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| Specifications for revisions to the Victorian Integrated Non-Admitted Health Minimum Data Set (VINAH MDS) for 2025-26 |
| December 2024 |
| OFFICIAL |

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# Executive Summary

The revisions for the Victorian Integrated Non-Admitted Health Minimum (VINAH MDS) for 2025-26 are summarised below:

**Amendments to existing data elements**

* New Referral In/Referral Out Service Type codes for Victorian Virtual Emergency Department (VVED).
* Cease reporting Message Visit Indicator Code ‘V – Client Service Event (Visit)’.
* New and amended Contact Purpose codes for conservative management and optimisation of pathways for surgery.

# Introduction

Each year the Department of Health reviews the Victorian Integrated Non-Admitted Health Minimum Data Set (VINAH MDS) to ensure that the data collection supports the department’s business objectives, including national reporting obligations, and reflects changes in hospital funding and service provision arrangements for the coming financial year.

Some proposed changes submitted for 2024-25 were deferred for consideration during the 2025-26 annual change process. Comments provided by the health sector in response to *Proposals for revisions to the Victorian Integrated Non-Admitted Health Minimum Data Set (VINAH MDS) for 2024-25* have been considered, and where possible, suggestions have been accommodated, resulting in changes to or withdrawal of some proposals.

The 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 this document, form the data submission specifications for 2025-26.

**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 proposal document appear in *[square brackets and italics].*
* New validations are marked ###.
* 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.

# Outcome of proposals

The department considered proposals for changes to the VINAH MDS submitted during the 2024-25 and 2025-26 annual changes process.

**Proposal 7 – Amend Episode Health Condition codes**

Proposal does not proceed – deferred for 12 months

**Proposal 9 – New Referral In/Out Service Type for Victorian Virtual Emergency Department (VVED)**

Proposal proceeds

**Proposal 11** **–** **Amend Message Visit Indicator Code**

Proposal proceeds

**Proposal 14 – Amend Contact Purpose for conservative management**

Proposal proceeds

# Specifications for changes from 1 July 2025

# Section 1 Introduction

## Reporting notes (amend)

**End of financial year consolidation**

All errors for 2025-26 must be corrected and resubmitted before consolidation of the VINAH MDS database on the date advised in the Victorian policy and funding guidelines.

| Data requirement | Due date |
| --- | --- |
| Submission date for client, referral, episode and contact details for the month | Must be submitted before 5.00pm on the 10th day of the following month |
| Clean date for client, referral, episode and contact details for the month | Must be submitted before the file consolidation at 5.00pm on the 14th day of the following month, or the preceding working day if the 14th falls on a weekend or public holiday |
| Corrections to data for 2025-26 | Must be corrected and submitted before final consolidation of the 2025-26 VINAH MDS database at 5pm on the date advised in thePolicy and funding guidelines |

## VINAH MDS consolidation

Hospitals are expected to have finalised and submitted complete data for that financial year’s activity by the final consolidation date published in the Policy and funding guidelines.

## History and development of the VINAH MDS (amend)

**2025-26 VINAH v20**

Updates to data elements Contact Purpose, Message Visit Indicator, Referral In Service Type and Referral Out Service Type.

# Section 3 Data definitions

# Part I: Business data elements

## Contact Purpose (amend)

|  |  |
| --- | --- |
| **Definition** | The purpose of the service provided within the contact. |
| **Value domain** | Enumerated |
|  | Table identifier HL70230 |
|  | **Code Descriptor** |
| **\*OP** | 75 Follow up/Monitoring/Evaluation/Review – optimisation pathways for surgery |
| **\*OP** | 76 New patient consultation – optimisation pathways for surgery |
| **Reporting guide** | Where there is more than one service provided in a single contact, choose as the main purpose the value that was most significant (except Specialist Clinics (Outpatients) – see below).  More than one purpose may be optionally reported. The main purpose must be reported with a Procedure Sequence Number of ‘1’, additional purposes reported with values of ‘2’, ‘3’, ‘4’…. and so on.  For Specialist Clinics (Outpatients), one of Follow Up/Monitoring/Evaluation /Review (71, 73, 75) or New patient consultation (72, 74, 76) must be reported for each contact. Other appropriate codes may also be reported.  **71 – Follow up/Monitoring/Evaluation/Review**  For the Specialist Clinics (Outpatients) program/stream review contacts are any subsequent contacts at a clinic within the program stream following the first contact at that clinic.  The primary purpose of a review appointment is to review the patient following a previous outpatient appointment within the same program stream, or treatment as an admitted patient.  Includes:   * Post-operative review * Routine review of chronic condition * Monitoring results of interventions * Evaluation of action plans * Re-assessing client needs are being met   Excludes:   * Follow up/Monitoring/Evaluation/Review for conservative management (use code 73). * Follow up/Monitoring/Evaluation/Review for optimisation pathways for surgery (use code 75)   **72 – New patient consultation**  Only in scope for the Specialist Clinics (Outpatients) program/stream.  A ‘new’ contact is defined as a patient attending a clinic within a specific program/stream for the first time with the exception of a first clinic appointment post inpatient stay. That is, the first contact of the referral to a particular program stream (for example 101 – General medicine). If a patient receives two referrals to a program stream (for example nutrition in allied health, and physiotherapy in allied health then that would be two ‘new’ appointments).  A patient can be accepted to multiple clinics. If the clinics are in the same program stream, the first contact within the program stream would be classified as ‘new,’ and any subsequent contacts within the program stream would be ‘review.’ If the clinics are in different program streams, then the first appointment within each separate program stream would be considered new, and any subsequent appointments within each program stream would be classified as review.  Excludes:   * First clinic appointment following an inpatient stay (use codes 71, 73 or 75) * New patient consultation for conservative management (use code 74). * New patient consultation for optimisation pathways for surgery (use code 76)   **73 – Follow up/Monitoring/Evaluation/Review – conservative management**  Only in scope for the Specialist Clinics (Outpatients) program/stream for patients receiving ~~conservative management~~ evidence-based alternatives to surgery that divert or delay the need for surgery (for example, by alleviating symptoms, including managing pain and restoring function).  The primary purpose of a review appointment is to review the patient following a previous outpatient appointment within the same program stream, or treatment as an admitted patient.  Excludes:   * Follow up/Monitoring/Evaluation/Review other than for conservative management or optimisation pathways for surgery (use code 71). * Follow up/Monitoring/Evaluation/Review for optimisation pathways for surgery (use code 75)   **74 – New patient consultation – conservative management**  Only in scope for the Specialist Clinics (Outpatients) program/stream for patients receiving ~~conservative management~~ evidence-based alternatives to surgery that divert or delay the need for surgery (for example, by alleviating symptoms, including managing pain and restoring function).  A ‘new’ contact for conservative management is reported when a patient receiving conservative management is attending a clinic within a specific program/stream for the first time.  Excludes:   * First clinic appointment following an inpatient stay (use codes 71, 73 or 75) * ~~First clinic appointment for conservative management following an inpatient stay (use code 73).~~ * New patient consultation other than for conservative management or optimisation pathways for surgery (use code 72). * New patient consultation for optimisation of pathways for surgery (use code 76)   **75 – Follow up/Monitoring/Evaluation/Review – optimisation pathways for surgery**  Only in scope for the Specialist Clinics (Outpatients) program/stream for patients receiving adjunctive therapy pathways aimed at optimising physiological state before surgery with the intention of improving patient outcomes and reducing post-surgical length of stay.  The primary purpose of a review appointment is to review the patient following a previous outpatient appointment within the same program stream, or treatment as an admitted patient.  Excludes:   * Follow up/Monitoring/Evaluation/Review other than for conservative management or optimisation of pathways to surgery (use code 71). * Follow up/Monitoring/Evaluation/Review for conservative management (use code 73)   **76 – New patient consultation – optimisation pathways for surgery**  Only in scope for the Specialist Clinics (Outpatients) program/stream for patients receiving adjunctive therapy pathways aimed at optimising physiological state before surgery with the intention of improving patient outcomes and reducing post-surgical length of stay.  A ‘new’ contact for optimisation pathways for surgery is reported when a patient receiving adjunctive therapy pathways is attending a clinic within a specific program/stream for the first time.  Excludes:   * First clinic appointment following an inpatient stay (use code 71, 73 or 75) * New patient consultation other than for conservative management or optimisation of pathways for surgery (use code 72). * New patient consultation for conservative management (use code 74). |
| **Validations** | E367 The Episode Program/Stream is Specialist Clinics (Outpatients) but a Contact Purpose of either ’51 – Multidisciplinary case conference – patient not present’, ‘71 – Follow up/Monitoring/Evaluation/ Review’, ‘72 – New patient consultation’, ’73 – Follow up /Monitoring /Evaluation /Review – conservative management’, ~~or~~ ’74 – New patient consultation – conservative management’, ‘75 – Follow up/Monitoring/Evaluation/Review – optimisation pathways for surgery’ or ’76 – New patient consultation – optimisation pathways for surgery’ has not been reported |

*[No change to remainder of item]*

## Referral In Service Type (amend)

|  |  |
| --- | --- |
| **Definition** | The person who, or service which, referred the patient/client. |
| **Codeset** | **Enumerated** |
|  | Table identifier 990082 |
|  | **Code Descriptor** |
|  | *External Referrals – Hospital-Based Service (another health service)* |
|  | 801 Emergency department |
|  | 806 Victorian virtual emergency department |

*[No change to remainder of item]*

## Referral Out Service Type (amend)

|  |  |
| --- | --- |
| **Codeset** | **Enumerated** |
|  | Table identifier 990082 |
|  | **Code Descriptor** |
|  | *External Referrals – Hospital-Based Service (another health service)* |
|  | 801 Emergency department |
|  | 806 Victorian virtual emergency department |

*[No change to remainder of item]*

# Part II Transmission Data Elements

## VINAH MDS Version (amend)

|  |  |
| --- | --- |
| **Definition** | A code that identifies the version of VINAH MDS being reported in the current file. |
| **Reporting guide** | Reporting for 2025-26~~2024-25.~~  The following rules apply for VINAH MDS data submissions after 1 July 2025~~2024~~:  July submissions (File Reference Period End Date of 1 July 2025~~2024~~ and beyond) must be reported as VINAH MDS version 20~~19~~. |

**Administration**

|  |  |
| --- | --- |
| **Version history** | **Version Previous Name Effective Date**  20 VINAH version 2025/07/01  19 VINAH version 2024/07/01  18 VINAH version 2023/07/01  17 VINAH Version 2022/07/01  16 VINAH Version 2021/07/01  15 VINAH Version 2019/07/01  14 VINAH Version 2018/07/01  13 VINAH Version 2017/07/01  10 VINAH Version 2014/07/01  6 VINAH Version 2012/07/01  5 VINAH Version 2011/07/01  4 VINAH Version 2010/07/01  3 VINAH Version 2009/07/01  2 VINAH Version 2008/07/01  1 VINAH Version 2007/07/01 |

*[No change to remainder of item]*

# Section 4 Business rules

## Contact Purpose (amend)

|  |  |
| --- | --- |
| **BR-DAT-CNT-017** | For Specialist Clinics (Outpatients), the first Contact Purpose code reported must be either ’51 – Multidisciplinary case conference – patient not present', '71 – Follow up/Monitoring/Evaluation/Review', '72 – New patient consultation', ’73 – Follow up/Monitoring/Evaluation/Review – conservative management’, ~~or~~ ‘74 – New patient consultation – conservative management', ‘75 – Follow up/Monitoring/Evaluation/ Review – optimisation pathways for surgery’ or ’76 – New patient consultation – optimisation pathways for surgery’ |
| **Data quality objective** | The purpose of the contact for Specialist Clinics (Outpatients) can be identified as either 'new' or 'review' |
| **Validations** | E367 The Episode Program/Stream is Specialist Clinics (Outpatients) but a Contact Purpose of either '51 – Multidisciplinary case conference – patient not present', '71 – Follow up/Monitoring/ Evaluation/Review', '72 – New patient consultation', ’73 – Follow up/Monitoring/Evaluation/Review – conservative management’, ~~or~~ ’74 – New patient consultation – conservative management’, ‘75 Follow up/Monitoring/Evaluation/Review – optimisation pathways for surgery’ or ’76 – New patient consultation – optimisation pathways for surgery’ has not been reported |

# Section 5a Transmission and compliance

## Compliance schedule (amend)

|  |  |  |
| --- | --- | --- |
| Month | Submission date | Clean date |
| July 2025 | 10 August 2025 | 14 August 2025 |
| August 2025 | 10 September 2025 | 14 September 2025 |
| September 2025 | 10 October 2025 | 14 October 2025 |
| October 2025 | 10 November 2025 | 14 November 2025 |
| November 2025 | 10 December 2025 | 14 December 2025 |
| December 2025 | 10 January 2026 | 14 January 2026 |
| January 2026 | 10 February 2026 | 14 February 2026 |
| February 2026 | 10 March 2026 | 14 March 2026 |
| March 2026 | 10 April 2026 | 14 April 2026 |
| April 2026 | 10 May 2026 | 14 May 2026 |
| May 2026 | 10 June 2026 | 14 June 2026 |
| June 2026 | 10 July 2026 | 14 July 2026 |

Submitting organisations are encouraged to transmit VINAH MDS data frequently and may transmit as often as desired.

VINAH MDS data compliance is assessed on a monthly basis. Organisations must make at least one submission to the HealthCollect Portal for the reference month. Where health services are non-compliant with the timelines, the department may apply penalties as detailed in the Victorian Health Policy and Funding Guidelines at: <https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services>.

Data that is flagged as unfit for reporting and analysis will be regarded as non-compliant and penalties will apply as per the Policy and Funding Guidelines.

It is the organisation's responsibility to ensure that data is received by the Department to meet the reporting timelines and compliance schedule detailed in the Policy and Funding Guidelines, regardless of the actual day of the week.

# Section 8 Validations

## Contact Purpose (amend)

| Validation ID | Message template | Cause | Resolution |
| --- | --- | --- | --- |

|  |  |  |  |
| --- | --- | --- | --- |
| E367 | The Episode Program/Stream is Specialist Clinics (Outpatients) but a Contact Purpose of either ’51 – Multidisciplinary case conference – patient not present’, ‘71 – Follow up/Monitoring/Evaluation/Review’, ‘72 – New patient consultation’, ’73 – Follow up/Monitoring /Evaluation/Review – conservative management’, ~~or~~ ’74 New patient consultation – conservative management’, ‘75 – Follow up/Monitoring/ Evaluation/Review – optimisation pathways for surgery’ or ‘76 – New patient consultation – optimisation pathways for surgery’ has not been reported | An invalid first Contact Purpose code has been reported where the Episode Program/Stream is ‘101’ – ‘418’ (Specialist Clinics (Outpatients)). | Check that the values of the corresponding data elements are correct and resubmit. |
|  | BR-DAT-CNT-017 | For Specialist Clinics (Outpatients), the first Contact Purpose code reported must be either '51 – Multidisciplinary case conference – patient not present', '71 – Follow up/Monitoring/Evaluation/Review', '72 – New patient consultation', ’73 – Follow up /Monitoring /Evaluation/ Review – conservative management’, ~~or~~ ‘74 – New patient consultation – conservative management’, ‘75 – Follow up/Monitoring/Evaluation/Review – optimisation pathways for surgery’ or ‘76 – New patient consultation – optimisation pathways for surgery’. | |

| Validation ID | Message template | Cause | Resolution |
| --- | --- | --- | --- |

|  |  |  |  |
| --- | --- | --- | --- |
| E385 | Contact Purpose <ContactPurpose1> and Contact Purpose <ContactPurpose2> cannot be reported for the same contact | Contact Purpose code of ’71 – Follow up/Monitoring/Evaluation/ Review’, ‘73 – Follow up/ Monitoring/Evaluation/Review – conservative management’ and ’75 – Follow up/Monitoring/ Evaluation/Review – optimisation pathways for surgery’ cannot be reported for the same contact.  ~~Contact has a~~ Contact Purpose code of ’72 – New patient consultation’, ~~and~~ ’74 – New patient consultation – conservative management’ and ’76 – New patient consultation-optimisation pathways for surgery’ cannot be reported for the same contact. | Check that the values of the corresponding data elements are correct and resubmit. |
|  | *BR-DAT-CNT-034* | *Conflicting Contact Purpose codes cannot be reported for the same contact* | |

# Section 9 Code list (amend)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Data Element Name** | **Code Set Identifier** | **Code Set Type** | **Code** | **Descriptor** | **Program Stream Restrictions** | **Reportable Requirements** |
| Contact Purpose | HL70230 | Code Set | 75 | Follow up/Monitoring/Evaluation/Review – optimisation pathways for surgery | OP | Reportable as of 01/07/2025 |
| Contact Purpose | HL70230 | Code Set | 76 | New patient consultation – optimisation pathways for surgery | OP | Reportable as of 01/07/2025 |
| ~~Message Visit Indicator Code~~ | ~~HL70326~~ | ~~Code Set~~ | ~~V~~ | ~~Client Service Event (Visit)~~ |  | ~~Cease reporting as of 30/06/2024~~ |
| Referral in Service Type | 990082 | Code Set | 806 | Victorian virtual emergency department | OP | Reportable as of 01/07/2025 |
| Referral Out Service Type | 990083 | Code Set | 806 | Victorian virtual emergency department | OP | Reportable as of 01/07/2025 |

# 

# Implementation notes

**Contact Purpose (amend)**

Contact Purpose codes for optimisation pathways to be reported for contacts scheduled on or after 1 July 2025. Reported for the Specialist Clinics (Outpatients) program/stream only.

**Message Visit Indicator Code (amend)**

Cease reporting code ‘V – Client Service Event (Visit)’ in any messages from VINAH version 20.

**Referral In Service Type (amend)**

For referrals received on or after 1 July 2025 from the Victorian Virtual Emergency Department (VVED) health services are to report code ‘806 – Victorian virtual emergency department’**.**

**Referral Out Service Type (amend)**

For referrals ending on or after 1 July 2025 to the Victorian Virtual Emergency Department (VVED) health services are to report code ‘806 – Victorian virtual emergency department’.