

# Specialist Clinic Services Collection Victorian Pilot Project



## Collecting the VINAH Minimum Data Set

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# Project Review

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- Data Specification
- Pilot Sites
- Gap Analysis
- Data Extraction
- Enablers and Barriers
- Delays
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# Drivers

## **Better data**

- Current data (AIMS form) is quite primitive;
- Auditor General's report.

## **Support Specialist Clinic Reform**

- Specialist Clinic Reforms need to be based on informed decisions.

## **Commonwealth Initiatives**

- Commonwealth Government interest in developing National reporting for Specialist Clinic Services;
- Council of Australian Governments (COAG)/ Activity Based Funding (ABF);
- National Health and Hospitals Reform Commission (NHHRC) .

# The Project Objectives

**Activity 1: Activate the project** ✓

**Activity 2: Consult with stakeholders** ✓

**Activity 3: Set up pilot study infrastructure** ✓

**Activity 4: Conduct pilot study** ✓

**Activity 5: Pilot site evaluate results** ✓

**Activity 6: Report outcomes** ✓



# Data collection using VINAHA MDS

Victorian Integrated Non-Admitted Health (VINAHA) Minimum Data Set (MDS).

1. Integrates the collection of patient-level data across many government-funded health programs.
2. Collection by health services of just one set of data elements.
3. Designed with the capacity to extend collection scope to include multiple program streams.

# Programs collecting data through VINAH

## **VINAH currently collects data for:**

- HARP (Hospital Admission Risk Program)
- Community-based Palliative Care
- SACS (Sub-Acute Ambulatory Care Services)
- Victorian Respiratory Support Service (VRSS)
- PAC (Post Acute Care)
- Family Choice Program
- Victorian HIV Service

Additional programs are considering the move to VINAH.

# Data Specification

## VINAH – What did we collect?

A cut down version of the VINAH MDS used to collect data:

- Patient demographic;
- Referral;
- Episode Related, Funding; and
- Contact data.

Stakeholders use the service data for a variety of purposes:

- Service implementation;
- Quality;
- Accountability;
- Performance improvement;
- Benchmarking;
- Funding; and
- Planning.

# Pilot Sites

Barwon Health Service

Northern Health Service

Royal Victorian Eye and Ear Hospital

iSoft iPM

St Vincent's Health Service

IBA

## **Additional input:**

Peter MacCallum Cancer Centre

HOSPRO

Ballarat Health Service

IBA

# Gap Analysis

Gap analysis held with all sites and stakeholders:

- Enabled mapping of data fields based on Specialist Clinic Services business rules and VINAH MDS collection requirements;
- Ensured pilot sites & other stakeholders agreed on a common approach to data mapping, recording and submission of data; and
- Identified as an important process in the way forward for collection of Specialist Clinic Services Data.



# Extract Data -Third-Party Vendor (iPM sites)

1. HealthSMART unable to provide data extract inside pilot timelines.
2. Third-party vendor contracted to provide interim data extract.
3. Communication with vendor:
  - Clearly defined process required.
4. Changes were required after initial runs at NHS (lead site).
5. Vendor audit report:
  - A report listing missing data required.

# Extract Data IBA site – St Vincent's Health

1. St Vincent's Health designed an interim tool used to extract data from the IBA system.
2. Surprises:
  - IBA only deals with 4 digit codes.
  - Headers on flat files different from other sites.
3. Future sustainability?

# Enablers

1. Communication and Feedback.
2. Commitment and energy from sites.
3. Core data is being collected.
4. Demographic data results are excellent.



# Barriers

1. Unknown, uncommon territory.
2. Really interesting data is in the clinicians' heads.
3. Non-core data quality is variable.
4. IT systems are full of 'challenging issues'.
5. Vendor extract reports did not meet sites' requirements.
6. Validation reports not available.
7. Code sets required updating at some sites.
8. Systems and processes under divergent evolution!



# Delays

- Unable to use existing validation engine;
- Design of replacement validation engine;
- Transmission issues;
- Change requirements to vendors product takes time;
- Person dependency.



# Final Report

- Required data received from all pilot sites.
- All pilot sites submitted evaluation and cost reports.
- Feedback from final stakeholders meeting included in the evaluation report.
- Final report submitted to DHS and to the Commonwealth.



# Key Findings

1. Body of work on quality data analysis required.
2. The Outpatient data collection is big.
3. Not all data are created equal.
4. Need for common Outpatient terminology and definitions.
5. Health Service IT Systems vary.
6. Review of data implementation processes.
7. Patient-level data collection is possible.