

The VINAH Collection

Issue 1 – March 2010

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In this Edition

I am constantly reminded by Newton's laws of motion when I sit at my desk and ponder the movement of the VINAH data collection.

An object will remain at rest or in a constant steady path forward until it is compelled to change its direction by will of external force.

VINAH has been on a slow and steady path since 2005, quietly moving along. It began relatively unknown to anyone and with only a very small scope.

In the last few years, much force and direction has been placed on VINAH and today, we have a VINAH collection that has grown enormously in scope, size and complexity. Its direction and focus have changed to include more programs, definitions have been refined, code sets extended and it has been marketed extensively to the sector.

Its path is now fast paced, people know about it and its scope continues to grow. It only makes sense then, that this huge (and most wonderful) data collection requires a great deal of effort, energy and constant guidance to keep momentum on its rapid path.

In this edition of The VINAH Collection, we are celebrating a faster processing queue and we have news of new servers. Yes they are here and I have seen them. The HDSS website has been updated with important news and changes for VINAH for 2010-11 are discussed.

Our focus for 2010 is on adequate resourcing and excellence in data quality. Our new section, 'What you can do to improve patient outcomes...' gives you some great tips and handy information on how you can contribute to keeping VINAH in motion and on the right path.

Check it out on Page 4!

Alison

[Alison Daley](#)

Senior Project Officer

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News Flash: Record breaking processing times!

If you have submitted a file to VINAH since the 18 February – you will have noticed something a little different. Amazingly, you probably had your file turned around within the day if not within the hour.

With some processor reengineering, the VINAH validation engine is now churning through files at a rate of up to 1000 messages a minute. Thanks Daniel Wellesley for your work and a fantastic result.

But that's not all... our new servers arrived in the first week of January and are now installed on the SAN and are in the process of being virtualised. This year one of our focus' is on adequate resourcing and what a fantastic way to start the year off!

Health Data Standards and Systems (HDSS) Webpage update

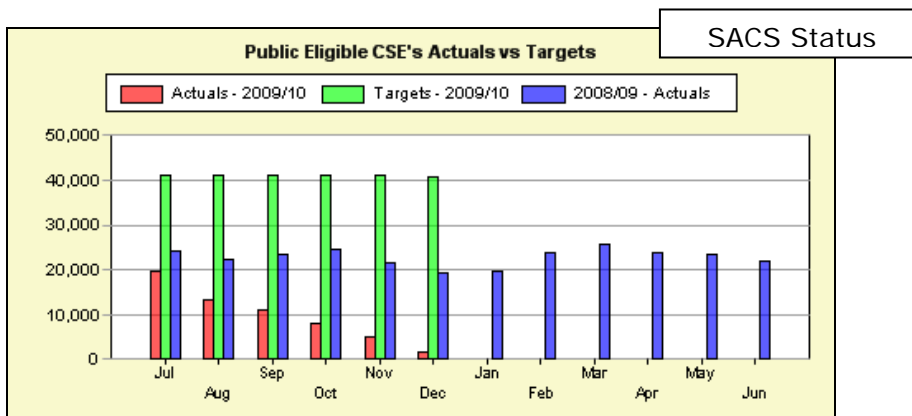
The HDSS webpage is updated on a regular basis. Below is a summary of recent updates to the HDSS webpage that contain VINAH information.

Recently Updated:

Section	Filename	Date Added/Updated
HDSS Bulletin	Bulletin 154 – 25 February	26 February 2010
HDSS Bulletin	Bulletin 153 – 15 January 2010	18 January 2010
Reference Files:	Postcode – Locality reference file	5 January 2010
Final revisions to HDSS data collections for 2010-11	Final Specifications for Revisions to VINAH for 2010-11	8 January 2010

These documents are located at: [HDSS Website](#)

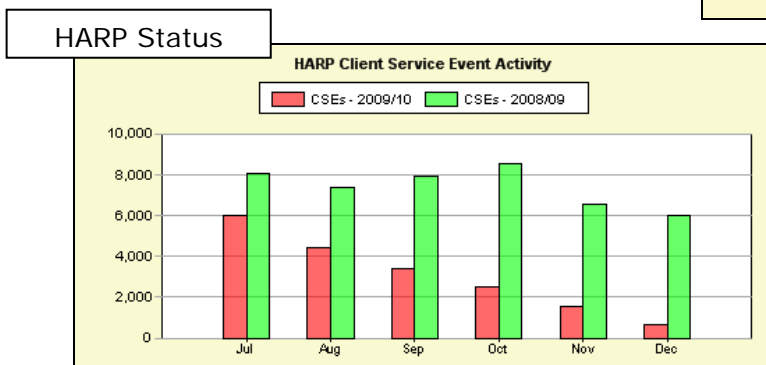
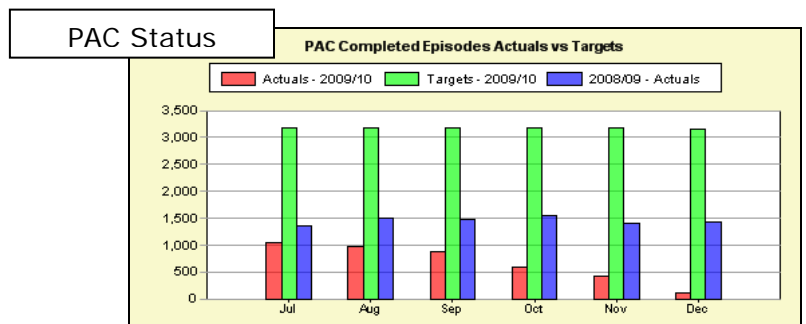
Update on submission status



We are well down on contacts in the VINAH database for both SACS and PAC.

Completeness is showing around 50% against targets for 2008-09 and falling for 2009-10.

Our VINAH data queue has 29 files in it waiting for processing and Health Services, in most instances, have to wait for a validation report to be returned to them before they can continue to submit data.



HARP is showing a reduction in client service events reported in 2009-10 for the same period of the previous year.

VINAH6 - 2010-11

The changes and how they impact You

Following rigorous evaluation of many proposals submitted to DoH for changes to VINAH, the final specifications document was released on 31 December 2009 and loaded to the HDSS website on 8 January 2010.

Below is a brief summary of some key changes that may directly affect VINAH data administrators.

New Programs

The following Health Services will be required to *collect* Transition Care Program (TCP) data from 1 July 2010. The requirement to *report* the TCP data to VINAH has been extended to 1 January 2011.

Alfred Health	Austin Health
Ballarat Health Service	Barwon Health
Bendigo Health	Eastern Health
Goulburn Valley Health	Latrobe Regional Hospital
Melbourne Health	Northern Health
Peninsula Health	St Vincent's Health
Southern Health	South West Healthcare
Western Health	

The full list of data elements that are required to be collected from 1 July 2010 are listed in the *Final Specifications for Revisions to the VINAH minimum Data Set for 1 July 2010* document. Although most data elements required for collection are existing VINAH data elements, there is the additional requirement of TCP to collect from 1 July 2010 the Barthel Index and FIM scores for all patients on TCP.

VINAH6 also incorporates the Residential In-reach (RIR) program. From 1 January 2011 the following Health Services are required to report to VINAH, RIR data.

Alfred Health	Austin Health
Bendigo Health	Goulburn Valley Health
Melbourne Health	Northern Health
Western Health	Barwon Health
Eastern Health	Peninsula Health
Southern Health	St.Vincent's Health

Victorian Respiratory Support Service (VRSS)

From 1 January 2011, the VRSS program at Austin Health is required to submit contact level data to VINAH.

Main Health Condition

The Main Health Condition codelist has had significant reform in VINAH6. The code list 990010 – Main Health Condition has been replaced with code list 990080 – Health-related problems and diseases.

The new codelist is based on the Chapter blocks of the International Statistical Classification of Diseases and Related Health Problems 10th Revision – otherwise know as ICD-10. The codelist has been developed to be expandable to the level required by each VINAH program taking care not to include codes that are not going to be used by programs.

A mapping table between the old code list and the new code list will be available in the coming months.

For full details on the above changes and all other changes please refer to the final specifications document below:

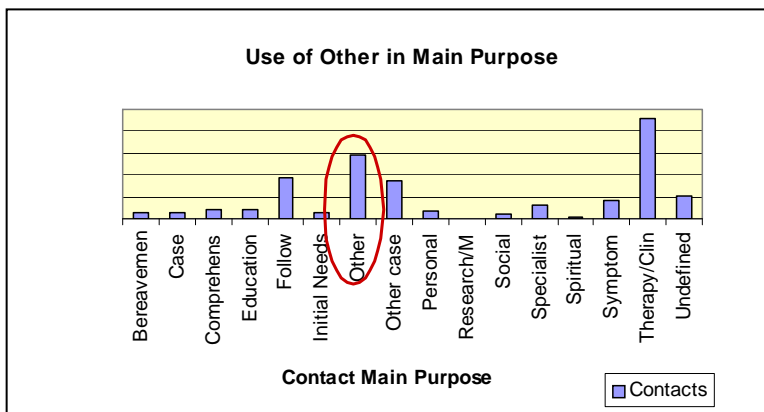
[Final Specifications for Revisions to the VINAH MDS for 1 July 2010-11](#)

What you can do to improve patient outcomes...

Give us a load of... accurate data!

As VINAH grows the data submitted can now be reviewed for its completeness and quality. Jason's reports have shown us some anomalies in the data and it is now our focus for 2010 to improve data quality and show accurate reflections of patient activity.

The charts below show a couple of examples of the over use of the 'Other' code in the data elements Contact Main Purpose and Contact Delivery Setting. There could be a number of reasons for the large use of the 'Other' code. These include: the VINAH code set does not adequately describe the required value for the data element; the data entry clerk is unsure of which code is the correct code to use, or, it could be that the software is set to default to 'Other' so that the field is always filled in.



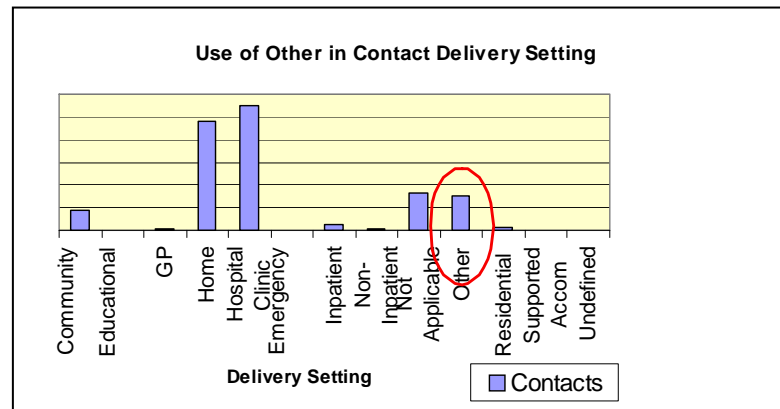
Note: code descriptions in graphs have been abbreviated

Codes such as 'Other', 'Not Applicable', 'Not stated / inadequately described', 'Question not asked' are listed as values to be selected on exception rather than on default.

If our code set does not contain a value that adequately describes the service provided – let us know!

Send us an e-mail to:

hdss.helpdesk@health.vic.gov.au



So why does it matter if these codes are used too much? What is entered into the system is what will be seen in the reports that Program Managers and Executives use to make decisions about funding and policy for your Program.

Providing more details and correct details of each patient's visit gives management a clearer, more accurate picture of what services the patient is actually receiving, how they are receiving the service, where they are receiving the service and why. It also shows the complexity of the patient's journey and indirectly the work that Health Services are doing in order to provide services to these patients.

Do you check to see if you have end-dated your closed Episodes?

If you do not enter an end date at the completion of an episode, your reports will show more episodes open than really are and will increase your episode duration times.

Why not run a report at the end of each month to check your completed episodes are end-dated?

Purging files faster...

You can help us purge your files faster...

While Health Services and Software Vendors are trying to get their data and systems correct, it is a frequent, not optimal, occurrence that files need to be purged and data resubmitted.

There are a couple of things we need to know in order to purge your data.

1. The health collect portal user id of the user who submitted the file/s you need purged
2. The name/s of the files that need to be purged
3. The name of Health Service who submitted the file
4. The date/s of submission of the file/s you need purged

All of the above details can be found on the xml file that is returned to the health collect portal when we process your files. Having all these details means we will be more likely to purge the correct files and we can also process them from the most recently submitted to the first submitted, ensuring that data will not get out of sequence.

To get these details from your returned xml file, all you need to do is open the xml file in notepad or wordpad. The file will look like this:

```
- <submission>
  <filename>ABC_20080701_0001.hl7</filename>
  <sub_id>1000001</sub_id>
  <original_source>1000001</original_source>
  <current_source>1</current_source>
  <hl7_batch_count>2</hl7_batch_count>
  <hl7_message_count>4</hl7_message_count>
  <filesize>13563</filesize>
  <user_id>jdoe0101</user_id>
  <health_service>MWH</health_service>
  <submission_date>2008-07-17T12:57:00</submission_date>
  <process_start_date>2008-07-18T07:00:00</process_start_date>
  <process_end_date>2008-07-18T07:00:05.053</process_end_date>
  <processing_time>5 seconds</processing_time>
  <processing_wait>1 minute, 21 seconds</processing_wait>
  <throughput>2.2 seconds per message</throughput>
  <purge_key>B1D54D48-12D2-4E45-B9A6-91B35B1AEC01</purge_key>
  <purged_after_load>0</purged_after_load>
- <validations>
```

Important Dates:

VINAH Vendor Forum

Date: Thursday 25 March 2010

Time: 2 – 5:00pm

Location: Level 19, Room 10, 50 Lonsdale Street Melbourne

If you are a software vendor and have not received your invitation – please contact Alison Daley on alison.daley@health.vic.gov.au

"The VINAH Collection" endeavours to be a quarterly information bulletin to keep all those involved with VINAH up to date with the latest progress of the collection.