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

This errata provides updated advice for 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 is encouraged as soon as possible in 2024-25, becoming mandatory from 1 July 2025.

# 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 and the *Addendum to the Specifications for revisions to the Victorian Integrated Non-Admitted Health Minimum Data Set (VINAH MDS) for 2024-25*. 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 the *Specifications for revisions to the Victorian Integrated Non-Admitted Health Minimum Data Set (VINAH MDS) for 2024-25,* the *Addendum to the Specifications for revisions to the Victorian Integrated Non-Admitted Health Minimum Data Set (VINAH MDS) for 2024-25* and 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 | Y | Y | N | Y |
| * Non-attended
 | Y | N | Y | Y | 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~~ contact 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 SCIg and do not provide specialist clinician support or consumables and equipment 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 are to be reported for each occasion that a patient performs SCIg infusion therapy in their own home with each procedure documented in the patient’s medical record. The Contact Professional Group code is not required to be reported in the contact.Where clinical staff attend to assist the patient with the administration of the SCIg infusion therapy this is reported as one contact.For example, a patient’s hand dexterity worsens requiring assistance to perform the SCIg infusion therapy. A division 1 nurse makes a home visit to assist a patient perform the SCIg infusion therapy and the procedure is documented in the patient’s medical record. This is reported as one contact, a Contact Professional Group code of 254400 – Nurse – Division 1 may be reported.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.Further information on the SCIg access program is available at [SCIg access program](https://www.health.vic.gov.au/patient-care/subcutaneous-immunoglobulin-scig-access-program) <https://www.health.vic.gov.au/patient-care/subcutaneous-immunoglobulin-scig-access-program> and [Policy and Funding Guidelines](https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services) <https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services>. |
| **Refer to**  | Section 2: ProgramSection 2: Programs reporting to the VINAH MDSSection 2: 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 | Y | Y |
| Contact Campus Code | Y | 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 | Y |
| Contact Clinic Identifier |  |  |  |  |  |  |  |  | Y |  |  |  |  |  |  |  |  |  |
| Contact Delivery Mode | Y | 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 | Y |
| Contact End Date/Time | Y | 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 | Y |
| Contact Given Name(s) | Y | 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 | Y |
| Contact Inpatient Flag | Y | 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 | Y |
| Contact Medicare Benefits Schedule Item Number |  |  |  |  |  |  |  |  | Y |  |  |  |  |  |  |  |  |  |
| Contact Medicare Number | Y | 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 | 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 | Y |
| Contact Professional Group | Y | 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 | Y |
| Contact Purpose | Y | 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 | Y |
| Contact Specialist Palliative Care Provider |  |  |  |  |  |  |  |  |  |  | Y |  |  |  |  |  |  |  |
| Contact Start Date/Time | Y | 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 | Y |
| Contact VWA File Number | Y |  |  |  | Y | Y | Y |  | Y | Y | Y | Y | Y |  |  | Y | Y | Y |
| Episode Indigenous Status |  | Y | Y | Y |  |  | ~~Y~~ |  |  |  |  |  |  |  | Y |  |  | Y |

*[No change to remainder of item]*

# Part I: Business data elements

## Contact Account Class

|  |  |
| --- | --- |
| **Definition** | The agency/individual chargeable for this contact and associated subcategories. |
| **Reported by** | Complex Care (FCP)Early Parenting CentresHospital Admission Risk ProgramInfusion TherapyPalliative CarePalliative Care ConsultancyPost Acute CareResidential In-ReachSpecialist Clinics (Outpatients)Subacute Ambulatory Care ServicesTransition Care ProgramVictorian Artificial Limb ProgramVictorian HIV and Sexual Health ServicesVictorian Respiratory Support Service |

*[No change to remainder of item]*

## Contact Campus Code

|  |  |
| --- | --- |
| **Definition** | Indicates the hospital campus where the contact was provided. Patient/client activity must be reported under the campus code at which it occurred. |
| **Reported by** | Complex Care (FCP)Early Parenting CentresHospital Admission Risk ProgramInfusion TherapyPalliative CarePalliative Care ConsultancyPost Acute CareResidential In-ReachSpecialist Clinics (Outpatients)Subacute Ambulatory Care ServicesTransition Care ProgramVictorian Artificial Limb Program Victorian HIV and Sexual Health ServicesVictorian Respiratory Support Service |

*[No change to remainder of item]*

## Contact Client Present Status

|  |  |
| --- | --- |
| **Definition** | An indicator of the presence or absence of a patient/client at a contact. |
| **Reported by** | Complex Care (FCP)Early Parenting CentresHospital Admission Risk ProgramInfusion TherapyPalliative CarePalliative Care ConsultancyPost Acute CareResidential In-ReachSpecialist Clinics (Outpatients)Subacute Ambulatory Care ServicesVictorian Artificial Limb ProgramVictorian HIV and Sexual Health ServicesVictorian Respiratory Support Service |

*[No change to remainder of item]*

## Contact Delivery Mode

|  |  |
| --- | --- |
| **Definition** | The mode of provision of the service during the contact |
| **Reported by** | Complex Care (FCP)Early Parenting CentresHospital Admission Risk ProgramInfusion TherapyPalliative CarePalliative Care ConsultancyPost Acute CareResidential In-ReachSpecialist Clinics (Outpatients)Subacute Ambulatory Care ServicesTransition Care ProgramVictorian Artificial Limb ProgramVictorian HIV and Sexual Health ServicesVictorian Respiratory Support Service |

*[No change to remainder of item]*

## Contact Delivery Setting

|  |  |
| --- | --- |
| **Definition** | The type of setting in which the contact is experienced by the patient/client. |
| **Reported by** | Complex Care (FCP)Early Parenting CentresHospital Admission Risk ProgramInfusion TherapyPalliative CarePalliative Care ConsultancyPost Acute CareResidential In-ReachSpecialist Clinics (Outpatients)Subacute Ambulatory Care ServicesTransition Care ProgramVictorian Artificial Limb ProgramVictorian HIV and Sexual Health ServicesVictorian Respiratory Support Service |

*[No change to remainder of item]*

## Contact End Date/Time

|  |  |
| --- | --- |
| **Definition** | The date and end time of the patient/client contact with a health service provider. This includes the health service provider’s time to write case notes immediately after the contact. |
| **Reported by** | Complex Care (FCP)Early Parenting CentresHospital Admission Risk ProgramInfusion TherapyPalliative CarePalliative Care ConsultancyPost Acute CareResidential In-ReachSpecialist Clinics (Outpatients)Subacute Ambulatory Care ServicesTransition Care ProgramVictorian Artificial Limb ProgramVictorian HIV and Sexual Health ServicesVictorian Respiratory Support Service |

*[No change to remainder of item]*

## Contact Family Name

|  |  |
| --- | --- |
| **Definition** | The family name(s) of the patient/client. |
| **Reported by** | Complex Care (FCP)Early Parenting CentresHospital Admission Risk ProgramInfusion TherapyPalliative CarePost Acute CareResidential In-ReachSpecialist Clinics (Outpatients)Subacute Ambulatory Care ServicesVictorian Artificial Limb Program Victorian HIV and Sexual Health ServicesVictorian Respiratory Support Service |

*[No change to remainder of item]*

## Contact Given Name(s)

|  |  |
| --- | --- |
| **Definition** | The given name/s of the DVA, TAC or WC patient. |
| **Reported by** | Complex Care (FCP)Early Parenting CentresHospital Admission Risk ProgramInfusion TherapyPalliative CarePost Acute CareResidential In-ReachSpecialist Clinics (Outpatients)Subacute Ambulatory Care ServicesVictorian Artificial Limb ProgramVictorian HIV and Sexual Health ServicesVictorian Respiratory Support Service |

*[No change to remainder of item]*

## Contact 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)Early Parenting CentresHospital Admission Risk ProgramInfusion TherapyPalliative CarePalliative Care ConsultancyPost Acute CareResidential In-ReachSpecialist Clinics (Outpatients)Subacute Ambulatory Care ServicesTransition Care ProgramVictorian Artificial Limb ProgramVictorian HIV and Sexual Health ServicesVictorian Respiratory Support Service |

*[No change to remainder of item]*

## Contact Inpatient Flag

|  |  |
| --- | --- |
| **Definition** | An indication of whether the patient/client is an inpatient at the time of the contact. |
| **Reported by** | Complex Care (FCP)Early Parenting CentresHospital Admission Risk ProgramInfusion TherapyPalliative CarePalliative Care ConsultancyPost Acute CareResidential In-ReachSpecialist Clinics (Outpatients)Subacute Ambulatory Care ServicesVictorian Artificial Limb ProgramVictorian HIV and Sexual Health ServicesVictorian Respiratory Support Service |

*[No change to remainder of item]*

## Contact Interpreter Required

|  |  |
| --- | --- |
| **Definition** | The patient’s/client’s need for an interpreter, as perceived by the patient/client or person consenting for the patient/client. |
| **Reported by** | Complex Care (FCP)Early Parenting CentresHospital Admission Risk ProgramInfusion TherapyPalliative Care ConsultancyPost Acute CareResidential In-ReachSpecialist Clinics (Outpatients)Subacute Ambulatory Care ServicesVictorian Artificial Limb ProgramVictorian HIV and Sexual Health ServicesVictorian Respiratory Support Service |

*[No change to remainder of item]*

## Contact Medicare Number

|  |  |
| --- | --- |
| **Definition** | Personal identifier allocated by Medicare Australia to eligible persons under the Medicare scheme. |
| **Reported by** | All programs, dependent on transmission protocolComplex Care (FCP)Early Parenting CentresHospital Admission Risk ProgramInfusion TherapyPalliative CarePalliative Care ConsultancyPost Acute CareResidential In-ReachSpecialist Clinics (Outpatients)Subacute Ambulatory Care ServicesTransition Care ProgramVictorian Artificial Limb ProgramVictorian HIV and Sexual Health ServicesVictorian Respiratory Support Service |

*[No change to remainder of item]*

## Contact Medicare Suffix

|  |  |
| --- | --- |
| **Definition** | First three characters of a patient’s given name (as it appears on the person’s Medicare card). |
| **Reported by** | Complex Care (FCP)Early Parenting CentresHospital Admission Risk ProgramInfusion TherapyPalliative CarePalliative Care ConsultancyPost Acute CareResidential In-ReachSpecialist Clinics (Outpatients)Subacute Ambulatory Care ServicesTransition Care ProgramVictorian Artificial Limb ProgramVictorian HIV and Sexual Health ServicesVictorian Respiratory Support Service |

## Contact Preferred Language

|  |  |
| --- | --- |
| **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. |
| **Reported by** | Complex Care (FCP)Early Parenting CentresHospital Admission Risk ProgramInfusion TherapyPalliative CarePalliative Care ConsultancyPost Acute CareResidential In-ReachSpecialist Clinics (Outpatients)Subacute Ambulatory Care ServicesVictorian Artificial Limb Program Victorian HIV and Sexual Health ServicesVictorian Respiratory Support Service |

*[No change to remainder of item]*

## Contact Professional Group

|  |  |
| --- | --- |
| **Definition** | The professional group or professional(s) providing services for a contact. |
| **Reported by** | Complex Care (FCP)Early Parenting CentresHospital Admission Risk ProgramInfusion TherapyPalliative CarePalliative Care ConsultancyPost Acute CareResidential In-ReachSpecialist Clinics (Outpatients)Subacute Ambulatory Care ServicesTransition Care ProgramVictorian Artificial Limb ProgramVictorian HIV and Sexual Health ServicesVictorian Respiratory Support Service |
| **Reporting guide** | Use as many codes as necessary to report each professional and professional group involved in the contact.At the contact level, report one code for each participating clinician. Codes should be repeated if multiple health care providers of the same Contact Professional Group participate in the delivery of the contact. For example, if two physiotherapists are involved in a single contact, report the code ‘252511 – Physiotherapist’ twice.For the Infusion Therapy program/stream, Contact Professional Group is not required to be reported when subcutaneous immunoglobulin (SCIg) is self-administered by the patient or carer. |

*[No change to remainder of item]*

## Contact Provider

|  |  |
| --- | --- |
| **Definition** | An identifier, unique within the state, for the organisational unit providing services that are reportable to the VINAH MDS, for a particular contact. |
| **Reported by** | Complex Care (FCP)Early Parenting CentresHospital Admission Risk ProgramInfusion TherapyPalliative CarePost Acute CareResidential In-ReachSpecialist Clinics (Outpatients)Subacute Ambulatory Care ServicesTransition Care ProgramVictorian Artificial Limb ProgramVictorian HIV and Sexual Health ServicesVictorian Respiratory Support Service |

*[No change to remainder of item]*

## Contact Purpose

|  |  |
| --- | --- |
| **Definition** | The purpose of the service provided within the contact. |
| **Reported by** | Complex Care (FCP)Early Parenting CentresHospital Admission Risk ProgramInfusion TherapyPalliative CarePalliative Care ConsultancyPost Acute CareResidential In-ReachSpecialist Clinics (Outpatients)Subacute Ambulatory Care ServicesTransition Care ProgramVictorian Artificial Limb ProgramVictorian HIV and Sexual Health ServicesVictorian Respiratory Support Service |

## Contact Session Type

|  |  |
| --- | --- |
| **Definition** | The type of session in which the contact was provided to the patient/client. |
| **Reported by** | Complex Care (FCP)Early Parenting CentresHospital Admission Risk ProgramInfusion TherapyPalliative CarePost Acute CareResidential In-ReachSpecialist Clinics (Outpatients)Subacute Ambulatory Care ServicesVictorian Artificial Limb ProgramVictorian HIV and Sexual Health ServicesVictorian Respiratory Support Service |

*[No change to remainder of item]*

## Contact Start Date/Time

|  |  |
| --- | --- |
| **Definition** | The date and start time of the patient/client contact with a health service provider. This includes the health service provider’s preparation time immediately prior to the contact. |
| **Reported by** | Complex Care (FCP)Early Parenting CentresHospital Admission Risk ProgramInfusion TherapyPalliative CarePalliative Care ConsultancyPost Acute CareResidential In-ReachSpecialist Clinics (Outpatients)Subacute Ambulatory Care ServicesTransition Care ProgramVictorian Artificial Limb ProgramVictorian HIV and Sexual Health ServicesVictorian Respiratory Support Service |

 *[No change to remainder of item]*

## Contact TAC Claim Number

|  |  |
| --- | --- |
| **Definition** | The Transport Accident Commission Claim Number of the patient/client, relating to this contact. |
| **Reported by** | Complex Care (FCP)Early Parenting CentresHospital Admission Risk ProgramInfusion TherapyPalliative CarePalliative Care Consultancy Post Acute CareResidential In-ReachSpecialist Clinics (Outpatients)Subacute Ambulatory Care ServicesVictorian Artificial Limb ProgramVictorian HIV and Sexual Health ServicesVictorian Respiratory Support Service |

*[No change to remainder of item]*

## Contact VWA File Number

|  |  |
| --- | --- |
| **Definition** | The WorkSafe Victoria (Victorian WorkCover Authority) file number applicable to the patient/client and a unique identifier for a claim. |
| **Reported by** | Early Parenting CentresHospital Admission Risk ProgramInfusion TherapyPalliative CarePalliative Care ConsultancyPost Acute CareResidential In-ReachSpecialist Clinics (Outpatients)Subacute Ambulatory Care ServicesVictorian 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 Nutrition~~Infusion Therapy~~Total Parenteral NutritionVictorian Respiratory Support Service |

*[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 01/07/2024 |
| Referral In Program/Stream | HL70069 | Code Set | 951 | Subcutaneous Immunoglobulin Infusion Therapy | IT | Reportable as of 01/07/2024 |

# 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.