Gynaecology
406  Reproductive medicine and family planning

*Home Enteral Nutrition (HEN)*
651  Home enteral nutrition

*Total Parenteral Nutrition (TPN)*
751  Total parenteral nutrition

*Transition Care Program (TCP)*
1101  Transition Care Program

*Residential In-reach (RIR)*
1201  Residential In-reach

*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

**Reporting guide**
The value of this data element cannot be changed after the episode has been opened. See Section 5 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, Specialist Clinics (Outpatients) and Victorian HIV Service programs.

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 1-19**  
Includes the SACS Program/Streams.

**Code 21-29**  
Includes the HARP Program/Streams.

**Codes 52-54**  
Includes the FCP Program/Streams.

**52 - FCP: On ventilation, dependent**  
This code should be used for patient/clients who are “Ventilator dependent” and includes but is not limited to patient/clients who are on continuous ventilation.

**53 - FCP: On ventilation, not dependent**  
This code should be used for patient/clients who are on non-invasive ventilation overnight.

**Code 61-69**  
Includes the Victorian HIV Program/Streams.

**Code 101-406**  
Includes the Specialist Clinics (Outpatients) Program/Streams.

**313 Allied Health - Stand-alone**  
This code should only be used when the entire episode for the patient/client is constituted of one or more Allied Health contacts. Where the patient/client is receiving services which fall under another Program/Stream but is also receiving Allied Health services, the episode should be reported with the other Program/Stream, not code 313.

**Code 1300-1315**  
Includes the Hospital-Based Palliative Care Consultancy Team Program/Streams.  
Choose the most appropriate Episode Program/Stream based on the service expected to be delivered. Code 1300 is available for reporting non-specific services.

**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>)

**Related items**

- **Episode Start Date**

**Administration**

**Purpose**  
To allow national reporting requirements to be met and assist with service planning and monitoring.

**Principal users**  
Department of Health and Human Services
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<td>8</td>
<td>Episode Program/Stream</td>
<td>2015/07/01</td>
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<tr>
<td>7</td>
<td>Episode Program/Stream</td>
<td>2014/07/01</td>
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<tr>
<td>6</td>
<td>Episode Program/Stream</td>
<td>2012/07/01</td>
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<tr>
<td>5</td>
<td>Episode Program/Stream</td>
<td>2009/11/01</td>
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<td>2009/07/01</td>
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<td>Episode Program/Stream</td>
<td>2007/07/01</td>
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</tbody>
</table>

**Definition source**  
DHHS  

**Value domain source**  
DHHS
**Episode Proposed Treatment Plan Completion**

**Definition**
An indicator of whether the patient/client completed the proposed treatment/assessment program, and, if not, whether this was for medical or non-medical reasons, as determined by clinician.

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<thead>
<tr>
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**Form**

**Layout**

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**Location**

**Transmission protocol**
- Episode (insert): PPP_PCB (PV2:PV2.24)
- Episode (update): PPP_PCC (PV2:PV2.24)
- Episode (delete): PPP_PCD (PV2:PV2.24)

**Reported by**
- Family Choice Program
- Home Enteral Nutrition
- Hospital Admission Risk Program
- Post Acute Care
- Residential In-Reach
- Sub-acute Ambulatory Care Services
- Total Parenteral Nutrition
- Victorian HIV Service
- Victorian Respiratory Support Service

**Reported for**
Episodes where Episode End Date falls within 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:

- Episode End Date (Mandatory)

**Value domain**
Enumerated

**Code** | **Descriptor**
---|---
10 | Care plan/proposed treatment completed

**Did not complete for medical reasons**

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<thead>
<tr>
<th>Code</th>
<th>Descriptor</th>
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<tbody>
<tr>
<td>21</td>
<td>Unplanned patient/client admission to hospital</td>
</tr>
<tr>
<td>22</td>
<td>Planned patient/client admission to hospital</td>
</tr>
<tr>
<td>25</td>
<td>Alteration in patient/client medical condition without hospital admission</td>
</tr>
<tr>
<td>27</td>
<td>Patient/client died</td>
</tr>
</tbody>
</table>

**Did not complete for non-medical reasons**

<table>
<thead>
<tr>
<th>Code</th>
<th>Descriptor</th>
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</thead>
<tbody>
<tr>
<td>31</td>
<td>Patient/client has declined further services</td>
</tr>
<tr>
<td>33</td>
<td>Patient/client has moved from area</td>
</tr>
<tr>
<td>35</td>
<td>Patient/client is unable to be contacted</td>
</tr>
<tr>
<td>41</td>
<td>Patient/client has been referred to another service</td>
</tr>
<tr>
<td>43</td>
<td>No measurable benefit from continuing the service</td>
</tr>
<tr>
<td>51</td>
<td>Patient/client not complying with program</td>
</tr>
<tr>
<td>53</td>
<td>Risk to client or staff prevents service provision</td>
</tr>
</tbody>
</table>
Reporting guide
These values align with the Health Independence Program guidelines.

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.

Related items
Episode End Date

Administration
Purpose
Required for outcome analyses.

Principal users
Department of Health and Human Services

Version history

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<th>Effective Date</th>
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<td>4</td>
<td>Episode Completion of Proposed Plan of Treatment</td>
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<tr>
<td>3</td>
<td>Episode Completion of Proposed Plan of Treatment</td>
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<td>2</td>
<td>Completion of Proposed Plan of Treatment</td>
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Definition source
DHHS

Value domain source
DHHS, based on HIP Guidelines 2008
**Episode Special Purpose Flag**

**Definition**
An indication of whether the patient/client is identified as a participant in a special purpose initiative.

**Repeats:**

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<tbody>
<tr>
<td>Transmission protocol</td>
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<tr>
<td>Episode (insert)</td>
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<tr>
<td>Episode (update)</td>
</tr>
<tr>
<td>Episode (delete)</td>
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<table>
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<tr>
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<tbody>
<tr>
<td>Family Choice Program</td>
</tr>
<tr>
<td>Home Enteral Nutrition</td>
</tr>
<tr>
<td>Hospital Admission Risk Program</td>
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<tr>
<td>Post Acute Care</td>
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<tr>
<td>Residential In-Reach</td>
</tr>
<tr>
<td>Sub-acute Ambulatory Care Services</td>
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<tr>
<td>Total Parenteral Nutrition</td>
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<tr>
<td>Victorian Respiratory Support Service</td>
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<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Patient/clients identified as participant in a special purpose initiative in the current reporting period.</td>
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<tbody>
<tr>
<td>All Programs, not elsewhere specified</td>
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The current reporting period for this item is the calendar month in which the following events or data elements fall:

- Episode Start Date

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<th><strong>Reporting guide</strong></th>
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<tr>
<td>ND – NDIS participant</td>
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</table>

This code should be used to indicate whether the patient/client is identified as a participant in the National Disability Insurance Scheme.

<table>
<thead>
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<tr>
<td>Purpose</td>
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To guide future policy considerations. |

<table>
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<th>Principal users</th>
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<tr>
<td>Department of Health and Human Services</td>
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<table>
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<table>
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<tr>
<th><strong>Value domain source</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>DHHS</td>
</tr>
</tbody>
</table>
**Episode Start Date**

**Definition**
When a program/stream first accepts a patient/client. This occurs in response to a referral, when a referral is accepted.

<table>
<thead>
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<th>Repeats:</th>
<th>Min.</th>
<th>Max.</th>
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**Form**
Date

**Layout**
YYYYMMDD

**Size:**

**Transmission protocol**
Episode (insert) PPP_PCB (PV1\PV1.44\TS.1)
Episode (update) PPP_PCC (PV1\PV1.44\TS.1)
Episode (delete) PPP_PCD (PV1\PV1.44\TS.1)

**Reported by**
Family Choice Program
Home Enteral Nutrition
Hospital Admission Risk Program
Hospital Based Palliative Care Consultancy Team
Medi-Hotel
Palliative Care
Post Acute Care
Residential In-Reach
Specialist Clinics (Outpatients)
Sub-acute Ambulatory Care Services
Total Parenteral Nutrition
Transition Care Program
Victorian HIV Service
Victorian Respiratory Support Service

**Reported for**
Episodes opened in the current reporting period.

**Reported when**
*All Programs, not elsewhere specified*
The current reporting period for this item is the calendar month in which the following events or data elements fall:

- Episode Start Date (Mandatory)

**Value domain**
Valid date.

**Reporting guide**
The Episode Start Date is the date that it is determined when the Referral In Outcome code reported is ‘010’ or ‘020’ or ‘1’ or ‘3’.

For Palliative Care, where the foetus (in utero) has been classed as terminal, the Episode Start Date can occur prior to date of birth.

**Validations**

- **E020** `<SucceedingEvent> (<SucceedingEventValue>) is before <Preceding Event> (<PrecedingEventValue>)`
- **E151** Client Age (<n>) is greater than 120 years.
- **E206** Open episode sent for a referral specified as not accepted (<ref_details>)
- **E207** Referral In Outcome is ‘010 – Referral accepted – New appointment’ or ‘020 – Referral accepted – Review appointment’ or ‘1 – Referral accepted’ or ‘3 – Referral accepted – Review appointment’ but no episodes have been reported
Related items
Contact Date/Time
Episode End Date
Episode First Appointment Booked Date
Episode Patient/Client Notified of First Appointment Date
Episode Start Date
Patient/Client Birth Date
Referral Identifier
Referral In Clinical Referral Date
Referral In Receipt Acknowledgment Date
Referral In Received Date
Referral Out Date

Administration

Purpose
To allow calculation of the period for which a person is a patient/client of a program/stream.

Principal users
Victorian and Australian Governments

Version history

<table>
<thead>
<tr>
<th>Version</th>
<th>Previous Name</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
<tr>
<td>2</td>
<td>Episode Start Date</td>
<td>2009/07/01</td>
</tr>
<tr>
<td>1</td>
<td>Episode Start Date</td>
<td>2007/07/01</td>
</tr>
</tbody>
</table>

Definition source
DHHS

Value domain source
DHHS
**Episode TCP Bed-Based Care Transition Date**

**Definition**  
The date(s) on which a patient/client transitioned to bed-based care.

**Repeats:**  
Min. | Max. | Duplicate
--- | --- | ---
1 | No limit | Not allowed

**Form**  
Repeatable Date

**Layout**  
*Transmission protocol*  
Episode (insert)  
PPP_PCB (PTH\PTH.4)

**Location**  
*Transmission protocol*  
Episode (update)  
PPP_PCC (PTH\PTH.4)

**Location**  
*Transmission protocol*  
Episode (delete)  
PPP_PCD (PTH\PTH.4)

**Reported by**  
Transition Care Program

**Reported for**  
All TCP episodes.

**Reported when**  
All Programs, not elsewhere specified

The current reporting period for this item is the calendar month in which the following events or data elements fall:

- Episode Start Date (Either Episode TCP Bed-Based Care Transition Date or Episode TCP Home-Based Care Transition Date must be reported)
- Episode TCP Bed-Based Care Transition Date (Mandatory)

**Value domain**  
A valid date.

**Reporting guide**  
If a patient/client begins a TCP episode in bed-based care this date must be reported at episode start and the first value must be equal to Episode Start Date.

This date must be reported at each subsequent transition of a patient/client in the TCP program to bed-based care.

**Transmission binding data element**  
When this item is transmitted via HL7, the value "TCPTB" must also be transmitted in Episode Pathway Type.

**Validations**  
General edits only, see Format.

**Related items**  
Episode Care Plan Documented Date

Episode First Appointment Booked Date

Episode Hospital Discharge Date

Episode Patient/Client Notified of First Appointment Date

Episode Start Date

Episode TCP Bed-Based Care Transition Date

Episode TCP Home-Based Care Transition Date

**Administration**

**Purpose**
To enable accurate counts of bed- and home-based care for the TCP program and Commonwealth reporting.

**Principal users**
Department of Health and Human Services, Commonwealth government.

**Version history**

<table>
<thead>
<tr>
<th>Version</th>
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<tbody>
<tr>
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**Definition source**
DHHS

**Value domain source**
ISO8601:2000
Episode TCP Home-Based Care Transition Date

**Definition**
The date(s) on which a patient/client transitioned to home-based care.

**Repeats:**

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<thead>
<tr>
<th></th>
<th>Min.</th>
<th>Max.</th>
<th>Duplicate</th>
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<tbody>
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**Location**

<table>
<thead>
<tr>
<th>Transmission protocol</th>
<th>HL7 Submission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Episode (insert)</td>
<td>PPP_PCB (PTH\PTH.4)</td>
</tr>
<tr>
<td>Episode (update)</td>
<td>PPP_PCC (PTH\PTH.4)</td>
</tr>
<tr>
<td>Episode (delete)</td>
<td>PPP_PCD (PTH\PTH.4)</td>
</tr>
</tbody>
</table>

**Reported by**
Transition Care Program

**Reported for**
All TCP episodes.

**Reported when**
All Programs, not elsewhere specified
The current reporting period for this item is the calendar month in which the following events or data elements fall:
- Episode Start Date (Either Episode TCP Bed-Based Care Transition Date or Episode TCP Home-Based Care Transition Date must be reported)
- Episode TCP Home-Based Care Transition Date (Mandatory)

**Value domain**
A valid date.

**Reporting guide**
If a patient/client begins a TCP episode in home-based care this date must be reported at episode start and the first value must be equal to Episode Start Date.

This date must be reported at each subsequent transition of a patient/client in the TCP program to home-based care.

**Transmission binding data element**
When this item is transmitted via HL7, the value "TCPTH" must also be transmitted in Episode Pathway Type.

**Validations**
General edits only, see Format.

**Related items**
- Episode Care Plan Documented Date
- Episode First Appointment Booked Date
- Episode Hospital Discharge Date
- Episode Patient/Client Notified of First Appointment Date
- Episode Start Date
- Episode TCP Bed-Based Care Transition Date
- Episode TCP Home-Based Care Transition Date

**Administration**

**Purpose**
To enable accurate counts of bed- and home-based care for the TCP program and Commonwealth reporting.

**Principal users**
Department of Health and Human Services, Commonwealth government.

**Version history**

<table>
<thead>
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</thead>
<tbody>
<tr>
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</table>

**Definition source**
DHHS

**Value domain source**
ISO8601:2000
## Patient/Client Birth Country

**Definition**
The country in which the person was born as represented by a code.

<table>
<thead>
<tr>
<th>Repeats:</th>
<th>Min.</th>
<th>Max.</th>
<th>Duplicate</th>
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### Form
- **Code**: 1
- **Size**: Not applicable

### Layout
- **Code**: NNNN
- **Size**: 4

### Location
- **Transmission protocol**: HL7 Submission
  - Patient/Client (insert): ADT_A04 (PID\PID.23)
  - Patient/Client (update): ADT_A08 (PID\PID.23)
  - Patient/Client (merge): ADT_A40 (PID\PID.23)

### Reported by
- Family Choice Program
- Home Enteral Nutrition
- Hospital Admission Risk Program
- Hospital Based Palliative Care Consultancy Team
- Palliative Care
- Post Acute Care
- Residential In-Reach
- Specialist Clinics (Outpatients)
- Sub-acute Ambulatory Care Services
- Total Parenteral Nutrition
- Transition Care Program
- Victorian HIV Service
- Victorian Respiratory Support Service

### Reported for
Optional for patients/clients whose episode opened during the current reporting period; mandatory for patients/clients whose first contact occurred during the current reporting period.

### Reported when
**All Programs, not elsewhere specified**
The current reporting period for this item is the calendar month in which the following events or data elements fall:
- Episode Start Date (Optional)
- First Contact Date/Time (Mandatory)

### Value domain

### Reporting guide
Report the country in which the patient was born, not the country of residence.

### Validations
- E159 Code (\<CodeSupplied\>) for Data Element (\<FieldName\>) is not valid as the Contact Date

### Related items
- Contact Clinic Identifier
- Contact Date/Time
- Episode Malignancy Flag
- Episode Start Date
- Patient/Client Carer Availability
- Patient/Client Death Place
- Patient/Client Living Arrangement
- Patient/Client Main Carer’s Relationship to the Patient
- Patient/Client Usual Accommodation Type
- Patient/Client Usual Residence Locality Name
- Patient/Client Usual Residence Postcode
### Administration

**Purpose**
To facilitate epidemiological studies.

**Principal users**
Multiple internal and external data users.

### Version history

<table>
<thead>
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<th>Version</th>
<th>Previous Name</th>
<th>Effective Date</th>
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<td>7</td>
<td>Patient/Client Birth Country</td>
<td>2012/07/01</td>
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<tr>
<td>6</td>
<td>Patient/Client Birth Country</td>
<td>2009/11/01</td>
</tr>
<tr>
<td>5</td>
<td>Patient/Client Birth Country</td>
<td>2010/07/01</td>
</tr>
<tr>
<td>4</td>
<td>Patient/Client Birth Country</td>
<td>2009/07/01</td>
</tr>
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<td>3</td>
<td>Patient/Client Birth Country</td>
<td>2008/07/01</td>
</tr>
<tr>
<td>2</td>
<td>Country of Birth</td>
<td>2007/07/01</td>
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</table>

**Definition source**
NHDD

**Value domain source**
Patient/Client Birth Date

Definition
The date of birth of the patient/client.

<table>
<thead>
<tr>
<th>Repeats:</th>
<th>Min.</th>
<th>Max.</th>
<th>Duplicate</th>
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</thead>
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<td></td>
<td></td>
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Form
Date

Layout
YYYYMMDD

Size:
Min. Max.
8 8

Location
Transmission protocol  HL7 Submission
Patient/Client (insert)  ADT_A04 (PID\PID.7\TS.1)
Patient/Client (update)  ADT_A08 (PID\PID.7\TS.1)
Patient/Client (merge)  ADT_A40 (PID\PID.7\TS.1)

Reported by
Family Choice Program
Home Enteral Nutrition
Hospital Admission Risk Program
Hospital Based Palliative Care Consultancy Team
Medi-Hotel
Palliative Care
Post Acute Care
Residential In-Reach
Specialist Clinics (Outpatients)
Sub-acute Ambulatory Care Services
Total Parenteral Nutrition
Transition Care Program
Victorian HIV Service
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)

Value domain:
Valid date.

Reporting guide
The date of birth must be on or before Episode Start Date.
The century component of the year must begin with ‘19’ or ‘20’.

Where the patient’s/client’s date of birth is unknown it should be estimated as accurately as possible and the reliability of the estimate reported in the Date of Birth Accuracy Code data element. Components of the date marked in the Date of Birth Accuracy Code as ‘U-Unknown’, as opposed to ‘A-Accurate’ or ‘E-Estimated’, will be ignored by VINAH.

Patient/Client Birth Date may be reported with lower precision, but these components of the date must be assigned a Patient/Client Birth Date Accuracy of ‘U-Unknown’.
Validations

E020  <SucceedingEvent> (<SucceedingEventValue>) is before <Preceding Event> (<PrecedingEventValue>)

E151  Client Age (<n>) is greater than 120 years.

E454  When a Referral In Outcome has the value ‘010 – Referral accepted – New appointment’ or ‘020 – Referral accepted – Review appointment’ or ‘1 – Referral accepted’ or ‘3 – Referral accepted – Review appointment’, Patient/Client Birth Date must be reported.

Related items

- Contact Date/Time
- Episode End Date
- Episode First Appointment Booked Date
- Episode Patient/Client Notified of First Appointment Date
- Episode Start Date
- Referral In Clinical Referral Date
- Referral In Receipt Acknowledgment Date
- Referral In Received Date
- Referral Out Date

Administration

Purpose: To represent the accuracy of the components of a date – year, month, day.

Principal users: Multiple internal and external data users.

Version history:

<table>
<thead>
<tr>
<th>Version</th>
<th>Previous Name</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Patient/Client Birth Date</td>
<td>2010/07/01</td>
</tr>
<tr>
<td>5</td>
<td>Patient/Client Birth Date</td>
<td>2009/07/01</td>
</tr>
<tr>
<td>4</td>
<td>Patient/Client Birth Date</td>
<td>2008/07/01</td>
</tr>
<tr>
<td>3</td>
<td>Date of Birth</td>
<td>2007/07/01</td>
</tr>
<tr>
<td>2</td>
<td>Date of Birth</td>
<td>2006/07/01</td>
</tr>
<tr>
<td>1</td>
<td>Date of Birth</td>
<td>2005/07/01</td>
</tr>
</tbody>
</table>

Definition source: NHDD

Value domain source: DHHS
**Patient/Client Birth Date Accuracy**

**Definition**
A code representing the accuracy of the components of the date – day, month, year.

<table>
<thead>
<tr>
<th>Repeats:</th>
<th>Min.</th>
<th>Max.</th>
<th>Duplicate</th>
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</thead>
</table>

**Form**
Structured Code

**Layout**
AAA

<table>
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<tr>
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<th>Min.</th>
<th>Max.</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>3</td>
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**Location**
Transmission protocol
HL7 Submission

- Patient/Client (insert) ADT_A04 (PID\PID.32\TS.1)
- Patient/Client (update) ADT_A08 (PID\PID.32\TS.1)
- Patient/Client (merge) ADT_A40 (PID\PID.32\TS.1)

**Reported by**
- Family Choice Program
- Home Enteral Nutrition
- Hospital Admission Risk Program
- Medi-Hotel
- Palliative Care
- Post Acute Care
- Residential In-Reach
- Specialist Clinics (Outpatients)
- Sub-acute Ambulatory Care Services
- Total Parenteral Nutrition
- Transition Care Program
- Victorian HIV Service
- 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:

- Episode Start Date (Mandatory)

**Value domain**
This data element’s value domain consists of a combination of three codes, each of which denotes the accuracy of one date component:

<table>
<thead>
<tr>
<th>Code</th>
<th>Descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>The referred date component is accurate</td>
</tr>
<tr>
<td>E</td>
<td>The referred date component is not known but is estimated</td>
</tr>
<tr>
<td>U</td>
<td>The referred date component is not known and not estimated</td>
</tr>
</tbody>
</table>

This data element contains three positional components (DMY) that reflect the order of the date components in the format (DDMMYYYY) of the reported Patient/Client Birth Date.

<table>
<thead>
<tr>
<th>Component</th>
<th>Descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st – D</td>
<td>Refers to the accuracy of the day component</td>
</tr>
<tr>
<td>2nd – M</td>
<td>Refers to the accuracy of the month component</td>
</tr>
<tr>
<td>3rd – Y</td>
<td>Refers to the accuracy of the year component</td>
</tr>
</tbody>
</table>

**Table identifier**
HL70445

**Reporting guide**
Any combination of the values A, E, U representing the corresponding level of accuracy of each date component of the reported date.
Where possible, report the accuracy of each date component. However, where software systems allow the collection of a binary value for Date of Birth Accuracy (that is the system has an ‘Estimated Date of Birth’ check box or similar) values such as ‘AAA’ and ‘EEE’ will be acceptable.

It is understood that the Date of Birth Accuracy Code will be reported as ‘AAA’ unless the date has been flagged as an estimated date. It is not necessary to validate the Date of Birth provided by every patient unless there is a reasonable suspicion that the date provided is not correct. Where there is a question over the date provided, or where the patient is unable or unwilling to provide their date of birth, the date should be estimated and flagged as such.

If the date of birth is provided by a reliable source (for example the patient or close relative) and is known as accurate then the date accuracy indicator should be reported as ‘AAA’.

If the patient’s approximate age is known, then the Date of Birth should be estimated using the approximate age to calculate an estimated year of birth. Sentinel dates should not be used. The Date of Birth Accuracy code would be reported as ‘UUE’; that is the day and month are ‘unknown’ and the year is ‘estimated’

A Year component value of $U–Unknown$ is not acceptable.

Where the date part is accurate or estimated, the date part cannot be ‘00’. Where the date part is unknown, the date part may be ‘00’ or ‘NN’.

Where this element is not reported for SACS sites prior to 01 January 2007, it will be assumed to be ‘AAA’.

Examples:
Valid combinations include:
DOB Accuracy = ‘AAA’, DOB = ‘03/11/1956’
DOB Accuracy = ‘EEE’, DOB = ‘03/11/1956’
DOB Accuracy = ‘UUE’, DOB = ‘00/00/1945’
DOB Accuracy = ‘UUE’, DOB = ‘01/01/1945’

Invalid combinations include:
DOB Accuracy = ‘AAA’, DOB = ‘00/00/1956’
DOB Accuracy = ‘AAA’, DOB = ‘00/06/1956’
DOB Accuracy = ‘EEE’, DOB = ‘00/00/1956’
DOB Accuracy = ‘UUE’, DOB = ‘00/00/0000’
DOB Accuracy = ‘UUE’, DOB = ‘00/00/1956’

Validations
General edits only, see Format.

Related items
Episode Start Date
Patient/Client Birth Date
Patient/Client Death Date Accuracy

Administration
Purpose
Required to derive age for demographic analyses and for analysis by age at a point of time.

Principal users
Multiple internal and external research users.
<table>
<thead>
<tr>
<th>Version history</th>
<th>Version</th>
<th>Previous Name</th>
<th>Effective Date</th>
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</thead>
<tbody>
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<td>5</td>
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<td>Patient/Client Birth Date Accuracy</td>
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</table>

**Definition source**: NHDD (DHHS modified)

**Value domain source**: NHDD 294429
**Patient/Client Carer Availability**

**Definition**
A record of whether a person, such as a family member, friend or neighbour has been identified as providing regular on-going care or assistance, not linked to a formal service.

<table>
<thead>
<tr>
<th>Repeats:</th>
<th>Min.</th>
<th>Max.</th>
<th>Duplicate</th>
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</thead>
<tbody>
<tr>
<td>Code</td>
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**Location**

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<tr>
<th>Transmission protocol</th>
<th>HL7 Submission</th>
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<tbody>
<tr>
<td>Patient/Client (insert)</td>
<td>ADT_A04 (NK1\NK1.7\CE.1)</td>
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<tr>
<td>Patient/Client (update)</td>
<td>ADT_A08 (NK1\NK1.7\CE.1)</td>
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<tr>
<td>Patient/Client (merge)</td>
<td>ADT_A40 (NK1\NK1.7\CE.1)</td>
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**Reported by**

- Family Choice Program
- Home Enteral Nutrition
- Hospital Admission Risk Program
- Palliative Care
- Post Acute Care
- Residential In-Reach
- Sub-acute Ambulatory Care Services
- Total Parenteral Nutrition
- Transition Care Program
- Victorian HIV Service
- Victorian Respiratory Support Service

**Reported for**
Optional for patients/clients whose episode opened during the current reporting period; mandatory for patients/clients whose first contact occurred during the current reporting period.

**Reported when**
All Programs, not elsewhere specified

The current reporting period for this item is the calendar month in which the following events or data elements fall:

- Episode Start Date (Optional)
- Contact Date/Time (Mandatory)

**Value domain**
Enumerated

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**Code**

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<tr>
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</tr>
<tr>
<td>2</td>
<td>Has no carer</td>
</tr>
<tr>
<td>9</td>
<td>Not stated/inadequately described</td>
</tr>
</tbody>
</table>

**Reporting guide**
Availability infers carer willingness and ability to undertake the caring role and can apply when there are several carers. Where a potential carer is not prepared to undertake the role, or when their capacity to carry out necessary tasks is minimal, then the patient must be reported as not having an informal carer.

Where there are several carers, a decision should be taken as to which of these is the main or primary carer and report accordingly.

Excludes: Formal services such as meals on wheels, personal support or household support provided by local council.
1 - Has a carer
Excludes:
- Patients/Clients whose potential carers are children under eight years of age.
- Patients/Client who is living in supported accommodation or other care facility that will provide the formal care required.
Includes:
- Patients/Clients who are in the care of a foster family/person/s or similar temporary family role.

2 - Has no carer
Patient/Client does not have an informal carer willing and/or able to assist with care on an arranged and regular basis.

9 - Not stated/inadequately described
Insufficient information to determine Patient/Client Carer Availability.

Validations
- E152 Carer Availability is 'Has a carer' (<ca>) but Carer Residency Status (<crs>) is not compatible
- E159 Code (<CodeSupplied>) for Data Element (<FieldName>) is not valid as the Contact Date
- E254 Patient/client must have a Main Carer's Relationship to the Patient when Carer Availability is '1 - Has a carer'

Related items
- Contact Clinic Identifier
- Contact Date/Time
- Episode Start Date
- Patient/Client Birth Country
- Patient/Client Carer Residency Status
- Patient/Client Death Place
- Patient/Client Living Arrangement
- Patient/Client Main Carer’s Relationship to the Patient
- Patient/Client Usual Accommodation Type
- Patient/Client Usual Residence Locality Name
- Patient/Client Usual Residence Postcode

Administration
Purpose
To enable monitoring of the impact of Patient/Client Carer Availability on exit timing and use of ambulatory services, to support policy development and planning.

Principal users
Department of Health and Human Services

Version history
<table>
<thead>
<tr>
<th>Version</th>
<th>Previous Name</th>
<th>Effective Date</th>
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<tbody>
<tr>
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<td>Patient/Client Carer Availability</td>
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<td>4</td>
<td>Patient/Client Carer Availability</td>
<td>2009/07/01</td>
</tr>
<tr>
<td>3</td>
<td>Patient/Client Carer Availability</td>
<td>2008/07/01</td>
</tr>
<tr>
<td>2</td>
<td>Carer Availability</td>
<td>2007/07/01</td>
</tr>
<tr>
<td>1</td>
<td>Carer Availability</td>
<td>2005/07/01</td>
</tr>
</tbody>
</table>

Definition source
NHDD

Value domain source
NHDD (DHHS modified)
**Patient/Client Carer Residency Status**

**Definition**
Whether or not a carer lives with the patient/client for whom they care.

<table>
<thead>
<tr>
<th>Repeats:</th>
<th>Min.</th>
<th>Max.</th>
<th>Duplicate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code</td>
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<td>1</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

**Form**

<table>
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<th>Max.</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

**Location**

- **Transmission protocol**: HL7 Submission
  - Patient/Client (insert): ADT_A04 (NK1\NK1.21)
  - Patient/Client (update): ADT_A08 (NK1\NK1.21)
  - Patient/Client (merge): ADT_A40 (NK1\NK1.21)

**Reported by**

- Family Choice Program
- Home Enteral Nutrition
- Hospital Admission Risk Program
- Palliative Care
- Post Acute Care
- Residential In-Reach
- Sub-acute Ambulatory Care Services
- Total Parenteral Nutrition
- Transition Care Program
- Victorian HIV Service
- Victorian Respiratory Support Service

**Reported for**
All patients/clients where the Carer Availability is reported as 1 - Has a carer.

**Reported when**
**All Programs, not elsewhere specified**

The current reporting period for this item is the calendar month in which the following events or data elements fall:

- Episode Start Date (Report when Patient/Client Carer Availability = '1')
- First Contact Date/Time (Report when Patient/Client Carer Availability = '1')

**Value domain**
Enumerated

<table>
<thead>
<tr>
<th>Table identifier</th>
<th>Code</th>
<th>Descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>990014</td>
<td>1</td>
<td>Co-resident carer</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Non-resident carer</td>
</tr>
<tr>
<td></td>
<td>9</td>
<td>Not stated/inadequately described</td>
</tr>
</tbody>
</table>

**Reporting guide**
Used to record residency status of the person who provides most care to the patient/client.

If a patient/client has both a co-resident (for example a spouse) and a visiting carer (for example a daughter or son), the response should be related to the carer who provides the most significant care and assistance related to the patient's/client's capacity to remain living at home. The expressed views of the patient/client and/or their carer(s) or significant other should be used as the basis for determining this.

1 - Co-resident carer
A co-resident carer is a person who provides care and assistance on a regular and sustained basis to a person who lives in the same household.

2 - Non-resident carer
A non-resident or visiting carer is a person who provides care and assistance on a regular and sustained basis to someone who lives in a different household.
9 - Not stated/inadequately described
Insufficient information to determine carer residency status.

Validations
E152 Carer Availability is ‘Has a carer’ (<ca>) but Carer Residency Status (<crs>) is not compatible

Related items
Contact Clinic Identifier
Episode Start Date
Patient/Client Carer Availability

Administration

Purpose
To enable monitoring of the impact of carer availability and residency status on exit timing and use of ambulatory services, to support policy development and planning.

Principal users
Department of Health and Human Services

Version history

<table>
<thead>
<tr>
<th>Version</th>
<th>Previous Name</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Patient/Client Carer Residency Status</td>
<td>2010/07/01</td>
</tr>
<tr>
<td>4</td>
<td>Patient/Client Carer Residency Status</td>
<td>2009/07/01</td>
</tr>
<tr>
<td>3</td>
<td>Patient/Client Carer Residency Status</td>
<td>2008/07/01</td>
</tr>
<tr>
<td>2</td>
<td>Carer Residency Status</td>
<td>2007/07/01</td>
</tr>
<tr>
<td>1</td>
<td>Carer Residency Status</td>
<td>2005/07/01</td>
</tr>
</tbody>
</table>

Definition source
NCSDD

Value domain source
NCSDD 000553 (Consistent with CCDSv2)
**Patient/Client Death Date**

**Definition**
The date of death of the patient/client.

<table>
<thead>
<tr>
<th>Repeats</th>
<th>Min.</th>
<th>Max.</th>
<th>Duplicate</th>
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</thead>
<tbody>
<tr>
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</table>

**Form**
Date

**Layout**
YYYYMMDD

**Location**

<table>
<thead>
<tr>
<th>Transmission protocol</th>
<th>HL7 Submission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient/Client (insert)</td>
<td>ADT_A04 (PID\PID.29\TS.1)</td>
</tr>
<tr>
<td>Patient/Client (update)</td>
<td>ADT_A08 (PID\PID.29\TS.1)</td>
</tr>
<tr>
<td>Patient/Client (merge)</td>
<td>ADT_A40 (PID\PID.29\TS.1)</td>
</tr>
</tbody>
</table>

**Reported by**
All Programs, not elsewhere specified

**Reported for**
Patients/clients who died 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:

- Episode End Date (Must be reported if Episode Proposed Treatment Plan Completion = '27' or Program is Palliative Care or HBPCCT)
- Patient/Client Death Date (Mandatory)

**Value domain**
Valid date.

**Reporting guide**
The century component of the year must begin with '20'.

Where the patient’s/client’s date of death is unknown it should be estimated as accurately as possible and the reliability of the estimate reported in the Date of Death Accuracy data element. Components of the date marked in the Date of Death Accuracy Code as 'U-UUnknown', as opposed to 'A-Accurate' or 'E-Estimated', will be ignored by VINAH.

The patient’s/client’s death date is required where the Episode Completion of Proposed Plan of Treatment is code 27 – Patient/Client died and for Palliative Care and HBPCCT, when the patient dies within the Episode. This data element is Mandatory only when the patient's death occurs within the episode.

**Validations**

- E020 Date of Death must not be before the Date of Birth
- E154 Where a Date of Death is reported, a Date of Death Accuracy Code and Place of Death must be provided
- E361 Contact Date (<ccsedate>) is after Date of Death (<dod>), but Client Present Status (<val>) is not '20 - Carer(s)/Relative(s) of the patient/client only' or '31 - Patient/Client/Carer(s)/Relative(s) not present: Indirect Contact'

**Related items**
Contact Client Present Status
Contact Date/Time
Episode End Date
Patient/Client Death Date
Patient/Client Death Date Accuracy
Patient/Client Death Place
Administration

Purpose  Required for commonwealth reporting.

Principal users  Multiple internal and external research users.

Version history

<table>
<thead>
<tr>
<th>Version</th>
<th>Previous Name</th>
<th>Effective Date</th>
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<tbody>
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</tr>
<tr>
<td>3</td>
<td>Patient/Client Death Date</td>
<td>2010/07/01</td>
</tr>
<tr>
<td>2</td>
<td>Patient/Client Death Date</td>
<td>2008/07/01</td>
</tr>
<tr>
<td>1</td>
<td>Date of Death</td>
<td>2007/07/01</td>
</tr>
</tbody>
</table>

Definition source  METeOR 287305

Value domain source  METeOR 287305 (Consistent with CCDSv2)
Patient/Client Death Date Accuracy

Definition: A code representing the accuracy of the components of a date - year, month, day.

<table>
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<th>Max.</th>
<th>Duplicate</th>
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<tr>
<td>Location</td>
<td>Transmission protocol</td>
<td>HL7 Submission</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Patient/Client (insert)</td>
<td>ADT_A04 (PID\PID.32\TS.1)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Patient/Client (update)</td>
<td>ADT_A08 (PID\PID.32\TS.1)</td>
<td></td>
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<td></td>
<td>Patient/Client (merge)</td>
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<td>All Programs, not elsewhere specified</td>
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<td></td>
</tr>
<tr>
<td>Reported for</td>
<td>Patients/clients who died during the current reporting period.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reported when</td>
<td>All Programs, not elsewhere specified</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>The current reporting period for this item is the calendar month in which the following events or data elements fall:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Episode End Date (Must be reported if Episode Proposed Treatment Plan Completion = '27' or Program is Palliative Care or HBPCCT)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Patient/Client Death Date (Mandatory)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Value domain: Table identifier HL70445

<table>
<thead>
<tr>
<th>Code</th>
<th>Descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAA</td>
<td>Accurate Year, Accurate Month, Accurate Day</td>
</tr>
<tr>
<td>AAE</td>
<td>Accurate Year, Accurate Month, Estimated Day</td>
</tr>
<tr>
<td>AAU</td>
<td>Accurate Year, Accurate Month, Unknown Day</td>
</tr>
<tr>
<td>AEA</td>
<td>Accurate Year, Estimated Month, Accurate Day</td>
</tr>
<tr>
<td>AEE</td>
<td>Accurate Year, Estimated Month, Estimated Day</td>
</tr>
<tr>
<td>AEU</td>
<td>Accurate Year, Estimated Month, Unknown Day</td>
</tr>
<tr>
<td>AUA</td>
<td>Accurate Year, Unknown Month, Accurate Day</td>
</tr>
<tr>
<td>AUE</td>
<td>Accurate Year, Unknown Month, Estimated Day</td>
</tr>
<tr>
<td>AUU</td>
<td>Accurate Year, Unknown Month, Unknown Day</td>
</tr>
<tr>
<td>EAA</td>
<td>Estimated Year, Accurate Month, Accurate Day</td>
</tr>
<tr>
<td>EAE</td>
<td>Estimated Year, Accurate Month, Estimated Day</td>
</tr>
<tr>
<td>EAU</td>
<td>Estimated Year, Accurate Month, Unknown Day</td>
</tr>
<tr>
<td>EAU</td>
<td>Estimated Year, Estimated Month, Accurate Day</td>
</tr>
<tr>
<td>EEE</td>
<td>Estimated Year, Estimated Month, Estimated Day</td>
</tr>
<tr>
<td>EEU</td>
<td>Estimated Year, Estimated Month, Unknown Day</td>
</tr>
<tr>
<td>EUA</td>
<td>Estimated Year, Unknown Month, Accurate Day</td>
</tr>
<tr>
<td>EUE</td>
<td>Estimated Year, Unknown Month, Estimated Day</td>
</tr>
<tr>
<td>EUU</td>
<td>Estimated Year, Unknown Month, Unknown Day</td>
</tr>
</tbody>
</table>

Reporting guide: This data element's value domain consists of a combination of three codes, each of which denotes the accuracy of one date component:

A - The referred date component is accurate.
E - The referred date component is not known but is estimated.
U - The referred date component is not known and not estimated.

This data element contains three positional components (YMD) that reflect the order of the date components in the format (YYYYMMDD) of the reported Date of Birth.

1st - Y - Refers to the accuracy of the year component.
2nd - M - Refers to the accuracy of the month component.
3rd - D - Refers to the accuracy of the day component.

Report: Any combination of the values A, E, U representing the corresponding level of accuracy of each date component of the reported date.

Example 1: A date has been sourced from a reliable source and is known as accurate then the date accuracy indicator should be informed as 'AAA'.

Example 2: If only the age of the person is known and there is no certainty of the accuracy of this, then the date accuracy indicator should be informed as 'EUU'. That is the day and month are unknown and the year is estimated.

VINAH does not accept a Year component value of 'U-Unknown'.

Report this data element when reporting Patient/Client Death Date.

Validations
E154 Where a Date of Death is reported, a Date of Death Accuracy Code and Place of Death must be provided

Related items
Episode End Date
Patient/Client Birth Date Accuracy
Patient/Client Death Date
Patient/Client Death Place

Administration

Purpose
For national reporting requirements.

Principal users
Multiple internal and external research users.

Version history

<table>
<thead>
<tr>
<th>Version</th>
<th>Previous Name</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
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<td>2014/07/01</td>
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<tr>
<td>3</td>
<td>Patient/Client Death Date Accuracy</td>
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<tr>
<td>2</td>
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<td>2008/07/01</td>
</tr>
<tr>
<td>1</td>
<td>Date of Death Accuracy Code</td>
<td>2007/07/01</td>
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</tbody>
</table>

Definition source
METeOR 294429

Value domain source
METeOR 294429 (Consistent with CCDSv2)
### Patient/Client Death Place

**Definition**  The type of setting in which the patient/client died.

<table>
<thead>
<tr>
<th>Repeats:</th>
<th>Min.</th>
<th>Max.</th>
<th>Duplicate</th>
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</thead>
</table>

**Form**  
- Code

**Layout**  
- Code
  - Size:
    - Min.: 1
    - Max.: 1

**Location**  
- Transmission protocol
  - Patient/Client (insert): ADT_A04 (PDA\PDA.2\PL.6)
  - Patient/Client (update): ADT_A08 (PDA\PDA.2\PL.6)

**Reported by**  
- Palliative Care

**Reported for**  
- Patients/clients who died in the current reporting period.

**Reported when**  
- All Programs, not elsewhere specified
  - The current reporting period for this item is the calendar month in which the following events or data elements fall:
    - Date of Death (Mandatory)
    - Patient/Client Death Date (Mandatory)

**Value domain**  
- Enumerated

<table>
<thead>
<tr>
<th>Code</th>
<th>Descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Private residence</td>
</tr>
<tr>
<td>21</td>
<td>Residential – aged care setting</td>
</tr>
<tr>
<td>22</td>
<td>Residential – other setting</td>
</tr>
<tr>
<td>30</td>
<td>Non-residential setting</td>
</tr>
<tr>
<td>41</td>
<td>Inpatient setting – designated palliative care unit</td>
</tr>
<tr>
<td>42</td>
<td>Inpatient setting – other than designated palliative care unit</td>
</tr>
<tr>
<td>99</td>
<td>Other location</td>
</tr>
</tbody>
</table>

**Reporting guide**  
- This item should be coded to reflect the delivery location from the patient's/client's perspective, not the location of the health service professional(s).

- **10 - Private residence**
  - Includes:
    - Caravans
    - Houseboats
    - Mobile homes
    - Units in a retirement village.

- **21 - Residential – aged care setting**
  - Includes high and low care residential aged care facilities
  - Excludes patients living in a retirement village

- **22 - Residential – other setting**
  - Includes Residential facilities other than aged care facilities for example:
    - Prison
    - Community living environment including a group home
  - Excludes patients in an inpatient setting for example hospital and hospices
30 - Non-residential setting
Includes:
• Day respite centres
• Day centres
• Palliative care day centres
• Community health centres
• Outpatient departments (hospitals/hospices)

41 - Inpatient setting – designated palliative care unit
A dedicated ward or unit that receives identified funding for palliative care and/or primarily delivers palliative care. The unit may be a standalone unit.

42 - Inpatient setting – other than designated palliative care unit
Includes all beds not designated for palliative care, usually located in acute hospital wards.
Excludes patients in designated palliative care units.

99 - Other location
Includes but is not limited to, an accident and emergency department (casually department) prior to the patient being admitted.

Validations
E154 Where a Date of Death is reported, a Date of Death Accuracy Code and Place of Death must be provided
E159 Code (<CodeSupplied>) for Data Element (<FieldName>) is not valid as the Contact Date

Related items
Contact Clinic Identifier
Date of Death
Patient/Client Birth Country
Patient/Client Carer Availability
Patient/Client Death Date
Patient/Client Death Date Accuracy
Patient/Client Living Arrangement
Patient/Client Main Carer’s Relationship to the Patient
Patient/Client Usual Accommodation Type
Patient/Client Usual Residence Locality Name
Patient/Client Usual Residence Postcode

Administration
Purpose
To assist with service planning and monitoring, and to meet national reporting requirements.

Principal users
Department of Health and Human Services

Version history

<table>
<thead>
<tr>
<th>Version</th>
<th>Previous Name</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Patient/Client Death Place</td>
<td>2010/07/01</td>
</tr>
<tr>
<td>2</td>
<td>Patient/Client Place of Death</td>
<td>2008/07/01</td>
</tr>
<tr>
<td>1</td>
<td>Place of Death</td>
<td>2007/07/01</td>
</tr>
</tbody>
</table>

Definition source
Proposed Palliative Care NMDS

Value domain source
Proposed Palliative Care NMDS
**Patient/Client DVA File Number**

**Definition**
The Department of Veterans' Affairs file number applicable to the patient/client.

<table>
<thead>
<tr>
<th>Repeats:</th>
<th>Min.</th>
<th>Max.</th>
<th>Duplicate</th>
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</thead>
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<tr>
<td>Form</td>
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| Layout |  |
|--------|------|------|-----------|
| | 3    | 11   |

**Location**

<table>
<thead>
<tr>
<th>Transmission protocol</th>
<th>HL7 Submission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact (insert)</td>
<td>ADT_A03 (PID\PID.3\CX.1)</td>
</tr>
<tr>
<td>Contact (update)</td>
<td>ADT_A08 (PID\PID.3\CX.1)</td>
</tr>
<tr>
<td>Contact (delete)</td>
<td>ADT_A40 (PID\PID.3\CX.1)</td>
</tr>
</tbody>
</table>

**Reported by**

- Family Choice Program
- Home Enteral Nutrition
- Hospital Admission Risk Program
- Palliative Care
- Post Acute Care
- Residential In-Reach
- Specialist Clinics (Outpatients)
- Sub-acute Ambulatory Care Services
- Total Parenteral Nutrition
- Transition Care Program
- Victorian HIV Service
- Victorian Respiratory Support Service

**Reported for**
Contacts in the current reporting period where, and only where, Contact Account Class is 'VX - Department of Veterans' Affairs (DVA)'.

**Reported when**

All Programs, not elsewhere specified

The current reporting period for this item is the calendar month in which the following events or data elements fall:

- First Contact Date/Time (Report when and only when Contact Account Class = 'VX')
- Second and Subsequent Contact Date/Time (Report when and only when Contact Account Class = 'VX')

**Value domain**
A valid DVA file number (see reporting guide).

**Reporting guide**

This number must be recorded at each contact where a service is provided to a person who holds the entitlement for reimbursement purposes.

The DVA file number is obtained from the patient/client. It is recorded on the DVA card, held by those eligible for DVA benefits.

The file number used is the one stated on the DVA gold card or white card, reported as it appears on the card. The number used is the one immediately below the patient's/client's name. The file number will be 8 or 9 characters that may be letters or numbers.

**Layout**

Part 1: State identifier

Layout: A

Valid codes: Q, N, V, T, S or W.

ACT is included in N (NSW) and NT with S (SA).

May be 1 character in length.
Part 2: War Group Code
Layout: [XXX]
May be 0 to 3 alphanumeric characters in length. A list of valid War Group Codes may be downloaded from the HDSS web site at: 

Part 3: Serial Number
Layout: NN[NNNN]
May be 2 to 6 numeric characters in length.

Part 4: Spouse or Dependent Identifier
Layout: [X]
May be 0 to 1 characters in length.

Valid format
• Only alpha, numeric and spaces are permitted.
• Alpha characters must be uppercase.
• A maximum of six numeric characters is permitted.
• Trailing spaces (to the right) are permitted.

Examples
'N123456', 'VX123456', 'WXX123A' or 'QXXX1B'.

Validations
E356 Contact is Compensable (<AccountClass>) but there is no client identifier provided relevant to this compensable agency

Related items
Contact Account Class
Contact Medicare Number
Contact Date/Time
Contact TAC Claim Number
Contact VWA File Number
Patient/Client Identifier

Administration

Purpose
To facilitate reimbursement by DVA for patients/clients with entitlements. These data are processed differently from other VINAH data to ensure that personal information remains confidential.

Principal users
Department of Veterans' Affairs.

Version history

<table>
<thead>
<tr>
<th>Version</th>
<th>Previous Name</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
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<td>2010/07/01</td>
</tr>
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<td>4</td>
<td>Patient/Client DVA File Number</td>
<td>2009/07/01</td>
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<tr>
<td>3</td>
<td>Patient/Client DVA File Number</td>
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<tr>
<td>1</td>
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<td>2005/07/01</td>
</tr>
</tbody>
</table>

Definition source
NHDD

Value domain source
DVA (Consistent with CCDSv2)
**Patient/Client Identifier**

**Definition**
An identifier unique to a person.

**Repeats:**

<table>
<thead>
<tr>
<th></th>
<th>Min.</th>
<th>Max.</th>
<th>Duplicate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identifier</td>
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**Form**

Identifier

**Layout**

XXXXXXXXXXXX

**Size:**

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<th>Max.</th>
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<tbody>
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**Location**

**Transmission protocol**

Contact (insert) ADT_A03 (PID\PID.3\CX.1)

Patient/Client (insert) ADT_A04 (PID\PID.3\CX.1)

Contact (update) ADT_A08 (PID\PID.3\CX.1)

Patient/Client (update) ADT_A08 (PID\PID.3\CX.1)

Contact (delete) ADT_A13 (PID\PID.3\CX.1)

Patient/Client (merge) ADT_A40 (PID\PID.3\CX.1)

Episode (insert) PPP_PCB (PID\PID.3\CX.1)

Episode (update) PPP_PCC (PID\PID.3\CX.1)

Episode (delete) PPP_PCD (PID\PID.3\CX.1)

Referral Out (insert) REF_I12 (PID\PID.3\CX.1)

Referral Out (update) REF_I13 (PID\PID.3\CX.1)

Referral Out (delete) REF_I14 (PID\PID.3\CX.1)

Referral In (insert) RRI_I12 (PID\PID.3\CX.1)

Referral In (update) RRI_I13 (PID\PID.3\CX.1)

Referral In (delete) RRI_I14 (PID\PID.3\CX.1)

**HL7 Submission**

Contact ADT_A03 (PID\PID.3\CX.1)

Patient/Client ADT_A04 (PID\PID.3\CX.1)

Contact ADT_A08 (PID\PID.3\CX.1)

Patient/Client ADT_A08 (PID\PID.3\CX.1)

Contact ADT_A13 (PID\PID.3\CX.1)

Patient/Client ADT_A40 (PID\PID.3\CX.1)

Episode PPP_PCB (PID\PID.3\CX.1)

Episode PPP_PCC (PID\PID.3\CX.1)

Episode PPP_PCD (PID\PID.3\CX.1)

Referral Out REF_I12 (PID\PID.3\CX.1)

Referral In RRI_I12 (PID\PID.3\CX.1)

**Reported by**

Family Choice Program

Home Enteral Nutrition

Hospital Admission Risk Program

Hospital Based Palliative Care Consultancy Team

Medi-Hotel

Palliative Care

Post Acute Care

Residential In-Reach

Specialist Clinics (Outpatients)

Sub-acute Ambulatory Care Services

Total Parenteral Nutrition

Transition Care Program

Victorian HIV Service

Victorian Respiratory Support Service

**Reported for**

All messages.

**Reported when**

**All Programs, not elsewhere specified**

The current reporting period for this item is the calendar month in which the following events or data elements fall:

Referral In Received Date (Mandatory)

Referral In Received Date (Mandatory)

Referral In Receipt Acknowledgment Date (Mandatory)

Episode Start Date (Mandatory)

Episode Care Plan Documented Date (Mandatory)

First Contact Date/Time (Mandatory)

Second and Subsequent Contact Date/Time (Mandatory)

Episode End Date (Mandatory)
Patient/Client Death Date (Mandatory)

**Value domain**

Organisation generated. Individual sites may use their own alphabetic, numeric or alphanumeric coding system.

**Reporting guide**

Organisations may use patient/client's unit record number where the number is unique across campuses for the organisation. Where this is not possible an identifier unique across HARP, Specialist Clinics (Outpatients), PAC, Palliative Care, SACS services in scope should be provided. For example, if linkage number or universal identifier is used this may be provided.

It is understood that during the transition period while the VINAH is first implemented, some organisations may not be able to provide a Patient/Client Identifier that fully adheres to this definition by providing a unique identification for a HARP, Specialist Clinics (Outpatients), PAC, Palliative Care, SACS patient/client across the entire organisation. Organisations in this position are requested to use a Patient/Client Identifier with as broad a scope as possible.

This item will be used in conjunction with the Local Identifier Assigning Authority and the Identifier Type item to determine the scope of the unique identification of the patient/client.

It is permissible to utilise upper case or lower case ASCII alpha characters, digits 0 to 9, dashes, spaces or apostrophes. That is, ASCII hexadecimal values 20, 27, 2D, 41 through 5A inclusive, 61 through 7A inclusive. Identifiers are case-sensitive.

It is recommended that if this data is converted from a numeric value with less than 15 places it be right justified and zero filled.

**Use in Referral In Messages**

Patient/Client Identifier and the associated values of Identifier Type and Local Identifier Assigning Authority may be left null in Referral In messages. However, if transmitted, they must identify a registered patient or client.

**Validations**

E050  Field <element_name> (<Location>) has no value but is part of the primary key for the <structure> record

E051  Cannot insert record, same Primary Key for data structure "<structure>" already exists (<conflict_location>). Key fields: <pk_expanded_val>

E052  A <pk_structure> message (<hl7_message>) has been sent containing a reference to a "<fk_structure>" record that has not been previously received and accepted. Key fields: <fk_expanded>

E061  A <pk_structure> message (<hl7_message_type>) was sent to either update or delete a record that has not been previously received and accepted. Key fields: <key_expanded>

**Related items**

Contact Medicare Number
Contact Date/Time
Contact Identifier
Contact TAC Claim Number
Contact VWA File Number
Episode Care Plan Documented Date
Episode End Date
Episode Identifier
Episode Start Date
Identifier Type
Local Identifier Assigning Authority
Patient/Client Death Date
Patient/Client DVA File Number
Referral Identifier
Referral In Receipt Acknowledgment Date
Referral In Received Date

**Administration**

**Purpose**
To enable analysis of data for utilisation patterns.

**Principal users**
Department of Health and Human Services

**Version history**

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**Definition source**
DHHS

**Value domain source**
VINAH contributing organisation (Consistent with CCDSv2)
Patient/Client Living Arrangement

**Definition**
Whether a patient/client usually resides alone or with others.

**Repeats:**

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</tbody>
</table>

**Location**

**Transmission protocol**
- Patient/Client (insert)
- Patient/Client (update)

**HL7 Submission**
- ADT_A04 (PD1|PD1.2)
- ADT_A08 (PD1|PD1.2)

**Reported by**
- Family Choice Program
- Home Enteral Nutrition
- Hospital Admission Risk Program
- Palliative Care
- Post Acute Care
- Sub-acute Ambulatory Care Services
- Total Parenteral Nutrition
- Transition Care Program
- Victorian HIV Service
- Victorian Respiratory Support Service

**Reported for**
Optional for patients/clients whose episode opened during the current reporting period; mandatory for patients/clients whose first contact occurred during the current reporting period.

**Reported when**
All Programs, not elsewhere specified

The current reporting period for this item is the calendar month in which the following events or data elements fall:
- Episode Start Date (Optional)
- First Contact Date/Time (Mandatory)

**Value domain**
Enumerated

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<thead>
<tr>
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<th>Descriptor</th>
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<tr>
<td>1</td>
<td>Lives alone</td>
</tr>
<tr>
<td>2</td>
<td>Lives with family</td>
</tr>
<tr>
<td>3</td>
<td>Lives with others</td>
</tr>
<tr>
<td>9</td>
<td>Not stated/Inadequately described</td>
</tr>
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</table>

**Reporting guide**
It is recognised that living arrangements may change during the course of an episode. This item should record the situation at the time when the episode is opened.

On occasion, difficulties can arise in deciding the living arrangement of a person due to their type of accommodation (for example boarding houses, hostels, group homes, retirement villages, residential aged care facilities). In these circumstances the person should be regarded as living alone, except in those instances in which they are sharing their own private space/room within the premises with a significant other (for example partner, sibling, close friend).

**2 - Lives with family**
If the person's household includes both family and non-family members, the person should be recorded as living with family. 'Living with family' should be considered to include defacto and same sex relationships.
9 - Not stated/inadequately described
Insufficient information to determine Living Arrangement.

Validations
E159 Code (<CodeSupplied>) for Data Element (<FieldName>) is not valid as the Contact Date

Related items
Contact Clinic Identifier
Contact Date/Time
Episode Malignancy Code
Episode Start Date
Patient/Client Birth Country
Patient/Client Carer Availability
Patient/Client Death Place
Patient/Client Living Arrangement
Patient/Client Main Carer’s Relationship to the Patient
Patient/Client Usual Accommodation Type
Patient/Client Usual Residence Locality Name
Patient/Client Usual Residence Postcode

Administration

Purpose
To enable monitoring of the impact of living arrangements (in conjunction with carer availability and residency status) on exit timing and use of ambulatory services, to support policy development and planning.

Principal users
Department of Health and Human Services

Version history

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<td>4</td>
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<td>2009/07/01</td>
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<td>Patient/Client Living Arrangement</td>
<td>2008/07/01</td>
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<td>2</td>
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</table>

Definition source
NHDD

Value domain source
NCSDD 000527 (Consistent with CCDSv2)
Patient/Client Main Carer’s Relationship to Patient

**Definition**
The relationship of the patient's/client's carer to the patient/client.

**Reports:**

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<tr>
<th>Repeats</th>
<th>Min.</th>
<th>Max.</th>
<th>Duplicate</th>
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<tr>
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**Layout**

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**Location**

- **Transmission protocol**
  - Patient/Client (insert): ADT_A04 (NK1\NK1.3\CE.1)
  - Patient/Client (update): ADT_A08 (NK1\NK1.3\CE.1)

**Reported by**
- Family Choice Program
- Home Enteral Nutrition
- Hospital Admission Risk Program
- Palliative Care
- Post Acute Care
- Residential In-Reach
- Sub-acute Ambulatory Care Services
- Total Parenteral Nutrition
- Transition Care Program
- Victorian HIV Service
- Victorian Respiratory Support Service

**Reported for**
Patients/clients where Patient/Client Carer Availability is ‘1-Has a Carer’.

**Reported when**

- **All Programs, not elsewhere specified**
- The current reporting period for this item is the calendar month in which the following events or data elements fall:
  - Episode Start Date (Optional)
  - First Contact Date/Time (Report when Patient/Client Carer Availability = ‘1’)

**Value domain**
Enumerated

**Reporting guide**
This data element should always be used to record the relationship of the carer to the person for whom they care, regardless of whether the patient/client of the agency is the carer or the person for whom they care.

For example, if a woman was caring for her frail aged mother-in-law, the agency would record that the carer is the daughter-in-law of the care recipient (that is code ‘40’). Similarly, if a man were caring for his disabled son, then the agency would record that the carer is the father of the care recipient (that is code ‘20’).
If a person has more than one carer (for example a spouse and a son), the coding response to relationship of carer to care recipient should relate to the carer who provides the most significant care and assistance related to the person's capacity to remain living at home. The expressed views of the patient/client and/or their carer or significant other should be used as the basis for determining which carer should be considered to be the primary or principal carer in this regard.

**Validations**

- E155 Where Patient/Client Carer Relationship has a value, Patient/Client Carer Availability must be set to ‘1 – Has a Carer’
- E159 Code (<CodeSupplied>) for Data Element (<FieldName>) is not valid as the Contact Date
- E254 Patient/client must have a Main Carer's Relationship to the Patient when Carer Availability is ‘1 - Has a carer’

**Related items**

- Contact Clinic Identifier
- Contact Date/Time
- Episode Start Date
- Patient/Client Birth Country
- Patient/Client Carer Availability
- Patient/Client Carer Residency Status
- Patient/Client Death Place
- Patient/Client Living Arrangement
- Patient/Client Usual Accommodation Type
- Patient/Client Usual Residence Locality Name
- Patient/Client Usual Residence Postcode

**Administration**

**Purpose**

To assist with outcome analyses and service planning, and meeting national reporting requirements.

**Principal users**

Department of Health and Human Services

**Version history**

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<tr>
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</table>

**Definition source**

METeOR 270012 (also proposed Palliative Care NMDS)

**Value domain source**

METeOR 270012 (Consistent with CCDS v2)
**Patient/Client Sex**

**Definition**
The sex of the person.

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<th>Min.</th>
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**Location**
- **Transmission protocol**: HL7 Submission
- **Patient/Client (insert)**: ADT_A04 (PID\PID.8)
- **Patient/Client (update)**: ADT_A08 (PID\PID.8)

**Reported by**
- Family Choice Program
- Home Enteral Nutrition
- Hospital Admission Risk Program
- Hospital Based Palliative Care Consultancy Team
- Medi-Hotel
- Palliative Care
- Post Acute Care
- Residential In-Reach
- Specialist Clinics (Outpatients)
- Sub-acute Ambulatory Care Services
- Total Parenteral Nutrition
- Transition Care Program
- Victorian HIV Service
- 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)

**Value domain**
Enumerated

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<td>Male</td>
</tr>
<tr>
<td>2</td>
<td>Female</td>
</tr>
<tr>
<td>3</td>
<td>Indeterminate</td>
</tr>
<tr>
<td>4</td>
<td>Other</td>
</tr>
</tbody>
</table>

**Reporting guide**
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 or transgender reassignment. However, throughout the process, which may be over a considerable period of time, a person will identify with a specific gender allowing sex to clearly be recorded as either Male or Female.

In some cases an individual may choose to report their gender when sex is being requested.
3 – Indeterminate

Code 3 *Indeterminate* should be used for infants with ambiguous genitalia, where the biological sex, even following genetic testing, cannot be determined. This code should not generally be used on data collection forms completed by the respondent. Code 3 can only be assigned for infants aged less than 90 days.

4 – Other

Includes:

- An intersex person who because of a genetic condition was born with reproductive organs or sex chromosomes that are not exclusively male or female and who identifies as being neither male nor female;
- A non-intersex person identifying as neither male nor female

Excludes: Transgender, transsexual and chromosomally indeterminate individuals who identify with a particular sex (male or female).

Validations

E454 When a Referral In Outcome has the value ‘010 – Referral accepted – New appointment’ or ‘020 – Referral accepted – Review appointment’ or ‘1 – Referral accepted’ or ‘3 – Referral accepted – Review appointment’, Patient/Client Sex must be reported.

Related items

Episode Start Date

Administration

Purpose

To enable analyses of service utilisation, need for services and epidemiological studies.

Principal users

Multiple internal and external data users.

Version history

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Definition source

ABS

Value domain source

NHDD (DHHS modified)
**Patient/Client Usual Accommodation Type**

**Definition**
The type of accommodation in which the patient/client usually lives.

**Repeats:**

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<tr>
<th>Code</th>
<th>Descriptor</th>
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<td>Independent Living</td>
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<tr>
<td>2100</td>
<td>Short term crisis, emergency or transitional accommodation facility</td>
</tr>
<tr>
<td>2200</td>
<td>Outreach (no on-site support)</td>
</tr>
<tr>
<td>2300</td>
<td>Supported community accommodation facility</td>
</tr>
<tr>
<td>2402</td>
<td>Supported residential service</td>
</tr>
<tr>
<td>3101</td>
<td>Community-based residential supported accommodation</td>
</tr>
<tr>
<td>3203</td>
<td>Residential aged care facility</td>
</tr>
<tr>
<td>3400</td>
<td>Other institutional setting</td>
</tr>
<tr>
<td>4100</td>
<td>None/homeless/public place</td>
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<tr>
<td>9999</td>
<td>Not stated/inadequately described</td>
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**Reported for**
Optional for patients/clients whose episode opened during the current reporting period; mandatory for patients/clients whose first contact occurred during the current reporting period.

**Reported when**
All Programs, not elsewhere specified

The current reporting period for this item is the calendar month in which the following events or data elements fall:

- Episode Start Date (Optional)
- First Contact Date/Time (Mandatory)

**Value domain**
Enumerated

**Reporting guide**
‘Usual’ is defined as the type of accommodation the person has lived in for the most amount of time over the past three months prior to presentation. In practice, receiving an answer strictly in accordance with the above definition may be difficult to achieve. The place the person perceives as their usual accommodation will often prove to be the best approximation.

**1000 - Independent Living**
Includes private residence/accommodation, independent living within a retirement village, community housing.
2100 - Short term crisis, emergency or transitional accommodation facility
Includes night shelters, refuges, and hostels for the homeless.

2200 - Outreach (no on-site support)
Includes group living arrangements such as group homes for people with disabilities.

2300 - Supported community accommodation facility
Includes community living settings or accommodation facilities in which people are provided with support in some way by staff or volunteers.

2402 - Supported residential service
Includes private businesses that provide accommodation and personal care.

3101 - Community-based residential supported accommodation
Includes permanent residents of residential aged care services (formerly nursing homes and aged care hostels), who receive high level care.

3203 - Residential aged care facility
Includes permanent residents of residential aged care services (formally known as nursing homes and aged care hostels).

3400 - Other institutional setting
Includes other institutional settings which provide care and accommodation services, such as hospices and long-stay residential psychiatric institutions.

4100 - None/homeless/public place
Includes public places such as streets and parks, as well as temporary shelters such as bus shelters or camps and accommodation outside legal tenure.

Validations
E159 Code (&lt;CodeSupplied&gt;) for Data Element (&lt;FieldName&gt;) is not valid as the Contact Date

Related items
Contact Clinic Identifier
Contact Date/Time
Episode Malignancy Flag
Episode Start Date
Patient/Client Birth Country
Patient/Client Carer Availability
Patient/Client Death Place
Patient/Client Living Arrangement
Patient/Client Main Carer’s Relationship to the Patient
Patient/Client Usual Accommodation Type
Patient/Client Usual Residence Locality Name
Patient/Client Usual Residence Postcode

Administration
Purpose To support analyses of service provision by delivery setting.
Principal users Department of Health and Human Services
<table>
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**Definition source**  
Department of Health and Human Services

**Value domain source**  
DHHS
## Patient/Client Usual Residence Locality Name

**Definition**
The name of the geographic location (suburb/town/locality for Australian residents, country for overseas residents) of usual residence of the person (not postal address).

### Repeats: Min. Max. Duplicate
- List: 1 1 Not applicable

### Layout
- AAAAAAAAAAAAAAAAAAAAAA
- Size: Min. Max.
  - Size: 4 22

### Location
- **Transmission protocol**: HL7 Submission
  - Patient/Client (insert) ADT_A04 (PID\PID.11\XAD.3)
  - Patient/Client (update) ADT_A08 (PID\PID.11\XAD.3)
  - Patient/Client (merge) ADT_A40 (PID\PID.11\XAD.3)

### Reported by
- Family Choice Program
- Home Enteral Nutrition
- Hospital Admission Risk Program
- Hospital Based Palliative Care Consultancy Team
- Medi-Hotel
- Palliative Care
- Post Acute Care
- Residential In-Reach
- Specialist Clinics (Outpatients)
- Sub-acute Ambulatory Care Services
- Total Parenteral Nutrition
- Transition Care Program
- Victorian HIV Service
- Victorian Respiratory Support Service

### Reported for
- Patients/clients whose episode 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

### Value domain
- Table identifier: 990025

### Reporting guide
The DHHS file excludes non-residential postcodes listed in the Australia Post file. Common variations of locality spellings, as used in Melway references and the Australian Bureau of Statistics National Locality Index (Cat. No. 1252), are included in the DHHS file.

Patient/Client Usual Residence Postcode must be blank if the Postcode is 1000 or 9988. Where the Postcode is 8888 (overseas), report the country the patient lives in, in Patient/Client Usual Residence Locality Name. The four digit country code must be one that corresponds with a code listed against 8888 (overseas) in the Postcode/Locality reference file.

### Validations
- E153 Invalid combination of Postcode (<value1>) and Locality (<value2>)
- E159 Code (<CodeSupplied>) for Data Element (<FieldName>) is not valid as the Contact Date
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 Usual Residence Locality Name must be reported.

**Related items**
- Contact Clinic Identifier
- Episode Start Date
- Patient/Client Birth Country
- Patient/Client Carer Availability
- Patient/Client Death Place
- Patient/Client Living Arrangement
- Patient/Client Main Carer’s Relationship to the Patient
- Patient/Client Usual Accommodation Type
- Patient/Client Usual Residence Postcode

**Administration**

**Purpose**
To enable calculation (with Patient/Client Usual Residence Postcode) of the patient’s/client’s Local Government Area (LGA) which enables:
- Analysis of service utilisation and need for services.
- Identification of patients/clients living outside Victoria for purposes of cross-border funding.
- Identification of patients/clients living outside Australia for the Reciprocal Health Care Agreement (RHCA).

**Principal users**
Department of Health and Human Services, multiple internal and external data users.

**Version history**

<table>
<thead>
<tr>
<th>Version</th>
<th>Previous Name</th>
<th>Effective Date</th>
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</thead>
<tbody>
<tr>
<td>6</td>
<td>Patient/Client Usual Residence Locality Name</td>
<td>2014/07/01</td>
</tr>
<tr>
<td>5</td>
<td>Patient/Client Usual Residence Locality Name</td>
<td>2010/07/01</td>
</tr>
<tr>
<td>4</td>
<td>Patient/Client Usual Residence Locality Name</td>
<td>2009/07/01</td>
</tr>
<tr>
<td>3</td>
<td>Patient/Client Usual Residence Locality Name</td>
<td>2008/07/01</td>
</tr>
<tr>
<td>2</td>
<td>Client Usual Residence Locality Name</td>
<td>2007/07/01</td>
</tr>
<tr>
<td>1</td>
<td>Client Usual Residence Locality Name</td>
<td>2005/07/01</td>
</tr>
</tbody>
</table>

**Definition source**
DHHS

**Value domain source**
ABS National Locality Index (Cat. No. 1252) (DHHS modified)
**Patient/Client Usual Residence Postcode**

**Definition**
The postcode of the locality in which the person usually resides (not postal address).

**Repeats:**

<table>
<thead>
<tr>
<th></th>
<th>Min.</th>
<th>Max.</th>
<th>Duplicate</th>
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</thead>
<tbody>
<tr>
<td>Location</td>
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**Reported by**

- Family Choice Program
- Home Enteral Nutrition
- Hospital Admission Risk Program
- Hospital Based Palliative Care Consultancy Team
- Medi-Hotel
- Palliative Care
- Post Acute Care
- Residential In-Reach
- Specialist Clinics (Outpatients)
- Sub-acute Ambulatory Care Services
- Total Parenteral Nutrition
- Transition Care Program
- Victorian HIV Service
- Victorian Respiratory Support Service

**Reported for**

Patients/clients whose episode 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)

**Value domain**

Table identifier 990025

Refer to the Postcode/Locality reference file available from:


**Reporting guide**

From the Australia Post list, non-residential postcodes are excluded and common variations of locality spellings, as used in Melway references and the Australian Bureau of Statistics National Locality Index (Cat. No. 1252), are included.

The organisation may collect the patient's/client's postal address for its own purposes. However, for transmission to VINAH, the postcode must represent the patient's/client's residential address. Non-residential postcodes (such as mail delivery centres) will be rejected.

For newborns, use the postcode of mother's residential address.

Patient/Client Usual Residence Locality must be blank if the Postcode is 1000 or 9988. Where the patient/client usually resides overseas, report '8888' as the Patient/Client Usual Residence Postcode and the Patient/Client Birth Country code in the Patient/Client Usual Residence Locality.
Validations

E153 Invalid combination of Postcode (<value1>) and Locality (<value2>)

E159 Code (<CodeSupplied>) for Data Element (<FieldName>) is not valid as the Contact Date

E454 When a Referral In Outcome has the value ‘010 – Referral accepted – New appointment’ or ‘020 – Referral accepted – Review appointment’ or ‘1 – Referral accepted’ or ‘3 – Referral accepted – Review appointment’, Patient/Client Usual Residence Postcode must be reported

Related items

Contact Clinic Identifier
Episode Start Date
Patient/Client Birth Country
Patient/Client Carer Availability
Patient/Client Death Place
Patient/Client Living Arrangement
Patient/Client Main Carer’s Relationship to the Patient
Patient/Client Usual Accommodation Type
Patient/Client Usual Residence Postcode

Administration

Purpose
To enable analysis of data for utilisation patterns, to link data across different sections of care. To enable calculation (with Client Usual Residence Locality Name) of the patient’s/client’s Statistical Local Area (SLA) of residence which enables:
• Analysis of service utilisation and need for services.
• Identification of patients/clients living outside Victoria for purposes of cross-border funding.
• Identification of patients/clients living outside Australia for the Reciprocal Health Care Agreement (RHCA).
• Used for calculation (with Locality field) of the patient’s appropriate Local Government Area (LGA) to:
  • Analyse service utilisation and need for services.
  • Identify patients living outside Victoria for purposes of cross-border funding.
  • Identify patients living outside Australia for the Reciprocal Health Care Agreement (RHCA).

Principal users
Multiple internal and external data users.

Version history

<table>
<thead>
<tr>
<th>Version</th>
<th>Previous Name</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Patient/Client Usual Residence</td>
<td>2010/07/01</td>
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<tr>
<td>5</td>
<td>Patient/Client Usual Residence Postcode</td>
<td>2010/07/01</td>
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<tr>
<td>4</td>
<td>Patient/Client Usual Residence Postcode</td>
<td>2009/07/01</td>
</tr>
<tr>
<td>3</td>
<td>Patient/Client Usual Residence Postcode</td>
<td>2008/07/01</td>
</tr>
<tr>
<td>2</td>
<td>Client Usual Residence Postcode</td>
<td>2007/07/01</td>
</tr>
<tr>
<td>1</td>
<td>Client Usual Residence Postcode</td>
<td>2005/07/01</td>
</tr>
</tbody>
</table>

Definition source
DHHS

Value domain source
Australia Post (DHHS modified) (Consistent with CCDSv2, with modification)
Referral End Reason

**Definition**
The reason the referral ended.

<table>
<thead>
<tr>
<th>Repeats:</th>
<th>Min.</th>
<th>Max.</th>
<th>Duplicate</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Code</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Location</td>
<td>Transmission protocol</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Referral (insert)</td>
<td>HL7 Submission</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Referral (update)</td>
<td>RRI_I12 (RF1.10)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Referral (delete)</td>
<td>RRI_I13 (RF1.10)</td>
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<td></td>
</tr>
</tbody>
</table>

**Reported by**
Specialist Clinics (Outpatients)

**Reported for**
Referrals closed 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:

- Episode End Date

**Value domain**
Table identifier 990025

<table>
<thead>
<tr>
<th>Code</th>
<th>Descriptor</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Completed</td>
</tr>
<tr>
<td>2</td>
<td>Closed</td>
</tr>
</tbody>
</table>

**Reporting guide**

1 – **Completed**
This code should be used when the patient/client assessment/treatment has been completed/discharged.

2 – **Closed**
This code should be used where a referral has been opened and accepted and then closed without containing contacts.

**Validations**
General edits only, see Format.

**Related items**
Episode End Date
Referral Identifier

**Administration**

**Purpose**
To assist with outcome analyses and service planning, and meeting national reporting requirements.

**Principal users**
Department of Health and Human Services

**Version history**

<table>
<thead>
<tr>
<th>Version</th>
<th>Previous Name</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Referral End Reason</td>
<td>2017/07/01</td>
</tr>
</tbody>
</table>

**Definition source**
DHHS

**Value domain source**
DHHS
**Referral In Clinical Referral Date**

**Definition**
The date on the referral as entered by the referring clinician.

<table>
<thead>
<tr>
<th>Repeats</th>
<th>Min.</th>
<th>Max.</th>
<th>Duplicate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>1</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

**Form**
Date

**Layout**
YYYYMMDD or XX

**Location**
Transmission protocol
Referral In (insert) RRI_I12 (RF1.9\TS.2)
Referral In (update) RRI_I13 (RF1.9\TS.2)
Referral In (delete) RRI_I14 (RF1.9\TS.2)

**Reported by**
Specialist Clinics (Outpatients)

**Reported for**
Referrals received 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 Received Date (Mandatory)

**Value domain**
Valid date or 'NP' if date is unavailable.

**Reporting guide**
Report the date the clinician has entered onto, or dated, the referral. If no date has been provided, report NP-‘Not present’.

If the referral is updated or renewed, this date should not be changed and should reflect the original referral Clinical Referral Date.

**Validations**
E002 The field ‘<FieldName>’ (<Location>) is mandatory for this Program/Stream <Program/Stream>, but no value was supplied
E020 <SucceedingEvent> (<SucceedingEventValue>) is before <Preceding Event> (<PrecedingEventValue>)

**Related items**
Contact Date/Time
Episode End Date
Episode First Appointment Booked Date
Episode Patient/Client Notified of First Appointment Date
Episode Start Date
Patient/Client Birth Date
Referral In Outcome
Referral In Receipt Acknowledgment Date
Referral In Received Date
Referral In Service Type
Referral Out Date
Referral Out Service Type

**Administration**

**Purpose**
To calculate waiting times from the patient's perspective.

**Principal users**
Department of Health and Human Services

**Version history**

<table>
<thead>
<tr>
<th>Version</th>
<th>Previous Name</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Referral In Clinical Referral Date</td>
<td>2012/07/01</td>
</tr>
</tbody>
</table>

**Definition source**
DHHS

**Value domain source**
ISO8601:2000
### Referral In Clinical Urgency Category

**Definition**
A categorisation of the urgency with which a patient needs to be seen in a Specialist Clinic (Outpatients).

<table>
<thead>
<tr>
<th>Repeats:</th>
<th>Min.</th>
<th>Max.</th>
<th>Duplicate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code</td>
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<td>1</td>
<td>Not applicable</td>
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</tbody>
</table>

<table>
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<tbody>
<tr>
<td>Size:</td>
<td>Min.</td>
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<tr>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

**Location**
- **Transmission protocol**: HL7 Submission
  - Referral In (insert): RRI_I12 (RF1.2\CE.1)
  - Referral In (update): RRI_I13 (RF1.2\CE.1)
  - Referral In (delete): RRI_I14 (RF1.2\CE.1)

**Reported by**
Specialist Clinics (Outpatients)

**Reported for**
Referrals received 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:

**Value domain**
Enumerated

<table>
<thead>
<tr>
<th>Code</th>
<th>Descriptor</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Urgent</td>
</tr>
<tr>
<td>2</td>
<td>Routine</td>
</tr>
</tbody>
</table>

**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 ‘3 – Referral accepted-review appointment’.

1 - Urgent
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.

2 - Routine
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.

**Validations**
E453 Referral In Outcome is ‘010 – Referral accepted – New appointment’ or ‘020 – Referral accepted – Review appointment’ or ‘3 – Referral accepted – Review appointment’ but Referral In Clinical Urgency Category is not provided.

**Related items**
Referral In Outcome
Administration

Purpose
To calculate waiting times categorised by the urgency of the referral.

Principal users
Department of Health and Human Services

Version history

<table>
<thead>
<tr>
<th>Version</th>
<th>Previous Name</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Referral In Clinical Urgency Category</td>
<td>2012/07/01</td>
</tr>
</tbody>
</table>

Definition source
DHHS

Value domain source
DHHS
Referral In Outcome

Definition
The outcome of a referral.

Repeats: Min. Max. Duplicate
Form Code 1 1 Not applicable

Location

<table>
<thead>
<tr>
<th>Transmission protocol</th>
<th>HL7 Submission</th>
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</thead>
<tbody>
<tr>
<td>Referral In (insert)</td>
<td>RRI_I12 (RF1.1_CE.1)</td>
</tr>
<tr>
<td>Referral In (update)</td>
<td>RRI_I13 (RF1.1_CE.1)</td>
</tr>
<tr>
<td>Referral In (delete)</td>
<td>RRI_I14 (RF1.1_CE.1)</td>
</tr>
</tbody>
</table>

Reported by
Family Choice Program
Home Enteral Nutrition
Hospital Admission Risk Program
Palliative Care
Post Acute Care
Residential In-Reach
Specialist Clinics (Outpatients)
Sub-acute Ambulatory Care Services
Total Parenteral Nutrition
Transition Care Program
Victorian HIV Service
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 HL70283
Code Descriptor

<table>
<thead>
<tr>
<th>Referral accepted</th>
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<tbody>
<tr>
<td>*OP 010 Referral accepted – New appointment</td>
<td></td>
</tr>
<tr>
<td>*OP 020 Referral accepted – Review appointment</td>
<td></td>
</tr>
<tr>
<td>*Not OP 1 Referral accepted</td>
<td></td>
</tr>
<tr>
<td>3 Referral accepted - Renewed referral</td>
<td></td>
</tr>
</tbody>
</table>

Patient related reason - Medical

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>21 Patient/client died</td>
<td></td>
</tr>
<tr>
<td>22 Patient/client safety issue</td>
<td></td>
</tr>
<tr>
<td>23 Patient/client not medically fit</td>
<td></td>
</tr>
<tr>
<td>36 Recommended to present to ED for medical reasons</td>
<td></td>
</tr>
</tbody>
</table>

Patient related reason - Non-medical

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>24 Patient/client not contactable</td>
<td></td>
</tr>
<tr>
<td>25 Services declined or not required</td>
<td></td>
</tr>
</tbody>
</table>
Service provider related reason

<table>
<thead>
<tr>
<th>Code</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td>Patient/client out of catchment area for program</td>
</tr>
<tr>
<td>31</td>
<td>Clinician safety issue</td>
</tr>
<tr>
<td>32</td>
<td>More appropriate program/service identified</td>
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<tr>
<td>33</td>
<td>Patient/client does not meet the program/service criteria</td>
</tr>
<tr>
<td>34</td>
<td>Required services not available</td>
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<tr>
<td>35</td>
<td>No program/service capacity</td>
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</table>

Other reasons

<table>
<thead>
<tr>
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<th>Reason</th>
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<tr>
<td>40</td>
<td>Other reason for cancellation</td>
</tr>
<tr>
<td>41</td>
<td>Referral withdrawn by referrer</td>
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</table>

Referral process not complete

<table>
<thead>
<tr>
<th>Code</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>98</td>
<td>Referral awaiting additional information from referrer</td>
</tr>
<tr>
<td>99</td>
<td>Referral processing in progress</td>
</tr>
</tbody>
</table>

Reporting guide

Record the main referral in outcome.

**010 – Referral accepted – New appointment**
Report this code if the patient has been referred to the health service for initial assessment or treatment.

**020 – Referral accepted – Review appointment**
Report this code if the patient has been referred for the purpose of review following a previous outpatient appointment, treatment as an inpatient or day surgery patient.

1 - Referral accepted
Includes patients/clients who are accepted into a program and have been placed on a waiting list to receive services.

3 - Referral accepted - Renewed referral
Report this code where referrals are made for administrative purposes to allow continuation of existing episodes of care.

98- Referral awaiting additional information from referrer
Report this code when the referral is unintelligible, missing demographic or other required information and is sent back to the referrer.

99 - Referral processing in progress
Report this code when the referral has not been finalised. This may be because the referral is undergoing triage or further information is required from the patient.

Validations

E002 The field '<FieldName>' (<Location>) is mandatory for this Program/Stream <Program/Stream>, but no value was supplied

Related items

<table>
<thead>
<tr>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>Episode Start Date</td>
</tr>
<tr>
<td>Referral Identifier</td>
</tr>
<tr>
<td>Referral In Clinical Referral Date</td>
</tr>
<tr>
<td>Referral In Received Date</td>
</tr>
<tr>
<td>Referral In Service Type</td>
</tr>
<tr>
<td>Referral Out Service Type</td>
</tr>
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</table>

Administration

Purpose
To support analyses of service provision by delivery setting.

Principal users
Department of Health and Human Services
<table>
<thead>
<tr>
<th>Version history</th>
<th>Version</th>
<th>Previous Name</th>
<th>Effective Date</th>
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</thead>
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<tr>
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<td>Referral In Outcome</td>
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<td>7</td>
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<td>4</td>
<td></td>
<td>Referral In Outcome</td>
<td>2013/07/01</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>Referral In Outcome</td>
<td>2012/07/01</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>Referral In Outcome</td>
<td>2010/07/01</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>Referral In Outcome</td>
<td>2009/07/01</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>Referral In Outcome</td>
<td>2008/07/01</td>
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<tr>
<td>1</td>
<td></td>
<td>Referral Outcome</td>
<td>2007/07/01</td>
</tr>
</tbody>
</table>

**Definition source**: DHHS

**Value domain source**: DHHS
Referral In Program Stream

Definition
The program/stream to which the patient/client is referred.

<table>
<thead>
<tr>
<th>Repeats</th>
<th>Min.</th>
<th>Max.</th>
<th>Duplicate</th>
</tr>
</thead>
</table>

Form
Code

Layout
N[NNN]

Size
Min. | Max.
1    | 4

Location
Transmission protocol
Referral In (insert) RRI_I12 (PV1.10)
Referral In (update) RRI_I13 (PV1.10)
Referral In (delete) RRI_I14 (PV1.10)

Reported by
Family Choice Program
Home Enteral Nutrition
Hospital Admission Risk Program
Hospital Based Palliative Care Consultancy Team
Medi-Hotel
Palliative Care
Post Acute Care
Residential In-Reach
Specialist Clinics (Outpatients)
Sub-acute Ambulatory Care Services
Total Parenteral Nutrition
Transition Care Program
Victorian HIV Service
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

Post Acute Care (PAC)
31  Post acute care

Palliative Care (PC)
41  Community palliative care

Family Choice Program (FCP)
52  FCP: On ventilation, dependent
53  FCP: On ventilation, not dependent
54  FCP: Not on ventilation

Victorian HIV Service (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 service
68  HIV outreach allied health
69  Sexual health and wellbeing service

Victorian Respiratory Support Service (VRSS)
81  Victorian respiratory support service

Medi-Hotel
91  Medi-hotel

Specialist Clinics (Outpatients)
101  General medicine
103  Cardiology
106  Gastroenterology
107  Haematology
108  Nephrology
109  Neurology
110  Oncology
111  Respiratory
112  Rheumatology
113  Dermatology
114  Infectious diseases
116  Immunology, includes Allergy
117  Endocrinology, includes Diabetes
118  Hepatobiliary and pancreas
119  Burns
201  General surgery
202  Cardiothoracic surgery
203  Neurosurgery
204  Ophthalmology
205  Ear, nose and throat
206  Plastic surgery
207 Urology
208 Vascular
209 Pre admission
301 Dental
310 Orthopaedics/Musculoskeletal
311 Orthopaedics applications
312 Wound care
313 Allied health – Stand-alone
350 Psychiatry and behavioural disorders, includes Alcohol and drug
402 Obstetrics
403 Gynaecology
406 Reproductive medicine and family planning

**Home Enteral Nutrition (HEN)**
651 Home enteral nutrition

**Total Parenteral Nutrition (TPN)**
751 Total parenteral nutrition

**Transition Care Program (TCP)**
1101 Transition care program

**Residential In-Reach (RIR)**
1201 Residential In-reach

**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
1400 Palliative care day hospice
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 programsstreams.

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**
Includes the HARP Program/Streams.

**Codes 52-54**
Includes the FCP Program/Streams

### 52 - FCP: On ventilation, dependent

This code should be used for patient/clients who are “Ventilator dependent” and includes but is not limited to patient/clients who are on continuous ventilation

### 53 - FCP: On ventilation, not dependent

This code should be used for Patient/clients who are on non-invasive ventilation overnight.

**Code 60-69**
Includes the Victorian HIV Service Program/Streams.

**Code 101-406**
Includes the Specialist Clinics (Outpatients) Program/Streams.

### 313 Allied Health - Stand-alone

This code should only be used when the entire episode for the patient/client is constituted of one or more Allied Health contacts. Where the patient/client is receiving services which fall under another Program/Stream but is also receiving Allied Health services, the episode should be reported with the other Program/Stream, not code 313.

**Code 1300-1315**
Includes the Hospital-Based Palliative Care Consultancy Team Program/Streams. This code cannot be reported for the Specialist (Outpatient) Clinics program.

**Validations**

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 and Human Services

**Version history**

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**Definition source**
DHHS

**Value domain source**
DHHS
Referral In Receipt Acknowledgement Date

Definition
The date of initial contact with the patient/client or carer to acknowledge receipt of referral. For Specialist Clinics (Outpatients), this is the date of initial contact with the referrer.

Repeats: Min. Max. Duplicate

Form Date 1 1 Not applicable

Layout YYYYMMDD Size: Min. Max.

Location Transmission protocol HL7 Submission
Referral In (insert) RRI_I12 (RF1.9\TS.1)
Referral In (update) RRI_I13 (RF1.9\TS.1)
Referral In (delete) RRI_I14 (RF1.9\TS.1)

Reported by
Family Choice Program
Home Enteral Nutrition
Hospital Admission Risk Program
Post Acute Care
Residential In-Reach
Specialist Clinics (Outpatients)
Sub-acute Ambulatory Care Services
Total Parenteral Nutrition
Transition Care Program
Victorian HIV Service
Victorian Respiratory Support Service

Reported for
Referrals acknowledged 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 Receipt Acknowledgment Date (Mandatory)

Value domain
Valid date.

Reporting guide
The century component of the year must begin with '19' or '20'.

Each Health Service should maintain a single point of entry for all HARP, PAC, SACS services where an intake process is conducted. Contacting the patient/client to acknowledge receipt of the referral would constitute part of this intake process. Health Services can also use this contact to further progress the intake process.

For Specialist Clinics (Outpatients), the Referral In Receipt Acknowledgement Date is the date the referrer was contacted to acknowledge receipt of the referral.

This contact may be in the form of a letter or email, a telephone contact or in person.

This item should be reported for all referrals received, even though the intake process may determine that some people referred are not appropriate patients/clients for the service, and therefore not all referrals nor referrals acknowledged need result in an episode being started. As noted elsewhere, an Episode starts when a referral is accepted.
Validations

E002  The field '<FieldName>' (<Location>) is mandatory for this Program/Stream <Program/Stream>, but no value was supplied

E020  <SucceedingEvent> (<SucceedingEventValue>) is before <PrecedingEvent> (<PrecedingEventValue>)

Related items

Contact Date/Time
Episode End Date
Episode First Appointment Booked Date
Episode Patient/Client Notified of First Appointment Date
Episode Start Date
Patient/Client Birth Date
Referral In Clinical Referral Date
Referral In Receipt Acknowledgment Date
Referral In Received Date
Referral Out Date

Administration

Purpose

Required for SACS accountability reporting to the Victorian Government. This item is used together with Referral Received Date to determine the percentage of SACS patients/clients contacted within three working days of referral.

Principal users


Version history

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Definition source

DHHS

Value domain source

ISO8601:2000
Referral In Received Date

**Definition**
The date that a referral, either written or verbal, is received. For Specialist Clinics (Outpatients), this could be a request for a booking, where the referral will be provided at the first contact.

**Repeats:**

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**Form**
Date

**Layout**
YYYYMMDD

**Location**
Transmission protocol
HL7 Submission
Referral In (insert) RRI_I12 (RF1.7\TS.1)
Referral In (update) RRI_I13 (RF1.7\TS.1)
Referral In (delete) RRI_I14 (RF1.7\TS.1)

**Reported by**
Family Choice Program
Home Enteral Nutrition
Hospital Admission Risk Program
Hospital Based Palliative Care Consultancy Team
Palliative Care
Post Acute Care
Residential In-Reach
Specialist Clinics (Outpatients)
Sub-acute Ambulatory Care Services
Total Parenteral Nutrition
Transition Care Program
Victorian HIV Service
Victorian Respiratory Support Service

**Reported for**
All referrals received 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 Received Date (Mandatory)

**Value domain**
Valid date.

**Reporting guide**
The century component of the year must begin with '20'.

For Specialist Clinics (Outpatients), a patient or medical professional may contact the hospital and request a booking and provide the written referral at the first appointment. In this case, the request for booking should be reported as the Referral In Received Date.

Referrals for Specialist Clinics (Outpatients) must be reported for the period during which they were received, regardless of whether an episode has been opened or any activity has occurred.

Each Health Service should maintain a single point of entry for all SACS and HARP services where an intake process is conducted. Receiving the referral would constitute part of this intake process.

This item should be reported for all referrals received, even though the intake process may determine that some people referred are not appropriate patients/clients for the service, and therefore not all referrals need to result in an episode being started.
In the instance where a patient/client is identified as requiring services from a case finding process, the date of identification should be reported as the Referral In Received Date.

If the referral is updated or renewed, this date should not be changed and should reflect the original referral received date.

**Validations**

E020  
<SucceedingEvent> (<SucceedingEventValue>) is before <Preceding Event> (<PrecedingEventValue>)

**Related items**

Contact Date/Time  
Episode End Date  
Episode First Appointment Booked Date  
Episode Patient/Client Notified of First Appointment Date  
Episode Start Date  
Patient/Client Birth Date  
Referral In Clinical Referral Date  
Referral In Program/Stream  
Referral In Receipt Acknowledgment Date  
Referral In Received Date  
Referral In Service Type  
Referral Out Date

**Administration**

**Purpose**  
Multiple internal and external data users.

**Principal users**  
Multiple internal and external data users.

**Version history**

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**Definition source**  
DHHS

**Value domain source**  
ISO8601:2000
**Referral In Service Type**

**Definition**
The person who, or service which, referred the patient/client.

**Repeats:**

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**Form**
Code

**Layout**
NN[N]

**Size:**

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**Location**

**Transmission protocol**
HL7 Submission

- Referral In (insert) RRI_I12 (PRD.1\CE.4)
- Referral In (update) RRI_I13 (PRD.1\CE.4)
- Referral In (delete) RRI_I14 (PRD.1\CE.4)

**Reported by**
- Family Choice Program
- Home Enteral Nutrition
- Hospital Admission Risk Program
- Hospital Based Palliative Care Consultancy Team
- Palliative Care
- Post Acute Care
- Residential In-Reach
- Specialist Clinics (Outpatients)
- Sub-acute Ambulatory Care Services
- Total Parenteral Nutrition
- Transition Care Program
- Victorian HIV Service
- Victorian Respiratory Support Service

**Reported for**
Referrals In 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 Received Date (Mandatory)

**Value domain**
Enumerated

**Table identifier**
990082

**Code**

**Descriptor**

- **External Referrals - Self/Other Non-Professional**
  - 11 Self
  - 12 Relative
  - 13 Friend
  - 14 Carer
  - 19 Other person (includes neighbour, etc.)

- **External Referrals - Medical/Professional Service**
  - 201 GP
  - 202 Specialist
  - 206 Ambulance officer/Paramedic
  - 297 Other health practitioner
  - 298 Other medical/health service (Government)
  - 299 Other medical/health service (Non-Government)
**External Referrals - Mental Health Professional/Service**

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<td>Mental health professional/service</td>
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<tr>
<td>301</td>
<td>Psychiatrist</td>
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<tr>
<td>302</td>
<td>Private psychiatrist</td>
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<tr>
<td>399</td>
<td>Other mental health staff</td>
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**Hospital-based service**

*Not OP 403*  Outpatients
*Not OP 404*  Emergency department
*Not OP 405*  Hospital, acute service (public)
*Not OP 406*  Hospital, acute service (private)
*Not OP 407*  Hospital, sub-acute service
*Not OP 408*  Hospital, palliative care service
*Not OP 498*  Other hospital department/staff (this hospital/campus)
*Not OP 499*  Other hospital department/staff (another hospital/campus)

**Internal Referrals - Hospital-Based Service (this health service)**

*OP 701*  Emergency department
*OP 702*  Specialist/Outpatients – same program/stream
*OP 703*  Specialist/Outpatients – different program/stream
*OP 704*  Other department/staff (e.g. inpatient ward) – same program/stream
*OP 705*  Other department/staff (e.g. inpatient ward) – different program/stream

**External Referrals - Hospital-Based Service (another health service)**

*OP 801*  Emergency department
*OP 802*  Specialist/Outpatients – same program/stream
*OP 803*  Specialist/Outpatients – different program/stream
*OP 804*  Other department/staff (e.g. inpatient ward) – same program/stream
*OP 805*  Other department/staff (e.g. inpatient ward) – different program/stream

**Correctional / Justice**

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<tr>
<td>51</td>
<td>Police (Referral In only)</td>
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<tr>
<td>52</td>
<td>Correctional officer (Referral In only)</td>
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<td>Juvenile justice (Referral In only)</td>
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**Community-Based Service/Agency**

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<tr>
<td>602</td>
<td>Community rehabilitation centre</td>
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<td>603</td>
<td>Community palliative care support</td>
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<td>604</td>
<td>Community mental health services</td>
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<td>605</td>
<td>Psychiatric disability support service</td>
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<tr>
<td>610</td>
<td>Residential aged care facility (Government)</td>
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<tr>
<td>611</td>
<td>Residential aged care facility (Non-Government)</td>
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<tr>
<td>612</td>
<td>Home nursing service (includes District Nursing)</td>
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<td>613</td>
<td>Domiciliary postnatal care</td>
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<td>615</td>
<td>Transition care program</td>
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<td>616</td>
<td>Aged care assessment service</td>
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<td>618</td>
<td>Aboriginal and Torres Strait Islander (ATSI) service</td>
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<td>619</td>
<td>Child protection services</td>
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<td>636</td>
<td>Carelink centre</td>
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<td>637</td>
<td>Other community-based medical/health service (Government)</td>
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<td>638</td>
<td>Other community-based agency/service (Non-Government)</td>
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<td>639</td>
<td>Other community-based agency/service (Government)</td>
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<td>640</td>
<td>Victorian HIV/AIDS service</td>
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<tr>
<td><em>PC  650</em></td>
<td>Paediatric hospice</td>
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Reporting guide 206 - Ambulance Officer / Paramedic
Report when Ambulance Victoria makes a referral directly to the service.
Includes:
• Clients using the telephone triaging service with a member of Ambulance Victoria being present.
Excludes:
• Ambulance Victoria making a recommendation but where the referral is made by another person/provider.

30 - Mental Health Professional/Service
Report the code appropriate for the referring service where known. Code 30 may be reported if a further level of detail is unknown.

Validations E002 The field '<FieldName>' (<Location>) is mandatory for this Program/Stream <Program/Stream>, but no value was supplied

Related items Referral In Clinical Referral Date
Referral In Outcome
Referral In Received Date
Referral Out Service Type

Administration

Purpose To assist in the analysis of patient/client flow and service planning.

Principal users Department of Health and Human Services

Version history

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Definition source DHHS

Value domain source DHHS
Referral Out Date

Definition
The date that a Referral Out was made.

Form
Date

Layout
YYYYMMDD

Location
Transmission protocol
Referral Out (insert) RRI_I12 (RF1.7\TS.1)
Referral Out (update) RRI_I13 (RF1.7\TS.1)
Referral Out (delete) RRI_I14 (RF1.7\TS.1)

Reported by
Family Choice Program
Home Enteral Nutrition
Hospital Admission Risk Program
Post Acute Care
Residential In-Reach
Specialist Clinics (Outpatients)
Sub-acute Ambulatory Care Services
Total Parenteral Nutrition
Transition Care Program
Victorian HIV Service
Victorian Respiratory Support Service

Reported for
All Referrals Out made 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 Out Date (Mandatory)

Value domain
Valid date.

Reporting guide
The Referral Out Date must fall within the start and end dates of the Episode from which the Referral Out originated.
Referrals Out can occur at any time during the episode.

Validations
E020 <SucceedingEvent> (<SucceedingEventValue>) is before <Preceding Event> (<PrecedingEventValue>)

Related items
Contact Date/Time
Episode End Date
Episode First Appointment Booked Date
Episode Patient/Client Notified of First Appointment Date
Episode Start Date
Patient/Client Birth Date
Referral In Clinical Referral Date
Referral In Receipt Acknowledgment Date
Referral In Received Date
Referral Out Date

Administration

Purpose
To assist in service planning.

Principal users
Department of Health and Human Services
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**Definition source**: DHHS  
**Value domain source**: ISO8601:2000
### Referral Out Place

**Definition**
Describes the location of the patient/client on completion of the program.

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**Reported by**
Transition Care Program

**Reported for**
Referrals Out 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 Out Date (Mandatory)

**Value domain**
Enumerated

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<tbody>
<tr>
<td>HL70306</td>
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**Residential facility**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>24</td>
<td>Mental health residential facility</td>
</tr>
<tr>
<td>25</td>
<td>Psychogeriatric nursing home</td>
</tr>
<tr>
<td>26</td>
<td>Supported residential facility</td>
</tr>
<tr>
<td>27</td>
<td>Residential care facility: low level respite</td>
</tr>
<tr>
<td>28</td>
<td>Residential care facility: high level respite</td>
</tr>
<tr>
<td>29</td>
<td>Aged care facility</td>
</tr>
</tbody>
</table>

**External Referrals - Medical/Professional Service**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>31</td>
<td>Another hospital/campus: admitted</td>
</tr>
<tr>
<td>32</td>
<td>Another hospital/campus: non-admitted</td>
</tr>
<tr>
<td>33</td>
<td>Another hospital/campus: MH inpatient service</td>
</tr>
<tr>
<td>34</td>
<td>Inpatient rehabilitation (VINAH only)</td>
</tr>
<tr>
<td>35</td>
<td>Inpatient palliative care (VINAH only)</td>
</tr>
<tr>
<td>39</td>
<td>Another hospital/campus: Unknown admitted or non-admitted status</td>
</tr>
</tbody>
</table>

**Private residence/Accommodation**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>41</td>
<td>Private residence/accommodation</td>
</tr>
<tr>
<td>42</td>
<td>Independent living unit</td>
</tr>
</tbody>
</table>

**Correctional/Custodial facility**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>61</td>
<td>Correctional/Custodial facility</td>
</tr>
</tbody>
</table>

**Supplementary Values**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>OTH</td>
<td>Other</td>
</tr>
<tr>
<td>UNK</td>
<td>Unknown</td>
</tr>
<tr>
<td>NA</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>
Referral Out Place relates to the physical location of the patient immediately after receiving a service under the reporting Program/Stream. It is reported once per episode. (At this time, this element is only mandatory for the TCP program).

**26 - Supported residential facility**
To be used when a patient/client is going to a non-aged care supported residential care facility (either private or public). Use this code if no other more specific code describes the facility to which the patient/client is being referred.

**29 – Aged care facility**
To be used when a patient/client is going to a residential aged care facility.

**Codes 30-39 - Another hospital/campus**
To be used when a patient/client is going to a hospital (either private or public) and will be treated as an admitted or non-admitted patient/client.

**42 - Independent living unit**
To be used when a patient/client is going to an independent living unit (either private or public).

**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.

**Related items**

Referral Out Date

**Administration**

**Purpose**
To assist in the analysis of patient/client flow and service planning.

**Principal users**
Department of Health and Human Services

**Version history**

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<td>Referral Out Place</td>
<td>2010/07/01</td>
</tr>
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</table>

**Definition source**
DHHS

**Value domain source**
DHHS
**Referral Out Service Type**

**Definition**  
The person or services to which the patient/client is referred for ongoing care at the episode end.

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<th>Duplicate</th>
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<td>Min.</td>
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<td>Location</td>
<td>Transmission protocol</td>
<td>HL7 Submission</td>
<td></td>
</tr>
<tr>
<td>Report</td>
<td>Referral Out (insert)</td>
<td>RRI_I12 (PRD.1\CE.4)</td>
<td></td>
</tr>
<tr>
<td>Location</td>
<td>Referral Out (update)</td>
<td>RRI_I13 (PRD.1\CE.4)</td>
<td></td>
</tr>
<tr>
<td>Location</td>
<td>Referral Out (delete)</td>
<td>RRI_I14 (PRD.1\CE.4)</td>
<td></td>
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</table>

**Reported by**  
Family Choice Program  
Home Enteral Nutrition  
Hospital Admission Risk Program  
Post Acute Care  
Residential In-Reach  
Specialist Clinics (Outpatients)  
Sub-acute Ambulatory Care Services  
Total Parenteral Nutrition  
Transition Care Program  
Victorian HIV Service  
Victorian Respiratory Support Service

**Reported for**  
Referrals Out 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 Out Date (Mandatory)

**Value domain**  
Enumerated

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</table>

**Code** | **Descriptor**
---|---
External Referrals - Self/Other Non-Professional  
11 | No support services  
12 | Relative  
13 | Friend  
14 | Carer  
19 | Other person (includes neighbour, etc.)

External Referrals - Medical/Professional Service  
201 | GP  
202 | Specialist  
297 | Other health practitioner  
298 | Other medical/health service (Government)  
299 | Other medical/health service (Non-Government)

External Referrals - Mental Health Professional/Service  
30 | Mental health professional/service  
301 | Psychiatrist  
302 | Private psychiatrist
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<thead>
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</thead>
<tbody>
<tr>
<td>399</td>
<td>Other mental health staff</td>
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</tbody>
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**Hospital-based service**

*Not OP*

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<td>Outpatients</td>
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<tr>
<td>404</td>
<td>Emergency department</td>
</tr>
<tr>
<td>405</td>
<td>Hospital, acute service (public)</td>
</tr>
<tr>
<td>406</td>
<td>Hospital, acute service (private)</td>
</tr>
<tr>
<td>407</td>
<td>Hospital, sub-acute service</td>
</tr>
<tr>
<td>408</td>
<td>Hospital, palliative care service</td>
</tr>
<tr>
<td>498</td>
<td>Other hospital department/staff (this hospital/campus)</td>
</tr>
<tr>
<td>499</td>
<td>Other hospital department/staff (another hospital/campus)</td>
</tr>
</tbody>
</table>

**Internal Referrals - Hospital-Based Service (this health service)**

*OP*

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>701</td>
<td>Emergency department</td>
</tr>
<tr>
<td>702</td>
<td>Specialist/Outpatients — same program/stream</td>
</tr>
<tr>
<td>703</td>
<td>Specialist/Outpatients — different program/stream</td>
</tr>
<tr>
<td>704</td>
<td>Other department/staff (e.g. inpatient ward) — same program/stream</td>
</tr>
<tr>
<td>705</td>
<td>Other department/staff (e.g. inpatient ward) — different program/stream</td>
</tr>
</tbody>
</table>

**External Referrals - Hospital-Based Service (another health service)**

*OP*

<table>
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<th>Description</th>
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</thead>
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<tr>
<td>801</td>
<td>Emergency department</td>
</tr>
<tr>
<td>802</td>
<td>Specialist/Outpatients — same program/stream</td>
</tr>
<tr>
<td>803</td>
<td>Specialist/Outpatients — different program/stream</td>
</tr>
<tr>
<td>804</td>
<td>Other department/staff (e.g. inpatient ward) — same program/stream</td>
</tr>
<tr>
<td>805</td>
<td>Other department/staff (e.g. inpatient ward) — different program/stream</td>
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**Correctional/Justice**

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<tbody>
<tr>
<td>50</td>
<td>Correctional/Justice</td>
</tr>
<tr>
<td>51</td>
<td>Police (Referral In only)</td>
</tr>
<tr>
<td>52</td>
<td>Correctional officer (Referral In only)</td>
</tr>
<tr>
<td>53</td>
<td>Juvenile justice (Referral In only)</td>
</tr>
</tbody>
</table>

**Community-Based Service/Agency**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>601</td>
<td>Post-acute care program services</td>
</tr>
<tr>
<td>602</td>
<td>Community rehabilitation centre</td>
</tr>
<tr>
<td>603</td>
<td>Community palliative care support</td>
</tr>
<tr>
<td>604</td>
<td>Community mental health services</td>
</tr>
<tr>
<td>605</td>
<td>Psychiatric disability support service</td>
</tr>
<tr>
<td>607</td>
<td>Home &amp; Community Care (HACC)</td>
</tr>
<tr>
<td>610</td>
<td>Residential aged care facility (Government)</td>
</tr>
<tr>
<td>611</td>
<td>Residential aged care facility (Non-Government)</td>
</tr>
<tr>
<td>612</td>
<td>Home nursing service (includes District Nursing)</td>
</tr>
<tr>
<td>613</td>
<td>Domiciliary postnatal care</td>
</tr>
<tr>
<td>615</td>
<td>Transition care program</td>
</tr>
<tr>
<td>616</td>
<td>Aged care assessment service</td>
</tr>
<tr>
<td>618</td>
<td>Aboriginal and Torres Strait Islander (ATSI) service</td>
</tr>
<tr>
<td>619</td>
<td>Child protection services</td>
</tr>
<tr>
<td>626</td>
<td>Accommodation service</td>
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<tr>
<td>636</td>
<td>Carelink centre</td>
</tr>
<tr>
<td>637</td>
<td>Other community-based medical/health service (Government)</td>
</tr>
<tr>
<td>638</td>
<td>Other community-based agency/service (Non-Government)</td>
</tr>
</tbody>
</table>
639 Other community-based agency/service (Government)
640 Victorian HIV/AIDS service
641 Other infectious disease clinic
642 HIV community health service
643 HIV support service
644 HIV community nursing
645 CALD services
660 Level 1 home care package
661 Level 2 home care package
662 Level 4 home care package
663 Level 3 home care package
665 Commonwealth Home Support Programme (CHSP)
666 HACC Program for Younger People

_Supplementary Values_
OTH Other
NA Not applicable
UNK Unknown

**Reporting guide**
Referral Out Service Type indicates the type of clinical care and support services the program/stream has initiated, to meet the patient's/client's ongoing health care needs during or at the end of an episode. Whilst the referral out can be made at any point in time during the episode, it refers to services that are required after episode end to continue to meet the client's identified care needs.

Where an episode is reported with an Episode End Reason = 1 Patient/client death or bereavement phase end, Referral Out – Service Type must be reported as NA Not applicable.

**30 - Mental Health Professional/Service**
Report the code appropriate for the referral service where known. Code 30 may be reported if a further level of detail is unknown.

**Validations**
E002 The field 'FieldName' (<Location>) is mandatory for this Program/Stream <Program/Stream>, but no value was supplied

**Related items**
Referral In Clinical Referral Date
Referral In Outcome
Referral In Service Type
Referral Out Date

**Administration**

**Purpose**
To assist in the analysis of patient/client flow and service planning.

**Principal users**
Department of Health and Human Services
<table>
<thead>
<tr>
<th>Version history</th>
<th>Version</th>
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</table>

**Definition source**: DHHS

**Value domain source**: DHHS
**PART II: Transmission Data Elements**

### Batch Control Identifier

<table>
<thead>
<tr>
<th><strong>Definition</strong></th>
<th>The mode of provision of the service during the contact.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Repeats:</strong></td>
<td>Min.</td>
</tr>
<tr>
<td><strong>Form</strong></td>
<td>Identifier</td>
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<td><strong>Layout</strong></td>
<td>X(1-20)</td>
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<tr>
<td><strong>Location</strong></td>
<td>Transmission protocol</td>
</tr>
<tr>
<td></td>
<td>Send Batch</td>
</tr>
</tbody>
</table>

**Reported by** All programs, dependent on transmission protocol.

**Reported for** Required for all HL7 Batches

**Reported when** **All Programs, not elsewhere specified**

The current reporting period for this item is the calendar month in which the following events or data elements fall:

- Message Date/Time (All batch messages)

**Value domain** Organisation generated. Individual sites may use their own alphabetic, numeric or alphanumeric coding system.

**Reporting guide** It is permissible to utilise upper case or lower case ASCII alpha characters, digits 0 to 9, dashes, spaces or apostrophes. That is, ASCII hexadecimal values 20, 27, 2D, 41 through 5A inclusive, 61 through 7A inclusive. Identifiers are case-sensitive.

**Validations** B004 Supplied Batch Control ID has been used previously (<Batch Control ID>)

**Related items** Message Date/Time

**Administration**

**Purpose** To enable management of VINAH transmissions.

**Principal users** VINAH processing.

**Version history**

<table>
<thead>
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<th>Version</th>
<th>Previous Name</th>
<th>Effective Date</th>
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<td>1</td>
<td>Batch Control Identifier</td>
<td>2005/07/01</td>
</tr>
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</table>

**Definition source** DHHS

**Value domain source** Organisations
**Contact Identifier**

**Definition**
An identifier, unique to a Contact across all programs within an organisation.

<table>
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<th>Min.</th>
<th>Max.</th>
<th>Duplicate</th>
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**Location**
Transmission protocol: HL7 Submission
- Contact (insert): ADT_A03 (PV1\PV1.19\CX.1)
- Contact (update): ADT_A08 (PV1\PV1.19\CX.1)
- Contact (delete): ADT_A13 (PV1\PV1.19\CX.1)

**Reported by**
All programs, dependent on transmission protocol.

**Reported for**
All contact messages.

**Reported when**
All Programs, not elsewhere specified

The current reporting period for this item is the calendar month in which the following events or data elements fall:
- Message Date/Time (All Contact messages)

**Value domain**
Organisation-generated. Individual sites may use their own alphabetic, numeric or alphanumeric coding system.

**Reporting guide**
It is permissible to utilise upper case or lower case ASCII alpha characters, digits 0 to 9, dashes, spaces or apostrophes. That is, ASCII hexadecimal values 20, 27, 2D, 41 through 5A inclusive, 61 through 7A inclusive. Identifiers are case-sensitive.

It is assumed that Contact Identifier has the same scope as Patient/Client Identifier.

**Primary Key**
This data element is the Primary Key for the Contact.

**Validations**
- E050 Field <element_name> (<Location>) has no value but is part of the primary key for the <structure> record
- E051 Cannot insert record, same Primary Key for data structure "<structure>" already exists (<conflict_location>). Key fields: <pk_expanded_val>
- E052 A <pk_structure> message (<hl7_message>) has been sent containing a reference to a "<fk_structure>" record that has not been previously received and accepted. Key fields: <fk_expanded>
- E061 A <pk_structure> message (<hl7_message_type>) was sent to either update or delete a record that has not been previously received and accepted. Key fields: <key_expanded>

**Related items**
- Episode Identifier
- Local Identifier Assigning Authority
- Message Date/Time
- Patient/Client Identifier
- Referral Identifier
Administration

**Purpose**  
To enable management of VINAH transmissions.

**Principal users**  
VINAH processing.

**Version history**

<table>
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<td>3</td>
<td>Contact/Client Service Event Identifier</td>
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<td>Contact/Client Service Event Identifier</td>
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<td>Contact/Client Service Event</td>
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**Definition source**  
DHHS

**Value domain source**  
Health Services
Contact Person Name Type

**Definition**  A code that represents the type of name.

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<th><strong>Max.</strong></th>
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<tr>
<td><strong>Layout</strong></td>
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**Location**  
**Transmission protocol**  
**HL7 Submission**

- Contact (insert)  
  - ADT_A03 (PID.5/XPN.7)
- Patient/Client (insert)  
  - ADT_A04 (PID.5/XPN.7)
- Contact (update)  
  - ADT_A08 (PID.5/XPN.7)
- Contact (delete)  
  - ADT_A13 (PID.5/XPN.7)
- Patient/Client (merge)  
  - ADT_A40 (PID.5/XPN.7)
- Episode (insert)  
  - PPP_PCB (PID.5/XPN.7)
- Episode (update)  
  - PPP_PCC (PID.5/XPN.7)
- Episode (delete)  
  - PPP_PCD (PID.5/XPN.7)
- Referral Out (insert)  
  - REF_I12 (PID.5/XPN.7)
- Referral Out (update)  
  - REF_I13 (PID.5/XPN.7)
- Referral Out (delete)  
  - REF_I14 (PID.5/XPN.7)
- Referral In (insert)  
  - RRI_I12 (PID.5/XPN.7)
- Referral In (update)  
  - RRI_I13 (PID.5/XPN.7)
- Referral In (delete)  
  - RRI_I14 (PID.5/XPN.7)

**Reported by**  
Family Choice Program
Home Enteral Nutrition
Hospital Admission Risk Program
Hospital Based Palliative Care Consultancy Team
Palliative Care
Post Acute Care
Residential In-Reach
Specialist Clinics (Outpatients)
Sub-acute Ambulatory Care Services
Total Parenteral Nutrition
Transition Care Program
Victorian HIV Service
Victorian Respiratory Support Service

**Reported for**  
All messages

**Reported when**  
All Programs, not elsewhere specified

The current reporting period for this item is the calendar month in which the following events or data elements fall:

- Message Date/Time (All messages)
- Referral In Received Date (Mandatory)
- Referral In Receipt Acknowledgment Date (Mandatory)
- Episode Start Date (Mandatory)
- Episode Care Plan Documented Date (Mandatory)
- First Contact Date/Time (Mandatory)
- Second and Subsequent Contact Date/Time (Mandatory)
- Episode End Date (Mandatory)
- Patient/Client Death Date (Mandatory)
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<th><strong>Code</strong></th>
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<tr>
<td>L</td>
<td>Legal Name</td>
</tr>
<tr>
<td>S</td>
<td>Coded pseudo-name to ensure anonymity</td>
</tr>
</tbody>
</table>

**Reporting guide**

'L - Legal Name' must only be reported when Contact Account Class is 'VX - Department of Veterans' Affairs (DVA)' or 'WC - WorkSafe Victoria' or 'TA - Transport Accident Commission (TAC)'. Otherwise report code 'S - Coded pseudo-name to ensure anonymity'.

**Validations**

General edits only, see Format.

**Related items**

- Contact Date/Time
- Episode Care Plan Documented Date
- Episode End Date
- Episode Start Date
- Message Date/Time
- Patient/Client Death Date
- Referral In Receipt Acknowledgment Date
- Referral In Received Date

**Administration**

**Purpose**

To enable analysis of data for utilisation patterns and funding purposes.

**Principal users**

Department of Health and Human Services

**Version history**

<table>
<thead>
<tr>
<th>Version</th>
<th>Previous Name</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Contact Person Name Type</td>
<td>2010/07/01</td>
</tr>
<tr>
<td>4</td>
<td>Contact/Client Service Event Person Name Type</td>
<td>2009/07/01</td>
</tr>
<tr>
<td>3</td>
<td>Contact/Client Service Event Person Name Type</td>
<td>2008/07/01</td>
</tr>
<tr>
<td>2</td>
<td>Person Name Type</td>
<td>2007/07/01</td>
</tr>
<tr>
<td>1</td>
<td>Person Name Type Mode</td>
<td>2005/07/01</td>
</tr>
</tbody>
</table>

**Definition source**

HL7 (DHHS modified)

**Value domain source**

HL7 (Consistent with CCDSv2)
### Contact Professional Group Sequence Number

**Definition**
A number that identifies the Contact Professional Group transaction segment.

**Repeats:**
- **Min.:** 1
- **Max.:** No limit
- **Duplicate:** Not allowed

<table>
<thead>
<tr>
<th>Form</th>
<th>Repeatability</th>
<th>Size:</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Repeatable</td>
<td>Integer</td>
<td></td>
<td>Transmission protocol</td>
</tr>
</tbody>
</table>

**Layout**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Min.</th>
<th>Max.</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td></td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

**Location**

- **Transmission protocol**
  - Contact (insert): ADT_A03 (ROL\ROL.1\EI.1)
  - Contact (update): ADT_A08 (ROL\ROL.1\EI.1)
  - Contact (delete): ADT_A13 (ROL\ROL.1\EI.1)

**Reported by**

- Family Choice Program
- Home Enteral Nutrition
- Hospital Admission Risk Program
- Hospital Based Palliative Care Consultancy Team
- Palliative Care
- Post Acute Care
- Residential In-Reach
- Specialist Clinics (Outpatients)
- Sub-acute Ambulatory Care Services
- Total Parenteral Nutrition
- Transition Care Program
- Victorian HIV Service
- Victorian Respiratory Support Service

**Reported for**
All contacts completed in the current reporting period.

**Reported when**
All Programs, not elsewhere specified

The current reporting period for this item is the calendar month in which the following events or data elements fall:
- Message Date/Time (All Contact messages)

**Value domain**
A positive integer.

**Reporting guide**
For the first occurrence of the segment the sequence number shall be 1, for the second occurrence it shall be 2, etc.

- Contact Professional Group (multiple values possible) is reported in the same repeatable segment (the ROL) as Contact Delivery Mode (only a single value possible). Contact Delivery Mode should take the same value in each repeating segment.

**Validations**
General edits only, see Format.

**Related items**
Message Date/Time

**Administration**

**Purpose**
To enable management of VINAH transmissions.

**Principal users**
VINAH processing.
<table>
<thead>
<tr>
<th>Version history</th>
<th>Version</th>
<th>Previous Name</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2</td>
<td>Contact Professional Group Sequence Number</td>
<td>2009/07/01</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Contact/Client Service Event Professional Group Sequence Number</td>
<td>2008/07/01</td>
</tr>
</tbody>
</table>

**Definition source**  
HL7 (DHHS modified)

**Value domain source**  
HL7
**Episode Identifier**

**Definition**: An identifier, unique to an Episode across all services within an organisation.

<table>
<thead>
<tr>
<th>Repeats</th>
<th>Min.</th>
<th>Max.</th>
<th>Duplicate</th>
</tr>
</thead>
</table>

**Form**
- Identifier

**Layout**
- X(1-15)

**Size**: Size | Min. | Max. |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>15</td>
</tr>
</tbody>
</table>

**Location**

<table>
<thead>
<tr>
<th>Transmission protocol</th>
<th>HL7 Submission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact (insert)</td>
<td>ADT_A03 (PV1\PV1.5\CX.1)</td>
</tr>
<tr>
<td>Contact (update)</td>
<td>ADT_A08 (PV1\PV1.5\CX.1)</td>
</tr>
<tr>
<td>Contact (delete)</td>
<td>ADT_A13 (PV1\PV1.5\CX.1)</td>
</tr>
<tr>
<td>Episode (insert)</td>
<td>PPP_PCB (PV1\PV1.19\CX.1)</td>
</tr>
<tr>
<td>Episode (update)</td>
<td>PPP_PCC (PV1\PV1.19\CX.1)</td>
</tr>
<tr>
<td>Episode (delete)</td>
<td>PPP_PCD (PV1\PV1.19\CX.1)</td>
</tr>
<tr>
<td>Referral Out (insert)</td>
<td>REF_I12 (RF1\RF1.11\EI.1)</td>
</tr>
<tr>
<td>Referral Out (update)</td>
<td>REF_I13 (RF1\RF1.11\EI.1)</td>
</tr>
<tr>
<td>Referral Out (delete)</td>
<td>REF_I14 (RF1\RF1.11\EI.1)</td>
</tr>
</tbody>
</table>

**Reported by**: All programs, dependent on transmission protocol

**Reported for**: All Episodes (primary key); all HL7 Referral Out messages (foreign key); all HL7 Contact messages (foreign key).

**Reported when**: All Programs, not elsewhere specified

The current reporting period for this item is the calendar month in which the following events or data elements fall:

- Message Date/Time (All Episode, Referral Out and Contact messages)

**Value domain**: Organisation generated. Individual sites may use their own alphabetic, numeric or alphanumeric coding system.

**Reporting guide**: It is permissible to utilise upper case or lower case ASCII alpha characters, digits 0 to 9, dashes, spaces or apostrophes. That is, ASCII hexadecimal values 20, 27, 2D, 41 through 5A inclusive, 61 through 7A inclusive. Identifiers are case-sensitive.

**Primary Key**

This data element is the Primary Key for the Episode.

When reported using HL7 the primary key is reported in PV1.19\CX.1.

**Foreign Key - Contact**

This data element is used as a Foreign Key on the Contact.

When reported using HL7 the foreign key is reported in PV1.5\CX.

**Foreign Key - Referral Out**

This data element is used as a Foreign Key on the Referral Out.

When reported using HL7 the foreign key is reported in RF1.11\EI.1.
**Validations**

E050 Field `<element_name> (<Location>)` has no value but is part of the primary key for the `<structure>` record

**Related items**

- Contact Identifier
- Identifier Type
- Local Identifier Assigning Authority
- Message Date/Time
- Patient/Client Identifier
- Referral Identifier

**Administration**

**Purpose**

To enable management of VINAH transmissions.

**Principal users**

VINAH processing.

**Version history**

<table>
<thead>
<tr>
<th>Version</th>
<th>Previous Name</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Episode Identifier</td>
<td>2010/07/01</td>
</tr>
<tr>
<td>3</td>
<td>Episode Identifier</td>
<td>2009/07/01</td>
</tr>
<tr>
<td>2</td>
<td>Episode Identifier</td>
<td>2007/07/01</td>
</tr>
<tr>
<td>1</td>
<td>Episode Identifier</td>
<td>2005/07/01</td>
</tr>
</tbody>
</table>

**Definition source**

DHHS

**Value domain source**

Organisation
**Episode Pathway Type**

**Definition**
The nature of an event described by a date on a goal-oriented care pathway.

<table>
<thead>
<tr>
<th>Property</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Repeats:</td>
<td>Min. Max. Duplicate</td>
</tr>
<tr>
<td>Form</td>
<td>Repeatabile Code</td>
</tr>
<tr>
<td>Size:</td>
<td>Min. Max.</td>
</tr>
<tr>
<td>Location</td>
<td>Transmission protocol</td>
</tr>
<tr>
<td></td>
<td>HL7 Submission</td>
</tr>
<tr>
<td></td>
<td>Episode (insert)</td>
</tr>
<tr>
<td></td>
<td>PPP_PCB (PTH\PTH.2\CE.1)</td>
</tr>
<tr>
<td></td>
<td>Episode (update)</td>
</tr>
<tr>
<td></td>
<td>PPP_PCC (PTH\PTH.2\CE.1)</td>
</tr>
<tr>
<td></td>
<td>Episode (delete)</td>
</tr>
<tr>
<td></td>
<td>PPP_PCD (PTH\PTH.2\CE.1)</td>
</tr>
<tr>
<td>Reported for</td>
<td>All programs, when required to bind part of a transmission to a specific data element</td>
</tr>
<tr>
<td>Reported when</td>
<td>All Programs, not elsewhere specified</td>
</tr>
<tr>
<td></td>
<td>The current reporting period for this item is the calendar month in which the following events or data elements fall: Message Date/Time (All Episode messages)</td>
</tr>
<tr>
<td>Value domain</td>
<td>Enumerated</td>
</tr>
<tr>
<td>Table identifier</td>
<td>990078</td>
</tr>
<tr>
<td>Code</td>
<td>Descriptor</td>
</tr>
<tr>
<td>AB1</td>
<td>Episode First Appointment Booked Date</td>
</tr>
<tr>
<td>ACPA</td>
<td>Episode Advance Care Directive Alert</td>
</tr>
<tr>
<td>CPD</td>
<td>Episode Care Plan Documented Date</td>
</tr>
<tr>
<td>HD</td>
<td>Episode Hospital Discharge Date</td>
</tr>
<tr>
<td>PNAB1</td>
<td>Episode Patient/Client Notified of First Appointment Date</td>
</tr>
<tr>
<td>TCPTB</td>
<td>Episode TCP Transition to Bed Based Care</td>
</tr>
<tr>
<td>TCPTH</td>
<td>Episode TCP Transition to Home Based Care</td>
</tr>
</tbody>
</table>

**Reporting guide**
The same HL7 message segment field is used to send several different dates. This data element identifies which data element the field contains in a given message segment, binding the transmission field to the data element.

For backward compatibility purposes, if the value of this data element is Null, it will be assumed to mean "Episode Care Plan Documented Date".

**AB1 - Episode First Appointment Booked Date**
Report this value when the date being transmitted is the date on which a patient/client was notified of the date of their first appointment.

**ACPA - Episode Advance Care Directive Alert**
Report this value when an advance care directive and/or medical treatment decision make has been recorded.

**CPD - Episode Care Plan Documented Date**
Report this value when the date being transmitted is the date on which a care plan was documented.

**PNAB1 - Episode Patient/Client Notified of First Appointment Date**
Report this value when the date being transmitted is the date for which a patient's/client's first appointment is booked.

**TCPTB - Episode TCP Transition to Bed Based Care**
Report this value when the date being transmitted is an Episode TCP Care Transition Date on which a patient/client transitioned to bed-based care.
TCP TH - Episode TCP Transition to Home Based Care

Report this value when the date being transmitted is an Episode TCP Care Transition Date on which a patient/client transitioned to home-based care.

Validations
General edits only, see Format.

Related items
Message Date/Time

Administration

Purpose
To enable management of VINAH transmissions.

Principal users
Department of Health and Human Services

Version history

<table>
<thead>
<tr>
<th>Version</th>
<th>Previous Name</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Episode Pathway Type</td>
<td>2010/07/01</td>
</tr>
</tbody>
</table>

Definition source
HL7 (DHHS modified)

Value domain source
DHHS
File Processing Directive

Definition
A string of text that instructs the VINAH validation engine to process a submission file in a particular fashion.

<table>
<thead>
<tr>
<th>Repeats:</th>
<th>Min.</th>
<th>Max.</th>
<th>Duplicate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Layout</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Location</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Form
Repeatable Structured List

Layout
X(...)

Size:
Min. | Max. | Duplicate
0 | 64 | Not allowed

Location
Transmission protocol
Send File

Reported by
All programs, dependent on transmission protocol.

Reported for
All File messages.

Reported when
All Programs, not elsewhere specified

The current reporting period for this item is the calendar month in which the following events or data elements fall:

Message Date/Time (All file messages)

Value domain
The processing hint list items are described in the Reporting Guide.

Table identifier
990040

List Item
GetEpisodeContactAudit=True;
HTMLReport=True;
PurgeAfterLoad=True;
PurgeKey=<purge_key>;
PurgeSubID=<sub_id>;
StopOnFirstFailedBatch=True;
SubmissionHistory=True;
OrgMsgHistoryReport=True;
OrgSubHistoryReport=True;
RecordTransactionReport=True;

Reporting guide
If submitting multiple processing hints, concatenate the list items together without spaces or HL7 repeating delimiters.

GetEpisodeContactAudit=True;
This option returns an XML document providing a list, for data that has been accepted into VINAH, of patient identifiers, the earliest and most recent contact dates and the number of contacts for each patient identifier and episode identifier.

HTMLReport=True;
This option returns an additional submission report containing the same data as the XML submission report, but transformed into an HTML document that can be read more easily by a user.

PurgeAfterLoad=True;
This option allows immediate deletion of a submission from the VINAH data store.

PurgeKey=<purge_key>;
Contains the Purge Key to be used when submitting a roll-back transmission. Must be used with PurgeSubID.

PurgeSubID=<sub_id>;
Contains the Purge Sub ID to be used when submitting a roll-back transmission. Must be used with PurgeKey.

StopOnFirstFailedBatch=True;
This option will cause the termination of the VINAH validation process for a file at
the first instance of a validation being triggered within a batch. Note that the failed batch will be processed in its entirety, meaning there may be more than one error returned. However subsequent batches will not be validated or acknowledged. As a result, the validation report will not include any acceptance information for batches beyond the first failed batch. The use of this option automatically implies the PurgeAfterLoad directive; no data will be committed regardless of the validity of the file. This option is only for use when testing VINAH submissions during change cycles, or by prior arrangement with the Department.

**SubmissionHistory=True;**

This option returns an XML document which provides a history of submissions that were processed by VINAH for the current user account.

### Validations

<table>
<thead>
<tr>
<th>Validation Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>X001</td>
<td>Submission <code>&lt;filename&gt;</code> was successfully purged from the VINAH System.</td>
</tr>
<tr>
<td>X002</td>
<td>Submission <code>&lt;filename&gt;</code> was not successfully purged – incorrect TargetEnvironment/Filename/SubID/HealthService/UserName/PurgeKey combination.</td>
</tr>
<tr>
<td>X003</td>
<td>Submission <code>&lt;filename&gt;</code> has already been purged after the initial load, due to the PurgeAfterLoad=True instruction on the original submission.</td>
</tr>
<tr>
<td>X004</td>
<td>Submission <code>&lt;filename&gt;</code> could not be purged as it is not the last file submitted for this health service. Only the last existing file for a health service can be purged.</td>
</tr>
</tbody>
</table>

### Related items

- File Identifier
- File Name
- File Purge Key
- File Purged After Processing Indicator
- Message Date/Time

### Administration

**Purpose**

To enable management of VINAH transmissions.

**Principal users**

VINAH processing.

**Version history**

<table>
<thead>
<tr>
<th>Version</th>
<th>Previous Name</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>File Processing Directive</td>
<td>2010/07/01</td>
</tr>
</tbody>
</table>

**Definition source**

DHHS

**Value domain source**

DHHS
File Reference Period End Date

Definition
A date indicating the end of the period for which the data is being reported.

<table>
<thead>
<tr>
<th>Repeats: Min.</th>
<th>Max.</th>
<th>Duplicate</th>
</tr>
</thead>
</table>

Form
Date

Layout
YYYYMMDD

Location
Transmission protocol
Send file
HL7 Submission
FILE (FHS.11)

Reported by
All VINAH transmissions.

Reported for
All file messages.

Reported when
All Programs, not elsewhere specified

The current reporting period for this item is the calendar month in which the following events or data elements fall:

File Processing End Date/Time (Mandatory)

Value domain
Valid date.

Reporting guide
The File Reference Period End Date indicates the end date for the period of data included in the submission file. This will generally be the end date used when data is extracted from the vendor system.

Where the submission file is a resubmission of the same date range as a previous file, the File Reference Period End Date may be the same as the File Reference Period End Date in the previous file. The File Reference Period End Date cannot be a date prior to a File Reference Period End Date previously reported (and not subsequently purged).

If the submission is a purge file, the File Reference Period End Date should be the same as the value submitted in the file that is being purged.

Validations
E005 Invalid Code Supplied ('<CodeSupplied>') for field '<FieldName>' (<Location>). Value must exist in code table <CodeTable> and be valid for this Program/Stream <ProgramStream>

Related items
File Processing End Date/Time

Administration

Purpose
To enable management of VINAH transmissions.

Principal users
VINAH processing.

Version history

<table>
<thead>
<tr>
<th>Version</th>
<th>Previous Name</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>File Reference Period End Date</td>
<td>2010/07/01</td>
</tr>
<tr>
<td>1</td>
<td>File Reference Period End Date</td>
<td>2008/07/01</td>
</tr>
</tbody>
</table>

Definition source
DHHS

Value domain source
ISO8601:2000
**FileSending Application**

**Definition**
A code that identifies the application used to generate the VINAH submission.

<table>
<thead>
<tr>
<th><strong>Repeat:</strong></th>
<th><strong>Min.</strong></th>
<th><strong>Max.</strong></th>
<th><strong>Duplicate</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

**Form**
Code

**Layout**
XXX[XX]

**Size:**

<table>
<thead>
<tr>
<th><strong>Min.</strong></th>
<th><strong>Max.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>5</td>
</tr>
</tbody>
</table>

**Location**
Transmission protocol

<table>
<thead>
<tr>
<th><strong>Send File</strong></th>
<th><strong>HL7 Submission</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FILE (FHS.3)</td>
</tr>
</tbody>
</table>

**Reported by**
All programs, dependent on transmission protocol

**Reported for**
All file messages.

**Reported when**
All Programs, not elsewhere specified

The current reporting period for this item is the calendar month in which the following events or data elements fall:

**Message Date/Time** (All file messages)

**Value domain**
Enumerated

<table>
<thead>
<tr>
<th><strong>Table identifier</strong></th>
<th><strong>HL70361</strong></th>
</tr>
</thead>
</table>

**Code**

<table>
<thead>
<tr>
<th><strong>Descriptor</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>ADC Ascribe</td>
</tr>
<tr>
<td>DAVEM Data Agility VINAH Extract Manager</td>
</tr>
<tr>
<td>DEQ Dynamic Equilibrium</td>
</tr>
<tr>
<td>ECP eClinic PalCare</td>
</tr>
<tr>
<td>EPIC EPIC</td>
</tr>
<tr>
<td>FIXUS FIXUS</td>
</tr>
<tr>
<td>GLH Global Health</td>
</tr>
<tr>
<td>HMS Health Management Systems</td>
</tr>
<tr>
<td>HOM CSC HOMER</td>
</tr>
<tr>
<td>HRA Health service internal repository A</td>
</tr>
<tr>
<td>i.PM CSC</td>
</tr>
<tr>
<td>IBA IBA Health</td>
</tr>
<tr>
<td>IPM iSoft iPatient Manager</td>
</tr>
<tr>
<td>PJB PJB Data Manager</td>
</tr>
<tr>
<td>TCM Database Consultants Australia The Care Manager</td>
</tr>
<tr>
<td>TKC TrakHealth TrakCare</td>
</tr>
<tr>
<td>UNITI Uniti</td>
</tr>
</tbody>
</table>

**Reporting guide**
If there is no appropriate code for your extraction or submission application, please contact the HDSS Help Desk to discuss an appropriate code allocation.

Code ‘XXX – Test System’ cannot be reported for File Sending Application.

This data element will be tested against validation rules E001 and E004, which, if triggered will cause edit S001 to trigger in turn.

**HRA - Health service internal repository A**

Code HRA should be reported in situations where a Health Service has an internally developed data repository that accepts data feeds from multiple source systems and then generates a VINAH data transmission. In the event that a Health Service has multiple repositories that fit this definition, please contact the HDSS Help Desk for additional code assignments.
Validations  E001  The field '<FieldName>' (<Location>) is mandatory, but no value was supplied

Related items  Identifier Type
Local Identifier Assigning Authority
Message Date/Time

Administration

Purpose  To assist with the management of VINAH transmissions and data compliance.

Principal users  VINAH processing.

Version history  Version  Previous Name  Effective Date
2  File Sending Application  2010/07/01

Definition source  DHHS
Value domain source  DHHS
**Identifier Type**

**Definition**
A code corresponding to the type of identifier. In some episodes, this code may be used as a qualifier to the ‘Assigning authority’ component.

<table>
<thead>
<tr>
<th><strong>Repeats:</strong></th>
<th><strong>Min.</strong></th>
<th><strong>Max.</strong></th>
<th><strong>Duplicate</strong></th>
</tr>
</thead>
</table>

**Form**
Code

**Layout**
U[U]  

**Size:**

<table>
<thead>
<tr>
<th><strong>Min.</strong></th>
<th><strong>Max.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

**Location**

<table>
<thead>
<tr>
<th>Transmission protocol</th>
<th>HL7 Submission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact (insert)</td>
<td>ADT_A03 (PID\PID.3\CX.5)</td>
</tr>
<tr>
<td>Contact (update)</td>
<td>ADT_A03 (PV1\PV1.19\CX.5)</td>
</tr>
<tr>
<td>Patient/Client (insert)</td>
<td>ADT_A04 (PID\PID.3\CX.5)</td>
</tr>
<tr>
<td>Patient/Client (update)</td>
<td>ADT_A08 (PID\PID.3\CX.5)</td>
</tr>
<tr>
<td>Contact (update)</td>
<td>ADT_A08 (PV1\PV1.19\CX.5)</td>
</tr>
<tr>
<td>Contact (delete)</td>
<td>ADT_A13 (PID\PID.3\CX.5)</td>
</tr>
<tr>
<td>Contact (delete)</td>
<td>ADT_A13 (PV1\PV1.19\CX.5)</td>
</tr>
<tr>
<td>Patient/Client (merge)</td>
<td>ADT_A40 (PID\PID.3\CX.5)</td>
</tr>
</tbody>
</table>

**Reported by**
All programs, dependent on transmission protocol

**Reported for**
All Patient/Client messages.

**Reported when**
All Programs, not elsewhere specified
The current reporting period for this item is the calendar month in which the following events or data elements fall:
Message Date/Time (All messages except Referral In messages that do not lead to an Episode)

**Value domain**
Enumerated

<table>
<thead>
<tr>
<th><strong>Table identifier</strong></th>
<th><strong>Code</strong></th>
<th><strong>Descriptor</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>HL70203</td>
<td>A</td>
<td>Area/region/district</td>
</tr>
<tr>
<td></td>
<td>E</td>
<td>Externally assigned identifier</td>
</tr>
<tr>
<td></td>
<td>L</td>
<td>Local</td>
</tr>
<tr>
<td></td>
<td>VN</td>
<td>Visit number</td>
</tr>
</tbody>
</table>

**Reporting guide**
Identifier Type appears in VINAH transmissions whenever a CX composite field is called for in a PID or MRG message segment, specifically in CX.5 (IdentifierTypeCode), in order to give context to the value transmitted in CX.1 (ID).

The CX is used in the PID and MRG Message Segments.

In the PID it is used to transmit the Person Identifier, DVA File Number, TAC Claim Number and VWA File Number.

In the MRG it appears in MRG.1 to transmit the list of Patient Prior Identifiers to be merged with the Patient Identifier being specified in the ADTA40 message.

For a complete picture, it is worth noting that the CX.4 (AssigningAuthority) field will take its value from one of three different reference tables, depending on the value of the Identifier Type in CX.5, as noted below.
Interaction between Identifier Type and Local Identifier Assigning Authority

Message Segment = PID.3 (Patient/Client) or MRG.1 (Patient/Client)

If Identifier Type (CX.5) value = E (Externally assigned identifier such as TAC Claim Number, Medicare Number, etc.)
Then
Assigning Authority (CX.4) contains value from table = HL70363

Identifier Type (CX.5) value = A (Indicates identifier is unique within the organisation)
Then
Assigning Authority (CX.4) contains value from table = HL70363 Organisation Identifier.

If Identifier Type (CX.5) value = L (Indicates identifier is NOT unique within the organisation)
Then
Assigning Authority (CX.4) contains value from table = HL70300 or HL70361 (or both, concatenated)

Use in Referral In Messages

Patient/Client Identifier and the associated values of Identifier Type and Local Identifier Assigning Authority may be left null in Referral In messages. However, if transmitted, they must identify a registered patient or client.

Prefixing Identifiers

The Identifier Type is relevant only to Patient Identifiers. To uniquely identify other Identifiers across campuses and/or vendor systems, services may choose to prefix identifiers with a unique code. The code may indicate the vendor system, or program area, or other assigner or combination of assigners.

Codes can be created according to the requirements of the service and are not validated.

Prefixing identifiers ensures that data will not be overwritten or interfere with identifiers sent from other vendor systems or campuses if identifiers are not unique across all systems in the service.

Validations

E001 The field '<FieldName>' (<Location>) is mandatory, but no value was supplied

E050 Field <element_name> (<Location>) has no value but is part of the primary key for the <structure> record

E051 Cannot insert record, same Primary Key for data structure "<structure>" already exists (<conflict_location>). Key fields: <pk_expanded_val>

Related items

Batch Control Identifier
Contact Identifier
Contact TAC Claim Number
Contact VWA File Number
Episode Identifier
File Sending Application
Local Identifier Assigning Authority
Message Date/Time
Organisation Identifier
Patient/Client DVA File Number
Patient/Client Identifier
Patient/Client Prior Identifier
Referral Identifier
Administration

Purpose
To enable management of VINAH transmissions.

Principal users
VINAH processing.

Version history

<table>
<thead>
<tr>
<th>Version</th>
<th>Previous Name</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Identifier Type</td>
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<tr>
<td>5</td>
<td>Identifier Type</td>
<td>2009/11/01</td>
</tr>
<tr>
<td>4</td>
<td>Identifier Type</td>
<td>2010/07/01</td>
</tr>
<tr>
<td>3</td>
<td>Identifier Type</td>
<td>2009/07/01</td>
</tr>
<tr>
<td>2</td>
<td>Identifier Type</td>
<td>2008/07/01</td>
</tr>
</tbody>
</table>

Definition source
HL7, NHDD (DHHS modified)

Value domain source
HL7, NHDD 000841 (DHHS modified)
## Local Identifier Assigning Authority

### Definition

The assigning authority is a unique code identifying the system (or organisation or agency or department) that created the local identifier.

<table>
<thead>
<tr>
<th>Repeats:</th>
<th>Min.</th>
<th>Max.</th>
<th>Duplicate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form</td>
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</tr>
<tr>
<td>Layout</td>
<td>[UUU]XXX</td>
<td>3</td>
<td>6</td>
</tr>
</tbody>
</table>

### Transmission protocol

- **Contact (insert)**: ADT_A03 (PID\(\text{PID.3;CX.4;HD.1}\))
- **Patient/Client (insert)**: ADT_A04 (PID\(\text{PID.3;CX.4;HD.1}\))
- **Contact (update)**: ADT_A08 (PID\(\text{PID.3;CX.4;HD.1}\))
- **Patient/Client (update)**: ADT_A08 (PID\(\text{PID.3;CX.4;HD.1}\))
- **Contact (delete)**: ADT_A13 (PID\(\text{PID.3;CX.4;HD.1}\))
- **Patient/Client (merge)**: ADT_A40 (PID\(\text{PID.3;CX.4;HD.1}\))
- **Episode (insert)**: PPP_PCB (PID\(\text{PID.3;CX.4;HD.1}\))
- **Episode (update)**: PPP_PCC (PID\(\text{PID.3;CX.4;HD.1}\))
- **Episode (delete)**: PPP_PCD (PID\(\text{PID.3;CX.4;HD.1}\))
- **Referral Out (insert)**: REF_I12 (PID\(\text{PID.3;CX.4;HD.1}\))
- **Referral Out (update)**: REF_I13 (PID\(\text{PID.3;CX.4;HD.1}\))
- **Referral Out (delete)**: REF_I14 (PID\(\text{PID.3;CX.4;HD.1}\))
- **Referral In (insert)**: RRI_I12 (PID\(\text{PID.3;CX.4;HD.1}\))
- **Referral In (update)**: RRI_I13 (PID\(\text{PID.3;CX.4;HD.1}\))
- **Referral In (delete)**: RRI_I14 (PID\(\text{PID.3;CX.4;HD.1}\))

### Reported by

All programs, dependent on transmission protocol

### Reported for

All messages.

### Reported when

**All Programs, not elsewhere specified**

The current reporting period for this item is the calendar month in which the following events or data elements fall:

- **Message Date/Time (All messages)**

### Value domain

See reporting guide, below. Refer to Table HL70300 in Section 9: Code Lists for Local Assigning Authority codes based on Geographic or Organisational bases.

Refer to Table HL70361, below for prefix codes based on software system. Refer to Table HL70363 for codes based on external assigning authorities.

### Reporting guide

When included as part of the identifier for a person this code should identify the establishment assigning the Person Identifier to the client. For example, if a care provider uses identifiers generated by the Patient Master Index of a particular establishment, the code reported in this data element should be the identifier allocated to that establishment.

The Identifier Type indicates the level at which the indicator has been assigned. If the Identifier Type is ‘A’ (the identifier is unique to the organisation), the Local Identifier Assigning Authority takes the value of the Organisation Identifier (table HL70362). If the Identifier Type is ‘L’ (the identifier is not unique to the organisation), the Local Assigning Authority identifies the party who allocated the identifier.
A value from the Local Identifier Assigning Authority codeset (table HL70300 or HL70361, or both concatenated). If the Identifier has been allocated by an external organisation (Identifier Type = ‘E’) the Local Assigning Authority is an appropriate value from table HL70363.

The value domain for this data element was generated on the assumption that values would be assigned at a local establishment level, that is, on a geographic or organisational basis. However, in the event that this is not an accurate reflection of the situation at a given organisation, for example where there are multiple systems that use common identifiers across multiple establishments but do not share the identifiers between systems.

To this end additional codes have been created for this data element allowing vendors to specify their system as the assigning authority by prefixing or replacing the geographic/organisationally-based code with a 3-character code.

If you are a software vendor and wish to take up this option, but there is no appropriate code, please contact the HDSS Help Desk to discuss an appropriate code allocation.

**Layout**

Part 1: Three character software system code.

Layout: AAA

Part 2: Geographic or organisationally-based code

Layout: XXX

For example, valid codes for Test Hospital (code ‘500’) reporting a local identifier from Test System (code ‘XXX’) could be XXX, XXX500 or 500.

This supports a situation where separate systems are in place in different locations (for example system AAA for HARP programs at locations 111 and 222 and system BBB for SACS programs also at locations 111 and 222) and the systems can neither communicate common identifiers between different sites or each other.

**Use in Referral In Messages**

Patient/Client Identifier and the associated values of Identifier Type and Local Identifier Assigning Authority may be left null in Referral In messages. However, if transmitted, they must identify a registered patient or client.

**Validations**

E001 The field '<FieldName>' (<Location>) is mandatory, but no value was supplied

E050 Field <element_name> (<Location>) has no value but is part of the primary key for the <structure> record

E051 Cannot insert record, same Primary Key for data structure "<structure>" already exists (<conflict_location>). Key fields: <pk_expanded_val>

**Related items**

Contact Identifier
Episode Identifier
File Sending Application
Identifier Type
Message Date/Time
Organisation Identifier
Patient/Client Identifier
Referral Identifier
Administration

Purpose  To enable management of VINAH transmissions.

Principal users  Department of Health and Human Services

Version history

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<tr>
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<th>Previous Name</th>
<th>Effective Date</th>
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</thead>
<tbody>
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<td>Local Identifier Assigning Authority</td>
<td>2012/07/01</td>
</tr>
<tr>
<td>4</td>
<td>Local Identifier Assigning Authority</td>
<td>2010/07/01</td>
</tr>
<tr>
<td>3</td>
<td>Local Identifier Assigning Authority</td>
<td>2009/07/01</td>
</tr>
<tr>
<td>2</td>
<td>Local Identifier Assigning Authority</td>
<td>2007/07/01</td>
</tr>
<tr>
<td>1</td>
<td>Local Identifier Assigning Authority</td>
<td>2005/07/01</td>
</tr>
</tbody>
</table>

Definition source  HL7 (DHHS modified)

Value domain source  DHHS
Message Accept Acknowledgement Code

**Definition**
A code that identifies the conditions under which accept or application acknowledgments are required to be returned in response to this message.

<table>
<thead>
<tr>
<th>Repeats:</th>
<th>Min.</th>
<th>Max.</th>
<th>Duplicate</th>
</tr>
</thead>
</table>

**Form**
Code

**Layout**
UU

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<th>Min.</th>
<th>Max.</th>
<th>Duplicate</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Location</th>
<th>Transmission protocol</th>
<th>HL7 Submission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact (insert)</td>
<td>ADT_A03 (MSH.15)</td>
<td></td>
</tr>
<tr>
<td>Patient/Client (insert)</td>
<td>ADT_A04 (MSH.15)</td>
<td></td>
</tr>
<tr>
<td>Contact (update)</td>
<td>ADT_A08 (MSH.15)</td>
<td></td>
</tr>
<tr>
<td>Contact (delete)</td>
<td>ADT_A13 (MSH.15)</td>
<td></td>
</tr>
<tr>
<td>Patient/Client (merge)</td>
<td>ADT_A40 (MSH.15)</td>
<td></td>
</tr>
<tr>
<td>Episode (insert)</td>
<td>PPP_PCB (MSH.15)</td>
<td></td>
</tr>
<tr>
<td>Episode (update)</td>
<td>PPP_PCC (MSH.15)</td>
<td></td>
</tr>
<tr>
<td>Episode (delete)</td>
<td>PPP_PCD (MSH.15)</td>
<td></td>
</tr>
<tr>
<td>Referral Out (insert)</td>
<td>REF_I12 (MSH.15)</td>
<td></td>
</tr>
<tr>
<td>Referral Out (update)</td>
<td>REF_I13 (MSH.15)</td>
<td></td>
</tr>
<tr>
<td>Referral Out (delete)</td>
<td>REF_I14 (MSH.15)</td>
<td></td>
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<td>Referral In (insert)</td>
<td>RRI_I12 (MSH.15)</td>
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<tr>
<td>Referral In (update)</td>
<td>RRI_I13 (MSH.15)</td>
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<tr>
<td>Referral In (delete)</td>
<td>RRI_I14 (MSH.15)</td>
<td></td>
</tr>
</tbody>
</table>

**Reported by**
All programs, dependent on transmission protocol

**Reported for**
All messages.

**Reported when**
All Programs, not elsewhere specified

The current reporting period for this item is the calendar month in which the following events or data elements fall:

Message Date/Time (All messages)

**Value domain**
Enumerated

<table>
<thead>
<tr>
<th>Code</th>
<th>Descriptor</th>
</tr>
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<tbody>
<tr>
<td>NE</td>
<td>Never</td>
</tr>
</tbody>
</table>

**Reporting guide**
'NE - Never’ is the only value from the HL7 data definition table accepted by VINAH.

**Validations**
General edits only, see Format.

**Related items**
Message Date/Time

**Administration**

**Purpose**
VINAH processing.

**Principal users**
Department of Health and Human Services
<table>
<thead>
<tr>
<th>Version history</th>
<th>Version</th>
<th>Previous Name</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td></td>
<td>Message Accept Acknowledgement Code</td>
<td>2010/07/01</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>Message Accept Acknowledgement Code</td>
<td>2009/07/01</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>Message Accept Acknowledgement Code</td>
<td>2007/07/01</td>
</tr>
<tr>
<td>1</td>
<td></td>
<td>Message Accept Acknowledgement Code</td>
<td>2005/07/01</td>
</tr>
</tbody>
</table>

**Definition source**  
HL7 (DHHS modified)

**Value domain source**  
HL7
**Message Action Code**

**Definition**
A code identifying the intent of the message; whether to add, update, correct, and delete from the record pathways that are utilised to address an individual’s health care.

<table>
<thead>
<tr>
<th>Repeats:</th>
<th>Min.</th>
<th>Max.</th>
<th>Duplicate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form</td>
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<td>1</td>
</tr>
<tr>
<td>Layout</td>
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**Location**

<table>
<thead>
<tr>
<th>Transmission protocol</th>
<th>HL7 Submission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Episode (insert)</td>
<td>PPP_PCB (PTH.1)</td>
</tr>
<tr>
<td>Episode (update)</td>
<td>PPP_PCC (PTH.1)</td>
</tr>
<tr>
<td>Episode (delete)</td>
<td>PPP_PCD (PTH.1)</td>
</tr>
</tbody>
</table>

**Reported by**
All programs, dependent on transmission protocol

**Reported for**
All Episode messages.

**Reported when**

**All Programs, not elsewhere specified**
The current reporting period for this item is the calendar month in which the following events or data elements fall:
Message Date/Time (All Episode messages)

**Value domain**
Enumerated

<table>
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<th>Table identifier</th>
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<table>
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<th>Code</th>
<th>Descriptor</th>
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<tbody>
<tr>
<td>AD</td>
<td>Add</td>
</tr>
<tr>
<td>DE</td>
<td>Delete</td>
</tr>
<tr>
<td>UP</td>
<td>Update</td>
</tr>
</tbody>
</table>

**Reporting guide**

The VINAH update protocols are implemented at message level so the value of this item is implicit in the message type being sent, as described below.

These codes are the only values from the HL7 data definition table accepted by VINAH.

Note that this value will not instruct VINAH how to process a record; it is used only audit the intended action the record will have on the VINAH system.

**AD - Add**
Report code ‘AD’ when opening an Episode or reporting a completed Contact, that is: in the PPPPCB and ADTA03 messages.

**DE - Delete**
Report code ‘DE’ when deleting an Episode or Contact, that is: PPPPCD or ADTA13.

**UP - Update**
Report code ‘UP’ when updating or closing an Episode, that is: in the PPPPCC and in the Contact messages ADTA03, ADTA13.

**Validations**
General edits only, see Format.

**Related items**
Message Date/Time
Administration

Purpose: To enable management of VINAH transmissions.

Principal users: VINAH processing.

Version history:

<table>
<thead>
<tr>
<th>Version</th>
<th>Previous Name</th>
<th>Effective Date</th>
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<tbody>
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<td>Message Action Code</td>
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<td>3</td>
<td>Message Action Code</td>
<td>2009/07/01</td>
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<td>Message Action Code</td>
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</tr>
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<td>1</td>
<td>Message Action Code</td>
<td>2005/07/01</td>
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</tbody>
</table>

Definition source: HL7 (DHHS modified)

Value domain source: HL7
Message Character Set Code

**Definition**  
A code that specifies the character set used for the entire HL7 message

<table>
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<tr>
<th><strong>Repeats:</strong></th>
<th><strong>Min.</strong></th>
<th><strong>Max.</strong></th>
<th><strong>Duplicate</strong></th>
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</tr>
<tr>
<td><strong>Layout</strong></td>
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<table>
<thead>
<tr>
<th><strong>Size:</strong></th>
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<th><strong>Max.</strong></th>
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<tbody>
<tr>
<td></td>
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</tbody>
</table>

**Location**  
Transmission protocol: HL7 Submission
- Contact (insert): ADT_A03 (MSH.18)
- Patient/Client (insert): ADT_A04 (MSH.18)
- Contact (update): ADT_A08 (MSH.18)
- Contact (delete): ADT_A13 (MSH.18)
- Patient/Client (merge): ADT_A40 (MSH.18)
- Episode (insert): PPP_PCB (MSH.18)
- Episode (update): PPP_PCC (MSH.18)
- Episode (delete): PPP_PCD (MSH.18)
- Referral Out (insert): REF_I12 (MSH.18)
- Referral Out (update): REF_I13 (MSH.18)
- Referral Out (delete): REF_I14 (MSH.18)
- Referral In (insert): RRI_I12 (MSH.18)
- Referral In (update): RRI_I13 (MSH.18)
- Referral In (delete): RRI_I14 (MSH.18)

**Reported by**  
All programs, dependent on transmission protocol

**Reported for**  
All messages.

**Reported when**  
**All Programs, not elsewhere specified**
The current reporting period for this item is the calendar month in which the following events or data elements fall:

- Message Date/Time (All messages)

**Value domain**  
Enumerated

**Table identifier**  
HL70211

**Reporting guide**  
All transmissions to VINAH must use the 7-bit ASCII character set.

**Validations**  
F005  
Illegal Extended ASCII Character supplied (Code <ASCIICode>) at position <Position> in File. File may only contain 7-bit ASCII characters.

**Related items**  
Message Date/Time

**Administration**  

**Purpose**  
To enable management of VINAH transmissions.

**Principal users**  
VINAH processing.

**Version history**

<table>
<thead>
<tr>
<th><strong>Version</strong></th>
<th><strong>Previous Name</strong></th>
<th><strong>Effective Date</strong></th>
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<tbody>
<tr>
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<td>Message Character Set Code</td>
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<td>Message Character Set Code</td>
<td>2009/07/01</td>
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<td>Message Character Set Code</td>
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<td>1</td>
<td>Message Character Set Code</td>
<td>2005/07/01</td>
</tr>
</tbody>
</table>

**Definition source**  
HL7

**Value domain source**  
HL7
Message Control Identifier

**Definition**
A unique message identifier for a message across applications within an organisation.

**Repeats:**

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<thead>
<tr>
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<th>Min.</th>
<th>Max.</th>
<th>Duplicate</th>
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</thead>
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**Form**
Identifier

**Layout**
X(1-20)

**Size:**
1 – 20

**Location**

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<th>Transmission protocol</th>
<th>HL7 Submission</th>
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<tbody>
<tr>
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<tr>
<td>Patient/Client (insert)</td>
<td>ADT_A04 (MSH.10)</td>
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<tr>
<td>Contact (update)</td>
<td>ADT_A08 (MSH.10)</td>
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</tr>
<tr>
<td>Contact (delete)</td>
<td>ADT_A13 (MSH.10)</td>
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<tr>
<td>Patient/Client (merge)</td>
<td>ADT_A40 (MSH.10)</td>
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<tr>
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<td>Episode (update)</td>
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<tr>
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<tr>
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<td>REF_I12 (MSH.10)</td>
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<tr>
<td>Referral Out (update)</td>
<td>REF_I13 (MSH.10)</td>
<td></td>
</tr>
<tr>
<td>Referral Out (delete)</td>
<td>REF_I14 (MSH.10)</td>
<td></td>
</tr>
<tr>
<td>Referral In (insert)</td>
<td>RRI_I12 (MSH.10)</td>
<td></td>
</tr>
<tr>
<td>Referral In (update)</td>
<td>RRI_I13 (MSH.10)</td>
<td></td>
</tr>
<tr>
<td>Referral In (delete)</td>
<td>RRI_I14 (MSH.10)</td>
<td></td>
</tr>
</tbody>
</table>

**Reported by**
All programs, dependent on transmission protocol

**Reported for**
All HL7 messages,

**Reported when**
All Programs, not elsewhere specified

The current reporting period for this item is the calendar month in which the following events or data elements fall:

Message Date/Time (All messages)

**Value domain**
Organisation generated. Individual sites may use their own alphabetic, numeric or alphanumeric coding system.

**Reporting guide**
It is permissible to utilise upper case or lower case ASCII alpha characters, digits 0 to 9, dashes, spaces or apostrophes. That is, ASCII hexadecimal values 20, 27, 2D, 41 through 5A inclusive, 61 through 7A inclusive. Identifiers are case-sensitive.

**Validations**
HL7011 Message Control Identifier <MCID> has already been allocated to a previous message

**Related items**
Message Date/Time

**Administration**

**Purpose**
To enable management of VINAH transmissions.

**Principal users**
VINAH processing.
<table>
<thead>
<tr>
<th>Version history</th>
<th>Version</th>
<th>Previous Name</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4</td>
<td>Message Control Identifier</td>
<td>2010/07/01</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Message Control Identifier</td>
<td>2009/07/01</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Message Control Identifier</td>
<td>2007/07/01</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Message Control Identifier</td>
<td>2005/07/01</td>
</tr>
</tbody>
</table>

**Definition source**  
DHHS

**Value domain source**  
Organisation
**Message Date/Time**

**Definition**

The date and time that the sending system created the HL7 message. If the time zone is specified, it will be used throughout the message as the default time zone.

<table>
<thead>
<tr>
<th>Repeats:</th>
<th>Min.</th>
<th>Max.</th>
<th>Duplicate</th>
</tr>
</thead>
</table>

**Form**

Date and Time

**Layout**

YYYYMMDD[hhmmss]  

**Size:**

<table>
<thead>
<tr>
<th>Min.</th>
<th>Max.</th>
</tr>
</thead>
</table>

**Location**

- **Transmission protocol**  
  - Contact (insert): ADT_A03 (MSH.7\TS.1)  
  - Patient/Client (insert): ADT_A04 (MSH.7\TS.1)  
  - Contact (update): ADT_A08 (MSH.7\TS.1)  
  - Contact (delete): ADT_A13 (MSH.7\TS.1)  
  - Patient/Client (merge): ADT_A40 (MSH.7\TS.1)  
  - Episode (insert): PPP_PCB (MSH.7\TS.1)  
  - Episode (update): PPP_PCC (MSH.7\TS.1)  
  - Episode (delete): PPP_PCD (MSH.7\TS.1)  
  - Referral Out (insert): REF_I12 (MSH.7\TS.1)  
  - Referral Out (update): REF_I13 (MSH.7\TS.1)  
  - Referral Out (delete): REF_I14 (MSH.7\TS.1)  
  - Referral In (insert): RRI_I12 (MSH.7\TS.1)  
  - Referral In (update): RRI_I13 (MSH.7\TS.1)  
  - Referral In (delete): RRI_I14 (MSH.7\TS.1)

**Reported by**

All programs, dependent on transmission protocol

**Reported for**

All HL7 messages

**Reported when**

A valid date and time.

**Value domain**

A valid date and time.

**Reporting guide**

See Message Set Representation in Section 5 for more details on specification of dates and times.

**Validations**

General edits only, see Format.

**Related items**

**Administration**

**Purpose**

To enable management of VINAH transmissions.

**Principal users**

VINAH processing.

**Version history**

<table>
<thead>
<tr>
<th>Version</th>
<th>Previous Name</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Message Date/Time</td>
<td>2010/07/01</td>
</tr>
<tr>
<td>3</td>
<td>Message Date and Time</td>
<td>2009/07/01</td>
</tr>
<tr>
<td>2</td>
<td>Message Date and Time</td>
<td>2007/07/01</td>
</tr>
<tr>
<td>1</td>
<td>Message Date and Time</td>
<td>2005/07/01</td>
</tr>
</tbody>
</table>

**Definition source**

HL7

**Value domain source**

ISO8601:2000
Message Origin Country Code

Definition: A code that identifies the country of origin for the message.

<table>
<thead>
<tr>
<th>Repeatable</th>
<th>Min.</th>
<th>Max.</th>
<th>Duplicate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form</td>
<td>Code</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Layout</td>
<td>Size:</td>
<td>Min.</td>
<td>Max.</td>
</tr>
<tr>
<td></td>
<td>UU[U]</td>
<td>2</td>
<td>3</td>
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</tbody>
</table>

Location

<table>
<thead>
<tr>
<th>Transmission protocol</th>
<th>HL7 Submission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact (insert)</td>
<td>ADT_A03 (MSH.17)</td>
</tr>
<tr>
<td>Patient/Client (insert)</td>
<td>ADT_A04 (MSH.17)</td>
</tr>
<tr>
<td>Contact (update)</td>
<td>ADT_A08 (MSH.17)</td>
</tr>
<tr>
<td>Contact (delete)</td>
<td>ADT_A13 (MSH.17)</td>
</tr>
<tr>
<td>Patient/Client (merge)</td>
<td>ADT_A40 (MSH.17)</td>
</tr>
<tr>
<td>Episode (insert)</td>
<td>PPP_PCB (MSH.17)</td>
</tr>
<tr>
<td>Episode (update)</td>
<td>PPP_PCC (MSH.17)</td>
</tr>
<tr>
<td>Episode (delete)</td>
<td>PPP_PCD (MSH.17)</td>
</tr>
<tr>
<td>Referral Out (insert)</td>
<td>REF_I12 (MSH.17)</td>
</tr>
<tr>
<td>Referral Out (update)</td>
<td>REF_I13 (MSH.17)</td>
</tr>
<tr>
<td>Referral Out (delete)</td>
<td>REF_I14 (MSH.17)</td>
</tr>
<tr>
<td>Referral In (insert)</td>
<td>RRI_I12 (MSH.17)</td>
</tr>
<tr>
<td>Referral In (update)</td>
<td>RRI_I13 (MSH.17)</td>
</tr>
<tr>
<td>Referral In (delete)</td>
<td>RRI_I14 (MSH.17)</td>
</tr>
</tbody>
</table>

Reported by: All programs, dependent on transmission protocol

Reported for: All HL7 messages

Reported when: All Programs, not elsewhere specified

The current reporting period for this item is the calendar month in which the following events or data elements fall:

Message Date/Time (All messages)

Value domain: Enumerated

Table identifier: HL70399

<table>
<thead>
<tr>
<th>Code</th>
<th>Descriptor</th>
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</thead>
<tbody>
<tr>
<td>AU</td>
<td>Australia (two character form)</td>
</tr>
<tr>
<td>AUS</td>
<td>Australia (three character form)</td>
</tr>
</tbody>
</table>

Reporting guide: HL7 specifies that the three-character (alphabetic) form be used for the country code. VINAH also accepts the two-character alphabetic form. Australia (code 'AU' or code 'AUS') is the only acceptable value. This data element should not be confused with Patient/Client Birth Country, which uses the ABS SACC code set.

Validations: General edits only, see Format.

Related items: Message Date/Time

Administration

Purpose: To enable management of VINAH transmissions.

Principal users: VINAH processing.
<table>
<thead>
<tr>
<th>Version history</th>
<th>Version</th>
<th>Previous Name</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4</td>
<td>Message Origin Country Code</td>
<td>2010/07/01</td>
</tr>
<tr>
<td></td>
<td>3</td>
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<td>2009/07/01</td>
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<td></td>
<td>2</td>
<td>Message Origin Country Code</td>
<td>2007/07/01</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Message Origin Country Code</td>
<td>2005/07/01</td>
</tr>
</tbody>
</table>

**Definition source**: HL7

**Value domain source**: ISO 3166
Message Processing Identifier

Definition
A code indicating whether to process the message as defined in HL7 Application (level 7) processing rules; it defines whether the message is part of a production, training, or debugging system.

<table>
<thead>
<tr>
<th>Repeats:</th>
<th>Min.</th>
<th>Max.</th>
<th>Duplicate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form</td>
<td>Code</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Layout</td>
<td>U</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Location

Transmission protocol
- Contact (insert): ADT_A03 (MSH.11\PT.1)
- Patient/Client (insert): ADT_A04 (MSH.11\PT.1)
- Contact (update): ADT_A08 (MSH.11\PT.1)
- Contact (delete): ADT_A13 (MSH.11\PT.1)
- Patient/Client (merge): ADT_A40 (MSH.11\PT.1)
- Episode (insert): PPP_PCB (MSH.11\PT.1)
- Episode (update): PPP_PCC (MSH.11\PT.1)
- Episode (delete): PPP_PCD (MSH.11\PT.1)
- Referral Out (insert): REF_I12 (MSH.11\PT.1)
- Referral Out (update): REF_I13 (MSH.11\PT.1)
- Referral Out (delete): REF_I14 (MSH.11\PT.1)
- Referral In (insert): RRI_I12 (MSH.11\PT.1)
- Referral In (update): RRI_I13 (MSH.11\PT.1)
- Referral In (delete): RRI_I14 (MSH.11\PT.1)

Reported by
All programs, dependent on transmission protocol

Reported for
All messages.

Reported when
All Programs, not elsewhere specified

The current reporting period for this item is the calendar month in which the following events or data elements fall:

Message Date/Time (All messages)

Value domain
Enumerated

<table>
<thead>
<tr>
<th>Code</th>
<th>Descriptor</th>
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</thead>
<tbody>
<tr>
<td>D</td>
<td>Debugging</td>
</tr>
<tr>
<td>P</td>
<td>Production</td>
</tr>
<tr>
<td>T</td>
<td>Training</td>
</tr>
</tbody>
</table>

Reporting guide
This value should vary depending on whether the interface is in development, test or production mode. However validation will not fail if, for example, Processing Identifier is set to ‘P’ when a message is sent to the test environment.

Validations
General edits only, see Format.

Related items
Message Date/Time

Administration

Purpose
To enable management of VINAH transmissions.

Principal users
VINAH processing.
<table>
<thead>
<tr>
<th>Version history</th>
<th>Version</th>
<th>Previous Name</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>Message Processing Identifier</td>
<td>2010/07/01</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Processing Identifier</td>
<td>2009/07/01</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Processing Identifier</td>
<td>2007/07/01</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Processing Identifier</td>
<td>2005/07/01</td>
</tr>
</tbody>
</table>

**Definition source**: HL7 (DHHS modified)

**Value domain source**: HL7
**Message Type**

**Definition**

A HL7 message is the atomic unit of data transferred between systems.

Each message has a message type that defines its purpose, a real-world trigger event that initiates an exchange of messages, and an abstract internal structure of segments and fields that define how the message is assembled.

This data element is composed of these three components that define the type of message.

The first component is the message type code defined by HL7 Table 0076 - Message type.

The second component is the trigger event code defined by HL7 Table 0003 - Event type.

The third component is the abstract message structure code defined by HL7 Table 0354 - Message structure.

<table>
<thead>
<tr>
<th>Form</th>
<th>Layout</th>
<th>Repeats: Min.</th>
<th>Max.</th>
<th>Duplicate</th>
</tr>
</thead>
<tbody>
<tr>
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<td>1</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

**Location**

**Transmission protocol**

<table>
<thead>
<tr>
<th></th>
<th>HL7 Submission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact (insert)</td>
<td>ADT_A03 (MSH.9!MSG.1)</td>
</tr>
<tr>
<td>Contact (insert)</td>
<td>ADT_A03 (MSH.9!MSG.2)</td>
</tr>
<tr>
<td>Contact (insert)</td>
<td>ADT_A03 (MSH.9!MSG.3)</td>
</tr>
<tr>
<td>Patient/Client (insert)</td>
<td>ADT_A04 (MSH.9!MSG.1)</td>
</tr>
<tr>
<td>Patient/Client (insert)</td>
<td>ADT_A04 (MSH.9!MSG.2)</td>
</tr>
<tr>
<td>Patient/Client (insert)</td>
<td>ADT_A04 (MSH.9!MSG.3)</td>
</tr>
<tr>
<td>Contact (update)</td>
<td>ADT_A08 (MSH.9!MSG.1)</td>
</tr>
<tr>
<td>Contact (update)</td>
<td>ADT_A08 (MSH.9!MSG.2)</td>
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<td>Contact (update)</td>
<td>ADT_A08 (MSH.9!MSG.3)</td>
</tr>
<tr>
<td>Contact (delete)</td>
<td>ADT_A13 (MSH.9!MSG.1)</td>
</tr>
<tr>
<td>Contact (delete)</td>
<td>ADT_A13 (MSH.9!MSG.2)</td>
</tr>
<tr>
<td>Contact (delete)</td>
<td>ADT_A13 (MSH.9!MSG.3)</td>
</tr>
<tr>
<td>Patient/Client (merge)</td>
<td>ADT_A40 (MSH.9!MSG.1)</td>
</tr>
<tr>
<td>Patient/Client (merge)</td>
<td>ADT_A40 (MSH.9!MSG.2)</td>
</tr>
<tr>
<td>Patient/Client (merge)</td>
<td>ADT_A40 (MSH.9!MSG.3)</td>
</tr>
<tr>
<td>Episode (insert)</td>
<td>PPP_PCB (MSH.9!MSG.1)</td>
</tr>
<tr>
<td>Episode (insert)</td>
<td>PPP_PCB (MSH.9!MSG.2)</td>
</tr>
<tr>
<td>Episode (insert)</td>
<td>PPP_PCB (MSH.9!MSG.3)</td>
</tr>
<tr>
<td>Episode (update)</td>
<td>PPP_PCC (MSH.9!MSG.1)</td>
</tr>
<tr>
<td>Episode (update)</td>
<td>PPP_PCC (MSH.9!MSG.2)</td>
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<td>Episode (update)</td>
<td>PPP_PCC (MSH.9!MSG.3)</td>
</tr>
<tr>
<td>Episode (delete)</td>
<td>PPP_PCD (MSH.9!MSG.1)</td>
</tr>
<tr>
<td>Episode (delete)</td>
<td>PPP_PCD (MSH.9!MSG.2)</td>
</tr>
<tr>
<td>Episode (delete)</td>
<td>PPP_PCD (MSH.9!MSG.3)</td>
</tr>
<tr>
<td>Referral Out (insert)</td>
<td>REF_I12 (MSH.9!MSG.1)</td>
</tr>
<tr>
<td>Referral Out (insert)</td>
<td>REF_I12 (MSH.9!MSG.2)</td>
</tr>
<tr>
<td>Referral Out (insert)</td>
<td>REF_I12 (MSH.9!MSG.3)</td>
</tr>
<tr>
<td>Referral Out (update)</td>
<td>REF_I13 (MSH.9!MSG.1)</td>
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<tr>
<td>Referral Out (update)</td>
<td>REF_I13 (MSH.9!MSG.3)</td>
</tr>
<tr>
<td>Referral Out (delete)</td>
<td>REF_I14 (MSH.9!MSG.1)</td>
</tr>
</tbody>
</table>
Referral Out (delete)    REF_I14 (MSH.9/MSG.2)
Referral Out (delete)    REF_I14 (MSH.9/MSG.3)
Referral In (insert)     RRI_I12 (MSH.9/MSG.1)
Referral In (insert)     RRI_I12 (MSH.9/MSG.2)
Referral In (insert)     RRI_I12 (MSH.9/MSG.3)
Referral In (update)     RRI_I13 (MSH.9/MSG.1)
Referral In (update)     RRI_I13 (MSH.9/MSG.2)
Referral In (update)     RRI_I13 (MSH.9/MSG.3)
Referral In (delete)     RRI_I14 (MSH.9/MSG.1)
Referral In (delete)     RRI_I14 (MSH.9/MSG.2)
Referral In (delete)     RRI_I14 (MSH.9/MSG.3)

**Reported by**
All programs, dependent on transmission protocol

**Reported for**
All messages.

**Reported when**
All Programs, not elsewhere specified

The current reporting period for this item is the calendar month in which the following events or data elements fall:

**Value domain**
HL70354 - Message structure.

<table>
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<tr>
<th>Table identifier</th>
<th>HL70003</th>
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**Code**

<table>
<thead>
<tr>
<th>Code</th>
<th>Descriptor</th>
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<tbody>
<tr>
<td>A03</td>
<td>Discharge/end visit event</td>
</tr>
<tr>
<td>A04</td>
<td>Register a patient event</td>
</tr>
<tr>
<td>A08</td>
<td>Update patient information event</td>
</tr>
<tr>
<td>A13</td>
<td>Cancel discharge / end visit event</td>
</tr>
<tr>
<td>A40</td>
<td>Merge patient - patient identifier list</td>
</tr>
<tr>
<td>I12</td>
<td>Patient referral</td>
</tr>
<tr>
<td>I13</td>
<td>Modify patient referral</td>
</tr>
<tr>
<td>I14</td>
<td>Cancel patient referral</td>
</tr>
<tr>
<td>PCB</td>
<td>Pathway (Problem-Oriented) Add</td>
</tr>
<tr>
<td>PCC</td>
<td>Pathway (Problem-Oriented) Update</td>
</tr>
<tr>
<td>PCD</td>
<td>Pathway (Problem-Oriented) Delete</td>
</tr>
</tbody>
</table>

**Table Identifier**

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<thead>
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**Code**

<table>
<thead>
<tr>
<th>Code</th>
<th>Descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADT</td>
<td>Patient administration unsolicited update</td>
</tr>
<tr>
<td>PPP</td>
<td>Patient pathway (problem-oriented) message</td>
</tr>
<tr>
<td>REF</td>
<td>Patient referral</td>
</tr>
<tr>
<td>RRI</td>
<td>Return referral information</td>
</tr>
</tbody>
</table>

**Table Identifier**

<table>
<thead>
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</thead>
</table>

**Code**

<table>
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<tr>
<th>Code</th>
<th>Descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADT_A01</td>
<td>A01 message structure</td>
</tr>
<tr>
<td>ADT_A39</td>
<td>A39 message structure</td>
</tr>
<tr>
<td>PPP_PCB</td>
<td>PCB message structure</td>
</tr>
<tr>
<td>PPP_PCG</td>
<td>PCG message structure</td>
</tr>
<tr>
<td>REF_I12</td>
<td>I12 message structure</td>
</tr>
</tbody>
</table>
**Reporting guide**

Valid combinations for transaction types are:
- Patient/Client (insert): ADT^A04^ADT_A01
- Patient/Client (update): ADT^A08^ADT_A01
- Patient/Client (merge): ADT^A40^ADT_A39
- Referral In (insert): RRI^I12^REF_I12
- Referral In (update): RRI^I13^REF_I12
- Referral In (delete): RRI^I14^REF_I12
- Episode (insert): PPP^PCB^PPP_PCB
- Episode (update): PPP^PCC^PPP_PCB
- Episode (delete): PPP^PCD^PPP_PCB
- Contact (insert): ADT^A03^ADT_A01
- Contact (update): ADT^A08^ADT_A01
- Contact (delete): ADT^A13^ADT_A01
- Referral Out (insert): REF^I12^REF_I12
- Referral Out (update): REF^I13^REF_I12
- Referral Out (delete): REF^I14^REF_I12

**Validations**

HL7010  Invalid Message Type <MessageType>

**Administration**

**Purpose**
To enable management of VINAH transmissions.

**Principal users**
VINAH processing.

**Version history**

<table>
<thead>
<tr>
<th>Version</th>
<th>Previous Name</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Message Type</td>
<td>2010/07/01</td>
</tr>
<tr>
<td>3</td>
<td>Message Type</td>
<td>2009/07/01</td>
</tr>
<tr>
<td>2</td>
<td>Message Type</td>
<td>2007/07/01</td>
</tr>
<tr>
<td>1</td>
<td>Message Type</td>
<td>2005/07/01</td>
</tr>
</tbody>
</table>

**Definition source**
HL7 (DHHS modified)

**Value domain source**
HL7
**Message Version Code**

**Definition**
A code that identifies the HL7 version of a message.

**Repeats**: Min. | Max. | Duplicate
---|---|---

**Form**
Code | 1 | 1 | Not applicable

**Layout**
N.N | Size: Min. | Max.
---|---|---
3 | 3

**Location**
Transmission protocol | HL7 Submission
Contact (insert) | ADT_A03 (MSH.12)
Patient/Client (insert) | ADT_A04 (MSH.12)
Contact (update) | ADT_A08 (MSH.12)
Contact (delete) | ADT_A13 (MSH.12)
Patient/Client (merge) | ADT_A40 (MSH.12)
Episode (insert) | PPP_PCB (MSH.12)
Episode (update) | PPP_PCC (MSH.12)
Episode (delete) | PPP_PCD (MSH.12)
Referral Out (insert) | REF_I12 (MSH.12)
Referral Out (update) | REF_I13 (MSH.12)
Referral Out (delete) | REF_I14 (MSH.12)
Referral In (insert) | RRI_I12 (MSH.12)
Referral In (update) | RRI_I13 (MSH.12)
Referral In (delete) | RRI_I14 (MSH.12)

**Reported by**
All programs, dependent on transmission protocol

**Reported for**
All messages.

**Reported when**
All Programs, not elsewhere specified
The current reporting period for this item is the calendar month in which the following events or data elements fall:
Message Date/Time (All messages)

**Value domain**
Enumerated
Table identifier: HL70104
Code: 2.5
Descriptor: Release 2.5

**Reporting guide**
‘2.5-Release 2.5’ is the only value from the HL7 data definition table accepted by VINAH.

**Validations**
General edits only, see Format.

**Related items**
Message Date/Time

**Administration**

**Purpose**
To enable management of VINAH transmissions.

**Principal users**
VINAH processing.

**Version history**

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<thead>
<tr>
<th>Version</th>
<th>Previous Name</th>
<th>Effective Date</th>
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<tbody>
<tr>
<td>4</td>
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<td>Message Version Code</td>
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</tr>
<tr>
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</tr>
<tr>
<td>1</td>
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<td>2005/07/01</td>
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**Definition source**
HL7

**Value domain source**
HL7
**Message Visit Indicator Code**

**Definition**
A code indicating the conceptual level on which data are being sent.

**Repeats:**

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<th>Max.</th>
<th>Duplicate</th>
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</thead>
<tbody>
<tr>
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**Form**

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**Location**

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<tbody>
<tr>
<td>Contact (insert)</td>
<td>ADT_A03 (PV1.51)</td>
</tr>
<tr>
<td>Contact (update)</td>
<td>ADT_A08 (PV1.51)</td>
</tr>
<tr>
<td>Contact (delete)</td>
<td>ADT_A13 (PV1.51)</td>
</tr>
<tr>
<td>Episode (insert)</td>
<td>PPP_PCB (PV1.51)</td>
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<tr>
<td>Episode (update)</td>
<td>PPP_PCC (PV1.51)</td>
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<tr>
<td>Episode (delete)</td>
<td>PPP_PCD (PV1.51)</td>
</tr>
<tr>
<td>Referral Out (insert)</td>
<td>REF_I12 (PV1.51)</td>
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<td>REF_I14 (PV1.51)</td>
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<td>Referral In (update)</td>
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<td>Referral In (delete)</td>
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</tr>
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</table>

**Reported by**
All programs, dependent on transmission protocol

**Reported for**
All Episode messages.

**Reported when**
All Programs, not elsewhere specified

The current reporting period for this item is the calendar month in which the following events or data elements fall:
Message Date/Time (All Episode, Referral and Contact messages)

**Value domain**
Enumerated

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<thead>
<tr>
<th>Table identifier</th>
<th>Code</th>
<th>Descriptor</th>
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<tr>
<td>HL70326</td>
<td>E</td>
<td>Episode</td>
</tr>
<tr>
<td></td>
<td>O</td>
<td>Contact</td>
</tr>
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</table>

**Reporting guide**

- **E - Episode**
  Report code ‘E’ in the Episode and Referral messages that is: PPPPCB, PPPPCC, PPPPCD, RRII12, RRII13, RRII14, REFI12, REFI13, REFI14.

- **O - Contact**
  Report code ‘O’ in the Contact messages (ADTA03, ADTA08, ADTA13) when the reporting level is Contact.

**Validations**
General edits only, see Format.

**Related items**
Message Date/Time

**Administration**

**Purpose**
To enable management of VINAH transmissions.

**Principal users**
VINAH processing.
### Version history

<table>
<thead>
<tr>
<th>Version</th>
<th>Previous Name</th>
<th>Effective Date</th>
</tr>
</thead>
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<tr>
<td>2</td>
<td>Message Visit Indicator Code</td>
<td>2007/07/01</td>
</tr>
<tr>
<td>1</td>
<td>Message Visit Indicator Code</td>
<td>2005/07/01</td>
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</table>

**Definition source**: HL7 (DHHS modified)

**Value domain source**: HL7 (DHHS modified)
Observation Bound Data Element

**Definition**
A code that identifies the data element being transmitted in the HL7 observation code field.

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<thead>
<tr>
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<th><strong>Max.</strong></th>
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**Form**
Repeatable Code

**Layout**
XXX[X][X][X][X][X]

**Size**

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<tbody>
<tr>
<td>3</td>
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</table>

**Location**
Transmission protocol
- Episode (insert) PPP_PCB (OBX:OBX.3:CE.3)
- Episode (update) PPP_PCC (OBX:OBX.3:CE.3)
- Episode (delete) PPP_PCD (OBX:OBX.3:CE.3)

**Reported by**
All programs, when required to bind part of a transmission to a specific data element.

**Reported for**
All Episode messages.

**Reported when**
All Programs, not elsewhere specified

The current reporting period for this item is the calendar month in which the following events or data elements fall:

- Message Date/Time (All Episode messages)

**Value domain**
Enumerated

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<thead>
<tr>
<th><strong>Table identifier</strong></th>
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<th><strong>Descriptor</strong></th>
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<td>HL70396</td>
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<td>Health Condition(s)</td>
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<td></td>
<td>990033</td>
<td>Malignancy Flag</td>
</tr>
<tr>
<td></td>
<td>990036</td>
<td>Other Factors Affecting Health</td>
</tr>
<tr>
<td></td>
<td>990080</td>
<td>Health-related problems and diseases</td>
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</table>

**Reporting guide**

**HL7 application**
The same HL7 message segment field is used to send the Episode Malignancy Flag, Episode Other Factors Affecting Health and Episode Health Conditions. This data element identifies which data element the field contains in a given message segment.

This data element identifies which data element the CE.1 field contains in a given message segment.

The specified values are the only values from the HL7 data definition table accepted by VINAH.

**Validations**
General edits only, see Format.

**Related items**
Message Date/Time

**Administration**

**Purpose**
To enable management of VINAH transmissions.

**Principal users**
VINAH processing.
<table>
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<tr>
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<td>2008/07/01</td>
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<tr>
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**Definition source**  
DHHS

**Value domain source**  
HL7 (DHHS modified)
Observation Sequence Number

**Definition:** A number that identifies the Observation transaction segment.

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**Location:**

- **Transmission protocol:** HL7 Submission
  - Episode (insert): PPP_PCB (OBX\OBX.1)
  - Episode (update): PPP_PCC (OBX\OBX.1)
  - Episode (delete): PPP_PCD (OBX\OBX.1)

**Reported by:** All programs, when required to sequence part of a transmission to a specific data element.

**Reported for:** All Episode messages.

**Reported when:** All Programs, not elsewhere specified

The current reporting period for this item is the calendar month in which the following events or data elements fall:

- Message Date/Time (All Episode messages)

**Value domain:** A positive integer.

**Reporting guide:** HL7

For the first occurrence of the segment the sequence number shall be 1, for the second occurrence it shall be 2, etc.

There can be multiple OBX segments in this message - one for the Malignancy Flag and one or more for the Episode Health Condition(s) and Episode Other Factors Affecting Health.

**Validations:** General edits only, see Format.

**Related items:**

- Episode Health Conditions
- Episode Malignancy Flag
- Episode Other Factors Affecting Health
- Message Date/Time
- Observation Bound Data Element

**Administration**

**Purpose:** To enable management of VINAH transmissions.

**Principal users:** VINAH processing.

**Version history:**

<table>
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<th>Version</th>
<th>Previous Name</th>
<th>Effective Date</th>
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<td>Observation Sequence Number</td>
<td>2007/07/01</td>
</tr>
<tr>
<td>1</td>
<td>Observation Sequence Number</td>
<td>2005/07/01</td>
</tr>
</tbody>
</table>

**Definition source:** HL7 (DHHS modified)

**Value domain source:** HL7
**Organisation Identifier**

**Definition**  
An identifier for an organisation, unique within the State or Territory.

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<th>Max.</th>
<th>Duplicate</th>
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**Location**

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<th>HL7 Submission</th>
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<tbody>
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<td>Contact (insert)</td>
<td>ADT_A03 (MSH:MSH.4</td>
</tr>
<tr>
<td>Patient/Client (insert)</td>
<td>ADT_A04 (MSH:MSH.4</td>
</tr>
<tr>
<td>Contact (update)</td>
<td>ADT_A08 (MSH:MSH.4</td>
</tr>
<tr>
<td>Patient/Client (update)</td>
<td>ADT_A08 (MSH:MSH.4</td>
</tr>
<tr>
<td>Contact (delete)</td>
<td>ADT_A13 (MSH:MSH.4</td>
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<tr>
<td>Patient/Client (merge)</td>
<td>ADT_A40 (MSH:MSH.4</td>
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<tr>
<td>Send Batch</td>
<td>BATCH (BHS.4</td>
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<tr>
<td>Send File</td>
<td>FILE (FHS.4</td>
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<td>PPP_PCB (MSH:MSH.4</td>
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<tr>
<td>Episode (update)</td>
<td>PPP_PCC (MSH:MSH.4</td>
</tr>
<tr>
<td>Episode (delete)</td>
<td>PPP_PCD (MSH:MSH.4</td>
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<tr>
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<td>REF_I12 (MSH:MSH.4</td>
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<td>REF_I13 (MSH:MSH.4</td>
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<tr>
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</table>

**Reported by**  
All programs, dependent on transmission protocol

**Reported for**  
All VINAH transmissions including File and Batch headers.

**Reported when**  
All Programs, not elsewhere specified

The current reporting period for this item is the calendar month in which the following events or data elements fall:

- Referral In Received Date (Mandatory)
- Referral In Receipt Acknowledgment Date (Mandatory)
- Episode Start Date (Mandatory)
- Episode Care Plan Documented Date (Mandatory)
- First Contact Date/Time (Mandatory)
- Second and Subsequent Contact Date/Time (Mandatory)
- Episode End Date (Mandatory)
- Patient/Client Death Date (Mandatory)
- Message Date and Time (All Patient/Client, Episode)
- Message Date and Time (All messages)

**Value domain**  
Refer to Section 9: Code Lists

Table identifier  
HL70362

**For full code set see Section 9.**

**Reporting guide**  
When used in the FILE message this code should identify the organisation that is the sending facility of the file.

When used in the BATCH message this code should identify the organisation funding the care.
Where a care providing organisation is funded by multiple fund-holding organisations the funding organisation should be identified in the Batch Message. The implication from this is that patients should be clearly aligned with one funding organisation so that they may be appropriately and completely reported by the responsible fund-holding organisation. For example, where a Community Health Service is a member of multiple HARP alliances, patients/clients of the Health Centre should be identified as being with the appropriate HARP alliance for the care received and reported to that alliance accordingly. Care within a single episode should not be split between funding organisations.

The organisation identified in the FILE and BATCH message will often be the same organisation.

In all other messages this code should match that used in the parent BATCH message.

Organisation Identifier also includes a code for DHHS (‘AUSDHV’) and is used in the HL7 messages as the receiving facility for transmissions to VINAH. HL7 ACK messages will have the sending and receiving facility codes reversed.

Also see Episode Provider.

Validations
General edits only, see Format.

Related items
Contact Date/Time
Episode Care Plan Documented Date
Episode End Date
Episode Start Date
Message Date and Time
Patient/Client Death Date
Referral In Receipt Acknowledgment Date
Referral In Received Date

Administration

Purpose
For use in policy development and planning. To enable management of VINAH transmissions.

Principal users
Department of Health and Human Services

Version history

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<td>2005/07/01</td>
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Definition source
DHHS

Value domain source
DHHS
**Patient/Client Prior Identifier**

**Definition**
The mode of provision of the service during the contact.

**Repeats:**

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**Location**

**Transmission protocol**

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<tbody>
<tr>
<td>ADT_A40 (MRG.1\CX.1)</td>
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</table>

**Reported by**

- Family Choice Program
- Home Enteral Nutrition
- Hospital Admission Risk Program
- Medi-Hotel
- Palliative Care
- Post Acute Care
- Specialist Clinics (Outpatients)
- Sub-acute Ambulatory Care Services
- Total Parenteral Nutrition
- Victorian HIV Service
- Victorian Respiratory Support Service

**Reported for**
Merge patient/client identifier messages.

**Reported when**
All Programs, not elsewhere specified

The current reporting period for this item is the calendar month in which the following events or data elements fall:

- Message Date and Time (Ad hoc; this item is transmitted when the Submitting Organisation determines a need to merge person identifiers)

**Value domain**
Organisation generated. Individual sites may use their own alphabetic, numeric or alphanumeric coding system.

**Reporting guide**
Currently, VINAH only supports Patient/Client merges.

**Validations**
General edits only, see Format.

**Related items**
Message Date/Time

**Administration**

**Purpose**
To enable management of VINAH transmissions.

**Principal users**
VINAH processing.

**Version history**

<table>
<thead>
<tr>
<th>Version</th>
<th>Previous Name</th>
<th>Effective Date</th>
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</thead>
<tbody>
<tr>
<td>4</td>
<td>Patient/Client Prior Identifier</td>
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<td>Patient/Client Prior Identifier</td>
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<tr>
<td>1</td>
<td>Prior Person Identifier</td>
<td>2005/07/01</td>
</tr>
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</table>

**Definition source**
HL7 (DHHS modified)

**Value domain source**
Health Service
**Procedure Bound Data Element**

**Definition**
A code that identifies the data element being transmitted in the HL7 procedure code field.

**Repeats:**
- Min.: 1
- Max.: No limit
- Duplicate: Permitted

**Form**
Repeatable Code

**Layout**
- NNNNNN[N]
- Size: Min.: 6, Max.: 7

**Location**
- **Transmission protocol**: HL7 Submission
  - Contact (insert): ADT_A03 (PR1\PR1.3\CE.3)
  - Contact (update): ADT_A08 (PR1\PR1.3\CE.3)
  - Contact (delete): ADT_A13 (PR1\PR1.3\CE.3)

**Reported by**
All programs, when required to bind part of a transmission to a specific data element.

**Reported for**
All Episode messages.

**Reported when**
All Programs, not elsewhere specified

The current reporting period for this item is the calendar month in which the following events or data elements fall:
- Message Date/Time (All Contact messages)

**Value domain**
Enumerated
- Table identifier: 990085
- **Code**
  - HL70230: Contact Main Purpose
  - 990084: Medicare Benefits Schedule Item Number
- **Descriptor**
  - Contact Main Purpose
  - Medicare Benefits Schedule Item Number

**Reporting guide**
The same HL7 message segment field is used to send the Contact Purpose and Contact Medicare Benefits Schedule Number. This data element identifies which data element the field contains in a given message segment.

This data element identifies which data element the CE.1 field contains in a given message segment.

The specified values are the only values from the HL7 data definition table accepted by VINAH.

For backwards compatibility purposes, if this value may be left NULL, in which case it will be interpreted to mean 'HL70230 - Contact Purpose'.

**Validations**
General edits only, see Format.

**Related items**
Message Date/Time

**Administration**

**Purpose**
To enable management of VINAH transmissions.

**Principal users**
VINAH processing.

**Version history**

<table>
<thead>
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<th>Effective Date</th>
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<tr>
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<td>2011/07/01</td>
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**Definition source**
DHHS

**Value domain source**
HL7 (DHHS modified)
Procedure Sequence Number

Definition
A number that identifies the Procedure transaction segment.

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<tr>
<td>Form</td>
<td>Repeateable Integer</td>
<td>1</td>
<td>No limit</td>
</tr>
<tr>
<td>Location</td>
<td>Transmission protocol</td>
<td>HL7 Submission</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Contact (insert)</td>
<td>ADT_A03 (PR1\PR1.1)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Contact (update)</td>
<td>ADT_A08 (PR1\PR1.1)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Contact (delete)</td>
<td>ADT_A13 (PR1\PR1.1)</td>
<td></td>
</tr>
</tbody>
</table>

Reported by
All programs, when required to sequence part of a transmission to a specific data element.

Reported for
All contacts completed in the current reporting period.

Reported when
All Programs, not elsewhere specified
The current reporting period for this item is the calendar month in which the following events or data elements fall:
Message Date/Time (All Contact messages)

Value domain
A positive integer.

Reporting guide
For the first occurrence of the segment the sequence number shall be 1, for the second occurrence it shall be 2, etc.

Contact Main Purpose
For Palliative Care, more than one purpose may be optionally reported, even at contact level. The main purpose must be reported with a Contact Purpose Sequence Number of ‘1’, additional purposes reported with values of ‘2’, ‘3’, ‘4’... and so on.
For backwards compatibility reasons, all Contact Purposes must be reported in repeating instances of this segment before any Contact Medicare Benefits Schedule Numbers.

Validations
General edits only, see Format.

Related items
Message Date/Time

Administration

Purpose
To enable management of VINAH transmissions.

Principal users
VINAH processing.

Version history

<table>
<thead>
<tr>
<th>Version</th>
<th>Previous Name</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Procedure Sequence Number</td>
<td>20010/07/01</td>
</tr>
<tr>
<td>3</td>
<td>Contact/Client Service Event Main Purpose Sequence Number</td>
<td>2009/07/01</td>
</tr>
<tr>
<td>2</td>
<td>Contact/Client Service Event Main Purpose Sequence Number</td>
<td>2007/07/01</td>
</tr>
<tr>
<td>1</td>
<td>Client Service Event Type Sequence Number</td>
<td>2005/07/01</td>
</tr>
</tbody>
</table>

Definition source
HL7 (DHHS modified)

Value domain source
HL7
**Referral Identifier**

**Definition**
An identifier, unique to a Referral across all programs within an organisation. A referral includes referrals in and out.

<table>
<thead>
<tr>
<th>Repeats</th>
<th>Min.</th>
<th>Max.</th>
<th>Duplicate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form</td>
<td>Identifier</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Layout</td>
<td>X(1-30)</td>
<td>1</td>
<td>30</td>
</tr>
</tbody>
</table>

**Location**

<table>
<thead>
<tr>
<th>Transmission protocol</th>
<th>HL7 Submission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Episode (insert)</td>
<td>PPP_PCB (PV1\PV1.5\CX.1)</td>
</tr>
<tr>
<td>Episode (update)</td>
<td>PPP_PCC (PV1\PV1.5\CX.1)</td>
</tr>
<tr>
<td>Episode (delete)</td>
<td>PPP_PCD (PV1\PV1.5\CX.1)</td>
</tr>
<tr>
<td>Referral Out (insert)</td>
<td>REF_I12 (RF1\RF1.6\EI.1)</td>
</tr>
<tr>
<td>Referral Out (update)</td>
<td>REF_I13 (RF1\RF1.6\EI.1)</td>
</tr>
<tr>
<td>Referral Out (delete)</td>
<td>REF_I14 (RF1\RF1.6\EI.1)</td>
</tr>
<tr>
<td>Referral In (insert)</td>
<td>RRI_I12 (RF1\RF1.6\EI.1)</td>
</tr>
<tr>
<td>Referral In (update)</td>
<td>RRI_I13 (RF1\RF1.6\EI.1)</td>
</tr>
<tr>
<td>Referral In (delete)</td>
<td>RRI_I14 (RF1\RF1.6\EI.1)</td>
</tr>
</tbody>
</table>

**Reported by**
Family Choice Program
Home Enteral Nutrition
Hospital Admission Risk Program
Hospital Based Palliative Care Consultancy Team
Palliative Care
Post Acute Care
Residential In-Reach
Specialist Clinics (Outpatients)
Sub-acute Ambulatory Care Services
Total Parenteral Nutrition
Transition Care Program
Victorian HIV Service
Victorian Respiratory Support Service

**Reported for**
All Referrals.

**Reported when**
All Programs, not elsewhere specified

The current reporting period for this item is the calendar month in which the following events or data elements fall:
Message Date/Time (All Contact messages)

**Value domain**
Organisation generated. Individual sites may use their own alphabetic, numeric or alphanumeric coding system.

**Reporting guide**
It is permissible to utilise upper case or lower case ASCII alpha characters, digits 0 to 9, dashes, spaces or apostrophes. That is, ASCII hexadecimal values 20, 27, 2D, 41 through 5A inclusive, 61 through 7A inclusive. Identifiers are case-sensitive.

A Received Source (that may lead to an Episode being opened) and a Referral Destination (made from within an episode to another service) must not share the same Referral Identifier within an organisation.

**Primary Key**
This data element is the Primary Key for the Referral In and the Referral Out.
When reported using HL7 the primary key is reported in RF1.6\EI.1.
**Foreign Key - Episode**
This data element is used as a Foreign Key on the Episode.

When reported using HL7 the foreign key is reported in PV1.5:CX.1.

**Validations**
- E050 Field `<element_name>` (<Location>) has no value but is part of the primary key for the `<structure>` record
- E051 Cannot insert record, same Primary Key for data structure "<structure>" already exists (<conflict_location>). Key fields: `<pk_expanded_val>`
- E052 A `<pk_structure>` message (<hl7_message>) has been sent containing a reference to a "<fk_structure>" record that has not been previously received and accepted. Key fields: `<fk_expanded>`
- E053 A `<pk_structure>` message (<hl7_message_type>) was sent to either update or delete a record that has not been previously received and accepted. Key fields: `<key_expanded>`
- E206 Open episode sent for a referral specified as not accepted (<ref_details>)

**Related items**
- Contact Identifier
- Episode Identifier
- Episode Start Date
- Identifier Type
- Local Identifier Assigning Authority
- Message Date/Time
- Patient/Client Identifier

**Administration**

**Purpose**
To enable management of VINAH transmissions.

**Principal users**
VINAH processing.

**Version history**

<table>
<thead>
<tr>
<th>Version</th>
<th>Previous Name</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Referral Identifier</td>
<td>2010/07/01</td>
</tr>
<tr>
<td>3</td>
<td>Referral Identifier</td>
<td>2009/07/01</td>
</tr>
<tr>
<td>2</td>
<td>Referral Identifier</td>
<td>2007/07/01</td>
</tr>
<tr>
<td>1</td>
<td>Referral Identifier</td>
<td>2005/07/01</td>
</tr>
</tbody>
</table>

**Definition source**
DHHS

**Value domain source**
Health Services
**VINAH Version**

**Definition**
A code that identifies the version of VINAH being reported in the current file.

<table>
<thead>
<tr>
<th><strong>Repeat</strong>s:</th>
<th><strong>Min.</strong></th>
<th><strong>Max.</strong></th>
<th><strong>Duplicate</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Form</strong></td>
<td>Code</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>Layout</strong></td>
<td>X(0-10)</td>
<td>Size:</td>
<td>Min.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td><strong>Location</strong></td>
<td><strong>Transmission protocol</strong></td>
<td><strong>HL7 Submission</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Send File</td>
<td>FILE (FHS.5)</td>
<td></td>
</tr>
</tbody>
</table>

**Reported by**
- Family Choice Program
- Hospital Admission Risk Program
- Home Enteral Nutrition
- Hospital Based Palliative Care Consultancy Team
- Palliative Care
- Post Acute Care
- Residential In-Reach
- Specialist Clinics (Outpatients)
- Sub-acute Ambulatory Care Services
- Total Parenteral Nutrition
- Transition Care Program
- Victorian HIV Service
- Victorian Respiratory Support Service

**Reported for**
All file messages.

**Reported when**

**Value domain**
Enumerated
Table identifier 990037

**Reporting guide**
**Reporting for 2018-19**
The following rules apply for VINAH data submission after 1 July 2018:
July submissions (File Reference Period End Date of 1 July 2018 and beyond) must be reported as VINAH Version 14.

**Validations**
General edits only, see Format.

**Related items**
Message Date/Time

**Administration**

**Purpose**
To enable management of VINAH transmissions.

**Principal users**
VINAH processing.

**Version history**

<table>
<thead>
<tr>
<th><strong>Version</strong></th>
<th><strong>Previous Name</strong></th>
<th><strong>Effective Date</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>VINAH Version</td>
<td>2018/07/01</td>
</tr>
<tr>
<td>13</td>
<td>VINAH Version</td>
<td>2017/07/01</td>
</tr>
<tr>
<td>10</td>
<td>VINAH Version</td>
<td>2014/07/01</td>
</tr>
<tr>
<td>6</td>
<td>VINAH Version</td>
<td>2012/07/01</td>
</tr>
<tr>
<td>5</td>
<td>VINAH Version</td>
<td>2011/07/01</td>
</tr>
<tr>
<td>4</td>
<td>VINAH Version</td>
<td>2010/07/01</td>
</tr>
<tr>
<td>3</td>
<td>VINAH Version</td>
<td>2009/07/01</td>
</tr>
<tr>
<td>2</td>
<td>VINAH Version</td>
<td>2008/07/01</td>
</tr>
<tr>
<td>1</td>
<td>VINAH Version</td>
<td>2007/07/01</td>
</tr>
</tbody>
</table>

**Definition source**
DHHS

**Value domain source**
DHHS
PART III: Processing Data Elements

File Batch Accepted Indicator

**Definition**
A boolean value indicating if the batch in its entirety was accepted.

<table>
<thead>
<tr>
<th><strong>Repeats</strong></th>
<th><strong>Min.</strong></th>
<th><strong>Max.</strong></th>
<th><strong>Duplicate</strong></th>
</tr>
</thead>
</table>

**Form**
Code

**Layout**
N

**Location**
Transmission protocol
XML Validation Report
Submission Summary
/Submission/Acceptance/Batch/Accepted

**Reported by**
VINAH Validation Engine

**Reported for**
All VINAH Submissions where no validation events were raised at the File, HL7 or Batch Levels.

**Reported when**
All Programs, not elsewhere specified
The current reporting period for this item is the calendar month in which the following events or data elements fall:

File Processing End Date/Time (Optional)

**Value domain**
Enumerated

<table>
<thead>
<tr>
<th><strong>Table identifier</strong></th>
<th><strong>Code</strong></th>
<th><strong>Descriptor</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>VVE0002</td>
<td>0</td>
<td>Batch not accepted</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Batch accepted</td>
</tr>
</tbody>
</table>

**Reporting guide**
THIS DATA ELEMENT IS NOT REPORTED BY HEALTH SERVICES. IT DEFINES CONTENT IN THE VALIDATION REPORT RETURNED BY VINAH.

This element reflects if all the messages within a batch have been accepted.

Where the value of any File Batch Message Accepted Indicator within a batch is equal to '0 – Message not Accepted', the value of this data element will always be '0 – Batch not Accepted'.

Where the value of all File Batch Message Accepted Indicators within a batch are equal to '1 – Message Accepted', the value of this data element will always be '1 – Batch Accepted'.

**Validations**
None.

**Related items**
File Batch Identifier
File Batch Message Accepted Indicator
File Batch Message Count
File Batch Message Implied Program
File Batch Message Sequence Number
File Batch Message Valid Indicator
File Batch Sequence Number
File Processing End Date/Time
File Processing Start Date/Time
File Submission Date/Time
File Validation Event Code
File Validation Event Date/Time
**Administration**

**Purpose**  
To enable management of VINAH transmissions.

**Principal users**  
VINAH Validation Engine, VINAH data submitters.

**Version history**  
<table>
<thead>
<tr>
<th>Version</th>
<th>Previous Name</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>File Batch Accepted Indicator</td>
<td>2010/07/01</td>
</tr>
</tbody>
</table>

**Definition source**  
DHHS

**Value domain source**  
DHHS
**File Batch Identifier**

**Definition**
A boolean value indicating if a message was accepted by VINAH. A unique value generated by the VINAH Validation Engine to uniquely identify a batch of records.

<table>
<thead>
<tr>
<th>Repeats</th>
<th>Min.</th>
<th>Max.</th>
<th>Duplicate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form</td>
<td>Identifier</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Layout</td>
<td>N(1-10)</td>
<td>Size:</td>
<td>Min.</td>
</tr>
</tbody>
</table>

**Location:**
- Transmission protocol: Submission Summary
- XML Validation Report: /Submission/Acceptance/Batch/sub_batch_id

**Reported by:**
VINAH Validation Engine

**Reported for:**
All VINAH Submissions where no validation events were raised at the File, HL7 or Batch Levels.

**Reported when:**
All Programs, not elsewhere specified

The current reporting period for this item is the calendar month in which the following events or data elements fall:

- File Processing End Date/Time (Optional)

**Value domain:**
Enumerated

**Reporting guide:**
THIS DATA ELEMENT IS NOT REPORTED BY HEALTH SERVICES. IT DEFINES CONTENT IN THE VALIDATION REPORT RETURNED BY VINAH.

This data element differs from the Batch Control Identifier, and is used for internal reference in the VINAH Validation Engine.

**Validations:**
None.

**Related items:**
- File Batch Accepted Indicator
- File Batch Message Accepted Indicator
- File Batch Message Count
- File Batch Message Implied Program
- File Batch Message Sequence Number
- File Batch Message Valid Indicator
- File Batch Sequence Number
- File Processing End Date/Time
- File Processing Start Date/Time
- File Submission Date/Time
- File Validation Event Code
- File Validation Event Date/Time
- File Validation Event Identifier
- File Validation Event Message
- File Validation Event Record Identifier
- File Validation Event Record Identifier Type

**Administration**

**Purpose:**
To enable management of VINAH transmissions.

**Principal users:**
VINAH Validation Engine, VINAH data submitters.

**Version history**

<table>
<thead>
<tr>
<th>Version</th>
<th>Previous Name</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>File Batch Identifier</td>
<td>2010/07/01</td>
</tr>
</tbody>
</table>

**Definition source:**
DHHS

**Value domain source:**
DHHS
File Batch Message Accepted Indicator

Definition
A boolean value indicating if a message was accepted by VINAH.

<table>
<thead>
<tr>
<th>Repeats:</th>
<th>Min.</th>
<th>Max.</th>
<th>Duplicate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form</td>
<td>Code</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Layout</td>
<td>N</td>
<td>Min.</td>
<td>Max.</td>
</tr>
<tr>
<td>Location</td>
<td>Transmission protocol</td>
<td>XML Validation Report</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Submission Summary</td>
<td>/Submission/Acceptance/Batch/Message/Accepted</td>
<td></td>
</tr>
</tbody>
</table>

Reported by VINAH Validation Engine

Reported for All VINAH Submissions where no validation events were raised at the File, HL7 or Batch Levels.

Reported when All Programs, not elsewhere specified
The current reporting period for this item is the calendar month in which the following events or data elements fall:
File Processing End Date/Time (Optional)

Value domain Enumerated

Table identifier: VVE0004

<table>
<thead>
<tr>
<th>Code</th>
<th>Descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Message not accepted</td>
</tr>
<tr>
<td>1</td>
<td>Message accepted</td>
</tr>
</tbody>
</table>

Reporting guide
THIS DATA ELEMENT IS NOT REPORTED BY HEALTH SERVICES. IT DEFINES CONTENT IN THE VALIDATION REPORT RETURNED BY VINAH.

Where the value of the element File Batch Message Valid Indicator is ‘0 - The message caused one or more validation events’, the value of this element will always be ‘0 - Message Not Accepted’.

Where the value of the File Batch Message Valid Indicator is ‘1 - The message did not cause any validation events’, the value of this element may either be ‘1 – Message Accepted’ or ‘0 – Message Not Accepted’.

The value of this data element will only be ‘1 – Message Accepted’ if all messages with the same batch have a File Batch Message Valid Indicator of ‘1 – The message did not cause any validation events’.

It is possible for all message to have a File Batch Message Valid Indicator of ‘1 – The message did not cause any validation events’ and for all messages to have a File Batch Message Accepted Indicator of ‘0 – Not Accepted’.

Validations None.

Related items File Batch Accepted Indicator
File Batch Identifier
File Batch Message Count
File Batch Message Implied Program
File Batch Message Sequence Number
File Batch Message Valid Indicator
File Batch Sequence Number
File Processing End Date/Time
File Processing Start Date/Time
File Submission Date/Time
File Validation Event Code
File Validation Event Date/Time
File Validation Event Identifier
File Validation Event Message
File Validation Event Record Identifier
File Validation Event Record Identifier Type

**Administration**

**Purpose**
To enable management of VINAH transmissions.

**Principal users**
VINAH Validation Engine, VINAH data submitters.

**Version history**

<table>
<thead>
<tr>
<th>Version</th>
<th>Previous Name</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>File Batch Message Accepted Indicator</td>
<td>2010/07/01</td>
</tr>
</tbody>
</table>

**Definition source**
DHHS

**Value domain source**
DHHS
File Batch Message Count

Definition  The total number of messages contained within a batch.

<table>
<thead>
<tr>
<th>Repeats:</th>
<th>Min.</th>
<th>Max.</th>
<th>Duplicate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form</td>
<td>Integer</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

Location  
Transmission protocol  
XML Validation Report  
Submission Summary  
/Submission/Acceptance/Batch/Message_Count

Reported by  VINAH Validation Engine

Reported for  All VINAH Submissions where no validation events were raised at the File, HL7 or Batch Levels.

Reported when  All Programs, not elsewhere specified

The current reporting period for this item is the calendar month in which the following events or data elements fall:

File Processing End Date/Time (Optional)

Value domain  Positive Integer equal to the count of messages in the batch

Reporting guide  THIS DATA ELEMENT IS NOT REPORTED BY HEALTH SERVICES. IT DEFINES CONTENT IN THE VALIDATION REPORT RETURNED BY VINAH.

Validations  None.

Related items  
File Batch Accepted Indicator
File Batch Identifier
File Batch Message Accepted Indicator
File Batch Message Implied Program
File Batch Message Sequence Number
File Batch Message Valid Indicator
File Batch Sequence Number
File Processing End Date/Time
File Processing Start Date/Time
File Submission Date/Time
File Validation Event Code
File Validation Event Date/Time
File Validation Event Identifier
File Validation Event Message
File Validation Event Record Identifier
File Validation Event Record Identifier Type

Administration

Purpose  To enable management of VINAH transmissions.

Principal users  VINAH Validation Engine, VINAH data submitters.

Version history  
<table>
<thead>
<tr>
<th>Version</th>
<th>Previous Name</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>File Batch Message Count</td>
<td>2010/07/01</td>
</tr>
</tbody>
</table>

Definition source  DHHS

Value domain source  DHHS
**File Batch Message Implied Program**

**Definition**
A value indicating the program under which the activity data was being reported.

<table>
<thead>
<tr>
<th>Repeats</th>
<th>Min.</th>
<th>Max.</th>
<th>Duplicate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>1</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

**Form**
List

**Layout**
N

**Size:**

**Location**
Transmission protocol
Submission Summary
XML Validation Report
/Submission/Acceptance/Batch/
Message/Implied_Context

**Reported by**
VINAH Validation Engine

**Reported for**
All VINAH Submissions where no validation events were raised at the File, HL7 or Batch Levels.

**Reported when**
All Programs, not elsewhere specified
The current reporting period for this item is the calendar month in which the following events or data elements fall:

File Processing End Date/Time (Optional)

**Value domain**
Enumerated

**Table identifier**
VVE0005

**List Item**
Neutral
FCP
HARP
HEN
HBPCCT
MEDIHOTEL
OP
PAC
PC
RIR
SACS
TCP
TPN
VHS
VRSS

**Reporting guide**
THIS DATA ELEMENT IS NOT REPORTED BY HEALTH SERVICES. IT DEFINES CONTENT IN THE VALIDATION REPORT RETURNED BY VINAH.

This data element will reflect which Program-specific validations were applied to the message. For Episode messages and messages attached to the episode such as Contacts and Referrals Out, the Program is explicitly derived from the Program/Stream Value. For records above the Episode such as Patient, the Program/Stream may be implied in order to validate required data elements.

**NEUTRAL**
This indicates that no data was collected at episode level, or the Program is not determinable.
### Validations

#### Related items
- File Batch Accepted Indicator
- File Batch Identifier
- File Batch Message Accepted Indicator
- File Batch Message Count
- File Batch Message Sequence Number
- File Batch Message Valid Indicator
- File Batch Sequence Number
- File Processing End Date/Time
- File Processing Start Date/Time
- File Submission Date/Time
- File Validation Event Code
- File Validation Event Date/Time
- File Validation Event Identifier
- File Validation Event Message
- File Validation Event Record Identifier
- File Validation Event Record Identifier Type

### Administration

#### Purpose
To enable management of VINAH transmissions.

#### Principal users
VINAH Validation Engine, VINAH data submitters.

#### Version history

<table>
<thead>
<tr>
<th>Version</th>
<th>Previous Name</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>File Batch Message Implied Program</td>
<td>2010/07/01</td>
</tr>
</tbody>
</table>

#### Definition source
DHHS

#### Value domain source
DHHS
File Batch Message Sequence Number

Definition
A value indicating the sequence of a particular message with a batch.

Repeats: Min. Max. Duplicate
Form Integer 1 1 Not applicable
Layout N(1-5) Size: Min. Max.

Location
Transmission protocol XML Validation Report
Submission Summary /Submission/Acceptance/Batch/Message/
msg_batch_seq_no

Reported by VINAH Validation Engine
Reported for All VINAH Submissions where no validation events were raised at the File, HL7 or Batch Levels.
Reported when All Programs, not elsewhere specified
The current reporting period for this item is the calendar month in which the following events or data elements fall:
File Processing End Date/Time (Optional)

Value domain Integer
Reporting guide THIS DATA ELEMENT IS NOT REPORTED BY HEALTH SERVICES. IT DEFINES CONTENT IN THE VALIDATION REPORT RETURNED BY VINAH.

Validations None.
Related items File Batch Accepted Indicator
File Batch Identifier
File Batch Message Accepted Indicator
File Batch Message Count
File Batch Message Implied Program
File Batch Message Valid Indicator
File Batch Sequence Number
File Processing End Date/Time
File Processing Start Date/Time
File Submission Date/Time
File Validation Event Code
File Validation Event Date/Time
File Validation Event Identifier
File Validation Event Message
File Validation Event Record Identifier
File Validation Event Record Identifier Type

Administration
Purpose To enable management of VINAH transmissions.
Principal users VINAH Validation Engine, VINAH data submitters.
Version history

<table>
<thead>
<tr>
<th>Version</th>
<th>Previous Name</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>File Batch Message Sequence Number</td>
<td>2010/07/01</td>
</tr>
</tbody>
</table>

Definition source DHHS
Value domain source DHHS
File Batch Message Valid Indicator

**Definition**
A boolean value indicating if a message caused any validations events to be raised.

**Repeats:**
<table>
<thead>
<tr>
<th>Min.</th>
<th>Max.</th>
<th>Duplicate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

**Form**
Code

**Layout**
N

**Size:**
<table>
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<th>Max.</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

**Location**
Transmission protocol
XML Validation Report
Submission Summary
/Submission/Acceptance/Batch/Message/ok_br

**Reported by**
VINAH Validation Engine

**Reported for**
All VINAH Submissions where no validation events were raised at the File, HL7 or Batch Levels.

**Reported when**
All Programs, not elsewhere specified

The current reporting period for this item is the calendar month in which the following events or data elements fall:

**Value domain**
Enumerated

<table>
<thead>
<tr>
<th>Code</th>
<th>Descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>The message caused one or more validation events</td>
</tr>
<tr>
<td>1</td>
<td>The message did not cause any validation events</td>
</tr>
</tbody>
</table>

**Reporting guide**
THIS DATA ELEMENT IS NOT REPORTED BY HEALTH SERVICES. IT DEFINES CONTENT IN THE VALIDATION REPORT RETURNED BY VINAH.

Where the value of this element is '0 - The message caused one or more validation events', the value of the element File Batch Message Accepted Indicator will always be '0 – Message Not accepted'.

The specific validation events that were caused are listed in the Validations section of the submission report.

**Validations**

**Related items**
File Batch Accepted Indicator
File Batch Identifier
File Batch Message Accepted Indicator
File Batch Message Count
File Batch Message Implied Program
File Batch Message Sequence Number
File Batch Sequence Number
File Processing End Date/Time
File Processing Start Date/Time
File Submission Date/Time
File Validation Event Code
File Validation Event Date/Time
File Validation Event Identifier
File Validation Event Message
File Validation Event Record Identifier
File Validation Event Record Identifier Type
Administration

**Purpose**
To enable management of VINAH transmissions.

**Principal users**
VINAH Validation Engine, VINAH data submitters.

**Version history**

<table>
<thead>
<tr>
<th>Version</th>
<th>Previous Name</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>File Batch Message Valid Indicator</td>
<td>2010/07/01</td>
</tr>
</tbody>
</table>

**Definition source**
DHHS

**Value domain source**
DHHS
### File Batch Sequence Number

**Definition**
A value indicating the sequence of a particular batch within a file.

**Repeats:**

<table>
<thead>
<tr>
<th>Min.</th>
<th>Max.</th>
<th>Duplicate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

**Form**
Integer

**Layout**
N(1-5)

**Size:**

<table>
<thead>
<tr>
<th>Min.</th>
<th>Max.</th>
</tr>
</thead>
</table>

**Location**
Transmission protocol
XML Validation Report
Submission Summary
/Submission/Acceptance/Batch/batch_no

**Reported by**
VINAH Validation Engine

**Reported for**
All VINAH Submissions where no validation events were raised at the File, HL7 or Batch Levels.

**Reported when**
All Programs, not elsewhere specified
The current reporting period for this item is the calendar month in which the following events or data elements fall:
File Processing End Date/Time (Optional)

**Value domain**
Integer

**Reporting guide**
THIS DATA ELEMENT IS NOT REPORTED BY HEALTH SERVICES. IT DEFINES CONTENT IN THE VALIDATION REPORT RETURNED BY VINAH.

**Validations**
None.

**Related items**
File Batch Accepted Indicator
File Batch Identifier
File Batch Message Accepted Indicator
File Batch Message Count
File Batch Message Implied Program
File Batch Message Sequence Number
File Batch Message Valid Indicator
File Processing End Date/Time
File Processing Start Date/Time
File Submission Date/Time
File Validation Event Code
File Validation Event Date/Time
File Validation Event Identifier
File Validation Event Message
File Validation Event Record Identifier
File Validation Event Record Identifier Type

### Administration

**Purpose**
To enable management of VINAH transmissions.

**Principal users**
VINAH Validation Engine, VINAH data submitters.

**Version history**

<table>
<thead>
<tr>
<th>Version</th>
<th>Previous Name</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>File Batch Sequence Number</td>
<td>2010/07/01</td>
</tr>
</tbody>
</table>

**Definition source**
DHHS

**Value domain source**
DHHS
**File Identifier**

**Definition**
An identifier generated by the VINAH Validation Engine to identify a submission file received and processed by the Department.

<table>
<thead>
<tr>
<th>Repeats:</th>
<th>Min.</th>
<th>Max.</th>
<th>Duplicate</th>
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</thead>
</table>

**Form**
Identifier

**Layout**
N[.....]

**Size:**

<table>
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<th>Max.</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>No limit</td>
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</tbody>
</table>

**Location**

<table>
<thead>
<tr>
<th>Location</th>
<th>Transmission protocol</th>
<th>XML Validation Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Batch Summary</td>
<td>/Submission/Acceptance/Batch/sub_id</td>
<td></td>
</tr>
<tr>
<td>Submission Summary</td>
<td>/Submission/sub_id</td>
<td></td>
</tr>
<tr>
<td>Validations Summary</td>
<td>/Submission/Validations/sub_id</td>
<td></td>
</tr>
<tr>
<td>Validation Instance</td>
<td>/Submission/Validations/Validation/sub_id</td>
<td></td>
</tr>
<tr>
<td>Acceptance Summary</td>
<td>/Submission/Validations/Validation/sub_id</td>
<td></td>
</tr>
</tbody>
</table>

**Reported by**
VINAH Validation Engine

**Reported for**
All processed VINAH submissions.

**Reported when**
All Programs, not elsewhere specified

The current reporting period for this item is the calendar month in which the following events or data elements fall:

File Processing End Date/Time (Mandatory)

**Value domain**
Integer

**Reporting guide**
THIS DATA ELEMENT IS NOT REPORTED BY HEALTH SERVICES. IT DEFINES CONTENT IN THE VALIDATION REPORT RETURNED BY VINAH.

The data element will increment by 1 for each VINAH submission processed.

**Validations**

<table>
<thead>
<tr>
<th>Validations</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>X002</td>
<td>Submission &lt;filename&gt; was not successfully purged – incorrect TargetEnvironment/Filename/SubID/HealthService/UserName/PurgeKey combination.</td>
</tr>
</tbody>
</table>

**Related items**
File Name
File Processing Directive
File Processing Start Date/Time
File Purge Key

**Administration**

**Purpose**
To enable management of VINAH transmissions.

**Principal users**
VINAH Validation Engine, VINAH data submitters.

**Version history**

<table>
<thead>
<tr>
<th>Version</th>
<th>Previous Name</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>File Identifier</td>
<td>2010/07/01</td>
</tr>
</tbody>
</table>

**Definition source**
DHHS

**Value domain source**
DHHS
**File Name**

**Definition**
The name of the submission file, as accorded by the system that generated the submission file.

<table>
<thead>
<tr>
<th><strong>Repeat</strong></th>
<th><strong>Min.</strong></th>
<th><strong>Max.</strong></th>
<th><strong>Duplicate</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>1</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

**Form**
Structured Text

**Layout**
NNNNNNNN

**Size**

<table>
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<tr>
<th><strong>Min.</strong></th>
<th><strong>Max.</strong></th>
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</thead>
<tbody>
<tr>
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<td>0</td>
</tr>
</tbody>
</table>

**Location**
Transmission protocol
XML Validation Report
Submission Summary
/Submission/Filename

**Reported by**
All VINAH transmissions

**Reported for**
All VINAH submissions.

**Reported when**
String

**Value domain**
String

**Reporting guide**
THIS DATA ELEMENT IS NOT REPORTED BY HEALTH SERVICES. IT DEFINES CONTENT IN THE VALIDATION REPORT RETURNED BY VINAH.

The file name is defined and tested by the defined regular expression.
The file extension must be .hl7 for an HL7 file.
The file extension must be .zip for Flat Files.
A valid Organisation Identifier must be the first characters in the file name.
The Organisation Identifier must exist in the code table HL70362.
The file name must be unique in time. File names may only be re-used if the original file was not acknowledged by the HealthCollect Portal.

Example:
hs_20100601_01.hl7

In the example, the Organisation Identifier is the first two characters (‘hs’) and the date of submission (01 June 2009) has been used along with a sequence number (‘01’) to provide a unique file name. The structure of the filename should reflect the time of generation of the file and should not attempt to reflect a time period of the data contained within. It is acceptable to include in the filename other metadata such as the system or application that generated the file, to avoid the possibility that two different systems at the same health service produce the same filename. It is important that the system that generates the VINAH submission file also generates the filename. Users should be instructed not to alter the filename unless advised otherwise.

File names must be unique for each submission across the life of the data collection. A file name must never be reused if it has been received by the VINAH system. This holds even if the file is empty, corrupt, contains numerous errors and is subsequently resubmitted.

**Regular Expression**
The content of this data element is validated against the following regular expression.

[0-9_a-zA-Z]{1,30}[^.][hl7][|zip]
Validations

X001 Submission <filename> was successfully purged from the VINAH System
X002 Submission <filename> was not successfully purged – incorrect TargetEnvironment/Filename/SubID/HealthService/UserName/PurgeKey combination
X003 Submission <filename> has already been purged after the initial load, due to the PurgeAfterLoad=True instruction on the original submission
X004 Submission <filename> could not be purged as it is not the last file submitted for this health service. Only the last existing file for a health service can be purged.

Related items
File Identifier
File Processing Directive
File Purge Key
File Purged After Processing Indicator

Administration

Purpose
To enable management of VINAH transmissions.

Principal users
VINAH Validation Engine, VINAH data submitters.

Version history

<table>
<thead>
<tr>
<th>Version</th>
<th>Previous Name</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>File Name</td>
<td>2010/07/01</td>
</tr>
</tbody>
</table>

Definition source
DHHS

Value domain source
DHHS
**File Processing End Date/Time**

**Definition**  
The date and time that the VINAH Validation Engine completed processing the file.

<table>
<thead>
<tr>
<th>Repeats</th>
<th>Min.</th>
<th>Max.</th>
<th>Duplicate</th>
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</thead>
<tbody>
<tr>
<td>Form</td>
<td>Date and Time</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

**Location**  
Transmission protocol: XML Validation Report  
Submission Summary: /Submission/process_end_date

**Reported by**  
VINAH Validation Engine

**Reported for**  
All VINAH submission.

**Reported when**  
All Programs, not elsewhere specified

The current reporting period for this item is the calendar month in which the following events or data elements fall:

File Processing End Date/Time (Mandatory)

**Value domain**  
Valid date.

**Reporting guide**  
THIS DATA ELEMENT IS NOT REPORTED BY HEALTH SERVICES. IT DEFINES CONTENT IN THE VALIDATION REPORT RETURNED BY VINAH.

**Validations**  
None.

**Related items**  
File Batch Accepted Indicator  
File Batch Identifier  
File Batch Message Accepted Indicator  
File Batch Message Count  
File Batch Message Implied Program  
File Batch Message Sequence Number  
File Batch Message Valid Indicator  
File Batch Sequence Number  
File Processing End Date/Time  
File Processing Start Date/Time  
File Submission Date/Time  
File Validation Event Code  
File Validation Event Date/Time  
File Validation Event Identifier  
File Validation Event Message  
File Validation Event Record Identifier  
File Validation Event Record Identifier Type

**Administration**

**Purpose**  
To enable management of VINAH transmissions.

**Principal users**  
VINAH Validation Engine, VINAH data submitters.

**Version history**

<table>
<thead>
<tr>
<th>Version</th>
<th>Previous Name</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>File Processing End Date/Time</td>
<td>2010/07/01</td>
</tr>
</tbody>
</table>

**Definition source**  
DHHS

**Value domain source**  
DHHS
### File Processing Start Date/Time

**Definition**  
The date and time that the VINAH Validation Engine commenced processing the file.

<table>
<thead>
<tr>
<th><strong>Repeats</strong></th>
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<th><strong>Max.</strong></th>
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</table>

**Form**  
Date and Time  
1  
1  
Not applicable

**Layout**  
[YYYY] [MM] [DD]T[HH]:[NN]:

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<th><strong>Min.</strong></th>
<th><strong>Max.</strong></th>
</tr>
</thead>
</table>

**Location**  
Transmission protocol  
XML Validation Report

**Reported by**  
VINAH Validation Engine

**Reported for**  
All VINAH submission.

**Reported when**  
All Programs, not elsewhere specified

The current reporting period for this item is the calendar month in which the following events or data elements fall:

File Processing Start Date/Time (Mandatory)

**Value domain**  
Valid date.

**Reporting guide**  
THIS DATA ELEMENT IS NOT REPORTED BY HEALTH SERVICES. IT DEFINES CONTENT IN THE VALIDATION REPORT RETURNED BY VINAH.

**Validations**

**Related items**  
File Batch Accepted Indicator  
File Batch Identifier  
File Batch Message Accepted Indicator  
File Batch Message Count  
File Batch Message Implied Program  
File Batch Message Sequence Number  
File Batch Message Valid Indicator  
File Batch Sequence Number  
File Processing End Date/Time  
File Processing Start Date/Time  
File Submission Date/Time  
File Validation Event Code  
File Validation Event Date/Time  
File Validation Event Identifier  
File Validation Event Message  
File Validation Event Record Identifier  
File Validation Event Record Identifier Type

**Administration**

**Purpose**  
To enable management of VINAH transmissions.

**Principal users**  
VINAH Validation Engine, VINAH data submitters.

**Version history**

<table>
<thead>
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<th><strong>Version</strong></th>
<th><strong>Previous Name</strong></th>
<th><strong>Effective Date</strong></th>
</tr>
</thead>
</table>

1  
File Processing Start Date/Time  
2010/07/01

**Definition source**  
DHHS

**Value domain source**  
DHHS
**File Purge Key**

**Definition**
A Universally Unique Identifier (UUID) that acts as a key which can be used at a later date to authorise the purge of Submission File from the VINAH Repository.

**Repeats:**

<table>
<thead>
<tr>
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<th>Min.</th>
<th>Max.</th>
<th>Duplicate</th>
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</thead>
<tbody>
<tr>
<td>Repeats:</td>
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**Form**
Identifier

**Layout**
X(8)-X(4)-x(4)-X(4)–X(12)

**Location**
Transmission protocol
XML Validation Report
Submission Summary
/Submission/purge_key

**Reported by**
All VINAH transmissions

**Reported for**
All VINAH submissions.

**Reported when**
All Programs, not elsewhere specified
The current reporting period for this item is the calendar month in which the following events or data elements fall:
File Processing Start Date/Time (Mandatory)

**Value domain**
Valid UUID - Refer ISO 11578:1996

**Reporting guide**
THIS DATA ELEMENT IS NOT REPORTED BY HEALTH SERVICES. IT DEFINES CONTENT IN THE VALIDATION REPORT RETURNED BY VINAH.
See Section 5.

**Validations**
X002 Submission <filename> was not successfully purged – incorrect TargetEnvironment/Filename/SubID/HealthService/UserName/PurgeKey combination

**Related items**
File Identifier
File Name
File Processing Directive
File Processing End Date/Time

**Administration**

**Purpose**
To enable management of VINAH transmissions.

**Principal users**
VINAH Validation Engine, VINAH data submitters.

**Version history**

<table>
<thead>
<tr>
<th>Version</th>
<th>Previous Name</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>File Purge Key</td>
<td>2010/07/01</td>
</tr>
</tbody>
</table>

**Definition source**
DHHS

**Value domain source**
DHHS
**File Purged After Processing Indicator**

**Definition**
Indicates if the submission was purged immediately after processing had completed as a result of the File Processing Directive ‘PurgeAfterLoad=True’ being present in the File Header Segment.

<table>
<thead>
<tr>
<th>Repeats</th>
<th>Min.</th>
<th>Max.</th>
<th>Duplicate</th>
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</thead>
</table>

**Form**
Code

<table>
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<th>Code</th>
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</table>

<table>
<thead>
<tr>
<th>Size:</th>
<th>Min.</th>
<th>Max.</th>
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</thead>
</table>

**Location**
Transmission protocol
XML Validation Report
Submission Summary
/Submission/purged_after_load
Submission Summary
/Submission/Validations/Validation/valid_event_id

**Reported by**
All VINAH transmissions

**Reported for**
All VINAH submissions.

**Reported when**
All Programs, not elsewhere specified

The current reporting period for this item is the calendar month in which the following events or data elements fall:

File Processing Start Date/Time (Mandatory)

**Value domain**
Enumerated.

**Reporting guide**
THIS DATA ELEMENT IS NOT REPORTED BY HEALTH SERVICES. IT DEFINES CONTENT IN THE VALIDATION REPORT RETURNED BY VINAH.

This element can be used to determine if the File Processing Directive to Purge the file after the completion of processing was carried out successfully.

**Validations**
X003 Submission <filename> has already been purged after the initial load, due to the PurgeAfterLoad=True instruction on the original submission

**Related items**
File Name
File Processing Directive
File Processing End Date/Time
File Validation Event Identifier

**Administration**

**Purpose**
To enable management of VINAH transmissions.

**Principal users**
VINAH Validation Engine, VINAH data submitters.

**Version history**

<table>
<thead>
<tr>
<th>Version</th>
<th>Previous Name</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>File Purged After Processing Indicator</td>
<td>2010/07/01</td>
</tr>
</tbody>
</table>

**Definition source**
DHHS

**Value domain source**
DHHS
**File Submission Date/Time**

**Definition**
The date and time that the submission was first received by a relevant acquisition method at the department (i.e. the HealthCollect Portal).

**Repeats:**

<table>
<thead>
<tr>
<th>Repeats</th>
<th>Min.</th>
<th>Max.</th>
<th>Duplicate</th>
</tr>
</thead>
</table>

**Form**

Date and Time

**Layout**

[YYYY] [MM] [DD][HH]:[NN]:

**Size:**

<table>
<thead>
<tr>
<th>Size</th>
<th>Min.</th>
<th>Max.</th>
</tr>
</thead>
</table>

**Duplicate**

Not applicable

**Location**

Transmission protocol

XML Validation Report

**Submission Summary**

/Submission/submission_date

**Reported by**

VINAH Validation Engine

**Reported for**

All VINAH submissions.

**Reported when**

All Programs, not elsewhere specified

The current reporting period for this item is the calendar month in which the following events or data elements fall:

File Submission Date/Time (Mandatory)

**Value domain**

Valid date.

**Reporting guide**

THIS DATA ELEMENT IS NOT REPORTED BY HEALTH SERVICES. IT DEFINES CONTENT IN THE VALIDATION REPORT RETURNED BY VINAH.

**Validations**

None.

**Related items**

File Batch Accepted Indicator
File Batch Identifier
File Batch Message Accepted Indicator
File Batch Message Count
File Batch Message Implied Program
File Batch Message Sequence Number
File Batch Message Valid Indicator
File Batch Sequence Number
File Processing End Date/Time
File Processing Start Date/Time
File Submission Date/Time
File Validation Event Code
File Validation Event Date/Time
File Validation Event Identifier
File Validation Event Message
File Validation Event Record Identifier
File Validation Event Record Identifier Type

**Administration**

**Purpose**

To enable management of VINAH transmissions.

**Principal users**

VINAH Validation Engine, VINAH data submitters.

**Version history**

<table>
<thead>
<tr>
<th>Version</th>
<th>Previous Name</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>File Submission Date/Time</td>
<td>2010/07/01</td>
</tr>
</tbody>
</table>

**Definition source**

DHHS

**Value domain source**

DHHS
File Validation Event Code

Definition: The Validation Code of a specific instance of a validation event occurring on a message.

<table>
<thead>
<tr>
<th>Form</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Layout</td>
<td>ANN</td>
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</table>

<table>
<thead>
<tr>
<th>Repeats:</th>
<th>Min.</th>
<th>Max.</th>
<th>Duplicate</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>1</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

Location: Transmission protocol XML Validation Report
Submission Summary /Submission/Validations/Validation /edit_code

Reported by: VINAH Validation Engine
Reported for: All VINAH submissions where a validation event is generated.
Reported when: All Programs, not elsewhere specified
The current reporting period for this item is the calendar month in which the following events or data elements fall:
File Validation Event Date/Time (Mandatory)

Value domain: See Section 8 – Validations for list of Validation Codes

Reporting guide: THIS DATA ELEMENT IS NOT REPORTED BY HEALTH SERVICES. IT DEFINES CONTENT IN THE VALIDATION REPORT RETURNED BY VINAH.

This element can be used in conjunction with the Submission Validation Event Message to analyse the type of data quality problem identified by the VINAH Validation Engine.

Validations: None.

Related items: File Batch Accepted Indicator
File Batch Identifier
File Batch Message Accepted Indicator
File Batch Message Count
File Batch Message Implied Program
File Batch Message Sequence Number
File Batch Message Valid Indicator
File Batch Sequence Number
File Processing End Date/Time
File Processing Start Date/Time
File Submission Date/Time
File Validation Event Date/Time
File Validation Event Identifier
File Validation Event Message
File Validation Event Record Identifier
File Validation Event Record Identifier Type
Administration

**Purpose**  
To enable management of VINAH transmissions.

**Principal users**  
VINAH Validation Engine, VINAH data submitters.

**Version history**  

<table>
<thead>
<tr>
<th>Version</th>
<th>Previous Name</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>File Validation Event Code</td>
<td>2010/07/01</td>
</tr>
</tbody>
</table>

**Definition source**  
DHHS

**Value domain source**  
DHHS
File Validation Event Date/Time

**Definition**
The date and time when the validation event occurred.

**Repeats:**

<table>
<thead>
<tr>
<th></th>
<th>Min.</th>
<th>Max.</th>
<th>Duplicate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form</td>
<td>Date and Time</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Location</td>
<td>Transmission protocol</td>
<td>XML Validation Report</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Submission Summary</td>
<td>/Submission/Validations/Validation/ identifier_type</td>
<td></td>
</tr>
</tbody>
</table>

**Reported by**
VINAH Validation Engine

**Reported for**
All VINAH Submissions where a validation event is generated with relation to a data structure.

**Reported when**
All Programs, not elsewhere specified

The current reporting period for this item is the calendar month in which the following events or data elements fall:

File Validation Event Date/Time (Mandatory)

**Value domain**
Valid date.

**Reporting guide**
THIS DATA ELEMENT IS NOT REPORTED BY HEALTH SERVICES. IT DEFINES CONTENT IN THE VALIDATION REPORT RETURNED BY VINAH.

This element represents the exact date/time that the VINAH Validation Engine detected and raised the validation event.

**Validations**
None.

**Related items**
- File Batch Accepted Indicator
- File Batch Identifier
- File Batch Message Accepted Indicator
- File Batch Message Count
- File Batch Message Implied Program
- File Batch Message Sequence Number
- File Batch Message Valid Indicator
- File Batch Sequence Number
- File Processing End Date/Time
- File Processing Start Date/Time
- File Submission Date/Time
- File Validation Event Code
- File Validation Event Date/Time
- File Validation Event Identifier
- File Validation Event Message
- File Validation Event Record Identifier
- File Validation Event Record Identifier Type

**Administration**

**Purpose**
To enable management of VINAH transmissions.

**Principal users**
VINAH Validation Engine, VINAH data submitters.

**Version history**

<table>
<thead>
<tr>
<th>Version</th>
<th>Previous Name</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>File Validation Event Date/Time</td>
<td>2010/07/01</td>
</tr>
</tbody>
</table>

**Definition source**
DHHS

**Value domain source**
DHHS
File Validation Event Identifier

Definition
A value generated by the VINAH Validation Engine to identify a specific instance of a validation event occurring on a message.

Repeats:  Min.  Max.  Duplicate
Form  Identifier  1  1  Not applicable
Layout  N  Size:  Min.  Max.
Location  Transmission protocol  XML Validation Report
          Submission Summary  /Submission/Validations/Validation/val_event_id
Reported by  VINAH Validation Engine
Reported for  All VINAH submissions where a validation event is generated.
Reported when  All Programs, not elsewhere specified
The current reporting period for this item is the calendar month in which the following events or data elements fall:

File Validation Event Date/Time (Mandatory)

Value domain  Positive Integer

Reporting guide
THIS DATA ELEMENT IS NOT REPORTED BY HEALTH SERVICES. IT DEFINES CONTENT IN THE VALIDATION REPORT RETURNED BY VINAH.

This element can be used as a reference for specific instance of a validation event occurring on a message.

Validations  None.

Related items  File Batch Accepted Indicator
               File Batch Identifier
               File Batch Message Accepted Indicator
               File Batch Message Count
               File Batch Message Implied Program
               File Batch Message Sequence Number
               File Batch Message Valid Indicator
               File Batch Sequence Number
               File Processing End Date/Time
               File Processing Start Date/Time
               File Purged After Processing Indicator
               File Submission Date/Time
               File Validation Event Code
               File Validation Event Date/Time
               File Validation Event Message
               File Validation Event Record Identifier
               File Validation Event Record Identifier Type

Administration

Purpose  To enable management of VINAH transmissions.

Principal users  VINAH Validation Engine, VINAH data submitters.
<table>
<thead>
<tr>
<th>Version history</th>
<th>Version</th>
<th>Previous Name</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>File Validation Event Identifier</td>
<td>2010/07/01</td>
</tr>
</tbody>
</table>

**Definition source**: DHHS

**Value domain source**: DHHS
File Validation Event Message

Definition
The Validation Message a specific instance of a validation event occurring on a message.

<table>
<thead>
<tr>
<th>Repeats:</th>
<th>Min.</th>
<th>Max.</th>
<th>Duplicate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form</td>
<td>Text</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Layout</td>
<td>ANNN</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location</th>
<th>Transmission protocol</th>
<th>XML Validation Report</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Submission Summary</td>
<td>/Submission/Validations/Validation/edit_text</td>
</tr>
</tbody>
</table>

Reported by
VINAH Validation Engine

Reported for
All VINAH submissions where a validation event is generated.

Reported when
All Programs, not elsewhere specified

The current reporting period for this item is the calendar month in which the following events or data elements fall:

- File Validation Event Date/Time (Mandatory)

Value domain
See Section 8 – Validations for list of Validation Messages.

Reporting guide
THIS DATA ELEMENT IS NOT REPORTED BY HEALTH SERVICES. IT DEFINES CONTENT IN THE VALIDATION REPORT RETURNED BY VINAH.

This element can be used in conjunction with the File Validation Event Code to analyse the type of data quality problem identified by the VINAH Validation Engine.

The value of this data element will be based on the message templates outlined for each validation in Section 8. Any parameters embedded in the template (values surrounded by inequality signs (< >) will be substituted with values specific to the instance of the validation event. Note that the inequality signs will also be replaced when the template substitution occurs.

Validations
None.

Related items
- File Batch Accepted Indicator
- File Batch Identifier
- File Batch Message Accepted Indicator
- File Batch Message Count
- File Batch Message Implied Program
- File Batch Message Sequence Number
- File Batch Message Valid Indicator
- File Batch Sequence Number
- File Processing End Date/Time
- File Processing Start Date/Time
- File Submission Date/Time
- File Validation Event Code
- File Validation Event Date/Time
- File Validation Event Identifier
- File Validation Event Record Identifier
- File Validation Event Record Identifier Type
Administration

**Purpose**
To enable management of VINAH transmissions.

**Principal users**
VINAH Validation Engine, VINAH data submitters.

**Version history**

<table>
<thead>
<tr>
<th>Version</th>
<th>Previous Name</th>
<th>Effective Date</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>File Validation Event Message</td>
<td>2010/07/01</td>
</tr>
</tbody>
</table>

**Definition source**
DHHS

**Value domain source**
DHHS
**File Validation Event Record Identifier**

**Definition**  
A value that identifies the primary key of the data record upon which the validation event was applied.

<table>
<thead>
<tr>
<th>Repeats:</th>
<th>Min.</th>
<th>Max.</th>
<th>Duplicate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form</td>
<td>Identifier</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Layout</td>
<td>X(1-50)</td>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Location</th>
<th>Transmission protocol</th>
<th>XML Validation Report</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Submission Summary</td>
<td>/Submission/Validations/Validation /identifier</td>
</tr>
</tbody>
</table>

**Reported by**  
VINAH Validation Engine

**Reported for**  
All VINAH submissions where a validation event is generated with relation to a data structure.

**Reported when**  
**All Programs, not elsewhere specified**

The current reporting period for this item is the calendar month in which the following events or data elements fall:

- File Validation Event Date/Time (Optional)

**Value domain**  
Any value as submitted by the Organisation, with relation to the File Validation Event Record Identifier Type.

**Reporting guide**  
THIS DATA ELEMENT IS NOT REPORTED BY HEALTH SERVICES. IT DEFINES CONTENT IN THE VALIDATION REPORT RETURNED BY VINAH.

This element can be used in conjunction with the File Validation Event Record Identifier Type to identify the data record upon which the validation event was applied.

**Example:**

- File Validation Event Record Identifier = 03441
- File Validation Event Record Identifier Type = Episode Identifier

**Validations**  
None.

**Related items**

- File Batch Accepted Indicator
- File Batch Identifier
- File Batch Message Accepted Indicator
- File Batch Message Count
- File Batch Message Implied Program
- File Batch Message Sequence Number
- File Batch Message Valid Indicator
- File Batch Sequence Number
- File Processing End Date/Time
- File Processing Start Date/Time
- File Submission Date/Time
- File Validation Event Code
- File Validation Event Date/Time
- File Validation Event Identifier
- File Validation Event Message
- File Validation Event Record Identifier Type
Administration

Purpose
To enable management of VINAH transmissions.

Principal users
VINAH Validation Engine, VINAH data submitters.

Version history

<table>
<thead>
<tr>
<th>Version</th>
<th>Previous Name</th>
<th>Effective Date</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>File Validation Event Record Identifier</td>
<td>2010/07/01</td>
</tr>
</tbody>
</table>

Definition source
DHHS

Value domain source
DHHS
File Validation Event Record Identifier Type

Definition: The type of record upon which the validation event was applied.

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Repeats:</td>
<td>Min. 1</td>
</tr>
<tr>
<td>Form</td>
<td>List</td>
</tr>
<tr>
<td>Layout</td>
<td>X(1-50) Size:</td>
</tr>
<tr>
<td>Location</td>
<td>Transmission protocol XML Validation Report Submission Summary /Submission/Validations/Validation /identifier_type</td>
</tr>
<tr>
<td>Reported by</td>
<td>VINAH Validation Engine</td>
</tr>
<tr>
<td>Reported for</td>
<td>All VINAH submissions where a validation event is generated with relation to a data structure.</td>
</tr>
<tr>
<td>Reported when</td>
<td>All Programs, not elsewhere specified</td>
</tr>
<tr>
<td></td>
<td>The current reporting period for this item is the calendar month in which the following events or data elements fall:</td>
</tr>
<tr>
<td></td>
<td>File Validation Event Date/Time (Optional)</td>
</tr>
<tr>
<td>Value domain</td>
<td>Enumerated</td>
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<tr>
<td></td>
<td>Table identifier VVE0001</td>
</tr>
<tr>
<td>List Item</td>
<td>Batch Control Identifier</td>
</tr>
<tr>
<td></td>
<td>Contact Identifier</td>
</tr>
<tr>
<td></td>
<td>Episode Identifier</td>
</tr>
<tr>
<td></td>
<td>Inbound Referral Identifier</td>
</tr>
<tr>
<td></td>
<td>Message Control Identifier</td>
</tr>
<tr>
<td></td>
<td>NULL</td>
</tr>
<tr>
<td></td>
<td>Patient Identifier</td>
</tr>
<tr>
<td></td>
<td>Referral Out Identifier</td>
</tr>
<tr>
<td>Reporting guide</td>
<td>THIS DATA ELEMENT IS NOT REPORTED BY HEALTH SERVICES. IT DEFINES CONTENT IN THE VALIDATION REPORT RETURNED BY VINAH.</td>
</tr>
<tr>
<td></td>
<td>This element can be used in combination with the File Validation Event Record Identifier to identify the data record upon which the validation event was applied.</td>
</tr>
<tr>
<td></td>
<td>Example:</td>
</tr>
<tr>
<td></td>
<td>File Validation Event Record Identifier = 03441</td>
</tr>
<tr>
<td></td>
<td>File Validation Event Record Identifier Type = Episode Identifier</td>
</tr>
<tr>
<td>Validations</td>
<td>None.</td>
</tr>
<tr>
<td>Related items</td>
<td>File Batch Accepted Indicator</td>
</tr>
<tr>
<td></td>
<td>File Batch Identifier</td>
</tr>
<tr>
<td></td>
<td>File Batch Message Accepted Indicator</td>
</tr>
<tr>
<td></td>
<td>File Batch Message Count</td>
</tr>
<tr>
<td></td>
<td>File Batch Message Implied Program</td>
</tr>
<tr>
<td></td>
<td>File Batch Message Sequence Number</td>
</tr>
<tr>
<td></td>
<td>File Batch Message Valid Indicator</td>
</tr>
<tr>
<td></td>
<td>File Batch Sequence Number</td>
</tr>
<tr>
<td></td>
<td>File Processing End Date/Time</td>
</tr>
<tr>
<td></td>
<td>File Processing Start Date/Time</td>
</tr>
</tbody>
</table>
File Submission Date/Time
File Validation Event Code
File Validation Event Date/Time
File Validation Event Identifier
File Validation Event Message
File Validation Event Record Identifier

**Administration**

**Purpose**
To enable management of VINAH transmissions.

**Principal users**
VINAH Validation Engine, VINAH data submitters.

**Version history**

<table>
<thead>
<tr>
<th>Version</th>
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<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>File Validation Event Record Identifier Type</td>
<td>2010/07/01</td>
</tr>
</tbody>
</table>

**Definition source**
DHHS

**Value domain source**
DHHS