Victorian Health Incident Management System (VHIMS): data set specification

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Contents

Foreword

The Department of Human Services (the department), is committed to ensuring high-quality safe health care in Victoria. Developing and implementing quality improvement initiatives is a key element of the department's *Better human service quality strategy* ensuring that all Victorians receive the very best health care available.

The Victorian Health Incident Management System (VHIMS) addresses the importance of incident data collection and analysis at a local and statewide level. The VHIMS data set specification is a comprehensive data set that provides health services with a standardised framework for collecting and classifying clinical incidents, occupational health and safety incidents, and consumer feedback information.

The development of the data set specification has been a collaborative effort between the department, health services, the Victorian Managed Insurance Authority, WorkSafe Victoria and the Office of the Health Services Commissioner, working together to ensure the quality and safety of health services for Victorians.

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Acknowledgements

1.0 Introduction

Background

The Victorian Health Incident Management System (VHIMS) project was initiated in May 2006, within the Statewide Quality Branch (previously Quality and Safety Branch), Department of Human Services (the department) to explore opportunities for standardising incident reporting practices across Victorian public health services. Research early in the project identified a statewide standardised approach for reporting clinical incident data existed in all other Australian jurisdictions except Victoria. It was also identified there is considerable international work currently taking place on reporting incident data.

The department's Sentinel Event Program captures high-severity clinical incidents reported by health services. Research has shown that while it is important to capture very serious events, it is also important to capture and target quality improvement initiatives for lower severity incidents. This includes near misses, which comprise the bulk of all adverse outcomes in health services and may often be precursors for serious incidents. The Incident Severity Rating (ISR) is defined in the Sentinel Event Program annual report 2006-07 as:

- ISR 1 - Severe (including death)
- ISR 2 - Moderate
- ISR 3 - Mild
- ISR 4 - No harm (near miss)

The 2005 Auditor General's review of patient safety in public hospitals found that while hospitals are gathering data about clinical incidents locally, the absence of a consistent statewide data set means that it is not possible to collate this information and identify statewide patterns and trends for incidents.

A survey conducted in June 2006 with Victoria's 88 public health services re-validated these findings. While most use a common software product, local customisation of this product and variations in the methodologies and terminologies used make it impossible to get statewide comparative incident data. Almost all district nursing, ambulance, stand alone residential aged care and community health services use different products, terminology and processes from one site to another.

1.2 Project objectives

The overall aim of the VHIMS project is to implement a systematic approach for reporting clinical incident, consumer feedback and OH&S data, which will enable statewide multi-level data analysis to support quality improvement initiatives.

The project scope was initially constrained to clinical incidents, but in late August 2007 it was increased to encompass Occupational Health and Safety (OH&S) and consumer feedback, that is, complaints, compliments and enquiries.

The project objectives were updated accordingly:

1.   To develop a statewide, standard methodology for the way incident information is reported within publicly funded health services.

2.   To implement a mechanism that enables statewide aggregation, analysis and trend analysis of multi-severity clinical incident data by the department.

3.   To establish appropriate mechanisms for department representatives and in-scope health services, to evaluate clinical incident data, consumer feedback and OH&S incident data to identify trends and share relevant information to better target quality improvements.

4.   To work collaboratively with the office of the Health Services Commissioner (HSC), WorkSafe and the Victorian Managed Insurance Authority (VMIA) to which health services submit incident data, with the aim of streamlining reporting processes to these organisations.

By ensuring each public health service uses the same data set at a local level, the department will be able to collect de-identified, statewide incident data. The VHIMS project represents an opportunity to streamline several current incident reporting systems from health services to the department.

Data collected will be used to gain a more comprehensive understanding of the type, frequency and severity of incidents. It is important to emphasise that contributing and preventative factors will be analysed and lessons learned will be shared. This will ensure that quality improvement initiatives can be better targeted.

1.3 Project scope

Incident types - in scope

All incidents and severity levels:

- Clinical incidents are actions or conditions that could have, or did lead to unintended or unnecessary harm to a person receiving care including adverse events and near misses.
- Consumer feedback–complaints, compliments and enquiries.
- OH&S incidents–staff and other non-patient incidents.
- Hazards and other non-clinical incidents.

Health services-in scope

All publicly funded health services including:

- 88 public health services and all other health services running under their auspices
- 39 funded (stand-alone) community health services
- Ambulance Victoria, (formerly known as Metropolitan Ambulance Service (MAS), Rural Ambulance Victoria (RAV) and Alexandra District Ambulance Service)
- Royal District Nursing Service (RDN) and Ballarat District Nursing Service and Healthcare
- 14 bush nursing centres
- Forensicare
- 5 public sector incorporated residential aged care services.

Health services-out of scope
- Private health services
- Non-government organisations.

2.0 Data set specification

2.1 Data set specification purpose

This data set specification formally defines what incident information will be collected through VHIMS and the associated data collection methodology. The data set specification also defines what information should be collected, but is not prescriptive on the system that collects the information. Consequently the data set specification is system independent.

The data set specification was designed to enable the statewide aggregation, analysis and trend analysis of multi-severity incident reports and consumer feedback to enable health services to evaluate incidents, identify trends and share relevant information.

2.2 Data set specification scope

The following illustration shows the incident information collected at health services for local reporting and the incident information flows to the other stakeholders for statewide reporting.

The VHIMS data set was specifically designed to cater for the slightly different requirements of the five key stakeholders, those being, health services, the department, VMIA, WorkSafe and the Health Services Commissioner (HSC).

Department of Human Services

| DHS Regional Offices | Statewide Quality Branch | Public Health Branch | Aged Care Branch | Nurse Policy Branch |

VMIA **WorkSafe Victoria** **Health Services Commissioner**

Category 1 and 2 incidents that occur in stand alone community health services, RDNS and Ballarat DNHC

All clinical incidents including sentinel events (Sentinel Event Program) and serious transfusion incidents (BeST program) (All services)

Incidents involving radiation exposure, theft/loss or damage or radiation source (Hospitals only)

Allegations of physical and/or sexual assault (Residential aged care only)

Occupational Violence towards nurses (All services)

All clinical and non-clinical incidents (All insured services)

Notifiable incidents only (legislated) (All services)

All complaints (All services)

Health Service Incident Data

| Clinical (Patient) Incidents | OH&S (Staff, visitor, contractor) Incidents | Consumer feedback (including complaints) |

VHIMS Standardised Data Set and Methodology

A complaint may lead to a clinical incident report being lodged and reviewed/ managed (Source of an incident record)

The data set specification includes definitions of all the data elements to be collected and the relationships between data elements. It also defines the appropriate usage of each data element and the desirability of collecting the data element to the stakeholders who are recipients of VHIMS data.

2.3 Data set specification evolution

The data set specification was developed in several distinct phases:

- October 2006-August 2007

Version 1 of the data set specification was developed to define the requirements for reporting clinical incidents. This version was based on the World Health Organization's International Classification for Patient Safety (ICPS) and several other national and international reference sources (see 1.1 Background). It was refined in consultation with a diverse range of stakeholders representing Victorian health services, the department, VMIA and WorkSafe.

- August 2007-December 2007

Version 2.0 of the data set specification was developed to include the requirements for reporting OH&S incidents and consumer feedback. The previous version was expanded in consultation with Victorian health services, the department, HSC, VMIA and WorkSafe. OH&S and consumer feedback working groups were established to undertake this activity.

It is envisaged that the VHIMS data set specification will be reviewed and updated on an annual basis, based on stakeholder feedback. Any new requirements, including incorporating other data sets into the data set specification will be subject to a data governance review and endorsement process within the department.

2.4 Data set specification validation

The following validation activities have taken place:

- March 2007

A prototype system was developed by Cybermynd, based on a draft version of the data set specification. Members of the Project Advisory Group (PAG) entered incident data into the prototype system to test the VHIMS data set, the VHIMS Incident/Issue Classification Model (ICM) and associated data collection methodology.

- August 2007

Version 1 of the data set specification was formally reviewed and signed off by the PAG and the Project Board.

- August 2007-December 2007

The ICM and ISR in version 1.0 of the data set specification were tested by seven health services. The feedback from the pilot testing was integrated into version 2.0 of the data set specification.

- January 2008

Version 2.0 of the data set specification was formally reviewed by the VHIMS Project Team, PAG and working groups. Recommended changes were incorporated into version 2.0.

- February-April 2008

The updated ICM and ISR incorporating OH&S incidents and consumer feedback was pilot tested by eight health services to ensure the models were robust and appropriate. The feedback was integrated in version 2.1 of the data set specification by the VHIMS project team.

Key reports were designed during this period and reviewed in consultation with participating stakeholders. The reports will validate the relevance of the information in the data set specification.

- June 2008

The data set specification was reviewed and signed off by the PAG, the project Quality Assurance (QA) group and the Project Board.

2.5 Data set specification status

One activity remains outstanding:

- Finalisation on key code sets and the ICM following VHIMS system pilot scheduled prior to the proposed state wide implementation.

2.6 Document structure

Chapter 3: data set design
An outline of how the data elements fit together is contained in this overview of the data set.

Chapter 4: data elements

The following is documented for each data element:
Definition: The meaning of the data element.

Purpose: The reason for collecting the data element.

METeOR identifier: METeOR is a national online metadata registry. Where possible, each data element is linked to its equivalent or 'best-fit' METeOR data element and value domain. This facilitates identification of the appropriate standard for each data element.

See http://meteor.aihw.gov.au/ for more information.

Code set: A user selects one or more values from the list shown in the 'look up' table.

Applicable for: A definition of the incidents or consumer feedback that collect specific data elements.

Required by: Each stakeholder getting VHIMS data specifies the importance they attach to collecting each data element.

The VHIMS data set provides health services with a standardised methodology for reporting incidents and consumer feedback at a local level.

Depending on the type of incident, some incidents will also be made available to third parties:

- Clinical and non-clinical/non-OH&S incidents are required to be reported to the department where, depending on the type of incident, different program areas will be notified as per current reporting requirements.
  For example: Serious transfusion incidents involving blood and/or blood products are reported to the Blood Matters Program.
- OH&S incidents that are 'notifiable' incidents must be submitted to WorkSafe. Incidents involving occupational violence or bullying towards nursing staff are required to be reported to the department's Nurse Policy Branch (NPB).
- Complaints must be transferred to the HSC.

Each data element in the data set specification is classified into one of seven categories. They specify how critical the collection of the data element is to the recipient stakeholder.

- Not specified: The data element is irrelevant for the recipient stakeholder.
- Mandatory: The data element is always required.
- Optional: The data element may be optionally completed. The health service may choose to forward any optional data element to a nominated third party.
- Optional ideal: The data element is optional, but it is highly desired by the recipient stakeholder.
- If applicable: The data element should be completed if applicable.
  For example: The completion of an 'other' data element provides a detailed description explaining why 'other' was the value chosen in the preceding data element.
- If available: The data element is not mandatory, but the recipient stakeholder is interested in the data if it is available.
- Do not send: The data element should not be sent to the stakeholder.

Clinical incident (CI) timeframe: The timeframe for sending the data element to the department. This is only relevant for clinical incidents. The department's policy will state how many days the health service has to make an initial notification and a full incident report.

Cardinality: The number of times each data element may be entered and/or selected.

Default value: Instructions on what default values are allowed.

Data linkage: Instructions and advice on how the value may be linked to other data sets.

Other notes: Further instructions and advice on the usage of the data element.

Value domain attributes: Technical details on the type of data to be stored, the storage format, and the maximum length of the data.

Related data elements: Links related data elements.

2.7 Reference sources

A variety of local, national and international reference sources were used to develop the VHIMS data set. Key resources are shown below.

Local sources
- Classification schemes and methodologies as utilised by members of the VHIMS PAG and working groups
- State and federal government reporting requirements
  For example: Sentinel Event Program, Radiation Safety Program, Blood Matters Program, and Australian Government Aged Care Program
- Victorian college of pharmacy, standardised incident categories and definitions and information from the Collaborative Approaches to Medication Safety in Victorian Hospitals project 2005-06
- Blood Matters Program-STIR forms and definitions, Department of Human Services 2006
- Victorian Admitted Episode Dataset (VAED) and data set specification, Department of Human Services 2006
- International Classification of Diseases Australian Modifications (ICD-10-AM), Australian Classification of Health Interventions (ACHI) and Classification and Terminology for Community Health (CATCH) code sets
- Common Client Data set (CCDS v3.0), Department of Human Services May 2008
- WorkSafe notifiable incident reporting form and regulations
- HSC complaints minimum data set
- Radiation Safety, Environmental Health Department of Human Services

National sources
- Metadata Online Registry (METeOR), Australian Institute of Health and Welfare (AIHW) national data repository

  http://meteor.aihw.gov.au/

- Australian Commission for Safety and Quality in Healthcare (ACSQHC) safety and quality definitions

  http://www.safetyandquality.org/internet/safety/publishing.nsf/Content/former-pubs-archive-definitions

International sources
- World Health Organisation (WHO) International Classification for Patient Safety (ICPS)

  http://www.who-icps.org/

- National Reporting and Learning System (NRLS) data set, NHS UK (National Patient Safety Agency).

  http://www.npsa.nhs.uk/health/display?contentId=2389

- (Chang A, Schyve P, Croteau R, O'Leary D and Loeb J. (2005) 'The JCAHO patient safety event taxonomy: a standardized terminology and classification schema for near misses and adverse events'. International Journal for Quality in Health Care. 17, (2) 95-105.

2.8 Glossary

| Abbreviation/term	Definition
ACHI	Australian Classification of Health Interventions
ACSQHC	Australian Commission for Safety and Quality in Health Care
adverse event	An incident that resulted in harm to a person receiving health care (ACSQHC).
agent	An object/material that acts to produce change. In the context of the VHIMS project, 'agents' are defined as medicines, blood/blood products, equipment/device/consumables, food/nutrition/diet items and radiation used in the treatment of a health care recipient (VHIMS PAG).
all incidents	Includes all clinical incidents and OH&S incidents.
CATCH	Classification and terminology for community health.
CCDS	The Common Client Data Set v3.0, Department of Human Services, May 2008.
clinical incident (CI)	An event or circumstance that could have, or did lead to unintended and/or unnecessary harm to a person receiving care. Clinical incidents include adverse events, near misses and hazards in the environment that pose a clinical risk (ACSQHC/VHIMS PAG).
complaint	An expression of dissatisfaction about something (ACSQHC). A complaint may have one or more issues.
compliment	A positive expression of consumer feedback that contains praise, admiration or congratulation.
consumer feedback contact	Includes all complaints, compliments and enquiries. An interaction between a patient/client/resident or other person, and a health service staff member, which results in a dated record entry. For example, an ambulance attendance or phone call/query from a consumer (VHIMS PAG).
DMAC	Data Management Advisory Committee, DHS
enquiry	A positive expression of consumer feedback that invites or calls for a reply.
full time equivalent (FTE)	FTE is based on the standard pay period for staff in Victorian health services of 76 hours per fortnight.

Abbreviation/term	Definition
	The FTE for a health service is the total compensable hours worked per pay period divided by 76 hours. For example, a nurse working 68 hours per week represents 1.8 FTE and a nurse working 19 hours per week represents 0.5 FTE
harm	Harm includes disease, injury, suffering, disability and death. Disease: a physiological or psychological dysfunction Suffering: experiencing anything subjectively unpleasant. This may include pain, malaise, nausea, vomiting, loss (any negative consequence, including financial) depression, agitation, alarm, fear or grief Disability: any type of impairment of body structure or function, activity limitation and/or restriction of participation in society, associated with a past or present harm.
hazard	A circumstance or agent that can lead to harm, damage or loss (ACSQHC).
health care provider	The staff member working with the health service provider that is providing health care services to the recipient.
health care recipient	A person who receives health care services from the health care provider. This includes patients, clients and residents.
health service provider	The organisation where the health care recipient is registered and is receiving services.
ISR	The incident severity rating. A score of 1, 2, 3 or 4 measures the severity of the impact caused to either a person or organisation following an incident. The ISR can also be used to measure the potential severity of impact (PISR). The ISR is derived from the responses to three consequence descriptor category questions and some business rules that generate the final ISR score.
issue	An 'issue' is a point of dispute about an event that can be dealt with on its own without reference to whatever else may have occurred. It is usually a specific concern that can be separated out from within the overall complaint and responded to openly. A complaint may have one or more issues. Issues are central to the complaint resolution process as they segment the complaint into clearly identified points that can be independently investigated and resolved.
METeOR	Metadata Online Registry, Australian Institute of Health and Welfare (AIHW), National Data Repository

Abbreviation/term	Definition
	http://meteor.aihw.gov.au/
METeOr identifier	METeOR is a national online metadata registry. Where possible, each data element in the VHIMS data set specification was linked to its equivalent or 'best-fit' METeOR data element and value domain.
	This makes the decision-making process behind entering values into VHIMS data elements transparent and aligned with the applicable standard.
near miss	An incident that did not cause harm (ACSQHC).
	A near miss is also an incident that had the potential to cause harm but didn't, due to timely intervention and/or luck and/or chance (VHIMS PAG).
OH&S incident	Occupational health and safety incident, defined as 'an event or circumstance that could have resulted, or did result, in unintended or unnecessary harm to a staff member, contractor, visitor or other non-health care recipient'
outcome	A result of an action or a process.
task	A piece of work completed as part of one's duties that accomplishes a job that is part of a set of actions.
VAED	Victorian Admitted Episode Dataset, Department of Human Services
VHIMS CFWG	Victorian Health Incident Management System Consumer Feedback Working Group
VHIMS OH&SWG	Victorian Health Incident Management System Occupational Health and Safety Working Group
VHIMS PAG	Victorian Health Incident Management System Project Advisory Group
VMIA	Victorian Managed Insurance Authority
WHO ICPS	The World Health Organization International Classification for Patient Safety
	http://www.who-ipsec.org

3.0 VHIMS data set design

3.1 Data model

This diagram depicts the VHIMS data model and the core components of the VHIMS data set.
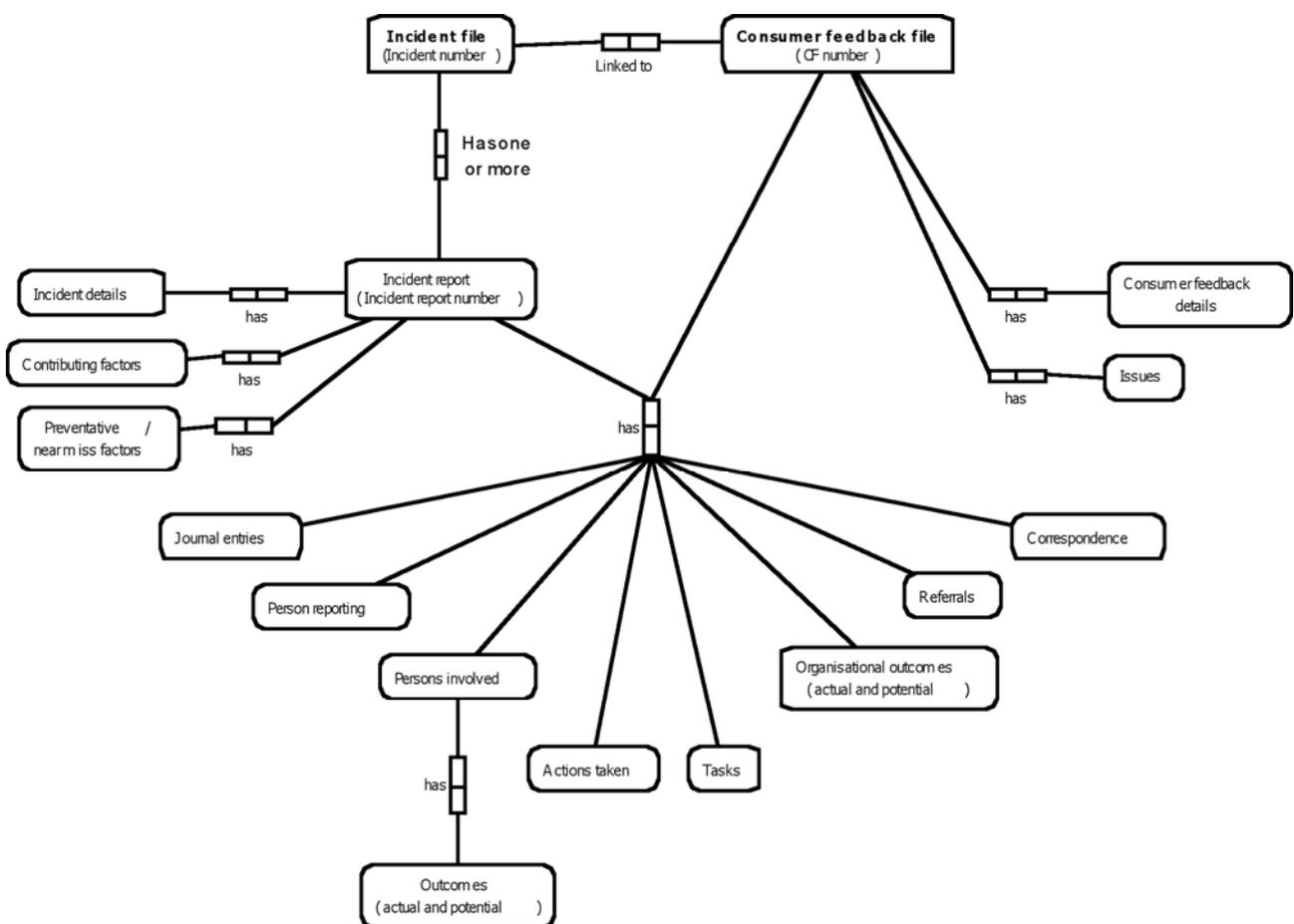
The data model supports separate 'incident files' and 'consumer feedback files' as separate entities.
An incident file has all the information about a clinical incident, or OH&S incident, in one or more 'incident reports'. While a consumer feedback file has all the information about the consumer feedback, that is, complaint, compliment or enquiry.

Incidents and consumer feedback were modelled as different entities as they each fit a different purpose and workflow. An incident file holds all information about a single event, and is usually managed from a risk-based perspective, that is, preventing re-occurrence.

Consumer feedback is a positive or negative expression of satisfaction from a client's perspective concerning an incident or issue (see 2.8 Glossary - issue). It may, in practice, include several issues that may be associated with separate incidents. It is managed based on the resolution that the client is seeking.

Incidents and consumer feedback may be linked together as shown in the data model diagram above. If a complaint has associated issues that are also incidents, it is good practice to fill out a separate incident report. That way the incident can be tracked and managed from a risk perspective.

An incident file may contain multiple incident reports on the same incident. Each person involved in the incident may have a different perspective about the incident and may fill in another incident report. The incident file will accept several incident reports for the same incident.

The first incident report submitted is considered to be the 'primary incident report'. All additional information deemed important by the incident manager, such as incident classifications, should be added to the primary incident report.

Both consumer feedback files and incident files record:
- journal entries
- details of the person reporting the incident or the consumer feedback
- details of the people involved in the incident (the people involved may be one or more patients/clients/residents and staff, visitors, contractors and other non-patients)
- the outcomes and both actual and potential ISR for all persons involved
- the actions taken as a consequence of the incident and a breakdown of tasks involved in each action
- the organisational outcomes and organisational ISR as a consequence of the incident (potential outcomes are only recorded when there is an actual outcome)
- any notifications or referrals for action and information to both internal and external parties
- any correspondence between the parties involved in the incident.

3.2 General methodology

The following methodology represents the VHIMS PAG feedback on the processes involved in managing incident data.

Incidents
There are five processes involved in managing incidents. Please note that any timeframes mentioned here only reflect standard practice and are non-binding.

1. Initial report process:
   a) An incident occurs and staff members make the situation safe
   b) A staff member creates an incident report
   c) The incident is classified and assigned an ISR (see 1.1 Background). This activity may be undertaken by the incident reporter, line manager or a risk/quality manager. An incident reporter's classification and the derived ISR should be checked and/or validated by the risk/quality or OH&S manager
   d) The system will recommend a set of referrals/notifications based on the incident classification, severity and a predefined set of rules
   e) Appropriate management (staff) should review the incident.

2. Notification process:
   The system will queue notifications and queue batches of new and modified data that is sent to external stakeholders.

3. Full report/investigation process:
   - In line with department recommendations, a full root cause analysis (RCA) or clinical incident review should be completed within two months of any ISR 1 or ISR 2 clinical incident occurring. If there is a high-severity OH&S incident, an incident investigation should also be undertaken

   - The system will send the completed mandatory records to the department for review.

4. Analysis process:
   - The system will produce reports for analysis and quality improvement purposes. The department will provide regular statewide trend reports to complement the health services internal data analysis.

5. Improvement process:
   - The system will produce reports for a quality improvement and change management purpose.
   The health service will review the lessons learned to prevent a re-occurrence of similar incidents.

Initial report process

Incident occurs and staff make situation safe → 1. Report incident → 2. Classify incident type and severity

3. Refer/notify of incident → 4. Review incident (internally)

Notification process

On a (daily*) basis:

Batch send initial notifications to third parties

Full report/investigation process

Within (2 months*):

Complete RCA/CIR for ISR 1 & 2 incidents → Send full report to third parties

Analysis process:

On a (monthly*) basis:

Produce trend reports for analysis

On a regular* basis:

Receive state-wide trend reports from the department

Improvement process:

Implement changes to prevent reoccurrence

Consumer feedback

Consumer feedback data is only required by health services and the HSC.

There are five processes associated with managing consumer feedback. Again, please note that any timeframes mentioned here reflect standard practice and are non-binding.

1. Complaint management process:
    Source: AS4269 Customer Satisfaction - AS ISO 10002 -2006

    a. Receive and acknowledge the complaint
    b. Identify and record any issues and departments or programs involved
    c. Refer the complaint to the relevant areas for further information and await their responses
    d. Collate the responses
    e. Communicate the responses to the complainant
    f. Close the complaint
    g. Allow closed complaints to be re-opened.

2. Notification process:
    The system (VHIMS) will send notifications and allow the health service to send batches of new, re-opened or updated complaints to the HSC.

3. Positive feedback:
    Compliments or enquiries are recorded in the consumer feedback file before the file is closed.

4. Analysis process:
    Upon request the system (VHIMS) will produce trend reports for analysis. The HSC will provide regular reports on statewide trends to complement each health services internal analysis and localised reporting on consumer feedback.

5. Improvement process:
    The health service should use the consumer feedback, lessons learned and recommendations from the HSC to implement changes to policies, guidelines and procedures that result in improvements to the overall quality of the health service.

3.3 VHIMS Incident/Issue Classification Model

The VHIMS Incident/Issue Classification Model (ICM) taxonomy gives a standard classification of incident and issues types.

The ICM was designed in a hierarchical fashion to:

- accurately, logically and easily classify an incident or issue
- provide a roll-up of incidents and/or issues to an aggregate level that is appropriate for macro-level reporting
- provide a drill-down capability for aggregate level roll-up of incidents and issues back down to individual incidents or issues
- provide a consistent classification model for classifying types of primary and related incidents, issues and contributing factors and preventative factors

At the top level, all incidents and issues fit into one of the following categories:

1. Unexpected outcomes:
    Incidents to people involved including adverse reactions, altered conscious state, exposures or contacts, impacts, collisions, infections, injury, pain, falls and other unexpected outcomes.

2. Behaviour/conduct/rights:
    Alleged inappropriate actions by those involved towards themselves, others, property/facilities or given instructions/medical advice.

3. Clinical care:
    Acts of omission/commission that impacted or may impact the care of those involved in the incident.

4. Administrative services:
    Incidents/issues involving services provided by the health service that is not directly related to the clinical care of those involved in the incident.

5. Hazards/emergency:
    Events/circumstances that may lead to harm, damage or loss. It includes all emergency codes, facilities, equipment and security issues involved in the incident.

6. Influencing factors:
    Factors beyond the control of an individual that may impact or did impact the care and/or safety of those involved in the incident.

3.4 VHIMS Severity rating methodology

The VHIMS Incident severity rating (ISR) methodology was developed after an analysis of the methodologies used throughout Australia. This included local Victorian methodologies, plus those suggested by the World Health Organization and utilised by the NHS UK. The ISR methodology provides a more consistent classification of incident severity. It also allows Victorian incident data to be mapped to a variety of other methodologies.

The ISR methodology can be consistently applied to both incidents and consumer feedback. It is based on:

- the actual and potential impact to those involved in the incident or issue
- the actual and potential impact to the organisation

The impact to the people involved is automatically derived from three related questions, that is, degree of impact, level of care and treatment required.

The impact to the organisation is automatically derived from the optional organisational impact questions.

3.5 Positive feedback and enquiries

Compliments and enquiries require at least these data elements to be completed:

- Consumer Feedback File-Number
- Consumer Feedback File-Organisation/Campus code
- Consumer Feedback File-Date opened
- Consumer Feedback File-Date closed
- Consumer Feedback File-Consumer feedback summary

The remaining consumer feedback file data elements are available should they need to be completed.

3.6 Outstanding code sets

Due to time constraints and a decision to test and refine the content of the data set specification and
the Incident/Issue Classification Model (ICM), the following code sets are incomplete in the VHIMS data set specification.

These code sets do not need to be completed until the proposed system pilot envisaged for 2009. Therefore, there is still sufficient time to finalise their content and structure.

Code set	Reference source	Status/actions remaining
VHIMS Incident/Issue Classification Model (ICM)	VHIMS PAG, working groups, other (see 2.7 Reference sources)	Model drafted. Testing performed during September, October and November 2007. Modifications made following evaluation of 2007 test activity. Testing of the new OH&S and consumer feedback categories to be undertaken between April and June 2008.
Organisation/Campus code	SAMS codes and other available organisational listings	SAMS codes do not cover all health service campuses within project scope. Need to reconcile the SAMS listing with other available organisational/campus listing and have them checked by in-scope health services prior to implementation.
Activity/Procedure code	ACHI and CATCH	High level code set already formulated. The full code set needs to be constructed using lower level codes.

4.0 Data elements

Index - Data VHIMS data elements

Section	Grouping	Data element number	Data element title
4.0	Incident specific elements		
4.1	Incident File elements	1	Incident File-Number, Identifier
		2	Incident File-Organisation/Campus Code
		3	Incident File-Is WorkSafe Notifiable
		4	Incident File-Status
		5	Incident File-Date Opened
		6	Incident File-Date Closed
		7	Incident File-Time Opened
		8	Incident File-Time Closed
4.2	Incident Report elements	9	Incident Report-Number
		10	Incident Report-Status
		11	Incident Report-Incident Type
		12	Incident Report-Date Created
		13	Incident Report-Time Created
		14	Incident Report-Date Closed
		15	Incident Report-Time Closed
		16	Incident Report-Summary
		17	Incident Report-Description
		18	Incident Report-Primary Incident
		19	Incident Report-Primary Incident-Other
		20	Incident Report-Related Incident
		21	Incident Report-Related Incident-Other
		22	Incident Report-Sentinel Event Flag
		23	Incident Report-Agents
		24	Incident Report-Date of Primary Incident
		25	Incident Report-Time of Primary Incident
		26	Incident Report-Start of Primary Incident Time Band
		27	Incident Report-Finish of Primary Incident Time Band
		28	Incident Report - Duration of Incident
		29	Incident Report - Number of Occurrences
		30	Incident Report-Address Where Incident Occurred
		31	Incident Report-Address Where Incident Occurred-Postcode
		32	Incident Report-Name of Witness or

Section	Grouping	Data element number	Data element title
			First Attendee to Scene
		33	Incident Report-Name of Witness or First Attendee to Scene-Name Title
		34	Incident Report-Name of Witness or First Attendee to Scene-Given Name
		35	Incident Report-Name of Witness or First Attendee to Scene-Family Name
		36	Incident Report-Registered with Organisation
		37	Incident Report-Responsible Organisation/Campus Code
		38	Incident Report-Department/Unit Responsible
		39	Incident Report-Program
		40	Incident Report-Physical Setting
		41	Incident Report-Physical Setting-Other
		42	Incident Report-Specific Location of Primary Incident
		43	Incident Report-Service Being Provided
		44	Incident Report-Service Being Provided-Other
		45	Incident Report-Activity/Procedure Description
		46	Incident Report-Activity/Procedure Type
		47	Incident Report-Valid Clinical Incident
		48	Incident Report-Source of Incident Report
		49	Incident Report-Source of Incident Report-Other
5.0	Consumer feedback elements		
5.1	Consumer Feedback File Elements	50	Consumer Feedback File-Number
		51	Consumer Feedback File-Organisation/Campus Code
		52	Consumer Feedback File-Status
		53	Consumer Feedback File-Date Received
		54	Consumer Feedback File-Time Received
		55	Consumer Feedback File-Date Closed
		56	Consumer Feedback File-Time Closed
		57	Consumer Feedback File-Summary
		58	Consumer Feedback File-Start of Primary Issue Time Band
		59	Consumer Feedback File-Finish of Primary Issue Time Band

Section	Grouping	Data element number	Data element title
		60	Consumer Feedback File-Description
		61	Consumer Feedback File-Duration
		62	Consumer Feedback File-Number of Occurences
		63	Consumer Feedback File-Registered with Organisation
		64	Consumer Feedback File-Responsible Organisation/Campus Code
		65	Consumer Feedback File-Physical Setting
		66	Consumer Feedback File-Physical Setting-Other
		67	Consumer Feedback File-Specific Location of Issues
		68	Consumer Feedback File-Source of Consumer Feedback
		69	Consumer Feedback File-Source of Consumer Feedback-Other
		70	Consumer Feedback File-Re-opened request from HSC
		71	Consumer Feedback File-Date Acknowledged
		72	Consumer Feedback File-Complexity Issue
		73	Consumer Feedback File-Complexity Program Area
		74	Consumer Feedback File-Complexity Persons Involved Availability
		75	Consumer Feedback File-Complexity
		76	Item of Feedback-Summary
		77	Item of Feedback-Classification
		78	Item of Feedback-Classification-Other
		79	Item of Feedback-Type
		80	Item of Feedback-Is Primary Issue
		81	Item of Feedback-Status
		82	Item of Feedback-Date Notified
		83	Item of Feedback-Date Closed
		84	Item of Feedback-Objective
		85	Item of Feedback-Degree of Resolution
		86	Item of Feedback-Resolution
		87	Item of Feedback-Is an Incident
		88	Item of Feedback-Department/Unit Responsible
		89	Item of Feedback-Program
		90	Item of Feedback-Service Being Provided

Section	Grouping	Data element number	Data element title
		91	Item of Feedback-Service Being Provided Other
		92	Item of Feedback-Activity/Procedure Description
		93	Item of Feedback-Activity/Procedure Type
6.0	Common elements		
6.1	Person Reporting	94	Person Reporting-Anonymous Report
		95	Person Reporting-Relationship to Persons Involved
		96	Person Reporting-Relationship to Persons Involved-Other
		97	Person Reporting-Lodgement Method
		98	Person Reporting-Lodgement Method-Other
		99	Person Reporting-Person Identifier
		100	Person Reporting-Person Identifier Type
		101	Person Reporting-Role
		102	Person Reporting-Role-Other
		103	Person Reporting-Nature of Engagement
		104	Person Reporting-Nursing Division
		105	Person Reporting-Nursing Grade
		106	Person Reporting-Health and Safety Representative
		107	Person Reporting-Interpreter Required
		108	Person Reporting-Permission Obtained from Consumer
		109	Person Reporting-Qualification
		110	Person Reporting-Name of Employer
		111	Person Reporting-Position
		112	Person Reporting-Name Title
		113	Person Reporting-Given Name
		114	Person Reporting-Middle Name
		115	Person Reporting-Family Name
		116	Person Reporting-Sex
		117	Person Reporting-Telephone Number
		118	Person Reporting-Electronic Communication Address
		119	Person Reporting-Preferred Language
		120	Person Reporting-Country of Birth
		121	Person Reporting-Indigenous Status
6.2	Persons Involved	122	Persons Involved-Person Identifier
		123	Persons Involved-Person Identifier-Type
		124	Persons Involved-Bodily Location of Injury or Disease

Section	Grouping	Data element number	Data element title
		125	Persons Involved-Role
		126	Persons Involved-Role-Other
		127	Persons Involved-Nature of Engagement
		128	Persons Involved-Date of Commencement
		129	Persons Involved-Interpreter Required
		130	Persons Involved-Preferred Language
		131	Persons Involved-Country of Birth
		132	Persons Involved-Indigenous Status
		133	Persons Involved-Additional Needs
		134	Persons Involved-Nursing Division
		135	Persons Involved-Nursing Grade
		136	Persons Involved-Qualification
		137	Persons Involved-Position
		138	Persons Involved-Name of Employer
		139	Persons Involved-Funding Status
		140	Persons Involved-Funding Status-Other Compensable
		141	Persons Involved-Name Title
		142	Persons Involved-Given Name
		143	Persons Involved-Middle Name
		144	Persons Involved-Family Name
		145	Persons Involved-Date of Birth
		146	Persons Involved-Date of Birth-Unknown
		147	Persons Involved-Age Group
		148	Persons Involved-Sex
		149	Persons Involved-Australian Address
		150	Persons Involved-Australian Address-Postcode
		151	Persons Involved-Overseas Address
		152	Persons Involved-Overseas Address-Country Code
		153	Persons Involved-Contact Telephone Number
		154	Persons Involved-Electronic Communications Address
6.3	Outcomes for Persons Impacted	155	Outcomes for Persons Impacted-Degree of Impact
		156	Outcomes for Persons Impacted-Level of Care
		157	Outcomes for Persons Impacted-Treatment Required
		158	Outcomes for Persons Impacted-Incident Severity Rating (ISR)
		159	Outcomes for Persons Impacted-Nature

Section	Grouping	Data element number	Data element title
			of Harm
		160	Outcomes for Persons Impacted-Nature of Harm ICD-10-AM Codes
		161	Outcomes for Persons Impacted-Immediate Actions Taken
		162	Outcomes for Persons Impacted-Post Incident Interventions Codes
		163	Outcomes for Persons Impacted-Transferred to Alternative Service Provider/Facility
		164	Outcomes for Persons Impacted-Alternative Service Provider/Facility Name
		165	Outcomes for Persons Impacted-Discussed with Subject/Carer
		166	Outcomes for Persons Impacted-Total Number of People Harmed
		167	Outcomes for Persons Impacted-Total Number of Health Care Recipients Harmed
		168	Outcomes for Persons Impacted-Overall Incident Severity Rating
6.4	Potential Outcome	169	Potential Outcome-Could this Incident have resulted in a higher degree of impact
		170	Potential Outcome-Most Likely Impact
		171	Potential Outcome-Most Likely Level of Care
		172	Potential Outcome-Most Likely Intervention that would be Required
		173	Potential Outcome-Potential Incident Severity Rating (PISR)
6.5	Contributing Factors	174	Contributing Factors-Description of Possible Contributing Factors
		175	Contributing Factors-No Contributing Factors Identified
		176	Contributing Factors-Contributing Factor Codes
		177	Contributing Factors-Contributing Factor Summary
		178	Contributing Factors-Agents
		179	Contributing Factors-Likely that Pre-existing Conditions had Significant Impact
		180	Contributing Factors - Pre-existing

Section	Grouping	Data element number	Data element title
		181	Health Condition/Problem Contributing Factors-Pre-existing Conditions Codes
		182	Contributing Factors-Degree of Variation Rating
6.6	Preventative Factors	183	Preventative Factors-Description of Preventative Factors
		184	Preventative Factors-Preventative Factor Types
		185	Preventative Factors-Preventative Factor Type Success
		186	Preventative Factors-Near Miss Details
6.7	Actions Taken	187	Actions Taken-Internal Review Process
		188	Actions Taken-Internal Notifications
		189	Actions Taken-External Notification
		190	Actions Taken-Controls to Prevent Re-Occurrence
		191	Actions Taken-Specific Details of Controls/Changes Made
		192	Task-Task Name
		193	Task-Task Status
		194	Task-Person Assigned Task-Person Identifier
6.8	Organisational Outcomes	195	Organisational Outcomes-Media Involvement/Coverage
		196	Organisational Outcomes-Public Confidence/Reputation
		197	Organisational Outcomes-Investigation/Enquiry
		198	Organisational Outcomes-Regulatory Outcome
		199	Organisational Outcomes-Continuity of Operations
		200	Organisational Outcomes-Interruption to Essential Services
		201	Organisational Outcomes-Environmental/Infrastructure Damage
		202	Organisational Outcomes-Financial Impact
		203	Organisational Outcomes-Legal Contact/Process
		204	Organisational Outcomes-Industrial Action
		205	Organisational Outcomes-Organisational Severity

Section	Grouping	Data element number	Data element title
6.9	Metadata	206	Metadata-Created By
		207	Metadata-Date Created
		208	Metadata-Time Created
		209	Metadata-Last Modified By
		210	Metadata-Date Last Modified
		211	Metadata-Time Last Modified
		212	Metadata-Date Last Sent to DHS
		213	Metadata-Time Last Sent to DHS
6.10	Journal Entry	214	Journal Entry-Comment
		215	Journal Entry-Comment Date
		216	Journal Entry-Comment Time
		217	Journal Entry-Comment By
		218	Journal Entry-Comment Type
7.0	Classification Depenedant Data Elements		
7.1	Behaviour	219	Behaviour-Towards Others-Instigator Roles
		220	Behaviour-Towards Others-Instigator Qualifications
		221	Behaviour-Towards Others-Instigator Sex
		222	Behaviour-Towards Others-Instigator Age Group
7.2	Blood	223	Blood-Blood Product Type
		224	Blood-Blood Product Type-Other
7.3	Equipment/Device/Consumable	225	Equipment/Device/Consumable-Equipment/Product Description
		226	Equipment/Device/Consumable-Asset Number
		227	Equipment/Device/Consumable-Manufacturer
		228	Equipment/Device/Consumable-Model Number
		229	Equipment/Device/Consumable-Serial/Batch Number
		230	Equipment/Device/Consumable-Supplier
7.4	Medicine	231	Medicine-Generic Name
		232	Medicine-Brand Name
		233	Medicine-Generic Unit of Use
7.5	Pressure Ulcer	234	Pressure Ulcer-How Pressure Ulcer Developed
		235	Pressure Ulcer-Stage of Pressure Ulcer
		236	Pressure Ulcer-Location on Body
		237	Pressure Ulcer-Location on Body-Other

Section	Grouping	Data element number	Data element title
		238	Pressure Ulcer-Care Setting Type Where Pressure Ulcer Developed Code
		239	Pressure Ulcer-Care Setting Type Where Pressure Ulcer Developed Other
		240	Pressure Ulcer-Is Pressure Ulcer Risk Assessment Current
		241	Pressure Ulcer-Risk Rating
		242	Pressure Ulcer-Risk Rating Methodology
		243	Pressure Ulcer-Risk Rating Methodology-Other
7.6	Radiation Safety	244	Radiation Safety-Radiation Source
		245	Radiation Safety-Radiation Source-Other
		246	Radiation Safety-Management Licence Number
		247	Radiation Safety-Registration Number
		248	Radiation Safety-Radionuclide
		249	Radiation Safety-Activity of Source
		250	Radiation Safety-Date of Measurement Activity
		251	Radiation Safety-Physical Form
		252	Radiation Safety-Chemical Form
		253	Radiation Safety - Radiation Dose Received
		254	Radiation Safety-Radiation Dose Calculation Reference Source
7.7	Slips/Trips/Falls	255	Slips/Trips/Falls-Person Had a History of Falls
		256	Slips/Trips/Falls-Is Falls Risk Assessment Current
		257	Slips/Trips/Falls-Length of Time in Area
		258	Slips/Trips/Falls-All Appropriate Minimisation Strategies In Place
		259	Slips/Trips/Falls-Mechanism of Fall
		260	Slips/Trips/Falls-Mechanism of Fall-Other
8.0	Derived Data Elements	261	Persons Involved-Statistical Linkage Key (SLK)
		262	Consumer Feedback File-Days Open