Specifications for revisions to Victorian Health Incident Management System Minimum Data Set (VHIMS MDS) for 2024-25

June 2024

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Contents

Executive Summary

This document outlines revisions to the Victorian Health Incident Management System minimum dataset (VHIMS MDS) for 2024−25. Revisions were confirmed in March 2024, following consultation and feedback from health services[1], vendors and relevant policy and program areas of the Department of Health (the department) and Safer Care Victoria (SCV).

Revisions to the VHIMS MDS for 2024−25 comprise additions and removals, as well as amendments to existing data items (see Table *1*). Health services are required to commence reporting the VHIMS MDS 2024−25 by 1 April 2025.

Table 1 Revisions to VHIMS MDS 2024−25

Confirmed revisions – VHIMS MDS 2024−25		
	Data element	**Confirmed change**
AMENDMENT TO EXISTING DATA ELEMENTS	*Notification type*	Rename to *Incident type* and include 'OHS (Visitor)' type in VHIMS MDS manual (data element already transmitted to VAHI).
	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*.
	Incident Severity Rating (ISR) algorithm (clinical incidents only)	Update the ISR algorithm for clinical incidents and amend related fields
	Contributing factors	Modify *Contributing factors* code set to align with contributing factors used by Safer Care Victoria for Sentinel Event reporting.
	If yes, what type of emergency response?	Amend *If yes, what type of emergency response?* field name to *Type of emergency response.* Include an item to *Emergency Response Type* identifying *No emergency code reported)* Additional items to the *Type of Emergency Response* list (Code Grey [Planned]; Code Grey [Unplanned])
	Sentinel event	Include validation to only report *Sentinel event* for ISR 1 and 2 incidents.

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[1] See *Summary of feedback to proposals for revisions to Victorian Health Incident Management System Minimum Data set (VHIMS MDS) for 2024−25*

	Data element	Proposed change
ADDITION OF NEW DATA ELEMENT	*Health service incident ID*	Introduce new Health service incident ID (health service generated) to support reconciliation of incidents.
	Adverse patient safety event flag	Introduce a new flag to identify if the reported clinical incident is an Adverse Patient Safety Event (APSE).
	DH Campus	Introduce new field *DH Campus* aligning Campus codes reported with those used in the Victorian Department of Health administrative health data collections.
	Ward/location Type	Introduce a new field with a standard list of values called *Ward/location Type.*
	Speciality unit Type	Introduce a new field with a standard list of values called *Specialty unit Type*.
	Indigenous status	Introduce *Indigenous status* element to enable demographic analysis of incidents.
	Emergency response outcome	Introduce *Emergency response outcome* field to align with Department's Code Grey Standards.
	Data element	**Proposed change**
REMOVAL OF EXISTING DATA ELEMENT	*'Is this incident related to a pandemic/epidemic?'*	Remove requirement to report this element.
	Campus	Remove requirement to report this item
	Ward Location	Remove requirement to report this item
	Specialty Unit	Remove requirement to report this item
	Was an emergency response called?	Remove *Was an emergency response called?*
	External notifications	Remove requirement to report this element.
	VMIA notifiable	Remove requirement to report this element.
	Related National Safety and Quality Health Service Standard	Remove requirement to report this element.
	If 'Other' describe other sentinel event	Remove requirement to report this item

Introduction

The Victorian Health Incident Management System Minimum Data Set (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.

Incident data has been collected in Victoria since 2009. In 2018, a minimum dataset for health incidents, the VHIMS MDS was agreed 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.

The VHIMS MDS will undergo a periodic review and change process to ensure that the collection continues to meet the needs of stakeholders. Based on stakeholder feedback over the first 12−18 months of data collection, the review of the VHIMS MDS for 2024−25 focused on refining the dataset and business rules to improve data quality and utility and reduce the reporting burden on health services.

Following consultation with health services, vendors and policy and program areas of the department and Safer Care Victoria (SCV), a total of 23 changes comprising addition, deletion, and amendment of data items, have been confirmed and are outlined below.

From 1 April 2025, Victorian health services are required to collect and transmit in accordance with these revised specifications and reporting timeframes set out in the department's *Policy and Funding Guidelines.*

The revisions set out in this document are complete at the date of publication. If further changes are required during the year, these will be advised.

An updated VHIMS MDS 2024─25 manual will be available in August 2024.

Orientation to this document

New data elements are marked as (NEW).

Amended data elements are marked as (AMENDED)

Changes are shown under the appropriate manual section headings (see example below)

Removals are shown with a ~~strike through~~.

Section 3 Data definitions (example)

Specifications	
Definition	A concise statement that expresses the essential nature of the data element and its differentiation from other data elements.
Label	Provides the database label for the data element for data users
Form	The format in which the data is recorded. This may include: • code (for pre-determined code sets) - may be organisation dependent. • date • free text • system-generated
Layout	The layout of characters for the data element, expressed by a character string representation,

Reported by	Criteria for reporting data element
Reported For	The specific circumstances when this data element must be reported.
Reported When	The stage in the data submission cycle when this data element is reported.
Code set	The set of valid values for the data element.
Reporting Guide	Additional comments or advice on reporting the data item.
Validations	A list of validations that relate to this data element.
Related Elements	Other data items that relate to this data item.
Administration	
Purpose	The main reason/s for the collection of this data item.
Principal Data Users	Identifies the primary user/s of the data collected.
Collection Start	The year the collection of this data item commenced.
Version History	Provides information regarding modifications made to the data element. Listed are a version number, beginning with 1 and incremented by 1 for each subsequent revision as well as an effective date, describing the date the modification came into effect.
Definition Source	Identifies the authority that defined this data item.
Code Set Source	Identifies the authority that developed the code set for this data item.

Data element changes

~~Is this incident Related to the pandemic/epidemic?~~

Section 3 Data definitions

~~Is this incident related to the pandemic/epidemic?~~

Specifications	
~~Definition~~	~~This question is to determine whether an incident being reported is related to a pandemic/epidemic such as a COVID-19 hazard or non-person related event.~~
~~Form~~	~~Code~~
~~Reported by~~	~~All Victorian public health services and all services under their governance structure including community health and bush nursing centres.~~
~~Reported For~~	~~All incidents (clinical and OH&S), near misses, and hazards.~~
~~Reported When~~	~~Any of the above record types is reported.~~
~~Code set~~	~~Yes~~ ~~No~~
~~Reporting Guide~~	~~Enables analysis of incidents related to a pandemic/epidemic (not specific to COVID-19).~~ ~~Select yes if the incident and contributing factors were related to a pandemic/epidemic (e.g. COVID-19).~~ ~~If the response to this question is Yes, the 'Details field' must outline how the pandemic/epidemic has contributed to the incident. Some examples could be, aggression from a visitor because of visitor restrictions, patient to staff transmission or supplies such as PPE are not available.~~
~~Validations~~	~~General edits only~~
~~Related Elements~~	~~N/A~~
~~Administration~~	
~~Purpose~~	~~To monitor the prevalence of incidents related to a pandemic/epidemic.~~
~~Principal Data Users~~	~~Victorian Agency for Health Information, Department of Health, Safer Care Victoria.~~
~~Collection Start~~	~~2019–20~~
~~Definition Source~~	~~Department of Health~~
~~Code Set Source~~	~~Department of Health~~

Health service incident ID (NEW)

Section 3 Data definitions

Health service incident ID (New)

Specifications					
Definition	An identifier (number or code) unique to each incident within an organisation. The identifier is generated by the health service incident management software and is used to identify an incident record.				
Label	HSIncidentID				
Form	Identifier code (system generated)	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 VHIMS API.				
Reported For	All records.				
Reported When	Reported at transmission of new incident.				
Code set	Organisation generated. Individual sites may use their own alphabetic, numeric or alphanumeric coding system.				
Reporting Guide	This code should be unique within the organisation for each incident. Health services that change vendors must ensure that their new software does not duplicate values sent from their previous system.				
	It is permissible to use 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 not case-sensitive.				
Validations	*Health service incident ID* is mandatory for all incidents at first transmission (API only).				
Related Elements	*Organisation*				
Administration					
Purpose	Enables reconciliation of reported incidents between the department and health service systems.				
Principal Data Users	Safer Care Victoria and Department of Health				
Collection Start	2024−25				
Definition Source	Department of Health				

Code Set Source	System generated (health service software).

Section 4 Business rules

Health service incident identifier (HS IncidentID) is required when transmitting new incidents.

Section 6 Validations

400- xxx Health Service Incident Identifier not present

Problem: A health service incident identifier (HSIncidentID) was not provided

Solution: Ensure HSIncidentID is included in submission.

~~Notification~~ Incident type (AMEND)

Section 3 Data definitions

~~Notification~~ Incident type (Amend)

Specifications					
Definition	A classification of incident based on who was harmed, or could have been harmed, by the incident.				
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 records.				
Reported When	Reported at transmission of new incident.				
Code set	clinical ohs-staff ohs-visitor hazard				
Reporting Guide	**clinical – Clinical Incidents-** records where the individual who would be harmed or potentially harmed is a patient client resident of consumer. **ohs-staff – Occupational Health and Safety – Staff Incidents**-records where the individual harmed or potentially harmed is an employee, contractor, or volunteer of the organisation. **ohs-visitor – Occupational Health and Safety – Visitor Incidents** - records where the individual harmed or potentially harmed was a visitor to the health service or a member of the public in a community setting.				

	hazard – Hazard Incidents – records where no identifiable individual was harmed but where an individual or group of individuals could have been harmed as a result of the situation. For API transmitting health services. Incident Type is a query parameter included in the GET/api-base-uri/v1/resource which will return the reference data in an array format for the given incident type and the point in time. See *Section* 5: API Specifications
Validations	*Incident type* is mandatory for all incidents at first transmission.
Related Elements	Multiple elements - *Incident type* is important in determining the elements that need to be reported.
Administration	
Purpose	Enables identification of the type of incident for review, analysis, monitoring and reporting.
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	Department of Health
Code Set Source	Department of Health

DH Campus (New)

Section 3 Data definitions

~~Campus~~

~~Specifications~~	
~~Definition~~	~~Campus ID of where the incident occurred at the health service.~~
~~Form~~	~~Organisation dependent code.~~
~~Reported by~~	~~All Victorian public health services and all services under their governance structure including community health and bush nursing centres.~~
~~Reported For~~	~~All incidents (clinical and OH&S), near misses, and hazards.~~
~~Reported When~~	~~Any of the above record types is reported.~~
~~Code set~~	~~Organisation dependent code.~~
~~Reporting Guide~~	~~Report the incident under the Campus ID at which the incident occurred.~~
~~Validations~~	~~General edits only,~~
~~Related Elements~~	~~N/A~~
~~Administration~~	

~~**Purpose**~~	~~Enables identification of the campus where the incident occurred. This will enable analysis at a more granular level for health services with more than one campus/site.~~
~~**Principal Data Users**~~	~~Victorian Agency for Health Information, Department of Health, Safer Care Victoria.~~
~~**Collection Start**~~	~~2019–20~~
~~**Definition Source**~~	~~VAHI~~
~~**Code Set Source**~~	~~Organisation dependent~~

DH Campus (New)

Specifications					
Definition	Code identifying the health service campus where the incident occurred, or the health service campus responsible for clinical governance processes related to the incident.				
Form	Alpha Numeric Code	Repeats:	Min	Max	Duplicate
			1	1	N/A
Layout	X (1-10)	Size	Min	Max	
			1	10	
Reported by	All Victorian public health services and all services under their governance structure including community health and bush nursing centres.				
Reported For	All records.				
Reported When	Reported at transmission of new incident.				
Code set	Campus code list (see Section 7 Code Set List)				
Reporting Guide	Incidents created in VHIMS MDS 2024-25 must report a campus code from the Campus Code List.				
Validations	*Campus code* is dependent on *Organisation*. *Campus code* is mandatory for all incidents at first transmission.				
Related Elements	*Organisation*				
Administration					
Purpose	Enables identification of the responsible health service campus for review, analysis, monitoring and 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				

Section 7 Code set lists.

Campus list to be provided with VHIMS MDS Manual.

Ward/location type (NEW)

Section 3 Data definitions

~~Ward/location~~

~~Specifications~~	
~~Definition~~	~~Ward/location ID where the incident occurred.~~
~~Form~~	~~Organisation dependent code.~~
~~Reported by~~	~~All Victorian public health services and all services under their governance structure including community health and bush nursing centres.~~
~~Reported For~~	~~All incidents (clinical and OH&S), near misses, and hazards.~~
~~Reported When~~	~~Any of the above record types is reported.~~
~~Code set~~	~~Organisation dependent code.~~
~~Reporting Guide~~	~~Each health service maintains a list of physical locations unique to their campuses. All new wards and locations require a code supplied by VAHI.~~ ~~To lessen the burden on health services, from 1 July 2023 health services requesting new VAHI codes for wards will be given a single "other" ward code that can be used in transmissions to the department.~~ ~~Health services should work with vendors to ensure a unique lists of ward/location codes can be maintained in their system, while transmitting the single code to VAHI.~~
~~Validations~~	~~General edits only~~
~~Related Elements~~	~~N/A~~
~~Administration~~	
~~Purpose~~	~~Enables identification of the type of location where the incident occurred, for review, analysis, monitoring and reporting.~~
~~Principal Data Users~~	~~Victorian Agency for Health Information, Department of Health, Safer Care Victoria.~~
~~Collection Start~~	~~2019-20~~
~~Definition Source~~	~~VAHI~~
~~Code Set Source~~	~~Organisation dependent~~

Ward/location type (New)

Specifications

Definition	Code identifying the type of place where the incident occurred, or where the hazard was identified.				
Form	Integer		Repeats:	Min	Max	Duplicate
				1	1	N/A
Layout	X (1-10		Size	Min	Max	
				1	10	
Reported by	All Victorian public health services and all services under their governance structure including community health and bush nursing centres.				
Reported For	All records.				
Reported When	Reported at transmission of new incident.				
Validations	*Ward/location type* is mandatory for all incidents at first transmission.				
Related Elements	*N/A*				
Code set	Ward/location type code list (see Section 7 Code set list)				
Reporting Guide	All *Ward/location type* codes transmitted to VHIMS for incident created in VHIMS MDS 2024–25 must use a Ward/location type code from the Ward/location type code set list.				
Administration					
Purpose	Enables identification of the type of location where the incident occurred, for review, analysis, monitoring and 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				

Section 7 Code list

Ward/Location type code set list

Specialty unit type (NEW)

Section 3 Data definitions

~~Specialty Unit~~

~~Specifications~~	
~~Definition~~	~~The department/specialty/unit ID responsible for following up the incident~~
~~Form~~	

~~Reported by~~	~~All Victorian public health services and all services under their governance structure including community health and bush nursing centres.~~
~~Reported For~~	~~All incidents (clinical and OH&S), near misses, and hazards.~~
~~Reported When~~	~~Any of the above record types is reported.~~
~~Code set~~	~~Organisation dependent code.~~
~~Reporting Guide~~	~~Each health service maintains a list of physical locations unique to their campuses. All new wards and locations require a code supplied by VAHI.~~ ~~To lessen the burden on health services, from 1 July 2023 health services requesting new VAHI codes for wards will be given a single "other" ward code that can be used in transmissions to the department.~~ ~~Health services should work with vendors to ensure a unique lists of ward/location codes can be maintained in their system, while transmitting the single code to VAHI.~~
~~Validations~~	~~General edits only, see Section 1: Introduction – Data quality statement.~~
~~Related Elements~~	~~N/A~~
~~Administration~~	
~~Purpose~~	~~Enables assessment of whether there are trends for specific locations in health services.~~
~~Principal Data Users~~	~~Victorian Agency for Health Information, Department of Health, Safer Care Victoria.~~
~~Collection Start~~	~~2019-20~~
~~Version history~~	~~Version~~ ~~Previous name~~ ~~Effective Date~~
	~~1~~ ~~Ward/location~~ ~~1/7/2023~~
~~Definition Source~~	~~VAHI~~
~~Code Set Source~~	~~Organisation dependent~~

Specialty unit type (NEW)

Specifications					
Definition	The type of specialty unit or community health program responsible for the care of the impacted patient/client/consumer/resident, or the specialty unit, community health program or non-care related function, where the impacted staff member was undertaking their role.				
Form	Code	Repeats:	Min	Max	Duplicate
			1	1	N/A
Layout	X (1-10)	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 records.				

Reported When	Reported at transmission of new incident.
Code set	Specialty unit type code list (see Section 7- Code set list)
Reporting Guide	All *Specialty unit type* codes transmitted to VHIMS for incident created in VHIMS MDS 2024–25 must use a Specialty unit type code from the Specialty unit type code set list. **Clinical Incidents**: The type of specialty unit that is responsible for the care of the patient/client/resident/consumer that is harmed in the incident, often a medical specialty or a funded program. **OH&S and Hazard Incidents**: The type of specialty unit, community health program or non-care related activity which takes place where the staff member was impacted, often a medical specialty, workgroup or function, or a funded program.
Validations	*Specialty unit type* is mandatory for all incidents at first transmission.
Related Elements	
Administration	
Purpose	Enables identification of impacted patient/workforce population for review, analysis, monitoring and 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

Section 7 Code list

Specialty unit list code set list.

Changes to Event type and Event type subcategories (multiple)

Section 3 Data definitions

Specifications					
Definition	A descriptor classifying the cause of harm that occurred, or could have occurred, as a result of the incident.				
~~Form~~	~~Code~~				
Form	Code	Repeats:	Min	Max	Duplicate
			1	1	N/A
Layout	X				
			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 records. ~~Incident types~~
Reported When	~~Reported for all new and updated incidents~~ Reported at transmission of new incident.
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 Section 7 Code list for full code set for clinical, OH&S, and hazard ~~incident/~~event types.
Reporting Guide	The event type classification determines the additional information (known as event type subcategories) required to further describe the cause of the incident (i.e. process/type, problem, and related questions). The event type taxonomy is unique to incident type, i.e. clinical incident event type taxonomy cannot be used to classify an OH&S incident. ~~*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	Multiple event types are allowable for each incident. At least one *Event type* is mandatory for all incidents at first transmission. ~~*Incident type/*~~*Event type* is dependent on ~~*Notification*~~ *Incident type.*
Related Elements	*Incident type* *Event type sub-categories* (type problem, process and related questions)
Administration	
Purpose	~~Enables more reliable and accurate analysis using incident type.~~ Enables classification of incidents into categories, for review, analysis, monitoring and 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

Section 7 Code lists

Multiple changes have been made to the event and event subcategory types these changes are outlined in the Event taxonomy code list. A summary of changes is listed below.

5.2.1 – Add *Discharge* process and associated problems within Assessment & Care Planning Event type.A

5.2.2 – Amend behaviour problem within Behaviour Event type. There has been a change to the language used for sexual safety behaviour problems bringing it in line with policy. The changes incorporate the descriptions and definitions outlined in the Chief Psychiatrists reporting directive[2].

5.2.3 – Amend type of restraint within Behaviour. Change the language of restraint to restrictive intervention. Change of items in the list of type of restrictive interventions, previously restraint and allow multiple restraint types to be selected.

5.2.4 – Remove Seclusion as an event type but retain it as a question within the behaviours event type

5.2.5 − Amendments within Blood Products including allowing selection of more than one Blood Products type add additional blood product types and an additional problem.,

5.2.6 – Additional problems within Deteriorating Patient

5.2.7 – Additional Fall types within *Fall event type*

5.2.8 – Amendments and additions to problems associated with the testing/sampling process within Investigations Event type

5.2.9 – Remove 'Did this involve a high risk (PINCH) medication.'

5.2.10 – Amend medication details within the Medication and IV fluids and Medication Management. Change the AMT level reported for Generic and Brand Name and remove the requirement to report Medication Class.

5.2.11 – Amend problems within Medication and IV fluids.

5.2.12 – Remove duplicate problem within Hazard Medication Management event types.

5.2.13 – Amend behaviour problem types within OH&S Aggression/behaviour event types.

5.2.15 – Remove problem types within OH&S Fall, Slip, Trip event type.

Was an Emergency Response Called?

Was an Emergency Response Called?

Specifications					
Definition	Flag that indicates if an emergency response was called for the reported incident				
Form	Identifier code	Repeats:	Min 1	Max 1	Duplicate N/A
Layout	X	Size	Min 1	Max 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 incident types.				

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

Reported When	Reported for all incidents
Code set	Yes, No
Reporting Guide	Yes: Reported if an emergency response was called for the reported incident No: Reported where no emergency response was required for the reported incident
Validations	Element is mandatory for all incident types when *Date closed* is present and where **yes** is reported *Type of Emergency Response*
Related Elements	*Type of emergency response* *Emergency response outcome* *Date closed*
Administration	
Purpose	To provide important information to Department of health for monitoring the quality and safety of patient, client resident, staff and visitors to Victoria's health services particularly monitoring of aggression and violence in health services code-grey-standards-sep-2017-pdf.pdf (health.vic.gov.au)
Principal Data Users	Safer Care Victoria and Department of Health
Collection Start	2019–20
Definition Source	VAHI
Code Set Source	VAHI

~~If Yes What type of Emergency Response~~ Type of emergency response (AMEND)

Section 3 Data definitions

Type of emergency response (Amend)

Specifications					
Definition	The type of emergency response called in response to the incident. ~~(All listed codes align with Australian Standard 4083.)~~				
Form	Identifier code	Repeats:	Min 1	Max 1	Duplicate N/A
Layout	X	Size	Min 1	Max 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 records. ~~incident types.~~				
Reported When	Reported at any time in process of incident review.				

Code set		
	10	**No Emergency Code Reported**
	1	**Code Black (serious threat and/or involving a weapon)**
	2	**Code Brown (external disaster)**
	3	Code Grey ~~(unarmed threat)~~ (unplanned)
	11	**Code Grey (planned)**
	4	Code Orange (evacuation)
	5	**Code Purple (bomb threat)**
	6	**Code Red (fire/smoke)**
	7	**Code Yellow (internal emergency)**
	8	**MET/Code Blue (rapid response)**
	9	**Obstetric Emergency**
Reporting Guide	Report the appropriate code that is called for the emergency related to the reported incident.	
	No Emergency Code Reported used for all incidents where no emergency response was reported.	
	Code Grey (unplanned) (formerly Code Grey (unarmed threat)) - is an emergency response initiated by staff for immediate assistance with a current incident.	
	Code Grey (Planned) - is initiated by staff for anticipated assistance with a scheduled event (such as a patient appointment), where following a risk-based assessment, it is anticipated that an incident may occur.	
Validations	~~Element is mandatory for all incident types when~~ *Date closed* ~~is present.~~	
	Emergency response type is mandatory when *Date closed* is present.	
	If *Code Grey- Unplanned* or *Code Grey – Planned* the *Emergency code outcome* element must be reported.	
Related Elements	*Emergency response outcome*	
	Date closed	
Administration		
Purpose	Provides important information to Department of Health for monitoring the quality and safety of patient, client resident, staff and visitors to Victoria's health services particularly monitoring of aggression and violence in health services code-grey-standards-sep-2017-pdf.pdf (health.vic.gov.au).	
Principal Data Users	Safer Care Victoria and Department of Health	
Collection Start	2019−20	
Version History	Version	Previous Name	Effective Date
	1	If Yes, Type of Emergency Response	2024−25

Definition Source	Department of Health
Code Set Source	Australian Standard 4083.

Emergency response outcome (NEW)

Section 3 Data definitions

Emergency response outcome (New)

Specifications					
Definition	The outcome of a code grey response as described in the Code Grey Standards (code-grey-standards-sep-2017-pdf.pdf (health.vic.gov.au).				
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	All incidents where a Code grey (planned) or Code grey (unplanned) emergency response type was reported.				
Reported When	Reported at any time in process of incident review.				
Code set	**1** No violence or aggression occurred. **2** Situation resolved prior to code grey arrival. **3** Clinically led Code Grey response implemented. **4** Security only response				
Reporting Guide	If a Code Black response is initiated as the outcome of a Code Grey Response, the record should be reported as a Code Black.				
Validations	Element is mandatory for all incident types when *Date closed* is present and *Type of emergency response* is reported as Code Grey (unplanned) or Code Grey (planned).				
Related Elements	*Emergency Response Flag* *Type of emergency response* *Date closed*				
Administration					
Purpose	Provides important information to Department of Health for monitoring the quality and safety of patient, client resident, staff and visitors to Victoria's health services particularly monitoring of aggression and violence in health services in accordance with Code Grey Standards code-grey-standards-sep-2017-pdf.pdf (health.vic.gov.au).				

Principal Data Users	Safer Care Victoria and Department of Health
Collection Start	2024–25
Definition Source	DH; Department's Code Grey Standards.
Code Set Source	DH; Department's Code Grey Standards.

External Notifications

Section 3 Data definitions

External Notifications

Specifications	
Definition	Name of external organisation/s that have been notified of this incident.
Form	Code
Reported by	All Victorian public health services and all services under their governance structure including community health and bush nursing centres. organisations
Reported For	All incidents (clinical and OH&S), near misses, and hazards.
Reported When	Any of the above record types is reported
Code set	Aged Care Quality and Safety Commission Australian Health Practitioner Regulation Agency (AHPRA) Child Protection/Child FIRST Clinical council e.g., Consultative Council on Obstetric and Paediatric Mortality and Morbidity (CCOPMM) or Victorian Audit of Surgical Mortality (VASM) Commission for Children and Young People Community and Primary Health Community Health Serious Incident Response Scheme (SIRS) Department of Education and Training Department of Justice and Community Safety DH/Department of Families, Fairness and Housing (DFFH) Dieticians Association of Australia Emergency Management Branch Exercise and Sport Science Australia (ESSA) Health Complaints Commissioner Mental Health Complaints Commissioner (MHCC) NDIS Quality and Safeguards Commission Not required Office of the Australian Information Commissioner (OAIC) Office of the Chief Psychiatrist Radiation Safety Team Safer Care Victoria (SCV) Serious Transfusion Incident Reporting (STIR) Speech Pathology Australia Therapeutic Goods Administration (TGA) Victoria Police Victorian Auditor-General's Office Victorian Managed Insurance Authority (VMIA) WorkSafe Victoria Other Other (e.g., Fire Rescue Victoria (FRV), Environment Protection Authority (EPA) etc.)

Reporting Guide	Select an organisation where applicable.
	Note: This is a question to record external notifications only. Health services are responsible for understanding reporting obligations and completing external notifications, for example for Sentinel events.
Validations	General edits only
Related Elements	N/A
Administration	
Purpose	Enables identification of how many incidents resulted in a notification to another organisation and which organisations are being notified.
Principal Data Users	Victorian Agency for Health Information, Department of Health, Safer Care Victoria.
Collection Start	2019–20
Definition Source	VAHI
Code Set Source	VAHI

Clinical incident flag (NEW)

Section 3 Data definitions

Clinical incident flag (New)

Specifications					
Definition	An identifier that the incident reported is confirmed as a clinical incident, (i.e. unintended or unnecessary harm has occurred while the affected person was 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 incident records.				
Reported When	Reported at any time in process of clinical incident review.				
Code set	Yes				
	No				
Reporting Guide	**Yes:** Reported where the record is confirmed to be a clinical incident, i.e. unintended or unnecessary harm has occurred while the affected person was receiving clinical care.				

	All clinical incident records should be considered a confirmed clinical incident unless the record specifically meets exclusion criteria. **No:** Reported where the record is not a clinical incident.	
Validations	*Clinical incident flag* is mandatory for clinical incidents when *Date closed* is present.	
Related Elements	*Incident type* *Adverse patient safety event (APSE) flag* *Date closed*	
Administration		
Purpose	Enables identification of non-incident clinical records, enabling these to be excluded from MDS 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	Safer Care Victoria	
Code Set Source	Department of Health	

Adverse patient safety event (APSE) flag (NEW)

Section 3 Data definitions

Adverse patient safety event (APSE) flag (New)

Specifications					
Definition	An identifier that an adverse patient safety event has occurred (i.e. treatment and/or care did not go as intended or expected).				
Form	Identifier code	Repeats:	Min 1	Max 1	Duplicate N/A
Layout	X	Size	Min 1	Max 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 incident records where the *Clinical incident flag* is reported as yes.				
Reported When	Reported at any time in process of clinical incident review.				
Code set	Yes No				

Reporting Guide	Only reported for clinical incident records where the *Clinical Incident flag* is set to Yes. **Yes:** Reported where the incident is an adverse patient safety event. Yes, should be reported if clinical incident has been confirmed, and treatment or care provided **did not** go as intended and as expected. **No:** Reported where incident is not considered an APSE.
Validations	*APSE flag* is mandatory when *Date closed* is present and when the *Clinical incident flag* is reported as yes.
Related Elements	*Incident type* *Clinical incident flag* *Date closed*
Administration	
Purpose	Enables distinction between APSE and non−APSE clinical incidents to support incident review, analysis, monitoring and reporting.
Principal Data Users	Safer Care Victoria and Department of Health
Collection Start	2024−25
Definition Source	Safer Care Victoria; Adverse Patient Safety Event (APSE) policy
Code Set Source	Department of Health

Incident Severity Rating (AMEND)

Section 2 Concepts and derived items

Definition	Incident Severity Rating (ISR) is a four-tiered rating system from 1 (most severe) to 4 (least severe) which determines the level of impact that resulted from, or could have resulted from, a reported incident. ISR is derived for clinical, OH&S (staff and visitor) and hazard incidents from responses provided for three VHIMS MDS elements.
Guide for use	The Incident Severity Rating algorithm and the reported elements vary according to the Incident type. **Clinical Incidents**: In VHIMS MDS 2024-25 changes have been made to the algorithm for clinical incidents to ensure better alignment with Safer Care Victoria and Department of Health policy. The new algorithm utilises three questions *Level of harm*, *Duration of harm* and *Level of care/treatment*. Comprehensive Clinical guidance documents are being developed and will be available as an appendix to the VHIMS MDS manual to assist implementation at Health Services.

Clinical incidents reported in previous versions of the VHIMS MDS should be reported using the previous algorithm which used the responses to *Level of harm*, *Level of treatment* and *Level of care.*

OHS Incidents (Staff and Visitor): The ISR algorithm utilises responses to three question *Level of harm sustained*, *Required level of care* and Actions *required.*

Hazard Incidents: The ISR algorithm for hazards utilises the responses to three questions *Level of impact*, *Level of disruption to services* and *Level of intervention required.*

The ISR Algorithm mapping is included at Section 7 Code Set List

Level of harm clinical (NEW)

Section 3 Data definitions

Level of harm clinical (New)

Specifications					
Definition	The severity of harm that the affected person experienced.				
Form	Identifier code	Repeats:	Min	Max	Duplicate
			1	1	N/A
Layout	XX (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	Clinical incident records.				
Reported When	Reported at transmission of new incident. Can be amended throughout the process of incident review until closure.				
Code set	50 – Death 51 - Serious Sexual Safety Event 52 - Severe 53 - Moderate 54 - Minor 55 - No Harm				
Reporting Guide	Only reported for clinical incident records. Comprehensive clinical guidance on reporting ISR elements is provided in the VHIMS Data Manual.				

	50 – Death: On the balance of probabilities, death was caused or brought forward in the short term by the incident.
	51 - Serious Sexual Safety Event: The harm has resulted from a serious sexual safety event; defined as sexual safety events where:
	Major harm (psychological and/or physical) has occurred. For example, a serious sexual assault such as suspected or alleged rape (as defined by the Crimes Act) or statutory rape (illegal sexual activity between an adult and a minor).
	Sexual safety incidents that result in pregnancy.
	52– Severe: The individual has or is likely to experience a permanent or temporary significant lessening in functioning, including impairment, disability or a shortened life expectancy as a result of the incident.
	53 – Moderate: The individual's level of health, function or emotional wellbeing was or is likely to be affected because of the incident.
	54 – Minor: The individual's level of health, function or emotional wellbeing was or is likely to be temporarily affected as a result of the incident which is likely to resolve without change to acuity of care or via invasive treatment.
	55 - **No Harm**
Validations	*Level of harm clinical* is mandatory for all new clinical incidents at first transmission.
Related Elements	*Incident type*
	Duration of harm
	Level of care/treatment required.
	Date closed
Administration	
Purpose	This is one of three questions used to determine the Incident Severity Rating (ISR) for clinical incidents. See ISR in Section 2.
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

Duration of harm (NEW)

Section 3 Data definitions

Duration of harm (New)

Specifications

Definition	An indication of the expected duration of harm that has resulted from the reported incident.				
Form	Identifier code	Repeats:	Min	Max	Duplicate
			1	1	N/A
Layout	XX (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	Clinical incidents records.				
Reported When	Reported at transmission of new incident. Can be amended through the process of incident review until closure.				
Code set	56 - Permanent 57 - Temporary				
Reporting Guide	Only reported for clinical incident records when *Level of Harm* is reported as **Severe, Moderate or Minor**. Duration of harm is defined as follows: **56 - Permanent** The harm the individual experienced is, or is most likely to be, permanent. **57 - Temporary** The harm the individual experienced is, or is most likely to be, temporary. Comprehensive clinical guidance on reporting ISR elements is provided in the VHIMS Data Manual.				
Validations	*Duration of harm* is mandatory for all new clinical incidents at first transmission.				
Related Elements	*Incident type* *Level of harm clinical* *Level of care/treatment required.* *Date closed*				
Administration					
Purpose	This is one of three questions used to determine the Incident Severity Rating (ISR) for clinical incidents. See ISR in Section 2.				
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				

Level of care/treatment required (NEW)

Section 3 Data definitions

Level of care/treatment required (New)

Specifications					
Definition	Indication of the level of care/treatment provided to the patient as a result of the incident, generally this will be care/treatment that would not have been required if the incident had not occurred.				
Form	Identifier code	Repeats:	Min	Max	Duplicate
			1	1	N/A
Layout	XX (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	Clinical incident records				
Reported When	Reported at transmission of new incident. Can be amended through the process of incident review until closure.				
Code set	58 - Advanced 59 - Intermediate 60 - Minor 61 – No additional treatment/care				
Reporting Guide	**Only reported for clinical incident records.** Reported for records where *Duration of Harm* is reported as **Temporary.** Level of Care/Treatment is defined as follows: **58 - Advanced** Life-saving care or treatment, intensive care unit, major surgical or medical intervention, high dependency psychiatric care, long term care or other high acuity specialist care, or a change to the individual's goals of care, that would not have otherwise been required if the incident had not occurred. **59 - Intermediate** Surgical or medical intervention, psychiatric or psychological care, extended medium term care, therapeutic intervention, invasive diagnostics, increased length of stay greater than 72 hrs, referral to additional care team/s (including emergency department) for treatment exceeding assessment or single occasion treatment, or an increase in acuity of hospital care beyond increased monitoring and observations that would not have otherwise been required if the incident had not occurred**. 60 Minor** First aid, minor therapeutic interventions, increased monitoring or observations, minor or one occasion counselling or psychological support, non-invasive diagnostics, or referral to additional care team/s (including				

	emergency department) for assessment or single occasion treatment that would not have otherwise been required if the incident had not occurred.
	61 - None No additional treatment or care was required besides an initial review to establish if the individual was harmed.
	Comprehensive clinical guidance on reporting ISR elements is provided in the VHIMS Data Manual.
Validations	*Level of treatment/care* is mandatory for all new clinical incidents at first transmission.
Related Elements	*Incident type* *Level of harm clinical* *Duration of harm*
Administration	
Purpose	This is one of three questions used to determine the Incident Severity Rating for clinical incidents. See ISR in Section 2
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

Contributing factors (AMEND)

Section 3 Data definitions

Contributing factors (Amend)

Specifications					
Definition	A circumstance, an action or other factor identified through incident review and analysis, as having contributed to, or increased the risk of, the incident.				
Form	Identifier code	Repeats:	Min	Max	Duplicate
			1	1	Yes
Layout	XX (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	For all incidents with an ISR of 1 or 2.				
Reported When	Reported at any time in process of incident review.				
Code set	See *Contributing factors* code list (Section 7: Code set list)				

Reporting Guide	Select from the list of contributing factors.
	Multiple contributing factors can be selected.
Validations	*Contributing factors* are mandatory where ISR is 1 or 2 and *Date closed* is present.
Related Elements	*ISR (derived)*
	Date closed.
Administration	
Purpose	Enables identification of factors that contributed to the incident to support incident review, analysis, monitoring and 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

Sentinel event (AMEND)

Section 3 Data definitions

Sentinel Event (Amend)

Specifications					
Definition	An identifier that a clinical incident is a sentinel event.				
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 ISR is 1 or 2.				
Reported When	Reported at any time in process of incident review.				
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. Report the most appropriate category.
	The Victorian sentinel events guide (2019) is available at: https://www.bettersafercare. Vic.gov.au/publications/sentinel-events-guide
Validations	Sentinel event is mandatory for all clinical incidents with an ISR is 1 or 2 when *Date closed* is present.
Related Elements	*Incident type*
	ISR (Derived)
	Date closed.
Administration	
Purpose	Enables reconciliation with Sentinel event 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 one of the following sentinel events?	2024−25

Definition Source	Safer Care Victoria
Code Set Source	Safer Care Victoria

~~**If *Other*, describe other sentinel event.**~~

~~**Specifications**~~	
~~**Definition**~~	~~Description of the sentinel event if it is of the type 'All other adverse patient safety events resulting in serious harm or death'.~~
~~**Form**~~	~~Free text~~
~~**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 other adverse patient safety events resulting in serious harm or death' is selected for – Is this one of the following sentinel events?~~
~~**Code set**~~	~~Free text~~

Reporting Guide	The 'other' category includes all adverse patient safety events resulting in serious harm or death that are not included in the ten national categories.
	More information on how to report sentinel events including the 'other' category can be found in the Victorian sentinel events guide (2019) available at:
	https://www.bettersafercare.vic.gov.au/publications/sentinel-events-guide
Validations	General edits only
Related Elements	*Is this one of the following sentinel events?*
Administration	
Purpose	Enables analysis of sentinel events, for cross referencing with SCV notifications.
Principal Data Users	Victorian Agency for Health Information, Department of Health, Safer Care Victoria.
Collection Start	2019–20
Definition Source	VAHI
Code Set Source	VAHI

Indigenous status (NEW)

Section 3 Data definitions

Indigenous status (New)

Specifications				
Definition	Identifier that the affected person identifies as Aboriginal and/or Torres Strait Islander.			
Form	Identifier code	Repeats: Min 1	Max 1	Duplicate N/A
Layout	X	Size Min 1	Max 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 incident records where a patient Client ID/UR Number is entered.			
Reported When	Reported at transmission of new incident.			
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 or 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	*Indigenous status* is mandatory for all clinical incidents where a Patient UR is present at first transmission.
Related Elements	*Client ID/UR number*
	Incident type
	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

Is VMIA Notifiable?

Section 3 Data definitions

Is VMIA Notifiable?

Specifications	
Definition	Incidents that meet criteria for notification to the Victorian Managed Insurance Authority (VMIA).
Form	Code
Reported by	All Victorian public health services and all services under their governance structure including community health and bush nursing centres.
Reported For	All incidents (clinical and OH&S), near misses and hazards.
Reported When	All clinical incidents when a patient Client ID/UR Number is entered
Code set	Yes No
Reporting Guide	Select Yes if the incident meets criteria for notification to VMIA. Select No if this incident does not meet criteria for notification to VMIA. It is important to notify VMIA of any health care incident, occurrence, complaint, investigation, inquiry, or disciplinary proceeding which may give

	rise to a medical indemnity claim, or if a request for compensation for personal injury, arising directly out of a health care incident, is received. Contact VMIA: https://www.vmia.vic.gov.au/about-us/contact-usThis information must be collected for every clinical incident.
Validations	General edits only,
Related Elements	N/A
Administration	
Purpose	Enables identification of how many incidents resulted in a VMIA notifiable event, and aligns with the inclusion of the data item 'Is this a WorkSafe notifiable event?'
Principal Data Users	Victorian Agency for Health Information, Department of Health, Safer Care Victoria
Collection Start	2019–20
Definition Source	VAHI
Code Set Source	VAHI

Related National Safety and Quality Health Service Standard

Section 3 Data definitions

Related National Safety and Quality Health Service Standard

Specifications	
Definition	Identifies if an incident is related to National Safety and Quality Health Service Standard and which standard it relates to.
Form	Code
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	Any of the above record types is reported.
Code set	Standard 1 – Clinical governance Standard 2 – Partnering with consumers Standard 3 – Healthcare-associated infection Standard 4 – Medication safety Standard 5 – Comprehensive care Standard 6 – Communicating for safety Standard 7 – Blood management Standard 8 – Recognising and responding to acute deterioration. Not applicable
Reporting Guide	Multiple selections allowed.

	Further information about the National Safety and Quality Health Service Standards is available at: https://www.safetyandquality.gov.au/standards/nsqhs-standards
Validations	General edits only,
Related Elements	N/A
Administration	
Purpose	Enables analysis of incidents related to National Safety and Quality Health Service Standards.
Principal Data Users	Victorian Agency for Health Information, Department of Health, Safer Care Victoria
Collection Start	2019-20
Definition Source	VAHI
Code Set Source	VAHI

Section 7 Code Set Lists

Section 7 in the VHIMS MDS manual will include all large value lists. For these specifications, the list changes that are related to new and amended items are included.

1. Large Value list Ward/Location Type, Specialty Unit Type

Section 7 VHIMS
MDS Large Value Lists

2. Event Type Taxonomy Changes

The attached spreadsheet includes the required changes, note there are three tabs each related to different incident types.

#5.2-ItemsChanges
List_Amended 23052

3. Contributing Factors

Contributing Factors	
Communication	
communicationdelayed	Communication delayed
communicationnotconducted	Communication not conducted
inaccurateinformationcommunicated	Inaccurate information communicated
inappropriatecommunication	Inappropriate communication
incompletecommunication	Incomplete communication
Documentation	
breachofprivacy	Breach of privacy
delayinaccessingdocument	Delay in accessing a document
illegible	Illegible
inadequatedocumentation	Inadequate documentation
incompletedocumentation	Incomplete documentation
missing/unavailabledocumentation	Missing/Unavailable documentation
unclear/ambiguous	Unclear/Ambiguous
Equipment	
equipmentfailed	Equipment failed

equipmentnotusedwhenindicated	Equipment not used when indicated
equipmentnotworking	Equipment not working
equipmentsuitabilityforpurpose	Equipment suitability for purpose
equipmentunavailable/inaccessible	Equipment unavailable/inaccessible
equipmentunfamiliar	Equipment unfamiliar
equipmentusability	Equipment usability
Patient Factors	
~~patientco-morbidities~~	~~Patient factors - co-morbidities~~
Patientmedicalhistory	Patient factors – medical history
patientinattention/distraction	Patient factors - inattention/distraction
patientlanguage	Patient factors - language
patientliteracy/comprehension	Patient factors - literacy/comprehension
patientphysicalcondition	Patient factors - physical condition
patientsocialhistory	Patient factors - social history
patientknowlege/skills	Patient factors - knowledge/skills
patientfatique	Patient factors - fatigue
~~**Physical Environment**~~ **Work environment factors (physical)**	
~~environmentnotmatchedtotaskorpatient/client/resident~~	~~Environment not matched to task or patient/client/resident~~
environmentlayoutnotsupportingworkflow	Environment layout not supporting workflow
lighting	Lighting
noise	Noise
overcrowding	Overcrowding
temperature	Temperature
unsafefloor	Unsafe floor
alarmfatique	Alarm fatigue
~~**Policies/Decision Support**~~ **Organisation and management factors**	
~~couldnotlocatepolicy/guideline~~	~~Could not locate policy/guideline~~
decisionsupportnotused	Decision support not used
decisionsupportunavailable	Decision support unavailable
norelevantpolicy/guidelinetofollow	No relevant policy/guideline to follow
policy/guidelineavailabilityunknown	Policy/guideline availability unknown
policy/guidelinenotcurrentbestpractice	Policy/guideline not current best practice

policy/guidelinenotfollowed	Policy/guideline not followed
policy/guidelinenotyetimplemented	Policy/guideline not yet implemented
policy/guidelineusedbutnotuseful	Policy/guideline used but not useful
financialresourcseandconstraints	Financial resources and constraints
organisationalstructure	Organisational structure
decisionsupportusedbutnotuseful	Decision support used but not useful
safetyculture	Safety culture
Relative/Visitor Factors	
relativevisitorinattention/distraction	Relative/Visitor factors - inattention/distraction
relativevisitorlanguage	Relative/Visitor factors - language
relativevisitorliteracy/comprehension	Relative/Visitor factors - literacy/comprehension
relativevisitorphysicalcondition	Relative/Visitor factors - physical condition
relativevisitorsocialhistory	Relative/Visitor factors - social history
Teamwork	
noidentifiedleader	No identified leader
nosenior/specialistsupportsought	No senior/specialist support sought
responsibilitiesnotclear	Responsibilities not clear
individualresponsibilitiesnotclear	Individual responsibilities not clear
staffnotsupervised	Staff not supervised
supervisioninadequate	Supervision inadequate
teamstructureinappropriate	Team structure inappropriate
teamstructureunclear	Team structure unclear
Treatment & Procedures	
assessmentnotcompleted	Assessment not completed
diagnosisdelayed	Diagnosis delayed
diagnosismissed	Diagnosis missed
diagnosisnotestablished	Diagnosis not established
diagnosiswrong	Diagnosis wrong
inappropriatecareplan	Inappropriate care plan
incompletecareplan	Incomplete care plan
notfollowedpost-discharge	Not followed post-discharge
screeningnotcompleted	Screening not completed

testdelay	Test delay
testorderdelay	Test order delay
testresultsnotaccurate	Test results not accurate
testresultsnotavailable	Test results not available
testresultsnotcommunicated	Test results not communicated
testresultsnotreviewed/actioned	Test results not reviewed/actioned
testsinappropriate/outmoded	Tests inappropriate/outmoded
unabletoaccessappropriatelevel	Unable to access appropriate level
unabletoaccessattimerequired	Unable to access at a time required
unabletoaccessservice	Unable to access service
~~Worker~~ **Staff** factors	
~~workerco-morbidities~~	~~Worker factors - co-morbidities~~
workermedicalhistory	Worker factors - medical history
workerinattention/distraction	Worker factors - inattention/distraction
~~knowledge/skills~~	~~Knowledge/skills~~
workerknowledge/skills	Worker factors - knowledge/skills
workerlanguage	Worker factors - language
workerliteracy/comprehension	Worker factors - literacy/comprehension
~~workerphysicalcondition~~	~~Worker factors - physical condition~~
workerphysicalhistory	Worker factors - physical history
workersocialhistory	Worker factors - social history
fatigue	Fatigue
Work environmental factors (workforce) ~~Workforce~~	
Alarm	Inappropriate staff levels
inductionnotadequate	Induction not adequate
rostering/shiftpatterns	Rostering/shift patterns
skillgapnotrecognised	Skill gap not recognised
skillmix	Skill mix
timepressure	Time pressure
traininginadequate	Training inadequate
workingbeyondskilllevel	Working beyond skill level
workingoutsideexpertise	Working outside expertise
workload	Workload

governmentregulatorsandexternalinfluences	Government, regulators and external influences
linkswithexternalhealthservices	Links with external health services
economiccontext	Economic context
legislativecontext	Legislative context

4. Clinical ISR Algorithm

Level of Harm	Duration of Harm	Level of Treatment / Care	ISR
Death	*null*	*null*	1
Serious Sexual Safety Event	*null*	*null*	1
Severe	Permanent	*null*	1
Severe	Temporary	Advanced	1
Severe	Temporary	Intermediate	2
Severe	Temporary	Minor	2
Severe	Temporary	No additional treatment/care	2
Moderate	Permanent	*null*	2
Moderate	Temporary	Advanced	2
Moderate	Temporary	Intermediate	2
Moderate	Temporary	Minor	3
Moderate	Temporary	No additional treatment/care	3
Minor	*null*	*null*	3
No Harm	*null*	*null*	4