Section 1 - Introduction

Victorian Integrated Non-Admitted Health (VINAH) minimum dataset manual
14th edition, July 2018
Version 1.0
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Foreword

The Department of Health and Human Services maintains data around the provision of a range of non-admitted services in Victoria to:

- provide equitable funding to public hospitals
- support health services’ planning, policy formulation and epidemiological research.

This data must be consistent with Victoria’s reporting obligations under the National Health Information Agreement and the Australian Health Care Agreement, and the Public Health and Wellbeing Act 2008. Under these Agreements, the Secretary of the department must ensure the establishment of a comprehensive information system on the:

- causes, effects and nature of illness among Victorians;
- determinants of good health and ill health; and
- utilisation of health services in Victoria.

To meet these obligations, all public hospitals providing non-admitted services in scope for VINAH must report a minimum data set of patient-level data related to their activities. At the department, this demographic, administrative and clinical data are compiled into the Victorian Integrated Non-Admitted Health Minimum Dataset (VINAH MDS). Victorian hospitals submit data to VINAH as specified in Section 5 of this manual.

This manual together with subsequent HDSS Bulletins forms the data submission specifications for 2018-19.

VINAH manual contents summary

The VINAH manual is divided into ten sections. A detailed contents list is provided at the beginning of each section. A broad overview of each section is provided below.

Section 1  Introduction
Uses of VINAH, the transmission data cycle, together with contact details, useful references and publications.

Section 2  Concepts and derived items
Definitions of concepts and derived items that contribute to VINAH.

Section 3  Data elements
Presents the specifications of data items relating to individual admitted patient episodes of care. The data items are arranged in alphabetical order.

Note: This manual describes the data as it should be transmitted to VINAH. This may be important for third-party software users whose software interfaces with VINAH. The hospital’s system need not exactly replicate VINAH in all respects, but must be capable of formatting the data as specified for meaning and format for transmission to VINAH.

Section 4  Business rules
Business rules that apply for reporting VINAH data. Tabular business rules provide a quick reference to validations relating to multiple data items.

Section 5  Introduction compilation and transmission
Specifications for compiling a VINAH transmission including interfacing technical specifications. Incorporates subsections:

5 – Introduction compilation and transmission
5a – Transmission and compliance
5b – VINAH transaction implementation guide
5c – HL7 reference and implementation guide
5d – HealthCollect Portal manual transmission process
5e – Submission purge procedure.

Section 8  Editing
Listing in numerical order of all VINAH edit messages with resolution for each.

Section 9  Code list
Contains tabular list of all code sets, some of which are considered unwieldy for inclusion in the data definitions (Section 3). These lists are available only in electronic format on the HDSS webpage at http://www.health.vic.gov.au/hdss/vinah/vinah-manual.htm.

Section 10  Testing
The process of VINAH testing and issues to consider when changing software.
Contacts

VINAH enquiries

For advice and assistance with enquiries about reported data items, receipt of data files for processing, data submission technicalities, location of output reports, late submission of VINAH data, or the content of this manual, contact:

**HDSS Helpdesk**
- Phone 03 9096 8595
- Email HDSS.Helpdesk@dhhs.vic.gov.au

**HDSS website**
Overview

The VINAH Model

The VINAH Minimum Data Set consists of various linked data structures which reflect various aspects of service delivery within a health care setting. This information is structured in a consistent manner and periodically submitted to the department. This information flows over time between the health care organisation and the department in a manner that makes data quality an integral part of the data lifecycle.

High level logical structure

The VINAH model consists of an episode of care around which referral and contact information is collected. The following diagram summarises the conceptual relationships.

High level narrative

A health care organisation receives a patient referral to their service. If the organisation accepts the referral, the patient is registered in the patient administration system and an episode of care begins. During the course of the episode, the organisation has various contacts with the patient during which services are delivered. At the end of the episode, the patient may be referred to another service.
Data reporting cycle

Data capture and information flow

At the health service

The flow of information to VINAH begins at the health service when the patient is referred and the patient registration information is entered on the health service’s patient administration system (PAS).

Currently each Victorian public health service selects its own PAS from commercial software suppliers. The health service is responsible for mapping or deriving (where necessary) the fields and codes used in their system to the fields and codes defined for VINAH.

A submission is received when an HL7 extract is uploaded to the Secure Data Exchange on the HealthCollect Portal. At this point, an automated validation of data takes place. A health service can update or delete information already held in the VINAH database by generating and submitting a new HL7 message with an ‘update’ or ‘delete’ message of the relevant record. This new information overwrites the existing information held in VINAH.

There is no manual data entry of patient-level data by DHHS. All health services must upload the data in the specified format (HL7) to the HealthCollect Portal (see Section 5).

The data should be checked and corrected by the health service before submission (usually a health service’s PAS has the ability to produce reports to facilitate this process). Upon completion of processing, the health service will receive either two or three files comprised of:

- txt file acknowledgement receipt
- xml file error report

Health services also have access to a suite of data quality reports from DHHS available on the HealthCollect Portal, including:

- VINAH reconciliation reports
- AIMS vs VINAH reports
- Specialist Clinics Activity and Wait Time reports.

These are provided to health services where appropriate so the health service can undertake quality measures to ensure complete and accurate capture of data.

To assist health services in meeting their obligations, DHHS provides documents such as the VINAH manual and HDSS bulletins. The HDSS Helpdesk provides support to data providers and users.

At the Department of Health and Human Services

Data users

Data users include various department units and regions, the Commonwealth and others. As well as accessing VINAH reports, users can also query the quality of the data. The department may then conduct activities to evaluate data quality, such as contacting health services for feedback, and/or may create new or update existing validations.

VINAH consolidation

Hospitals are expected to have finalised and submitted complete data for that financial year’s activity by the final consolidation date published in the Department of Health and Human Services Policy and funding guidelines.
Once the consolidated record has been locked, the file is not amended or updated, thus maintaining the integrity of reports and datasets released for analysis.

**Validations:**

- **E022** A new referral in must be submitted before the consolidation date of the financial year in which the Referral In Received Date falls.
- **E022** An episode update for a closed episode must be submitted before the consolidation date of the financial year in which the Episode End date falls.
- **E022** A contact related to a closed episode must be submitted before the consolidation date of the financial year in which the Episode End Date falls.
- **E022** A contact related to a closed episode must be submitted before the consolidation date of the financial year in which the Episode End Date falls.

## Data submission timeline

<table>
<thead>
<tr>
<th>Month</th>
<th>Submission date</th>
<th>Clean date</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 2018</td>
<td>10 August 2018</td>
<td>14 August 2018</td>
</tr>
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<td>August 2018</td>
<td>10 September 2018</td>
<td>14 September 2018</td>
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<td>September 2018</td>
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<td>December 2018</td>
<td>10 January 2019</td>
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<td>January 2019</td>
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<td>March 2019</td>
<td>10 April 2019</td>
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<td>April 2019</td>
<td>10 May 2019</td>
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<tr>
<td>May 2019</td>
<td>10 June 2019</td>
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<tr>
<td>June 2019</td>
<td>10 July 2019</td>
<td>14 July 2019</td>
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</table>

## Reporting notes

### Submission date

Health services are encouraged to submit data as often as desired, so long as a minimum of one submission is made each reference month and no later than 5pm on the 10th day of the following reference month.

### Clean date

All errors are to be cleared by the 14th day of the following month, or the preceding working day if the 14th falls on a weekend or public holiday.
End of financial year consolidation

All errors for 2018-19 must be corrected and resubmitted before consolidation of the VINAH database on the date advised in the Victorian health policy and funding guidelines 2018-19.

All Victorian public hospitals are required to submit data to VINAH at least monthly, but may submit more frequently.

<table>
<thead>
<tr>
<th>Data required</th>
<th>Due date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Submission date for Client, Referral, Episode and Contact details for the month</td>
<td>Must be submitted before 5.00pm on the 10th day of the following month</td>
</tr>
<tr>
<td>Clean date for Client, Referral, Episode and Contact details for the month</td>
<td>Must be submitted before the VINAH file consolidation at 5.00pm on the 14th day of the following month, or the preceding working day if the 14th falls on a weekend or public holiday</td>
</tr>
<tr>
<td>Data for the 2018-19 financial year</td>
<td>Must be submitted before the VINAH file consolidation at 5.00pm on 10 August 2019</td>
</tr>
<tr>
<td>Corrections to data for 2017-18</td>
<td>Must be corrected and submitted before final consolidation of the 2017-18 VINAH database at 5.00pm on the date advised in the Policy and funding guidelines 2017-18.</td>
</tr>
</tbody>
</table>

Health services may incur financial penalties for data submitted after the due date. If a hospital cannot meet the due dates due to technical difficulties, a ‘Late Data Request Exemption Form’ (available on the HealthCollect Portal) must be completed. Details of submission deadlines and applicable penalties are published in the Policy and funding guidelines 2018-19.

Data quality statement

This is a summary of what the department does to ensure consistent capturing and reporting of data quality across data sets and over time

Accuracy

The department publishes the VINAH manual on the HDSS website to provide clarity on reporting requirements for health services and information for data users. Reference files of code sets including hospital codes, postcodes and localities are available in section 9 of the VINAH manual and on the HDSS website.

Data submitted by health services is subject to a validation process, checking for valid values and compliance with VINAH business rules.

DCU performs monthly data quality checks:
- data is checked for valid value combination
- data is checked for logical consistence

Validity

The VINAH validation provides reports for the health service to verify data submitted, reconcile data accepted in the processing database with data in the hospital system and produces rejection validation messages for records containing invalid or inappropriate data and make appropriate corrections and re-submissions.
Completeness

The unit monitors completeness through regular analyses of VINAH, sending out compliance emails to health services when a reporting deadline is missed or records are outstanding.

Coherence

Each year the department reviews VINAH to ensure the data collection:

- supports the department’s state and national reporting obligations
- assists planning and policy development
- reflects changes in hospital funding and service provision arrangements for the coming financial year
- incorporates appropriate feedback from data provides across collections

Definitions for common data items are consistent across data collections.

Interpretability

The VINAH manual provides definitions of concepts, data items, reporting guides and business rules relating to more than one data item.

Changes to the data collection during the year are published in the HDSS Bulletin.

DCU provide data reporting advice and support to health services via the HDSS help desk.

Timeliness

VINAH data is reckoned on a monthly basis.

Health services must make at least one submission following the reference month on the 10th day of the month following the reference period.

Errors are to be corrected on the 14th day of the month following the reference month.

Data for the financial year must be completed by the consolidation date 24 August 2018.

Accessibility

The department makes available a suite of reports that enables health services to verify that data submitted has been received and to facilitate addition or amendment of missing or incorrect information.

Publications and useful links

Activity Based Funding


HDSS Bulletin

Published by the department, this Bulletin provides advice on the large health information data collections VAED, VEMD, VINAH, AIMS, APET and ESIS. It is available at https://www2.health.vic.gov.au/hospitals-and-health-services/data-reporting/health-data-standards-systems/hdss-communications

To subscribe to or update mailing list and contact details contact the HDSS Help Desk by email at HDSS.Helpdesk@dhhs.vic.gov.au
HDSS Help Desk
A help desk service provides advice by telephone and email on matters relating to VINAH reporting. Contact the HDSS Help Desk by email HDSS.Helpdesk@dhhs.vic.gov.au or phone (03) 9096 8595.

HDSS website

HealthCollect Portal
Submit VINAH HL7 files, Late Data Exemption Request forms and view VINAH reports
https://www.healthcollect.vic.gov.au

HealthCollect Portal User Request form

Medicare Australia

Health Records Act
Privacy and confidentiality, access and regulations on disposal and retention of health records https://www2.health.vic.gov.au/about/legislation/health-records-act

Reference files
Code sets for postcodes, localities and hospital codes are available at:


Specialist clinics program
Information relating to the Access policy, funding of activity-based services and links

Victorian health policy and funding guidelines

Victorian hospital and health services
Information relating to Victoria’s hospital system including contact details for hospitals

VINAH update cycle
Each year, the department calls for submissions for revisions to VINAH to take effect from the following 1 July. Revisions may be necessary to provide data for a change in funding mechanism, to monitor a new policy, to follow changes to the National Health Data Dictionary, or to meet national reporting obligations. Opportunities are taken wherever possible to simplify and streamline the dataset. At all times, the department attempts to keep changes to a minimum.
The proposals are outlined in a proposals document, which is circulated to hospitals, software suppliers and other stakeholders. All parties have the opportunity to submit comments and questions on the proposals. A specification for revisions document is prepared providing full details of the changes.

Health services are required to arrange with their software suppliers to revise their existing software so that it will be ready to use from 1 July. Health services may also need to revise patient record forms and train staff in any PAS changes.

Each 1 July may also see the introduction of other revisions, such as:
- revisions to the code sets
- new data elements
- updated reference files, such as postcodes and localities, and hospital codes.

Data extracts

Manipulation of data extracts

The department usually does not approve manipulation of data extracts (for example using Microsoft Excel, Notepad or any other data manipulation tool) leading to changes in data values before the data is processed via the HealthCollect Portal.

It is expected that health services' contractual arrangements with software vendors require vendors to provide software that allows health services to meet their statutory reporting requirements. When negotiating contracts with software vendors, health services are strongly advised to consider the impact of data quality and timeliness penalties that can apply when the vendor fails to deliver software that meets statutory reporting requirements.

The software provided must deliver an extract in the format documented in this manual. Software vendors and health services should work together to ensure that when ‘validations’ are triggered in a submission, the health service’s relevant operational database can correct the data, thus eliminating the need for secondary data manipulation.

Any ‘corrections’ made to the extract but not reflected in the health service’s operational database may cause inconsistencies between data held by the department and the health service, and impact on data quality. An audit requirement exists that data received by the department is an accurate reflection of the health service’s medico-legal system of record.

History and development of VINAH

The Department of Health and Human Services seeks to minimise the annual changes to the VINAH whilst ensuring that the collection maintains its integrity and continues to provide value.

2005-06 – VINAH v1
The collection was first specified in 2005-06 with a scope limited to the SACS program. The first implementation of a validation engine by the department commenced in January 2006.

2006-07 – VINAH v2
The scope of the data collection increases to include PAC and HARP programs.
2007-08 – VINAH v3
The concepts of Episode and Case are revised, and Contact-level reporting is introduced. This framework has remained largely unchanged to date. The outpatients program/stream introduced to support a limited trial, and the Palliative Care program/stream was also introduced.

2008-09 – VINAH v4
Specifications largely remain unchanged.

2009-10 – VINAH v5
A raft of additional programstreams are supported including VRSS, VHS, Medi-Hotel and FCP.

2010-11 – VINAH v6
The introduction of several new data elements to support the TCP program among other changes. The expansion of several sections of the manual to provide more guidance for vendors around implementation.

2011-12 – VINAH v7
The introduction of Specialist Clinics (Outpatients) Program as required to report from 1 July 2011.

2012-13 – VINAH v8
The introduction of two new data elements for all Programs, and two new data elements for Specialist Clinics (Outpatients). Value domain and reporting guide modifications to fifteen data elements. Introduction of new validations, deletion of several validations and introduction of new business rules.

2013-14 – VINAH v9
Value domain and reporting guide modifications to seven data elements. Introduction of new validations.

2014-15 – VINAH v10
Value domain and reporting guide modifications to five data elements. Modification to seven business rules.

2015-16 – VINAH v11
The introduction of a new data element for Specialist Clinics and several changes to code sets.

2016-17 – VINAH v12
The introduction of new data elements for Contact Medicare Suffix and Episode Advance Care Plan Alert; Removal of data elements Episode Assessment - FIM Score - Date/Time, Episode Assessment Score - FIM Score, Episode Advance Care Plan Documented Date and 16 data elements for mandatory reporting for the Transition Care Program; Several changes to existing code sets and validations.

2017-18 – VINAH v13
The introduction of two new data elements – Episode Special Purpose Flag and Referral End Reason; Several changes to code sets and business rules. New validations to support VINAH consolidation.

2018-19 – VINAH v14
The introduction of two new programs; Home Enteral Nutrition and Total Parenteral Nutrition. Three new streams for FCP and one new stream for SACS. Several changes to code sets and reporting guides.
### Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>ABF</td>
<td>Activity Based Funding</td>
</tr>
<tr>
<td>ABS</td>
<td>Australian Bureau of Statistics</td>
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<td>ACAS</td>
<td>Aged Care Assessment Service</td>
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<td>AHCA</td>
<td>Australian Health Care Agreement</td>
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<tr>
<td>AIHW</td>
<td>Australian Institute of Health and Welfare</td>
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<td>AIMS</td>
<td>Agency Information Management System</td>
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<tr>
<td>ASCII</td>
<td>American Standard Code for Information Interchange</td>
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<tr>
<td>ATSI</td>
<td>Aboriginal and Torres Strait Islander</td>
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<td>AUSDHSV</td>
<td>Department of Human Services Victoria</td>
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<tr>
<td>CCU</td>
<td>Continuing Care Unit</td>
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<tr>
<td>Department</td>
<td>Department of Health and Human Services Victoria</td>
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<td>DHHS</td>
<td>Department of Health and Human Services</td>
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<td>DVA</td>
<td>Department of Veterans' Affairs</td>
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<td>DCU</td>
<td>Data Collections Unit</td>
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<tr>
<td>FCP</td>
<td>Family Choice Program</td>
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<td>HARP</td>
<td>Hospital Admission Risk Program</td>
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<tr>
<td>HBPCCT</td>
<td>Hospital Based Palliative Care Consultancy Team</td>
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<tr>
<td>HDSS</td>
<td>Health Data Standards and Systems</td>
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<td>HEN</td>
<td>Home Enteral Nutrition</td>
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<tr>
<td>HIP</td>
<td>Health Independence Program</td>
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<tr>
<td>HITH</td>
<td>Hospital in the Home</td>
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<tr>
<td>HL7</td>
<td>Health Level 7</td>
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<tr>
<td>ISO</td>
<td>International Organisation for Standardisation</td>
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<td>NHDD</td>
<td>National Health Data Dictionary</td>
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<td>NHIA</td>
<td>National Health Information Agreement</td>
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<tr>
<td>NMDS</td>
<td>National Minimum Data Set</td>
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<tr>
<td>OP</td>
<td>Specialist Clinics (Outpatients)</td>
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<tr>
<td>PAC</td>
<td>Post Acute Care</td>
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<tr>
<td>PAS</td>
<td>Patient Administration System</td>
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<td>RIR</td>
<td>Residential In-Reach</td>
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<td>SACS</td>
<td>Sub-Acute Ambulatory Care Services</td>
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<tr>
<td>SDE</td>
<td>Secure Data Exchange</td>
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<tr>
<td>TAC</td>
<td>Transport Accident Commission</td>
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<tr>
<td>Abbreviation</td>
<td>Full Name</td>
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<tr>
<td>TCP</td>
<td>Transition Care Program</td>
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<tr>
<td>TPN</td>
<td>Total Parenteral Nutrition</td>
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<td>Victorian HIV Service</td>
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<td>Victorian Integrated Non-Admitted Health Dataset</td>
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