

health

Final Specifications for
Revisions to the Victorian
Integrated Non-Admitted Health
Minimum Dataset (VINAH) for 1
July 2012

December 2011

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If you would like to receive this publication in an accessible format, please phone (03) 9096 8141 using the National Relay Service 13 36 77 if required, or email: HDSS.Helpdesk@health.vic.gov.au

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Executive Summary

Each year the Department of Health (DH) reviews the data elements and format of the Victorian Integrated Non-Admitted Health Minimum Dataset (VINAH). This review seeks to ensure that the collection supports the Department's state and national reporting obligations, assists DH planning and policy development, and incorporates appropriate feedback from data providers on improvements.

This document details the changes required to VINAH for reporting from 1 July 2012.

For further information on the revisions process and timetable contact the HDSS Help Desk on 9096 8141.

The Final Specifications for 2012-13 include:

1. Addition of four new data elements:

Data Element	Programs affected
Episode Campus Code	All
Patient/Client Medicare Number	All
Referral In Clinical Referral Date	Specialist Clinics (Outpatients) only
Referral In Clinical Urgency Category	Specialist Clinics (Outpatients) only

2. Modifications to fifteen data elements:

Data Element	Type of change	Programs affected
Contact Client Present Status	Addition to Reporting guide	Residential In-Reach (no change for other programs)
Contact Preferred Language	Value domain modifications	FC, HARP, HBPCCT, PC, PAC, RIR, Outpatients, SACS, TCP, VHS, VRSS
Contact Professional Group	Value domain – five new code values	FC, HARP, HBPCCT, PC, PAC, RIR, Outpatients, SACS, TCP, VHS, VRSS
Contact Purpose	Three additional codes and reporting guide modifications.	FC, HARP, HBPCCT, PC, PAC, RIR, Outpatients, SACS, TCP, VHS, VRSS
Episode Advance Care Plan Documented Date	Extension to Palliative Care, SACS and PAC. Modifications to reporting guide.	FC, HARP, PC, PAC, RIR, SACS, TCP, VHS, VRSS.
Episode Health Conditions	Value domain - additional codes and changes to descriptors for cancer codes.	FC, HARP, PAC, RIR, SACS, TCP, VHS, VRSS
Episode Other Factors Affecting Health	Value domain - five additional codes.	FC, HARP, PAC, RIR, SACS, TCP, VHS, VRSS

Episode Program/Stream	Value domain - seven new codes, twenty-one codes deleted, three codes with modifications to descriptors.	Specialist Clinics (Outpatients) only.
Episode Proposed Treatment Plan Completion Date	Reporting guide added for code 10.	FC, HARP, PAC, RIR, SACS, TCP, VHS, VRSS
Patient/Client Birth Country	Value domain modifications	FC, HARP, PC, PAC, RIR, Outpatients, SACS, TCP, VHS, VRSS
Patient/Client Usual Accommodation Type	Extended to Residential In-Reach.	Residential In-Reach only. No change for other Programs.
Referral In Outcome	Value domain - three new codes. Modifications to reporting guide.	FC, HARP, PC, PAC, RIR, Outpatients, SACS, TCP, VHS, VRSS
Referral In Program/Stream	Value domain - seven new codes, twenty-one codes deleted, three codes with modifications to descriptors.	Specialist Clinics (Outpatients) only.
Referral In Service Type	Value domain - two new codes. Reporting guide added for code 206.	FC, HARP, HBPCCT, PC, PAC, RIR, Outpatients, SACS, TCP, VHS, VRSS
Referral Out Service Type	Value domain - seven new codes added.	FC, HARP, HBPCCT, PC, PAC, RIR, Outpatients, SACS, TCP, VHS, VRSS

3. Validations: New validations and business rules added, consolidation of existing validations (some deletions and replacements). See Appendix A for details.

Outcome of Proposals

Following publication of the Proposals for Revisions to VINAH for 1 July 2012, services were invited to provide feedback to the proposals. The proposals and the feedback received were submitted to the Annual Change Governance Committee for evaluation, and the list below details the outcome of each of the proposals.

1. Revision of Stream codes for Specialist Clinics (Outpatients)
Proceed with no modifications.
2. Changes for the Residential In-Reach program
Proceed with no modifications.
3. Advance Care Plan Documented Date – Definition change and extension of scope
Proceed with minor modification to the definition.
4. Episode Other Factors Affecting Health – Addition of code values
Proceed with no modifications.
5. Contact Purpose – Addition of code values
Proceed with minor modification to description and reporting guide for codes 3-*Referral accepted* – *Renewed referral*, and 72-*New patient consultation*.
6. Episode Health Conditions – Change of code descriptors
Proceed with no modifications.
7. Addition of Patient Update Date/Time
Not proceeding.
8. Contact Professional Group – Addition of five new code values
Proceed with one proposed code, one proposed code not added, four additional codes added.
9. Addition of new HIV service related codes to Referral In Service Type and Referral Out Service Type.
Proposal withdrawn, with the exception of the additional codes for Referral In/Out Service Type.
10. Addition of new Program for Integrated Hepatitis C Service.
Proposal withdrawn.
11. Addition of Episode Campus Code.
Proceed with no modifications.
12. Addition of Referral In Clinical Urgency Category for Specialist Clinics.
Proceed with minor modifications to reporting guide and value domain.
13. Addition of new code values to Referral In Outcome for Specialist Clinics.
Proceed with minor modifications to reporting guide and addition of code 99-*Referral process in progress*.
14. Addition of Referral In Clinical Referral Date required to collect Specialist Clinics waiting list information.
Proceed with no modifications.
15. Addition of Contact Client Medicare Number.
Proceed with modification to the data element name.
16. Updated Reference File for Contact Preferred Language and Patient/Client Birth Country
Proceed with no modifications.

Introduction

This document has been distributed to all members of the HDSS Bulletin mailing list. It provides the following information:

- Amended, deleted and new concept definitions, data items, business rules and validations.
- Reference files to be updated for 1 July 2012.
- Amended file structures.

The *VINAH8 Manual July 2012* will be distributed at a later date. Until then, the *VINAH7 Manual 2011* (and subsequent bulletins) together with this document will form the VINAH specification for 2012–13.

Services are required to arrange for their software to be modified in accordance with the revised specifications.

The current *VINAH7 Manual 2011* may be accessed on the Internet at <http://www.health.vic.gov.au/hdss/vinah/index.htm>.

Any questions related to this document may be directed to the HDSS Help Desk on (03) 9096 8141, or HDSS.HelpDesk@health.vic.gov.au.

Orientation to this document

As this document provides 'proposals' for revisions, there are a few features that require explanation:

- New values and definitions relating to existing items are highlighted in orange.
- Changes to existing 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.*]
- Page numbers representing cross referencing to another section of the VINAH Manual are represented by a #.
- Edits that are proposed to change are marked when listed as part of a Data Item or after an Edit Table with a * after the edit number. New proposed edits will be shown with an edit number of ###.
- The text is divided into the categories of 'Specification' and 'Administration' as presented in the *Victorian Integrated Non-Admitted Health Minimum Dataset (VINAH, 1 July 2011)*.
 - Specification*: details the reporting requirements for the item.
 - Administration*: provides additional information including the purpose of the collection of the data item and the source of the code set and definitions.
- Further information such as the background to each proposal is provided.

Abbreviations

ABS	Australian Bureau of Statistics
AHCA	Australian Health Care Agreement
AIHW	Australian Institute of Health and Welfare
AIMS	Agency Information Management System
DH	Department of Health
HDSS	Health Data Standards and Systems
HITH	Hospital In The Home
NHDD	National Health Data Dictionary
NMDS	National Minimum Data Set
VAED	Victorian Admitted Episodes Dataset
VINAH	Victorian Integrated Non-Admitted Health Minimum Dataset

Symbols

<	Less than
>	Greater than
=	Equal to
≠	Not equal to
&	And

Change details

New data elements

(Full specifications are available in Appendix A: Data Elements)

Contact Client Medicare Number

Episode Campus Code

Referral In Clinical Referral Date

Referral In Clinical Urgency Category

Revised data elements

Full specifications are available in Appendix A: Data Elements

The information below details the changes that have been made to existing data elements.

Contact Client Present Status

Reporting Guide	Addition of reporting guide for code 20.
	20 Carer(s)/Relative(s) of the patient/client only For Residential In-Reach (RIR) only, this may include a paid carer.
Implementation notes	Provides further information for the RIR program.

Contact Preferred Language

Value domain	New reference file.
Implementation notes	Updated reference file published by the ABS (ASCL 2011). The file will be available at www.health.vic.gov.au/hdss/reffiles at a later date.

Contact Professional Group

Value domain	Addition of five new codes.	
	Code	Descriptor
	099893	Medical Research Fellow
	099894	Visiting Medical Officer
	099895	Registrar
	099896	Resident Medical Practitioner
	2533	Intern Medicine Specialist

Contact Purpose

Value domain	New codes:
	72 New Patient Consultation (OP only)
	Codes with changed descriptors:
	21 Education / Self-Management
	42 Other case management and/or care co-ordination
Reporting Guide	<ul style="list-style-type: none"> • Addition of information relating to the reporting requirements for Specialist Clinics (Outpatients) • Addition of extra information for code 21-<i>Education</i> • Addition of extra information for code 42-<i>Case management and/or care co-ordination</i> • Addition of reporting guide for code 72-<i>New patient consultation</i>
Details of change	<p>All information not shown in this section is unchanged.</p> <p>For Specialist Clinics (Outpatients), one of 72 <i>New Patient Consultation</i> or 71 <i>Follow up/Monitoring/Evaluation/Review</i> must be reported for each Contact. Other appropriate codes may also be reported.</p> <p>13 – Specialist Assessment</p> <p>...</p> <p>Excludes:</p> <ul style="list-style-type: none"> • Specialist Clinics (Outpatients) contacts where the clinician is seeing a new patient for initial assessment or treatment (Use code 72). <p>21 - Education</p> <p>Education and feedback provided to the patient/client. This can include self-management education where education and empowerment are the main intent.</p> <p>Includes:</p> <ul style="list-style-type: none"> • Health Coaching • Motivational Interviewing • Development of Self Management Skills • Decision based counselling <p>Excludes:</p> <ul style="list-style-type: none"> • Staff training. <p>For Palliative Care, this could also include:</p> <ul style="list-style-type: none"> • Education regarding the role of Palliative Care and services provided • Education regarding the disease process and/or treatment/symptom variants • Education regarding the interventions/prescribed medications • Education regarding the use of domiciliary oxygen • Education regarding other supports/services in the community

	<ul style="list-style-type: none"> • Education regarding medication side-effects and how they work • Education regarding transferring, using and caring for equipment such as shower aids • Education regarding bowel management • Education regarding depression/anxiety <p>42 - Other eC Case management and/or care co-ordination</p> <p>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 Coordination 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.</p> <p>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.</p> <p>The terms 'care co-ordination' and 'case management' may be used interchangeably in some services.</p> <p>Excludes Case Conference (41)</p> <p>This could include:</p> <ul style="list-style-type: none"> • Liaison with other health professionals • 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) <p>72 New Patient Consultation</p> <p>Report this code if the clinician is seeing a new patient for initial assessment or treatment.</p> <p>Only in scope for Specialist Clinics (Outpatients)</p>
Implementation notes	Addition of code 72 will allow the services to clearly identify 'New' and 'Review' Specialist Clinics (Outpatient) contacts.

Episode Advance Care Plan Documented Date

Definition	Alteration to the definition to include reporting the date of the last activity of the plan, not just the initiation date.
	The date of documentation that an advance care plan has been initiated or updated .
Reported by	Additional programs to report: Palliative Care, SACS and PAC.
Reporting Guide	Further information added to the reporting guide:
	<p>The century component of the year must begin with '20'.</p> <p>Advance care planning is a process of planning for future health and personal care whereby the person's values, goals, beliefs and preferences are made known so that they can guide decision making at a future time when the person cannot make or communicate their decisions (referred to here as future wishes).</p> <p>Advance care planning requires respect for the person and their autonomy. It is often about end-of-life care, but not always. It aims to improve quality of care and is based on human rights principles, including self-determination, dignity and the avoidance of suffering.</p> <p>An Advance Care Plan comprises any of the following</p> <ul style="list-style-type: none"> • a record of a discussion about future wishes • a discussion with significant family and / or friends that communicates a person's future wishes • formal written wishes that are witnessed and signed • informal written wishes that are neither witnessed nor signed • a completed Enduring Power of Attorney (Medical Treatment) • the appointment in writing of a Substitute Decision Maker • a completed Refusal of Treatment Certificate. <p>In whatever form the documentation takes it must have the potential to assist in some way with future decision making about health and personal care. This is by either appointing a substitute decision maker or recording the person's wishes.</p> <p>An ACP date should not be recorded if the topic of ACP is introduced, but no information to guide future decision making is gained.</p> <p>If an advance care plan has not yet been documented, do not report this item. The date of the last update to the advance care plan should be recorded in this item. If an advance care plan has been documented but the date of the advance care plan is unknown then the day prior to the episode start date should be recorded.</p>

Episode Health Conditions

<i>Value domain</i>	<i>New codes:</i>	
	0240	Bone and articular cartilage cancer
	0245	Soft tissue cancer
	0279	Metastatic (secondary) malignancy
	0280	Secondary of unknown primary
	0299	Rare cancer
	<i>Codes with changed descriptors:</i>	
	0215	Stomach Upper Gastrointestinal cancer
	0218	Bowel Colorectal cancer
	0222	Liver cell carcinoma Endocrine and thyroid cancer
	0251	Ovarian Gynaecological cancer
	0260	Prostate Genitourinary cancer
	0269	Brain Central Nervous System cancer

Episode Other Factors Affecting Health

<i>Value domain</i>	<i>New codes:</i>	
	1601	Issues in self management
	1602	Health literacy
	4104	Presence of PEG (RIR only)
	4105	Presence of catheter (RIR only)
	4106	Presence of stoma (RIR only)

Episode Program/Stream & Referral In Program/Stream

<i>Value domain</i>	<i>New codes:</i>	
	116	Immunology, includes Allergy
	117	Endocrinology, includes Diabetes
	118	Hepatobiliary and Pancreas
	119	Burns
	312	Wound care
	313	Allied Health - Stand-alone
	406	Reproductive medicine and Family planning
	<i>Codes with changed descriptors:</i>	
	202	Cardiothoracic surgery
	310	Orthopaedics / Musculoskeletal
	350	Psychiatry and behavioural disorders, includes Alcohol and Drug
	<i>Deleted codes:</i>	
	102	Allergy
	104	Diabetes
	105	Endocrinology
	115	Developmental neurological disability
	401	Family planning
	404	Reproductive medicine
	405	Dysplasia and colposcopy
	501	Paediatric surgical
	502	Paediatric medical
	550	Emergency medicine
	601	Audiology
	602	Nutrition
	603	Optometry
	604	Occupational therapy
	605	Physiotherapy
	606	Podiatry
	607	Speech pathology
	608	Social work
	609	Other allied health services
	610	Cardiac rehabilitation
	611	Hydrotherapy

Reporting Guide	Information added for 313 Stand-alone Allied Health.
	<p>313 Allied Health - Stand-alone</p> <p>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.</p>
Implementation notes	Program/Stream codes will not be used for Activity Based Funding of Specialist Clinics (Outpatients). Clinic Identifier will be used to map to Tier 2 codes for funding purposes.

Suggested mapping for episodes open as at 1 July 2012 with deleted Program/Streams:

2011-12 Code	Descriptor	2012-13 Code	Descriptor
102	Allergy	116	Immunology, includes Allergy
104	Diabetes	117	Endocrinology, includes Diabetes
105	Endocrinology	117	Endocrinology, includes Diabetes
115	Developmental neurological disability	109	Neurology
401	Family planning	406	Reproductive medicine and Family planning
404	Reproductive medicine	406	Reproductive medicine and Family planning
405	Dysplasia and colposcopy	403	Gynaecology
501	Paediatric surgical		No direct map
502	Paediatric medical		No direct map
550	Emergency medicine		No direct map
601	Audiology	313	Allied Health - Stand-alone
602	Nutrition	313	Allied Health - Stand-alone
603	Optometry	313	Allied Health - Stand-alone
604	Occupational therapy	313	Allied Health - Stand-alone
605	Physiotherapy	313	Allied Health - Stand-alone
606	Podiatry	313	Allied Health - Stand-alone
607	Speech pathology	313	Allied Health - Stand-alone
608	Social work	313	Allied Health - Stand-alone
609	Other allied health services	313	Allied Health - Stand-alone
610	Cardiac rehabilitation	313	Allied Health - Stand-alone
611	Hydrotherapy	313	Allied Health - Stand-alone

Episode Proposed Treatment Plan Completion

Reporting Guide	Addition of reporting guide for code 10
	10 Care plan/proposed treatment plan completion
	Report this code when the proposed episode plan of treatment has been completed. This may not be the patient/client's entire care plan.

Patient/Client Birth Country

Value domain	New reference file.
Implementation notes	Updated reference file from the ABS (SACC 2011). The file will be available at www.health.vic.gov.au/hdss/reffiles at a later date.

Patient/Client Usual Accommodation Type

Reported by	Extended to Residential In-Reach Program/Stream.
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Referral In Outcome

Value domain	New codes:
	3 Referral Accepted – Renewed referral
	36 Recommended to present to ED for medical reasons
	99 Referral processing in progress
Reporting Guide	Information added for codes 3, 36 and 99. Change to information for code 22.
	<p>3 – Referral Accepted – Renewed Referral</p> <p>This code is only required to be reported when services use Medicare Australia’s ECLIPSE system which requires referrals to be closed when renewed.</p> <p>22 Patient/client safety issue</p> <p>To be used when the referral is not accepted due to a reason related to the safety of the patient/client.</p> <p>Excludes:</p> <ul style="list-style-type: none"> Patients/clients referred to an Emergency Department (use code 36) <p>36 – Recommended to present to ED for medical reasons</p> <p>To be used when a referral is received but is not accepted as it is decided that the service is not appropriate because either:</p> <ul style="list-style-type: none"> The situation is more complex or urgent than initially expected; or The treatment requires specialised medical skills or equipment not available to the referral program. <p>99 – Referral processing in progress</p> <p>Report this code when the referral has not been finalised. This may be because the referral is undergoing triage or further information is required from the referrer or the patient.</p>
Implementation notes	<p>Code 3-<i>Referral Accepted – Renewed referral</i> is only relevant to Specialist Clinics (Outpatients) services using Medicare Australia’s ECLIPSE software for MBS billing. Services using this software are compelled to close Referrals (and therefore episodes) when the referral is required to be renewed at 3 or 12 months. Other services are not required to use this code and are not required to close Referrals when they are renewed.</p> <p>Code 99-<i>Referral processing in progress</i> allows services to report referrals before they are finalised.</p>

Referral In Service Type

<i>Value domain</i>	<i>New codes:</i>	
	206	Ambulance Officer / Paramedic
	640	Victorian HIV/AIDS Service
<i>Reporting Guide</i>	Addition of reporting guide for code 206	
	<p>206 – Ambulance Officer / Paramedic</p> <p>Report when Ambulance Victoria makes a referral directly to the service.</p> <p><i>Includes:</i> Clients using the telephone triaging service with a member of Ambulance Victoria being present.</p> <p><i>Excludes:</i> Ambulance Victoria making a recommendation but where the referral is made by another person/provider.</p>	

Referral Out Service Type

<i>Value domain</i>	<i>New codes:</i>	
	626	Accommodation service
	640	Victorian HIV/AIDS Service
	641	Other infectious disease clinic
	642	HIV Community health service
	643	HIV Support service
	644	HIV Community nursing
	645	CALD services

Appendix A: Data Element Specifications

Guide to reading this section:

- Summary Tables for Data Elements (*Data Elements to be reported by Program*, and *Business Data Element Timing Summary*) only contain information relevant to this document. The data elements listed are not the only data elements required to be reported for a given Program/Stream, but only those that are referenced in the document.
- The Business Data Elements section shows the data element specifications as they will appear in the VINAH Manual for 2012-13. For details regarding specific changes that have been made, refer to the tables in the Revised Data Elements section.

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	Programs reporting to VINAH MDS											
	New	FCP	HARP	HBPCCT	Medi-Hotel	Spclst Clinics	PAC	Palliative Care	RIR	SACS	TCP	VRBS
Contact Client Medicare Number	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Contact Client Present Status		Y	Y			Y	Y	Y	Y	Y	Y	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
Contact Purpose		Y	Y	Y		Y	Y	Y	Y	Y	Y	Y
Episode Advance Care Plan Documented Date		Y	Y				Y	Y	Y	Y	Y	Y
Episode Campus Code	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Episode Health Conditions		Y	Y				Y		Y	Y	Y	Y
Episode Other Factors Affecting Health		Y	Y				Y		Y	Y	Y	Y
Episode Program/Stream		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Episode Proposed Treatment Plan Completion		Y	Y				Y		Y	Y	Y	Y
Patient/Client Birth Country		Y	Y			Y	Y	Y		Y		Y
Patient/Client Usual Accommodation Type		Y	Y	Y			Y		Y	Y	Y	Y
Referral In Clinical Referral Date	Y					Y						
Referral In Clinical Urgency Category	Y					Y						
Referral In Outcome		Y	Y			Y	Y	Y	Y	Y	Y	Y
Referral In Program/Stream		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
Referral Out Service Type		Y	Y	Y		Y	Y	Y	Y	Y	Y	Y

Business Data Element Timing Summary

The following table provides a summary, for each business data element, of when it should be reported to the VINAH MDS. Note that data elements are only mandatory (and other reporting options) at a particular point in time when they are required for the program that is being reported. See Data Elements to be reported by Program for further information.

Note that for Programs/Streams where Contact/Client Service Event Client Present Status may be reported as '32-Patient/Client/Carer(s)/Relative(s) not present: Scheduled appointment not attended', the reporting requirements for First Contact/Client Service Event Date/Time apply to the first contact/client service event that does not have this value.

The column 'Episode TCP Care Transition Date' means both 'Episode TCP Bed-Based Care Transition Date' and 'Episode TCP Home-Based Care Transition Date'.

Key

Symbol	Reporting obligation
M	Mandatory
O	Optional
C8	Must be specified if the referral was accepted and an Episode is opened
C10	Must be specified for HARP programs, optional for all others
C11	Must be specified if an advance care plan was documented previously or during the course of the Episode

All Programs, not elsewhere specified

Data Element	Referral In Received Date	Referral In Receipt Acknowledgment Date	Episode Start Date	Episode Patient/Client Notified of First Appointment Date	Episode Care Plan Documented Date	Episode TCP Care Transition Date	First Contact Date/Time	Second and Subsequent Contact Date/Time	Episode End Date	Referral Out Date	Patient/Client Death Date
Contact Client Medicare Number							M	O			
Contact Client Present Status							M	M			
Contact Preferred Language							M	M			
Contact Professional Group							M	M			
Contact Purpose							M	M			
Episode Advance Care Plan Documented Date		C11								C11	
Episode Campus Code		M									
Episode Health Conditions		O	O						M		
Episode Other Factors Affecting Health		O	O						C10		
Episode Program/Stream		M									
Episode Proposed Treatment Plan Completion									M		
Patient/Client Birth Country		O					M				
Patient/Client Usual Accommodation Type		O					M				
Referral In Clinical Referral Date	M										
Referral In Clinical Urgency Category											
Referral In Outcome		C8									
Referral In Program/Stream	M										
Referral In Service Type	M										
Referral Out Service Type											M

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***Part I: Business
Data Elements***

Contact Client Medicare Number

Specification

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

		Repeats:	Min.	Max.	Duplicates?
Form:	Identifier		1	1	Not applicable

		Size:	Min.	Max.
Layout:	N(11) or A-A		3	11

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

Reported by: All programs, dependent on transmission protocol
Family Choice Program
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
Transition Care Program
Victorian HIV Service
Victorian Respiratory Support Service

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

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

Value domain: The patient's/client's Medicare Number, issued by Medicare Australia.

Reporting guide: The Medicare Number is printed in the centre of the Medicare Card. The Medicare Code is also called the 'eleventh character' of the number. It is the number printed to the left of the name of the patient.

Valid Medicare Numbers are:

- First character can only be: 2, 3, 4, 5, or 6
- Numeric
- Check digit (ninth character) is the remainder of the following equation: $[(1\text{st digit} * 1) + (2\text{nd digit} * 3) + (3\text{rd digit} * 7) + (4\text{th digit} * 9) + (5\text{th digit} * 1) + (6\text{th digit} * 3) + (7\text{th digit} * 7) + (8\text{th digit} * 9)] / 10$

Invalid Medicare Numbers are:

- Special characters (for example, \$, #)
- Alphabetic characters

Supplementary values:

- C-U: The patient's Medicare Card is unavailable
- N-E: The patient is not eligible for Medicare
- P-N: The patient is a prisoner

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

Validations: E368 Contact Account Class (AccountClass) is incompatible with Patient/Client Medicare Number (<medicare_number>).

Related items: Contact Account Class
Contact Date/Time

Administration

Purpose: To fulfil the department's reporting obligations to the Commonwealth. To assist in monitoring continuity of care across hospitals. To ensure eligibility for publicly-funded health care.

Principal users: Department of Health

Synonyms:

Version history:	Version	Previous Name	Effective Date
	1	Contact Client Medicare Number	2012/07/01

Definition source: NHDD METeOR ID 270101 **Value domain source:** Medicare Australia

Contact Client Present Status

Specification

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

		Repeats:	Min.	Max.	Duplicates?
Form:	Code		1	1	Not applicable

		Size:	Min.	Max.
Layout:	NN		2	2

Location:

Transmission protocol:	Flat File Submission (2010-11)
Contact (insert)	VCCSE 18
Transmission protocol:	HL7 Submission
Contact (insert)	ADT_A03 (PV2 PV2.7)
Contact (update)	ADT_A08 (PV2 PV2.7)
Contact (delete)	ADT_A13 (PV2 PV2.7)
Transmission protocol:	XML Submission
Contact (insert/update)	Contact/ PatientManagement/ Present/ Type

Reported by:

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

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

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

Value domain: Enumerated.

Table Identifier HL70130

	Code	Descriptor
*Not PC	10	Patient/Client present with or without carers(s)/relative(s)
	11	Patient/Client present only
	12	Patient/Client present with carers(s)/relative(s)
	20	Carer(s)/Relative(s) of the patient/client only
*PC, RIR	31	Patient/Client/Carer(s)/Relative(s) not present: Indirect Contact
*Not PC	32	Patient/Client/Carer(s)/Relative(s) not present: Scheduled appointment not attended

Reporting guide: Providing care to a patient/client can encompass the provision of services (for example counselling, education) to the patient's/client's carer(s) and/or family, whether or not the patient/client is present when these services are delivered. The carers and family members are not, in these situations, considered to be patients/clients in their own right.

10 - Patient/Client present with or without carers(s)/relative(s)

Code not to be used by Palliative Care; this program must provide the more specific information in codes 11 and 12.

20 - Carer(s)/Relative(s) of the patient/client only

For Residential In-Reach (RIR) only, this may include a paid carer.

31 - Patient/Client/Carer(s)/Relative(s) not present: Indirect Contact

Includes contacts between a service provider and another person who is not the patient/client/carer/relative; for example, another service provider.

Mandatory for Palliative Care. Optional for Residential In-Reach (RIR).

32 - Patient/Client/Carer(s)/Relative(s) not present: Scheduled appointment not attended

Includes contacts where the health service was expecting the patient/client to attend the contact/client service event on the scheduled date.

Not in scope for Palliative Care.

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

Related items: Contact Date/Time

Administration

Purpose: To monitor and plan resource utilisation.

Principal users: Department of Health

Synonyms:

Version history:	Version	Previous Name	Effective Date
	6	Contact Client Present Status	2012/07/01
	5	Contact Client Present Status	2011/07/01
	4	Contact Client Present Status	2010/07/01
	3	Contact/Client Service Event Client Present Status	2009/07/01
	2	Contact/Client Service Event Client Present Status	2007/07/01
	1	Client Service Event Client Present Status	2005/07/01

Definition source: NHDD

Value domain source: NHDD 000436

Contact Preferred Language

Specification

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

		Repeats:	Min.	Max.	Duplicates?
Form:	Code		1	1	Not applicable

Layout:	NNNN	Size:	Min.	Max.
			4	4

Location:	Transmission protocol:	Flat File Submission (2010-11)
	Contact (insert)	VCCSE 10
	Transmission protocol:	HL7 Submission
	Contact (insert)	ADT_A03 (PID\PID.15\CE.1)
	Contact (update)	ADT_A08 (PID\PID.15\CE.1)
	Contact (delete)	ADT_A13 (PID\PID.15\CE.1)
	Transmission protocol:	XML Submission
	Contact (insert/update)	Contact/ PatientManagement/ Language/ Preferred/ Identifier

Reported by:

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

Reported for: Patients/clients whose episodes opened during the current reporting period.

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

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

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

Contact Professional Group

Specification

Definition:	The professional group of professional(s) providing services for a contact.				
Form:	Repeatable Code	Repeats:	Min.	Max.	Duplicates?
			1	No limit	Permitted
Layout:	NNNN[N][N]	Size:	Min.	Max.	
			4	6	
Location:	Transmission protocol:	Flat File Submission (2010-11)			
	Contact (insert)	VCCSE 22^2~			
	Transmission protocol:	HL7 Submission			
	Contact (insert)	ADT_A03 (ROL\ROL.9\CE.1)			
	Contact (update)	ADT_A08 (ROL\ROL.9\CE.1)			
	Contact (delete)	ADT_A13 (ROL\ROL.9\CE.1)			
	Transmission protocol:	XML Submission			
	Contact (insert/update)	Contact/ PatientManagement/ HealthProfessional/ Discipline/ Type			
Reported by:	Family Choice Program Hospital Admission Risk Program Hospital Based Palliative Care Consultancy Team Palliative Care Post Acute Care Residential In-Reach Specialist Clinics (Outpatients) Sub-acute Ambulatory Care Services Transition Care Program Victorian HIV Service Victorian Respiratory Support Service				
Reported for:	All contacts completed in the current reporting period.				
Reported when:	All Programs, not elsewhere specified The current reporting period for this item is the calendar month in which the following events or data elements fall: First Contact Date/Time (Mandatory) Second and Subsequent Contact Date/Time (Mandatory)				

Value domain: Enumerated

Table Identifier	990013
Code	Descriptor
099700	Care Coordinator
099710	Clinical Educator
099800	Not Applicable: Voluntary worker
099893	Medical Research Fellow
099894	Visiting Medical Officer
099895	Registrar
099896	Resident Medical Practitioner
099897	Other Health Professional
099898	Other discipline service provider
099899	Discipline not stated
251111	Dietician / nutritionist
2512	Medical imaging professionals
251412	Orthoptist
2515	Pharmacist
251912	Orthotist/Prosthetist
252299	Other complementary medicine service provider
2523	Dentist
252411	Occupational therapist
252511	Physiotherapist
252611	Podiatrist
252711	Audiologist
252712	Speech pathologist / therapist
252900	Allied Health Assistant
252999	Other Allied Health
2531	General practitioner (GP)
2533	Intern Medicine Specialist
253311	Specialist Physician (General Medicine)
253312	Cardiologist
253313	Clinical Haematologist
253314	Clinical Oncologist
253315	Endocrinologist
253316	Gastroenterologist
253318	Neurologist
253321	Paediatrician
253322	Renal Medicine Specialist
253323	Rheumatologist
253324	Thoracic Medicine Specialist
253399	Geneticist
253411	Psychiatrist
253511	Surgeon (General)
253512	Cardiothoracic Surgeon
253513	Neurosurgeon
253514	Orthopaedic Surgeon
253515	Otorhinolaryngologist
253516	Paediatric Surgeon
253517	Plastic and Reconstructive Surgeon
253518	Urologist
253521	Vascular Surgeon
253911	Dermatologist
253912	Emergency Medicine Specialist
253913	Obstetrician and Gynaecologist
253914	Ophthalmologist
253999	Medical specialist NEC
254111	Midwife

Table Identifier	990013
Code	Descriptor
254400	Nurse - Division 1
254411	Nurse practitioner
272100	Counsellor
272199	Spiritual Carer
272313	Clinical psychologist
272389	Neuro psychologist
272399	Psychologist NEC
272511	Social worker
411311	Diversional therapist
411411	Nurse - Division 2
4115	Indigenous health worker
411711	Community worker
423111	Aged or disabled carer
423311	Hospital Orderly
423312	Nursing support worker
423313	Personal Care Assistant
434999	Exercise physiologist

Reporting guide:

Use as many codes as necessary to report each professional and professional group involved in the contact and client service event, respectively.

For Client Service Events, do not repeat codes. For example, if two physiotherapists are involved in a single client service event, only report the code '252511-Physiotherapist' once. If codes are repeated for Client Service Events they will be removed for reporting purposes.

At the contact level, report one code for each participating clinician.

For Hospital Based Palliative Care Consultancy Team (Program HBPCCT), code 099895-Registrar should not be the only code reported.

099893 - Medical Research Fellow

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

099894 - Visiting Medical Officer

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

099895 - Registrar

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

099896 - Resident Medical Practitioner

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

2533 - Intern Medicine Specialist

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

Validations:

General edits only, see Format.

Related items:

Contact Date/Time

Administration

Purpose: To monitor and plan resource utilisation.

Principal users: Department of Health

Synonyms:

Version history:	Version	Previous Name	Effective Date
	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: Department of Health

Value domain source: ANZSCO 1st Ed (DH Modified)

Contact Purpose

Specification

Definition:	The purpose of the service provided within the contact.				
Form:	Repeatable Code	Repeats:	Min.	Max.	Duplicates?
			1	No limit	Not allowed
Layout:	NN	Size:	Min.	Max.	
			2	2	
Location:	Transmission protocol:	Flat File Submission (2010-11)			
	Contact (insert)	VCCSE 20^2~			
	Transmission protocol:	HL7 Submission			
	Contact (insert)	ADT_A03 (PR1\PR1.3\CE.1)			
	Contact (update)	ADT_A08 (PR1\PR1.3\CE.1)			
	Contact (delete)	ADT_A13 (PR1\PR1.3\CE.1)			
	Transmission protocol:	XML Submission			
	Contact (insert/update)	Contact/ PatientManagement/ Purpose/ Type			
Reported by:	Family Choice Program Hospital Admission Risk Program Hospital Based Palliative Care Consultancy Team Palliative Care Post Acute Care Residential In-Reach Specialist Clinics (Outpatients) Sub-acute Ambulatory Care Services Transition Care Program Victorian HIV Service Victorian Respiratory Support Service				
Reported for:	All contacts completed in the current reporting period.				
Reported when:	All Programs, not elsewhere specified The current reporting period for this item is the calendar month in which the following events or data elements fall: First Contact Date/Time (Mandatory) Second and Subsequent Contact Date/Time (Mandatory)				

Value domain: Enumerated

Table Identifier HL70230

Code	Descriptor
11	Initial Needs Identification (INI)
12	Comprehensive Assessment
13	Specialist Assessment
21	Education / Self-Management
22	Therapy/Clinical Intervention not further specified
23	Symptom control/pain management
24	Spiritual Care
25	Personal Care
26	Bereavement Support
27	Social Support
28	Supported Accommodation
*HBPCCT 29	Formal Family Meeting
41	Case Conference
42	Case management and/or care co-ordination
*OP 61	Research/Medical Trial
71	Follow up/Monitoring/Evaluation/Review
*OP 72	New Patient Consultation
99	Other

Reporting guide:

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

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

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

11 - Initial Needs Identification (INI)

Initial needs identification is an initial screening for risk and service requirements. The practitioner undertaking initial needs identification looks beyond the presenting issue to what underlying issues may exist. Initial needs identification is not

Includes:

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

12 - Comprehensive Assessment

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

Includes:

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

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

13 - Specialist Assessment

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

For Palliative Care this could include the initial bereavement risk assessment and assessment of a single and specific symptom, such as nausea.

Excludes:

- Specialist Clinics (Outpatients) contacts where the clinician is seeing a new patient for initial assessment or treatment. (Use code 72).

21 - Education / Self-Management

Education and feedback provided to the patient/client. This can include self-management education where education and empowerment are the main intent.

Includes:

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

Excludes staff training.

For Palliative Care, this could also include:

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

22 - Therapy/Clinical Intervention not further specified

Excludes:

- Bereavement (26)
- Personal Care (25)
- Social Support (27)
- Spiritual care (24)
- Symptom control/pain management (23)

For Palliative Care, this could include the following:

- Wound care/dressing
- Bowel management/ enemas/ suppositories
- Catheter care/ insertion
- Care of naso-gastric tube
- Oedema/ lymphodema management/ bandaging
- Pathology specimen collection
- Parenteral medications other than for symptom management, for example, Clexane
- Initiation of webster packs/ dosette
- Pressure care
- PICC flush
- Subcutaneous fluids
- Stomal care
- Counselling
- Care at time of death
- Accessing port
- Cleaning of and caring for the body of a deceased person
- Music Therapy

23 - Symptom control/pain management

For Palliative Care, where medications relate to pain management or symptom control, this could include the following:

- Monitor medication regimens/ monitor effectiveness of interventions/ alteration of doses

- Administer parenteral medications
- Domiciliary oxygen/nebulised medications
- Insertion of delivery system for a syringe driver, for example, saf-t-intima
- Filling of syringe driver
- Instigation of new medications or altering medications

24 - Spiritual Care

For Palliative Care this could include:

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

25 - Personal Care

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

Includes:

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

26 - Bereavement Support

Includes:

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

27 - Social Support

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

Includes:

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

28 - Supported Accommodation

Provision of housing, with staff on-site for:

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

29 - Formal Family Meeting

This code reportable by Hospital Based Palliative Care Consultancy Team only.

Formal Family meetings take place between the patient, their family and health care professionals for multiple purposes, including: the sharing of information and concerns, clarifying the goals of care, discussing diagnosis, treatment, prognosis and devel

41 - Case Conference

An inclusive process for making decisions about the care of a patient/client. Assessment findings and options for ongoing care and support are presented or other practitioners/clinicians, who can be from the same or different organisations. The presenta

For Palliative Care this could include:

- Family meetings / conferences
- Liaison with other health professionals / multi-disciplinary team meetings / palliative care physician / GPs / LMOs / inpatient service liaison
- Client review
- Handover

61 - Research/Medical Trial

Report this codes when the contact occurs due to the patient's/client's participation in a research/trial.

Only in scope for Specialist Clinics (Outpatients).

Includes:

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

71 - Follow up/Monitoring/Evaluation/Review

For Specialist Clinics (Outpatients): Report this code if the appointment has the primary purpose of reviewing the patient following a previous outpatient appointment or treatment as an inpatient or day surgery patient.

Includes:

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

72 - New Patient Consultation

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

Only in scope for Specialist Clinics (Outpatients).

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

Related items: Contact Date/Time
Contact Medicare Benefits Schedule Item Number

Administration

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

Principal users: Department of Health

Synonyms:

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

Definition source: Department of Health

Value domain source: Department of Health

Episode Advance Care Plan Documented Date

Specification

Definition: The date of documentation that an advance care plan has been initiated or updated.

		Repeats:	Min.	Max.	Duplicates?
Form:	Date		1	1	Not applicable

		Size:	Min.	Max.
Layout:	YYYYMMDD			

Location:	Transmission protocol:	Flat File Submission (2010-11)
	Episode (insert)	VEPI 15
	Transmission protocol:	HL7 Submission
	Episode (insert)	PPP_PCB (PTH\PTH.4\TS.1)
	Episode (update)	PPP_PCC (PTH\PTH.4\TS.1)
	Episode (delete)	PPP_PCD (PTH\PTH.4\TS.1)
	Transmission protocol:	XML Submission
	Episode (insert/update)	Episode/ PatientManagement/ ServicePlan/ AdvanceCarePlanDocumented/ DateTime

Reported by:

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

Reported for: Episodes opened during the current reporting period.

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

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

- Episode Start Date (Must be specified if an advance care plan was documented previously or during the course of the Episode)
- Episode End Date (Must be specified if an advance care plan was documented previously or during the course of the Episode)

Value domain: Valid date.

Reporting guide: Advance care planning is a process of planning for future health and personal care whereby the person's values, goals, beliefs and preferences are made known so that they can guide decision making at a future time when the person cannot make or communicate their decisions (referred to here as future wishes).

Advance care planning requires respect for the person and their autonomy. It is often about end-of-life care, but not always. It aims to improve quality of care and is based on human rights principles, including self-determination, dignity and the avoidance of suffering.

An Advance Care Plan comprises any of the following:

- a record of a discussion about future wishes
- a discussion with significant family members and/or friends that communicates a person's future wishes
- formal written wishes that are witnessed and signed
- informal written wishes that are neither witnessed nor signed
- a completed Enduring Power of Attorney (Medical Treatment)
- the appointment in writing of a Substitute Decision Maker
- a completed Refusal of Treatment Certificate

In whatever form the documentation takes it must have the potential to assist in some way with future decision making about health and personal care. This is by either appointing a substitute decision maker or recording the person's wishes.

An ACP Date should not be recorded if the topic of ACP is introduced but no information to guide future decision making is gained.

If an advance care plan has not yet been documented, do not report this item. The date of the last update to the advance care plan should be recorded in this item. If an advance care plan has been documented but the date of the advance care plan is unknown then the day prior to the episode start date should be recorded.

Transmission binding data element

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

Validations: General edits only, see Format.

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

Administration

Purpose: To assist in service planning.

Principal users: Department of Health.

Synonyms:

Version history:	Version	Previous Name	Effective Date
	3	Episode Advance Care Plan Documented Date	2012/07/01
	2	Episode Advance Care Plan Documented Date	2011/07/01
	1	Episode Advance Care Plan Documented Date	2010/07/01

Definition source: Department of Health **Value domain source:** ISO8601:2000

Episode Campus Code

Specification

Definition: A code that specifies the hospital campus responsible for the delivery of a service to a patient/client during an episode.

		Repeats:	Min.	Max.	Duplicates?
Form:	Code		1	1	Not applicable

		Size:	Min.	Max.
Layout:	XXX[X][X][X]		3	6

Location:	Transmission protocol:	HL7 Submission
	Episode (insert)	PPP_PCB (PV1\PV1.39\IS.18)
	Episode (update)	PPP_PCC (PV1\PV1.39\IS.18)
	Episode (delete)	PPP_PCD (PV1\PV1.39\IS.18)

Reported by: All programs, dependent on transmission protocol
 Family Choice Program
 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
 Transition Care Program
 Victorian HIV Service
 Victorian Respiratory Support Service

Reported for: All Episode messages

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

Value domain: Refer Section 9: Code Lists

Table Identifier HL70115

For full code set see Section 9.

Reporting guide: Report the campus of the organisation responsible for the provision of services to a patient/client within the episode. The actual service may be delivered by another organisation or party, the identifier of which is reported in the Contact Provider Identifier. Where a service is provided at the responsible campus, both the Campus Identifier and the Contact Provider Identifier will indicate the same entity (although the code values may be different). For reporting organisations with only one campus, a single Campus Identifier for the organisation has been issued.

Validations: E265 This Organisation (<OrganisationIdentifier>) is not approved to report Episodes under this campus (<Episode CampusIdentifier>)

Related items: Episode Start Date

Administration

Purpose: To fulfil DH reporting obligations.

Principal users: Department of Health

Synonyms:

Version history:	Version	Previous Name	Effective Date
	1	Episode Campus Code	2012/07/01

Definition source: Department of Health **Value domain source:** Department of Health

Episode Health Conditions

Specification

Definition: An indication of a 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.	Duplicates?
Form:	Repeatable Code		1	0	Not allowed

Layout:	NNNN or UNN[N]	Size:	Min.	Max.
			3	4

Location:	Transmission protocol:	Flat File Submission (2010-11)
	Episode (insert)	VEPI 7~
	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)
	Transmission protocol:	XML Submission
	Episode (insert/update)	Episode/ Diagnosis/ HealthCondition/ Type

Reported by:

- Family Choice Program
- Hospital Admission Risk Program
- Post Acute Care
- Residential In-Reach
- Sub-acute Ambulatory Care Services
- Transition Care Program
- Victorian HIV Service
- Victorian Respiratory Support Service

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

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

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

- Episode Start Date (Optional)
- Episode Care Plan Documented Date (Optional)
- Episode End Date (Mandatory)

Value domain: Enumerated.

Code	Descriptor
0000	Gastroenteritis, diarrhoea
0015	Tuberculosis
0080	Poliomyelitis
0081	Viral infection of nervous system
0100	Measles, varicella, shingles
0115	Acute hepatitis A
0116	Acute hepatitis B
0117	Other acute viral hepatitis
0118	Other chronic viral hepatitis
0119	Unspecified viral hepatitis
0120	HIV
0124	AIDS
0125	Meningococcal infection
0191	Sequelae of poliomyelitis
0199	Other infectious diseases
0200	Head and neck cancer
0215	Upper gastrointestinal cancer
0218	Colorectal cancer
0222	Endocrine and thyroid cancer
0230	Lung cancer
0240	Bone and articular cartilage cancer
0243	Skin cancer
0245	Soft tissue cancer
0250	Breast cancer
0251	Gynaecological cancer
0260	Genitourinary cancer
0269	Central nervous system cancer
0276	Other malignant tumours
0279	Metastatic (secondary) malignancy
0280	Secondary of unknown primary
0281	Hodgkin's disease
0282	Non-Hodgkin's lymphoma
0290	Leukaemia
0299	Rare cancer
0310	Other benign tumour
0350	Anaemia
0366	Haemophilia
0370	Other diseases of blood
0380	Immunodeficiency disorder
0400	Disorders of the thyroid gland
0440	Malnutrition
0450	Nutritional deficiencies
0465	Obesity
0470	High cholesterol
0475	Tay-Sachs disease
0484	Cystic fibrosis
0486	Dehydration
0490	Other endocrine, nutritional and metabolic disorders
0491	Diabetes with peripheral vascular disease
0492	Diabetes with renal impairment
0493	Diabetes with other complication
0500	Dementia
0511	Drug and/or alcohol use causing mental and behavioural disorders
0520	Schizophrenia

Table Identifier 990080

Code	Descriptor
0531	Bipolar
0533	Depression
0540	Anxiety related disorder
0542	Obsessive-compulsive disorder
0543	Other neurotic, stress related and somatoform disorders
0550	Anorexia nervosa
0560	Personality disorder
0570	Mental retardation/intellectual disability
0580	Other developmental disability
0598	Speech impediment
0600	Meningitis and encephalitis
0610	Huntington's disease
0612	Motor neurone disease
0620	Parkinson's disease
0630	Alzheimer's disease
0635	Multiple sclerosis
0640	Epilepsy
0643	Migraine
0645	Transient cerebral ischaemic attacks
0662	Guillain-Barre syndrome
0671	Muscular dystrophy
0680	Cerebral palsy
0681	Paralysis
0693	Chronic/postviral fatigue syndrome
0695	Other diseases of spinal cord
0699	Other disease of the nervous system
0810	Hypertension
0820	Angina
0821	Acute myocardial infarction
0825	Chronic ischaemic heart disease
0826	Pulmonary embolism
0827	Other pulmonary heart diseases
0850	Congestive heart failure
0864	Stroke
0899	Other heart diseases
0900	Acute upper respiratory infections
0909	Influenza and pneumonia
0920	Acute lower respiratory infections
0944	Chronic lower respiratory diseases
0945	Asthma
0947	Bronchiectasis
0981	Pulmonary oedema
0999	Other pulmonary
1000	Disorders of tooth development and eruption
1044	Hernia
1046	Intestinal obstruction without hernia
1050	Crohn's disease
1051	Ulcerative colitis
1052	Inflammatory bowel disease
1065	Diseases of the peritoneum
1072	Hepatic failure
1077	Diseases of the liver
1080	Diseases of the gallbladder, biliary tract and pancreas
1090	Other diseases of the digestive system
1100	Skin and subcutaneous tissue infections

Table Identifier 990080

Code	Descriptor
1120	Skin allergies
1140	Psoriasis
1180	Pressure ulcer
1199	Other diseases of the skin and subcutaneous tissue
1205	Rheumatoid arthritis
1215	Other arthritis and related disorders
1279	Fibromyalgia
1280	Osteoporosis with pathological fracture
1281	Osteoporosis without pathological fracture
1285	Other disorders of bone density and structure
1299	Other disorders of the musculoskeletal system and connective tissue
1300	Kidney and urinary system (bladder) disorders
1320	Calculus of kidney
1330	Cystitis
1338	Urinary tract infection
1339	Urinary incontinence
1340	Other diseases of the genitourinary system
1377	Gynaecological issues, not otherwise specified
1400	Pregnancy with abortive outcome
1460	Preterm labour with preterm delivery
1461	Complications of labour and delivery
1480	Birth without complication
1482	Birth by caesarean section
1485	Birth with complications
1505	Prematurity
1521	Birth asphyxia
1600	Congenital malformations of the nervous system
1604	Other congenital malformations of the brain
1605	Spina bifida
1610	Congenital malformations of eye, ear, face and neck
1620	Congenital malformations of the circulatory system
1630	Congenital malformations of the respiratory system
1665	Congenital malformations and deformations of the musculoskeletal system
1680	Other congenital malformations
1713	Dysphagia
1715	Bowel/faecal incontinence
1718	Ascites
1741	Disorientation
1742	Dizziness
1745	Symptoms and signs involving emotional state
1751	Headache
1752	Pain, not elsewhere classified
1753	Malaise and fatigue
1755	Collapse
1756	Convulsions
1758	Haemorrhage
1760	Oedema
1769	Unknown and unspecified causes of morbidity
1800	Injuries to the head
1802	Fracture of skull
1806	Intracranial injury
1808	Amputation of part of head
1810	Injuries to the neck
1812	Fracture of neck
1816	Injury of muscle and tendon at neck level

Table Identifier 990080

Code	Descriptor
1820	Injuries to the thorax, abdomen, lower back, lumbar spine and pelvis
1822	Fracture in thoracic region
1823	Dislocation, sprain of joints of thorax
1826	Injury of heart
1832	Fracture of lumbar spine and pelvis
1833	Dislocation, sprain of joint of lumbar spine and pelvis
1836	Injury of intra-abdominal organs
1840	Injuries to the shoulder and upper arm
1842	Fracture of shoulder and upper arm
1848	Amputation of shoulder and upper arm
1850	Injuries to the elbow, forearm, wrist and hand
1852	Fracture of elbow, forearm, wrist and hand
1858	Amputation of elbow, forearm, wrist and hand
1870	Injuries of the hip and thigh
1872	Fracture of femur
1878	Amputation of hip and thigh
1880	Injuries to the knee, lower leg, ankle and foot
1882	Fracture of knee, lower leg, ankle and foot
1888	Amputation of lower leg, foot
1899	Spinal cord injury
1905	Amputation involving multiple limbs
1920	Burns
1982	Mechanical complication of other cardiac and vascular devices and implants
2219	Unspecified fall
9998	Diagnosis Unclear
9999	No impairment
A33	Polyneuropathy
A38	Other cognitive impairment
A41	Paraplegia incomplete
A42	Paraplegia complete
A43	Quadriplegia incomplete C1-4
A44	Quadriplegia incomplete C5-8
A45	Quadriplegia complete C1-4
A46	Quadriplegia complete C5-8
A55	Amputation - double lower extremity above knee
A56	Amputation - double lower extremity above/ below knee
A57	Amputation - double lower extremity below knee
A62	Osteoarthritis
A71	Neck pain
A72	Back pain
A73	Extremity pain
A81	Post hip fracture
A82	Post femur (shaft) fracture
A83	Post pelvic fracture
A84	Post major multiple fracture
A85	Post hip replacement
A86	Post knee replacement
A87	Post upper limb fracture
A89	Other orthopaedic
A99	Other cardiovascular
A101	Chronic obstructive pulmonary disease
A104	Pulmonary fibrosis
A131	Diabetic foot disease
A132	Diabetes without complication

Table Identifier 990080

Code	Descriptor
A134	Post-operative (non-orthopaedic)
A135	Cancer
A139	Other disabling impairment
A141	Brain and spinal cord trauma
A142	Brain and multiple fracture/amputation
A143	Spinal cord and multiple fracture/amputation
A149	Other major multiple trauma
A160	Debility
A173	Urinary and faecal incontinence
A174	Voiding dysfunction
A179	Other continence issues
A189	Other mental health
A191	Venous leg ulcers
A192	Arterial leg ulcers
A199	Other Wounds
A200	Other geriatric management
A212	Chronic Renal Disease
A213	Chronic Renal Impairment
A215	Fistula Blocked
A216	Peritoneal Dialysis
A217	Haemodialysis
A218	Nephrotic Syndrome
A229	Other infectious disease

Reporting guide:

More than one health condition can be reported, but the first health condition must be the main health condition to which the services provided within a particular episode of care relate.

Where there is more than one health condition reported, the main health condition should be the first reported; in technical terms this means it should have an Observation Sequence Number of 1 (see Transmission data elements).

A main health condition should be reported as soon as it is determined, preferably immediately after the first contact/client service event has been delivered.

However, where the patient/client is receiving care primarily to receive a specialist assessment, a diagnosis may not be confirmed until a later point in the episode. If a main health condition has not been determined for an episode opened during the reporting period, do not report this item.

At least one health condition must be reported in order for an episode to be ended (note that this may be '9998-Diagnosis unclear' or '9999-No impairment').

Validations:

General edits only, see Format.

Related items:

Episode Assessment Score - Barthel Index
Episode Assessment Score - FIM Score
Episode Assessment Score - Palliative Care Problem Severity Score
Episode Care Plan Documented Date
Episode End Date
Episode Malignancy Flag
Episode Other Factors Affecting Health
Episode Start Date

Administration

Purpose: To support analysis for service planning.

Principal users: Department of Health

Synonyms:

Version history:	Version	Previous Name	Effective Date
	7	Episode Health Conditions	2012/07/01
	6	Episode Health Conditions	2011/07/01
	5	Episode Health Conditions	2010/07/01
	4	Episode Health Condition(s)	2009/07/01
	3	Episode Health Condition(s)	2008/07/01
	2	Health Condition(s)	2007/07/01

Definition source: Department of Health

Value domain source:

Australian Rehabilitation
Outcomes Centre (modified)

Episode Other Factors Affecting Health

Specification

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

		Repeats:	Min.	Max.	Duplicates?
Form:	Repeatable Code		1	No limit	Not allowed

		Size:	Min.	Max.
Layout:	NNNN		4	4

Location:	Transmission protocol:	Flat File Submission (2010-11)
	Episode (insert)	VEPI 9~
	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)
	Transmission protocol:	XML Submission
	Episode (insert/update)	Episode/ Diagnosis/ OtherFactorAffectingHealth/ Type

Reported by: Family Choice Program
Hospital Admission Risk Program
Post Acute Care
Residential In-Reach
Sub-acute Ambulatory Care Services
Transition Care Program
Victorian HIV Service
Victorian Respiratory Support Service

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

Reported when: **All Programs, not elsewhere specified**
The current reporting period for this item is the calendar month in which the following events or data elements fall:
Episode Start Date (Optional)
Episode Care Plan Documented Date (Optional)
Episode End Date (Must be specified for HARP programs, optional for all others)

Value domain: Enumerated.

Table Identifier	990036
Code	Descriptor
1100	Carer issue
1200	Child care and education issue
1300	Concern about intervention/ treatment
1400	Cultural and language spoken issue
1500	Daily living issue
1600	Disease management issue
1601	Issues in self management
1602	Health literacy
1700	Emotional/ behavioural/ mental health issue
1800	Employment issue
1900	Environmental issue
2000	Ethical/ professional issue
2100	Family & other relationships issue
2200	Fetal, infant, child and adolescent development issue
2300	Financial issue
2401	Eviction Issue
2402	Homelessness
2403	Need for emergency accommodation
2404	Need for sheltered accommodation
2405	Need for supported accommodation
2406	Tenancy issues
2407	Unsuitable accommodation
2408	Other housing issue
2500	Immigration issue
2600	Immunisation required
2700	Isolation issue
2800	Issue due to other misadventure
2801	Issue due to falling
2802	Issues due to medication
2900	Learning issue
3000	Legal issue
3100	Maltreatment issue
3200	Negligence/ adverse result issue
3300	Nutrition & eating issue
3500	Promotion/ prevention required
3600	Public safety issue
3700	Sexuality issue
3800	Spiritual/ religious issue
3900	Verbal communication issue
4001	Other psychosocial issue
4100	Palliative
4101	Non-Weight Bearing
4102	Functional Decline
4103	Patient/ Client Utilises Home Oxygen
*RIR 4104	Presence of PEG
*RIR 4105	Presence of catheter
*RIR 4106	Presence of stoma
9998	Not stated/ inadequately described
9999	No issue identified

Reporting guide:

2800 - Issue due to other misadventure

Excludes:

- Falling
- Medication issues

Validations: General edits only, see Format.

Related items: Episode Assessment Score - Barthel Index
 Episode Assessment Score - FIM Score
 Episode Assessment Score - Palliative Care Problem Severity Score
 Episode Care Plan Documented Date
 Episode End Date
 Episode Health Conditions
 Episode Malignancy Flag
 Episode Start Date

Administration

Purpose: To facilitate service planning

Principal users: Multiple internal and external research users.

Synonyms:

Version history:	Version	Previous Name	Effective Date
	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	Other Factors Affecting Health	2007/07/01

Definition source: Department of Health

Value domain source:

CATCH (Issue Type: DoH modified across hierarchies)

Episode Program/Stream

Specification

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

		Repeats:	Min.	Max.	Duplicates?
Form:	Code		1	1	Not applicable

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

Location:	Transmission protocol:	Flat File Submission (2010-11)
	Episode (insert)	VEPI 6
	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)
	Transmission protocol:	XML Submission
	Episode (insert.update)	Episode/ ProgramStream/ Type

Reported by:

- Family Choice Program
- 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
- 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
<i>Sub-Acute Ambulatory Care Services (SACS)</i>	
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
19	Specialist Other
<i>Hospital Admission Risk Program (HARP)</i>	
21	HARP - Respiratory Disease
22	HARP - Heart Disease
23	HARP - Diabetes
24	HARP - People with Complex Needs
25	HARP - People with Psychosocial Needs
26	HARP - Renal
27	HARP - HIV
29	HARP - Other
<i>Post Acute Care (PAC)</i>	
31	Post Acute Care
<i>Community-based Palliative Care</i>	
41	Community Palliative Care
<i>Family Choice Program (FCP)</i>	
51	Family Choice Program
<i>Victorian HIV Service (VHS)</i>	
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
<i>Victorian Respiratory Support Service (VRSS)</i>	
81	Victorian Respiratory Support Service
<i>Medi-Hotel</i>	
91	Medi-hotel
<i>Specialist Clinic Outpatients (OP)</i>	
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

Table Identifier HL70069

Code	Descriptor
<i>Specialist Clinic Outpatients (OP)</i>	
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
<i>Victorian Perinatal Data Collection (VPDC)</i>	
1001	Perinatals - Mother
1002	Perinatals - Baby
<i>Transition Care Program (TCP)</i>	
1101	Transition Care Program
<i>Residential In-reach (RIR)</i>	
1201	Residential In-reach
<i>Hospital Based Palliative Care Consultancy Team (HBPCCT)</i>	
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 not generic codes for:

- SACS, HARP, Outpatient 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.

Code 61-69

Includes the Victorian HIV Program/Streams.

Code 101-406

Includes the Outpatient 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 1001-1002

Includes the Perinatal Program/Streams.

Code 1300-1315

Includes the Hospital-Based Palliative Care Consultancy Team Program/Streams.

Choose the most appropriate Episode Program/Stream based on the service expected to be delivered. Code 1300 is available for reporting non-specific services.

Validations: E258 This organisation (<OrganisationIdentifier>) is not approved to report Episodes under this program/stream (<Episode Program/Stream>)

Related items: Episode Start Date

Administration

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

Principal users: Department of Health

Synonyms:

Version history:	Version	Previous Name	Effective Date
	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: Department of Health

Value domain source: Department of Health

Episode Proposed Treatment Plan Completion

Specification

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

		Repeats:	Min.	Max.	Duplicates?
Form:	Code		1	1	Not applicable

Layout:	NN	Size:	Min.	Max.
			2	2

Location:	Transmission protocol:	Flat File Submission (2010-11)
	Episode (insert)	VEPI 12
	Transmission protocol:	HL7 Submission
	Episode (insert)	PPP_PCB (PV2\PV2.24)
	Episode (update)	PPP_PCC (PV2\PV2.24)
	Episode (delete)	PPP_PCD (PV2\PV2.24)
	Transmission protocol:	XML Submission
	Episode (insert/update)	Episode/ PatientManagement/ ServicePlan/ CarePlan/ End/ Reason

Reported by:

- Family Choice Program
- Hospital Admission Risk Program
- Post Acute Care
- Residential In-Reach
- Sub-acute Ambulatory Care Services
- Transition Care Program
- Victorian HIV Service
- Victorian Respiratory Support Service

Reported for: Episodes where Episode End Date falls within the current reporting period.

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

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

- Episode End Date (Mandatory)

Value domain: Enumerated.

Table Identifier HL70216

Code	Descriptor
<i>Completed</i>	
10	Care plan/proposed treatment completed
<i>Did not complete for medical reasons</i>	
21	Unplanned patient/client admission to hospital
22	Planned patient/client admission to hospital
25	Alteration in patient/client medical condition without hospital admission
27	Patient/client died
<i>Did not complete for non-medical reasons</i>	
31	Patient/client has declined further services
33	Patient/client has moved from area
35	Patient/client is unable to be contacted
41	Patient/client has been referred to another service
43	No measurable benefit from continuing the service
51	Patient/client not complying with program
53	Risk to client or staff prevents service provision

Reporting guide: These values align with the Health Independence Program guidelines.

Validations: E253 Episode must have a Completion of Proposed Plan of Treatment only if it has an Episode End Date

Related items: Episode End Date

Administration

Purpose: Required for outcome analyses.

Principal users: Department of Health

Synonyms:

Version history:	Version	Previous Name	Effective Date
	6	Episode Proposed Treatment Plan Completion	2012/07/01
	5	Episode Proposed Treatment Plan Completion	2010/07/01
	4	Episode Completion of Proposed Plan of Treatment	2009/07/01
	3	Episode Completion of Proposed Plan of Treatment	2008/07/01
	2	Completion of Proposed Plan of Treatment	2007/07/01
	1	Completion of Proposed Program of Treatment	2005/07/01

Definition source: Department of Health

Value domain source: DH, based on HIP Guidelines 2008

Patient/Client Birth Country

Specification

Definition: The country in which the person was born.

		Repeats:	Min.	Max.	Duplicates?
Form:	Code		1	1	Not applicable

		Size:	Min.	Max.
Layout:	NNNN		4	4

Location:	Transmission protocol:	Flat File Submission (2010-11)
	Patient/Client (insert)	VPAT 7
	Transmission protocol:	HL7 Submission
	Patient/Client (insert)	ADT_A04 (PID\PID.23)
	Patient/Client (update)	ADT_A08 (PID\PID.23)
	Patient/Client (merge)	ADT_A40 (PID\PID.23)

Reported by:

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

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

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

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

- Episode Start Date (Optional)
- First Contact Date/Time (Mandatory)

Value domain: Refer to Section 9: Country of Birth.

Reporting guide: The code set used is Standard Australian Classification of Countries 2011 (SACC). Australian Bureau of Statistics Cat. no. 1269.0 (2nd Edition, Revision 1).
Codes that start with '11' can be mapped to the Consumer Information Service Coordination Tool Template code "1 - Australia". All other codes can be mapped to the Consumer Information Service Coordination Tool Template code "2 - Other".

Validations: E351 Contact is being transmitted for a patient (<patient_info>) that has incomplete demographic data (<missing_fields>)

Related items: Contact Date/Time
Episode Start Date
Patient/Client Carer Availability
Patient/Client Living Arrangement
Patient/Client Usual Accommodation Type

Administration

Purpose: To facilitate epidemiological studies

Principal users: Multiple internal and external users

Synonyms:

Version history:	Version	Previous Name	Effective Date
	7	Patient/Client Birth Country	2012/07/01
	6	Patient/Client Birth Country	2009/11/01
	5	Patient/Client Birth Country	2010/07/01
	4	Patient/Client Birth Country	2009/07/01
	3	Patient/Client Birth Country	2008/07/01
	2	Country of Birth	2007/07/01

Definition source: NHDD

Value domain source: NHDD

Patient/Client Usual Accommodation Type

Specification

Definition: The type of accommodation in which the patient/client usually lives.

		Repeats:	Min.	Max.	Duplicates?
Form:	Code		1	1	Not applicable

		Size:	Min.	Max.
Layout:	NNNN		4	4

Location:	Transmission protocol:	Flat File Submission (2010-11)
	Patient/Client (insert)	VPAT 11
	Transmission protocol:	HL7 Submission
	Patient/Client (insert)	ADT_A04 (PV1\PV1.6\PL.6)
	Patient/Client (update)	ADT_A08 (PV1\PV1.6\PL.6)
	Transmission protocol:	XML Submission
	Patient/Client (insert/update)	PatientClient/ Demographics/ Location/ UsualAccommodation/ Type

Reported by:

- Family Choice Program
- Hospital Admission Risk Program
- Hospital Based Palliative Care Consultancy Team
- Post Acute Care
- Residential In-Reach
- Sub-acute Ambulatory Care Services
- Transition Care Program
- Victorian HIV Service
- Victorian Respiratory Support Service

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

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

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

- Episode Start Date (Optional)
- First Contact Date/Time (Mandatory)

Value domain: Enumerated.

Table Identifier	990027
Code	Descriptor
1000	Independent Living
2100	Short term crisis, emergency or transitional accommodation facility
2200	Outreach (no on site support)
2300	Supported community accommodation facility
2402	Supported residential service
3101	Community-based residential supported accommodation
3200	Residential aged care facility service - unknown level care
3201	Residential aged care facility service - high level care
3202	Residential aged care facility service - low level care
3400	Other institutional setting
4100	None/homeless/public place
9999	Not stated/inadequately described

Reporting guide: 'Usual' is defined as the type of accommodation the person has lived in for the most amount of time over the past three months prior to presentation.

For example, if a person stays in a particular place of accommodation for four or more days a week over the period, that place of accommodation would be the person's type of usual accommodation.

In practice, receiving an answer strictly in accordance with the above definition may be difficult to achieve. The place the person perceives as their usual accommodation will often prove to be the best approximation.

1000 - Independent Living

Includes private residence/accommodation, independent living within a retirement village, community housing.

2100 - Short term crisis, emergency or transitional accommodation facility

Includes night shelters, refuges, hostels for the homeless.

2200 - Outreach (no on site support)

Includes group living arrangements such as group homes for people with disabilities.

2300 - Supported community accommodation facility

Includes community living settings or accommodation facilities in which people are provided with support in some way by staff or volunteers.

2402 - Supported residential service

Includes private businesses that provide accommodation and personal care.

3101 - Community-based residential supported accommodation

Includes accommodation specifically provided within a community care unit, alcohol/other drug treatment residence, alcohol/other drug treatment units in psychiatric hospitals.

3200 - Residential aged care facility service - unknown level care

Includes permanent residents of residential aged care services (formerly nursing homes and aged care hostels).

3201 - Residential aged care facility service - high level care

Includes permanent residents of residential aged care services (formerly nursing homes and aged care hostels), who receive high level care.

3202 - Residential aged care facility service - low level care

Includes permanent residents of residential aged care services (formerly nursing homes and aged care hostels), who receive low level care.

3400 - Other institutional setting

Includes other institutional settings which provide care and accommodation services, such as hospices and long-stay residential psychiatric institutions.

4100 - None/homeless/public place

Includes public places such as streets and parks, as well as temporary shelters such as bus shelters or camps and accommodation outside legal tenure.

Validations: E351 Contact is being transmitted for a patient (<patient_info>) that has incomplete demographic data (<missing_fields>)

Related items: Contact Date/Time
Episode Start Date
Patient/Client Birth Country
Patient/Client Carer Availability
Patient/Client Living Arrangement

Administration

Purpose: To support analyses of service provision by delivery setting.

Principal users: Department of Health

Synonyms:

Version history:	Version	Previous Name	Effective Date
	6	Patient/Client Usual Accommodation Type	2012/07/01
	5	Patient/Client Usual Accommodation Type	2010/07/01
	4	Patient/Client Type of Usual Accommodation	2009/07/01
	3	Patient/Client Type of Usual Accommodation	2008/07/01
	2	Type of Usual Accommodation	2007/07/01
	1	Type of Usual Accommodation	2005/07/01

Definition source: Department of Health **Value domain source:** (Consistent with CCDSv2, subset across hierarchies)

Referral In Clinical Referral Date

Specification

Definition:	The date on the referral as entered by the referring clinician.				
Form:	Date	Repeats:	Min.	Max.	Duplicates?
			1	1	Not applicable
Layout:	YYYYMMDD or XX	Size:	Min.	Max.	
Location:	Transmission protocol:	HL7 Submission			
	Referral In (insert)	RRI_I12 (RF1.9\TS.3)			
	Referral In (update)	RRI_I13 (RF1.9\TS.3)			
	Referral In (delete)	RRI_I14 (RF1.9\TS.3)			
Reported by:	Specialist Clinics (Outpatients)				
Reported for:	Referrals received during the current reporting period.				
Reported when:	All Programs, not elsewhere specified				
	The current reporting period for this item is the calendar month in which the following events or data elements fall:				
	Referral In Received Date (Mandatory)				
Value domain:	Valid date or 'NP' if date is unavailable.				
Reporting guide:	Report the date the clinician has entered onto, or dated, the referral. If no date has been provided, report NP-'Not present'.				
Validations:	E020 <SucceedingEvent> (<SucceedingEventValue>) is before <Preceding Event> (<PrecedingEventValue>)				
Related items:	Referral In Received Date				

Administration

Purpose:	To calculate waiting times from the patient's perspective.				
Principal users:	Department of Health				
Synonyms:					
Version history:	Version	Previous Name			Effective Date
	1	Referral In Clinical Referral Date			2012/07/01
Definition source:	Department of Health	Value domain source:	ISO8601:2000		

Referral In Clinical Urgency Category

Specification

Definition: A categorisation of the urgency with which a patient needs to be seen in a Specialist Clinic (Outpatients).

		Repeats:	Min.	Max.	Duplicates?
Form:	Code		1	1	Not applicable

Layout:	N	Size:	Min.	Max.
			1	1

Location:	Transmission protocol:	HL7 Submission
	Referral In (insert)	RRI_I12 (RF1.2\CE.2)
	Referral In (update)	RRI_I13 (RF1.2\CE.2)
	Referral In (delete)	RRI_I14 (RF1.2\CE.2)

Reported by: Specialist Clinics (Outpatients)

Reported for: Referrals resolved 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:
 Not linked to a date data element (Mandatory for Outpatients when Referral Outcome is reported, and is not '99'.)

Value domain: Enumerated.

Table Identifier HL70280

Code	Descriptor
1	Urgent
2	Routine

Reporting guide: Report the Referral In Clinical Urgency Category after the triage process is completed and a Referral In Outcome code other than 99-'Referral process In progress' has been reported.

1 - Urgent

A referral is urgent if the patient has a condition that has the potential to deteriorate quickly with significant consequences for health and quality of life if not managed promptly. Use when a clinician determines that the patient should be seen in a Specialist Clinic (Outpatients) within 30 days of the receipt of the referral.

2 - Routine

Use when a clinician determines that the patient does not need to be seen in a Specialist Clinic (Outpatients) within 30 days of the receipt of the referral.

Validations: E453 Referral In Outcome <> '99-Referral process in progress' but Referral In Clinical Urgency Category is not provided.

Related items:

Referral In Outcome

Administration

Purpose: To calculate waiting times categorised by the urgency of the referral.

Principal users: Department of Health

Synonyms:

Version history:	Version	Previous Name	Effective Date
	1	Referral In Clinical Urgency Category	2012/07/01

Definition source: Department of Health **Value domain source:** Department of Health

Referral In Outcome

Specification

Definition: The outcome of a referral.

		Repeats:	Min.	Max.	Duplicates?
Form:	Code		1	1	Not applicable

		Size:	Min.	Max.
Layout:	N[N]		1	2

Location:	Transmission protocol:	Flat File Submission (2010-11)
	Referral In (insert)	VRefIN 8
	Transmission protocol:	HL7 Submission
	Referral In (insert)	RRI_I12 (RF1.1\CE.1)
	Referral In (update)	RRI_I13 (RF1.1\CE.1)
	Referral In (delete)	RRI_I14 (RF1.1\CE.1)
	Transmission protocol:	XML Submission
	Referral In (insert/update)	ReferralIn/ Outcome/ Type

Reported by:

- Family Choice Program
- Hospital Admission Risk Program
- Palliative Care
- Post Acute Care
- Residential In-Reach
- Specialist Clinics (Outpatients)
- Sub-acute Ambulatory Care Services
- 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:
 Not linked to a date data element (Mandatory)
 Episode Start Date (Must be specified if the referral was accepted and an Episode is opened)

Value domain: Enumerated.

Table Identifier HL70283

Code	Descriptor
<i>Referral Accepted</i>	
1	Referral Accepted
3	Referral Accepted - Renewed referral
<i>Patient Related Reason - Medical</i>	
21	Patient/client died
22	Patient/client safety issue
23	Patient/client not medically fit
36	Recommended to present to ED for medical reasons
<i>Patient Related Reason - Non-Medical</i>	
24	Patient/client not contactable
25	Services declined or not required
<i>Service Provider Related Reason</i>	
30	Patient/client out of catchment area for program
31	Clinician safety issue
32	More appropriate program/service identified
33	Patient/client does not meet the program/service criteria
34	Required services not available
35	No program/service capacity
<i>Other Reasons</i>	
40	Other reason for cancellation
41	Referral withdrawn by referrer
<i>Referral Process Not Complete</i>	
99	Referral processing in progress

Reporting guide: Record the main referral outcome.

1 - Referral Accepted

Includes patients/clients who are accepted into a program and have been placed on a waiting list to receive services.

3 - Referral Accepted - Renewed referral

This code is only required to be reported when services use Medicare Australia's ECLIPSE system which requires referrals to be closed when renewed.

99 - Referral processing in progress

Report this code when the referral has not been finalised. This may be because the referral is undergoing triage or further information is required from the referrer or the patient.

Validations: E453 Referral In Outcome <> '99-Referral process in progress' but Referral In Clinical Urgency Category is not provided.

Related items:

Episode Start Date
Referral Identifier
Referral In Clinical Urgency Category

Administration

Purpose: To support analyses of service provision by delivery setting.

Principal users: Department of Health

Synonyms:

Version history:	Version	Previous Name	Effective Date
	5	Referral In Outcome	2012/07/01
	4	Referral In Outcome	2010/07/01
	3	Referral In Outcome	2009/07/01
	2	Referral In Outcome	2008/07/01
	1	Referral Outcome	2007/07/01

Definition source: Department of Health

Value domain source: Department of Health

Referral In Program/Stream

Specification

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

		Repeats:	Min.	Max.	Duplicates?
Form:	Code		1	1	Not applicable

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

Location:	Transmission protocol:	Flat File Submission (2010-11)
	Referral In (insert)	VRefIN 7
	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)
	Transmission protocol:	XML Submission
	Referral In (insert/update)	ReferralIn/ ProgramStream/ Type

Reported by:

- Family Choice Program
- 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
- Transition Care Program
- Victorian HIV Service
- Victorian Respiratory Support Service

Reported for: All referrals received during the current reporting period.

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

Value domain: Enumerated.

Table Identifier 990086

Code	Descriptor
<i>Generic Access/Referral Point</i>	
0	Generic Access/Referral Point
<i>Sub-Acute Ambulatory Care Services (SACS)</i>	
10	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
19	Specialist Other
<i>Hospital Admission Risk Program (HARP)</i>	
20	Hospital Admission Risk Program
21	HARP - Respiratory Disease
22	HARP - Heart Disease
23	HARP - Diabetes
24	HARP - People with Complex Needs
25	HARP - People with Psychosocial Needs
26	HARP - Renal
27	HARP - HIV
29	HARP - Other
<i>Post Acute Care (PAC)</i>	
31	Post Acute Care
<i>Community-based Palliative Care</i>	
41	Community Palliative Care
<i>Family Choice Program (FCP)</i>	
51	Family Choice Program
<i>Victorian HIV Service</i>	
60	Victorian HIV Service
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
<i>Victorian Respiratory Support Service</i>	
81	Victorian Respiratory Support Service
<i>Specialist Clinic Outpatients</i>	
100	Outpatients
101	General Medicine
103	Cardiology
106	Gastroenterology
107	Haematology
108	Nephrology
109	Neurology
110	Oncology
111	Respiratory

Table Identifier 990086

Code	Descriptor
<i>Specialist Clinic Outpatients</i>	
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
<i>Transition Care Program (TCP)</i>	
1101	Transition Care Program
<i>Residential In-reach (RIR)</i>	
1201	Residential In-reach
<i>Hospital Based Palliative Care Consultancy Team (HBPCCT)</i>	
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 domain is similar to Episode Program/Stream. The difference is that there are additional codes in this value domain for:

- Generic codes for SACS, HARP, Victorian HIV Service and Specialist Clinic (Outpatient) programs; this allows reporting of generic program specific referrals, where the referrer is requesting that a service be provided by a program, but does not specify the stream under which the patient/client is to be treated.

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 2-29

Includes the HARP Program/Streams.

Code 60-69

Includes the Victorian HIV Service Program/Streams.

Code 100-406

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.

Validations: E452 This organisation (<OrganisationIdentifier>) is not approved to report Referrals In under this program/stream (<Referral In Program/Stream>)

Related items: 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

Synonyms:

Version history:	Version	Previous Name	Effective Date
	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: Department of Health **Value domain source:** Department of Health

Referral In Service Type

Specification

Definition:	The person who, or service which, referred the patient/client.				
Form:	Code	Repeats:	Min.	Max.	Duplicates?
			1	1	Not applicable
Layout:	NN[N] or UU[U]	Size:	Min.	Max.	
			2	3	
Location:	Transmission protocol:	Flat File Submission (2010-11)			
	Referral In (insert)	VRefIN 6			
	Transmission protocol:	HL7 Submission			
	Referral In (insert)	RRI_I12 (PRD.1\CE.4)			
	Referral In (update)	RRI_I13 (PRD.1\CE.4)			
	Referral In (delete)	RRI_I14 (PRD.1\CE.4)			
	Transmission protocol:	XML Submission			
	Referral In (insert/update)	ReferralIn/ Originator/ Service/ Type			
Reported by:	Family Choice Program Hospital Admission Risk Program Hospital Based Palliative Care Consultancy Team Palliative Care Post Acute Care Residential In-Reach Specialist Clinics (Outpatients) Sub-acute Ambulatory Care Services Transition Care Program Victorian HIV Service Victorian Respiratory Support Service				
Reported for:	Referrals In during the current reporting period.				
Reported when:	All Programs, not elsewhere specified The current reporting period for this item is the calendar month in which the following events or data elements fall: Referral In Received Date (Mandatory)				

Value domain: Enumerated.

Table Identifier 990082

Code	Descriptor
<i>Self/Other non-professional</i>	
11	Self
12	Relative
13	Friend
14	Carer
19	Other person (includes neighbour, etc)
<i>Medical Professional/Service</i>	
201	GP
202	Specialist
206	Ambulance Officer / Paramedic
297	Other health practitioner
298	Other medical/health service (Government)
299	Other medical/health service (Non-Government)
<i>Mental Health Professional/Service</i>	
30	Mental Health Professional/Service
301	Psychiatrist
302	Private psychiatrist
399	Other mental health staff
<i>Hospital-based service</i>	
403	Outpatients
404	Emergency Department
405	Hospital, acute service (public)
406	Hospital, acute service (private)
407	Hospital, sub-acute service
408	Hospital, palliative care service
498	Other hospital department/staff (this hospital/campus)
499	Other hospital department/staff (another hospital/campus)
<i>Correctional / Justice</i>	
50	Correctional / Justice
51	Police (Referral In only)
52	Correctional Officer (Referral In only)
53	Juvenile Justice (Referral In only)
<i>Community-based service/agency</i>	
601	Post-Acute Care Program services
602	Community rehabilitation centre
603	Community palliative care support
604	Community mental health services
605	Psychiatric disability support service
607	Home & Community Care (HACC)
608	Community Aged Care Package
609	Extended Aged Care at Home (EACH)
610	Residential Aged Care Facility (Government)
611	Residential Aged Care Facility (Non-Government)
612	Home nursing service (includes District Nursing)
613	Domiciliary postnatal care
615	Transition Care program
616	Aged Care Assessment Service
618	Aboriginal and Torres Strait Islander (ATSI) Service
619	Child protection services
636	Carelink Centre
637	Other community-based medical/health service (Government)
638	Other community-based agency/service (Non-Government)
639	Other community-based agency/service (Government)
640	Victorian HIV/AIDS Service

Table Identifier 990082

Code **Descriptor**

Supplementary Values

OTH	Other
NA	Not applicable
UNK	Unknown

Reporting guide:

206 - Ambulance Officer / Paramedic

Report when Ambulance Victoria makes a referral directly to the service.

Includes:

- Clients using the telephone triaging service with a member of Ambulance Victoria being present.

Excludes:

- Ambulance Victoria making a recommendation but where the referral is made by another person/provider.

30 - Mental Health Professional/Service

Report the code appropriate for the referring service where known. Code 30 may be reported if a further level of detail is unknown.

Validations: General edits only, see Format.

Related items: Referral In Received Date

Administration

Purpose: To assist in the analysis of patient/client flow and service planning.

Principal users: Department of Health

Synonyms:

Version history:	Version	Previous Name	Effective Date
	2	Referral In Service Type	2012/07/01
	1	Referral In Service Type	2010/07/01

Definition source: Department of Health

Value domain source: Department of Health

Referral Out Service Type

Specification

Definition: The person to whom or service to which the patient/client is referred.

		Repeats:	Min.	Max.	Duplicates?
Form:	Code		1	1	Not applicable

		Size:	Min.	Max.
Layout:	NN[N] or UU[U]		2	3

Location:	Transmission protocol:	Flat File Submission (2010-11)
	Referral Out (insert)	VRefOut 6
	Transmission protocol:	HL7 Submission
	Referral Out (insert)	REF_I12 (PRD.1\CE.4)
	Referral Out (update)	REF_I13 (PRD.1\CE.4)
	Referral Out (delete)	REF_I14 (PRD.1\CE.4)
	Transmission protocol:	XML Submission
	Referral Out (insert/update)	ReferralOut/ Destination/ Service/ Type

Reported by:

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

Reported for: Referrals Out during the current reporting period.

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

Value domain: Enumerated.

Table Identifier 990083

Code	Descriptor
<i>Self/Other non-professional</i>	
11	No support services
12	Relative
13	Friend
14	Carer
19	Other person (includes neighbour, etc)
<i>Medical Professional/Service</i>	
201	GP
202	Specialist
297	Other health practitioner
298	Other medical/health service (Government)
299	Other medical/health service (Non-Government)
<i>Mental Health Professional/Service</i>	
30	Mental Health Professional/Service
301	Psychiatrist
302	Private psychiatrist
399	Other mental health staff
<i>Hospital-based service</i>	
403	Outpatients
404	Emergency Department
405	Hospital, acute service (public)
406	Hospital, acute service (private)
407	Hospital, sub-acute service
408	Hospital, palliative care service
498	Other hospital department/staff (this hospital/campus)
499	Other hospital department/staff (another hospital/campus)
<i>Correctional / Justice</i>	
50	Correctional / Justice
51	Police (Referral In only)
52	Correctional Officer (Referral In only)
53	Juvenile Justice (Referral In only)
<i>Community-based service/agency</i>	
601	Post-Acute Care Program services
602	Community rehabilitation centre
603	Community palliative care support
604	Community mental health services
605	Psychiatric disability support service
607	Home & Community Care (HACC)
608	Community Aged Care Package
609	Extended Aged Care at Home (EACH)
610	Residential Aged Care Facility (Government)
611	Residential Aged Care Facility (Non-Government)
612	Home nursing service (includes District Nursing)
613	Domiciliary postnatal care
615	Transition Care program
616	Aged Care Assessment Service
618	Aboriginal and Torres Strait Islander (ATSI) Service
619	Child protection services
626	Accommodation Service
636	Carelink Centre
637	Other community-based medical/health service (Government)
638	Other community-based agency/service (Non-Government)
639	Other community-based agency/service (Government)
640	Victorian HIV/AIDS Service

Table Identifier 990083

Code	Descriptor
<i>Community-based service/agency</i>	
641	Other infectious disease clinic
642	HIV Community health service
643	HIV Support service
644	HIV Community Nursing
645	CALD services
<i>Supplementary Values</i>	
OTH	Other
NA	Not applicable
UNK	Unknown

Reporting guide: Where an episode is reported with an Episode End Reason = 1 Patient/client death or bereavement phase end, Referral Out – Service Type must be reported as NA Not applicable.

30 - Mental Health Professional/Service

Report the code appropriate for the referral service where known. Code 30 may be reported if a further level of detail is unknown.

Validations: General edits only, see Format.

Related items: Referral Out Date

Administration

Purpose: To assist in the analysis of patient/client flow and service planning.

Principal users: Department of Health

Synonyms:

Version history:	Version	Previous Name	Effective Date
	2	Referral Out Service Type	2012/07/01
	1	Referral Out Service Type	2010/07/01

Definition source: Department of Health **Value domain source:** Department of Health

Appendix B: Business Rules and Validations

- E052: It is proposed to 'relax' this edit but require vendor feedback prior to any action being taken. Currently the edit triggers when a record has an 'Insert' flag but already exists, or when it has an 'Update' flag but does not currently exist. The proposed modification is that VINAH provides a warning but will overwrite records where an 'insert' has been submitted and the record already exists, and will create records where an 'update' message has been submitted but the record does not currently exist. If vendors use this error to take action within the software, please notify the HDSS.Helpdesk@health.vic.gov.au as soon as possible.
- Validations have been consolidated. Some validations have been removed and replaced by a generic validation but the error message will describe the data elements and values in error. See below for further information.

New validations:

Note: Details of the new validations are printed later in this document.

E015	E016	E017
E020	E265	E367
E412	E413	E453
F012	F013	

Deleted validations:

The following validations are replaced by E015:

E255

The following validations are replaced by E016:

E261	E351	E362
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The following validations are replaced by E017:

E253

The following validations are replaced by E020:

E158	E251	E252
E256	E352	E353
E410	E411	E551
E552		

The following data elements were associated with the deleted validations, and will now be associated with new validations:

Contact Date/Time	E016, E020
Episode End Date	E015, E017, E020
Episode End Reason	E015
Episode First Consultancy Flag	E016
Episode Malignancy Flag	E016
Episode Phase of Care at First Assessment	E016
Episode Proposed Treatment Plan Completion	E017
Episode Start Date	E020
Patient/Client Birth Country	E016
Patient/Client Birth Date	E020
Patient/Client Carer Availability	E016
Patient/Client Living Arrangement	E016
Patient/Client Usual Accommodation Type	E016
Referral In Receipt Acknowledgment Date	E020
Referral Out Date	E020

Business Rule changes:

Business Rule ID	Message	Associated validation(s)
BR-DAT-EPS-013	For the TCP Program, where an Episode has an End Date, an Episode Assessment Score at least two Episode Assessment Score – Barthel Index must be provided on or before the Episode End Date.	E262 (This business rule was previously associated with E259 which was removed as of 1 July 2011.)
BR-DAT-CNT-019	Where the Contact Preferred Language is '1201-English', the Contact Interpreter Required must be '2-Interpreter not needed'.	Business rule added for E360.

Validation Level: Process Validations

Validation Id:	Message Template	Cause:	Resolution
F050	The number of validation errors (<n>) in this file indicates the file may be corrupt or invalid	The submission file generated validation errors numbering greater 500 and consisting of more than 20% of the total number of messages in the file. The processing was halted as it is likely that there is a systemic problem throughout the file, such as a consistently missing data element or data that is out of sequence with or duplicating a previous submission. As a result, all messages in the file have been refused acceptance regardless of their validity, no data has been stored.	Contact the HDSS Helpdesk or your software vendor for support.
	<i>BR-XMT-FIL-003</i>	<i>A submission must contain data that is of an acceptable quality as per the Department's requirements</i>	
	<i>BR-XMT-FIL-005</i>	<i>The submission must not generate a number of validations greater than 500 and consisting of more than 20% of the total number of messages in the file</i>	
F020	Invalid Data Submitted	File contains invalid data as determined by the DHS data quality processes.	Contact the HDSS Helpdesk for support.
	<i>BR-XMT-FIL-003</i>	<i>A submission must contain data that is of an acceptable quality as per the Department's requirements</i>	
S000	Unspecified system error while handling file <FileName>	An error occurred in the VINAH processing system, the nature of which is unknown.	Contact the HDSS Helpdesk for support.
S002	Submission file <FileName> was processed successfully, but an internal VINAH process failed	The file was successfully processed, but an error occurred in a step of the VINAH processing system.	Contact the HDSS Helpdesk to address the problem and reprocess the file. In most cases if this error occurs, the file will not need to be resubmitted. However a second validation report will be sent once the problem is resolved – this report will replace the previous report
X001	Submission <filename> was successfully purged from the VINAH System	This message indicates that the rollback was successful.	No action is required.
X002	Submission <filename> was not successfully purged – incorrect TargetEnvironment/Filename/SubID/HealthService/UserName/PurgeKey combination	This message indicates that the combination of values provided in the rollback file does not properly identify a previous submission, and the rollback did not occur.	Correct the information and resubmit.
	<i>BR-XMT-PRG-001</i>	<i>A remote purge may only occur where a valid purge request file is transmitted</i>	

Validation Level: Process Validations

Validation Id:	Message Template	Cause:	Resolution
X003	Submission <filename> has already been purged after the initial load, due to the PurgeAfterLoad=True instruction on the original submission	This message indicates that the submission to be rolled back was already rolled back immediately after the original load, due to the PurgeAfterLoad processing instruction being present in the FHS segment in the original submission file. Rollback cannot occur as there is nothing to rollback.	No corrective action is possible.
	<i>BR-XMT-PRG-001</i>	<i>A remote purge may only occur where a valid purge request file is transmitted</i>	
X004	Submission <filename> could not be purged as it is not the last file submitted for this health service. Only the last existing file for a health service can be purged.	This message indicates that the file was not the last submission, therefore rollback could not be performed it may affect submissions that were made after the submission to be rolled back. Rollback aborted.	Obtain the purge information from the most recent file report and resubmit.
	<i>BR-XMT-PRG-002</i>	<i>Only the last unpurged file for a health service can be purged</i>	

Validation Level: File Validations

Validation Id:	Message Template	Cause:	Resolution
Validation Group: 1			
F001	Filename <FileName> is not valid	The file name provided does not meet the specified naming convention.	Rename the file to meet the naming convention and resubmit.
	<i>BR-XMT-FNC-001</i>	<i>A submission file name should meet the naming standards as laid out in section 5</i>	
	<i>BR-XMT-FNC-002</i>	<i>Submission File Names (excluding the file extension) should only contain alphanumeric characters and an optional underscore</i>	
	<i>BR-XMT-FNC-003</i>	<i>For HL7 submission files, the file extension must be '.hl7'</i>	
	<i>BR-XMT-FNC-004</i>	<i>For XML submission files, the file extension must be '.xml'</i>	
	<i>BR-XMT-FNC-005</i>	<i>For Flat File submissions, the file extension must be '.txt'</i>	
	<i>BR-XMT-FNC-006</i>	<i>A valid Organisation Identifier must form the first part of the file name</i>	
XML001	XML document does not validate against schema (<schemaInfo>). Validation information as follows: <schemaError>	File does not meet XML and VINAH specifications	Contact the HDSS Helpdesk or your software vendor for support.
Validation Group: 2			
F002	A file named '<FileName>' has previously been submitted	The file being transmitted has previously been received. Each submission file should be named uniquely, regardless of if its contents were previously not accepted.	Rename the file to meet the naming conventions and resubmit.
	<i>BR-XMT-FNC-007</i>	<i>Every file submitted should be named uniquely</i>	
Validation Group: 3			
F003	File <FileName> is empty	The file that has been transmitted is empty/contains no data.	Re-extract the submission file from your system. If the problem recurs contact the HDSS Helpdesk for support.
	<i>BR-XMT-FIL-001</i>	<i>A submission file must contain data</i>	
Validation Group: 4			
F005	Illegal Extended ASCII Character supplied (Code <ASCIICode>) at position <Position> in File. File may only contain 7-bit ASCII characters.	The file contains characters outside the scope of the 7-bit ASCII character set.	Contact the HDSS Helpdesk or your software vendor for support.
	<i>BR-XMT-FIL-002</i>	<i>A HL7 submission file must contain only 7-bit ASCII characters</i>	
Validation Group: 5			
F010	User '<UserName>' is not authorised to transmit data for Organisation Identifier '<OrganisationIdentifier>'	DHS has not authorised your username to submit data with this Organisation Identifier in the file name.	Ensure the correct organisation identifier appears in the file name. Contact the HDSS Helpdesk or your software vendor for support.
	<i>BR-XMT-SEC-002</i>	<i>A user must be authorized to transmit data on behalf of an organisation</i>	
Validation Group: 6			

Validation Level: File Validations

Validation Id:	Message Template	Cause:	Resolution
F011	File Header Segment Organisation Identifier '<OrganisationIdentifier>' does not match '<OrganisationIdentifier InFileName>' in filename	The Organisation Identifier in the File Header Segment must match the Organisation Identifier in the filename.	Ensure the correct organisation identifier appears in the file name. Contact the HDSS Helpdesk or your software vendor for support.
	<i>BR-XMT-SEC-003</i>	<i>The Organisation Identifier in the File Header Segment (FHS) must be the same as the Organisation Identifier in the filename</i>	
Validation Group: 7			
F012	HL7 submission file contains more than 50,000 messages (<MessageCount>)	The Submission file contains more than the allowable number of messages	Contact your software vendor for support.
	<i>BR-XMT-FIL-006</i>	<i>A HL7 file should contain no more than 50,000 messages</i>	
Validation Group: 8			
F013	Submission file is larger than 25MB (<FileSize>)	The size of the submission file is larger than the allowable limit.	Contact your vendor for support

Validation Level: HL7 Validations

Validation Id:	Message Template	Cause:	Resolution
Validation Group: 1			
HL7001	File does not contain exactly one 1 FHS segment, file contains <n> FHS Segments	File does not meet HL7 and VINAH specifications.	Contact the HDSS Helpdesk or your software vendor for support.
	<i>BR-XMT-HL7-002</i>	<i>A HL7 Submission file must contain exactly one File Header Segment (FHS)</i>	
Validation Group: 2			
HL7002	File does not contain exactly one 1 FTS segment, file contains <n> FTS Segments	File does not meet HL7 and VINAH specifications.	Contact the HDSS Helpdesk or your software vendor for support.
	<i>BR-XMT-HL7-003</i>	<i>A HL7 Submission file must contain exactly one File Trailer Segment (FTS)</i>	
Validation Group: 3			
HL7003	First line in file is not an FHS segment: <FirstLine>	File does not meet HL7 and VINAH specifications.	Contact the HDSS Helpdesk or your software vendor for support.
	<i>BR-XMT-HL7-001</i>	<i>The first line in a HL7 file must be an FHS segment</i>	
Validation Group: 4			
HL7004	File does not have at least one BHS Segment	File does not meet HL7 and VINAH specifications.	Contact the HDSS Helpdesk or your software vendor for support.
	<i>BR-XMT-HL7-005</i>	<i>A HL7 submission file must contain at least one batch</i>	
Validation Group: 5			
HL7005	File does not have at least one BTS Segment	File does not meet HL7 and VINAH specifications.	Contact the HDSS Helpdesk or your software vendor for support.
	<i>BR-XMT-HL7-006</i>	<i>A HL7 file must contain an equal number of BHS an BTS segments</i>	
Validation Group: 6			
HL7006	File does not have an equal number of BHS/BTS segments: <n1> BHS Segments, <n2> BTS Segments	File does not meet HL7 and VINAH specifications.	Contact the HDSS Helpdesk or your software vendor for support.
	<i>BR-XMT-HL7-006</i>	<i>A HL7 file must contain an equal number of BHS an BTS segments</i>	
Validation Group: 7			
HL7007	MSH segments is not >= BHS Segments: <n1> MSH Segments, <n2> BHS Segments	File does not meet HL7 and VINAH specifications.	Contact the HDSS Helpdesk or your software vendor for support.
	<i>BR-XMT-HL7-007</i>	<i>A HL7 batch must contain at least one message</i>	

Validation Level: Batch Integrity

Validation Id:	Message Template	Cause:	Resolution
<i>Validation Group: 1</i>			
E008	Date (<Value>) in field '<FieldName>' is after the Message Date/Time (<MessageDateTime>)	All dates within VINAH must be before the message date and time of the message in which they are transmitted.	Ensure that the date (and time) is correct and resubmit. Contact the HDSS Helpdesk or your software vendor for support.
	<i>BR-DEL-DEF-009</i>	<i>A data element that reflects the date of an event that has previously occurred must be before the Message Date/Time</i>	
E010	Message Organisation Identifier '<OrganisationIdentifier>' does not match Batch Organisation Identifier '<OrganisationIdentifierInFileName>'	The Organisation Identifier in the Message Header Segment must match the Organisation Identifier in the Batch Header.	Contact the HDSS Helpdesk or your software vendor for support.
	<i>BR-XMT-SEC-004</i>	<i>The Organisation Identifier in the Message Header Segment (MSH) must match the Organisation Identifier in Batch Header Segment (BHS)</i>	
B004	Batch Control Identifier (<Batch Control ID>) has been used previously (<PreviousSubmissionInfo>)	The Batch Control ID being transmitted has previously been received. Each Batch Control ID should be unique, regardless of if it's contents were previously not accepted.	Contact the HDSS Helpdesk or your software vendor for support.
	<i>BR-XMT-RNT-005</i>	<i>Batch Control Identifiers must be unique across all submissions over time within an Organisation</i>	
E011	Invalid layout for field '<FieldName>' - value supplied ('<val>') does not meet the layout requirements for this element (<Layout>)	The layout of the supplied value for the field does not meet the layout requirements for this element. Consult with Section 3 of this manual to determine the correct layout of the data for this field.	Ensure the layout in the relevant field is correct in your system. If the layout seems correct, or you do not have access to the formatting, contact your software vendor for support.
	<i>BR-DEL-DEF-004</i>	<i>A value provided for a data element must meet it's datatype and layout requirements</i>	
E012	Data Element '<DataElement>' has been repeated a number of times (<Reps>) that is outside the allowable range for this data element (Min=<Min>, Max=<Max>)	Values in some fields can be repeated, but a field was repeated more than the allowable limit, or less than the required amount.	Ensure the values submitted are correct and resubmit. Contact the HDSS Helpdesk or your software vendor for support.
	<i>BR-DEL-DEF-005</i>	<i>A data element that can repeat should be repeated within the bounds of its definition</i>	
E052	A '<pk_structure>' message (<hl7_message>) has been sent containing a reference to a "<fk_structure>" record that has not been previously received and accepted. Key fields: <fk_expanded>	Foreign key relationship unable to be enforced. For example, an episode message must refer to a patient that has been registered earlier in the file, or in a previous transmission.	Contact the HDSS Helpdesk or your software vendor for support.
	<i>BR-XMT-RNT-003</i>	<i>Where a message refers to other records, those records must have previously been sent and accepted</i>	

Validation Level: Data Validations

Validation Id:	Message Template	Cause:	Resolution
E262	Episode has an Episode End Date but does not have two Episode Assessment Score - Barthel Index data elements reported	Episodes where Episode Program/Stream is '1101 - TCP' must report at least two Episode Assessment Score - Barthel Index, on or before the Episode End Date.	Check that the values of the corresponding data elements are correct and resubmit.
	<i>BR-DAT-EPS-013</i>	<i>For the TCP Program, where an Episode has an End Date an Episode Assessment Score must be provided</i>	
E061	A '<pk_structure>' message (<hl7_message_type>) was sent to either update or delete a record that has not been previously received and accepted. Key fields: <key_expanded>	An update or delete record is trying to affect a record that does not exist earlier in the file, or in a previous transmission.	Contact the HDSS Helpdesk or your software vendor for support.
	<i>BR-XMT-RNT-002</i>	<i>An update or delete message can only be sent where an insert message has been previously accepted</i>	
	<i>BR-XMT-RNT-003</i>	<i>Where a message refers to other records, those records must have previously been sent and accepted</i>	
E062	A '<pk_structure>' update message (<hl7_message>) has been sent containing <static_field> value (<new_val>) that has changed from it's original value (<old_val>). This field is not allowed to change via an update.	The field in question must remain the same value after its initial creation. Attempts to change it will fail. To change the value if it is in error, send delete message for it and then insert a message to re-create it.	Contact the HDSS Helpdesk or your software vendor for support.
	<i>BR-DAT-EPS-012</i>	<i>An Episode Program/Stream cannot change once it has been submitted</i>	
	<i>BR-DEL-DEF-006</i>	<i>A data element must not be changed once it has been reported if its definition dictates as such</i>	
E051	Cannot insert record, same Primary Key for data structure '<structure>' already exists (<conflict_location>). Key fields: <pk_expanded_val>	A valid message was received, but its action (insert) would duplicate a previous record sent earlier in the file, or in a previous transmission.	Contact the HDSS Helpdesk or your software vendor for support.
	<i>BR-XMT-RNT-001</i>	<i>A message to insert a record cannot be sent again once the record has been accepted, rather an update message should be used</i>	
E003	Data Element '<FieldName>' cannot have a value in this Program/Stream <Program/Stream>	A field that is not relevant to Program/Stream has a value. Consult with Section 3 of this manual to determine if a field needs to be populated.	Ensure there is a valid value in the relevant field in your system. If the value seems correct, or you do not have access to the code list, contact your software vendor for support.
	<i>BR-DEL-DEF-008</i>	<i>A data element that is not applicable within a program/stream must not have a value</i>	
E001	Data Element '<FieldName>' is mandatory, but no value was supplied	A field that is required to have a value was empty. Consult with Section 3 of this manual to determine if a field needs to be populated.	Ensure there is a valid value in the relevant field in your system. If the value seems correct, or you do not have access to the code list, contact your software vendor for support.
	<i>BR-DEL-DEF-003</i>	<i>A value must be provided for data elements defined as mandatory</i>	

Validation Level: Batch Integrity

Validation Id:	Message Template	Cause:	Resolution
E002	Data Element '<FieldName>' is mandatory for this Program/Stream <Program/Stream>, but no value was supplied	A field that is required to have a value in this Program/Stream was empty. Consult with Section 3 of this manual to determine if a field needs to be populated.	Ensure there is a valid value in the relevant field in your system. If the value seems correct, or you do not have access to the code list, contact your software vendor for support.
	<i>BR-DEL-DEF-003</i>	<i>A value must be provided for data elements defined as mandatory</i>	
	<i>BR-DEL-DEF-007</i>	<i>A data element should be reported according the requirements of the program/stream it relates to</i>	
HL7011	Message Control Identifier <MCID> has already been allocated to a previous message	Message control identifiers must be globally unique across extracts at a Health Service. This includes for records that previously had errors.	Contact the HDSS Helpdesk or your software vendor for support.
	<i>BR-XMT-RNT-004</i>	<i>Message Control Identifiers must be unique across all submissions over time within an Organisation</i>	
HL7010	Invalid Message Type <MessageType>	Message type is not valid. Ensure that the message type includes an underscore (eg PPP_PCB instead of PPPPCB). Message type may be a valid HL7 message, but be outside the scope of VINAH.	Contact the HDSS Helpdesk or your software vendor for support.
	<i>BR-XMT-HL7-004</i>	<i>A HL7 message must be of a type as defined in Section 5</i>	
E007	Message Date/Time (<MessageDateTime>) is after the Date of Submission (<SubmissionDate>)	Message Date/Time can not be after the date of submission, that is, the date and time uploaded to the HealthCollect portal.	Contact the HDSS Helpdesk or your software vendor for support.
	<i>BR-XMT-FIL-004</i>	<i>The Message Date/Time must be less than or equal to the Date of Submission</i>	
E004	Code ('<CodeSupplied>') for Data Element '<FieldName>' does not exist in code table <CodeTable>	A value that was supplied in the field does not exist in the relevant code table. Consult with Section 3 of this manual to determine the correct value with which to populate the field.	Ensure there is a valid value in the relevant field in your system. If the value seems correct, or you do not have access to the code list, contact your software vendor for support.
	<i>BR-DEL-DEF-002</i>	<i>The value of a data element must within its value domain or code table</i>	
B010	User '<Username>' is not authorised to transmit data for Organisation Identifier '<OrganisationIdentifier>'	DHS has not authorised your username to submit data with this Organisation Identifier in the Batch Header Segment.	Contact the HDSS Helpdesk or your software vendor for support.
	<i>BR-XMT-SEC-002</i>	<i>A user must be authorized to transmit data on behalf of an organisation</i>	

Validation Level: Business Rule

Validation Id:	Message Template	Cause:	Resolution
Validation Group: 1			
E016	The field '<FieldName>' (<HL7 Field>) is mandatory for this Program/Stream <Program/Stream> at this point in time (<Timing>), but no value was supplied	A field that is required to have a value at a point in time in this Program/Stream was empty. Consult with Section 3 of this manual to determine if a field needs to be populated.	Ensure there is a valid value in the relevant field in your system. If the value seems correct, or you do not have access to the code list, contact your software vendor for support.
	<i>BR-DAT-CLI-005</i>	<i>Where a Date of Death is reported, a Date of Death Accuracy Code and Place of Death must be provided</i>	
	<i>BR-DAT-CLI-011</i>	<i>Where a Patient/Client has had a contact, demographic data must be complete</i>	
	<i>BR-DAT-CNT-001</i>	<i>Patient/Client demographic data must be complete at the time of the first reported Contact</i>	
	<i>BR-DAT-CNT-008</i>	<i>For Palliative Care, the Episode Malignancy Flag must be provided at the time of the first contact</i>	
	<i>BR-DAT-EPS-009</i>	<i>For Palliative Care, the Episode Malignancy Flag must be provided if the episode has had a contact</i>	
	<i>BR-DAT-EPS-015</i>	<i>For HBPCCT Programs/Streams, when an Episode has an End Date it must have a Episode First Consultancy Flag</i>	
	<i>BR-DEL-DEF-003</i>	<i>A value must be provided for data elements defined as mandatory</i>	
	<i>BR-DEL-DEF-007</i>	<i>A data element should be reported according the requirements of the program/stream it relates to</i>	
E151	Client Age (<n>) is greater than 120 years.	It is most likely that an error was made during the data entry for this patient's/client's date of birth	Check that the date of birth for the patient/client is correct, and resubmit the record
	<i>BR-DAT-CLI-001</i>	<i>The reported date of birth a client must not result in an age of greater than 120 years</i>	
E452	This organisation (<OrganisationIdentifier>) is not approved to report Referrals In under this program/stream (<Referral In Program/Stream>)	The organisation identified in the batch header for this message is not approved to report Referrals In to VINAH under this program stream.	If your organisation should legitimately be approved to report Referrals In under this program stream, contact the HDSS Help Desk for support. Otherwise, contact your software vendor.
	<i>BR-XMT-SEC-005</i>	<i>An Organisation should only report data for a particular Program/Stream where they provide the relevant services and have been approved to report data for the Program/Stream by the Department</i>	
E017	The field '<FieldName>' (<HL7 Field>) cannot have a value before this point in time (<Timing>)	A field that is only relevant at a certain point in time has a value before that event has occurred	Correct the information and resubmit.
	<i>BR-DAT-EPS-003</i>	<i>Episode must have a Completion of Proposed Plan of Treatment only if it has an Episode End Date</i>	
E015	Data Element '<FieldName>' is mandatory at this point in time (<TimingInfo>), but no value was supplied	A field that is required to have a value at a point in time was empty. Consult with Section 3 of this manual to determine if and when a field needs to be populated.	Ensure there is a valid value in the relevant field in your system. If the value seems correct, or you do not have access to the code list, contact your software vendor for support.
	<i>BR-DAT-EPS-002</i>	<i>When an Episode has an End Date it must have an Episode End Reason.</i>	
	<i>BR-DEL-DEF-003</i>	<i>A value must be provided for data elements defined as mandatory</i>	

Validation Level: Business Rule

Validation Id:	Message Template	Cause:	Resolution
E152	Carer Availability is 'Has a carer' (<ca>) but Carer Residency Status (<crs>) is not compatible		Check that the values of the corresponding data elements are correct, and resubmit the record
	<i>BR-DAT-CLI-002</i>	<i>Patient/Client Carer Residency Status must be compatible with Patient Client/Carer Availability</i>	
E005	Code ('<CodeSupplied>') for Data Element '<FieldName>' is in code table <CodeTable> but is not valid for this Program/Stream <ProgramStream>	A value that was supplied in the field exists in the code table, but is not valid for this Program/Stream. Consult with Section 3 of this manual to determine the correct value with which to populate the field.	Ensure there is a valid value in the relevant field in your system. If the value seems correct, or you do not have access to the code list, contact your software vendor for support.
	<i>BR-DEL-DEF-002</i>	<i>The value of a data element must within its value domain or code table</i>	
	<i>BR-DEL-DEF-007</i>	<i>A data element should be reported according the requirements of the program/stream it relates to</i>	
E020	<SucceedingEvent> (<SucceedingEventValue>) is before <Preceding Event> (<PrecedingEventValue>)	The order of certain events is not valid.	Correct the information and resubmit.
	<i>BR-DAT-CLI-008</i>	<i>Date of Death must not be before the Date of Birth</i>	
	<i>BR-DAT-CLI-009</i>	<i>Date of Birth must not be after the Episode Start Date</i>	
	<i>BR-DAT-CNT-002</i>	<i>Episode Start Date must not be after the Contact Date/Time</i>	
	<i>BR-DAT-CNT-003</i>	<i>Contact Date/Time must not be after the Episode End Date</i>	
	<i>BR-DAT-EPS-001</i>	<i>Episode Start Date must not be before Date of Birth</i>	
	<i>BR-DAT-EPS-002</i>	<i>Episode Start Date must not be after the Episode End Date</i>	
	<i>BR-DAT-EPS-005</i>	<i>Episode Start Date must not be before the Referral In Received Date</i>	
	<i>BR-DAT-EPS-007</i>	<i>Episode Start Date must be on or before the Contact Date/Time of any contacts within the Episode</i>	
	<i>BR-DAT-EPS-008</i>	<i>Episode End Date must be on or after the Contact Date/Time of any contacts within the Episode</i>	
	<i>BR-DAT-EPS-010</i>	<i>Episode Start Date must be before or on the Referral Out Date of any referrals that resulted from the episode</i>	
	<i>BR-DAT-EPS-011</i>	<i>Episode End Date must not be before the Referral Out Date of any referrals that resulted from the episode</i>	
	<i>BR-DAT-RIN-002</i>	<i>Referral In Received Date must be before or on the Episode Start Date of any episodes that resulted from the referral</i>	
	<i>BR-DAT-RIN-003</i>	<i>Referral In Received Date must not be after Referral In Receipt Acknowledgement Date</i>	
	<i>BR-DAT-RIN-004</i>	<i>Referral In Received Date must be before or on the Episode Start Date of any episodes that resulted from the referral</i>	
	<i>BR-DAT-RIN-006</i>	<i>Referral In Clinical Referral Date must not be after Referral In Received Date.</i>	
	<i>BR-DAT-ROU-001</i>	<i>Episode Start Date must not be after Referral Out Date</i>	
	<i>BR-DAT-ROU-002</i>	<i>Referral Out Date must not be after Episode End Date</i>	
	<i>BR-DEL-DEF-010</i>	<i>All related events must be reported in the correct sequence</i>	
	<i>BR-DEL-DEF-010</i>	<i>All related events must be reported in the correct sequence</i>	

Validation Level: Business Rule

Validation Id:	Message Template	Cause:	Resolution
E360	Contact Preferred Language is '1201-English' but Contact/Client Service Event Interpreter Required (<val>) is not '2 – Interpreter Not Needed'	Contact/Client Service Event Interpreter Required must be '2– Interpreter not needed' if Contact Preferred Language is '1201-English'.	Check that the values of the corresponding data elements are correct and resubmit.
	<i>BR-DAT-CNT-019</i>	<i>Where the Contact Preferred Language is '1201-English', the Contact Interpreter Required must be '2-Interpreter not needed'.</i>	
E367	The Episode Program/Stream is Specialist Clinics (Outpatients) but a Contact Purpose of either '71-Follow up/Monitoring/Evaluation/Review' or '72-New Patient Consultation' has not been reported.	When the Episode Program/Stream is '101' – '611' (Specialist Clinics (Outpatients), a Contact Purpose of either '71-Follow up/Monitoring/Evaluation/Review' or '72-New Patient Consultation' must be reported.	Check that the values of the corresponding data elements are correct and resubmit.
	<i>BR-DAT-CNT-017</i>	<i>For Specialist Clinics (Outpatients), the first Contact Purpose code reported must be either '71-Follow up/Monitoring/Evaluation/Review' or '72-New Patient Consultation'.</i>	
E265	This Organisation (<OrganisationIdentifier>) is not approved to report Episodes under this campus (<Episode CampusIdentifier>)	The organisation identified for this message is not approved to report Episodes to VINAH under this Campus Identifier.	If your organisation should legitimately be approved to report episodes under this program stream, contact the HDSS Help Desk for support. Otherwise, contact your software vendor.
	<i>BR-XMT-SEC-006</i>	<i>An Organisation can only report data for campuses belonging to the service.</i>	
E453	Referral In Outcome <> '99-Referral process in progress' but Referral In Clinical Urgency Category is not provided.	Referral In Clinical Urgency Category must be reported when the Referral In Outcome is any value except '99-Referral process in progress'.	Contact the HDSS Helpdesk or your software vendor for support.
	<i>BR-DAT-RIN-005</i>	<i>For Specialist Clinics (Outpatients) Program/Streams, when a Referral In Outcome has a value not equal to '99-Referral process in progress', Referral In Clinical Urgency Category must be reported.</i>	
E366	A Contact Group Session Identifier has been reported but the Contact Session Type =<> '2-Group session'	When the Episode Program/Stream is '101' – '611' (Specialist Clinics (Outpatients) and a Contact Group Session Identifier has been reported, the Contact Session Type must be '2-Group Session'	Check that the values of the corresponding data elements are correct and resubmit.
E365	Contact Session Type = '2-Group session' but Contact Group Session Identifier has not been reported	When the Episode Program/Stream is '101' – '611' (Specialist Clinics (Outpatient)) and the Contact Session Type is '2-Group Session', a Contact Group Session Identifier must be reported.	Check that the values of the corresponding data elements are correct and resubmit.
E264	Episode First Appointment Booked Date <date> is after the Episode Patient/Client Notified of First Appointment Date <date>	Episode First Appointment Booked Date is not before then Episode Patient/Client Notified of First Appointment Date	Check that the values of the corresponding data elements are correct and resubmit.

Validation Level: Business Rule

Validation Id:	Message Template	Cause:	Resolution
E263	Episode First Appointment Booked Date (<date>) is before Episode Start Date/Time (<date>)	Episode First Appointment Booked Date is not after the Episode Start Date/Time	Check that the values of the corresponding data elements are correct and resubmit.
E368	Contact Account Class (AccountClass) is incompatible with Patient/Client Medicare Number (<medicare_number>).	If Contact Account Class is 'JP-Prisoner' then Medicare Number must be 'P-N'. If Contact Account Class is 'XX-Ineligible' then Medicare Number must be 'N-E-Ineligible'.	Check that the values of the corresponding data elements are correct and resubmit.
E412	Referral outcome updated to Not Accepted, but one or more Episodes have resulted from this Referral (<episode_details>)	A Referral message was previously sent stating that the Referral was accepted by the Health Service. Subsequently, an episode commenced resulting from this referral. A Referral In update message (RRI_113) has now been sent, in which the referral outcome has been set to 'Not Accepted', but episodes associated with the referral exist.	Check that the values of the corresponding data elements are correct and resubmit. If the referral was not accepted, the associated episodes must be deleted.
	<i>BR-DAT-RIN-001</i>	<i>A referral that results in a episode must have an outcome of 'Accepted'</i>	
E364	<ContactDataElement> is not <NAClientNotPresentValue> - <NAClientNotPresentMeaning > but Contact Client Present Status is '20-Carer(s)/Relative(s) of the patient/client only' or '31-Patient/Client/Carer(s)/Relative(s) not present: Indirect Contact'	Phase of care, model of care, preferred place of death and preferred setting of care must be reported as not applicable if the client is not present.	Check that the values of the corresponding data elements are correct and resubmit.
	<i>BR-DAT-CNT-013</i>	<i>Where Contact Phase of Care is 9 'Not Applicable - Patient/Client not present', the e Contact Client Present Status must be '20-Carer(s)/Relative(s) of the patient/client only' or '31-Patient/Client/Carer(s)/Relative(s) not present: Indirect Contact'</i>	
	<i>BR-DAT-CNT-014</i>	<i>Where Contact Model of Care is not 9 'Not Applicable - Patient/Client not present', the Contact Client Present Status must be '20-Carer(s)/Relative(s) of the patient/client only' or '31-Patient/Client/Carer(s)/Relative(s) not present: Indirect Contact'</i>	
	<i>BR-DAT-CNT-015</i>	<i>Where Contact Preferred Place of Death is not 98 'Not Applicable - Patient/Client not present', the Contact Client Present Status must be '20-Carer(s)/Relative(s) of the patient/client only' or '31-Patient/Client/Carer(s)/Relative(s) not present: Indirect Contact'</i>	
	<i>BR-DAT-CNT-016</i>	<i>Where Contact Preferred Setting of Care is not 98 'Not Applicable - Patient/Client not present', the Contact Client Present Status must be '20-Carer(s)/Relative(s) of the patient/client only' or '31-Patient/Client/Carer(s)/Relative(s) not present: Indirect Contact'</i>	

Validation Level: Business Rule

Validation Id:	Message Template	Cause:	Resolution
E361	Contact Date (<ccsdate>) is after Date of Death (<dod>), but Client Present Status (<val>) is not '20 - Carer(s)/Relative(s) of the patient/client only' or '31 - Patient/Client/Carer(s)/Relative(s) not present: Indirect Contact'	Contact Client Present Status must be '20- Carer(s)/Relative(s) of the patient/client only' or '31- Patient/Client/Carer(s)/Relative(s) not present: Indirect Contact' where Contact/Client Service Event Date is after Date of Death for the Palliative Care Program/Stream.	Check that the values of the corresponding data elements are correct and resubmit.
	<i>BR-DAT-CNT-007</i>	<i>For Palliative Care, where the Contact Date/Time is after the Patient/Client Death Date, the Patient/Client Present Status must be '20 - Carer(s)/Relative(s) of the patient/client only' or '31 - Patient/Client/Carer(s)/Relative(s) not present: Indirect Contact'</i>	
E153	Invalid combination of Postcode (<value1>) and Locality (<value2>)	The postcode and locality values must be a valid combination	Check that the values of the corresponding data elements are correct, and resubmit. Please note this error may be triggered when either field is missing or invalid.
	<i>BR-DAT-CLI-003</i>	<i>Patient Client/Locality and Patient/Client Postcode must be a valid combination</i>	
	<i>BR-DAT-CLI-004</i>	<i>Where the Patient Client/Locality and Patient/Client Postcode are a location within Australia they must represent a residential location</i>	
E358	Account Class is VX (DVA) or TA (TAC) or WC (VWA), but the Patient's Legal Name or Given Names are not provided	A Patient's/Client's legal and given names must be supplied where the Contact Account Class is one of the above compensable types.	Check that the values of the corresponding data elements are correct and resubmit.
	<i>BR-DAT-CNT-005</i>	<i>A Patient/Client's Legal Family Name or Given Names must be provided where Account Class is compensable</i>	
E357	A Patient/Client's Legal Family Name or Given Names are provided but Account Class is not VX (DVA) or TA (TAC) or WC (VWA)	A Patient's/Client's Legal Family Name and Given names must only be supplied where the Contact Account Class is one of the above compensable types.	Check that the values of the corresponding data elements are correct and resubmit.
	<i>BR-DAT-CNT-006</i>	<i>A Patient/Client's Legal Family Name or Given Names should only be provided where Account Class is compensable</i>	
E356	Contact is Compensable (<AccountClass>) but no client identifier relevant to the compensable agency is provided	Where an Account Class of VX (DVA), TA (TAC) or WC (VWA) is specified, a relevant and correct identifier for that organisation (eg DVA file number) must be provided.	Check that the values of the corresponding data elements are correct and resubmit.
	<i>BR-DAT-CNT-004</i>	<i>Where the Contact Account Class is compensable (VX, TA, WC), a client identifier relevant to the compensable agency should be provided</i>	
E260	Episode Assessment Score has been provided but no Episode Assessment Date/Time has been provided	Episode/Assesment Date/Time was not provided where an Episode Assessment Score was present	Check that the values of the corresponding data elements are correct and resubmit.
	<i>BR-DAT-EPS-014</i>	<i>Where Episode Assessment(s) are reported, Episode Assessment Date/Time and Score must be provided</i>	

Validation Level: Business Rule

Validation Id:	Message Template	Cause:	Resolution
E258	This Organisation (<OrganisationIdentifier>) is not approved to report Episodes under this program/stream (<program_stream>)	The organisation identified for this message is not approved to report Episodes to VINAH under this program stream.	If your organisation should legitimately be approved to report episodes under this program stream, contact the HDSS Help Desk for support. Otherwise, contact your software vendor.
	<i>BR-XMT-SEC-005</i>	<i>An Organisation should only report data for a particular Program/Stream where they provide the relevant services and have been approved to report data for the Program/Stream by the Department</i>	
E254	Patient/client does not have a Main Carer's Relationship to the Patient but the Carer Availability is '1 - Has a carer' and Episode Program/Stream is Palliative Care	Patient/client must have a Main Carer's Relationship to the Patient when Carer Availability is '1-Has a Carer' and Episode Program/Stream is '41-Palliative Care'.	Check that the values of the corresponding data elements are correct and resubmit.
	<i>BR-DAT-EPS-004</i>	<i>Where Episode Program/Stream is Palliative Care, the patient/client must have a Main Carer's Relationship to the Patient when Carer Availability is '1 - Has a carer'</i>	
E206	Open episode sent for a referral with outcome specified as not accepted (<ref_details>)	A message was sent to insert or update an episode. The Referral Outcome of the inbound referral associated with this episode was specified as 'not accepted'.	Check that the values of the corresponding data elements are correct and resubmit.
	<i>BR-DAT-RIN-001</i>	<i>A referral that results in a episode must have an outcome of 'Accepted'</i>	
E156	Carer Residency Status (<val>) has no value but Carer Availability (<val>) is set to '1 - Has a Carer'	Carer Residency Status has no value but Carer Availability is set to '1 - Has a Carer'	Check that the values of the corresponding data elements are correct, and resubmit. Please note this error may be triggered when either field is missing or invalid.
	<i>BR-DAT-CLI-002</i>	<i>Patient/Client Carer Residency Status must be compatible with Patient Client/Carer Availability</i>	
	<i>BR-DAT-CLI-007</i>	<i>Where Patient/Client Carer Residency Status does not have value, Patient/Client Carer Availability must not be '1 - Has a Carer'</i>	
E155	Carer Relationship (<val>) has a value but Carer Availability (<val>) is not set to '1 - Has a Carer'	Carer Relationship has a value but Carer Availability is not set to '1 - Has a Carer'	Check that the values of the corresponding data elements are correct, and resubmit. Please note this error may be triggered when either field is missing or invalid.
	<i>BR-DAT-CLI-006</i>	<i>Where Patient/Client Carer Relationship has a value, Patient/Client Carer Availability must be set to '1 - Has a Carer'</i>	

Validation Level: Business Rule

Validation Id:	Message Template	Cause:	Resolution
E363	<p><ContactDataElement> is <NAClientNotPresentValue> -</p> <p><NAClientNotPresentMeaning > but Contact Client Present Status is '11-Patient/Client present only' or '12- Patient/Client present with carer(s)/relative(s)'</p>	<p>Phase of care, model of care, preferred place of death and preferred setting of care cannot be reported as not applicable if the client is present.</p>	<p>Check that the values of the corresponding data elements are correct and resubmit.</p>
BR-DAT-CNT-009		<p><i>Where Contact Phase of Care is 9 'Not Applicable - Patient/Client not present', the Contact Client Present Status must not be '11-Patient/Client present only' or '12-Patient/Client present with carer(s)/relative(s)'</i></p>	
BR-DAT-CNT-010		<p><i>Where Contact Model of Care is 9 'Not Applicable - Patient/Client not present', the Contact Client Present Status must not be '11-Patient/Client present only' or '12-Patient/Client present with carer(s)/relative(s)'</i></p>	
BR-DAT-CNT-011		<p><i>Where Contact Preferred Place of Death is 98 'Not Applicable - Patient/Client not present', the Contact Client Present Status must not be '11-Patient/Client present only' or '12-Patient/Client present with carer(s)/relative(s)'</i></p>	
BR-DAT-CNT-012		<p><i>Where Contact Preferred Setting of Care is 98 'Not Applicable - Patient/Client not present', the Contact Client Present Status must not be '11-Patient/Client present only' or '12-Patient/Client present with carer(s)/relative(s)'</i></p>	