Specifications for revisions to Victorian Integrated Non-Admitted Health minimum dataset (VINAH) for 1 July 2018

December 2017

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Contents

Executive Summary

The revisions for the Victorian Integrated Non-Admitted Health minimum dataset (VINAH) for 1 July 2018 are summarised below:

New Program

- Home Enteral Nutrition (HEN
- Total Parenteral Nutrition (TPN)

New Streams
- Cardiac Rehabilitation (SACS)
- FCP: Home ventilation: On ventilation, dependent
- FCP: Home ventilation: On ventilation, not dependent
- FCP: Home Ventilation : Non ventilation

Amendments to existing data elements

- Amend reporting guide for Contact Delivery Mode – Telephone
- Additional new codes for Contact Professional Group
- Amend reporting guide for Contact Purpose – Case management and/or Care coordination
- Three additional codes for Episode Health Conditions
- Additional new code for Episode others affecting health
- Four additional codes to Referral in/out Service Type
- New business rules and validations

Introduction

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

Comments provided by the health sector in response to *Proposals for revisions to the Victorian Integrated Non-Admitted Health (VINAH) for 1 July 2018* have been considered, and where possible, suggestions have been accommodated, resulting in changes to or withdrawal of some proposals.

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

An updated Victorian Integrated Non-Admitted Health (VINAH) manual will be published in due course. Until then, the current Victorian Integrated Non-Admitted Health (VINAH) manual and subsequent HDSS Bulletins, together with this document, form the data submission specifications for 2018-19.

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

Orientation to this document

- New data items are marked as (new).
- Changes to existing data items are highlighted in green.
- Redundant values and definitions relating to existing items are ~~struck through~~.
- Comments relating only to the proposal document appear in *[square brackets and italics]*.
- Validations to be changed are marked * when listed as part of a data item or below a validation table.
- Changes are shown under the appropriate manual section headings.

Outcome of proposals

Proposal 1- Individual Health Care Identifier and Victorian Unique Patient Identifier
Proposal withdrawn based on the lack of definition provided, complexity of the IT infrastructure required and the short timeframe of implementation date.

It is intended that this proposal will be re-assessed for 2019-20, once the implementation of these identifiers has begun at selected sites

Proposal 2 – Extend the scope of VINAH reporting to include Home Enteral Nutrition (HEN)
Proposal proceeds

Proposal 3 – Extend the scope of VINAH reporting to include Home Based Dialysis (HBD)
Proposal does not proceed. Explore options using alternative data source

Proposal 4 – Extend the scope of VINAH reporting to include Total Parenteral Nutrition (TPN)
Proposal proceeds

Proposal 5 - Add new streams to program Victorian Respiratory Support Services (VRSS) and Family Choice Program (FCP)
Proposal proceeds for FCP
Proposal does not proceed for VRSS. The department will work collaboratively with Austin Health to explore options to capture the data in the future

Proposal 6 – New data element – Contact Campus Code
Proposal is withdrawn. Campus code is collected in the Non Admitted Clinic Management System (NACMS).

Proposal 7 – Amend reporting guide for Contact Delivery Mode - Telephone
Proposal proceeds

Proposal 8 – Amend Contact Professional Group code set
Proposal proceeds

Proposal 9 – Amend reporting guide for Contact Purpose – 42 Case management and/or Care coordination
Proposal proceeds

Proposal 10 – Amend Episode Advance Care Plan Alert
Proposal proceeds

Proposal 11 – Episode Health Conditions new codes
Proposal proceeds

Proposal 12 – Episode Other Factors Affecting Health new code
Proposal proceeds

Proposal 13 – Amend Patient/Client Usual Accommodation Type codeset
Proposal does not proceed due to overwhelming negative feedback from the health sector

Proposal 14 – Amendment to Referral In and Out Service Type codeset
Proposal proceeds

Proposal 15 – Add new stream Cardiac Rehabilitation to Sub-Acute Ambulatory Care Services (SACS)
Proposal proceeds

Proposal 16 – Add Sex codes for trans male, trans female and intersex
The proposal does not proceed as there is no identified use within the department and most health services have not yet implemented gender awareness programs.

Specifications for changes from 1 July 2018

1- Introduction

Data submission timeline

Month	Submission date	Clean date
July 2018	10 August 2018	14 August 2018
August 2018	10 September 2018	14 September 2018
September 2018	10 October 2018	14 October 2018
October 2018	10 November 2018	14 November 2018
November 2018	10 December 2018	14 December 2018
December 2018	10 January 2019	14 January 2019
January 2019	10 February 2019	14 February 2019
February 2019	10 March 2019	14 March 2019
March 2019	10 April 2019	14 April 2019
April 2019	10 May 2019	14 May 2019
May 2019	10 June 2019	14 June 2019
June 2019	10 July 2019	14 July 2019

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.

Data required	Due date
Submission date for Client, Referral, Episode and Contact details for the month	Must be submitted before 5.00pm on the 10th day of the following month
Clean date for Client, Referral, Episode and Contact details for the month	Must be submitted before the 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
Data for the 2018-19 financial year	Must be submitted before the VINAH file consolidation at 5.00pm on 10 August 2019
Corrections to data for 2017-18	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 2018-19.*

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.

History and development of VINAH

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.

Section 2 – Concepts and derived items

Home Enteral Nutrition (HEN)

Definition	The administration of nutrition either orally or by feeding tube directly into the gastrointestinal tract self-administered by the patient or carer
	Home Enteral Nutrition is performed by the patient or carer in their home.
Guide for use	Activity for patient/clients enrolled in the Home Enteral Nutrition program will be collected at the episode level. An episode is to be opened for the duration during which a patient/client is responsible for their administration of the treatment and the episode is to be closed when the patient/client ceases home self-administration of their treatment.
	The department will count one non admitted service event per calendar month for episodes that have been active during the month.
	Health services should count and report consultations with healthcare providers separately to the HEN episode to the appropriate program/stream.
	For example, if a patient has a consultation with a Dietician in an outpatient clinic, this should be reported to under the 'OP' program.
Refer to	Section 2: Program
	Section 2: Programs reporting to VINAH
	Section 2: Stream
	Section 3: Episode program/stream
	Section 3: Referral in program/stream

Family Choice Program (FPC)

Definition	Family Choice Program is a state-wide program which provides home based support to families of children with high levels of complex ongoing medical care needs. The support provided is flexible and tailored to the needs of the particular family based on a case management and individualised medical care plan approach. Children aged between 0 - 17 years of age are eligible to apply, where it is expected that the family will experience difficulty in maintaining the high level of ongoing medical care at home.
	Includes Ventilation self-administered by the patient or the patient's carer. Ventilatory support is a process by which gases are moved into the lungs by a device that assists respiration by augmenting or replacing the patient's own respiratory effort.
Guide for use	Activity for patient/clients enrolled in the Family Choice program will be collected at the episode level. An episode is to be opened for the duration during which a patient/client is responsible for their administration of the treatment and the episode is to be closed when the patient/client ceases home self-administration of their treatment.
	The department will count one non admitted service event per calendar month for episodes that have been active during the month.

FCP funded contacts should be reported under the FCP episode. Non FCP funded contacts should be reported separately to the FCP episode to the appropriate program/stream.

For example, if a patient has a consultation with a Physiotherapist in an outpatient clinic, this should be reported to under the 'OP' program.

Refer to

Section 2: Program

Section 2: Programs reporting to VINAH

Section 2: Stream

Section 3: Episode program/stream

Section 3: Referral in program/stream

Total Parenteral Nutrition (TPN)

Definition

The administration of nutrition by means of an infusion of an intravenous nutrition formula self-administered by the patient. Total Parental Nutrition (TPN) is generally only used when it is not possible to meet a patient's nutrition requirements through an oral or enteral route.

Total parental nutrition is performed by the patient or carer in their home.

Guide for use

Activity for patient/clients enrolled in the Total Parenteral Nutrition program will be collected at the episode level. An episode is to be opened for the duration during which a patient/client is responsible for their administration of the treatment and the episode is to be closed when the patient/client ceases home self-administration of their treatment.

The department will count one non admitted service event per calendar month for episodes that have been active during the month.

Health services should count and report consultations with healthcare providers separately to the TPN episode to the appropriate program/stream.

For example, if a patient has a consultation with a Dietician in an outpatient clinic, this should be reported to under the 'OP' program.

Refer to

Section 2: Program

Section 2: Programs reporting to VINAH

Section 2: Stream

Section 3: Episode program/stream

Section 3: Referral in program/stream

Section 3 – Data elements

Summary tables for data elements
Data Elements to be reported by Program

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

DATA ELEMENT	FCP	HARP	HBPCCT	HEN	Medi-Hotel	OP	PAC	Palliative Care	RIR	SACS	TCP	TPN	VHS	VRSS
Contact Account Class	Y	Y				Y	Y	Y	Y	Y			Y	Y
Contact Care Model								Y						
Contact Care Phase								Y						
Contact Client Present Status	Y	Y	Y			Y	Y	Y	Y	Y			Y	Y
Contact Clinic Identifier						Y								
Contact Date/Time	Y	Y	Y			Y	Y	Y	Y	Y	Y		Y	Y
Contact Delivery Mode	Y	Y	Y			Y	Y	Y	Y	Y	Y		Y	Y
Contact Delivery Setting	Y	Y	Y			Y	Y	Y	Y	Y			Y	Y
Contact Family Name	Y	Y				Y	Y	Y	Y	Y			Y	Y
Contact Given Name(s)	Y	Y				Y	Y	Y	Y	Y			Y	Y
Contact Group Session Identifier						Y								
Contact Indigenous Status	Y	Y	Y			Y	Y	Y	Y	Y	Y		Y	Y
Contact Inpatient Flag	Y	Y				Y	Y	Y	Y	Y			Y	Y
Contact Interpreter Required	Y	Y	Y			Y	Y		Y	Y			Y	Y
Contact Medicare Benefits Schedule Item Number						Y								
Contact Medicare Number	Y	Y	Y		Y	Y	Y	Y	Y	Y			Y	Y
Contact Medicare Suffix	Y	Y	Y			Y	Y	Y	Y	Y			Y	Y
Contact Preferred Care Setting								Y						
Contact Preferred Death Place								Y						
Contact Preferred Language	Y	Y	Y			Y	Y	Y	Y	Y			Y	Y
Contact Professional Group	Y	Y	Y			Y	Y	Y	Y	Y	Y		Y	Y
Contact Program Stream						Y								

DATA ELEMENT	FCP	HARP	HBPCCT	HEN	Medi-Hotel	OP	PAC	Palliative Care	RIR	SACS	TCP	TPN	VHS	VRSS
Contact Provider	Y	Y				Y	Y	Y	Y	Y	Y		Y	Y
Contact Purpose	Y	Y	Y			Y	Y	Y	Y	Y	Y		Y	Y
Contact Session Type	Y	Y				Y	Y	Y	Y	Y			Y	Y
Contact Specialist Palliative Care Provider								Y						
Contact TAC Claim Number	Y	Y				Y	Y	Y	Y	Y			Y	Y
Contact VWA File Number		Y				Y	Y	Y	Y	Y			Y	Y
Episode Advance Care Plan Alert	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Episode Assessment – Barthel Index – Date/Time											Y			
Episode Campus Code	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Episode Care Plan Documented Date	Y	Y		Y			Y		Y	Y	Y	Y	Y	Y
Episode End Date	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Episode End Reason			Y					Y						
Episode First Appointment Booked Date						Y								
Episode Health Conditions	Y	Y		Y		Y	Y	Y	Y	Y		Y	Y	Y
Episode Hospital Discharge Date								Y	Y	Y	Y			
Episode Malignancy Flag			Y					Y						
Episode Other Factors Affecting Health	Y	Y		Y			Y		Y	Y		Y	Y	Y
Episode Patient/Client Notified of First Appointment Date						Y								
Episode Program/Stream	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Episode Proposed Treatment Plan Completion	Y	Y		Y			Y		Y	Y		Y	Y	Y
Episode Special Purpose Flag	Y	Y		Y			Y		Y	Y		Y		Y
Episode Start Date	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Episode TCP Bed-Based Care Transition Date											Y			
Episode TCP Home-Based Care Transition Date											Y			
Patient/Client Birth Country	Y	Y	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y	Y
Patient/Client Birth Date	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

DATA ELEMENT	FCP	HARP	HBPCCT	HEN	Medi-Hotel	OP	PAC	Palliative Care	RIR	SACS	TCP	TPN	VHS	VRSS
Patient/Client Birth Date Accuracy	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Patient/Client Carer Availability	Y	Y		Y			Y	Y	Y	Y	Y	Y	Y	Y
Patient/Client Carer Residency Status	Y	Y		Y			Y	Y	Y	Y	Y	Y	Y	Y
Patient/Client Death Date	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Patient/Client Death Date Accuracy	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Patient/Client Death Place								Y						
Patient/Client DVA File Number	Y	Y		Y		Y	Y	Y	Y	Y	Y	Y	Y	Y
Patient/Client Identifier	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Patient/Client Living Arrangement	Y	Y		Y			Y	Y		Y	Y	Y	Y	Y
Patient/Client Main Carer's Relationship to the Patient	Y	Y		Y			Y	Y	Y	Y	Y	Y	Y	Y
Patient/Client Sex	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Patient/Client Usual Accommodation Type	Y	Y		Y			Y		Y	Y	Y	Y	Y	Y
Patient/Client Usual Residence Locality Name	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Patient/Client Usual Residence Postcode	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Referral End Reason						Y								
Referral In Clinical Referral Date						Y								
Referral In Clinical Urgency Category						Y								
Referral In Outcome	Y	Y		Y		Y	Y	Y	Y	Y	Y	Y	Y	Y
Referral In Program/Stream	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Referral In Receipt Acknowledgment Date	Y	Y		Y		Y	Y		Y	Y	Y	Y	Y	Y
Referral In Received Date	Y	Y	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y	Y
Referral In Service Type	Y	Y	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y	Y
Referral Out Date	Y	Y		Y		Y	Y		Y	Y	Y	Y	Y	Y
Referral Out Place											Y			
Referral Out Service Type	Y	Y		Y		Y	Y		Y	Y	Y	Y	Y	Y

Part I: Business data elements

Contact Delivery Mode (amend)

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

Reporting guide   **2 - Telephone**

~~This code is not to be used to record administrative contact with a patient/client.~~

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.

Administration

Version history

Version	Previous Name	Effective Date
7	Contact Delivery Mode	2018/07/01
6	Contact Delivery Mode	2014/07/01
5	Contact Delivery Mode	2013/07/01
4	Contact Delivery Mode	2010/07/01
3	Contact/Client Service Event Delivery Mode	2009/07/01
2	Contact/Client Service Event Delivery Mode	2007/07/01
1	Client Service Event Delivery Mode	2005/07/01

Contact Professional Group (amend)

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

Value domain Enumerated

Table identifier 990013

Code	Descriptor
253920	Gynaecologist
253921	Obstetrician
251213	Diagnostic & Interventional Radiologist
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
272101	Drug & Alcohol Counsellor
272102	Family & Marriage Counsellor
272103	Rehabilitation Counsellor
272400	Educational Psychologist
272401	Psychotherapist
4116	Aboriginal Health Practitioner
4117	Principal Aboriginal Health Worker
253913	Obstetrician & Gynaecologist, not further defined
253999	Medical Practitioners, ~~NEC~~ not elsewhere classified
272100	Counsellors, not elsewhere classified
272399	Psychologists, ~~NEC~~ not elsewhere classified

Administration

Version history	Version	Previous Name	Effective Date
	10	Contact Professional Group	2018/07/01
	9	Contact Professional Group	2017/07/01
	8	Contact Professional Group	2015/07/01
	7	Contact Professional Group	2014/07/01
	6	Contact Professional Group	2012/07/01
	5	Contact Professional Group	2010/07/01
	4	Contact/Client Service Event Professional Group	2009/07/01
	3	Contact/Client Service Event Professional Group	2008/07/01
	2	Contact/Client Service Event Professional Group	2007/07/01
	1	Client Service Event Professional Group	2005/07/01

Definition source DHHS

Value domain source ~~ANZSCO 1st Ed~~ 1220.0 - ANZSCO - Australian and New Zealand Standard Classification of Occupations, First Edition, 2006. (DHHS modified)

Contact Purpose - 42 Case management and/or Care coordination (amend)

Definition   The purpose of the service provided within the contact.

Reporting guide   **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
- ~~Referrals to other agencies e.g. home help/respite/HACC~~
- 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

Administration

Version history

Version	Previous Name	Effective Date
8	Contact Purpose	2018/07/01
7	Contact Purpose	2014/07/01
6	Contact Purpose	2012/07/01
5	Contact Purpose	2011/07/01
4	Contact Main Purpose	2010/07/01
3	Contact/Client Service Event Main Purpose	2009/07/01
2	Contact/Client Service Event Main Purpose	2008/07/01
1	Contact/Client Service Event Main Purpose	2007/07/01

Episode Advance Care Plan Alert (amend)

Definition   ~~An alert, flag or similar present in the medical record or patient management system that indicates an advance care plan and/or substitute decision maker has been recorded.~~

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.

Value domain   Enumerated

Table identifier   990050

Code	Descriptor
1	No advance care directive ~~plan~~ alert
2	Presence of an advance care directive ~~plan~~ alert
3	Presence of a medical treatment ~~substitute~~ decision maker alert
4	Presence of both an advance care directive ~~plan~~ alert and a medical treatment ~~substitute~~ decision maker alert

Reporting guide   An advance care directive ~~plan~~ 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 goals of patient care form, resuscitation plan, or limitation of treatment order meet the requirements for this data item when combined with a record of the discussion of the person's preferences for future care.

A medical treatment ~~substitute~~ decision maker alert will be identified by an alert, flag or similar identifying any of the following:

- Medical treatment decision maker appointment ~~Enduring Power of Attorney~~
- ~~Enduring Power of Guardianship which includes consent to health care~~
- Guardian appointed by VCAT with powers to consent to health care
- ~~Nomination in writing of a person responsible~~
- Identification of the medical treatment decision maker ~~'person responsible'~~ as per the 'medical treatment decision maker ~~'person responsible~~ hierarchy'
- Nominated Person under the Mental Health Act (Vic) 2014
- Support person appointment

Advance care planning: have the conversation: A strategy for Victorian health services 2014-2018 (the Strategy) www.health.vic.gov.au/acp

Version history	Version	Previous Name	Effective Date
	3	Episode Advance Care Plan Alert	2018/07/01
	2	Episode Advance Care Plan Alert	2017/07/01
	1	Episode Advance Care Plan Alert	2016/07/01

Episode Health Conditions (amend)

Definition   An indication of the health condition or diagnosis contributing to the reason for providing a program/stream, and any additional health condition(s) that impact on the episode.

		Repeats:	**Min.**	**Max.**	**Duplicate**
Form	Repeatable Code		1	~~1~~ No Limit	Not allowed
Layout	NNNN or UNN[N]	*Size:*	**Min.**	**Max.**	
			3	4	

Location

Transmission protocol	HL7 Submission
Episode (insert)	PPP_PCB (OBX\OBX.3\CE.1)
Episode (update)	PPP_PCC (OBX\OBX.3\CE.1)
Episode (delete)	PPP_PCD (OBX\OBX.3\CE.1)

Value domain   Enumerated

Table identifier   990080

Code	Descriptor
1743	Short-term memory loss
0810	Hypertension – reinstated
0950	Lymphedema

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.

Health conditions excluded from being reported as the main condition:

1743	Short-term memory loss
0810	Hypertension
0950	Lymphedema

Validations   E267   Episode Health Condition (<CodeSupplied> <CodeDescription>) cannot be reported as the first (main) Health Condition

Version history

Version	Previous Name	Effective Date
9	Episode Health Conditions	2018/07/01
8	Episode Health Conditions	2017/07/01
7	Episode Health Conditions	2014/07/01
6	Episode Health Conditions	2012/07/01
5	Episode Health Conditions	2011/07/01
4	Episode Health Conditions	2010/07/01
3	Episode Health Condition(s)	2009/07/01
2	Episode Health Condition(s)	2008/07/01
1	Health Condition(s)	2007/07/01

Episode Other Factors Affecting Health (amend)

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

Value domain   Enumerated

Table identifier   990036

Code	Descriptor
2803	Impaired mobility

Version history

Version	Previous Name	Effective Date
7	Episode Other Factors Affecting Health	2018/07/01
6	Episode Other Factors Affecting Health	2017/07/01
5	Episode Other Factors Affecting Health	2012/07/01
4	Episode Other Factors Affecting Health	2010/07/01
3	Episode Other Factors Affecting Health	2009/07/01
2	Episode Other Factors Affecting Health	2008/07/01
1	Client Service Event Delivery Mode	2007/07/01

Referral In Service Type (amend)

Definition   The person who, or service which, referred the patient/client.

Value domain   Enumerated

Table identifier   990082

Community-Based Service/Agency

~~607~~	~~Home & Community Care (HACC)~~
660	Level 1 home care package
663	Level 3 home care package
665	Commonwealth Home Support Programme (CHSP)
666	HACC Program for Younger People

Version history

Version	Previous Name	Effective Date
6	Referral In Service Type	2018/07/01
5	Referral In Service Type	2015/07/01
4	Referral In Service Type	2014/07/01
3	Referral In Service Type	2013/07/01
2	Referral In Service Type	2012/07/01
1	Referral In Service Type	2010/07/01

Referral Out Service Type (amend)

Definition
The person or services to which the patient/client is referred for ongoing care at the episode end.

Value domain
Enumerated

Table identifier   990082

Community-Based Service/Agency

~~607~~	~~Home & Community Care (HACC)~~
660	Level 1 home care package
663	Level 3 home care package
665	Commonwealth Home Support Programme (CHSP)
666	HACC Program for Younger People

Version history

Version	Previous Name	Effective Date
6	Referral Out Service Type	2018/07/01
5	Referral Out Service Type	2015/07/01
4	Referral Out Service Type	2014/07/01
3	Referral Out Service Type	2013/07/01
2	Referral Out Service Type	2012/07/01
1	Referral Out Service Type	2010/07/01

Referral In Program Stream (amend)

Definition The program/stream to which the patient/client is referred.

		Repeats:	Min.	Max.	Duplicate
Form	Code		1	1	Not applicable

		Size:	Min.	Max.	
Layout	N[NNN]		1	4	

Location

Transmission protocol	**HL7 Submission**
Referral In (insert)	RRI_I12 (PV1.10)
Referral In (update)	RRI_I13 (PV1.10)
Referral In (delete)	RRI_I14 (PV1.10)

Reported by
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)

30	Post acute care

Palliative Care (PC)

41	Community palliative care

Family Choice Program (FCP)

~~51~~	~~Family choice program~~
52	FCP: Home ventilation: On ventilation, dependent
53	FCP: Home ventilation: On ventilation, not dependent
54	FCP: Home Ventilation : Non 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	Hepatobilary 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 programs/streams.

The program/stream that the patient/client is referred to may not be the same as the program/stream that the patient/client is accepted for. For example, a patient/client may be referred to Rehabilitation (code '1'), but after assessment it is decided that the patient/client be seen by the Specialist Falls Clinics (code '5'); in this instance report code '1'.

Code 1-19
Includes the SACS Program/Streams.

Code 27, 28
Includes the HARP Program/Streams.

Codes 52-54
Includes the FCP Program/Streams
52 - FCP: Home ventilation: 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: Home ventilation: 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>)
	E266	A contact has been reported, but episodes with a Program/Stream of <HEN or TPN> must not report contacts

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	**Version**	**Previous Name**	**Effective Date**
	8	Referral In Program/Stream	2018/07/01
	7	Referral In Program/Stream	2015/07/01
	6	Referral In Program/Stream	2013/07/01
	5	Referral In Program/Stream	2012/07/01
	4	Referral In Program/Stream	2010/07/01
	3	Referral In Program/Stream	2009/07/01
	2	Referral In Program/Stream	2008/07/01
	1	Referral Program/Stream	2007/07/01

Definition source   DHHS

Value domain source DHHS

Episode Program Stream (amend)

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

		Repeats:	Min.	Max.	Duplicate
Form	Code		1	1	Not applicable

		Size:	Min.	Max.
Layout	NNNN		1	4

Location

Transmission protocol	HL7 Submission
Episode (insert)	PPP_PCB (PV1\PV1.10)
Episode (update)	PPP_PCC (PV1\PV1.10)
Episode (delete)	PPP_PCD (PV1\PV1.10)

Reported by

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

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 |

Community-based Palliative Care

| 41 | Community Palliative Care |

Family Choice Program (FCP)

~~51~~	~~Family choice program~~
52	FCP: Home ventilation: On ventilation, dependent
53	FCP: Home ventilation: On ventilation, not dependent
54	FCP: Home Ventilation : Non 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: Home ventilation: 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: Home ventilation: 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.

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	Version	Previous Name	Effective Date
	9	Episode Program/Stream	2018/07/01
	8	Episode Program/Stream	2015/07/01

	7	Episode Program/Stream	2014/07/01
	6	Episode Program/Stream	2012/07/01
	5	Episode Program/Stream	2009/11/01
	4	Episode Program/Stream	2010/07/01
	3	Episode Program/Stream	2009/07/01
	2	Episode Program/Stream	2008/07/01
	1	Episode Program/Stream	2007/07/01

Definition source   DHHS

Value domain source DHHS

PART II: Transmission Data Elements

VINAH Version (amend)

Definition   A code that identifies the version of VINAH being reported in the current file.

Reporting guide   **Reporting for 2017-18 2018-19**

The following rules apply for VINAH data submission after 1 July 2017 2018:

July submissions (File Reference Period End Date of 1 July 2017 2018 and beyond) must be reported as VINAH Version 13 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

Version	Previous Name	Effective Date
14	VINAH Version	2018/07/01
13	VINAH Version	2017/07/01
10	VINAH Version	2014/07/01
6	VINAH Version	2012/07/01
5	VINAH Version	2011/07/01
4	VINAH Version	2010/07/01
3	VINAH Version	2009/07/01
2	VINAH Version	2008/07/01
1	VINAH Version	2007/07/01

Definition source   DHHS

Value domain source   DHHS

Section 4 – Business rules (new)

BR-DAT-EPS-027	Certain Health conditions cannot be reported as the first (main) condition	
Data quality objective	Data elements are reported in the correct position	
	E267	Episode Health Condition (<CodeSupplied> <CodeDescription>) cannot be reported as the first (main) Health Condition

Section 8 –Validations (new)

Validation ID	Message template	Cause	Resolution
E267	Episode Health Condition (<CodeSupplied> <CodeDescription>) cannot be reported as the first (main) Health Condition	This health condition cannot be reported as the first (main) health condition	This health condition must be submitted with a sequence number greater than 1, after or with a main health condition with a sequence number equal to 1. (refer to section 3 for list of Health Conditions that Cannot be reported as the main Health Condition)
	BR-DAT-EPS-027	*Certain Health conditions cannot be reported as the first (main) condition*	

Section 9 – Code list

Data Element Name	Code Set Identifier	Code Set Type	Code	Descriptor	Program Stream Restrictions	Reportable Requirements
Contact Professional Group	990013	Code Set	253920	Gynaecologist		Reportable as of 01/07/2018
Contact Professional Group	990013	Code Set	253921	Obstetrician		Reportable as of 01/07/2018
Contact Professional Group	990013	Code Set	251213	Diagnostic & Interventional Radiologist		Reportable as of 01/07/2018
Contact Professional Group	990013	Code Set	254413	Nurse Manager		Reportable as of 01/07/2018
Contact Professional Group	990013	Code Set	254414	Registered Nurse – Aged Care		Reportable as of 01/07/2018
Contact Professional Group	990013	Code Set	254415	Registered Nurse – Critical Care & Emergency		Reportable as of 01/07/2018
Contact Professional Group	990013	Code Set	254416	Registered Nurse – Medical		Reportable as of 01/07/2018
Contact Professional Group	990013	Code Set	254417	Registered Nurse – Mental Health		Reportable as of 01/07/2018
Contact Professional Group	990013	Code Set	254418	Registered Nurse – Perioperative		Reportable as of 01/07/2018
Contact Professional Group	990013	Code Set	254419	Registered Nurse – Surgical		Reportable as of 01/07/2018
Contact Professional Group	990013	Code Set	254420	Registered Nurse, not elsewhere classified		Reportable as of 01/07/2018
Contact Professional Group	990013	Code Set	272101	Drug & Alcohol Counsellor		Reportable as of 01/07/2018
Contact Professional Group	990013	Code Set	272102	Family & Marriage Counsellor		Reportable as of 01/07/2018
Contact Professional Group	990013	Code Set	272103	Rehabilitation Counsellor		Reportable as of 01/07/2018
Contact Professional Group	990013	Code Set	272400	Educational Psychologist		Reportable as of 01/07/2018
Contact Professional Group	990013	Code Set	272401	Psychotherapist		Reportable as of 01/07/2018
Contact Professional Group	990013	Code Set	4116	Aboriginal Health Practitioner		Reportable as of 01/07/2018
Contact Professional Group	990013	Code Set	4117	Principal Aboriginal Health Worker		Reportable as of 01/07/2018
Contact Professional Group	990013	Code Set	253913	Obstetrician & Gynaecologist, not further defined		
Contact Professional Group	990013	Code Set	253999	Medical Practitioners, NEC not elsewhere classified		
Contact Professional Group	990013	Code Set	272100	Counsellors, not elsewhere classified		
Contact Professional Group	990013	Code Set	272399	Psychologists, NEC not elsewhere classified		
Episode Advance Care Plan Alert	990050	Code Set	1	No advance care directive plan alert		
Episode Advance Care Plan Alert	990050	Code Set	2	Presence of an advance care directive plan alert		
Episode Advance Care Plan Alert	990050	Code Set	3	Presence of a medical treatment substitute decision maker alert		
Episode Advance Care Plan Alert	990050	Code Set	4	Presence of both an advance care directive plan alert and a medical treatment substitute decision maker alert		
Episode Health Conditions	990080	Code Set	0810	Hypertension		Cease reporting as of 30/06/2015 Reportable as of 01/07/2018
Episode Health Conditions	990080	Code Set	1743	Short term memory loss		Reportable as of 01/07/2018

Data Element Name	Code Set Identifier	Code Set Type	Code	Descriptor	Program Stream Restrictions	Reportable Requirements
Episode Health Conditions	990080	Code Set	0950	Lymphedema		Reportable as of 01/07/2018
Episode Other Factors Affecting Health	990036	Code Set	2803	Impaired mobility		Reportable as of 01/07/2018
Episode Program/Stream	HL70069	Code Set	12	Cardiac Rehabilitation	SACS	Reportable as of 01/07/2018
Episode Program/Stream	HL70069	Code Set	~~51~~	~~Family Choice Program~~	~~FCP~~	Cease reporting as of 30/06/2018
Episode Program/Stream	HL70069	Code Set	52	FCP: Home ventilation: On ventilation, dependent	FCP	Reportable as of 01/07/2018
Episode Program/Stream	HL70069	Code Set	53	FCP: Home ventilation: On ventilation, not dependent	FCP	Reportable as of 01/07/2018
Episode Program/Stream	HL70069	Code Set	54	FCP: Home ventilation: Non ventilation	FCP	Reportable as of 01/07/2018
Episode Program/Stream	HL70069	Code Set	651	Home Enteral Nutrition	HEN	Reportable as of 01/07/2018
Episode Program/Stream	HL70069	Code Set	751	Total Parenteral Nutrition	TPN	Reportable as of 01/07/2018
Referral In Program/Stream	HL70069	Code Set	12	Cardiac Rehabilitation	SACS	Reportable as of 01/07/2018
Referral In Program/Stream	HL70069	Code Set	~~51~~	~~Family Choice Program~~	~~FCP~~	Cease reporting as of 30/06/2018
Referral In Program/Stream	HL70069	Code Set	52	FCP: Home ventilation: On ventilation, dependent	FCP	Reportable as of 01/07/2018
Referral In Program/Stream	HL70069	Code Set	53	FCP: Home ventilation: On ventilation, not dependent	FCP	Reportable as of 01/07/2018
Referral In Program/Stream	HL70069	Code Set	54	FCP: Home ventilation: Non ventilation	FCP	Reportable as of 01/07/2018
Referral In Program/Stream	HL70069	Code Set	651	Home Enteral Nutrition	HEN	Reportable as of 01/07/2018
Referral In Program/Stream	HL70069	Code Set	751	Total Parenteral Nutrition	TPN	Reportable as of 01/07/2018
Referral In Service Type	990082	Code Set	~~607~~	~~Home & Community Care (HACC)~~		Cease reporting as of 30/06/2018
Referral In Service Type	990082	Code Set	660	Level 1 home care package		Reportable as of 01/07/2018
Referral In Service Type	990082	Code Set	663	Level 3 home care package		Reportable as of 01/07/2018
Referral In Service Type	990082	Code Set	665	Commonwealth Home Support Programme (CHSP)		Reportable as of 01/07/2018
Referral In Service Type	990082	Code Set	666	HACC Program for Younger People		Reportable as of 01/07/2018
Referral Out Service Type	990082	Code Set	~~607~~	~~Home & Community Care (HACC)~~		Cease reporting as of 30/06/2018
Referral Out Service Type	990082	Code Set	660	Level 1 home care package		Reportable as of 01/07/2018
Referral Out Service Type	990082	Code Set	663	Level 3 home care package		Reportable as of 01/07/2018
Referral Out Service Type	990082	Code Set	665	Commonwealth Home Support Programme (CHSP)		Reportable as of 01/07/2018
Referral Out Service Type	990082	Code Set	666	HACC Program for Younger People		Reportable as of 01/07/2018
VINAH Version	990037	Code Set	VINAH14	VINAH MDS v14 (2018-19)		

Implementation Notes

Home Enteral Nutrition (HEN)
Total Parenteral Nutrition (TPN)

Patient/clients currently enrolled in home delivered/self-administered services will require a referral and episode to be reported through to VINAH.

Health services are to:

- Create a referral to the appropriate program/stream based on the service expected to be delivered
- Create an episode to the appropriate program/stream on the service expected to be delivered
- Episode to be closed when the patient/client ceases home self-administration of their treatment
- Health Services are to submit VINAH data according to the timelines published in the Policy and Funding Guidelines 2017.
- Mandatory data elements for reporting HEN and TPN are located in the VINAH manual, Section 3, '*Data Elements to be reported by Program'* table.

Transition arrangements

The department acknowledges the significant changes required by health services to report these two new program streams. The department will work with health services throughout 2018-19 to assist with the transition to reporting this new VINAH activity. During the transition period the department encourages health services to use best efforts to meet the reporting requirements. It is expected that health services will be fully compliant with these requirements prior to the end of 2018-19.

Family Choice Program (FCP)

Patient/clients receiving FCP services will require a referral and episode to be reported through to VINAH.
Patients currently enrolled will be required to transition over to the new program streams as of 1 July 2018.

Sub-Acute Ambulatory Care Services (SACS) - Cardiac Rehabilitation

Cardiac Rehabilitation is only to be selected for referrals received from 1 July 2018 onwards. Maintain previous code for referrals received prior to 1 July 2018 that contain current and future activity.