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| 2024-25 Community Health Minimum Data Set Transmission Protocol |
| Version 5.5, July 2024 |
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| Document Version Control

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| Draft | Thursday, 23 November 2017 | G. Boot | First Draft  |
| 1.0 | Friday 24 November 2017 | G. Boot | Update consistent optional numeric symbols. Font formatting. |
| 1.0 | Friday 1 December 2018 | G. Boot | Clarify Transmission number, Export Portion and Number of Records |
| 5.0 | Friday 1 December 2018 | K. Cheng |  |
| 5.1 | Monday 4 December 2018 | K. Cheng | Collection Period to quarterly. Minor rule additions. |
| 5.1 | Friday 22 December 2018 | G. Boot | Minor Rule changes and alignment of Friendly Names with XSD |
| 5.2 | July 2021 | System Performance and Information & Community Health Program | Various updates to reflect changed submission arrangements now contained in separate document RRHACS Repository User Guide Secure Data Exchange (SDE) section removed2.2 Key dates for reporting updated to reflect new rule – resubmissions must include the full set of data for the relevant quarter to overwrite existing submission5.2 Transmission Validation Rules – Header Record 7. NUMBER OF SERVICE RECORDS FOLLOWING maximum increased from 1,000 to 5,0005.2 Transmission Validation Rules – Incident Record 2. CAMPUS CODE changes to reflect Campus Code now mandatory all records5.3 Transmission Schema Definition link to file available on website added |
| 5.3 | October 2022 | R.Boland | Update helpdesk email address |
| 5.4 | May 2023 | R.Boland | Update Departmental web addresses2.2 Increased flexibility for data submission |

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| 5.5 | May 2023 | R. Boland | 2.2 Key dates for reportingUpdated to reflect flexible resubmission dates5.2 Table 5: Rules46. CONTACT NUMBER SERVICE RECIPIENTSChanged from greater than 1 to greater than 064. SERVICE PRIORITY TYPE Can be blank as data element is now optional |

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# Introduction

## About this document

This document details the transmission protocol for the 2024-25 Community Health Minimum Data Set (CHMDS) Submission Guidelines for agencies funded by the Victorian Department of Health (DH) Community Health Program (CHP), Bush Nursing Program, and other CHMDS reportable activity. This document supersedes the 2023-24 Community Health Minimum Data Set Transmission Protocol.

This document should be read in conjunction with the following documents. Any changes to the data collection during the year are communicated and published in regular CHMDS Bulletins:

* 2024-25 Community Health Minimum Data Set Submission Guidelines
* CHMDS Large Value Domains
* RRHACS Repository User Guide

These can be found here: <https://www.health.vic.gov.au/community-health/community-health-data-reporting>.

## Audience

The audience for the Community Health Minimum Data Set Transmission Protocol includes:

* funded organisations who deliver CHP, Bush Nursing and other CHMDS reportable services
* software vendors, who develop and provide software solutions utilised by funded organisations to collect, store and report activity
* Victorian Department of Health staff (data collection and program managers) responsible for the development and management of data collections and associated documentation.

# Submitting Data

## Submission Process

The responsibility for the submission of data and the quality of that data rests with funded agencies.

Funded agencies have been given access to directly upload files to the department’s RRHACS Repository. Each agency must register at least one key contact who can upload files and receive submission logs. This would normally be the person or persons whose email address is in the contacts screen in the repository (Agencies module) and who can action data issues such as critical errors and warnings.

This direct access to the RRHACS Repository allows agencies to:

* Upload data files
* Access submission logs in a variety of formats (html, pdf, csv, excel)
* Access reports
* Update agency contact details

Detailed instructions on establishing access, what to do on first login, general interface features and the step-by-step guide to upload your files are contained in the [RRHACS Repository User Guide](https://www.health.vic.gov.au/community-health/community-health-data-reporting) <<https://www.health.vic.gov.au/community-health/community-health-data-reporting>>

##  Key dates for reporting

Agencies are required to submit their data reports to the department according to the timeframes in Table 1.

Table 1: Quarterly data submission dates

|  |  |  |
| --- | --- | --- |
| Quarter | Data collection period | Data due date |
| 1 | July – September | 15th October |
| 2 | October – December | 15th January |
| 3 | January – March | 15th April |
| 4 | April - June | 15th July |

To ensure data quality, agencies are encouraged to start submitting data as early as possible. This will ensure the opportunity to resubmit any missing, incomplete or corrected CHMDS data before the due date.

**Resubmission dates**

Agencies may resubmit their data outside of the quarterly submission dates without waiting for designated ‘resubmission periods’, for example to submit additional records or correct critical errors and warnings.

Organisations must resubmit the full set of data for the relevant quarter to replace or over-write the full set of data sitting in the repository for that quarter.

The final date for any 2024-25 resubmissions is **15th August 2025**.

Please note the collection will close for a few days immediately after each submission period and after the final resubmission date (15th of August) for departmental report processing.

# Submission Log

The submission log is a means of communicating with agencies about the quality and completeness of the data that they submit to the department every quarter. The submission log is a feedback mechanism that informs agencies whether the data they submitted has been successfully loaded and also on any validation errors in the data that need to be addressed. It is expected that validation errors will be minimal as agency software should alert users to any errors so that these can be fixed prior to submission to the Department. Agencies are required to correct critical rejection errors and check warning errors.

Detailed instructions about accessing and interpreting submission logs are included in the [RRHACS Repository User Guide](https://www.health.vic.gov.au/community-health/community-health-data-reporting) <https://www.health.vic.gov.au/community-health/community-health-data-reporting>

# Feedback to agencies

Agency feedback is available directly from the Repository and through summary reports published in the [Funded Agency Channel](https://fac.dffh.vic.gov.au/) (FAC).

## Reports from the Repository

Access to the RRHACS Repository allows agencies direct access to available reports. Once loaded the data can be reviewed by selecting one of the available reports: CWH Performance Report, or CWH Service Totals By Outlet. Steps to access these reports are detailed in the [RRHACS Repository User Guide](https://www.health.vic.gov.au/community-health/community-health-data-reporting) <https://www.health.vic.gov.au/community-health/community-health-data-reporting>

## The Funded Agency Channel

The Funded Agency Channel (FAC) is another method of accessing agency reports. FAC reports are generated by the department on a regular basis during the collection period. These reports are identical to those accessed directly via the Repository. Reports can be accessed by registered users of FAC with performance access. Registration as a FAC user is approved by the department; performance access is provided by the Access Tracker staff within funded organisations.

For further information and assistance on accessing FAC go to the [Funded Agency Channel website](https://fac.dffh.vic.gov.au/) <https://fac.dffh.vic.gov.au>

## Comparing agency outputs to targets

### Community Health Program

All agencies funded for the delivery of CHP services have a Service Agreement or Statement of Priorities with the department. These stipulate an agreed target for each service activity that is to be provided to the community by the agency. The CHMDS provides the data which is used to compare an agency’s output against their service delivery targets.

The departmental funding and service agreement for each agency includes the following:

* service activities
* level of funding
* activity key performance measures.

Agencies can access reports in the Repository or FAC that provide a comparison between their outputs and targets for each activity.

### Small Rural Health Services

The funding approach under the Small Rural Services output group allows substitution of Acute, Aged and home care, Community Health Program services and other services. This approach provides the flexibility required to deliver services to better meet local needs.

Agencies funded under the Small Rural Services output group are expected to report all hours of Community Health service provided using Department of Health funding to the CHMDS. For example, if the agency uses Acute Health funding to provide Community Health services these must be reported to the CHMDS.

### Bush Nursing Centres

Bush Nursing Centres are expected to report all hours of allied health and nursing services provided with Department of Health funding to the CHMDS.

# Data Transmission Standard

## Introduction

This documentation consists of three parts that should be used together to inform the structure and content of submission files.

The **Transmission Data Elements and Validation Rules** section specifies file naming conventions and provides a descriptive form of the data elements and their validation rules. The components of the header section and client record are described. The header elements are required to positively identify a submission when loading.

For this document a tabular presentation of all data elements used in submissions has been provided.

Notes:

Validation rules that are more than simple data typing rules have been documented. These validation rules arise out of the *2024 - 25 Community Health Minimum Data Set Submission Guidelines 5.6* and have been indicated as a guide only. Refer to the Submission Guidelines for validation definitions.

The term Code Set refers to a value domain either in the Submission Guidelines or the ancillary "CHMDS Large Value Domains" Excel spreadsheet.

There are four repeating data elements (Client Health Conditions, Client Social Conditions, Referral Out Provider Type and Performance Indicator). These have been defined as individual elements 1, 2-10 to emphasise the single client record nature of the dataset instead of a relational record with hierarchical elements. Unused items are optional and can be simply omitted (minOccurs = 0). Performance Indicator is not currently used and this set has been included for definitional purposes only.

The **Transmission Schema Definition** section is an XML Schema Definition file that can be used to verify the structure of the submission file and includes some preliminary data typing and validation.

**The Transmission Sample File** is a sample of a submission file for comparison.

## Transmission Data Elements and Validation Rules

### File Naming Convention

Purpose: To uniquely identify a submission file received by the Data Repository. Conventions are guidelines only to facilitate problem solving and to clearly identify the file referred to in submission logs.

CCCCCNNNNNYYYYMMDDhhmmPPP.FFF where CCCCC = Data Collection CODE (CHMDS)

 NNNNN = Agency Identifier

 YYYYMMDDhhmm = Data Submission Date and Time Identifier

 PPP = Portion Number

 FFF = File Extension i.e. xml

The Collection Identifier should be padded with an underscore (\_) on the right if it has less than the required number of characters, while other components should be padded by zero (0) on the left to make up the required number of characters.

Example: Hospital (ID = 0349) submits an xml file portion 1 (first portion) at 10:30pm on 1 September 2017

 The submission file name = CHMDS00349201709012230001.xml

### Transmission Validation Rules - Header Record

Rules relating to the CHMDS data transmission header are specified below to reflect the Community Health Minimum Data Set Submission Guidelines. Their purpose is to uniquely identify a submission file received by the nominated data repository. An example is outlined in Table 4.

Table 4: Header Record Rules

| Item Number | Header Record(Reported once per agency) | Data type | Representational format | Min size | Max size | Validation Rules |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | COLLECTION IDENTIFIER | Alphabetic | AAAAA | 5 | 5 | Must be the alphabetic literal “CHMDS” |
| 2 | VERSION IDENTIFIER | Numeric | NNN | 3 | 3 | A 3 digit version number without decimal points e.g. 510 stands for v5.1 |
| 3 | SERVICE PROVIDER NUMBER | Numeric | NNN[N][N] | 3 | 5 | A valid service provider number for an Agency or its Unique Parent organisation |
| 4 | DATA COLLECTION IDENTIFIER | Alphanumeric | YYYYYYQ | 7 | 7 | Six digit financial year format followed by a one digit quarter. N.B. the first quarter starts on 1 July and ends on 30 September, and so on. Data transmitted during the period from 1 July 2021 to 30 September 2022 is identified as “2021221”.  |
| 5 | TRANSMISSION NUMBER | Numeric | N[N][N] | 1 | 3 | Must be between 1 and 999 Leading zeroes are not required for single digit transmission numbers e.g. 1 rather than 01. Must be greater than the previous Transmission Number |
| 6 | EXPORT FILE PORTION | Numeric | N[N][N] | 1 | 3 | Must be a positive number between 1 and 1000 |
| 7 | NUMBER OF SERVICE RECORDS FOLLOWING | Numeric | N[N][N][N] |  |  | (For XML file max = 5000)Must match the number of records following.Must not exceed 5000 |

### Transmission Numbers and Export File Portion Protocol

Transmission numbers should be used in the submission attempt. If wanting to update data previously submitted, increment the transmission number without changing the File Name and the data will be assumed to be a repeat submission resulting in previous data being deleted and the new data written.

Export File Portions are used where there is more than one file to be submitted from one agency during the same quarter. For example, where there are more than 5000 records to be submitted. New portions (files), regardless of whether these were generated from the same or different software/data collection systems, are assumed to be new records that must be appended to previous portions (files) during the same quarter. For example, agency A generated 3 files in total for Q1, of which 2 data files were generated from service location A and another file from location B (regardless of the type of software used to collect the data). Agency A must use Export File Portion numbers 1, 2 and 3 for each of the files in order for these three files to be appended to each other. Data from the composite three files make up the total data for the agency in this quarter (Q1).

### Transmission Validation Rules

Note: to interpret the validation rules outlined in the following table please refer to Community Health Minimum Data Set Submission Guidelines for specific details for each of the listed data elements.

Table 5: Rules

| Item Number | Data Record(Reported once per occasion of service) | Data type | Representational Format | Min size | Max size | Validation rules |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | CAMPUS CLIENT IDENTIFIER | Alphanumeric | AAAAAAAAAA | 1 | 10 | Must not be Blank if element CONTACT CLIENT TYPE is equal to 1 and element CONTACT TYPE is equal to 1Must be less than 11 characters long  |
| 2 | CAMPUS CODE | Numeric | NNN[N][N]-N[N] | 5 | 8 | Must be in Code Set Campus Code |
| 3 | CLIENT CONCESSION CARD TYPE | Numeric | N | 0 | 1 | Must not be Blank if element CONTACT CLIENT TYPE is equal to 1 and element CONTACT TYPE is equal to 1Must be in Code Set Concession Card TypeMust not be 4 if client is less than 65 years old |
| 4 | CLIENT COUNTRY OF BIRTH | Numeric | NNNN | 0 | 4 | Must not be Blank if element CONTACT CLIENT TYPE is equal to 1 and element CONTACT TYPE is equal to 1Must be in Code Set Country of Birth |
| 5 | CLIENT DATE OF BIRTH | Date | “DDMMYYYY” | 0 | 8 | Must not be Blank if element CONTACT CLIENT TYPE is equal to 1 and element CONTACT TYPE is equal to 1Must be in prescribed date format. Year of birth must not be before 1895Client age is must not be ≥ 124Client date of birth must not be in the futureClient date of birth must not be after Service list start date |
| 6 | CLIENT DATE OF BIRTH ACCURACY | Alphanumeric | “AAA” | 0 | 3 | Must not be Blank if element CONTACT CLIENT TYPE is equal to 1 and element CONTACT TYPE is equal to 1Must be in Code Set Date of Birth Accuracy |
| 7 | CLIENT GENDER IDENTITY | Numeric | N | 0 | 1 | Must not be Blank if element CONTACT CLIENT TYPE is equal to 1 and element CONTACT TYPE is equal to 1Must be in Code Set Gender Identity |
| 8 | CLIENT HEALTH CONDITIONS 1 | Alphanumeric | ANNN[N][N] | 3 | 6 | Must not be Blank if element CONTACT CLIENT TYPE is equal to 1 and element CONTACT TYPE is equal to 1Must be in Code Set Health Condition (4 digit code) or known ICD10 code. |
| 9-17 | CLIENT HEALTH CONDITIONS 2-10 | Numeric | ANNN[N][N] | 5 | 5 | Must be blank if previous number CLIENT HEALTH CONDITION is blank.Must be in Code Set Health Condition or known ICD10 code. |
| 18 | CLIENT INDIGENOUS STATUS | Numeric | N | 0 | 1 | Must not be Blank if element CONTACT CLIENT TYPE is equal to 1 and element CONTACT TYPE is equal to 1Must be in Code Set Indigenous Status |
| 19 | CLIENT INDIVIDUAL HEALTH IDENTIFIER | Numeric | 800360NNNNNNNNNN | 0 | 16 | Must be Blank OR conform to IHI rules and starts with 800360 and is 16 digits. |
| 20 | CLIENT LOCALITY NAME | Alphanumeric | “AAAA…” | 0 | 50 | Must not be Blank if element CONTACT CLIENT TYPE is equal to 1 and element CONTACT TYPE is equal to 1Must be in Code Set Residential Postcode & locality and must be valid combination of postcode and locality name. |
| 21 | CLIENT MEDICARE CARD NUMBER | Numeric | N11 |  |  | Must be Blank or conform to Medicare data structure |
| 22 | CLIENT NEED FOR INTERPRETER SERVICES | Numeric | N | 0 | 1 | Must not be Blank if element CONTACT CLIENT TYPE is equal to 1 and element CONTACT TYPE is equal to 1Must be in Code Set Need for Interpreter |
| 23 | CLIENT POSTCODE | Numeric | NNNN | 0 | 4 | Must not be Blank if element CONTACT CLIENT TYPE is equal to 1 and element CONTACT TYPE is equal to 1Must be in Code Set Residential Postcode & locality and must be valid combination of postcode and locality name. |
| 24 | CLIENT PREFERRED LANGUAGE | Numeric | NNNN | 0 | 4 | Must not be Blank if element CONTACT CLIENT TYPE is equal to 1 and element CONTACT TYPE is equal to 1Must be in Code Set Preferred Language |
| 25 | CLIENT REFUGEE STATUS | Numeric | N | 0 | 1 | Must not be Blank if element CONTACT CLIENT TYPE is equal to 1 and element CONTACT TYPE is equal to 1Must be in Code Set Refugee Status |
| 26 | CLIENT SOCIAL CONDITIONS 1 | Numeric | NNNN | 0 | 4 | Must not be Blank if element CONTACT CLIENT TYPE is equal to 1 and element CONTACT TYPE is equal to 1Must be in Code Set Client Social Conditions |
| 27-35 | CLIENT SOCIAL CONDITIONS 2-10 | Numeric | NNNN | 0 | 4 | Must be blank if previous number CLIENT SOCIAL CONDITION is blank.Must not be Blank if element CONTACT CLIENT TYPE is equal to 1 and element CONTACT TYPE is equal to 1Must be in Code Set Client Social Conditions |
| 36 | STATISTICAL LINKAGE KEY | Alphanumeric | AAAAANNNNNNNNN | 0 | 14 | Must not be Blank if element CONTACT CLIENT TYPE is equal to 1 and element CONTACT TYPE is equal to 1Must be a properly formed SLK |
| 37 | CLIENT VICTORIAN UNIVERSAL PATIENT IDENTIFIER | Numeric | N15 | 0 | 15 | Must be Blank or 15 digits  |
| 38 | CONTACT CLIENT TYPE | Numeric | N | 1 | 1 | Must not be Blank if element CONTACT TYPE is equal to 1Must be a valid code in Code Set Client Type |
| 39 | CONTACT CONTACT DATE | Date Time | “DDMMYYYYHHMM” | 12 | 12 | Must be in prescribed date time format. Must be in current collection period. Must not be in the futureMust not be before Service Initial Contact DateMust not be before Service Initial Needs Identification DateMust not be after Service End Date |
| 40 | CONTACT CONTACT TYPE | Numeric | N | 1 | 1 | Must be a valid code in Code Set Contact Type |
| 41 | CONTACT DIRECT TIME | Numeric | N[N][N] | 0 | 3 | Must be greater than or equal to 0 |
| 42 | CONTACT FEE | Numeric | N[N][N][N]. [N][N] | 0 | 6 | Must be greater than or equal to 0 |
| 43 | CONTACT FUNDING SOURCE | Numeric | NN | 2 | 2 | Must be a valid code in Code Set Funding SourceService stream must not be mismatchIf Contact—funding source is Refugee & Asylum Seeker Health, Client—refugee status cannot be not a current refugee nor asylum seeker (Client-refugee status-N code = 2)  |
| 44 | CONTACT INDIRECT TIME | Numeric | N[N][N] | 0 | 3 | Must be greater than or equal to 0 |
| 45 | CONTACT INTERPRETING TIME | Numeric | N[N][N] | 0 | 3 | Must be greater than or equal to 0 |
| 46 | CONTACT NUMBER SERVICE RECIPIENTS | Numeric | N[N] | 0 | 2 | Must be greater than 0 when Contact Type = 2 or blank when Contact Type is not = 2 |
| 47 | CONTACT SERVICE STREAM | Numeric | NN | 2 | 2 | Must be a valid code in Code Set Service StreamContact Funding source must not be mismatch |
| 48 | REFERRAL IN PROVIDER TYPE | Numeric | N[N] | 0 | 2 | Must not be Blank if element CONTACT CLIENT TYPE is equal to 1 and element CONTACT TYPE is equal to 1Must be a valid code in Code Set Referral In Provider Type |
| 49 | REFERRAL OUT PROVIDER TYPE 1 | Numeric | N[N] | 0 | 2 | Must not be Blank if element CONTACT CLIENT TYPE is equal to 1 and element CONTACT TYPE is equal to 1Must be a valid code in Code Set Referral In Provider Type |
| 50-58 | REFERRAL OUT PROVIDER TYPE 2 - 10 | Numeric | N[N] | 0 | 2 | Must not be Blank if element CONTACT CLIENT TYPE is equal to 1 and element CONTACT TYPE is equal to 1Must be a valid code in Code Set Referral In Provider Type |
| 59 | SERVICE END REASON | Numeric | N[N] | 0 | 2 | Must not be blank if element SERVICE END DATE is not blankMust be a valid code in Code Set Service End Reason |
| 60 | SERVICE INITIAL CONTACT DATE | Date | “DDMMYYYY” | 8 | 8 | Must be in prescribed date formatMust not be in the futureMust not be before Client—date of birthMust not be after Service End Date  |
| 61 | SERVICE INITIAL NEEDS IDENTIFICATION DATE | Date | “DDMMYYYY” | 0 | 8 | Must not be Blank if element CONTACT CLIENT TYPE is equal to 1 and element CONTACT TYPE is equal to 1Must be in prescribed date format or blank.Must not be in the futureMust not be before Client—date of birthMust not be after Service End DateContact—contact date must not be before Service—initial needs identification date |
| 62 | SERVICE LIST START DATE | Date | “DDMMYYYY” | 0 | 8 | Must be in prescribed date format or blankService—list start date must not be before Service—initial contact dateService—list start date must not be in the futureService—service end date must be after Service—list start date |
| 63 | SERVICE PRESENTING REASON | Numeric | NNNN | 0 | 4 | Must not be Blank if element CONTACT CLIENT TYPE is equal to 1 and element CONTACT TYPE is equal to 1 |
| 64 | SERVICE PRIORITY TYPE | Numeric | N | 0 | 1 | Must be blank or a valid code in Code Set Service Priority Type |
| 65 | SERVICE END DATE | Date | “DDMMYYYY” | 0 | 8 | Must be in prescribed date formatService—service end date must not be in the futureMust be present if Service—end reason is presentService—initial contact date must not be after Service—service end dateService—service end date must be after Service—list start date |
| 66 | SERVICE PROVIDER NUMBER | Numeric | NNN[N][N] | 3 | 5 | Must be a valid code in Code Set Service Provider NumberMust be correct combination of Service—service provider number and Campus—campus code |
| 67 | PERFORMANCE INDICATOR 1 | Alphanumeric | A20 | 0 | 2 | Blank |
| 68-76 | PERFORMANCE INDICATOR 2-10 | Alphanumeric | A20 | 0 | 2 | Blank |

## Transmission Schema Definition

Can be downloaded by following this link.

[CHMDS Schema 51 R4](https://www.health.vic.gov.au/community-health/community-health-data-reporting) <https://www.health.vic.gov.au/community-health/community-health-data-reporting>

## Transmission Sample File



Note: Sample file can be verified against schema in Microsoft Visual Studio 17.