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| Proposals for revisions to the Victorian Integrated Non-Admitted Health Minimum Data Set (VINAH MDS) for 2024-25 |
| October 2023 |
| OFFICIAL |



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# Executive summary

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

To avoid duplication, the department has prepared a separate *Proposals* document that details proposals relating to items reported in more than one data collection. The *Proposals for revisions across multiple data collections (AIMS, ESIS, VAED,VEMD and VINAH) for 2024-25* must be considered alongside the *Proposals for Revisions to the Victorian Integrated Non-admitted Health Minimum Data Set (VINAH MDS) for 2024-25*.

The proposed revisions for the VINAH MDS for 2024-25 include:

Addition of data elements

* Add new data element for contracted care
* Introduce a new program/stream(s) for Early Parenting Centre (EPC) patient level non-admitted reporting
* Introduce a new data element for reporting of indigenous status for programs that only report at episode level

Amendments to existing data elements

* Additional codes to be added to the episode health condition code set
* Cease reporting message visit indicator code V
* Expand reporting of contact account class to include the Palliative Care Consultancy program/stream(s)
* New and amended contact purpose codes for conservative management and optimisation of pathways for surgery
* New referral in/referral out service type codes for Victorian Virtual Emergency Department (VVED)
* Update the reporting guide for contact client present status
* Update the reporting guide for MBS item number

The proposed revisions across multiple data collections (including VINAH MDS) for 2024-25 include:

* New and amended streams for the VRSS program

# Introduction

This document is intended to invite comment and stimulate discussion on the proposals outlined. All stakeholders, including health services, software vendors and data users (including those within the Department of Health and Safer Care Victoria) should review this document and the *Proposals for revisions across multiple data collections (AIMS, ESIS, VAED, VEMD and VINAH) for 2024-2*5 and assess the feasibility of the proposals. Written feedback must be submitted in the feedback proforma by 5.00pm Friday 20 October 2023.

This proposal document and the [online feedback form](https://forms.office.com/Pages/ResponsePage.aspx?id=H2DgwKwPnESciKEExOufKII_2IfNHexFkH_EAj2AB_tUQ0dWRTBFVEVQVjM2TjU3SkxVR0RTUTNENiQlQCN0PWcu) are available at [HDSS annual changes](https://www.health.vic.gov.au/data-reporting/annual-changes) <https://www.health.vic.gov.au/data-reporting/annual-changes>.

Specifications for revisions to the VINAH MDS for 2024-25 will be published later and may include additions, amendments or removal of information in this document.

## Orientation to this document

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

The proposals in this document are numbered 5 through to 19 (proposals 15, 16 and 17 were withdrawn, proposals 8 and 18 do not proceed for publication). Proposals 1 through to 4 apply to multiple data collections including the VINAH MDS and are available in the *Proposals for Revisions across Multiple Data Collections for 2024-25.*

# Proposal 5 - New *Program Stream* for Early Parenting Centres

|  |  |
| --- | --- |
| **It is proposed to** | Introduce a new *Episode Program* *Stream* and *Referral In Program Stream* and associated data elements under a new Early Parenting Centre (EPC) program |
| **Proposed by** | Health Services Data, Data and Digital, VAHI, Department of Health |
| **Reason for proposed change** | To enable reporting of patient level non-admitted activity associated with Early Parenting Centres. This is a program initiative.  In Victoria, there are currently three EPCs operated by The Queen Elizabeth Centre (QEC), Tweddle Child and Family Health Services (Tweddle) and Mercy Health O’Connell Family Centre (OFC).  As part of a $148 million expansion of EPCs the number of services in Victoria will expand up to 13 by 2025-26. The new EPCs will be operated by existing health services including QEC, Tweddle, Mercy Health, Monash Health, Bendigo Health, Barwon Health and Grampians Health. As part of the expansion, it is essential the department collects up to date patient-level data for this program. A recent EPC Funding Model Review and Implementation Project found a need to revise data collection mechanisms to ensure EPC activity can be reported to the department.  Access to patient level non-admitted data will enable greater clarity and scrutiny of the activity undertaken at each EPC, identify service gaps and trends. |
| **Details of change** | Addition of new Program/Stream in:   * Episode Program/Stream * Referral In Program/Stream   Addition of other potential data elements |

## Section 3 Data definitions

### Episode Program Stream and Referral In Program Stream

|  |  |
| --- | --- |
| **Value domain** | Enumerated  Table identifier HL70069  **Code Descriptor**  **Early Parenting Centre (EPC)**  xx Early Parenting Centre |

*[No change to remainder of item]*

*Potential list of additional data elements required for new program/streams:*

|  |  |
| --- | --- |
| **DATA ELEMENT** | **DATA ELEMENT** |
| Contact Account Class | Episode Patient/Client NDIS Participant Identifier |
| Contact Campus Code | Episode Patient/Client Ready for Care Date |
| Contact Client Present Status | Episode Program/Stream |
| Contact Delivery Mode | Episode Proposed Treatment Plan Completion |
| Contact Delivery Setting | Episode Special Purpose Flag |
| Contact End Date/Time | Episode Start Date |
| Contact Family Name | Patient/Client Birth Country |
| Contact Given Name(s) | Patient/Client Birth Date |
| Contact Group Session Identifier | Patient/Client Birth Date Accuracy |
| Contact Indigenous Status | Patient/Client Death Date |
| Contact Inpatient Flag | Patient/Client Death Date Accuracy |
| Contact Interpreter Required | Patient/Client DVA File Number |
| Contact Medicare Benefits Schedule Item Number | Patient/Client Gender |
| Contact Medicare Number | Patient/Client Identifier |
| Contact Medicare Suffix | Patient/Client Living Arrangement |
| Contact Preferred Language | Patient/Client Sex at Birth |
| Contact Professional Group | Patient/Client Usual Residence Locality Name |
| Contact Program Stream | Patient/Client Usual Residence Postcode |
| Contact Provider | Referral End Date |
| Contact Purpose | Referral End Reason |
| Contact Session Type | Referral In Outcome |
| Contact Start Date/Time | Referral In Outcome Date |
| Episode Campus Code | Referral In Program/Stream |
| Episode End Date | Referral In Reason |
| Episode End Reason | Referral In Receipt Acknowledgment Date |
| Episode Health Conditions | Referral In Received Date |
| Episode Hospital Discharge Date | Referral In Service Type |
| Episode Malignancy Flag | Referral Out Date |
| Episode Other Factors Affecting Health | Referral Out Service Type |

# Proposal 6 – New data element *Episode Indigenous Status*

|  |  |
| --- | --- |
| **It is proposed to** | Add a new data element to report ATSI status for programs where only episode level data is reported, to align with contact level reporting. |
| **Proposed by** | Austin Health |
| **Reason for proposed change** | The reason for this change is to support consistent processes between episode and contact level reporting, enabling accurate funding for episode level services that aligns with the funding and reporting of services reported at a contact level.  In addition to this, the change would also support the identification of ATSI clients within episode level services and enable appropriate care and communication with this cohort.  This change would also allow health services to understand ATSI client access to HBD, HEN, TPN and other episode level services within VINAH. |
| **Details of change** | Add new data element and associated validations |

## Section 3 Data definitions

### Episode Indigenous Status (New)

|  |  |
| --- | --- |
| **Definition** | Whether a person identifies as being of Aboriginal or Torres Strait Islander orgin as represented by a code. |
| **Reported by** | Complex Care (FCP)  Home Based Dialysis  Home Enteral Nutrition  Total Parental Nutrition  Victorian Respiratory Support Service |
| **Value domain** | Enumerated  Table identifier HL70005  **Code Descriptor**  1 Indigenous – Aboriginal but not Torres Strait Islander origin  2 Indigenous – Torres Strait Islander but not Aboriginal origin  3 Indigenous – both Aboriginal and Torres Strait Islander origin  4 Not indigenous – neither Aboriginal and Torres Strait Islander origin  8 Question unable to be answered  9 Client refused to answer |

# Proposal 7 – Amend *Episode Health Condition* codes

|  |  |
| --- | --- |
| **It is proposed to** | Add Episode Health Condition codes to the existing code set |
| **Proposed by** | Monash Health |
| **Reason for proposed change** | The existing Episode Health Condition code set is not fit for purpose for a number of the services provided at Monash Health. Codes are either not available for selection or existing codes are lacking specificity.  To illustrate, we note the following:  Gender Service:  Service are assigning a value of *Symptoms of mental disease NOS* which is inappropriate and infers that gender incongruence is a mental disease  Infectious Diseases:  No code available that is reflective of either the preventative care or management of infectious diseases  Genetics Services:  Genetics patients are seen for a broad range of issues relating to different organ systems, and many of the existing codes can be selected to reflect these different systems. However, there is currently no code available for genetic surveillance of patients at risk of genetic mutation. These patients have a suspected genetic condition that is not confimed  Obstetrics:  High risk pregnancy codes are specific but are not comprehensive enough to encompass all conditions associated with a high risk pregnancy, resulting in a gap for some patient cohorts. Additional codes are needed to provide a complete set of values  The code set is limited to high and low risk pregnancies, leaving a gap for patients at medium risk. For example grand multiparity cannot be managed by a midwife only and therefore is not low risk, but is not suitable for allocation of a high risk code  Nephrology:  Renal transplant donors do not have any medical conditions  Gastroenterology:  Codeset is missing a cancer screening code. For example, positive FOBT comprises a significant part of work under Gastroenterology |
| **Details of change** | Add new codes |

## Section 3 Data definitions

### Episode Health Condition

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Value domain** | Enumerated  Table identifier 990080  **Code Descriptor**   |  |  | | --- | --- | | xxxx | Gender incongruence | | xxxx | Preventative health | | xxxx | Immunisation | | xxxx | Infectious Disease | | xxxx | Genetic condition suspected | | xxxx | High risk pregnancy, underweight | | xxxx | Medium risk pregnancy, grand multiparity | | xxxx | High risk pregnancy, neurological disorder | | xxxx | High risk pregnancy, gynaecological anatomical disorder | | xxxx | Medium risk pregnancy, young age | | xxxx | Medium risk pregnancy, advanced age | | xxxx | Medium risk pregnancy, history of pregnancy complications | | xxxx | Organ donor | | xxxx | Sleep disorders | | xxxx | Cancer screening | | xxxx | Spina Bifida | | xxxx | Chiari Malformation | | xxxx | Neurovascular injury to hand | | xxxx | Amputation, acquired absence toe/finger | | xxxx | Complex Regional Pain Syndrome | | xxxx | Dental/oral trauma | | xxxx | Dental infections | | xxxx | Oral mucosal lesions (benign) | | xxxx | Missing teeth for replacement | | xxxx | Temperomandibular disorder (TMD) | | xxxx | Oral mucosal lesions | | xxxx | Osteonecrosis, osteomyelitis | | xxxx | Benign cysts and tumours or | | xxxx | Neoplasm, non-malignant | | xxxx | Congenital disorder of hand/upper limb | | xxxx | Ear deformity | | xxxx | Facial palsy | | xxxx | Vascular malformations | | xxxx | Cleft | | xxxx | Post stem cell transplant follow up | | xxxx | Haemoglobinopathies | | xxxx | Thalassaemia | | xxxx | Sickle cell disease | | xxxx | Bone marrow failure syndrome | | xxxx | Acquired bone marrow failure | | xxxx | Immune Thrombocytopenia (ITP) | | xxxx | Primary immunodeficiency | | xxxx | Secondary immunodeficiency | | xxxx | Immune dysregulation | | xxxx | Innate error of immunity | | xxxx | Immunology, not otherwise specified | | xxxx | Medication reaction single | | xxxx | Multiple medication reactions | | xxxx | Venom allergy | | xxxx | Gallstones | | xxxx | Umbilical hernia and paraumbilical hernia | | xxxx | Inguinal hernia | | xxxx | Ventral hernia and incisional hernia | | xxxx | Lipoma | | xxxx | Skin lesion | | xxxx | Ingrown toenail | |

*[No change to remainder of item]*

**HSD comments**

HSD will review previous requests for additional Episode Health Conditions received in 2021-22 and 2022-23 and consider including as additional Episode Health Conditions

# Proposal 9 – New *Referral In/Out Service Type* for Victorian Virtual Emergency Department (VVED)

|  |  |
| --- | --- |
| **It is proposed to** | Introduce a new code to *Referral In Service Type* and *Referral Out Service Type* for the Victorian Virtual Emergency Department (VVED) service. |
| **Proposed by** | Older Persons and Aged Care Policy, Health Service and Aged Care Policy, Improvement & Engagement, Commissioning and Service Improvement |
| **Reason for proposed change** | The current code list for Referral In and Referral Out Service Type in the VINAH dataset does not include the VVED service. As such patient/client referrals from or to VVED cannot be identified within the dataset. The inclusion of this additional code will enable the department to better understand the interface between services such as VVED and non-admitted services such as Residential In Reach.  In the absence of a specific code for VVED, health services are currently required to select an alternative code from the list, which is impacting on the quality and accuracy of the data and providing an incomplete picture of client/patient referral pathways.  The expansion of the code list to include VVED aligns with changes to the VEMD manual that occurred in 2023-24 to incorporate virtual care provided by the VVED service. |
| **Details of change** | Add new codes. |

## Section 3 Data definitions

### Referral In Service Type

|  |  |
| --- | --- |
| **Codeset** | **Enumerated** |
|  | Table identifier 990082 |
|  | **Code Descriptor** |
|  | *External Referrals – Hospital-Based Service (another health service)* |
|  | 801 Emergency department |
|  | ### Victorian Virtual Emergency Department |

*[No change to remainder of item]*

### Referral Out Service Type

|  |  |
| --- | --- |
| **Codeset** | **Enumerated** |
|  | Table identifier 990082 |
|  | **Code Descriptor** |
|  | *External Referrals – Hospital-Based Service (another health service)* |
|  | 801 Emergency department |
|  | ### Victorian Virtual Emergency Department |

*[No change to remainder of item]*

# Proposal 10 – *Contact Account Class* for palliative care consultancy

|  |  |
| --- | --- |
| **It is proposed to** | Ensure mandatory reporting of Contact Account Class for the palliative care consultancy program |
| **Proposed by** | Health Services & Aged Care Policy, Improvement and Engagement, Commissioning & System Improvement, Department of Health |
| **Reason for proposed change** | Specialist palliative care consultancy may support people in a range of settings including patients in the community (hospital outreach). Hospital outreach can expedite discharge (reduce length of stay) and provide greater choice to patients. This complements, but does not replace, community palliative care.  Specialist palliative care consultancy activity delivered in the community is eligible for non-admitted NWAU and in scope for reporting to the non-admitted patient submission to the Independent Health and Aged Care Pricing Authority (IHACPA) as Care Type 2 – Palliative Care.  If an account class is not submitted to VINAH, then the contact eligibility for non-admitted NWAU is unknown.  A review of the all the data submitted by palliative care consultancy services (or VINAH Episode Program/Streams 1300 to 1315) over the last three financial years (2020-21 to 2022-23) identified:  - around 44 per cent of all palliative care consultancy contacts had account class reported to VINAH (or in 55 per cent of instances the account class was ‘undefined’)  - the contact account class most frequently missing was for those contacts likely to be eligible for non-admitted NWAU (care delivered in the home, residential care and other community settings).   |  |  |  | | --- | --- | --- | |  | Contact account class | | | Contact delivery setting | Public eligible | Undefined | | Hospital setting – inpatient | 51% | 49% | | Hospital setting – urgent care & emergency | 22% | 78% | | Hospital setting – clinic/centre | 13% | 87% | | Home | 0% | 100% | | Residential care | 0% | 100% | | All other community settings | 1% | 99% | |
| **Details of change** | Change reporting guide and validations |

## Section 3 Data definitions

## Contact Account Class

|  |  |
| --- | --- |
| **Reported by** | Complex Care (FCP)  Hospital Admission Risk Program  Palliative Care  Palliative Care Consultancy  Post Acute Care  Residential In-Reach  Specialist Clinics (Outpatients)  Subacute Ambulatory Care Services  Victorian Artificial Limb Program  Victorian HIV and Sexual Health Services (VHS)  Victorian Respiratory Support Service |

*[No change to remainder of item]*

# Proposal 11 – Amend *Message Visit Indicator Code*

|  |  |
| --- | --- |
| **It is proposed to** | It is proposed to remove one code from the VINAH MDS manual – Section 9 – Message Visit Indicator Code |
| **Proposed by** | Health Services Data, Data and Digital, VAHI, Department of Health |
| **Reason for proposed change** | Message Visit Indicator Code *V – Client Service Event (Visit)* does not exist in Section 3 Data Elements, Part II: Transmission Data Elements of the VINAH MDS manual however has been included in Section 9 – code list. This code does not exist in any VINAH MDS data tables or in any VINAH MDS source code however, some health services are reporting code V in their VINAH MDS extract. |
| **Details of change** | Cease reporting one code |

## Section 9 – Code list

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Data Element Name | Code Set Identifier | Code Set Type | Code | Descriptor | Reportable Requirements |
| Message Visit Indicator Code | HL70326 | Code Set | E | Episode |  |
| Message Visit Indicator Code | HL70326 | Code Set | O | Contact |  |
| ~~Message Visit Indicator Code~~ | ~~HL70326~~ | ~~Code Set~~ | ~~V~~ | ~~Client Service Event (Visit)~~ | Cease reporting as at 30/06/2024 |

*[No change to remainder of item]*

# Proposal 12 – Amend *Contact Medicare Benefits Schedule Item Number*

|  |  |
| --- | --- |
| **It is proposed to** | Update the reporting guide for Contact Medicare Benefits Schedule Item Number |
| **Proposed by** | Health Services Data, Data and Digital, VAHI, Department of Health |
| **Reason for proposed change** | Some health services have sought clarification around when to report MBS item numbers for contacts reported in the VINAH MDS. On review of the VINAH MDS manual, it was acknowledged that an update to the manual would help clarify reporting requirements. |
| **Details of change** | Update the reporting guide |

## Section 3 Data definitions

### Contact Medicare Benefits Schedule Item Number

|  |  |
| --- | --- |
| **Definition** | The Medicare Benefits Schedule Item Numbers charged during this contact~~, or their uncharged equivalents for non-MBS-funded contacts~~. |
| **Reported by** | Specialist Clinics (Outpatients) |
| Reported for | Optional where Contact Account Class = ‘QM’. |
| Reported when | **All Programs, not elsewhere specified**  The current reporting period for this item is the calendar month in which the following events or data elements fall:  First Contact Start Date/Time (Optional ~~if Contact Account Class = ‘QM’~~)  Second and Subsequent Contact Start Date/Time (Optional ~~if Contact Account Class = ‘QM’~~) |
| Reporting guide | When reporting this data element ~~for Contacts with Contact Account Class~~ ~~<> “QM”~~, report the MBS item number/s as charged ~~for the equivalent service should be reported.~~  This is not required to be reported for any other Contact Account Class. |

*[No change to remainder of item]*

# Proposal 13 – Amend *Contact Client Present Status*

|  |  |
| --- | --- |
| **It is proposed to** | Update the reporting guide for the Contact Present Status code ‘20 – Carer(s)/Relative(s) of the patient/client only’, with further guidance on when a carer/family member acts on behalf of the patient (without the patient present) |
| **Proposed by** | Health Services Data, Data and Digital, VAHI, Department of Health |
| **Reason for proposed change** | [**METEOR identifier 652089**](https://meteor.aihw.gov.au/content/652089) provides the following definition of a non-admitted patient service event:  A non-admitted patient service event is defined as an interaction between one or more health-care provider(s) with one non-admitted patient, which must contain therapeutic/clinical content and result in a dated entry in the patient's medical record.  [**METEOR identifier 764455**](https://meteor.aihw.gov.au/content/764455) provides further guidance on the counting rules for inclusion in the Non-admitted patient national best endeavours data set (NAP NBEDS) including where a carer or relative acts on behalf of the patient (with or without the patient present):  **Accompanied patients:**  If a patient is accompanied by a carer/relative, or the carer/relative acts on behalf of the patient with or without the patient present (e.g. the mother of a two-year-old patient, or the carer for an incapacitated patient), only the patient’s service event is recorded unless the carer/relative interaction meets the definition of a service event (above).  Note: carer refers to an informal carer only.  The reporting guide within the VINAH MDS for Contact Client Present Status code ‘20 – Carer(s)/Relative(s) of the patient/client only’ provides minimal advice for the application of this code other than the type of carer it relates to.  Updating the reporting guide for the Contact Present Status code ‘20 – Carer(s)/Relative(s) of the patient/client only’ with further guidance on when a carer/family member acts on behalf of the patient (without the patient present) will improve the quality of the data reported, provide a basis for this code to be included in the service event derivation rules, inclusion for national reporting and NWAU funding. |
| **Details of change** | Update reporting guide |

## Section 3 Data definitions

### Contact Client Present Status

|  |  |
| --- | --- |
| **Definition** | An indicator of the presence or absence of a patient/client at a contact. |
| **Reporting guide** | Providing care to a patient/client can encompass the provision of services (for example counselling, education) to the patient’s/client’s carer(s) and/or family, whether or not the patient/client is present when these services are delivered. The carers and family members are not, in these situations, considered to be patients/clients in their own right.  **20 – Carer(s)/Relative(s) of the patient/client only**  This includes where the carer(s)/relative(s) act on behalf of the patient without the patient present (e.g. the mother of a two-year-old patient, or the carer for an incapacitated patient).  For Residential In-Reach (RIR), this may include a paid carer.  For all other programs, this refers to unpaid carers or family members.  Excludes:   * Indirect contacts where the patient/client/carer(s)/relative(s) is not present or the carer(s)/relative(s) is not acting on behalf of the patient (use code 31) * Scheduled appointments not attended (use code 32) |

*[No change to remainder of item]*

# Proposal 14 – Amend *Contact Purpose* for conservative management

|  |  |
| --- | --- |
| **It is proposed to** | Update the existing conservative management Contact Purpose definition and guide for use.  Add two new codes for optimisation pathways for surgery |
| **Proposed by** | Surgery Recovery and Reform, Commissioning and System Improvement, Department of Health |
| **Reason for proposed change** | To ensure all non-surgical treatment pathways can be reported by health services and collected by the Department of Health.  Align data reporting to the new Planned Surgery Reform Blueprint (the Blueprint) which sets out a comprehensive plan to sustainably advance Victoria’s planned surgery through system-wide reforms. The Blueprint identifies 10 reforms which include increasing the availability of non-surgical treatment pathways through both evidence-based alternatives to surgery (conservative management) and optimisation pathways for surgery.  To support implementation monitoring of the Blueprint, it is proposed that data should be reported and collected to account for both streams of non-surgical treatment pathways (as outlined in the Blueprint) including: evidence-based alternatives to surgery (conservative management) and optimisation pathways for surgery.  This differentiated data will allow Government, the Department of Health, health services and health service partnerships (HSPs) to monitor performance and evaluate planned surgery reform initiative implementation across Victoria in alignment with the Blueprint.  Data will support reporting against Government targets and shape understanding regarding reforms success including visibility of the total number of patients who are removed from planned surgery waiting lists through diversion to non-surgical treatment pathways, as well as total number of patients optimised prior to their surgery.  The data will also support continuous learning and improvement across the state, facilitate improved models of care and guide future funding decisions. If only one stream on non-surgical treatment pathways continues to be collected under the existing conservative management category the ability to determine the effectiveness of initiatives associated with each reform will not be possible. |
| **Details of change** | Add new codes to existing data element and new validations as required |

### Contact Purpose

|  |  |  |  |
| --- | --- | --- | --- |
| **Value domain** | Enumerated | | |
|  | Table identifier HL70230 | | |
|  | Code Descriptor | | |
|  | | 71 Follow up/Monitoring/Evaluation/Review | |
| \*OP | | 72 New patient consultation | |
| \*OP | | 73 Follow up/Monitoring/Evaluation/Review – Conservative management | |
| \*OP | | 74 New patient consultation – Conservative Management | |
| \*OP | | xx Follow up/Monitoring/Evaluation/Review – Optimisation pathways for surgery | |
| \*OP | | xx New patient consultation - Optimisation pathways for surgery | |
| Reporting guide | | | For Specialist Clinics (Outpatients), one of Follow Up/Monitoring/Evaluation /Review (71, 73, xx) or New Patient Consultation (72, 74, xx) must be reported for each Contact. Other appropriate codes may also be reported.  **71 – Follow up/Monitoring/Evaluation/Review**  For Specialist Clinics (Outpatients) review contacts are any subsequent contacts at a clinic within the program stream following the first contact at that clinic.  The primary purpose of a review appointment is to review the patient following a previous outpatient appointment within the same program stream, or treatment as an admitted patient.  Includes:   * Post-operative review * Routine review of chronic condition * Monitoring results of interventions * Evaluation of action plans * Re-assessing client needs are being met   Excludes:   * Follow up/Monitoring/Evaluation/Review for Conservative Management (use code 73). * Follow up/Monitoring/Evaluation/Review for optimisation pathways for surgery (use code xx)   **72 – New patient consultation**  Only in scope for Specialist Clinics (Outpatients).  A ‘new’ contact is defined as a patient attending a clinic within a specific program/stream for the first time with the exception of a first clinic appointment post inpatient stay. That is, the first contact of the referral to a particular program stream (for example 101 – General medicine). If a patient receives two referrals to a program stream (e.g., Nutrition in Allied Health, and Physio in Allied Health then that would be two ‘new’ appointments).  A patient can accepted to multiple clinics. if the clinics are in the same program stream, the first contact within the program stream would be classified as ‘new,’ and any subsequent contacts within the program stream would be ‘review.’ If the clinics are in different program streams, then the first appointment within each separate program stream would be considered new, and any subsequent appointments within each program stream would be classified as review.  Excludes:   * New patient consultation for Conservative Management (use code 74). * New patient consultation for optimisation pathways for surgery (use code xx)   **73 – Follow up/Monitoring/Evaluation/Review – Conservative Management**  Only in scope for Specialist Clinics (Outpatients) for patients receiving evidence-based alternatives to surgery (conservative management) that divert or delay the need for surgery (e.g. by alleviating symptoms, including management pain and restoring function).  The primary purpose of a review appointment is to review the patient following a previous outpatient appointment within the same program stream, or treatment as an admitted patient.  Excludes:   * Follow up/Monitoring/Evaluation/Review other than for conservative management or optimisation pathways for surgery (use code 71). * Follow up/Monitoring/Evaluation/Review for optimisation pathways for surgery (use code xx)   **74 – New patient consultation – Conservative Management**  Only in scope for Specialist Clinics (Outpatients) for patients receiving evidence-based alternatives to surgery (conservative management) that divert or delay the need for surgery (e.g. by alleviating symptoms, including management pain and restoring function).  A ‘new’ contact for conservative management is reported when a patient receiving conservative management is attending a clinic within a specific program/stream for the first time.  Excludes:   * First clinic appointment for conservative management following an inpatient stay (use code 73). * New patient consultation other than for conservative management or optimisation of pathways to surgery (use code 72). * New patient consultation for optimisation of pathways for surgery (use code xx)   **xx – Follow up/Monitoring/Evaluation/Review – optimisation pathways for surgery**  Only in scope for Specialist Clinics (Outpatients) for patients receiving non-surgical treatment pathways aimed at optimising physiological state before surgery or facilitating timely recovery after surgery.  The primary purpose of a review appointment is to review the patient following a previous outpatient appointment within the same program stream, or treatment as an admitted patient.  Excludes:   * Follow up/Monitoring/Evaluation/Review other than for conservative management or optimisation of pathways to surgery (use code 71). * Follow up/Monitoring/Evaluation/Review for Conservative Management (use code 73)   **xx – New patient consultation – optimisation pathways for surgery**  Only in scope for Specialist Clinics (Outpatients) for patients receiving non-surgical treatment pathways aimed at optimising physiological state before surgery or facilitating timely recovery after surgery.  A ‘new’ contact for optimisation pathways for surgery is reported when a patient receiving non-surgical treatment pathways is attending a clinic within a specific program/stream for the first time.  Excludes:   * First clinic appointment for conservative management or optimisation of pathways for surgery following an inpatient stay (use code 71). * New patient consultation other than for conservative management or optimisation of pathways for surgery (use code 72). * New patient consultation for Conservative Management (use code 74) | |

# Proposal 19 – New data element for contracted care

|  |  |
| --- | --- |
| **It is proposed to** | Add a new data element to capture contracted care in VINAH to be reported by the contracting hospital |
| **Proposed by** | Funding Policy and Accountability, Commissioning and System Improvement, Department of Health |
| **Reason for proposed change** | * Reporting of contracted care is a requirement under Victoria’s obligations to the Independent Health and Aged Care Pricing Authority (IHACPA). * The non-admitted patient national best endeavours data set (NAP NBEDS) requires the source of funding to be reported for each non-admitted episode of care. * Contracted care is provided to a patient in a hospital under an arrangement between the contracting and contracted hospital or contracted public authority (e.g., a state or territory government) * In VINAH, currently the funded hospital reports non-admitted patient activity. No activity is reported by the contracted hospital or public authority providing the services. |
| **Details of change** | * Introduce a new data element ‘Contracted Care’ in VINAH * Potentially update the AIMS S10 and S11 form to collect non-admitted contracted care activity data separately (to be confirmed) |

## Section 3 Data definitions

### Contact contracted care (New)

|  |  |
| --- | --- |
| **Definition** | Identifies whether this contact is delivered under an agreement between a purchaser of hospital care (contractor) and a provider of a non-admitted service (contracted hospital/agency). |
| **Reported by** | Hospital Admission Risk Program  Post Acute Care  Specialist Clinics (Outpatients)  Subacute Ambulatory Care Services |
| **Value domain** | Enumerated  Table identifier xxxxxx  **Code Descriptor**  X Purchasing hospital |
| **Reporting guide** | This item should be used to indicate whether a patient/client’s services are provided under a contract arrangement and is reported by the purchasing (contractor) hospital/agency.  Report the Contact Campus Code of the purchasing (contractor) hospital/agency, which identifies the organisation responsible for the provision of services. Report the Contact Provider code of the contracted hospital/agency, which identifies the organisation providing the contact. |

# Proposals not proceeding

At the first Annual Changes Governance Committee meeting it was decided that the proposals below will not proceed to the next phase of the process.

**Proposal 8 Replace Episode Health Condition codes with a clinical code set**

Similar to VEMD Proposal 5a,SNOMED CT-AU does not meet the needs of the department at this point in time.

**Proposal 18** **Amend business rules for renewed referrals**

VINAH data does not include linkage between the initial referral and a subsequent renewal. All data for the renewed referral is required for use by the department so no exceptions to reporting can be allowed.

# Proposals withdrawn

The following proposals were received and then subsequently withdrawn after discussions between the proposer and Health Services Data staff.

**Proposal 15 Update to Guidelines for Contact Client Present Status of ‘Scheduled appointment not attended’**

This proposal was withdrawn after the definition of ‘did not attend’ was clarified with the proposer.

**Proposal 16 Episode Phase of care – community palliative care**

This proposal was withdrawn as the request is for a derived data item which can be actioned outside the annual changes process.

**Proposal 17 Advanced Care Planning Flag**

This proposal was withdrawn after discussions about existing reporting options already available in the VINAH MDS.