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| Addendum to Specifications for revisions to the Victorian Integrated Non-Admitted Health Minimum Data Set (VINAH MDS) for 2024-25 |
| June 2024 |
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# Executive summary

This addendum is primarily to allow the reporting of patient self-administered subcutaneous immunoglobulin (SGIg) infusion therapy at patient level to meet national reporting requirements. The department acknowledges this is a very late addition to the VINAH MDS in 2024-25. Therefore, reporting of the new program/stream Infusion Therapy (IT) in the VINAH MDS in 2024-25 is optional, becoming mandatory from 1 Jan 2025.

This addendum also includes some additional information for the reporting of the data element Referral In Clinical Urgency Category for Early Parenting Centres.

# Introduction

This document should be read in addition to *Specifications for revisions to the Victorian Integrated Non-Admitted Health Minimum Data Set (VINAH MDS) for 2024-25* published December 2023. The additional revisions set out in this document are complete as at the date of publication. Where further changes are required during the year, for example to reference files such as the postcode locality file, data validation rules or supporting documentation, these will be advised via the HDSS Bulletin.

An updated VINAH MDS manual will be published in due course. Until then, the current VINAH MDS manual and subsequent HDSS Bulletins, together with *Victorian Integrated Non-Admitted Health Minimum Data Set (VINAH MDS) for 2024-25* together with this document, form the data submission specifications for 2024-25.

Victorian health services must ensure their software can create a submission file in accordance with the revised specifications and ensure reporting capability is achieved to maintain compliance with reporting timeframes set out in the relevant Department of Health policy and funding guidelines*.*

## Orientation to this document

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

# Section 2- Concepts and Derived Items

## Contact

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Contact type (service)** | **EPC**  | **FCP** | **HEN**  | **HBD** | **HARP** | **HBPCCT** | **IT** | **Medi-Hotel** | **OP** | **Palliative Care** | **PAC** | **RIR** | **SACS** | **TCP** | **TPN** | **VALP** | **VHS** | **VRSS** |
| **Direct** |
| * Attended
 | Y | N | Y | N | Y | N | Y |
| * Non-attended
 | Y | N | Y | N | Y | N | Y |
| * Screening
 | N | Y | N |
| **Indirect** |
| * Indirect
 | N | Y | N |
| * Indirect-MDCC patient not present
 | Y | N | Y | N | Y | N | Y |
| * Screening
 | N | Y | N |
| **Administrative** | N |

*[No change to remainder of item]*

## Infusion Therapy (IT) (new)

|  |  |
| --- | --- |
| **Definition** | The administration of infusion therapy self-administered by the patient or carer. This includes subcutaneous immunoglobulin (SCIg) infusion therapy performed by the patient or carer in their home. |
| **Guide for use** | SCIg infusion therapy is reported within the Infusion Therapy (IT) Program/Steam. Activity for patient/clients enrolled in the IT program will be collected at the episode level. An episode is to be opened for the period during which the patient/client is responsible for their administration of the treatment and the episode is to be closed when the patient/client ceases home self-administration of their treatment. No contacts should be reported in this episode. Health services that only dispense do not report this activity.The department will count one non-admitted service event per calendar month for episodes that have been active during the month.Contacts provided to support the patient/client’s infusion therapy activity should be reported under the Specialist Clinics (Outpatients) program.For example, if a patient has a consultation with a Dietician in an outpatient clinic, this should be reported under the ‘OP’ program. |
| **Refer to**  | Section 2: ProgramSection 2: Programs reporting to the VINAH MDSSection 2: StreamSection 3: Episode program/streamSection 3: Referral in program/stream |

## Program

|  |  |
| --- | --- |
| **Definition** | A grouping of services or patients/clients within an agreed framework, generally along departmental funding lines. Each program has particular attributes, such as policy, objectives, eligibility and assessment/monitoring criteria. |
| **Guide for use** | A program:is usually equivalent to a line of department funding, and/orusually has a unit within the department which is responsible for activities such as policy development and liaison with organisations, in relation to this service.Some programs are further broken down into streams. |
| **Refer to** | Section 2: Complex Care (FCP)Section 2: Early Parenting Centres (ECP)Section 2: Home Based Dialysis (HBD)Section 2: Home Enteral Nutrition (HEN)Section 2: Hospital Admission Risk Program (HARP)Section 2: Infusion Therapy (IT)Section 2: Medi-HotelSection 2: Palliative Care (PC)Section 2: Palliative Care Consultancy (HBPCCT)Section 2: Post Acute Care (PAC)Section 2: ProgramSection 2: Residential In-Reach (RIR)Section 2: StreamSection 2: Specialist Clinics (Outpatients)Section 2: Subacute Ambulatory Care Services (SACS)Section 2: Total Parental Nutrition (TPN)Section 2: Transition Care Program (TCP)Section 2: Victorian Artificial Limb Program (VALP)Section 2: Victorian Respiratory Support Service (VRSS)Section 2: Victorian HIV and Sexual Health Services (VHS)Section 3: Contact program/streamSection 3: Episode program/streamSection 3: Referral in program/stream |

## Programs reporting to the VINAH MDS

|  |  |
| --- | --- |
| **Definition** | For 2024-25 the following programs report to the department via the VINAH MDS:Complex Care (FCP)Early Parenting Centres (EPC)Home Based Dialysis (HBD)Home Enteral Nutrition (HEN)Hospital Admission Risk Program (HARP)Infusion Therapy (IT)Medi-HotelPalliative Care (PC)Palliative Care Consultancy (HBPCCT)Post Acute Care (PAC)Residential In-Reach (RIR)Specialist Clinics (Outpatients) (OP)Subacute Ambulatory Care Services (SACS)Total Parenteral Nutrition (TPN)Transition Care Program (TCP)Victorian Artificial Limb Program (VALP)Victorian HIV and Sexual Health Services (VHS)Victorian Respiratory Support Service (VRSS) |
| **Guide for use** | All contacts funded by these programs must be reported to the VINAH MDS according to the specifications in this manual. |
| **Refer to** | Section 2: Complex Care (FCP)Section 2: Early Parenting Centres (EPC)Section 2: Home Based Dialysis (HBD)Section 2: Home Enteral Nutrition (HEN)Section 2: Hospital Admission Risk Program (HARP)Section 2: Infusion Therapy (IT)Section 2: Medi-HotelSection 2: Palliative Care (PC)Section 2: Palliative Care Consultancy (HBPCCT)Section 2: Post Acute Care (PAC)Section 2: ProgramSection 2: Residential In-Reach (RIR)Section 2: StreamSection 2: Specialist Clinics (Outpatients)Section 2: Subacute Ambulatory Care Services (SACS)Section 2: Total Parental Nutrition (TPN)Section 2: Transition Care Program (TCP)Section 2: Victorian Artificial Limb Program (VALP)Section 2: Victorian HIV and Sexual Health Services (VHS)Section 2: Victorian Respiratory Support Service (VRSS)Section 3: Contact program/streamSection 3: Episode program/streamSection 3: Referral In program/streamOther program specific documents, including policy documentation. |

## Stream

|  |  |
| --- | --- |
| **Definition** | A sub-grouping, usually clinical, within a program. |
| **Guide for use** | A stream is a layer below the program; streams are usually based on the clinical attributes of patients/clients and/or the services/resources the patient/client receives. Not all programs are split into streams. |
| **Refer to** | Section 2: Complex Care (FCP)Section 2: Early Parenting Centres (EPC)Section 2: Home Based Dialysis (HBD)Section 2: Home Enteral Nutrition (HEN)Section 2: Hospital Admission Risk Program (HARP)Section 2: Infusion Therapy (IT)Section 2: Medi-HotelSection 2: Palliative Care (PC)Section 2: Palliative Care Consultancy (HBPCCT)Section 2: Post Acute Care (PAC)Section 2: ProgramSection 2: Residential In-Reach (RIR)Section 2: StreamSection 2: Specialist Clinics (Outpatients)Section 2: Subacute Ambulatory Care Services (SACS)Section 2: Total Parental Nutrition (TPN)Section 2: Transition Care Program (TCP)Section 2: Victorian Artificial Limb Program (VALP)Section 2: Victorian HIV and Sexual Health Services (VHS)Section 2: Victorian Respiratory Support Service (VRSS)Section 3: Contact program/streamSection 3: Episode program/streamSection 3: Referral in program/stream |

# Section 3 – Data Definitions

# 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.

| **PROGRAMS REPORTING TO THE VINAH MDS** |
| --- |
| **DATA ELEMENT** | **EPC** | **FCP** | **HBD** | **HEN** | **HARP** | **HBPCCT** | **IT** | **Medi-Hotel** | **OP** | **PAC** | **Palliative Care** | **RIR** | **SACS** | **TCP** | **TPN** | **VALP** | **VHS** | **VRSS** |
| Contact Account Class | Y | Y |  |  | Y | Y |  |  | Y | Y | Y | Y | Y |  |  | Y | Y | Y |
| Contact Campus Code | Y | Y |  |  | Y | Y |  |  | Y | Y | Y | Y | Y | Y |  | Y | Y | Y |
| Contact Care Model |  |  |  |  |  |  |  |  |  |  | Y |  |  |  |  |  |  |  |
| Contact Care Phase |  |  |  |  |  |  |  |  |  |  | Y |  |  |  |  |  |  |  |
| Contact Client Present Status | Y | Y |  |  | Y | Y |  |  | Y | Y | Y | Y | Y |  |  | Y | Y | Y |
| Contact Clinic Identifier |  |  |  |  |  |  |  |  | Y |  |  |  |  |  |  |  |  |  |
| Contact Delivery Mode | Y | Y |  |  | Y | Y |  |  | Y | Y | Y | Y | Y | Y |  | Y | Y | Y |
| Contact Delivery Setting | Y | Y |  |  | Y | Y |  |  | Y | Y | Y | Y | Y | Y |  | Y | Y | Y |
| Contact End Date/Time | Y | Y |  |  | Y | Y |  |  | Y | Y | Y | Y | Y | Y |  | Y | Y | Y |
| Contact Family Name | Y | Y |  |  | Y |  |  |  | Y | Y | Y | Y | Y |  |  | Y | Y | Y |
| Contact Given Name(s) | Y | Y |  |  | Y |  |  |  | Y | Y | Y | Y | Y |  |  | Y | Y | Y |
| Contact Group Session Identifier | Y |  |  |  |  |  |  |  | Y |  |  |  |  |  |  |  |  |  |
| Contact Indigenous Status | Y | Y |  |  | Y | Y |  |  | Y | Y | Y | Y | Y | Y |  | Y | Y | Y |
| Contact Inpatient Flag | Y | Y |  |  | Y | Y |  |  | Y | Y | Y | Y | Y |  |  | Y | Y | Y |
| Contact Interpreter Required | Y | Y |  |  | Y | Y |  |  | Y | Y |  | Y | Y |  |  | Y | Y | Y |
| Contact Medicare Benefits Schedule Item Number |  |  |  |  |  |  |  |  | Y |  |  |  |  |  |  |  |  |  |
| Contact Medicare Number | Y | Y |  |  | Y | Y |  |  | Y | Y | Y | Y | Y | Y |  | Y | Y | Y |
| Contact Medicare Suffix | Y | Y |  |  | Y | Y |  |  | Y | Y | Y | Y | Y | Y |  | Y | Y | Y |
| Contact Preferred Care Setting |  |  |  |  |  |  |  |  |  |  | Y |  |  |  |  |  |  |  |
| Contact Preferred Death Place |  |  |  |  |  |  |  |  |  |  | Y |  |  |  |  |  |  |  |
| Contact Preferred Language | Y | Y |  |  | Y | Y |  |  | Y | Y | Y | Y | Y |  |  | Y | Y | Y |
| Contact Professional Group | Y | Y |  |  | Y | Y |  |  | Y | Y | Y | Y | Y | Y |  | Y | Y | Y |
| Contact Program Stream |  |  |  |  |  |  |  |  | Y |  |  |  |  |  |  |  |  |  |
| Contact Provider | Y | Y |  |  | Y |  |  |  | Y | Y | Y | Y | Y | Y |  | Y | Y | Y |
| Contact Purpose | Y | Y |  |  | Y | Y |  |  | Y | Y | Y | Y | Y | Y |  | Y | Y | Y |
| Contact Session Type | Y | Y |  |  | Y |  |  |  | Y | Y | Y | Y | Y |  |  | Y | Y | Y |
| Contact Specialist Palliative Care Provider |  |  |  |  |  |  |  |  |  |  | Y |  |  |  |  |  |  |  |
| Contact Start Date/Time | Y | Y |  |  | Y | Y |  |  | Y | Y | Y | Y | Y | Y |  | Y | Y | Y |
| Contact TAC Claim Number | Y | Y |  |  | Y | Y |  |  | Y | Y | Y | Y | Y |  |  | Y | Y | Y |
| Contact VWA File Number | Y |  |  |  | Y | Y |  |  | Y | Y | Y | Y | Y |  |  | Y | Y | Y |
| Episode Advance Care Directive Alert |  | Y | Y | Y | Y |  | Y |  | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y |
| Episode Campus Code | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y |
| Episode Care Plan Documented Date |  | Y |  |  | Y |  |  |  |  | Y |  | Y | Y | Y | Y | Y | Y | Y |
| Episode End Date | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y |
| Episode End Reason |  |  |  |  |  | Y |  |  |  |  | Y |  |  |  |  |  |  |  |
| Episode First Appointment Booked Date |  |  |  |  |  |  |  |  | Y |  |  |  |  |  |  |  |  |  |
| Episode Health Conditions | Y | Y | Y | Y | Y |  | Y |  | Y | Y | Y | Y | Y |  | Y | Y | Y | Y |
| Episode Hospital Discharge Date |  |  |  |  |  |  |  |  |  | Y |  | Y | Y |  |  |  |  |  |
| Episode Indigenous Status |  | Y | Y | Y |  |  | Y |  |  |  |  |  |  |  | Y |  |  | Y |
| Episode Malignancy Flag |  |  |  |  |  | Y |  |  |  |  | Y |  |  |  |  |  |  |  |
| Episode Other Factors Affecting Health |  | Y | Y | Y | Y |  | Y |  |  | Y |  | Y | Y |  | Y | Y | Y | Y |
| Episode Patient/Client Notified of First Appointment Date |  |  |  |  |  |  |  |  | Y |  |  |  |  |  |  |  |  |  |
| Episode Patient/Client NDIS Participant Identifier | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y |
| Episode Patient/Client Ready for Care Date |  |  |  |  |  |  |  |  |  |  | Y |  |  |  |  |  |  |  |
| Episode Program/Stream | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y |
| Episode Proposed Treatment Plan Completion |  | Y | Y | Y | Y |  | Y |  |  | Y |  | Y | Y |  | Y | Y | Y | Y |
| Episode Special Purpose Flag |  | Y | Y | Y | Y |  | Y |  |  | Y |  | Y | Y |  | Y | Y |  | Y |
| Episode Start Date | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y |
| Episode TCP Bed-Based care Transition Date |  |  |  |  |  |  |  |  |  |  |  |  |  | Y |  |  |  |  |
| Episode TCP Home-Based Care Transition Date |  |  |  |  |  |  |  |  |  |  |  |  |  | Y |  |  |  |  |
| Patient/Client Birth Country | Y | Y | Y | Y | Y | Y | Y |  | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y |
| Patient/Client Birth Date | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y |
| Patient/Client Birth Date Accuracy | Y | Y | Y | Y | Y |  | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y |
| Patient/Client Carer Availability |  | Y | Y | Y | Y |  | Y |  |  | Y | Y | Y | Y | Y | Y | Y | Y | Y |
| Patient/Client Carer Residency Status |  | Y | Y | Y | Y |  | Y |  |  | Y | Y | Y | Y | Y | Y | Y | Y | Y |
| Patient/Client Death Date | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y |
| Patient/Client Death Date Accuracy | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y |
| Patient/Client Death Place |  |  |  |  |  |  |  |  |  |  | Y |  |  |  |  |  |  |  |
| Patient/Client DVA File Number | Y | Y |  |  | Y | Y |  |  | Y | Y | Y | Y | Y | Y |  | Y | Y | Y |
| Patient/Client Gender | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y |
| Patient/Client Identifier | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y |
| Patient/Client Living Arrangement | Y | Y | Y | Y | Y |  | Y |  |  | Y | Y |  | Y | Y | Y | Y | Y | Y |
| Patient/Client Main Carer’s Relationship to the Patient |  | Y | Y | Y | Y |  | Y |  |  | Y | Y | Y | Y | Y | Y | Y | Y | Y |
| Patient/Client Sex at Birth | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y |
| Patient/Client Usual Accommodation Type | Y | Y | Y | Y | Y |  | Y |  |  | Y |  | Y | Y | Y | Y | Y | Y | Y |
| Patient/Client Usual Residence Locality Name | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y |
| Patient/Client Usual Residence Postcode | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y |
| Referral End Date | Y | Y | Y | Y | Y |  | Y |  | Y | Y |  | Y | Y | Y | Y | Y | Y | Y |
| Referral End Reason | Y | Y | Y | Y | Y |  | Y |  | Y | Y |  | Y | Y | Y | Y | Y | Y | Y |
| Referral In Clinical Referral Date | Y |  |  |  |  |  |  |  | Y |  |  |  |  |  |  |  |  |  |
| Referral In Clinical Urgency Category | Y |  |  |  |  |  |  |  | Y |  | Y |  |  |  |  |  |  |  |
| Referral In First Triage Score |  |  |  |  |  |  |  |  |  |  | Y |  |  |  |  |  |  |  |
| Referral In Outcome | Y | Y | Y | Y | Y |  | Y |  | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y |
| Referral In Outcome Date | Y | Y | Y | Y | Y |  | Y |  | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y |
| Referral In Program/Stream | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y |
| Referral In Reason | Y | Y | Y | Y | Y |  | Y |  | Y | Y |  | Y | Y | Y | Y | Y | Y | Y |
| Referral In Receipt Acknowledgment Date | Y | Y | Y | Y | Y |  | Y |  | Y | Y |  | Y | Y | Y | Y | Y | Y | Y |
| Referral In Received Date | Y | Y | Y | Y | Y | Y | 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 | Y | Y | Y | Y | Y | Y | Y |
| Referral Out Date | Y | Y | Y | Y | Y |  | Y |  | Y | Y |  | Y | Y |  | Y | Y | Y | Y |
| Referral Out Service Type | Y | Y | Y | Y | Y |  | Y |  | Y | Y |  | Y | Y |  | Y | Y | Y | Y |

# Business data element timing summary

|  |  |
| --- | --- |
| Key Symbol | Reporting Obligation |
| C22 | Mandatory for programs FCP (stream 52, 53), HBD, HEN, IT, TPN and VRSS (stream 82, 83). |
| C23 | Mandatory for programs ECP, FCP (stream 54, 55, 56), HARP, HBPCCT, ~~Medi-Hotel~~, OP, PAC, PC, RIR, SACS, TCP, VALP, VHS and VRSS (stream 86) |
| C24 | Mandatory for Specialist Clinics (Outpatients) when Referral In Outcome is ‘010 – Referral accepted – New appointment’ or ‘020 – Referral accepted – Review appointment’ or ‘3 – Referral accepted – Renewed referral’.Mandatory for Palliative Care and Early Parenting Centres when Referral In Outcome is ‘1 – Referral accepted’ or ‘3 – Referral accepted – Renewed referral’  |

*[No change to remainder of item]*

# Part I: Business data elements

## Episode Advance Care Directive Alert

|  |  |
| --- | --- |
| **Definition** | An alert, flag or similar that is obvious to any treating team across the health service that indicates: an advance care directive is on file, and/ormedical treatment decision maker has been recorded. |
| **Reported by** | Complex Care (FCP)Home Based DialysisHome Enteral NutritionHospital Admission Risk ProgramInfusion TherapyPalliative CarePost Acute CareResidential In-ReachSpecialist Clinics (Outpatients)Subacute Ambulatory Care ServicesTotal Parenteral NutritionTransition Care ProgramVictorian Artificial Limb ProgramVictorian HIV and Sexual Health ServicesVictorian Respiratory Support Service |

*[No change to remainder of item]*

## Episode Campus Code

|  |  |
| --- | --- |
| **Definition** | Indicates the hospital campus where the episode of care was provided. Patient/client activity must be reported under the campus code at which it occurred. |
| **Reported by** | All programs, dependent on transmission protocolComplex Care (FCP)Early Parenting CentresHome Based DialysisHome Enteral NutritionHospital Admission Risk ProgramInfusion TherapyMedi-HotelPalliative CarePalliative Care ConsultancyPost Acute CareResidential In-ReachSpecialist Clinics (Outpatients)Subacute Ambulatory Care ServicesTotal Parenteral NutritionTransition Care ProgramVictorian Artificial Limb Program Victorian HIV and Sexual Health ServicesVictorian 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 for FCP (streams 52, 53), HBD, HEN, IT, TPN and VRSS (streams 82, 83)First Contact Start Date/Time (Mandatory for FCP (streams 54, 55, 56) HARP, HBPCCT, ~~Medi-Hotel,~~ OP, PAC, PC, RIR, SACS, TCP, VHS and VRSS (stream 86) |

*[No change to remainder of item]*

## Episode End Date

|  |  |
| --- | --- |
| **Definition** | The date when a patient/client no longer meets the criteria for a program/stream, and they cease to be a patient/client of the program/stream. |
| **Reported by** | All programs, dependent on transmission protocolComplex Care (FCP)Early Parenting CentresHome Based DialysisHome Enteral NutritionHospital Admission Risk Program Infusion TherapyMedi-HotelPalliative CarePalliative Care ConsultancyPost Acute CareResidential In-ReachSpecialist Clinics (Outpatients)Subacute Ambulatory Care ServicesTotal Parenteral NutritionTransition Care ProgramVictorian Artificial Limb ProgramVictorian HIV and Sexual Health ServicesVictorian Respiratory Support Service |

*[No change to remainder of item]*

## Episode Health Condition

|  |  |
| --- | --- |
| **Definition** | An indication of the health condition or diagnosis contributing to the reason for providing a program/stream, and any additional health condition(s) that impact on the episode. |
| **Reported by** | Complex Care (FCP)Early Parenting CentresHome Based DialysisHome Enteral NutritionHospital Admission Risk ProgramInfusion TherapyPalliative CarePost Acute CareResidential In-ReachSpecialist Clinics (Outpatients)Subacute Ambulatory Care ServicesTotal Parenteral NutritionVictorian Artificial Limb ProgramVictorian HIV and Sexual Health ServicesVictorian Respiratory Support Service |

*[No change to remainder of item]*

**Episode Indigenous Status**

|  |  |
| --- | --- |
| **Definition** | Whether a person identifies as being of Aboriginal or Torres Strait Islander origin, as represented by a code. |
| **Reported by** | Complex Care (FCP)Home Based DialysisHome Enteral NutritionInfusion TherapyTotal Parenteral NutritionVictorian Respiratory Support Service |

*[No change to remainder of item]*

## Episode Other Factors Affecting Health

|  |  |
| --- | --- |
| **Definition** | An indication of the other factors affecting health to accurately reflect the complexity of patients/clients. |
| **Reported by** | Complex Care (FCP)Home Based DialysisHome Enteral NutritionHospital Admission Risk Program Infusion TherapyPost Acute CareResidential In-ReachSubacute Ambulatory Care ServicesTotal Parenteral NutritionVictorian Artificial Limb ProgramVictorian HIV and Sexual Health ServicesVictorian Respiratory Support Service |

*[No change to remainder of item]*

## Episode Patient/Client NDIS Participant Identifier

|  |  |
| --- | --- |
| **Definition** | National Disability Insurance Scheme (NDIS) participant number of the person who is a registered NDIS participant |
| **Reported by** | Complex CareEarly Parenting CentresHome Based DialysisHome Enteral NutritionHospital Admission Risk ProgramInfusion TherapyMedi-HotelPalliative CarePalliative Care ConsultancyPost Acute CareResidential In-ReachSpecialist Clinics (Outpatients)Subacute Ambulatory Care ServicesTotal Parenteral NutritionTransition Care ProgramVictorian Artificial Limb ProgramVictorian HIV and Sexual Health ServicesVictorian Respiratory Support Service |

*[No change to remainder of item]*

## Episode Program/Stream

|  |  |
| --- | --- |
| **Definition** | The program/stream to which the patient’s/client’s episode relates. |
| **Reported by** | Complex Care (FCP)Early Parenting CentresHome Based DialysisHome Enteral NutritionHospital Admission Risk ProgramInfusion TherapyMedi-HotelPalliative CarePalliative Care ConsultancyPost Acute CareResidential In-ReachSpecialist Clinics (Outpatients)Subacute Ambulatory Care ServicesTotal Parenteral NutritionTransition Care ProgramVictorian Artificial Limb ProgramVictorian HIV and Sexual Health ServicesVictorian Respiratory Support Service |
| **Value domain** | EnumeratedTable identifier HL70069**Code Descriptor****Infusion Therapy (IT)**951 Subcutaneous immunoglobulin infusion therapy |

*[No change to remainder of item]*

## Episode Proposed Treatment Plan Completion

|  |  |
| --- | --- |
| **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. |
| **Reported by** | Complex Care (FCP)Home Based DialysisHome Enteral NutritionHospital Admission Risk ProgramInfusion TherapyPost Acute CareResidential In-ReachSubacute Ambulatory Care ServicesTotal Parenteral NutritionVictorian Artificial Limb ProgramVictorian HIV and Sexual Health ServicesVictorian Respiratory Support Service |

*[No change to remainder of item]*

## Episode Special Purpose Flag

|  |  |
| --- | --- |
| **Definition** | An indication of whether the patient/client is identified as a participant in a special purpose initiative. |
| **Reported by** | Complex Care (FCP)Home Based DialysisHome Enteral NutritionHospital Admission Risk ProgramInfusion TherapyPost Acute CareResidential In-ReachSubacute Ambulatory Care ServicesTotal Parenteral NutritionVictorian Artificial Limb ProgramVictorian Respiratory Support Service |

*[No change to remainder of item]*

## Episode Start Date

|  |  |
| --- | --- |
| **Definition** | When a program/stream first accepts a patient/client. This occurs in response to a referral when a referral is accepted. |
| **Reported by** | Complex Care (FCP)Early Parenting CentresHome Based DialysisHome Enteral NutritionHospital Admission Risk ProgramInfusion TherapyMedi-HotelPalliative CarePalliative Care ConsultancyPost Acute CareResidential In-ReachSpecialist Clinics (Outpatients)Subacute Ambulatory Care ServicesTotal Parenteral NutritionTransition Care ProgramVictorian Artificial Limb ProgramVictorian HIV and Sexual Health ServicesVictorian Respiratory Support Service |

*[No change to remainder of item]*

## Patient/Client Birth Country

|  |  |
| --- | --- |
| **Definition** | The country in which the person was born as represented by a code. |
| **Reported by** | Complex Care (FCP)Early Parenting CentresHome Based DialysisHome Enteral NutritionHospital Admission Risk ProgramInfusion TherapyPalliative CarePalliative Care ConsultancyPost Acute CareResidential In-ReachSpecialist Clinics (Outpatients)Subacute Ambulatory Care ServicesTotal Parenteral NutritionTransition Care ProgramVictorian Artificial Limb ProgramVictorian HIV and Sexual Health ServicesVictorian Respiratory Support Service |

*[No change to remainder of item]*

## Patient/Client Birth Date

|  |  |
| --- | --- |
| **Definition** | The date of birth of the patient/client. |
| **Reported by** | Complex Care (FCP)Early Parenting CentresHome Based DialysisHome Enteral NutritionHospital Admission Risk ProgramInfusion TherapyMedi-HotelPalliative CarePalliative Care ConsultancyPost Acute CareResidential In-ReachSpecialist Clinics (Outpatients)Subacute Ambulatory Care ServicesTotal Parenteral NutritionTransition Care ProgramVictorian Artificial Limb ProgramVictorian HIV and Sexual Health ServicesVictorian Respiratory Support Service |

*[No change to remainder of item]*

## Patient/Client Birth Date Accuracy

|  |  |
| --- | --- |
| **Definition** | A code representing the accuracy of the components of the date – day, month, year. |
| **Reported by** | Complex Care (FCP)Early Parenting CentresHome Based DialysisHome Enteral NutritionHospital Admission Risk ProgramInfusion TherapyMedi-HotelPalliative CarePost Acute CareResidential In-ReachSpecialist Clinics (Outpatients)Subacute Ambulatory Care ServicesTotal Parenteral NutritionTransition Care ProgramVictorian Artificial Limb ProgramVictorian HIV and Sexual Health ServicesVictorian Respiratory Support Service |

*[No change to remainder of item]*

## Patient/Client Carer Availability

|  |  |
| --- | --- |
| **Definition** | A record of whether a person, such as a family member, friend or neighbour has been identified as providing regular on-going care or assistance, not linked to a formal service. |
| **Reported by** | Complex Care (FCP)Home Based DialysisHome Enteral NutritionHospital Admission Risk ProgramInfusion TherapyPalliative CarePost-Acute CareResidential In-ReachSubacute Ambulatory Care ServicesTotal Parenteral NutritionTransition Care ProgramVictorian Artificial Limb ProgramVictorian HIV and Sexual Health ServicesVictorian Respiratory Support Service |

 *[No change to remainder of item]*

## Patient/Client Carer Residency Status

|  |  |
| --- | --- |
| **Definition** | Whether or not a carer lives with the patient/client for whom they care. |
| **Reported by** | Complex Care (FCP)Home Based DialysisHome Enteral NutritionHospital Admission Risk ProgramInfusion TherapyPalliative CarePost Acute CareResidential In-ReachSubacute Ambulatory Care ServicesTotal Parenteral NutritionTransition Care ProgramVictorian Artificial Limb ProgramVictorian HIV and Sexual Health ServicesVictorian Respiratory Support Service |

*[No change to remainder of item]*

## Patient/Client Gender

|  |  |
| --- | --- |
| **Definition** | How a person describes their gender, as represented by a code. |
| **Reported by** | Complex Care (FCP)Early Parenting CentresHome Based DialysisHome Enteral NutritionHospital Admission Risk ProgramInfusion TherapyMedi-HotelPalliative CarePalliative Care ConsultancyPost Acute CareResidential In-ReachSpecialist Clinics (Outpatients)Subacute Ambulatory Care ServicesTotal Parenteral NutritionTransition Care ProgramVictorian Artificial Limb ProgramVictorian HIV and Sexual Health ServicesVictorian Respiratory Support Service |

*[No change to remainder of item]*

## Patient/Client Identifier

|  |  |
| --- | --- |
| **Definition** | An identifier unique to a person. |
| **Reported by** | Complex Care (FCP)Early Parenting CentresHome Based DialysisHome Enteral NutritionHospital Admission Risk ProgramInfusion TherapyMedi-HotelPalliative CarePalliative Care ConsultancyPost Acute CareResidential In-ReachSpecialist Clinics (Outpatients)Subacute Ambulatory Care ServicesTotal Parenteral NutritionTransition Care ProgramVictorian Artificial Limb ProgramVictorian HIV and Sexual Health ServicesVictorian Respiratory Support Service |

*[No change to remainder of item]*

## Patient/Client Living Arrangement

|  |  |
| --- | --- |
| **Definition** | Whether a patient/client usually resides alone or with others. |
| **Reported by** | Complex Care (FCP)Early Parenting CentresHome Based DialysisHome Enteral NutritionHospital Admission Risk ProgramInfusion TherapyPalliative CarePost Acute CareSubacute Ambulatory Care ServicesTotal Parenteral NutritionTransition Care ProgramVictorian Artificial Limb ProgramVictorian HIV and Sexual Health ServicesVictorian Respiratory Support Service |

*[No change to remainder of item]*

## Patient/Client Main Carer’s Relationship to Patient

|  |  |
| --- | --- |
| **Definition** | The relationship of the patient’s/client’s carer to the patient/client. |
| **Reported by** | Complex Care (FCP)Home Based DialysisHome Enteral NutritionHospital Admission Risk ProgramInfusion TherapyPalliative CarePost Acute CareResidential In-ReachSubacute Ambulatory Care ServicesTotal Parenteral NutritionTransition Care ProgramVictorian Artificial Limb ProgramVictorian HIV and Sexual Health ServicesVictorian Respiratory Support Service |

*[No change to remainder of item]*

## Patient/Client Sex at Birth

|  |  |
| --- | --- |
| **Definition** | The sex of the person as recorded at birth or infancy.The distinction between male, female, and others who do not have biological characteristics typically associated with either the male or female sex, as represented by a code. |
| **Reported by** | Complex Care (FCP)Early Parenting CentresHome Based DialysisHome Enteral NutritionHospital Admission Risk ProgramInfusion TherapyMedi-HotelPalliative CarePalliative Care ConsultancyPost Acute CareResidential In-ReachSpecialist Clinics (Outpatients)Subacute Ambulatory Care ServicesTotal Parenteral NutritionTransition Care ProgramVictorian Artificial Limb ProgramVictorian HIV and Sexual Health ServicesVictorian Respiratory Support Service |

*[No change to remainder of item]*

## Patient/Client Usual Accommodation Type

|  |  |
| --- | --- |
| **Definition** | The type of accommodation in which the patient/client usually lives. |
| **Reported by** | Complex Care (FCP)Early Parenting CentresHome Based DialysisHome Enteral NutritionHospital Admission Risk ProgramInfusion TherapyPost Acute CareResidential In-ReachSubacute Ambulatory Care ServicesTotal Parenteral NutritionTransition Care ProgramVictorian Artificial Limb ProgramVictorian HIV and Sexual Health ServicesVictorian Respiratory Support Service |

*[No change to remainder of item]*

## Patient/Client Usual Residence Locality Name

|  |  |
| --- | --- |
| **Definition** | The name of the geographic location (suburb/town/locality for Australian residents, country for overseas residents) of usual residence of the person (not postal address). |
| **Reported by** | Complex Care (FCP)Early Parenting CentresHome Based DialysisHome Enteral NutritionHospital Admission Risk ProgramInfusion TherapyMedi-HotelPalliative CarePalliative Care ConsultancyPost Acute CareResidential In-ReachSpecialist Clinics (Outpatients)Subacute Ambulatory Care ServicesTotal Parenteral NutritionTransition Care ProgramVictorian Artificial Limb ProgramVictorian HIV and Sexual Health ServicesVictorian Respiratory Support Service |

*[No change to remainder of item]*

## Patient/Client Usual Residence Postcode

|  |  |
| --- | --- |
| **Definition** | The postcode of the locality in which the person usually resides (not postal address). |
| **Reported by** | Complex Care (FCP)Early Parenting CentresHome Based DialysisHome Enteral NutritionHospital Admission Risk ProgramInfusion TherapyMedi-HotelPalliative CarePalliative Care ConsultancyPost Acute CareResidential In-ReachSpecialist Clinics (Outpatients)Subacute Ambulatory Care ServicesTotal Parenteral NutritionTransition Care ProgramVictorian Artificial Limb ProgramVictorian HIV and Sexual Health ServicesVictorian Respiratory Support Service |

*[No change to remainder of item]*

## Referral End Date

|  |  |
| --- | --- |
| **Definition** | The date on which the referral is resolved. |
| **Reported by** | Complex Care(FCP)Early Parenting CentresHome-Based DialysisHome Enteral Nutrition Hospital Admission Risk ProgramInfusion TherapyPost Acute CareResidential In-ReachSpecialist Clinics (Outpatients)Subacute Ambulatory Care ServicesTotal Parenteral NutritionTransition Care ProgramVictorian Artificial Limb ProgramVictorian HIV and Sexual Health ServicesVictorian Respiratory Support Service |

*[No change to remainder of item]*

## Referral End Reason

|  |  |
| --- | --- |
| **Definition** | The reason the referral ended. |
| **Reported by** | Complex Care (FCP)Early Parenting CentresHome-Based DialysisHome Enteral Nutrition Hospital Admission Risk ProgramInfusion TherapyPost Acute CareResidential In-ReachSpecialist Clinics (Outpatients)Subacute Ambulatory Care ServicesTotal Parenteral NutritionTransition Care ProgramVictorian Artificial Limb ProgramVictorian HIV and Sexual Health ServicesVictorian Respiratory Support Service |

*[No change to remainder of item]*

## Referral In Clinical Urgency Category

|  |  |
| --- | --- |
| **Definition** | A categorisation of the urgency with which a patient needs to be seen. |
| **Reported by** | Early Parenting CentresPalliative CareSpecialist 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)Referral in Outcome (Mandatory)Referral in Outcome Date (Mandatory) |
| **Value domain** | Enumerated |
|  | Table identifier HL70280 |
|  | **Code Descriptor** |
| **\*EPC, OP & PC** | 1 Urgent |
| **\*EPC, OP & PC** | 2 Routine |
| **\*PC** | 3 Crisis |
| **\*PC** | 4 Non-urgent |
| **\*PC** | 99 Not stated or unknown  |

*[No change to remainder of item]*

## Referral In Outcome

|  |  |
| --- | --- |
| **Definition** | The outcome of a referral. |
| **Reported by** | Complex Care (FCP)Early Parenting CentresHome Based DialysisHome Enteral NutritionHospital Admission Risk ProgramInfusion TherapyPalliative CarePost Acute CareResidential In-ReachSpecialist Clinics (Outpatients)Subacute Ambulatory Care ServicesTotal Parenteral NutritionTransition Care ProgramVictorian Artificial Limb ProgramVictorian HIV and Sexual Health ServicesVictorian Respiratory Support Service |

*[No change to remainder of item]*

## Referral In Outcome Date

|  |  |
| --- | --- |
| **Definition** | The date/date stamp of an instance where a Referral In Outcome was reported or updated. |
| **Reported by** | Complex Care (FCP)Early Parenting CentresHome Based DialysisHome Enteral Nutrition Hospital Admission Risk ProgramInfusion TherapyPalliative CarePost Acute CareResidential In-ReachSpecialist Clinics (Outpatients)Subacute Ambulatory Care ServicesTotal Parenteral NutritionTransition Care ProgramVictorian Artificial Limb ProgramVictorian HIV and Sexual Health ServicesVictorian Respiratory Support Service |

*[No change to remainder of item]*

## Referral In Program Stream

|  |  |
| --- | --- |
| **Definition** | The program/stream to which the patient/client is referred. |
| **Reported by** | Complex Care (FCP)Early Parenting CentresHome Based DialysisHome Enteral NutritionHospital Admission Risk ProgramInfusion TherapyMedi-HotelPalliative CarePalliative Care ConsultancyPost Acute CareResidential In-ReachSpecialist Clinics (Outpatients)Subacute Ambulatory Care ServicesTotal Parenteral NutritionTransition Care ProgramVictorian Artificial Limb ProgramVictorian HIV and Sexual Health ServicesVictorian Respiratory Support Service |
| **Value domain** | EnumeratedTable identifier HL70069**Code Descriptor****Subcutaneous Infusion Therapy (SCIT)**951 Subcutaneous immunoglobulin infusion therapy |

*[No change to remainder of item]*

## Referral In Reason

|  |  |
| --- | --- |
| **Definition** | The reason given by the referring clinician for the referral request. |
| **Reported by** | Complex Care (FCP)Early Parenting CentresHome Based DialysisHome Enteral NutritionHospital Admission Risk ProgramInfusion TherapyMedi-HotelPalliative CarePalliative Care ConsultancyPost Acute CareResidential In-ReachSpecialist Clinics (Outpatients)Subacute Ambulatory Care ServicesTotal Parenteral NutritionTransition Care ProgramVictorian Artificial Limb ProgramVictorian HIV and Sexual Health ServicesVictorian Respiratory Support Service |

*[No change to remainder of item]*

## Referral In Receipt Acknowledgement Date

|  |  |
| --- | --- |
| **Definition** | The date of initial contact with the patient/client or carer to acknowledge receipt of referral. For Specialist Clinics ((Outpatients), this is the date of initial contact with the referrer. |
| **Reported by** | Complex Care (FCP)Early Parenting CentresHome Based DialysisHome Enteral NutritionHospital Admission Risk ProgramInfusion TherapyPost Acute CareResidential In-ReachSpecialist Clinics (Outpatients)Subacute Ambulatory Care ServicesTotal Parenteral NutritionTransition Care ProgramVictorian Artificial Limb ProgramVictorian HIV and Sexual Health ServicesVictorian Respiratory Support Service |

*[No change to remainder of item]*

## Referral In Received Date

|  |  |
| --- | --- |
| **Definition** | The date that a referral, either written or verbal, is received. For Specialist Clinics (Outpatients), this could be a request for a booking, where the referral will be provided at the first contact. |
| **Reported by** | Complex Care (FCP)Early Parenting CentresHome Based DialysisHome Enteral NutritionHospital Admission Risk ProgramInfusion TherapyPalliative CarePalliative Care ConsultancyPost Acute CareResidential In-ReachSpecialist Clinics (Outpatients)Subacute Ambulatory Care ServicesTotal Parenteral NutritionTransition Care ProgramVictorian Artificial Limb ProgramVictorian HIV and Sexual Health ServicesVictorian Respiratory Support Service |

*[No change to remainder of item]*

## Referral In Service Type

|  |  |
| --- | --- |
| **Definition** | The person who, or service which, referred the patient/client. |
| **Reported by** | Complex Care (FCP)Early Parenting CentresHome Based DialysisHome Enteral NutritionHospital Admission Risk ProgramInfusion TherapyPalliative CarePalliative Care ConsultancyPost Acute CareResidential In-ReachSpecialist Clinics (Outpatients)Subacute Ambulatory Care ServicesTotal Parenteral NutritionTransition Care ProgramVictorian Artificial Limb ProgramVictorian HIV and Sexual Health ServicesVictorian Respiratory Support Service |

*[No change to remainder of item]*

## Referral Out Date

|  |  |
| --- | --- |
| **Definition** | The date that a Referral Out was made. |
| **Reported by** | Complex Care (FCP)Early Parenting CentresHome Based DialysisHome Enteral NutritionHospital Admission Risk ProgramInfusion TherapyPost Acute CareResidential In-ReachSpecialist Clinics (Outpatients)Subacute Ambulatory Care ServicesTotal Parenteral NutritionVictorian Artificial Limb ProgramVictorian HIV and Sexual Health ServicesVictorian Respiratory Support Service |

*[No change to remainder of item]*

## Referral Out Service Type

|  |  |
| --- | --- |
| **Definition** | The person or services to which the patient/client is referred for ongoing care at the episode end. |
| **Reported by** | Complex Care (FCP)Early Parenting CentresHome Based DialysisHome Enteral NutritionHospital Admission Risk ProgramInfusion TherapyPost Acute CareResidential In-ReachSpecialist Clinics (Outpatients)Subacute Ambulatory Care ServicesTotal Parenteral NutritionVictorian Artificial Limb ProgramVictorian HIV and Sexual Health ServicesVictorian Respiratory Support Service |

*[No change to remainder of item]*

# PART II: Transmission Data Elements

## Patient/Client Prior Identifier

|  |  |
| --- | --- |
| **Definition** | The person identifier to be merged into the new patient identifier. That is: The 'old' identifier. |
| **Reported by** | Complex Care (FCP)Early Parenting CentresHome Based DialysisHome Enteral NutritionHospital Admission Risk ProgramInfusion TherapyMedi-HotelPalliative CarePalliative Care ConsultancyPost Acute CareResidential In-ReachSpecialist Clinics (Outpatients)Subacute Ambulatory Care ServicesTotal Parenteral NutritionTransition Care ProgramVictorian Artificial Limb ProgramVictorian HIV and Sexual Health ServicesVictorian Respiratory Support Service |

*[No change to remainder of item]*

## Referral Identifier

|  |  |
| --- | --- |
| **Definition** | An identifier, unique to a Referral across all programs within an organisation. A referral includes referrals in and out. |
| **Reported by** | **All programs, not elsewhere specified**~~Complex Care (FCP)~~~~Early Parenting Centres~~~~Home Based Dialysis~~~~Home Enteral Nutrition~~~~Hospital Admission Risk Program~~~~Palliative Care~~~~Palliative Care Consultancy~~~~Post Acute Care~~~~Residential In-Reach~~~~Specialist Clinics (Outpatients)~~~~Subacute Ambulatory Care Services~~~~Total Parenteral Nutrition~~~~Transition Care Program~~~~Victorian Artificial Limb Program~~~~Victorian HIV and Sexual Health Services~~~~Victorian Respiratory Support Service~~ |

# Section 4 – Business rules

## Data quality principle: Consistency

|  |  |
| --- | --- |
| **BR-DAT-RIN-004** | For Palliative Care Program/Streams and Early Parenting Centres Program/Streams, when a Referral In Outcome has the value ‘1 – Referral accepted’ or ‘3 – Referral accepted – Renewed referral’, Referral In Clinical Urgency Category must be reported |
| **Data quality objective** | Data elements related to referrals are consistent |
| **Validations** | E453 Referral In Outcome is <ref\_in outcome> and Program/Stream is <program/stream> but Referral In Clinical Urgency Category is not provided |

# Section 8 – Validations

## Validation level: Business rule

| ValidationID | Message template | Cause | Resolution |
| --- | --- | --- | --- |
| **Validation**  | **group 1** |  |  |
| E453 | Referral In Outcome is <ref\_in outcome> and Program/Stream is <program/stream> but Referral In Clinical Urgency Category is not provided  | Referral In Outcome is 010 – Referral accepted – New appointment’ or ‘020 – Referral accepted – Review appointment’ or ‘3 – Referral accepted – Renewed referral’ and Program/Stream is OP but Referral In Clinical Urgency Category has not been reported.Referral In Outcome is ‘1 – Referral accepted’ or ‘3 – Referral accepted – Renewed referral’ and Program/Stream is PC or EPC but Referral In Clinical Urgency Category has not been reported. | Contact HDSS Helpdesk or your software vendor for support. |
|  | BR-DAT-RIN-004 | *For Palliative Care Program/Streams and Early Parenting Centres Program/Streams, when a Referral In Outcome has the value ‘1 – Referral accepted ‘or ‘3 – Referral accepted – Renewed referral’, Referral In Clinical Urgency Category must be reported* |
|  | *BR-DAT-RIN-005* | *For Specialist Clinics (Outpatients) Program/Streams, when a Referral In Outcome has the value ‘010 – Referral accepted – New appointment’, ‘020 –* *Referral accepted –, Referral In Clinical Urgency Category must be reported* |

*[No change to remainder of item]*

# Section 9 - Code list

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Data Element Name** | **Code Set Identifier** | **Code Set Type** | **Code** | **Descriptor** | **Program Stream Restrictions** | **Reportable Requirements** |
| Episode Program/Stream | HL70069 | Code Set | 951 | Subcutaneous Immunoglobulin Infusion Therapy | IT | Reportable as of 01/07/2021 |
| Referral In Program/Stream | HL70069 | Code Set | 951 | Subcutaneous Immunoglobulin Infusion Therapy | IT | Reportable as of 01/07/2021 |

# Implementation Notes

## Infusion Therapy (IT)

Health services are requested to commence reporting Infusion Therapy (IT) from 1 July 2024. However, reporting is optional for referrals received on or after 1 July 2024, becoming mandatory for all referrals received on or after 1 July 2025.

The department encourages health services, in-scope to report the IT program/stream, to do so in 2024-25 and to advise the department of their intentions to commence reporting.