Proposals for revisions to the Victorian Health Incident Management System Minimum Data Set (VHIMS MDS) for 2024–25

October 2023

OFFICIAL

Victorian Agency for Health Information

VICTORIA State Government | Department of Health

Feedback on the 2024−25 proposal for change

All stakeholders, including health services, software vendors and data users (including those within the department and SCV) are invited to provide feedback on the feasibility of the proposals. **Written responses must be submitted via the online feedback form by 6.00pm Friday 17 November 2023.**

This proposal document and link to the feedback form are available via the VAHI website or VHIMS SharePoint page

To receive this document in another format, email VHIMS2 email address <vhims2@vahi.vic.gov.au>.

Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

Available at Name of address where published as hyperlink < add published website address>

Contents

Executive summary

This document outlines the changes proposed to the Victorian Health Incident Management System (VHIMS) minimum dataset (MDS) for 2024−25 through the inaugural VHIMS MDS review and annual change process.

The review and annual change process responds to feedback from health services that highlighted opportunities to refine the dataset and business rules to reduce the reporting burden on health services and improve data quality and utility.

For the 2024−25 review cycle, all proposals for change (see below) have been developed by VAHI, in consultation with sector stakeholders, including representatives of health services, the Department of Health (the department) and Safer Care Victoria (SCV), and have been informed by the principles of data quality and integrity: *relevance, collectability, applicability, utility, data quality, implementation* and *consequential impact.*

All stakeholders, including health services, software vendors and data users (including those within the department and SCV) are invited to provide feedback on the feasibility of the proposals. Consultation will close on 17 November 2023.

The final 2023−24 VHIMS MDS will be released in December 2023. Specifications for accepted changes will be published in early 2024 to support implementation from 1 July 2024.

Proposed changes to VHIMS MDS 2024−25

Proposed changes to VHIMS MDS 2024−25 focus primarily on clinical incidents and fall into the categories of amendments, additions, or removals. Broader changes to OH&S and Hazard reporting will be considered over the next 12−18 months to enable further consultation with stakeholders.

Health services should note any new or amend data elements accepted in the 2024−25 VHIMS MDS following consultation must be collected in their local incident management systems (IMS) to support reporting of the MDS to the department from 1 July 2024. Data Elements removed from the VHIMS MDS may still be required within local IMS to support appropriate incident management, review and notification processes.

Not all changes are relevant to all health services, depending on their submission arrangements (i.e. Application Programming Interface (API) transmission or VHIMS Central Solution [CS]).

SUMMARY OF PROPOSALS FOR CHANGE – VHIMS MDS 2024−25		
AMENDMENT TO EXISTING DATA ELEMENTS	**Data element**	**Proposed change**
	Notification date	Include *Notification date* in the VHIMS MDS manual (data element already transmitted to VAHI).
	Notification type	Include 'OHS (Visitor)' type in VHIMS MDS manual (data element already transmitted to VAHI).
	Campus	Align *Campus* codes with those used in the Victorian Department of Health administrative health data collections.
	Ward/location	Introduce a standard list of values for *Ward/location*.
	Speciality unit	Introduce a standard list of values for *Specialty unit*.
	Incident type/Event type and Incident Type subcategories	Amend the VHIMS MDS event taxonomy to improve clarity and utility.
	Related to care provided by this organisation	Rename *Clinical incident flag*. Update to definition to align with Safer Care Victoria *Adverse Patient Safety Event (APSE) Policy.*
	Gender	Rename to *Sex* to align with the reported code set.
	Incident Severity Rating (ISR) algorithm (clinical incidents only)	Update the ISR algorithm for clinical incidents to align with updated legislation and improve applicability.
	Contributing factors	Modify *Contributing factors* code set to align with contributing factors used by Safer Care Victoria for Sentinel Event reporting.
	Sentinel events	Include validation to only report *Sentinel event flag* for ISR 1 and 2 incidents. Remove the free text description of 'Other' sentinel event category.
ADDITION OF NEW DATA ELEMENT	**Data element**	**Proposed change**
	Health service incident ID	Add new *Health service incident ID* (health service generated) to support reconciliation of incidents.
	Health service identification code	Add new *Health service identification code* element that aligns organisation identification with the code set used for Victorian Department of Health administrative health data collections.
	Primary event type	Identify the primary event type that is attached to the incident record. Two options are proposed for consideration.
	Adverse patient safety event flag	Introduce a new flag to identify if the reported clinical incident is an Adverse Patient Safety Event (APSE).

	Gender	Introduce a new *Gender* element, with the current 'gender' element to be renamed sex to align with reported code set.
	Indigenous status	Introduce *Indigenous status* element to enable demographic analysis of incidents.
	Preferred language	Introduce *Preferred language* element to enable demographic analysis of incidents.
REMOVAL OF EXISTING DATA ELEMENT	**Data element**	**Proposed change**
	'Is this incident related to a pandemic/epidemic?'	Remove requirement to report this element.
	'Who was involved?' (multiple questions)	Remove from the VHIMS MDS manual as these are not defined MDS elements. No change to MDS.
	Emergency response	Remove requirement to report this element.
	External notifications	Remove requirement to report this element.
	VMIA notifiable	Remove requirement to report this element.
	Review type	Remove requirement to report this element.
	Review status	Remove requirement to report this element.
	Related National Safety and Quality Health Service Standard	Remove requirement to report this element.
DEFERRED PROPOSALS	**Data element**	**Proposed change**
	Statutory Duty of Candour (SDC) reporting	Introduce SDC reporting via VHIMS MDS. **Deferred – not currently feasible due to data limitations, which are being addressed.**
	Brief Summary	Remove *Brief summary* from VHIMS MDS. **Deferred – continue with current reporting requirements for 2024−25 (i.e. health services permitted to transmit as N/A).**
	Details	Remove *Details* from VHIMS MDS. **Deferred – continue with current reporting requirements for 2024−25 (i.e. health services permitted to transmit as N/A).**

Introduction

This document outlines the changes proposed to the Victorian Health Incident Management System (VHIMS) minimum dataset (MDS) for 2024−25 through the inaugural VHIMS MDS review and annual change process.

The VHIMS MDS is a standardised dataset for the collection and classification of clinical, occupational health and safety (OH&S) incidents (also known as adverse events), near misses, and hazards. The dataset was developed by the Victorian Agency for Health Information (VAHI) in 2018−19, and all Victorian public health and community service organisations that provide services on behalf of the Department of Health (the department) were required to commence reporting the MDS by 30 June 2022.

Data from the VHIMS MDS is essential to enable health services to benchmark against and learn from their peers, including identifying improvements in incident management processes, and informs oversight and monitoring of the Victorian health system by the department and Safer Care Victoria (SCV).

Feedback from health services over the last 12−18 months of data collection has highlighted several opportunities to refine the dataset and business rules to reduce the reporting burden on health services and improve data quality and utility.

This feedback has informed the development of proposals for change, which have been developed by VAHI in consultation with the VHIMS working Group (VWG), which comprises representatives from health services, SCV and the department.

About the review

The key objectives of 2024−25 VHIMS MDS review are to:

a. Refine the number of data elements to **reduce the reporting burden on health services** and ensure the department only **collects data required to support oversight and monitoring** and **statewide benchmarking.**

b. Ensure data definitions and business rules support **consistent and timely reporting** from across the sector.

c. Review the current **incident severity rating (ISR) algorithm.**

d. **Improve the utility and efficiency** of reporting for specific areas of the health sector including Community health and Aged Care.

e. Consider requirements to support future **Statutory Duty of Candour** reporting.

To support achievement of these objectives, the review has been structured into five workstreams; MDS *Element, Event Type Taxonomy, Medication incidents, ISR Algorithm* and *Statutory Duty of Candour***,** which developed the 2024−25 proposal for change.

All proposals have been developed with consideration of principles of data quality and integrity, which include:

- **Relevancy −** data element is directly relevant to an ongoing reporting requirement (i.e. is required by the department and SCV to fulfil their responsibilities for monitoring and oversight. and/or supports meaningful benchmarking between health services.

- **Collectability −** data element is collected by, is of value to and aligned with incident management processes and will not place additional burden on health services.
- **Applicability −** data element is applicable across all in-scope health services.
- **Utility −** information derived from the data element can objectively drive quality and safety improvement.
- **Data quality −** there is a process for ensuring data quality of the data element. and there is minimal transformation of data by services to report the data element.
- **Implementation −** if there is a change to, or addition of, a data element, its collection and submission is technically possible for health services and DH/VAHI to implement without significant issues.
- **Consequential impact** − Is there an impact on existing data if there is a change to VHIMS MDS data elements particularly on time series data, reports, extracts or automated processes associated with the element?

Changes for 2024–25 focus on clinical incidents, with broader changes to Occupational Health and Safety (OHS) incidents and hazards to be phased over the next 12–18 months to enable further consultation with relevant areas of the sector. Consultation with workforce policy areas in the department and health sector representatives has already commenced to progress this work ahead of the 2025−26 review cycle.

Consultation on proposals for change is open until **17 November 2023,** with all responses to be considered by the VHIMS Project Board. The final VHIMS 2024−25 MDS will be released in December, for implementation from 1 July 2024. The specifications for accepted change/s including all data elements, validations and business rules required to report and collect the MDS will be published in early 2024.

Health services should note any new or amend element in the 2024−25 MDS must be collected in their local incident management systems (IMS) to support reporting of the VHIMS MDS to the department from 1 July 2024. Data elements removed from the VHIMS MDS may still be required within local IMS to support appropriate incident management, review and notification processes.

Not all changes are relevant to all health services, depending on their submission arrangements (i.e. Application Programming Interface (API) transmission or VHIMS Central Solution [CS]).

Feedback on the 2024−25 proposal for change

All stakeholders, including health services, software vendors and data users (including those within the department and SCV) are invited to provide feedback on the feasibility of the proposals. **Written responses must be submitted via the online feedback form by 6.00pm Friday 17 November 2023.**

This proposal document and link to the feedback form are available via the VAHI website or VHIMS SharePoint page

Future reviews and annual change processes

It is anticipated that the VHIMS MDS will undergo an annual review and change process, bringing the dataset into line with other collections overseen by the department. The annual changes process is an important aspect of data governance and ensures that departmental data collections continue to support the needs of stakeholders.

All proposals for change for 2024−25 have been developed by VAHI, in consultation with sector representatives. However, it is expected that future reviews will align with well-established annual change processes utilised for the department's administrative datasets. Further information see https://www.health.vic.gov.au/data-reporting/annual-changes.

Navigating the Proposals for Change Document

The document has been structured according to the data element model with proposals grouped according to the data element categories described in the VHIMS MDS Manual 2023–24 Section 3, and should be read in conjunction with the manual.

While most proposals relate to an individual data element, where several related data elements are proposed for change, they may be included in a single proposal. Each proposal is documented as shown below.

Proposal Section

Outlines proposed changes – this is shown for all proposals

XXX – Proposal name

It is proposed to:	Short summary of what is proposed.
Proposed by	Who proposed change
Reason for proposed change	Some background information for suggesting the change
Details of change	What will be changing

Section 2 Concepts and Derived Items (new, amend)

Definition: The definition for the element

Guide for Use: Any specific guidance to reporting to assist users with reporting the data element or to understand the concept that is being defined

Section 3 Data Definitions

For new or amended elements this section will outline the proposed changes

Manual Change Section

Outlines how the VHIMS MDS Manual will be updated if the changes proceed – this section will only be included if changes are required to parts of the manual

Proposals for change

1. General incident information

Proposal 1.1 – Remove *'Is this incident related to a pandemic/epidemic?'*

It is proposed to:	Remove the requirement to report if an incident is related to the COVID-19 pandemic.
Proposed by	VAHI
Reason for proposed change	This element was introduced early in the COVID-19 pandemic following a request from the Directors of Quality group. The element was not introduced with sufficient business rules and the utility of reported data has been limited. In line with broader changes in management of reporting of COVID-19, it is proposed that collection of this information is ceased.
Details of change	Remove the *Is this incident related to a pandemic/epidemic?* data element from the VHIMS MDS. The element may be reintroduced with revised business rules if required for any further special purpose.

Proposal 1.2 – Add new *Health service incident ID*

It is proposed to	Add health service generated incident ID for health services reporting via the Application Programming Interface (API).
Proposed by	VAHI
Reason for proposed change	This change is required to assist with reconciling transmitted incidents with those received by VAHI. Currently the system generated element labelled Incident ID in the VHIMS MDS, relates to an identifier generated when a health service transmits a new incident via the API or an incident is created in VHIMS CS. This enables updates and changes to records, however cannot be used to reconcile incidents transmitted via the API as health services do not have access to the identifier.
Details of change	Inclusion of a *Health service incident ID* data element for to health services reporting via the API. Health services using VHIMS CS will not be required to report this element because both VAHI and health services have access to the unique identifier in VHIMS CS.

Section 2 Concepts and derived items

Incident Identifiers (new)

Definition

Unique identifiers that assist with managing incident reporting in VHIMS MDS. There are two incident identifiers.

- *Health service incident ID* − the unique identifier assigned to each incident created in the incident management system used by each health service. This identifier is unique for each incident within the organisation.
- *Incident ID* – the unique identifier assigned at incident transmission which is used to individually identify each incident reported to VAHI. This identifier is used to manage updates of incidents by health services and is unique within the state.

Guide for use

The *Health service incident ID* is used by VAHI to assist in data quality and reconciliation discussions with health services.

The *Incident ID* is a technical requirement used within the VAHI database, to allow individual identification of incidents. Health services will see this ID on error reports received when transmitting incidents.

Section 3 Data Definitions

Health Service Incident ID (New)

Specifications					
Definition	An identifier unique to all incidents within an organisation.				
Form	Identifier code	Repeats:	Min	Max	Duplicate
			1	1	N/A
Layout	X (1-226)	Size	Min	Max	
			1	226	
Reported by	All Victorian public health services and all services under their governance structure including community health and bush nursing centres reporting via the API.				
Reported For	All Incident types.				
Reported When	Reported for all new incidents.				
Code set	Organisation generated. Individual sites may use their own alphabetic, numeric or alphanumeric coding system.				
Reporting Guide	It is permissible to utilise upper case or lower-case ASCII alpha characters, digits 0 to 9, dashes, spaces or apostrophes. That is, ASCII hexadecimal values 20, 27, 2D, 41 through 5A inclusive, 61 through 7A inclusive. Identifiers are case-sensitive.				
Validations	Should be reported for all incidents reported via the API. This element is mandatory for all incidents.				

Related Elements	*Organisation*
Administration	
Purpose	This element will be used to reconcile incidents with health services.
Principal Data Users	Safer Care Victoria and Department of Health
Collection Start	2024−25
Definition Source	VAHI
Code Set Source	VAHI

Proposal 1.3 – Amend *Notification type* code set and reporting guide

It is proposed to	Update the VHIMS MDS manual to include all four reportable notification types.
Proposed by	VAHI
Reason for proposed change	The VHIMS MDS Manual defines three notification types: Clinical, Occupational Health & Safety (OH&S) and Hazard. There are four notification types currently collected through the VHIMS MDS: Clinical, OH&S (Staff), OH&S (Visitor) and Hazard. All four notification types are required to be defined in the manual as reporting requirements are specific to notification type.
Details of change	OH&S Visitor notification type will be included in all relevant sections of the manual and the different reporting requirements for the two types of OH&S notifications defined.

Section 2 Concepts and derived items

Notification type (Amend)

Definition	The notification type is the categorisation of a record according to how it relates to a patient/client or resident, staff, or visitor and includes hazards and near misses. The four notification types are: Clinical, OH&S (Staff), OH&S (Visitor) and Hazard.

Section 3 Data Definitions

Notification type (Amend)

Specifications

Definition	System Generated Code that identifies the type of incident: Clinical, OH&S(Staff), OHS Visitor or Hazard.				
Form	String	Repeats:	Min	Max	Duplicate
			1	1	N/A
Layout	XXX	Size	Min	Max	
			1	N/A	
Reported by	All Victorian public health services and all services under their governance structure including community health and bush nursing centres.				
Reported For	All Incident types.				
Reported When	Reported at incident submission.				
Code set	Clinical OH&S−staff OH&S−visitor Hazard				
Reporting Guide	**Clinical:** events or circumstances that resulted, or could have resulted, in unintended or unnecessary harm to a person receiving clinical care. **OH&S (Staff):** events resulting in harm, or which could have resulted in harm, to staff in the workplace. This includes employees or casual staff. **OH&S (Visitor):** events resulting in harm, or which could have resulted in harm, to non-staff and non-patients the workplace including contractors, volunteers, and visitors (excluding patients and staff). **Hazard:** a situation or thing that has the potential to cause harm, damage, or injury. ~~It is a system-generated data element to help classify incidents into the three key categories: clinical, OH&S (staff or visitor) or hazard.~~ ~~This item is a derived item that is calculated based on 'Who was involved?' questions,~~ ~~specifically:~~ ~~• Was a patient/client/resident, staff or visitor harmed either physically or psychologically? If yes, please indicate who was involved.~~ ~~• Was a patient/client/resident, staff or visitor nearly harmed either physically or psychologically (i.e., is this a near miss incident)? If yes, please indicate who was~~ ~~involved (patient/staff/visitor).~~ ~~• Does this relate to a hazard or a non-person related event, e.g., medication discrepancies, hazards, IT system/building issues?~~ ~~• Please refer to each data element for specific reporting guides for the questions above.~~				
Validations	Element is mandatory on submission of an incident.				
Related Elements	Multiple − dependent on *Notification type.*				
Administration					

Purpose	To identify the type of incident.		
Principal Data Users	Safer Care Victoria and Department of Health		
Collection Start	2019−20		
Version History	Version	Previous Name	Effective Date
	1	Notification Type	2024−25
Definition Source	VAHI		
Code Set Source	VAHI		

2. Who was involved?

Proposal 2.1 – Remove questions related to 'Who was involved?' (multiple)

It is proposed to Remove the following questions from the VHIMS MDS Manual

- Was a patient/client/resident, staff or visitor harmed either physically or psychologically?
- If yes, please indicate who was involved.
- Was a patient/client/resident, staff or visitor nearly harmed either physically or psychologically? (i.e. is this a near miss incident)
- If yes, please indicate who was involved.

Proposed by VAHI

Reason for proposed change These are functional questions in the VHIMS Central Solution (VHIMS CS) incident management application used to derive the notification/incident type (Clinical, OHS staff, OHS visitor, or Hazard). These questions are not reportable elements under the minimum data set.

Details of change All four questions will be removed from the *VHIMS MDS Manual Section 3.* The questions will be retained in the VHIMS CS application as they are used to derive the notification/incident type.

3. When did it happen?

Proposal 3.1 − Amend the VHIMS MDS manual to include *Notification date*

It is proposed to Update the VHIMS MDS Manual to include *Notification date*. This element is currently reported by health services but is not included in the 2023−24 manual.

Proposed by	VAHI
Reason for proposed change	To ensure the VHIMS MDS manual defines all VHIMS MDS elements.
Details of change	Inclusion of *Notification date* in the VHIMS MDS Manual.

Section 2 Concepts and derived items

Notification date (Addition to manual)

Definition

Notification date identifies the date that an incident was reported to an organisation and is system generated when an incident is created in the incident management system.

Guide for use

Notification date is the date which an organisation is notified of an incident and is generally the date the incident is created in the incident management system. Refer to Section 4: Business rules for guidance on the timing of incident notification. Additionally, the Safer Care Victoria *Adverse Patient Safety Events Policy*[1] and *Adverse Safety Event Guidelines* [2] provide information on ensuring staff feel safe to raise concerns and encourage timely notification of incidents that are actioned appropriately at a local level and escalated as required.

Section 3 Data Definitions

Notification date (Addition to manual)

Specifications					
Definition	Date which the incident has been notified in the health service incident management system.				
Form	Date	Repeats:	Min	Max	Duplicate
			1	1	N/A
Layout	yyyy-mm-dd	Size	Min	Max	
			N/A	N/A	
Reported by	All Victorian public health services and all services under their governance structure including community health and bush nursing centres.				
Reported For	All Incident types				
Reported When	Reported for all new incidents.				
Code set					

[1] (Safer Care Victoria, 2023), Available at: https://www.safercare.vic.gov.au/publications/policy-adverse-patient-safety-events

[2] (Safer Care Victoria, 2023), Available at: https://www.safercare.vic.gov.au/publications/policy-adverse-patient-safety-events

Reporting Guide	This element is the date that the incident was reported in the incident management system.
Validations	*Notification date* should be on or after the *Incident date* and on or before the *Date closed*. Mandatory for new incidents.
Related Elements	*Incident date* *Date closed*
Administration	
Purpose	This element will be used for VHIMS MDS reporting. Incident data will not be included in benchmarking reports until 30 days following the notification date, to allow sufficient time for health services to review incidents.
Principal Data Users	Safer Care Victoria and Department of Health
Collection Start	2019−20
Definition Source	VAHI
Code Set Source	VAHI

4. Where did it happen?

Proposal 4.1 – Add new *Health service identification code*

It is proposed to	Add new health service ID that aligns organisation identification with the code set used for Victorian Department of Health administrative health data collections.
Proposed by	VAHI
Reason for proposed change	To allow analysis of incident data with the administrative collections.
Details of change	Add *Health service identification code*. A list of health service/organisation codes will be maintained for VHIMS reporting and will be provided to health services. The organisation code will be additional to the current organisation ID used for VHIMS transmissions.

Section 3 Data Definitions

Health service identification code (New)

Specifications	
Definition	An identifier for the health service/organisation unique within the state.

Form	Code	Repeats:	Min 1	Max 1	Duplicate N/A
Layout	X (1-226)	Size	Min	Max	
			1	226	
Reported by	All Victorian public health services and all services under their governance structure including community health and bush nursing centres.				
Reported For	All incident types				
Reported When	Reported for all new and updated incidents				
Code set	Unique for organisation. Full set of codes to be provided with manual				
Reporting Guide	The health service identification code is reported for each incident that is reported. The health service identification code allows the health service where the incident occurred to be identified and is retained if the health service changes their IMS vendor.				
Validations	Must be valid health service identification code in VHIMS Reference list				
Related Elements	*Campus* *Ward/location* *Specialty unit*				
Administration					
Purpose	Enables identification of the organisation reporting the incident and supports statewide reporting.				
Principal Data Users	Safer Care Victoria and Department of Health				
Collection Start	2024−25				
Definition Source	Department of Health				
Code Set Source	Department of Health				

Proposal 4.2 − Amend *Campus* reporting requirements

It is proposed to	Align *Campus* code set with those used in the Victorian Department of Health administrative health data collections.
Proposed by	VAHI
Reason for proposed change	*Campus* codes in the VHIMS MDS are currently health service determined, business rules provide limited directions on how campuses are defined. This has resulted in inconsistency in health service campuses determination, and lack of comparability between health services and with other departmental collections.

A significant driver in this proposal is the request to include Statutory Duty of Candour (SDC) reporting in the VHIMS MDS in the future. Quarterly reporting of SDC is currently managed via Agency Information Management System (AIMS) which uses the standard campus naming rules used in the departments administrative data collections. It is proposed to include the campuses currently used in AIMS for those health services required to report SDC.

This proposed change will improve data quality, ensuring consistency in reporting and allow comparisons for VHIMS statewide reporting.

Details of change VAHI will develop a list of campuses that align with relevant administrative data collections, based on service type. Health services will need to work with vendors to ensure current campuses can be mapped to the new campus codes.

Section 2 Concepts and derived items

Campus (Amend)

Definition A physically distinct site owned or occupied by a public health service/hospital or community health service, where treatment and/or care is regularly provided to patients.

Guide for use For the purpose of reporting:

- A single campus health provides patient services at one location only.
- Unless designated otherwise by the department, a multi-campus hospital has two or more locations providing admitted patient services, where the locations:
  - are separated by land (other than public road) not owned, leased, or used by that hospital
  - have the same management at the public health service/hospital level
  - each has overnight stay facilities. A separate location (see first dot point) providing day only services, such as a satellite dialysis unit, is considered to be part of a campus
  - are not private homes. Private homes where hospital services are provided are considered to be part of a campus.

Section 3 Data Definitions

Campus (Amend)

Specifications					
Definition	Code identifying the health service campus where the incident occurred				
Form	Code	Repeats:	Min	Max	Duplicate
			1	1	N/A

Layout	X (1-226)	Size	Min	Max
			1	226
Reported by	All Victorian public health services and all services under their governance structure including community health and bush nursing centres.			
Reported For	All Incident types			
Reported When	Reported for all incidents			
Code set	Unique for organisation Full set of codes to be provided with manual			
Reporting Guide	To be reported for all incidents			
Validations	Campus code is dependent on Health Service Identification Code			
Related Elements	*Organisation* *Health service identification code*			
Administration				
Purpose	To be used in reporting and in comparisons with other data collections			
Principal Data Users	Safer Care Victoria and Department of Health			
Collection Start	2019−20			
Definition Source	Department of Health			
Code Set Source	Department of Health			

Proposal 4.3 – Amend *Ward/location*

It is proposed to Introduce a generic list of codes for reporting ward (Clinical incident) and location (OH&S incidents and hazards).

Proposed by VAHI

Reason for proposed change A change was made to *Ward/location* in VHIMS MDS 2023−24 providing a generic “Other” code for each campus of their organisation to reduce the burden on health services of requesting a code from VAHI every time a new ward or location was created in their organisations incident management system.

It is now proposed that a generic list of Ward/locations be introduced health services can map their existing codes to the new VAHI codes. A standard code list for ward/location will continue to reduce the burden on health services to request a unique code for each new ward or location. However, the categorisation of where an incident has occurred will provide greater utility and functionality when undertaking data analysis, thereby supporting the department’s and Safer Care Victoria’s monitoring role. This may also support granularity in reporting and comparisons between health services.

Details of change Inclusion of a generic list of codes that identifies the type of ward/location related to where an incident occurred. The proposed list is based on analysis of previously reported wards and locations.

See Appendix 1 proposed list of wards and locations.

Section 2 Concepts and derived items

Ward/location (Amend)

The ward or location type where an incident occurred.

Section 3 Data Definitions

Ward/location (Amend)

Specifications					
Definition	Code identifying the ward or location an incident occurred.				
Form	Code	Repeats:	Min 1	Max 1	Duplicate N/A
Layout	X (1-226)	Size	Min	Max	
			1	226	
Reported by	All Victorian public health services and all services under their governance structure including community health and bush nursing centres.				
Reported For	All Incident types				
Reported When	Reported for all incidents				
Code set	Full set of codes provided in manual.				
Reporting Guide	To be reported for all incidents				

Validations	Ward/location code mandatory on closure of incident.
Related Elements	
Administration	
Purpose	To be used in reporting
Principal Data Users	Safer Care Victoria and Department of Health
Collection Start	2019−20
Definition Source	Department of Health
Code Set Source	Department of Health

Proposal 4.4 − Amend *Specialty unit* reporting requirements

It is proposed to	Amend *Speciality unit* element to require reporting of a defined code set.
Proposed by	VAHI
Reason for proposed change	Currently *Specialty unit* is health service determined data element. The resulting code are difficult to compare across health services. To address this VAHI proposes to provide health services with a list of generic speciality units.
Details of change	The MDS will include a reference list of generic speciality units as defined in relevant administrative datasets. A combination of medical specialties, professional groupings or work areas has been used. To develop this list VAHI has analysed and grouped the currently reported information and referenced the administrative data collections, Victorian Admitted Episode Dataset (VAED), the Victorian Integrated Non-Admitted Health Minimum Data Set (VINAH MDS) and the Community Health Minimum Data Set. Health services should work with their vendors to ensure that they can map their current reporting to new VHIMS *Specialty unit* code set. See Appendix 2 proposed list of specialty units.

Section 2 Concepts and derived items

Specialty unit (Amend)

The speciality unit that is responsible for taking action to follow up the incident.

The specialty unit can be a medical specialty, a work group or function, or a funded program.

Section 3 Data Definitions

Specialty unit (Amend)

Specifications

Definition	Code identifying the area responsible for taking action to follow up the incident				
Form	Code	Repeats:	Min	Max	Duplicate
			1	1	N/A
Layout	X (1-226)	Size	Min	Max	
			1	226	
Reported by	All Victorian public health services and all services under their governance structure including community health and bush nursing centres.				
Reported For	All Incident types				
Reported When	Reported for all incidents				
Code set	Full set of codes provided in manual				
Reporting Guide	To be reported for all incidents				
Validations	*Specialty unit* code mandatory on closure of incident.				
Related Elements					
Administration					
Purpose	To be used in reporting				
Principal Data Users	Safer Care Victoria and Department of Health				
Collection Start	2019−20				
Definition Source	Department of Health				
Code Set Source	Department of Health				

5. What happened?

Proposal 5.1 − Identify primary event type (and amend definition of *Incident type/Event type*)

It is proposed to	Enable the nomination of a primary event type in VHIMS MDS. Option A: Only primary event type to be reported. Option B: Report primary and related event types.
Proposed by	VAHI
Reason for proposed change	Currently multiple event types can be reported for each incident. It is proposed that determination of primary event type would enhance quality review of incidents through identification of the primary source of harm or potential harm. Analysis of data submitted since 1 July 2023, showed 88% of incidents had only one event type nominated. Where multiple event types are

selected, data interpretation according to event type is complex due as there is no way in the current data collection to understand which event of those selected, was the primary cause of the harm or potential harm.

The event type steers the investigator towards the areas that require investigation. From an analysis perspective, it is unclear how to weight the importance of a particular event type over another where its unknown what the main causative factors are. Introducing primary and related event type data element would provide an avenue for analysing common associations in event types but also provide a weighting to which is the main cause of the harm or potential harm.

Details of change

The data element would be amended according to the preferred option. Amended definitions will be applied.

Option A: Remove multi-select from the Incident type/Event type data element, with entry restricted to a single event type.

Option B: Introduce a primary incident type/event type field and amend the current incident type/event type field to be called ‘related event type’. Amend MDS specifications to include *Primary event type* and a second event type to be called ‘Related event type’. Primary event type is weighted as the primary descriptor of the incident.

The approach to implementation of this proposal will be determined according to the feedback received. With specifications for Option A or Option B to be included with the release of the VHIMS MDS 2024−25 specifications.

Section 2 Concepts and derived items

VHIMS 2 taxonomy (Amended)

Definition

The VHIMS 2 taxonomy is a hierarchy or scheme of classification used to categorise what happened in an incident. The taxonomy is the hierarchy of Incident/Event types, Process and Problems that are used to provide important detail of reported incidents and is reported for all incidents.

Incident type/Event type (Amended)

Definition

The Incident type/Event type is the principal descriptor classifying the reported incident. This descriptor is the first level of hierarchy classification from the VHIMS 2 taxonomy.

The terms incident type and event type are used interchangeably.

Guide for use

The primary event type is the primary descriptor/classification of the incident. A related event type may be an event that also impacted on the risk or was associated with the incident occurring however is not the primary issue. Contributing factors are also used to list associated issues that may have contributed to the incident occurring but were not the main event.

Section 3 Data definitions

Incident Type/Event Type (Amend)

Specifications					
Definition	Descriptor classifying the reported incident (determined from the VHIMS 2 taxonomy) ~~(i.e., if it is clinical, OH&S or a non-person or hazard event).~~ The descriptor determines the additional information required to further classify the cause of the incident (process/type, problem and related questions).				
Form	Code				
Form	Code	Repeats:	Min	Max	Duplicate
			1	1	N/A
Layout					
			1		
Reported by	All Victorian public health services and all services under their governance structure including community health and bush nursing centres.				
Reported For	All notification ~~Incident~~ types				
Reported When	Reported for all new and updated incidents				
Code set	~~The VHIMS 2 taxonomy for incident classification will be used. There are three broad categories, further broken down as follows:~~ ~~• 25 clinical incident types.~~ ~~• 13 OH&S incident types.~~ ~~• 79 non-person or hazard event types.~~ See Code list for full code set for clinical, OH&S, and hazard incident/event types.				
Reporting Guide	To be determined (pending proposal outcome) ~~*The event type selected will determine the additional questions required to be answered.*~~ ~~The event types have been 'tagged' with associated key words to improve consistency.~~ ~~Note there is no longer a distinction between primary and related incident types.~~				
Validations	General edits only, see Section 1: Introduction – Data quality statement. Each record must have at least one incident type/event type assigned. *Incident type/Event type* is dependent on *Notification type.*				
Related Elements	*Notification type* Incident type sub-categories				
Administration					
Purpose	~~Enables more reliable and accurate analysis using incident type~~. Classification of incidents into categories, thereby grouping incidents with shared situation, circumstance or context to allow users (health services, the department and Safer Care Victoria) to group incidents when reviewing, analysing, monitoring and reporting.				

Principal Data Users	Safer Care Victoria and Department of Health
Collection Start	2019−20
Definition Source	VAHI
Code Set Source	VAHI

Proposal 5.2 − Amend Incident type/Event type and Incident type subcategories

It is proposed to	Amend multiple *Incident type/Event type* items, including sub-categories related to incident problem, process, type, and associated event type specific questions.
Proposed by	VAHI
Reason for proposed change	Reasons for proposed change are described in proposals 5.4.1 to 5.4.16.
Details of change	Details of changes are outlined in proposals 5.4.1 to 5.4.16. Amendments, additions and removals are shown in Appendix 3.

Proposal 5.2.1 – Add discharge process within the *Assessment & Care Planning* clinical event type and rename event type

It is proposed to	Rename event type to *Access, Assessment, Care Planning & Discharge*. Add discharge process and problem taxonomy.
Proposed by	VAHI
Reason for proposed change	Incidents related to discharge are not specifically identified within the current event taxonomy classification. The introduction of the discharge process and associated problems allows accurate classification of that occur in relation to discharge.
Details of change	Event type to be renamed and inclusion of the discharge process. Refer to Appendix 3 for list of changes.

Proposal 5.2.2 – Amend behaviour problem within the *Behaviour* clinical event type

It is proposed to	Amend the available behaviour problem types that are recorded for clinical *Behaviour* events.
Proposed by	VAHI
Reason for proposed change	Feedback from stakeholders has identified opportunities to improve the *Behaviour* problem event taxonomy, including through alignment of sexual

safety behaviour problems with classifications and definitions used by the Office of the Chief Psychiatrist (see below), addition of a classification for delirium and reclassification of discharge against medical advice to the new “discharge” event type.

Sexual safety incidents are typically reported within the *Behaviour* event type taxonomy. Victoria’s Chief Psychiatrist[3] provides guidance improving sexual safety in mental health and wellbeing services and how these incidents should be reported. Changes to the Behaviour event taxonomy incorporate the descriptions and definitions outlined in the Chief Psychiatrist’s reporting directive[4]. The terms and definitions that will be incorporated into the MDS are:

Term	Definition
Sexual Assault	According to the *Crimes Act 1958* definition of sexual assault, a person (A) commits an offence if: A intentionally touches another person (B); and the touching is sexual; and B does not consent to the touching; and A does not reasonably believe that B consents to the touching. Sexual assault may also include behaviour that does not include actual touching such as forcing somebody to watch pornography or masturbation. For more information, refer to s 40 of the Crimes Act.
Sexual Harassment	Unwelcome sexual behaviour that causes a person to feel offended, humiliated or intimidated, where a reasonable person could have anticipated that reaction in the circumstances. It includes an unwelcome sexual advance; an unwelcome request for sexual favours; any other unwelcome conduct of a sexual nature. It can be physical, verbal or written (*Equal Opportunity Act 2010 (Vic)*). Sexual harassment may or may not be against the law depending on the circumstances.
Sexual Activity	An activity may be sexual due to (a) the area of the body that is involved in the activity, including (but not limited to) the genital or anal region, the buttocks or, the breasts; or (b) the fact that the person engaging in the activity seeks or gets sexual arousal or sexual gratification from the activity; or (c) any other aspect of the activity, including the circumstances in which it is engaged in (Crimes Act, s 35D). Sexual activity may be consensual or non-consensual (refer to Crimes Act). Consensual sexual activity is not a crime. All sexual activity in mental health units is reportable.
Sexual – Other	A sexualised incident that does not fit any of the categories outlined above – for example, undressing

[3] Sexual safety | health.vic.gov.au

[4] https://www.health.vic.gov.au/sites/default/files/2023-08/chief-psychiatrist-reporting-directive-sexual-safety.docx

	in front of another person or sexually disinhibited behaviour that is not targeted.

Details of change

The changes to the behaviour problem event taxonomy are:

Process	Changes to associated Problems	Reasoning
Behaviour problem	Amend: i. 'Sexual aggression' to 'Sexual assault' ii. 'Sexual inappropriateness' to ''Sexual harassment' Add: iii. 'Sexual activity' iv. 'Sexual - other' v. 'Delirium' Remove: vi. 'Discharged against medical advice'	i. Clarification/alignment with Chief Psychiatrist ii. Clarification/alignment with Chief Psychiatrist iii. Clarification/alignment with Chief Psychiatrist iv. Clarification/alignment with Chief Psychiatrist v. Additional classification vi. Clarification – removed from this list and moved to discharge per Proposal 5.4.1.

Refer to Appendix 3 for list of changes.

Proposal 5.2.3 – Amend type of restraint within the *Behaviour* clinical event type

It is proposed to

Amend the type of restraint list within the *Behaviour* event taxonomy.

Proposed by

VAHI

Reason for proposed change

The use of restrictive practices may apply across all healthcare settings, however Mental Health and Aged Care legislation governs the use and reporting of restrictive practices. Changes to the event taxonomy for the classification of restrictive practices seeks to provide all VHIMS MDS health services with appropriate options within their health setting for recording a restrictive practice.

The Mental Health and Wellbeing Act 2022 replaces the Mental Health Act 2014 and took effect from 1 September 2023. The Mental Health and Wellbeing Act provides for and regulates the use of restrictive interventions on a person who is receiving mental health and wellbeing services in a designated mental health service. The Act defines 'restrictive intervention' to mean 'seclusion, bodily restraint or chemical restraint'.

Comparatively, the use of any restrictive practice in residential aged care and short-term restorative care in a residential care setting are subject to the regulations and responsibilities defined under the Aged Care Act 1997 (the Aged Care Act) and the Quality of Care Principles 2014 (the Principles). In this setting restrictive practice is defined as any practice or intervention that has the effect of restricting the rights or freedom of movement of an aged care consumer. Under the legislation, there are five

types of restrictive practices: chemical restraint, environmental restraint, mechanical restraint, physical restraint and seclusion.

Within the MDS event taxonomy, events involving restrictive practices are described with the *Behaviour* event type, with specific questions relating to the use of restraints and seclusion applied.

The definitions of restrictive practices that are applied across the mental health and aged care settings are proposed to be reported in the MDS as follows:

Mental health descriptor[5]	**Aged care descriptor**[6]	**Proposed VHIMS taxonomy classification**
Chemical restraint	Chemical restraint	Type of restraint – Chemical restraint
-	Environmental restraint	Type of restraint − Environmental restraint
Bodily restraint	Mechanical restraint	Type of restraint − Mechanical (device) restraint
Bodily restraint	Physical restraint	Type of restraint − Physical restraint
Seclusion	Seclusion	Was seclusion required – Yes/No

Details of change

Where applicable the terminology in Appendix 3 will be updated with 'restrictive intervention' to replace 'restraint'. i.e. 'type of restraint' will be renamed 'type of restrictive intervention'. The proposed changes to the list of restraint/restrictive intervention are:

Section	Changes	Reasoning
Type of Restraint (amended to Type of Restrictive Intervention)	Amend: i. 'Mechanical (device) restraint – Hard' to 'Mechanical (device) restraint' Add: ii. 'Environmental restraint' Remove: iii. 'Mechanical restraint – Soft'	i. Clarification – improve definition and align terminology ii. Additional classification iii. Simplification – this option is no longer relevant.

[5] Restrictive interventions. Available at: https://www.health.vic.gov.au/mental-health-and-wellbeing-act-handbook/treatments-and-interventions/restrictive-interventions

[6] Regulatory Bulletin 2021-13.1.1 Regulation of restrictive practices and the role of the Senior practitioners, restrictive practices (agedcarequality.gov.au)

Software must be enabled to facilitate selection of multiple restraint types.

Refer to Appendix 3 for list of changes.

Proposal 5.2.4 – Remove *Seclusion* as an event type

It is proposed to	Remove *Seclusion* as a distinct event type. Retain seclusion sub questions in the *Behaviour* clinical event type.
Proposed by	VAHI
Reason for proposed change	Seclusion is a consequence of behaviour, not its own event type. As such it is proposed this is removed as an event type, with events able to be classified as a *Behaviour* event and seclusion sub questions will continue to be applicable to those events as per Proposal 5.4.3. Data analysis confirms a low volume of incidents are classified as a Seclusion events. For example, in 2022−23 there were 2,602 seclusion events compared to 73,638 behaviour events (out of a total of 346,485 clinical incidents). An audit of 50 events that were reported as a seclusion event, found all events could be classified under alternative event types. Of these events, 96% would be able to be classified within the behaviour event type, whilst 4% of events were not related to seclusion and would be able to be classified as an alternative event type (equipment and falls). Additionally, the audit showed 30% of the audited events also involved the use of restraints which was not captured in the data. The use of restraints would have been captured if the events were classified as a behaviour event. It is anticipated this change will improve event classification, whilst continuing to provide for the ability to report on the number of incidents where seclusion is involved.
Details of change	Remove Seclusion event type. Refer to Appendix 3 for list of changes.

Proposal 5.2.5 – Amend blood product type list, problem list and business rules within the *Blood products* clinical event type

It is proposed to	Amend the blood product type and problem lists within the *Blood products* event taxonomy.
Proposed by	VAHI
Reason for proposed change	Feedback from stakeholders has identified additional descriptors are required to adequately describe and classify clinical events relating to blood products. This includes additional classifications relating to blood products (autologous, granulocytes and other' and massive transfusion protocol) as well as the available problem classifications.

Amendment to the business rules has also been requested to provide for the selection of multiple blood product types and processes for *Blood products* events. Permitting the selection of multiple blood product types within the same incident provides for one incident record to be entered when two blood products have been implicated in the same event. This process would be similar how medication incidents are recorded, with multiple medications able to be recorded within a single incident. Separately, permitting the selection of multiple process for *Blood Products* events allows the event to be classified according to when the incident occurred in the process, including if there have been multiple errors (e.g. at both prescribing and dispensing of the blood product).

Details of change

Section	Changes to associated Problems	Reasoning
Blood product Type	Add: i. 'Autologous, granulocytes and other' ii. 'Massive transfusion protocol extension'	i. Additional classification ii. Additional classification
Problem	Add: i. 'Out of cold storage' ii. 'Wrong Blood in tube (WBIT)'	i. Additional classification ii. Clarification – moved from Investigations clinical event type.

Refer to Appendix 3 for list of changes.

Proposal 5.2.6 – Add additional problems within the *Deteriorating patient* clinical event type

It is proposed to Add additional problems to the event taxonomy classification for *Deteriorating patient* clinical event type.

Proposed by VAHI

Reason for proposed change Feedback from stakeholders has identified that the inclusion of 'advanced statement of preference not followed' and 'other' is required to allow for appropriate classification of deteriorating patient events that are not accurately described by the available problem list.

Details of change Refer to Appendix 3 list of changes.

Proposal 5.2.7 – Add new classifications for type of fall within the *Fall* clinical event type

It is proposed to Add 'lowered to the floor', 'rolled from bed' and 'other' as new classifications for the event taxonomy to describe the type of fall for the *Fall* clinical event type.

Proposed by	VAHI
Reason for proposed change	Feedback collated prior and during the VHIMS MDS review identified additional classifications would improve the event taxonomy and ability to accurately classify falls. The following fall types were recommended for inclusion 'lowered to the floor', 'rolled from bed' and 'other'.
Details of change	Refer to Appendix 3 list of changes.

Proposal 5.2.8 – Amend and add classification for the testing/sampling process within the *Investigations* clinical event type

It is proposed to	Remove 'wrong blood in tube (WBIT)', problem within the Testing/Sampling process of the *Investigations* clinical event type. Add 'wrong specimen in tube (non blood)' problem within the Testing/Sampling process of the *Investigations* clinical event type.
Proposed by	VAHI
Reason for proposed change	'Wrong blood in tube (WBIT)' is being removed from Testing/Sampling within the *Investigations* clinical event type as it will be available within the event taxonomy under the *Blood Products* event taxonomy (refer proposal 5.4.5). It was recommended to include the additional classification 'wrong specimen in tube (non blood)'.
Details of change	Refer to Appendix 3 for list of changes.

Proposal 5.2.9 – Remove 'Did this involve a high risk (PINCH) medication' within the *Medication and IV fluids* clinical event type

It is proposed to	Remove 'Did this involve a high risk (PINCH) medication?', sub-question of the *Medication and IV fluids* clinical event type.
Proposed by	VAHI
Reason for proposed change	This element is recommended for removal from the VHIMS MDS due to the inaccuracy of data input by end users. A data quality audit found one third of medications were incorrectly categorised. Even if significant improvement efforts were applied, accuracy of this element would be unlikely to be improved to an acceptable level for analysis and reporting. Accurate data on high-risk medications (as defined by the Australian Commission on Safety and Quality in Health Care[7]) can be derived by reporting on medication name.

[7] APINCHS classification of high-risk medicines | Australian Commission on Safety and Quality in Health Care

Details of change Remove 'Did this involve a high risk (PINCH) medication' within the *Medication and IV fluids* clinical event type.

Proposal 5.2.10 – Amend medication details within the *Medication and IV fluids* clinical event type and *Medication Management* hazard event type

It is proposed to Amend the medication details that are recorded for clinical *Medication and IV fluids* medication events and hazard *Medication Management* events as follows:

- **Generic name**: retain this element with updated business rules specifying how this should be reported (i.e. name only, no dose or formulation).
- **Brand name**: retain this element with updated business rules specifying how this should be reported (i.e. trade name only).
- **Medication class**: remove this element.

Proposed by VAHI

Reason for proposed change

- **Generic name**: currently no business rules or guidance are applied to how users and software systems provide and submit data for this filed. Subsequently data is reported in multiple formats and varying levels of information are provided, with free text submissions also enabled. For example entries in this field include no generic name found (25% of reported clinical incidents in financial year 2022−23), dabigatran, Pradaxa 110mg capsule, Atropine sulfate monohydrate 1% Ophthalmic Drops, zuclopenthixol, zuclopenthixol acetate, zuclopenthixol decanoate, zuclopenthixol deconoate 200mg/ml.

  Providing business rules on this field will enable consistency of data submission and support subsequent reporting and analysis.

- **Brand name**: currently no business rules or guidance are applied to how users and software systems provide and submit data for this field. Compliance with this data field is poor with 57% of reported clinical incidents in financial year 2022−23 not having a brand name recorded.

  Providing business rules on this field will enable consistency of data submission and support subsequent reporting and analysis.

- **Medication class**: medication class is dependent on the incident management system software and does not provide for consistent and accurate alignment of medication according to brand. For example records relating to aspirin were attributed to multiple classes including analgesics; anti-infectives; anticoagulants, antithrombotics - Cardiovascular System; 'blank'; blood and electrolytes; cardiovascular drugs; neurological drugs; not stated/inadequately described and other.

Removing this field will reduce the reporting burden on health services.

Details of change

Amend the data fields as follows:

- **Generic name**: business rule updated to specify only the medicinal product (MP) to be transmitted (i.e. only require “amoxicillin” should be transmitted rather than “amoxicillin 500mg capsule”). Where a MP is unable to be identified, free text response will be limited to ‘unknown medication’.

  Medicinal Product (MP) is defined according to the Australian Medicines Terminology (AMT) model[8]:

  a representation of the therapeutically active part of each substance in a product.

- **Brand name**: business rule updated to specify only the trade product (TP) to be transmitted.

  Trade Product (TP) is defined according to the AMT model[9]:

  a representation of the brand name of a product.

- **Medication class: remove**

Refer to Appendix 3 for list of changes.

Proposal 5.2.11 – Amend problems within *Medication and IV fluids* clinical event type taxonomy

It is proposed to

Amend the problem lists the associated with the:

- Prescribing/charting process
- Dispensing/supply process
- Administration process
- Monitoring process
- Storage/handling/disposal process

Proposed by

VAHI

Reason for proposed change

Since the initial introduction of the VHIMS 2 MDS, feedback has identified that updates to data s within the medication and IV fluids clinical event type taxonomy reduce duplication, simplify reporting and increase clarity.

Feedback was collated, data analysed, and potential changes considered during the VHIMS MDS review. The proposed list changes are to ensure

[8] Australian Medicines Terminology Editorial Rules 31 October 2021 v3.0, available from: https://www.healthterminologies.gov.au/access-clinical-terminology/access-snomed-ct-au/snomed-ct-au-releases/

[9] Australian Medicines Terminology Editorial Rules 31 October 2021 v3.0, available from: https://www.healthterminologies.gov.au/access-clinical-terminology/access-snomed-ct-au/snomed-ct-au-releases/

the classification options are simplified or clarified where applicable, as well providing additional classifications where necessary.

Details of change

Process	Changes to associated Problems	Reasoning
Prescribing/ charting	Amend: i. 'Wrong formulation/presentation to 'Wrong formulation' ii. 'Contraindicated' to 'Contraindicated/clinically inappropriate' Add: iii. 'Ceased inadvertently' Remove: iv. 'Known allergy/ADR'	i. Simplification ii. Clarification and improved classification iii. Additional classification iv. Clarification – allergy is available to report in this process as 'Prescribed a medicine to which a patient has a known allergy/ADR'.
Dispensing/ supply	Amend: i. 'Wrong formulation/presentation to 'Wrong formulation' ii. 'Contraindicated' to 'Contraindicated/clinically inappropriate' Remove: iii. 'Known allergy/ADR'	i.Simplification ii.Clarification and improved classification iii.Clarification– allergy is available to report in this process as 'Dispensed a medicine to which a patient has a known allergy/ADR'.
Administration	Amend: i. 'Wrong formulation/presentation to 'Wrong formulation' ii. 'Not signed' to 'Administered but not signed/recorded' iii. 'Contraindicated' to 'Contraindicated/clinically inappropriate' iv. 'Extravasation' to 'Extravasation/Skin or soft tissue damage' Add: v. 'Incomplete/partial administration' vi. 'Nerve/muscle/blood vessel damage'	i.Simplification ii.Clarification and improved classification iii.Clarification and improved classification iv.Improved classification - provides an opportunity to report additional injury/damage associated with medication administration, e.g. local anaesthetic tissue damage v.Improved classification vi.Improved classification - report injury associated with medication administration. vii.Clarification– allergy is available to report in this process as 'Dispensed a

	Remove: vii. 'Known allergy/ADR'	medicine to which a patient has a known allergy/ADR'. (New allergies should be reported under the Monitor process)
Monitoring	Amend: i. 'Wrong timing' to 'Wrong timing testing/sampling' ii. 'Allergy/adverse drug reaction' to 'New allergy/adverse drug reaction'	i. Provide clarification ii. Provide clarification: this item should be used to report incidents relating to newly identified (or unknown) medication reactions
Storage/ handling/ disposal	Removal of: i. Wrong medicine/fluid ii. Wrong dose/strength/concentration iii. Wrong formulation/presentation	These items are not required within this medication process
Clinician communication /handover	No changes	N/A
Provision of information to patients	No changes	N/A

Refer to Appendix 3 for list of changes.

Proposal 5.2.12 – Remove duplicate problem type within the *Medication Management* hazard event type

It is proposed to	Remove duplicate 'Expired/expiry date missing', problem type from the *Medication Management* hazard event type.
Proposed by	VAHI
Reason for proposed change	This item is recommended for removal from the VHIMS MDS as it is a duplication and not required.
Details of change	Remove duplication 'Expired/expiry date missing'. Refer to Appendix 3 for list of changes.

Proposal 5.2.13 – Amend behaviour problem types within *Aggression/behaviour* OH&S event type

It is proposed to	Amend the available behaviour problem types that are recorded for OHS Aggression*/behaviour* events.
Proposed by	VAHI

Reason for proposed change

Feedback on the behaviour problem types has identified there is difficulty classifying these types of events due to overlap and a lack of clarity between the event types e.g. rude/swearing could also be considered a form of verbal aggression. The proposed changes to this list would provide for simplification, improved clarification and where necessary the addition of a small number of taxonomy classifications.

Proposal 5.42 identified sexual safety incidents (including OHS incidents relating to staff) are to be reported in accordance with the descriptions and definitions outlined in the Chief Psychiatrist's reporting directive[10]. This includes the terms and associated definitions for Sexual Assault, Sexual Harassment, Sexual Activity and Sexual – Other.

Details of change

Section	Changes	Reasoning
Behaviour problem	Amend: i. 'Intimidating behaviour' to 'Exposure to aggressive behaviour' ii. 'Sexual aggression' to 'Sexual assault' iii. 'Sexual inappropriateness (Verbal)' to 'Sexualised behaviour (Verbal)' Add: iv. 'Sexual activity' v. 'Sexual – other' vi. 'Other' Remove: vii. 'Damage to property' viii. 'Rude/swearing' ix. 'Uncooperative/swearing' x. 'Drug/alcohol use/possession' xi. 'Possession of dangerous/illegal item' xii. 'Stalking'	i. Clarification and updated terminology ii. Clarification/alignment with Chief Psychiatrist iii. Clarification/alignment with Chief Psychiatrist iv. Clarification/alignment with Chief Psychiatrist v. Clarification/alignment with Chief Psychiatrist vi. Additional classification vii. Clarification – property incidents are to be reported under 'Property' event type viii. Duplication – form of verbal aggression ix. Clarification and duplication x. Clarification – this is a contributing factor xi. Clarification – this is a contributing factor xii. Clarification – report events under appropriate physical or psychological harm event type

Refer to Appendix 3 for list of changes.

[10] https://www.health.vic.gov.au/sites/default/files/2023-08/chief-psychiatrist-reporting-directive-sexual-safety.docx

Proposal 5.2.14 – Amend exposure problem types within *Exposure* OH&S event type

It is proposed to Amend the available exposure problem types that are recorded for OHS *Exposure* events.

Proposed by VAHI

Reason for proposed change The event taxonomy relating to OHS exposure events provides limited classifications, with feedback indicating an inability to classify specific events. The amendments will provide improved clarification within this event classification.

Details of change

Section	Changes	Reasoning
Exposure type	Amend: i. 'Inhalation' to 'Inhalation/airborne Add: ii. 'Bite/stings' iii. 'Needlestick/sharp' iv. 'Splash'	i. Clarification – provides for classification specific to airborne exposures. ii. Additional classification - Animal or insect bites are proposed to be classified as an *Exposure* problem as this event taxonomy aligns with the available sub type classifications of *Biological Exposure*. iii. Additional classification iv. Additional classification
Biological (exposure type)	Remove: v. 'Toxin/poison'	v.Clarification
Physical environment (exposure type)	Add: vi. 'Sharp object'	vi. Additional classification

Refer to Appendix 3 for list of changes.

Proposal 5.2.15 – Remove 'fall from stairs' and amend 'fall from height' problem types within *Fall, Slip, Trip* OH&S event type

It is proposed to Remove 'fall from stairs' and amend the available problem types that are recorded for OHS *Fall, slip, trip* events.

Proposed by VAHI

Reason for proposed change	Fall from stairs is not considered to be a distinct event. It is proposed that fall from stairs should be reported under the event taxonomy classification of fall from height.
Details of change	Refer to Appendix 3 for list of changes.

Proposal 5.2.16 – Remove 'bitten by animal/insect' problem under *Struck by/against* OH&S event type

It is proposed to	Remove 'bitten by animal/insect' problem that is recorded for OHS *Stuck by/against* events.
Proposed by	VAHI
Reason for proposed change	Animal or insect bites are proposed to be classified as an exposure type within the *Exposure* event (refer proposal 5.4.14). This change in event taxonomy aligns with the available sub type classifications of biological exposure.
Details of change	Refer to Appendix 3 for list of changes.

Proposal 5.3 – Remove elements related to emergency response

It is proposed to	Remove requirement to report on emergency responses associated with incidents.
Proposed by	VAHI
Reason for proposed change	Current data reported for this element is inconsistent, and the data is its current form is not required by the department. While there is interest in future reporting of emergency responses to the department, this element only includes a subset of all emergency responses (i.e. those related to clinical incident). Other data sources may be more appropriate to enable comprehensive reporting of emergency responses, should this be required in the future.
Details of change	Remove the *Was an emergency response called?* and the associated element *If yes, type of emergency response* elements from the MDS.

6. Why & how did it happen?

Proposal 6.1 – Remove *External notifications*

It is proposed to	Remove requirement to report external notifications arising from incidents.
Proposed by	VAHI

Reason for proposed change	This information is important for health services to manage their external notifications but is not required by the department for benchmarking and reporting. There is variation in how this element has been used and reported by health services. Each health service is unique with their own list of statutory reporting requirements and notifications to be made. Ensuring that the department maintains a comprehensive and up to date list of all notification destinations for the VHIMS MDS is a difficult task. It is proposed to remove this list from the VHIMS MDS. Health services using this list for internal notifications purposes should work with their vendors to ensure the list is configurable at the local level allowing individualisation for each health service.
Details of change	Remove the *External notifications* element from the MDS.

Proposal 6.2 – Amend *'Is this incident related to care provided by this organisation?'* to *'Clinical incident flag'*

It is proposed to	Update the name and business rules for the reporting of this data element to identify clinical incidents, as defined by the SCV *Adverse Patient Safety Event (APSE)* policy.
Proposed by	VAHI
Reason for proposed change	Incident management systems (IMSs) are utilised by health services to record all actual, potential or perceived incidents; however, some health services may also permit non incident records. As such, a consistent approach to the identification and exclusion of non-incident records from the MDS is required. It is proposed this element is only applicable to clinical notification types. An incident/non-incident record flag is not required for OHS and hazard records as these are deemed to be incidents by their nature, i.e., once a record is entered for an OHS notification or hazard notification these are defined as incidents. Accurate identification of clinical incidents is imperative to ensure safety learnings can be developed, and to facilitate accurate reporting of clinical incidents via the VHIMS MDS. According to the SCV Adverse Patient Safety Event policy[11], a clinical incident is defined as "*an event or circumstance that resulted or could have resulted, in unintended or unnecessary harm to a person receiving clinical care. Clinical incidents include adverse patient safety events, including near misses, in an environment that pose a clinical risk.*" Historically VHIMS requested health services to identify/confirm clinical incidents through the VHIMS element 'Is this a valid incident?'. With the introduction of VHIMS 2 MDS this element was changed to "Is this related to care in this organisation". Neither element accurately addresses the definition of

[11] SCV Adverse Patient Safety Event policy 2023. Available at: https://www.safercare.vic.gov.au/sites/default/files/2019-08/Policy%20-%20Adverse%20Patient%20Safety%20Events.pdf

a clinical incident (i.e. involving both unintended or unnecessary harm, and occurring whilst the patient/client/resident was receiving clinical care).

The amendment to this element also aims to address concerns relating to automation where incidents that may be reported and transmitted to the department are later determined to not be a clinical incident (also referred to as non-incident records). Health services may opt to retain or delete non-incident records.

Health services using their IMS to record information other than reportable incidents may request vendors implement functionality to ensure these records are flagged at entry as non-incident records and not transmitted to the department, noting this will be a commercial arrangement with the vendor.

Details of change

The clinical incident flag will only be required for clinical notification types

If an incident is retained within a local IMS and flagged as not a clinical incident/non-incident record, it will be removed from the VHIMS database. The process for this removal is yet to be determined, however several scenarios are included below to consider.

<u>VHIMS Central Solution reporting health services:</u>

- Incidents marked as a non-incident record will not be included in VAHI reports.
- Incidents marked as a non-incident record that are subsequently determined as a clinical incident will be included in VAHI reports.

<u>Application Programming Interface (API) reporting health services:</u>

- Incidents that have not been transmitted and are determined as a non-incident record will not be transmitted to VAHI
- Incidents that have been transmitted and on review are determined as a non-incident record may call the delete end point. Where non-incidents records are not deleted via the delete end point, they will not appear in VAHI reports.
- Incidents that have been determined as a non-incident record and have called the delete endpoint, which are subsequently made valid, will require a new incident to be triggered.

VHIMS MDS Manual Section 4: business rules will be amended to align with the changes (and released with the VHIMS MDS specifications).

Section 2 Concepts and derived items

Clinical incident flag (Amend)

Definition: Flag to identify if the record is related to a clinical incident.
Guide for use: The flag will be used to determine if the record is a clinical incident and therefore included in reported data for the reporting organisation.

Yes: The record being reported is a clinical incident.

A clinical incident is when unintended or unnecessary harm has occurred while the affected person is receiving clinical care.

No: The reported event is not considered a clinical incident. Examples of where this may be used include:

- a reporter incorrectly recording an event as an incident which on manager/quality review is considered to not be an incident.
- where the event or circumstance has occurred outside of the clinical care provided by your organisation.
- where an organisation is using its incident management system to collect non incident related information – health services should work with vendors to ensure these incidents are not included in the transmission.

Section 3 Data definitions

Clinical incident flag (Amend)

Specifications					
Definition	If a notification is a clinical incident (i.e. unintended or unnecessary harm has occurred while the affected person is receiving clinical care).				
Form	Identifier code	Repeats:	Min	Max	Duplicate
			1	1	N/A
Layout	X	Size	Min	Max	
			1	1	
Reported by	All Victorian public health services and all services under their governance structure including community health and bush nursing centres.				
Reported For	Clinical notifications only				
Reported When	Reported at any time in process of clinical incident review.				
Code set	1,0				
Reporting Guide	**1 –** Yes**:** Reported where the record is confirmed to be a clinical incident. All clinical notification types should be considered a clinical incident unless the record specifically meets exclusion criteria. **0 –** No: Reported where the record is not a clinical incident.				
Validations	Element is mandatory for clinical incidents when *Date closed* is present If 0 (no) reported for a record, mandatory VHIMS MDS data elements will not be required on closure.				
Related Elements	*Notification type* *Adverse patient safety event flag* *Date closed*				
Administration					

Purpose	Ensuring only incident records capturing a clinical incident (which includes receiving clinical care that is related to an encounter at your organisation by definition) are included in the MDS and subsequent reporting.		
Principal Data Users	Safer Care Victoria and Department of Health		
Collection Start	2019−20		
Version History	Version	Previous Name	Effective Date
	1	Is this related to care in this organisation	2024−25
Definition Source	VAHI		
Code Set Source	VAHI		

Proposal 6.3 – Add new *Adverse patient safety event (APSE) flag*

It is proposed to

Introduce a new flag identifying if the reported clinical incident is an Adverse Patient Safety Event (APSE).

Proposed by

VAHI

Reason for proposed change

The Health Legislation Amendment (Quality and Safety) Act 2022 introduced new reforms and amended several related acts, with the provision of Statutory Duty of Candour (SDC) coming into effect on 30 November 2022. Under the legislation relevant health service entities are required to provide a patient with a SDC when they have suffered a serious adverse patient safety event (SAPSE) while receiving health services.

APSEs are a subset of clinical incidents, however the VHIMS MDS does not identify which clinical incidents are APSEs. The introduction of the APSE flag is proposed to give health services a consistent mechanism to identify when a clinical incident is considered an APSE, in particular noting the identification of SAPSEs is required for the provision of SDC and associated compliance reporting to SCV.

APSEs and SAPSEs share the same core definition, with SAPSEs distinguished according to their incident severity rating. The Victorian Duty of Candour Framework[12] provides the following guidance when determining a SAPSE:

"If the harm experienced was not unintended or unexpected, then the adverse event may not fulfill the definition of a SAPSE. Health service entities should interpret 'unintended or unexpected' in relation to the harm resulting from an adverse event that arises in the course of a patient receiving health services.

[12] SCV Victorian Statutory Duty of Candour Framework 2023. Available at: https://www.safercare.vic.gov.au/support-training/adverse-event-review-and-response/duty-of-candour

Therefore, if the treatment or care provided went as intended and as expected, an incident may not qualify as a SAPSE, even if harm occurred.

Note: This does not mean that known complications or side effects of treatment will never be a SAPSE. In every case, the health service entity must use their judgement to assess whether treatment or care provided went as intended and as expected, and therefore whether the adverse event fulfils the criteria of a SAPSE."

As such this flag should enable health services to report to the VHIMS MDS if the clinical incident is or is an APSE (treatment or care did not go as intended or as expected) not an APSE (i.e. if treatment or care did go as intended and expected).

Details of change Addition of a new flag identifying if the reported incident is an *Adverse patient safety event (APSE).*

Section 2 Concepts and derived items

Adverse Patient Safety Event (APSE) flag (New)

Definition: Flag to identify if the record is related to an adverse patient safety event.

Guide for use: Applies the test for the health service entity to assess whether treatment or care provided went as intended and as expected.

Yes (1): The incident being reported is an APSE (and SAPSE for ISR 1 and ISR 2 rated incidents).

No (0): The reported event is not considered an APSE. Examples of where this may apply include:

Further guidance on determining a SAPSE is available from Safer Care Victoria[13].

Section 3 Data definitions

Adverse patient safety event (APSE) flag (New)

Specifications					
Definition	If an incident is related to an adverse patient safety event (i.e., treatment or care did not go as intended nor as expected).				
Form	Identifier code	Repeats:	Min	Max	Duplicate
			1	1	N/A
Layout	X	Size	Min	Max	
			1	1	

[13] https://www.safercare.vic.gov.au/support-training/adverse-event-review-and-response/duty-of-candour

Reported by	All Victorian public health services and all services under their governance structure including community health and bush nursing centres
Reported For	Clinical Notifications only
Reported When	Reported at any time in process of incident review. Mandatory on closure of incident.
Code set	1,0
Reporting Guide	**1− Yes:** Reported where the incident being reported is an adverse patient safety event. Yes, should be reported a **clinical incident has been identified, and** treatment or care provided went did not go as intended and as expected. **0− No:** Reported where reported information is not considered an APSE.
Validations	Element is mandatory for all when *Date closed* is present and when the *Clinical incident flag* is reported as 1 (yes)
Related Elements	*Clinical incident flag* *Date closed*
Administration	
Purpose	This element is used to distinguish between APSE and non−APSE clinical incidents to group incidents when reviewing, analysing, monitoring and reporting.
Principal Data Users	Safer Care Victoria and Department of Health
Collection Start	2024−25
Definition Source	VAHI
Code Set Source	VAHI

Proposal 6.4 – Remove *Is VMIA notifiable?*

It is proposed to	Remove requirement to report if incident is VMIA notifiable.
Proposed by	VAHI
Reason for proposed change	This data element is not required for statewide incident management reporting and benchmarking. Health services may continue use this element for internal purposes, but it will not be required in the VHIMS MDS transmissions.
Details of change	Remove the *"Is VMIA notifiable?"* data element from the VHIMS MDS.

7. Actions

Proposal 7.1 – Remove *Review type*

It is proposed to	Remove requirement to report *Review type.*
Proposed by	VAHI
Reason for proposed change	Information about the type of review is important for managing incidents locally, however choice of review type is largely dependent on organisational policies and procedures and therefore is not required for monitoring or benchmarking.
Details of change	Remove the *Review type* data element from the VHIMS MDS. It is expected that health services will continue to require this element in their local IMS.

Proposal 7.2 – Remove *Review status*

It is proposed to	Remove requirement to report *Review status.*
Proposed by	VAHI
Reason for proposed change	Information about the status of a review is important for health services to monitor the progression of the review. It is not required for benchmarking and monitoring.
Details of change	Remove the *Review status* data element from the VHIMS MDS. It is expected that health services will continue to require this element in their local IMS.

8. Additional Data Elements – Clinical only

Proposal 8.1 − Amend the *Gender* element to *Sex*

It is proposed to	Amend the name of the element to *Sex* and change the available options to align with the administrative collection of ‘sex’.
Proposed by	VAHI
Reason for proposed change	This element has been called Gender, however the existing the code set relates to sex. The values for this Sex element will be changed to align with the department’s administrative collections.
Details of change	The codes that can be reported will change as outlined in the table below

Gender Codes VHIMS MDS 2023−24	Sex Codes VHIMS MDS 2024−25
Male	Male
Female	Female
Other	Other
Unknown	Indeterminate

Section 3

Sex (Amended)

Specifications					
Definition	The sex of the person				
Form	Identifier code	Repeats:	Min	Max	Duplicate
			1	1	N/A
Layout	X	Size	Min	Max	
			1	1	
Reported by	All Victorian public health services and all services under their governance structure including community health and bush nursing centres.				
Reported For	Clinical Incidents only				
Reported When	All clinical incidents where a patient Client ID/UR Number is entered.				
Code set	Female Male Indeterminate Other				
Reporting Guide	**Male and Female** A person's sex is usually described as either being male or female. Some people may have both male and female characteristics. Sex is assigned at birth and is relatively fixed. A person's sex may change during their lifetime as a result of procedures known alternatively as sex change, gender reassignment, transsexual surgery, or transgender reassignment. Throughout this process, which may be over a considerable period of time, sex could be recorded as either Male or Female. **Indeterminate** Used for infants with ambiguous genitalia, where the biological sex, even following genetic testing, cannot be determined. This code should not generally be used on data collection forms completed by the respondent. Code 3 can only be assigned for infants aged less than 90 days. **Other** Includes: • An intersex person, who because of a genetic condition was born with reproductive organs or sex chromosomes that are not exclusively male or female. • A person who identifies as neither male nor female. Excludes:				

	Transgender, transsexual and chromosomally indeterminate individuals who identify with a particular sex (male or female).		
Validations	Reported for all incidents where a patient has a UR reported.		
Related Elements	*Client ID/UR number* *Date closed*		
Administration			
Purpose	Enables demographic analysis of incidents.		
Principal Data Users	Safer Care Victoria and Department of Health		
Collection Start	2019−20		
Definition Source	VAHI		
Version History	Version	Previous Name	Effective Date
	1	Gender	2024−25
Code Set Source	National Health Data Dictionary (DH modified)		

Proposal 8.2 – Add a new *Gender* element

It is proposed to	Add a new *Gender* element to enable health services to capture the gender of an affected person for clinical incidents.
Proposed by	VAHI
Reason for proposed change	There has been requests from health services to include gender in the VHIMS collection. The collection of gender will use the options available in the department's administrative collections. The existing *Gender* element reports sex not gender, and therefore is proposed to be renamed to *Sex*.
Details of change	Inclusion of a new element based on the ABS definitions.

Section 3 Data definitions

Gender (New)

Specifications					
Definition	How a person describes their gender.				
Form	Identifier code	Repeats:	Min	Max	Duplicate
			1	1	N/A
Layout	X	Size	Min	Max	
			1	1	
Reported by	All Victorian public health services and all services under their governance structure including community health and bush nursing centres.				

Reported For	Clinical Incidents only
Reported When	All clinical incidents when a patient Client ID/UR Number is entered
Code set	1. Man, or boy, or male 2 Woman, or girl, or female 3 Non-binary 4 Different term 5 Prefer not to answer 6 Not stated
Reporting Guide	Gender is a social and cultural concept. It is about social and cultural differences in identity, expression and experience as a man, boy, woman, girl, or non-binary person. The terms sex and gender are interrelated, and are often used interchangeably, however they are distinct concepts: • Sex is understood in relation to sex characteristics. Sex recorded at birth refers to what was determined by sex characteristics observed at birth or in infancy • Gender is about social and cultural differences in identity, expression, and experience. A person's gender may differ from their sex and may also differ from what is indicated on their legal documents. A person's gender may stay the same or can change over the course of their lifetime. **1 Man, or boy, or male** A person who describes their gender as man, or boy, or male. **2 Woman, or girl, or female** A person who describes their gender as woman, or girl, or female. **3 Non-binary** A person who describes their gender as non-binary. Non-binary is an umbrella term describing gender identities that are not exclusively male or female **4 Different term** A person who describes their gender as a term other than man/boy/male, woman/girl/female or non-binary. **5 Prefer not to answer** A person who prefers not to respond on how they describe their gender. **9 Not stated or inadequately described** Includes: Question unable to be asked such as when the patient is unconscious or too unwell.
Validations	Reported for all clinical incidents where a UR is reported
Related Elements	*Client ID/UR number* *Date closed*
Administration	

Purpose	Enables demographic analysis of incidents.
Principal Data Users	Safer Care Victoria and Department of Health
Collection Start	2024−25
Definition Source	Person—gender, code X (METEOR 741842)
Code Set Source	Australian Bureau of Statistics Alternative Code system for Gender, Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables, 2020.

Proposal 8.3 – Amend Incident Severity Rating (ISR) algorithm

It is proposed to

Amend the Incident Severity Rating (ISR) for clinical incidents, including amending the algorithm applied to the level of harm sustained, required level of care and level of treatment required data elements.

Proposed by

VAHI

Reason for proposed change

The ISR is an essential component of VHIMS and has implications for how incidents are reported and managed according to statewide policies, as well as local governance processes. For example, ISR currently determines:

- Statutory Duty of Candour responsibilities
- Community health critical incident reporting pathways
- notification of sexual safety incidents to the Office of the Chief Psychiatrist
- level of health service internal governance
- aggregation of incidents in reporting.

It has been identified that the current ISR components and algorithm require amendment to bring them up to date with recent legislative and policy changes. In particular, the Health Legislation Amendment (Quality and Safety) Act 2022 establishes a determinative/indicative relationship between the ISR assigned to an event and the events qualification as a SAPSE. For this relationship to function appropriately, amendments are required to align the components and logic used in ISR determination with those used in SAPSE determination.

Amending the Incident Severity Rating (ISR) components and algorithm for clinical incidents will:

- embed the criteria used to define serious adverse patient safety events (SAPSEs) as established in the Health Legislation Amendment (Quality and Safety) Act 2022
- simplify the algorithm (reducing the complexity of the ISR calculation logic)
- ensure the responses to variables do not overlap or include incompatible options
- align with the Mental Health and Wellbeing Act 2022 for reporting sexual safety incidents.

Details of change

VAHI is undertaking a process to ensure amendment/s to the ISR components and algorithm are fit for purpose. This process includes

reviewing relevant policies, examining the current algorithm, literature review, consultation with health services and vendors, development of updated algorithms options, testing scenarios and audit/pilot of the algorithm.

On completion of this process the amendment/s to the ISR components and algorithm will be presented to the VHIMS Project Board for endorsement.

The outcomes of the VAHI process to amend the ISR are:

- Amend definition of Incident Severity Rating (ISR) in Section 2− Concepts of the VHIMS MDS Manual. Refer Section 2 below for definition.
- Amend description of Incident Severity Rating (ISR) algorithm under Section 2 – Derived items of the VHIMS MDS Manual. NB: these details will be included with the release of the VHIMS MDS 2024−25 specifications.
- Amend the following data elements (Section 3): ‘level of harm sustained’, ‘required level of care’ and ‘level of treatment required’, applicable to clinical incidents. NB: these details including technical specifications will be included with the release of the VHIMS MDS 2024−25 specifications.

Section 2 Concepts and derived items

Concepts

Incident Severity Rating (Amend)

Incident Severity Rating (ISR): The ISR is a standardised measure of severity allocated to all incidents to classify the incident outcome. The ISR determines the level of investigation and action required. The ISR is a four-tiered severity rating system for incidents recorded in VHIMS.

The four ISR ratings are:

- ISR 1 – Severe (including death)
- ISR 2 – Moderate
- ISR 3 – Mild
- ISR 4 – No harm (near miss)

The description of the ISR calculation (algorithm) is available in Section 2: Derived Items.

Proposal 8.4 – Amend *Contributing factors*

It is proposed to	Amend the *Contributing factors* code set to align with the contributing factors for the SCV Sentinel Event Program.
Proposed by	VAHI

Reason for proposed change	Aligning reporting of *Contributing factors* with related collection such a Sentinel Event Reporting will improve the utility of the VHIMS MDS. In Victoria, sentinel events are a subset of SAPSEs, which include all adverse events that result in serious harm to, or death of a patient and fit into the sentinel event categories 1 to 11. Health services are required to report sentinel events to SCV. As a subset of SAPSEs, sentinel events should be both reported in VHIMS and notified to SCV via the Sentinel Event Program Note: contributing factors will continue to be only reported for clinical incidents where the incident severity rating (ISR) of the incidents is an ISR 1 or ISR 2.
Details of change	Update the *Contributing factors* list in the VHIMS MDS to better reflect the terminology utilised in the Sentinel Event report and add contributing factors from the Sentinel Event report list. Refer to the Appendix 4 for list of changes.

Proposal 8.5 – Remove *Related National Safety and Quality Health Service Standard*

It is proposed to	Remove the requirement to report if an incident is related to National Safety and Quality Health Service standard/s.
Proposed by	VAHI
Reason for proposed change	This element is not required for monitoring and benchmarking. Additionally in its current form this element only relates to the National Safety and Quality Health Standards for acute health services, it does not include the standards for community health services or aged care. Health services requiring this element for internal purposes should work with their vendor to include all appropriate standards related to the care they provide.
Details of change	Remove *Related to National Safety and Quality Health Service Standard* data element from the VHIMS MDS.

Proposal 8.6 − Amend elements related to sentinel events

It is proposed to	Amend element to make reporting of sentinel events conditional for incidents that are classified as ISR 1 and 2, and remove the free text question *If other, describe other sentinel event*.
Proposed by	VAHI
Reason for proposed change	Since the introduction of the SCV Sentinel Event Portal, health services have used this process to report sentinel events to Safer Care Victoria with the appropriate details and information required for SCV regulatory requirements. VHIMS MDS recording of sentinel events allows for the monitoring and

analysis of incidents that are related to sentinel events. These changes are proposed to reduce the burden on health services by making this element conditional (only for ISR 1 and ISR 2 incidents).

Details of change

There are two proposed changes:

1. Amend the reporting validations on *Is this one of the following sentinel events?* to require the reporting of this element only for clinical incidents with a rating of ISR 1 and 2.
2. Remove the *If other, describe other sentinel event* element. This free text field is not required for monitoring. The detail of the type of category 11 sentinel event is captured in the Sentinel Event Portal. The VHIMS MDS only requires information on the volume of incidents reported in each category,

Section 3 Data definitions

Is This One of The Following Sentinel Events? (Amend)

Specifications					
Definition	Identify if the incident is a type of sentinel event. Sentinel events are broadly defined as wholly preventable adverse patient safety events that result in serious harm or death to individuals.				
Form	Identifier code	Repeats:	Min	Max	Duplicate
			1	1	N/A
Layout	X	Size	Min	Max	
			1	1	
Reported by	All Victorian public health services and all services under their governance structure including community health and bush nursing centres.				
Reported For	Clinical Incidents where the ISR is 1 or 2				
Reported When	For all clinical events				
Code set	1. Not a sentinel event 2. Surgery or other invasive procedure performed on the wrong site resulting in serious harm or death. 3. Wrong surgical or other invasive procedure performed on a patient resulting in serious harm or death. 4. Unintended retention of a foreign object in a patient after surgery or other invasive procedure resulting in serious harm or death. 5. Haemolytic blood transfusion reaction resulting from ABO incompatibility resulting in serious harm or death. 6. Suspected suicide of a patient in an acute psychiatric unit or acute psychiatric ward. 7. Medication error resulting in serious harm or death. 8. Use of physical or mechanical restraint resulting in serious harm or death.				

	9. Discharge or release of an infant or child to an unauthorised person. 10. Use of an incorrectly positioned oro- or naso- gastric tube resulting in serious harm or death. 11. All other adverse patient safety events resulting in serious harm or death.
Reporting Guide	Single response only. Select the first appropriate category. The Victorian sentinel events guide (2019) is available at: https://www.bettersafercare. vic.gov.au/publications/sentinel-events-guide
Validations	Reported for all clinical incidents
Related Elements	*Date closed* *ISR (derived)*
Administration	
Purpose	Enables demographic analysis and trend analysis of reported incidents.
Principal Data Users	Safer Care Victoria and Department of Health
Collection Start	2019−20

Version History	Version	Previous Name	Effective Date
	1	Notification Type	2024−25
Definition Source	Safer Care Victoria		
Code Set Source	Safer Care Victoria		

Proposal 8.7 – Add *Indigenous status*

It is proposed to	Include *Indigenous status* as a data element in the VHIMS MDS.
Proposed by	VAHI
Reason for proposed change	To assist in demographic analysis of clinical incidents.
Details of change	Inclusion of a new data element reporting the affected persons cultural identification related to Aboriginality. Reporting of this element will align with the department's administrative collections.

Section 3 Data definitions

Indigenous status (New)

Specifications						
Definition	Whether the affected person identifies as Aboriginal or Torres Strait Islander.					
Form	Identifier code	Repeats:	Min		Max	Duplicate

			1	1	N/A
Layout	X	Size	Min	Max	
			1	1	
Reported by	All Victorian public health services and all services under their governance structure including community health and bush nursing centres.				
Reported For	Clinical Incidents only				
Reported When	All clinical incidents when a patient Client ID/UR Number is entered				
Code set	1 Aboriginal but not Torres Strait Islander origin 2 Torres Strait Islander but not Aboriginal origin 3 Both Aboriginal and Torres Strait Islander origin 4 Neither Aboriginal nor Torres Strait Islander origin 8 Question unable to be asked 9 Patient refused to answer				
Reporting Guide	**Code 8 Question unable to be asked** should only be used under the following circumstances: • When the patient's medical condition prevents the question of Indigenous Status being asked; or • In the case of an unaccompanied child who is too young to be asked their Indigenous Status. **Collect for every clinical incident** This information must be collected for every clinical incident. Systems must not be set up to input a default code				
Validations	Reported for all clinical incidents where a UR is reported				
Related Elements	*Client ID/UR number* *Date closed*				
Administration					
Purpose	Enables demographic analysis and trend analysis of reported incidents.				
Principal Data Users	Safer Care Victoria and Department of Health				
Collection Start	2024−25				
Definition Source	National Health Data Definitions (NHDD)				
Code Set Source	NHDD (DH modified)				

Proposal 8.8 – Add *Preferred language*

It is proposed to	Include *Preferred language* as a data element in the VHIMS MDS**.**
Proposed by	VAHI
Reason for proposed change	Health services have requested this additional data element to be reported for all clinical incidents to assist with demographic analysis.
Details of change	Inclusion of a new data element reporting the affected persons preferred language. The new element will use the Australian Bureau of statistics list *ABS Australian Standard Classification of Languages (ASCL),* 2016 version. This element will align with the department's administrative data collections.

Section 3 Data definitions

Preferred language (New)

Specifications					
Definition	The preferred language of the affected person				
Form	Identifier code	Repeats:	Min	Max	Duplicate
			1	1	N/A
Layout	X	Size	Min	Max	
			1	1	
Reported by	All Victorian public health services and all services under their governance structure including community health and bush nursing centres.				
Reported For	Clinical Incidents only				
Reported When	All clinical incidents when a patient Client ID/UR number is entered				
Code set	Reference list Refer to Preferred Language reference file available at HDSS reference files <https://www.health.vic.gov.au/data-reporting/vemd-vaed-vinah-esis-reference-files>				
Reporting Guide	**8000 Australian Indigenous languages, NEC** Includes: All Australian Indigenous languages not shown separately on the code list **0002 Not Stated** This is included for individuals who have been unable to identify the preferred language or where the question was not asked when they entered the organisations care and was not present in the patient administration system.				
Validations	Reported for all clinical incidents where a UR is reported				
Related Elements	*Client ID/UR number* *Date closed*				

Administration	
Purpose	Enables demographic analysis and trend analysis of reported incidents.
Principal Data Users	Safer Care Victoria and Department of Health
Collection Start	2024−25
Definition Source	National Health Data Definitions (NHDD)
Code Set Source	Australian Bureau of statistics list ABS Australian Standard Classification of Languages (ASCL), 2016 version

9. Deferred and Future Proposals

Proposal 9.1 – Statutory Duty of Candour reporting

It is proposed to Include Statutory Duty of Candour requirements in the VHIMS MDS.

Proposed by Safer Care Victoria

Reason for proposed change From 30 November 2022 relevant health services have been required to provide a Statutory Duty of Candour (SDC) for patients who have suffered a serious adverse patient safety event (SAPSE) while receiving a health service. Health services are required to provide information to the department about the SDC process quarterly via the Agency Information Management System (AIMS) SDC report. Health services have requested that SDC reporting be incorporated with VHIMS MDS reporting.

Reason for deferral There are several issues that mean reporting of SDC in VHIMS MDS is not yet feasible.

Proposed changes for VHIMS MDS 2024−25 are intended to improve the ability to capture some reporting of SDC in VHIMS, including

- Changes to the ISR Algorithm to align with the SAPSE definition.
- Changes to reporting of health service campuses to align with the reporting of SDC in AIMs.

Details of change Decisions about SDC reporting will be delayed until the 2025−26 review and annual change process. In the intervening 12 months VAHI will be working with SCV to ensure that VHIMS MDS is enhanced to align with the requirements of SDC reporting.

Proposal 9.2 – Remove *Brief summary*

It is proposed to Remove *Brief summary* field from the VHIMS MDS

Proposed by VAHI

Reason for proposed change	From 1July 2023 health services have been permitted to transmit the *Brief summary* data element as N/A. This change was made to address concerns from health services about the burden of de-identifying data in this element.
Reason for deferral	It is proposed to continue the current reporting requirements for 12 months (i.e. health services are **permitted to transmit as N/A**) to provide additional time for VAHI, Safer Care Victoria and other policy areas in the department to further investigate if this element is required in the future. If the decision is made to reinstate the requirement to report the full *Brief summary*, VAHI will update the current Privacy Impact Assessment and work with health services to address potential privacy issues.
Details of change	No change. Decisions about inclusion/removal of the *Brief summary* element will be delayed until the 2025−26 review and annual change process.

Proposal 9.3 – Remove *Details*

It is proposed to	Remove *Details* element from the VHIMS MDS
Proposed by	VAHI
Reason for proposed change	From 1July 2023 health services have been permitted to transmit the *Details* data element as N/A. This change was made to address concerns from health services about the burden of de-identifying data in this element.
Reason for deferral	It is proposed to continue the current reporting requirements for 12 months (i.e. health services are **permitted to transmit as N/A)** to provide additional time for VAHI, Safer Care Victoria and other policy areas in the department to further investigate if this element is required in the future. If the decision is made to reinstate the requirement to report the full *Details*, VAHI will update the current Privacy Impact Assessment and work with health services to address potential privacy issues.
Details of change	No change. Decisions about inclusion/removal of the *Details* element will be delayed until the 2025−26 review and annual change process.

Appendix 1 – Code set: Ward/location

Code	Descriptor	Code	Descriptor	Code	Descriptor
XX	Acute Ward	XX	Fleet Vehicle	XX	Staff Areas
XX	Administration/Reception Area	XX	GP/Primary Care Clinic	XX	Staff Home - WFH
XX	Ambulance (in transit)	XX	High Dependency Unit	XX	Sterilisation/Central Sterile Services Department
XX	Ambulance Bay	XX	Intensive Care Unit	XX	Subacute Ward
XX	Cardiac Catheterisation Laboratory	XX	Kitchen Food Services	XX	Supply Room/Storeroom/ Equipment Room
XX	Carpark	XX	Laboratory	XX	Theatre Operating Suites
XX	Coronary Care Unit	XX	Medical Transport	XX	Theatre Recovery
XX	Clinic/Consulting Room	XX	Mental Health Ward	XX	Theatre Admissions
XX	Delivery Suite	XX	Neonatal Intensive Care Unit/Special Care Nursery	XX	Therapy Area - including Gyms and Pools
XX	Diagnostic Clinic	XX	Nursing Home/Residential Aged Care	XX	Urgent Care Centre
XX	Dialysis	XX	On campus public area	XX	Volunteer Transport
XX	Education/Simulation Centre	XX	Outreach - Off site location other than home		Waiting Room
XX	Emergency Department	XX	Pharmacy		
XX	Emergency Department - Resuscitation/Trauma	XX	Pregnancy Assessment Unit		
XX	Emergency Department - Short Stay	XX	Private Home Patient, Client, Consumer		
XX	Emergency Department-Waiting Room/Triage	XX	Procedure Room		
XX	Engineering incl Workshop	XX	Public Space including road		

Appendix 2 – Code set: Specialty unit

Code	Descriptor	Code	Descriptor	Code	Descriptor
XX	Aboriginal Health	XX	Community Health − Autism Assessment	XX	Custodial Service
XX	Administration/Corporate services	XX	Community Health − Bush Nursing Centres	XX	Dental/Oral
XX	Alcohol & Drug Dependency	XX	Community Health - Community Asthma Program	XX	Dermatology
XX	Allied Health − Non admitted	XX	Community Health - Community Health Program	XX	Diabetes Education
XX	Ambulance	XX	Community Health - Health Mothers Healthy babies	XX	Ear Nose and Throat
XX	Anaesthetic and Perioperative Care	XX	Community Health - Infant Child and Family Health and Wellbeing Hubs	XX	Early Parenting Centre
XX	Birthing Unit	XX	Community Health - Integrated Chronic Disease Management	XX	Emergency Medicine
XX	Cardio Thoracic Surgical	XX	Community Health - MDS Community Health Nurse	XX	Endocrinology and Diabetes
XX	Cardiology	XX	Community Health - Other	XX	Endoscopy
XX	Community Health − Family and Reproductive Right Education Program	XX	Community Health - Putting Families First	XX	Engineering/Maintenance
XX	Community Health − Family Planning	XX	Community Health - Refugees and Asylum Seeker	XX	Environmental Services
XX	Community Health − Innovative Health Service for Homeless Youth	XX	Community Nursing Service including District nursing	XX	Food Services
XX	Community Health − Small Rural Health Service − Primary Health	XX	Corrective Services	XX	Gastroenterology

Code	Descriptor	Code	Descriptor	Code	Descriptor
	Gender Services - Non admitted	XX	Maxillofacial	XX	Mental Health - Forensic Acute
XX	General Medical	XX	Medihotel	XX	Mental health - High Security Unit
XX	General Practice	XX	Mental health - Secure Unit	XX	Mental Health - Older Persons - Acute
XX	General Surgical	XX	Mental health - Dual Diagnosis Unit	XX	Mental health - Special Care Suite
XX	Genetics - Non admitted	XX	Mental Health - Adult Community	XX	Mental Health - Youth Acute Unit
XX	Geriatric	XX	Mental Health - Adult Residential	XX	Mental Health - Youth Acute Unit
XX	Gynaecology Medical	XX	Mental Health - Adult Residential including PARC	XX	Mental Health - Youth Acute Unit in Adult Ward
XX	Gynaecology Oncology	XX	Mental Health - Child Acute Unit in Paediatric Ward	XX	Neonatology
XX	Gynaecology Surgical	XX	Mental Health - Child Community	XX	Neurology
XX	Haematology	XX	Mental Health - Older Adult/Aged Community	XX	Neurosurgery
XX	Health Independence Program- HARP, SACS, Post Acute Care	XX	Mental Health - Older Adult/Aged Residential	XX	Obstetric/Gynaecology
XX	HIV and Sexual health - non admitted	XX	Mental Health - Older Persons Unit	XX	Obstetric/Maternity
XX	Hospital in the Home	XX	Mental health - Treatment Rehab Unit	XX	Oncology - Medical
XX	Hyperbaric	XX	Mental Health - Youth Residential including YPARC	XX	Oncology - Radiation
XX	Immunology	XX	Mental Health - Youth/adolescent Community	XX	Oncology - Surgical
XX	Infectious Diseases	XX	Mental Health - Acquired Brain Damage Unit	XX	Ophthalmology
XX	Intensive Care	XX	Mental Health - Adult Acute Unit	XX	Orthopaedic
XX	Justice Health	XX	Mental Health - Child Acute Unit	XX	Outreach Program

Code	Descriptor	Code	Descriptor	Code	Descriptor
XX	Paediatric - Cardiac Surgical	XX	Paediatric - Rheumatology	XX	Respiratory
XX	Paediatric - Cardiology	XX	Paediatric - Spinal	XX	Respite
XX	Paediatric - Cystic Fibrosis	XX	Paediatric - Surgery	XX	Rheumatology
XX	Paediatric - Dental/Oral	XX	Paediatric - Urology	XX	Security
XX	Paediatric - Dermatology	XX	Pain	XX	Sleep Centre
XX	Paediatric - Developmental	XX	Palliative - Designated Unit	XX	Spinal Injuries
XX	Paediatric - Ear Nose and Throat	XX	Palliative - General	XX	Stroke Unit
XX	Paediatric - Endocrinology/Diabetics	XX	Palliative Care-Non admitted	XX	Transition Care Program
XX	Paediatric - Gastroenterology	XX	Pathology	XX	Transplantation Unit - Bone
XX	Paediatric - General	XX	Pharmacy	XX	Transplantation Unit - Bone Marrow
XX	Paediatric - Liver Transplant	XX	Plastic/Reconstructive Surgery/Burns	XX	Transplantation Unit - Heart/Lung
XX	Paediatric - Maxillofacial	XX	Psychology & Counselling	XX	Transplantation Unit - Liver
XX	Paediatric - Nephrology	XX	Radiology	XX	Transplantation Unit - Pancreas
XX	Paediatric - Neurology	XX	Rehabilitation - Designated Unit	XX	Transplantation Unit - Renal
XX	Paediatric - Neurosurgery	XX	Rehabilitation - General	XX	Trauma
XX	Paediatric - Oncology	XX	Rehabilitation - Geriatric	XX	Urology
XX	Paediatric - Ophthalmology	XX	Renal/Nephrology including Dialysis	XX	Vascular
XX	Paediatric - Orthopaedic	XX	Reproductive medicine and family planning	XX	Volunteer services
XX	Paediatric - Plastic/Reconstructive Surgery/Burns	XX	Residential Aged Care Service	XX	Other
XX	Paediatric - Respiratory Medicine	XX	Residential In Reach services		

Appendix 3 – Code set: Clinical, OH&S, and hazard incident/event types

Proposed changes to the code set are shown below:

- Additions/amendments are shown in red
- Deletions are shown as ~~strikethrough~~

Clinical event types (patient/client/resident)			**Business rule**	**Definitions**
	Process/Type/Sub question	*Problem*		
Access, Assessment, & Care Planning & Discharge	*Process*	*Problem*	*Problem* is dependent on *Process*	
	Access/admission/appointment	Delayed		
		Inappropriate cancellation		
		Incorrect scheduling		
		Not booked		
		Not registered		
		Refused		
		Request to reschedule denied		
	Assessment/diagnosis	Assessment incomplete		
		Delayed		
		Inappropriate monitoring		
		Incorrect diagnosis		
		No diagnosis made		
		No referral made		
		Not assessed		
		Not monitored		
		Not performed when indicated		
		Pathway/care plan not followed		
		Risk assessment not completed/updated		
	Care planning	Basic care not attended		
		Condition not reviewed		
		Delayed		
		Dispatched to incorrect address		
		Inappropriate pathway/care plan		
		Inappropriate restraint		
		Inappropriate seclusion		
		No pathway/care plan		
		Readmission to ICU		
		Refused		
		Unplanned admission to ICU		

Clinical event types (patient/client/resident)			Business rule	Definitions
	Process/Type/Sub question	*Problem*		
	Discharge	Unplanned readmission		
		Unplanned return to theatre		
		Unsatisfactory pain control		
		Delayed		
		Discharged against medical advice		
		Inappropriate discharge		
		No pathway/care plan		
	Dispatch/attendance	Delayed		
		Dispatched to incorrect address		
		Inappropriate cancellation		
		Refused		
Behaviour	Behaviour problem	Verbal aggression		
		Uncooperative/obstructive		
		Intimidating behaviour		
		Physical aggression		
		Damage to property		
		Delirium		
		Sexual activity		
		Sexual ~~aggression~~ assault		
		~~Sexual inappropriateness~~ Sexual harassment		
		Sexual - other		
		Homicide		
		Attempt to abscond		
		Absconded		
		~~Discharged against medical advice~~		
		Absent without leave (AWOL)		
		Self Harm		
		Suicide attempt		
		Suicide		
		Wandering/loitering		

Clinical event types (patient/client/resident)			Business rule	Definitions
	Process/Type/Sub question	*Problem*		
		Stalking		
		Drug/alcohol use/possession		
		Possession of dangerous/illegal item		
	Behaviour related to	Cognitively impaired/Dementia		
		Medications		
		Mental health		
		Substance use/Abuse		
		Unknown		
	Instigator Role	Affected person (above)		
		Unknown		
		Resident		
		Client		
		Patient admitted		
		Patient not admitted		
		Carer		
		Non health emergency services		
		Other member of the public		
		Relative		
		Visitor		
		Administrative/Clerical		
		Allied Health		
		Ambulance/Transport		
		Complementary Therapist		
		Dentist/Dental		
		Doctor/Medic		
		Environment/Infrastructure/Non Clinical		
		Medical support		
		Nurse		
		Pharmacist/Pharmacy		
		Student		

Clinical event types (patient/client/resident)			**Business rule**	**Definitions**
	Process/Type/Sub question	*Problem*		
	Was ~~restraint~~ restrictive intervention required?	Volunteer		
		Yes		
		No		
~~*Restraint*~~ *Restrictive Intervention*	Type of ~~restraint~~ restrictive intervention used	Mechanical (device) restraint ~~– Hard~~	*Type of restraint used'* is applicable when the value 'Yes' is selected for the question *'Was ~~restraint~~ restrictive intervention required'*. Multiple responses permitted.	Definition: Mechanical restraint is a practice or intervention that is, or that involves, the use of a device to prevent, restrict or subdue a consumer's movement for the primary purpose of influencing the consumer's behaviour. It does not include the use of a device for therapeutic or non-behavioural purposes in relation to the consumer.
		~~Mechanical restraint - Soft~~		
		Physical restraint		Definition: Physical restraint is a practice or intervention that is or involves the use of physical force to prevent, restrict or subdue movement of a consumer's body, or part of a consumer's body, for the primary purpose of influencing the consumer's behaviour.
		Chemical restraint		Definition: the use of medication or a chemical substance for the primary purpose of controlling the person's behaviour by restricting their freedom of movement but does not include the use of medication for the purpose of treatment.
		Environmental restraint		Definition: Environmental restraint is a practice or intervention that restricts, or that involves restricting, a consumer's free access to all parts of the consumer's environment, including items and activities, for the primary purpose of influencing the consumer's behaviour.
~~*Seclusion*~~		Yes		

Clinical event types (patient/client/resident)			Business rule	Definitions
	Process/Type/Sub question	*Problem*		
	Was seclusion required?	No	*Was seclusion required'* is applicable for behaviour incidents. ~~If seclusion is entered as an event type, this question is not applicable.~~	Definition: Seclusion means the sole confinement of a person to a room or any other enclosed space from which the person cannot leave.
		Yes	*Were injuries sustained'* is applicable when the value 'Yes' is selected for the question *'Was seclusion required' and* when the value 'Yes' is selected for the question *'Was restrictive intervention required'*. for the event type behaviour~~, or where seclusion has been selected as the event type~~.	
	Were injuries sustained	No		
Blood Products	Blood Product Type	Albumin/plasma protein	Multiple responses permitted.	
		Anti-D		
		Autologous, granulocytes and other		
		Cord blood		
		Cryoprecipitate		
		Fresh Frozen Plasma-FFP		
		Immunoglobulin		
		Massive transfusion protocol extension		
		Platelets		
		Recombinant products rVIIa, VIII, and IX		
		Red cells		
	Process	Administration	Multiple responses permitted	
		Blood preparation		
		Delivery/transportation		
		Dispensing		
		Ordering		
		Prescribing		
		Storage		
		Wastage		
	Problem	Contamination	*Problem* is dependent on *Process, one problem is permitted per process*	
		Contraindicated		
		Delayed		

Clinical event types (patient/client/resident)			**Business rule**	**Definitions**
	Process/Type/Sub question	*Problem*		
		Expired		
		Given not signed for		
		Omitted		
		Out of cold storage		
		Signed and not given		
		Transfusion reaction		
		Transfusion without indication		
		Wrong administration set used		
		Wrong amount		
		Wrong blood/blood product		
		Wrong Blood in tube (WBIT)		
		Wrong rate		
		Wrong storage		
		Wrong time		
	Process	*Problem*	*Problem* is dependent on *Process*	
Communication/ Documentation		Breach of privacy		
	Documentation	Damaged		
		Delay or unable to access		
		Illegible		
		Inadequate		
		Incomplete		
		Missing/Unavailable		
		Unclear/Ambiguous		
	Languages other than English	Information not available in required language		
		Interpreter not offered		
		Interpreter not provided		
		Unable to provide interpreter service		
	Verbal communication	Breach of privacy		
		Delayed		
		Inaccurate information communicated		

Clinical event types (patient/client/resident)			Business rule	Definitions
	Process/Type/Sub question	*Problem*		
		Inappropriate		
		Incomplete		
		Not concluded		
		Admission		
	Related to	Blood products		
		Medical records		
		Treatment/Procedure/Agent		
		Inappropriately obtained		
Consent		Incomplete		
		Incorrect procedure/agent		
	Problem	Incorrect side/site		
		Not obtained		
		Obtained outside required timeframe		
		Subject not fully informed		
		End of life care		
		Escalation of care		
	Process	Observations		
		Response		
		Failure to recognise significance		
		Advanced care directive not followed		
		Advanced statement of preference not followed		
		Failure to withdraw care		
Deteriorating patient		NFR order not followed		
		NFR order not in place		
	Problem	Over treatment		
		Delayed escalation		
		Failure to escalate		
		Not performed		
		Not reviewed		
		Delayed response		

Clinical event types (patient/client/resident)			Business rule	Definitions
	Process/Type/Sub question	*Problem*		
		Failure to respond		
		Inappropriate response		
		Other		
Equipment	Type	Bed		
		Engineering related		
		Medical device/equipment		
		Patient lifting equipment		
		Other furniture		
	Problem	Contraindicated		
		Damaged		
		Failure/malfunction		
		Fault/defect		
		Inappropriate/unsafe storage		
		Lost/missing		
		Not available		
		Recall		
		Reused inappropriately		
		Stolen		
		Supply error		
		Unclean/contaminated		
		Unsterile		
		Used incorrectly		
Fall	Activity at the time	Dressing/undressing		
		During procedure/therapy		
		During transport		
		Getting in/out of bed		
		Getting in/out of chair		
		Going up/down stairs		
		Playing		
		Reaching		

Clinical event types (patient/client/resident)			Business rule	Definitions
	Process/Type/Sub question	*Problem*		
		Re-positioning		
		Showering/bathing		
		Standing/stationary		
		Toileting including getting on/off toilet		
		Transferring		
		Walking		
	Was the fall witnessed	Yes		
		No		
	Type of fall	Collapse		
		Loss of balance		
		Lowered to the floor		
		Rolled from bed		
		Slip		
		Trip/Stumble		
		Other		
		Unknown		
	Process	*Problem*	*Problem* is dependent on *Process*	
Handover / Transfer	Clinical handover	Breach of privacy		
		Delayed		
		Inaccurate information communicated		
		Inadequate planning		
		Inappropriate		
		Incomplete		
		Not conducted		
		Not enough time allocated		
	Transfer	Delayed		
		Inaccurate information communicated		
		Inadequate planning		
		Inappropriate		
		Incomplete		

Clinical event types (patient/client/resident)			Business rule	Definitions
	Process/Type/Sub question	*Problem*		
Infection	When was the infection detected?	Not conducted		
		30 days post original admission		
		During admission		
		On discharge		
		Acquired in other facility		
		Present on admission		
		Present on transfer		
		Within 365 days for implantable surgeries		
	Type of infection	Bloodstream		
		Bone or joint		
		Communicable infectious disease		
		Device related		
		Gastrointestinal		
		Other non surgical infection		
		Respiratory		
		Surgical site		
		Urinary tract		
		Wound (non surgical)		
Investigation(s)	Which service was this incident related to?	Pathology		
		Radiology		
	Process	*Problem*	*Problem* is dependent on *Process*	
	Orders	Delayed		
		Inaccurate		
		Lost/missing		
		Not actioned		
		Not received		
		Not sent		
	Results	Delayed		
		Different received than ordered		

Clinical event types (patient/client/resident)			Business rule	Definitions
	Process/Type/Sub question	*Problem*		
		Inaccurate		
		Lost/missing		
		Not actioned		
		Not received		
		Not reviewed		
		Not sent to appropriate care provider		
		Sent to incorrect address		
		Contraindicated		
		Different taken than ordered		
		Expired sample		
		Inadequate		
		Lost/missing		
	Testing/Sampling	Multiple failed attempts		
		No/inadequate preparation		
		Not taken		
		Testing/imaging not performed		
		Unnecessary tests/imaging		
		~~Wrong blood in tube (WBIT)~~ ~~'Wrong specimen in tube (non blood)'~~		
	Type	*Problem*	Problem is dependent on Type	
		Amniotic Embolus		
		Cord Prolapse/Knot/Around neck		
		Deterioration		
		Fourth degree tear		
Maternity / Neonatal Complications	Maternal	Haemorrhage (Antepartum)		
		Haemorrhage (Intrapartum)		
		Haemorrhage (Post partum)		
		Hysterectomy Post Delivery		
		Preeclampsia		
		Preterm labour		

Clinical event types (patient/client/resident)			**Business rule**	**Definitions**
	Process/Type/Sub question	*Problem*		
	Neonatal	Ruptured Uterus		
		Third degree tear		
		Other		
		Apgar < 7 @ 5 minutes		
		Birth Asphyxia		
		Deterioration		
		Hypoxic Ischaemic Encephalopathy		
		Perinatal/Neonatal Death		
		Seizure/s		
		Shoulder Dystocia		
		Stillbirth		
		Other		
	~~Did this involve a high risk (PINCH) medication?~~	~~Yes~~		
		~~No~~		
	Process	*Problem*	*Problem* is dependent on *Process*	
Medication and IV fluids	Prescribing/charting	Wrong patient		
		Wrong medicine/fluid		
		Wrong route/site		
		Wrong dose/strength/concentration		
		Wrong frequency/rate/time		
		Wrong formulation~~/presentation~~		
		Wrong quantity/duration		
		Illegible/ambiguous/conflicting		
		Incomplete prescription/order		
		Not signed		
		Not prescribed		
		Duplicate		
		Delayed prescribing		
		Prescribed a medicine to which a patient has a known allergy/ADR		

Clinical event types (patient/client/resident)			Business rule	Definitions
	Process/Type/Sub question	*Problem*		
		~~Known allergy/ADR~~		
		Contraindicated/clinically inappropriate		
		Medicine interaction		
		Not indicated		
		Other		
		Ceased inadvertently		
		Wrong patient		
		Wrong medicine/fluid		
		Wrong route/site		
		Wrong dose/strength/concentration		
		Wrong frequency/rate/time		
		Wrong formulation~~/presentation~~		
		Wrong quantity/duration		
		Wrong instruction/label		
	Dispensing/Supply	Not dispensed/supplied		
		Delayed dispensing/supply		
		Dispensed a medicine to which a patient has a known allergy/ADR		
		~~Known allergy/ADR~~		
		Contraindicated/clinically inappropriate		
		Medicine interaction		
		Not indicated		
		Incompatibility		
		Expired/Expiry date missing		
		Other		
		Wrong patient		
		Wrong medicine/fluid		
	Administration	Wrong route/site		
		Wrong dose/strength/concentration		
		Wrong frequency/rate/time		

Clinical event types (patient/client/resident)			**Business rule**	**Definitions**
	Process/Type/Sub question	*Problem*		
		Wrong formulation/~~presentation~~		
		Wrong instruction/label		
		~~Not signed~~ Administered but not signed/recorded		
		Administered without order/prescription		
		Ceased/withheld dose administered		
		Delayed administration		
		Extra dose		
		Not administered		
		Incompatibility		
		Administered a medicine to which a patient has a known allergy/ADR		
		~~Known allergy/ADR~~		
		Contraindicated/clinically inappropriate		
		Medicine interaction		
		Not indicated		
		Extravasation/skin or soft tissue damage		
		Expired/expiry date missing		
		Other		
		Incomplete/partial administration		
		Nerve/muscle/blood vessel damage		
		Wrong timing testing/sampling		
	Monitoring	Not monitored		
		New allergy/adverse drug reaction		
		Delay or failure to act on results		
		Other		
	Storage/handling/disposal	~~Wrong medicine/fluid~~		
		~~Wrong dose/strength/concentration~~		
		~~Wrong formulation/presentation~~		
		Wrong disposal		
		Wrong handling		

Clinical event types (patient/client/resident)			Business rule	Definitions
	Process/Type/Sub question	*Problem*		
		Wrong storage temperature		
		Wrong storage location/security		
		Not available		
		Damaged		
		Lost/missing/theft		
		Incorrect count/balance		
		Expired/Expiry date missing		
		Other		
	Clinician Communication/Hand over	Incomplete/Inaccurate Information		
		Not communicated/handed over		
		Other		
	Provision of Information to Patients	Incomplete/Inaccurate Information		
		Not provided		
		Other		
Medication details	Generic name		~~*Generic name' is dependent on other medication details*~~ Only the medicinal product (MP), as defined by the Australian Medicines Terminology to be transmitted. Where a MP is unable to be identified, response will be limited to 'unknown medication' *or 'no generic found'*	A list of the Fully Specified Names (without the semantic tag) of each of the MP's intended active ingredients, with ingredients of the same MP component separated by a " + " and grouped together. Ingredients are ordered alphanumerically, irrespective of casing. Exception: Where the intended active ingredient is "inert substance", this will always be shown last. If the intended active ingredient name is the same for more than one ingredient in an MP, then the intended active ingredient name is only shown once. If the individual ingredient or set of intended active ingredients is exactly the same for more than one component in a multi-component product, the MP for the component will only be shown once. If the individual ingredient or set of

Clinical event types (patient/client/resident)			**Business rule**	**Definitions**
	Process/Type/Sub question	*Problem*		
				intended active ingredients is exactly the same for more than one product in a combination product, the MP for the product will only be shown once. Definition sourced from Australian Medicines Terminology Editorial Rules 31 October 2021 v3.0, available from: https://www.healthterminologies.gov.au/access-clinical-terminology/access-snomed-ct-au/snomed-ct-au-releases/
	Brand name		~~Brand name' is dependent on other medication details~~ Only the trade product (TP), as defined by the Australian Medicines Terminology to be transmitted.	The product brand name, for either single component products, or components of multicomponent products, and including any necessary additional information as defined in Section 4.6.1. Examples include: a textual description that is necessary to distinguish between items in a product range; a strength representation for multi-ingredient products (where required for differentiation); or a proprietary form, delivery device or container. Definition sourced from Australian Medicines Terminology Editorial Rules 31 October 2021 v3.0, available from: https://www.healthterminologies.gov.au/access-clinical-terminology/access-snomed-ct-au/snomed-ct-au-releases/
	~~Medication Class~~		~~*Medication class'* is dependent on other medication details~~	
Nutrition	Nutrition involved	General diets		
		Special diets		
		Enteral feeding		
		Total parenteral nutrition (TPN)		
	Process	Administration		
		Cooking		

Clinical event types (patient/client/resident)			Business rule	Definitions
	Process/Type/Sub question	*Problem*		
		Delivery		
		Dispensing/allocation		
		Inadequate monitoring		
		Manufacturing		
		Preparation		
		Prescribing/requesting		
		Presentation		
		Storage/wastage		
		Supply/ordering		
		Allergy/reaction/anaphylaxis		
		Assistance not provided when required		
		Ceased/withheld/fasting		
		Contamination/foreign material		
		Delayed order		
		Expired/out of date		
		Known allergy		
		Malnutrition		
		Not available		
	Problem	Not ordered		
		Unsafe temperature		
		Weight loss		
		Wrong consistency		
		Wrong food/nutrition/diet		
		Wrong frequency		
		Wrong quantity		
		Wrong route		
		Wrong storage		
		Wrong strength/formulation/volume		
		Wrong time		
	Problem	**Accounts**		

Clinical event types (patient/client/resident)			Business rule	Definitions
	Process/Type/Sub question	*Problem*		
Organisation and Management		Amount charged/cost		
		Financial circumstances disregarded		
		Ineligible/overseas patient		
		Insurance/claims mis-handled		
		Public/private classification error		
		Questionable billing practice		
		Unreasonable late fee		
		Availability		
		Bed not available		
		Exit/entry block		
		Service not available		
		Unnecessary delay to service		
		Decisions		
		Identified issue not corrected		
		No/Inadequate change management plan		
		No/Inadequate risk assessment plan		
		Non compliance with regulations/Standards		
		Poor audit/quality control		
		Freedom of Information		
		Application not processed in timely or effective manner		
		Application process error		
		Exemptions applied		
		External review error		
		Internal review error		
		Unreasonable timeframe		
		Health Record Management		
		Access refused		
		Delayed delivery		
		Inappropriate storage/filing		
		Not available/missing		

Clinical event types (patient/client/resident)			Business rule	Definitions
	Process/Type/Sub question	*Problem*		
		Sent to wrong address/location		
		Unauthorised destruction/deletion		
		Unauthorised removal		
		Unlawful collection		
		Human Resources		
		Human Resources - Communication		
		Competency		
		Not qualified to perform task		
		Human resources - Skill mix		
		Staffing		
		Supervision		
		Training		
		Policies Protocols SWP		
		Ambiguous		
		Non compliance		
		Not available		
		Not communicated		
		Not used		
		Out of date		
		Teamwork		
		Teamwork - Communication		
		Conflict		
		Continuity		
		Responsibility overlap		
		Workload		
		Fatigue		
		Insufficient resources for workload		
		Planning/Rostering		
		Workload - Skill mix		
		Staff absence		

Clinical event types (patient/client/resident)			**Business rule**	**Definitions**
	Process/Type/Sub question	*Problem*		
Patient ID and Procedure Matching	Process	Access/admission		
		Assessment/diagnosis		
		Blood product		
		Consent		
		Investigation(s)		
		Medical records/charts/assessments		
		Medication		
		Nutrition		
		Patient Identification label		
		Results/specimen		
		Treatment/procedure		
	Problem	No ID		
		Identification process not performed		
		Patient/carer not involved in ID process		
		Three unique identifiers not present		
		Wrong patient		
		Wrong procedure/treatment		
		Wrong side/site		
Property	*Type*	*Affected*	*Affected* is dependent on *Type*.	
	Personal Belongings	Cash/credit cards		
		Denture/dental plate		
		Documents		
		Glasses		
		Handbag/backpack		
		Mobile/electronic devices		
		Multiple items		
		Personal effects		
	Vehicles	Ambulance		
		Bus/coach		
		Health service owned/fleet vehicle(s)		

Clinical event types (patient/client/resident)			**Business rule**	**Definitions**
	Process/Type/Sub question	*Problem*		
		Hospital or community patient transport		
		Personal vehicle		
		Truck		
	Other	Other		
	Type	*Problem*	*Problem* is dependent on *Type*.	
	Personal Belongings	Damaged		
		Inappropriate/unsafe storage		
		Lost/missing		
		Stolen		
	Vehicles	Damaged		
		Fault/defect		
		Inappropriate/unsafe storage		
		Lost/missing		
		Maintenance not attended		
		Not available		
		Stolen		
		Unclean/contaminated		
	Other	Damaged		
		Inappropriate/unsafe storage		
		Lost/missing		
		Stolen		
Radiation / Radiation Oncology Events	Radiation Source	Computerised Tomography (CT)		
		Fluoroscopy		
		General radiography		
		Linear accelerator		
		Radiation oncology		
		Sealed radioactive source		
		Superficial unit		
		Unsealed radioactive source (includes nuclear medicine)		
		Other		

Clinical event types (patient/client/resident)			Business rule	Definitions
	Process/Type/Sub question	*Problem*		
~~Seclusion~~	~~Was seclusion required?~~	~~Yes~~	~~*Was seclusion required'* is applicable for behaviour incidents. If seclusion is entered as an event type, this question is not applicable.~~ ~~*Were injuries sustained'* is applicable is the value 'Yes' is selected for the question ~~*'Was seclusion required'*~~ for the event type behaviour, or where seclusion has been selected as the event type.~~	-
		~~No~~		-
	~~Were injuries sustained~~	~~Yes~~		-
		~~No~~		-
Security	Was personal security affected?	Yes		
		No		
	How was personal security affected?	Abduction/attempted	*How was personal security affected*' is applicable when the value 'Yes' is selected for the question ' *Was personal security affected'*	
		Assault		
		Attempted assault		
		Duress alarm activated		
	Was the problem with security services?	Yes		
		No		
	Security service Problem	Delayed response/attendance	*Security service problem'* is applicable when the value 'Yes' is selected for the question *'Was the problem with security services?'*	
		Doors being left unlocked		
		Failed to attend		
		Inadequate security		
		Lost ID cards		
		Patrols not being performed		
		PIN/password disclosed		
Skin Integrity	Type of Injury	Skin tear		
		Pressure injury		
		Wound		
Treatment / Procedure	*Process*	*Problem*	*Problem is dependent on Process*	
	Incorrect count	Accountable item		
		Gauze/packing/swab		
		Instrument or part thereof		
		Stitch/staple/clip		
	Orders/decisions	Contraindicated		

Clinical event types (patient/client/resident)			Business rule	Definitions
	Process/Type/Sub question	*Problem*		
	Retained items	Delayed		
		No order/decision for treatment/procedure		
		Unnecessary treatment/procedure ordered		
		Without appropriate reconciliation		
		Wrong/missing subject details		
		Accountable item		
		Gauze/packing/swab		
		Guidewire		
		Instrument or part thereof		
		IV cannula		
		Stitch/staple/clip		
	Treatment/procedure	Delayed		
		Inadequate/no preparation		
		Inappropriate		
		Inappropriate method used		
		Multiple failed attempts		
		Not completed		
		Unnecessary		
		Wrong time		
		Wrong treatment/procedure		
Unexpected outcome	Type of unexpected outcome	Amputation		
		Broken teeth/implant		
		Coma		
		Concussion/amnesia		
		Choking		
		Death - Cause unknown		
		Death - Reportable		
		Death (unexpected)		
		Deep Vein Thrombosis (DVT)		
		Exacerbation of existing condition		

Clinical event types (patient/client/resident)			Business rule	Definitions
	Process/Type/Sub question	*Problem*		
		Eye injury		
		Faint/dizziness		
		Fracture/dislocation		
		Head injury		
		Intracranial haemorrhage		
		Intravascular gas embolism		
		Loss of consciousness		
		Nerve damage		
		Pulmonary emboli (PE)		
		Seizure		
		Soft tissue/sprain/strain		
		Spinal injury		
		Stress		
		Outcome not specified		

OHS event – list values

OHS event types (Staff/Visitor)			Business Rule	Definitions
Aggression / behaviour	Behaviour problem	Verbal aggression		
		~~Intimidating behaviour~~ Exposure to aggressive behaviour		
		Physical Assault		
		~~Damage to property~~		
		Sexual activity		
		Sexual ~~aggression~~ assault		
		~~Sexual inappropriateness~~ Sexual harassment		
		Sexual - other		
		Other		
		Bullying		
		Harassment		

OHS event types (Staff/Visitor)			Business Rule	Definitions
		Discrimination/prejudice		
		~~Inappropriate/inconsiderate~~		
		~~Rude/swearing~~		
		~~Uncooperative/obstructive~~		
		~~Drug/alcohol use/possession~~		
		~~Possession of dangerous/illegal item~~		
		~~Stalking~~		
	Instigator Role	Affected person (above)		
		Unknown		
		Resident		
		Client		
		Patient admitted		
		Patient not admitted		
		Carer		
		Non health emergency services		
		Other member of the public		
		Relative		
		Visitor		
		Administrative/Clerical		
		Allied Health		
		Ambulance/Transport		
		Complementary Therapist		
		Dentist/Dental		
		Doctor/Medic		
		Environment/Infrastructure/Non Clinical		
		Medical support		
		Nurse		
		Pharmacist/Pharmacy		
		Student		
		Volunteer		
Equipment	Type	Bed		

OHS event types (Staff/Visitor)			Business Rule	Definitions
		Engineering related		
		Medical device/equipment		
		Patient lifting equipment		
		Other furniture		
	Problem	Contraindicated		
		Damaged		
		Failure/malfunction		
		Fault/defect		
		Inappropriate/unsafe storage		
		Lost/missing		
		Not available		
		Recall		
		Reused inappropriately		
		Stolen		
		Supply error		
		Unclean/contaminated		
		Unsterile		
		Used incorrectly		
Exposure	Exposure type	Bite/stings		
		Ingestion		
		Inhalation/airborne		
		Skin/Body Contact		
		Needlestick/sharp		
		Splash		
		Other		
	Type	*Sub-type*	*Sub-type* is dependent on *Type*	
	Biological	Animals		
		Blood/bodily fluid		
		Infectious material		
		Insects		
		Plants		

OHS event types (Staff/Visitor)			Business Rule	Definitions
		Other		
	Chemical	Gas/fumes/vapours		
		Liquids		
		Medication		
		Solids		
		~~Toxin/poison~~		
		Other		
	Physical environment	Asbestos		
		Dust/dirt		
		Electrical		
		Heat/smoke/cold		
		Noise/sound		
		Pressure		
		Radiation		
		Sharp object		
		Vibration		
		Other		
Fall, Slip, Trip	Slip/trip/fall type	Fall from height ~~(excluding stairs)~~		
		Fall from same level		
		~~Fall from stairs~~		
		Slips/Trips/Stumbles		
Manual Handling	Category	Patient/client/resident		
		Object/material		
		Other person (e.g. non-patient/resident)		
	Type	Awkward posture		
		Bending		
		Lifting/carrying/holding		
		Prolonged unchanged standing		
		Pushing/pulling		
		Repetitive movement		
		Throwing/reaching out		

OHS event types (Staff/Visitor)			Business Rule	Definitions
		Twisting		
		Unknown		
Property	*Type*	*Affected*	*Affected* is dependent on *Type*	
	Personal Belongings	Cash/credit cards		
		Denture/dental plate		
		Documents		
		Glasses		
		Handbag/backpack		
		Mobile/electronic devices		
		Multiple items		
		Personal effects		
	Vehicles	Ambulance		
		Bus/coach		
		Health service owned/fleet vehicle(s)		
		Hospital or community patient transport		
		Personal vehicle		
		Truck		
	Other	Other		
	Type	*Problem*	*Problem* is dependent on *Type*	
	Personal Belongings	Damaged		
		Inappropriate/unsafe storage		
		Lost/missing		
		Stolen		
	Vehicles	Damaged		
		Fault/defect		
		Inappropriate/unsafe storage		
		Lost/missing		
		Maintenance not attended		
		Not available		
		Stolen		
		Unclean/contaminated		

OHS event types (Staff/Visitor)			Business Rule	Definitions
	Other	Damaged		
		Inappropriate/unsafe storage		
		Lost/missing		
		Stolen		
Security	Was personal security affected?	Yes		
		No		
	How was personal security affected?	Abduction/attempted	*How was personal security affected*' is applicable when the value 'Yes' is selected for the question *'How was personal security affected'*	
		Assault		
		Attempted assault		
		Duress alarm activated		
	Was the problem with security services?	Yes		
		No		
	Problem	Delayed response/attendance	*Security service problem'* is applicable when the value 'Yes' is selected for the question *'Was the problem with security services?'*	
		Doors being left unlocked		
		Failed to attend		
		Inadequate security		
		Lost ID cards		
		Patrols not being performed		
		PIN/password disclosed		
Stuck by/against	*Process*	*Problem*	*Problem* is dependent on *Process*	
	Hit by object	~~Bitten by animal/insect~~		
		Falling object		
		Hit by animal		
		Hit by person		
		Hit by vehicle		
		Moving object		
		Trapped between objects		
		Trapped by machinery/equipment		
		Trapped by/between vehicle		
	I hit object	Hit moving object		
		Hit stationary object		
		Rubbing and chafing		

OHS event types (Staff/Visitor)			Business Rule	Definitions
		Vehicle incident		

Hazard event – list values

Hazard event types			Business Rule	Definitions
Critical/IT Systems	Affected	Alarm systems		
		CCTV		
		Duress & emergency systems		
		IT and communications systems		
		Nurse call system		
		Phone/PBAX		
	Problem	Asbestos		
		Damaged		
		Exposed wiring		
		Fault/defect		
		Inappropriate/unsafe storage		
		Lost/missing		
		Maintenance not attended		
		Not available		
		Pest infestation		
		Stolen		
		Subject to biological agents		
		Unclean/contaminated		
Equipment (N)	Type	Bed		
		Engineering related		
		Medical device/equipment		
		Patient lifting equipment		
		Other furniture		
	Problem	Contraindicated		
		Damaged		
		Failure/malfunction		
		Fault/defect		
		Inappropriate/unsafe storage		
		Lost/missing		
		Not available		

Hazard event types			Business Rule	Definitions
		Recall		
		Reused inappropriately		
		Stolen		
		Supply error		
		Unclean/contaminated		
		Unsterile		
		Used incorrectly		
Medication Management	Problem	Expired/expiry date missing		
		Wrong disposal		
		Wrong handling		
		Wrong storage - Temperature		
		Wrong storage - Location/security		
		Not available		
		Damaged		
		Lost/missing/theft		
		Incorrect count/balance		
		~~Expired/expiry date missing~~		
		Other		
Medication details	Generic name		~~*Generic name' is dependent on other medication details*~~ Only the medicinal product (MP), as defined by the Australian Medicines Terminology to be transmitted. Where a MP is unable to be identified, response will be limited to 'unknown medication'~~ *or 'no generic found'*~~	A list of the Fully Specified Names (without the semantic tag) of each of the MP's intended active ingredients, with ingredients of the same MP component separated by a " + " and grouped together. Ingredients are ordered alphanumerically, irrespective of casing. Exception: Where the intended active ingredient is "inert substance", this will always be shown last. If the intended active ingredient name is the same for more than one ingredient in an MP, then the intended active ingredient name is only shown once. If the individual ingredient or set of intended active ingredients is exactly the same for more than one component in a multi-component product, the MP for the component will only be shown once. If the individual ingredient or set of intended active ingredients is

Hazard event types			Business Rule	Definitions
				exactly the same for more than one product in a combination product, the MP for the product will only be shown once. Definition sourced from Australian Medicines Terminology Editorial Rules 31 October 2021 v3.0, available from: https://www.healthterminologies.gov.au/access-clinical-terminology/access-snomed-ct-au/snomed-ct-au-releases/
	Brand name		~~Brand name' is dependent on other medication details~~ Only the trade product (TP), as defined by the Australian Medicines Terminology to be transmitted.	The product brand name, for either single component products, or components of multicomponent products, and including any necessary additional information as defined in Section 4.6.1. Examples include: a textual description that is necessary to distinguish between items in a product range; a strength representation for multi-ingredient products (where required for differentiation); or a proprietary form, delivery device or container. Definition sourced from Australian Medicines Terminology Editorial Rules 31 October 2021 v3.0, available from: https://www.healthterminologies.gov.au/access-clinical-terminology/access-snomed-ct-au/snomed-ct-au-releases/
	~~Medication Class~~		~~*Medication class'* is dependent on other medication details~~	
Organisation and Management (N)	Problem	**Accounts**		
		Amount charged/cost		
		Financial circumstances disregarded		
		Ineligible/overseas patient		
		Insurance/claims mis-handled		
		Public/private classification error		
		Questionable billing practice		
		Unreasonable late fee		
		Availability		
		Bed not available		
		Exit/entry block		

Hazard event types			Business Rule	Definitions
		Service not available		
		Unnecessary delay to service		
		Decisions		
		Identified issue not corrected		
		No/Inadequate change management plan		
		No/Inadequate risk assessment plan		
		Non compliance with regulations/Standards		
		Poor audit/quality control		
		Freedom of Information		
		Application not processed in timely or effective manner		
		Application process error		
		Exemptions applied		
		External review error		
		Internal review error		
		Unreasonable timeframe		
		Health Record Management		
		Access refused		
		Delayed delivery		
		Inappropriate storage/filing		
		Not available/missing		
		Sent to wrong address/location		
		Unauthorised destruction/deletion		
		Unauthorised removal		
		Unlawful collection		
		Human Resources		
		Human Resources - Communication		
		Competency		
		Not qualified to perform task		
		Human resources - Skill mix		
		Staffing		

Hazard event types			Business Rule	Definitions
		Supervision		
		Training		
		Policies Protocols SWP		
		Ambiguous		
		Non compliance		
		Not available		
		Not communicated		
		Not used		
		Out of date		
		Teamwork		
		Teamwork - Communication		
		Conflict		
		Continuity		
		Responsibility overlap		
		Workload		
		Fatigue		
		Insufficient resources for workload		
		Planning/Rostering		
		Workload - Skill mix		
		Staff absence		
Facilities	Problem	Asbestos		
		Damaged		
		Exposed wiring		
		Fault/defect		
		Inappropriate/unsafe storage		
		Lost/missing		
		Maintenance not attended		
		Not available		
		Pest infestation		
		Stolen		

Hazard event types			Business Rule	Definitions
		Subject to biological agents		
		Unclean/contaminated		
	Type	*Affected*	*Affected* is dependent on *Type*	
	Building(s)	Ceilings		
		Doorways		
		Floor		
		Foundations		
		Stairs		
		Walls		
		Window frames		
		Window glass		
	Car Park(s)	Bollards		
		CCTV		
		Entry Booms		
		Humps		
		Lighting		
		Parking meters		
		Road Surface		
		Stairs		
		Ticket machines		
		Walkway(s)		
	External surrounds	Ambulance bays		
		Gardens & surrounds		
		Hazardous chemical storage area		
		Helipads		
		Outside lighting		
		Pedestrian areas		
		Refrigeration infrastructure		
		Road Surface		
		Walkway(s)		

Hazard event types			Business Rule	Definitions
		Water system/drainage		
	Fittings & fixtures	Cooling		
		Door and locks		
		Electrical supply		
		Floor coverings		
		Gas systems		
		Hazardous chemical storage area		
		Heating		
		Lifts		
		Lighting		
		Patient fixtures		
		Pharmaceuticals storage		
		Plumbing		
		Refrigeration		
		Ventilation		
Property (N)	*Type*	*Affected*	*Affected* is dependent on *Type*.	
	Personal Belongings	Cash/credit cards		
		Denture/dental plate		
		Documents		
		Glasses		
		Handbag/backpack		
		Mobile/electronic devices		
		Multiple items		
		Personal effects		
	Vehicles	Ambulance		
		Bus/coach		
		Health service owned/fleet vehicle(s)		
		Hospital or community patient transport		
		Personal vehicle		
		Truck		

Hazard event types			Business Rule	Definitions
	Other	Other		
	Type	*Problem*	*Problem* is dependent on *Type*.	
	Personal Belongings	Damaged		
		Inappropriate/unsafe storage		
		Lost/missing		
		Stolen		
	Vehicles	Damaged		
		Fault/defect		
		Inappropriate/unsafe storage		
		Lost/missing		
		Maintenance not attended		
		Not available		
		Stolen		
		Unclean/contaminated		
	Other	Damaged		
		Inappropriate/unsafe storage		
		Lost/missing		
		Stolen		
Radiation / Radiation Oncology Events (N)	Radiation Source	Computerised Tomography (CT)		
		Fluoroscopy		
		General radiography		
		Linear accelerator		
		Radiation oncology		
		Sealed radioactive source		
		Superficial unit		
		Unsealed radioactive source (includes nuclear medicine)		
		Other		

Appendix 4 – Code set: Contributing factors

Proposed changes to the code set are shown below:

- Additions/amendments are shown in red
- Deletions are shown as ~~strikethrough~~

Contributing Factors
Communication
Communication delayed
Communication not conducted
Inaccurate information communicated
Inappropriate communication
Incomplete communication
Documentation
Breach of privacy
Delay in accessing a document
Illegible
Inadequate documentation
Incomplete documentation
Missing/Unavailable documentation
Unclear/Ambiguous
Equipment
Equipment failed
Equipment not used when indicated
Equipment not working
Equipment suitability for purpose
Equipment unavailable/inaccessible

Contributing Factors
Equipment unfamiliar
Equipment usability
Patient Factors
Patient factors – ~~co– morbidities~~ medical history
Patient factors – inattention/distraction
Patient factors – language
Patient factors – literacy/comprehension
Patient factors – physical condition
Patient factors – social history
Patient factors – knowledge/skills
Patient factors – fatigue
~~**Physical Environment**~~ **Work environment factors (physical)**
Environment ~~not matched to task or patient/client/resident~~ layout not supporting workflow
Lighting
Noise
Overcrowding
Temperature
Unsafe floor
Alarm fatigue
~~**Policies/Decision Support**~~ **Organisation and management factors**
~~Could not locate policy/guideline~~
Decision support not used
Decision support unavailable
No relevant policy/guideline to follow
Policy/guideline availability unknown
Policy/guideline not current best practice
~~Policy/guideline not followed~~
Policy/guideline not yet implemented

Contributing Factors
Policy/guideline used but not useful
Financial resources and constraints
Organisational structure
Decision support used but not useful
Safety culture
Relative/Visitor Factors
Relative/Visitor factors – inattention/distraction
Relative/Visitor factors – language
Relative/Visitor factors – literacy/comprehension
Relative/Visitor factors – physical condition
Relative/Visitor factors – social history
Teamwork
No identified leader
No senior/specialist support sought
Individual responsibilities not clear
Staff not supervised
Supervision inadequate
Team structure inappropriate
Team structure unclear
Treatment & Procedures
Assessment not completed
Diagnosis delayed
Diagnosis missed
Diagnosis not established
Diagnosis wrong
Inappropriate care plan
Incomplete care plan
Not followed post-discharge

Contributing Factors
Screening not completed
Test delay
Test order delay
Test results not accurate
Test results not available
Test results not communicated
Test results not reviewed/actioned
Tests inappropriate/outmoded
Unable to access appropriate level
Unable to access at a time required
Unable to access service
~~**Worker**~~ **Staff** ~~**factors**~~
~~Alarm fatigue~~
Worker factors – ~~co– morbidities~~ medical history
Worker factors – inattention/distraction
Worker factors – knowledge/skills
Worker factors – language
Worker factors – literacy/comprehension
Worker factors – physical ~~condition~~ history
Worker factors – social history
Fatigue
Work environmental factors (workforce) ~~**Workforce**~~
Inappropriate staff levels
Induction not adequate
Rostering/shift patterns
Skill gap not recognised
Skill mix
Time pressure

Contributing Factors
Training inadequate
Working beyond skill level
Working outside expertise
Workload
Government, regulators and external influences
Links with external health services
Economic context
Legislative context